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## Eligibility

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The City of Peoria receives Community Development Block Grant (CDBG) funding each year from the U.S. Department of Housing and Urban Development (HUD). Up to 15% of the annual funding amount can be used to fund public services that serve City of Peoria residents residing in low-income households. This funding is available to not-for-profits, 501(c)3 organizations, and government agencies.

**Questions?** Contact [grants@peoriagov.org](mailto:grants@peoriagov.org).

**1. Does your program serve low-income residents of the City of Peoria?**

**2. Is your organization (or the lead agency) a not-for-profit, 501(c)3, or government agency?**

*NOTE: If your organization does not meet this requirement, you may partner with a qualifying "lead agency" that will serve as your fiscal agent.*

**3. Does your organization (or the lead agency) have a completed audit for its most recent fiscal year? (This must be a full audit. 990 forms do not meet this requirement.)**

*NOTE: If your organization does not meet this requirement, you may partner with a qualifying "lead agency" that will serve as your fiscal agent.*



**IF YOU ANSWERED 'NO' TO ANY OF THE ABOVE QUESTIONS, YOUR ORGANIZATION DOES NOT QUALIFY FOR CDBG PUBLIC SERVICES FUNDING.**

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## A. Applicant Agency Information

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**A.1. Public Services Program Title**

**A.2. Organization**

**A.3. Contact Person**

**A.4. Title**

**A.5. Address**

**A.6. Phone Number**

**A.7. Email**

**A.8. If partnering with a lead agency, lead agency name:**

*\* NOTE: If your organization is not a not-for-profit, 501(c)3, or government agency, AND/OR does not have a completed audit for its most recent fiscal year, you may partner with a qualifying "lead agency" that will serve as your fiscal agent.*

**A.9. Date of Incorporation:**

**A.10. Federal Employer Identification #:**

**A.11. City of Peoria EEO #**

*\* NOTE: An EEO number shows that an organization has registered with the City of Peoria as an Equal Employment Opportunity organization. Please follow the instructions on [this form](#) to register. For more information on completing the form, please see this [instruction guide](#).*

**A.12. Agency DUNS Number:**

*\* NOTE: All agencies receiving federal money must register for a DUNS number. For more information about a DUNS number and to register, please visit <http://www.dnb.com/duns-number.html>.*

**A.13. SAM Cage Code # and Expiration**

*\* NOTE: All agencies receiving federal money must register for a SAM Cage Code. Please visit [www.sam.gov](http://www.sam.gov) to register for free. Please also provide the expiration date of the SAM Cage Code. Agencies must have a DUNS number to register for a SAM Cage Code.*

**A.14. Agency Annual Operating Budget:**

\$0.00

**A.15. Number of Paid Staff:**

**A.16. Number of Volunteers:**

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**B. Funding Requested**

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**B.1. Requested Amount:****B.2. Total Project Budget:****B.3. Total CDBG Portion of Program Cost**

*\*NOTE: Cannot Exceed 50% of B.2. "Total Project Budget"*

*\*NOTE: B.1. "Requested Amount" divided by B.2. "Total Project Budget"*

**B.4. CDBG National Objective (Select One)**

- Benefit to low/moderate income persons
- Prevention/elimination of slums/blight
- Urgent need (national disasters)

**B.5. Program Issue Area (Select One)**

- Child Care Services (Under 13)
- Youth Services (13 to 19)
- Services for Abused and Neglected Children
- Employment Training
- Food Banks
- Services for Victims of Domestic Violence, Sexual Assault, and Stalking
- Mental Health Services
- Health Services

**B.6. Provide a list of employees whose salaries and/or benefits/taxes will be funded by CDBG public services funding:**

*\*NOTE: Admin Salaries and Admin Benefits/Taxes cannot exceed 5% of funding request.*

Job Title	Annual Salary	Annual Cost of Benefits/Taxes	Percentage of Time Worked on Program	Admin or Non-Admin Staff
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**B.7. Explain how CDBG funds will be used as shown in the above request. Provide details on program expenses and explain how the cost per unit of service and the cost per unduplicated client are reasonable for this program.**

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## C. Program Information

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**C.1. Provide a brief program description in 2-3 sentences.**

**C.2. Provide a detailed program description. Be sure to address ALL of the following:**

- What need does your program address?
- What are the service/activity components of the program?
- Who is the target population?
- How is the program data-driven/evidence-based?
- How is the program an innovative/creative solution to the stated problem?

