



**CITY OF NEW ALBANY COMMUNITY  
DEVELOPMENT BLOCK GRANT  
(CDBG) APPLICATION  
FY 2025**

**APPLICATIONS MUST BE RETURNED TO THE CITY OF NEW  
ALBANY DEPARTMENT OF REDEVELOPMENT**

**BY March 5, 2025, at 2 p.m.**

**142. E Main Street, Suite 212  
New Albany, IN 47150**

For assistance, please contact Shelby Carnforth  
[scarnforth@cityofnewalbany.com](mailto:scarnforth@cityofnewalbany.com)

**PROJECT SELECTION CRITERIA**

- Completeness of application
- Detailed project description
- Project eligibility
- Meets a national objective justification (i.e., low/mod benefit rationale)
- Project can be completed within a reasonable time frame
- Provides substantial community benefit

## INSTRUCTIONS FOR THE CITY OF NEW ALBANY COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

1.	Prepare your FY 2025 CDBG application in a clear, comprehensive, and concise manner. Remember to <b>complete all sections</b> and provide sufficient documentation to ensure fair consideration of your application.
2.	<p><b>Application Workshop</b> Potential applicants are invited to join us for a CDBG Application Workshop on Monday, February 24, 2025 from 11:00 AM to 12:00 PM for assistance with the CDBG application.</p> <p><b>City Hall Media Room</b> <b>142 E. Main Street,</b> <b>New Albany, IN 47150</b></p>
3.	<p>Please submit one copy of your application, including original signatures, no later than <b>Wednesday, March 5th at 2:00 PM</b> to:</p> <p><b>City Hall Redevelopment</b> <b>142 E. Main Street, Suite 212</b> <b>New Albany, IN 47150</b></p> <p>Additionally, an electronic copy of your application with all documents must be emailed to <b>scarnforth@cityofnewalbany.com</b> by the deadline.</p>
4.	<p>Each applicant must attend and present at the <b>Mandatory Public Hearing</b>, Tuesday, March 11<sup>th</sup> at 12:00 PM</p> <p><b>City Hall</b> <b>142 E Main Street Suite 100</b> <b>New Albany, IN 47150</b></p> <p><u>Presentations should be no more than 5 minutes</u></p>
5..	<b><u>Project leveraging</u></b> is required. Please complete the <b><u>Budget Narrative Attachment</u></b> , using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective.
6.	<p>Use the budget page from the application or an equivalent form. Please be advised that City of New Albany CDBG Program funds <b>WILL NOT</b> pay for the following:</p> <ul style="list-style-type: none"> <li>• Salaries of supervisory personnel – only the salaries of direct staff involved in the project are eligible.</li> <li>• Food – unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds.</li> </ul>

All applications will be reviewed by the Redevelopment Department staff to determine eligibility. If additional information is required, you will be contacted by a representative of the Office.

## APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Organization/Agency:		
3.	CDBG Funding Year: <b>FY 2025</b>		
4.	Address:		
5.	Telephone:		
6.	Executive Director:		
7.	Federal Tax ID No.:	7a.	UEI No.:
7b.	<b>Attach SAM.gov</b> proof of active registration	7c.	Non-Profits: <b>Attach W-9 and IRS 501c3 Letter</b>
8.	Type of Organization: <input type="checkbox"/> Municipality <input type="checkbox"/> Non-profit		
9.	Name & Title of Primary Contact:		
10.	Phone:		Email:
11.	Amount of CDBG funds requested:      \$		
12.	Funds (Match) committed from other sources: \$		
13.	Total project cost (Line 11 + Line 12): \$		
<i>Of funds committed from other sources, list sources in budget narrative section.</i>			
14.	Location(s) of proposed project: (For purposes of mapping, please provide a <b>specific, US Post Office recognized address</b> )		

## PROJECT DESCRIPTION

Briefly describe the proposed project including the following details:

1) The need or problem to be addressed:

2) The population to be served or the area to benefit:

3) The work to be performed, including the activities to be undertaken or the services to be provided:

4) The method of approach:

5) Estimate the number of unduplicated New Albany Residents you will serve for fiscal year 2025.

## CDBG ELIGIBLE ACTIVITIES\*

1. Place a checkmark in **one** of the following boxes that describes your proposed activity.

### Public Services:

- |   |   |
|---|---|
| <input type="checkbox"/> Childcare                    | <input type="checkbox"/> Health Care                                |
| <input type="checkbox"/> Recreation programs          | <input type="checkbox"/> Education programs                         |
| <input type="checkbox"/> Public safety services       | <input type="checkbox"/> Fair housing activities                    |
| <input type="checkbox"/> Services for senior citizens | <input type="checkbox"/> Services for homeless people               |
| <input type="checkbox"/> Drug abuse counseling        | <input type="checkbox"/> Energy conservation counseling and testing |
| <input type="checkbox"/> Welfare                      | <input type="checkbox"/> Other                                      |

**Other:**

# LINE ITEM BUDGET FORM SERVICE PROJECTS

**Name of Applicant:**

**Project Name:**

**Instructions:** Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

A	B	C
Budget Item	Calculation	CDBG Request
<b>PERSONNEL</b>		
<b>Salaried Positions – Job Titles</b>	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full- Time Equivalent) or hours per week	
<b>Salaries Total</b>		
<b>Fringe Benefits</b>		
<b>PERSONNEL TOTAL</b>	Total of Personnel & Fringe Benefits	
<b>OPERATING COSTS</b>	Provide description of how you arrive at total for each line item	
<b>Supplies</b>		
<b>Equipment</b>		
<b>Rent/Lease</b>		
<b>Insurance</b>		
<b>Printing</b>		
<b>Telephone</b>		
<b>Travel</b>		
<b>Other</b>		
<b>TOTAL OPERATING COSTS</b>		
<b>CONTRACT SERVICES</b>		
<b>TOTAL CONTRACT SERVICES</b>		
<b>BUDGET TOTAL</b>		

# BUDGET NARRATIVE ATTACHMENT

**1. Describe your plans to use other funds on this project. In this section, only describe funds that have been secured. Provide the source of funds, amounts, and how these funds will be used.**

**Please check if any of the following will be used in the project:**

<input type="checkbox"/> Section 202/Section 811	<input type="checkbox"/> Healthy Homes Grants
<input type="checkbox"/> Low Income Housing Tax Credit (LIHTC)	<input type="checkbox"/> Lead Hazard Control Grants
<input type="checkbox"/> HOPE VI funding	<input type="checkbox"/> Brownfields Economic Development Initiatives
<input type="checkbox"/> HOME Program	<input type="checkbox"/> Economic Development Initiatives assistance
<input type="checkbox"/> CoC Homeless Assistance Programs	<input type="checkbox"/> Self-Help Homeownership Opportunities Program
<input type="checkbox"/> HOPWA	<input type="checkbox"/> Other Federal or State:

**2. Explain why you consider your program to be a local priority:**

## NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

### **Project Administration**

Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy.

### **Monitoring**

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.



# NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

## CONTINUED

### **Financial Capacity**

Describe the agency's current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

### **Application Checklist: (non-profit applicants only)**

- Articles of Incorporation / Bylaws
- Non-profit determinations (tax exempt letter from IRS and/or state)
- List of Board of Directors
- Organizational chart
- Resumes of chief program administrator and chief fiscal officer
- Financial statement and audit
- W-9 Form
- SAM.gov proof of registration and UEI number

**I CERTIFY AND ACKNOWLEDGE THAT THE INFORMATION IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

Applicants Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and Local law prohibits employees and public officials of the City of New Albany from participating on behalf of the City in any transaction in which they have a financial interest absent a Conflict-of-Interest Disclosure. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application, a City employee or consultant, or a member of the City Council? Yes ☐ No ☐

If yes, please list the names(s) below:

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2. Will the CDBG funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a City employee, consultant, or a member of the City Council?

Yes ☐ No ☐

If yes, please list the name(s) below:

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3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or another governing body who are business partners or family members of a City employee, consultant, or a member of the City Council? Yes ☐ No ☐

If yes, please list the name(s) below:

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If you answered "YES" to any of the above, the CDBG Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: \_\_\_\_\_

Name of Applicant's Authorized Official: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

**Signature of Authorized Official:** \_\_\_\_\_

## General Requirements:

- If a proposed activity does not meet the minimum eligibility requirements, e.g., HUD National Objective, HUD Activity Category, the application will be deemed “ineligible” and will not be included for consideration for CDBG funding.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of New Albany may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- CDBG funding may only be awarded to a city department or eligible nonprofit agency. The awardee will enter into a Subrecipient Agreement with the City of New Albany and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all CDBG procedures. Failure to submit any documentation requested by the City of New Albany to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- City of New Albany CDBG sub-awards are paid on a reimbursement basis.
- Public comment or lobbying for or against an application or applicant should be made in writing to the Redevelopment Director or City of New Albany Redevelopment Commission during the public review/comment period.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received, environmental clearances are obtained, and authorization to proceed is granted by the CDBG Grant Manager.
- **CDBG will not fund any equipment purchases with the sub-awards.**

## I CERTIFY AND ACKNOWLEDGE THAT:

- I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
- The information provided in this application materials is verifiable and accurate to the best of my knowledge.
- The applicant organization will permit photos and other information about this application to be published or otherwise shared for purposed related to the CDBG program.

Applicants Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the CDBG Grant Manager			
APPLICATION CHECKLIST			
Project:	Yes	No	N/A
• Complete Application and certification signed			
• Supporting documentation provided			
• SAM.gov proof of registration and UEI #			
• Date Received:			
•			

## **EXHIBIT “A” – CDBG BASIC ELIGIBLE ACTIVITIES**

**The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives.**

1. Provision of public services (including labor, supplies and materials) such as those concerned with childcare, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:
  - A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and
  - The amount obligated for public services shall not exceed 15% of the annual grant, plus 15% of the program income received from the previous year.
2. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements.
3. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes.
4. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations.
5. Improvements to buildings to increase energy efficiency.
6. Rehabilitation, preservation, or restoration of historic properties.
7. Provision of credit, technical assistance, and general support (including peer support programs, counseling, childcare, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business.

## EXHIBIT “B” - National Objective Qualifiers

**In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below.**

**Area Benefit:** Census areas with 51% low- moderate income or above qualify for funding. However, smaller areas may qualify based on an income survey. When surveys are needed, at least 51% of the residents within the targeted activity area must be low-moderate income persons. The activity may also be available to all persons in the area regardless of income.

**Limited Clientele:** To qualify under this subcategory, a limited clientele activity must fulfill one of the following tests.

- Clientele must be one of the following groups: abused children, elderly persons, battered spouses, homeless persons, adults meeting the US Census Bureau’s definition of severely disabled persons, illiterate living with AIDS, or migrant farm works.
- At least 51% of the clientele must be low-moderate income persons; or
- The activity must be of such a nature and in such a location that it may reasonably be concluded that the clientele will be low-moderate income persons; or
- The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults; or
- The activity must take the form of micro enterprise assistance carried out in accordance with 24 CFR 570.201 (o); or
- The activity must provide job training and placement and/or other employment support services, including, but limited to peer support programs, counseling, childcare and other similar services, in which the percentage of low-moderate income persons assisted is less than 51%. This situation qualifies under the limited clientele objective only in the following circumstance:

*“In such cases where such training or provision of supportive services assist business (es), and the only use of CDBG assistance received by the business is to provide the job training and/or supportive services; and the proportion of the total cost of the services borne by CDBG funds is no greater than the proportion of the number of persons benefiting from the services who are low-or moderate income”.*

**Housing** – The activity must result in housing that will be occupied by low-moderate income persons upon completion. The housing can be either owner- or renter occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents.

**Jobs** – “Special economic development” activities may meet the low-moderate Income Benefit national objective only in the following ways:

- Be located in a predominately low-moderate neighborhood and serve the low- moderate income residents (e.g., a grocery store serving a low-moderate income neighborhood qualifies as area benefit); or
- Involve the employment of persons, the majority of who are low-moderate income persons (e.g., a retail clothing store which creates or maintains jobs principally for low-moderate income persons).

## EXHIBIT “C” – Recordkeeping Responsibilities

**Successful applicants will be required to sign a contract with the City, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:**

1. Written records to justify all expenditures must be maintained for a period not less than Four (4) years after the full amount of the grant is expended. Your records will be subject to review by both the City of New Albany and US HUD.
2. You will be required to maintain the City's minimum insurance standards, to be evidenced by a copy of the policy provided to the City of New Albany within 10 days of execution of the contract.
3. You must comply with 2 CFR Part 200.302 and agree to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. You must comply with 2 CFR Part 200.203 and maintain effective internal controls over the funds awarded herein. You must administer the program in conformance with 2 CFR Part 200, Subpart E, “Cost Principles.” These principles shall be applied for all costs incurred whether charged on a direct or indirect basis.
4. In accordance with 2 CFR Part 200, the federal government requires that organizations expending \$1,000,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies spending \$1,000,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:
  - a. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
  - b. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
5. You will be required to provide quarterly reports stating the unduplicated number of persons served, including their ethnic origin, and whether they are female heads of household. These figures are required to be reported by US HUD.
6. You will be required to obtain written proof of income of each person or household which you assist, unless your clients are abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers.
7. You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
8. If any income is derived from the activities funded by CDBG, that **income must be returned to the City of New Albany as program income.**
9. In the event that US HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.