**C.3. How does this program address the CDBG National Objective “Benefit to Low/Moderate Income Persons” (B.4.) and the selected Program Issue Area (B.5.)?**

**C.4. How does your agency practice and promote equity and inclusion?**

**C.5. Please provide a breakdown of your current staff demographics by race/ethnicity and gender identity.**

**C.6. Please provide a breakdown of your current Board of Directors’ demographics by race/ethnicity and gender identity.**

**C.7. Describe how this program, and your agency overall, collaborate with other community organizations.**

**C.8. How many total unique, CDBG-eligible clients will be served annually?**

*\*Unique clients: each client is counted once per year, regardless of the number of times they received services*

*\*CDBG-eligible: resides in a low/moderate income household in the City of Peoria*

**C. 9. What is the cost per client?**

**C.10. How many “unit of service” hours will be provided?**

**C.11. What is the cost per unit of service?**

**C.12. List 2-3 measurable program objectives.**

**C.13. How will those objectives be measured and evaluated?**

**C.14. How is this program either a (1) new or (2) expanded service, serving more people or providing additional services than have been provided in the past 12 months?**

*\*NOTE: Not required for programs who received 2021 CDBG Public Services funding*

**C.15. If this program is currently in operation, report on goals and outcomes from the past 12 months.**

**C.16. What geographic area does the program serve?**

City-wide

List census tracts:

**C.17. Additional comments:**

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**D. Financial Information**

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**D.1. If full funding is not received from this application, will the program still be offered?**

**If yes, what adjustments will be made?**

**D.2. What is your organization's experience in managing publicly funded projects (including federal, state, and/or local government funds)?**

**D.3. List funders for the last two years (including the City of Peoria, if applicable). Describe the type and frequency of monitoring. Describe any findings, the resolutions of those findings, and any monetary penalties incurred.**

Funders	Monitoring Details
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**D.4. Describe your organization's financial reporting system/accounting procedures and timekeeping system. How will your organization separate CDBG funds from other funds for identification, tracking, and reporting? Describe your organization's internal controls that minimize opportunities for fraud, waste, and mismanagement.**

**D.5. As a part of the application process, your agency must have conducted and must submit a copy of its most recent audit.**

**In the most recent audit, were any findings issued?**

**If yes, please explain all findings and corrective action taken.**

**D.6. Is your agency required to complete a Single Audit?**

**If yes, in your agency's most recent Single Audit, were any findings issued?**

**If yes, please explain all findings and corrective actions taken.**

**2021 Agency Budget**  
*Revenue must match expenses*

Revenue		Expenses	
CDBG Grant Request	\$	Salaries	\$
Heart of IL United Way Allocation	\$	Benefits/Taxes	\$
Other United Way Allocations	\$	Professional Fees	\$
Grants <i>(list source, amount, duration)</i>	\$	Supplies	\$
Government Support <i>(list source, amount, duration)</i>	\$	Occupancy (Utilities, Maintenance, Phone)	\$
In-Kind Support <i>(list source &amp; amount)</i>	\$	Major Property or Equipment Acquisition	\$
Program Fees	\$	Travel/Transportation/Mileage	\$
Contributions	\$	Other Expenses <i>(list source &amp; amount if \$500+)</i>	\$
Other Revenues <i>(list source, amount, duration)</i>	\$	Rent/Mortgage	
<b>Total Agency Revenue:</b>	\$	<b>Total Agency Expenses:</b>	\$

**2021 Program Budget**  
*Revenue must match expenses*

Revenue		Expenses	
CDBG Grant Request	\$	Salaries	\$
Heart of IL United Way Allocation	\$	Benefits/Taxes	\$
Other United Way Allocations	\$	Professional Fees	\$
Grants <i>(list source, amount, duration)</i>	\$	Supplies	\$
Government Support <i>(list source, amount, duration)</i>	\$	Occupancy (Utilities, Maintenance, Phone)	\$
In-Kind Support <i>(list source &amp; amount)</i>	\$	Major Property or Equipment Acquisition	\$
Program Fees	\$	Travel/Transportation/Mileage	\$
Contributions	\$	Other Expenses <i>(list source &amp; amount if \$500+)</i>	\$
Other Revenues <i>(list source, amount, duration)</i>	\$	Rent/Mortgage	
<b>Total Program Revenue:</b>	\$	<b>Total Program Expenses:</b>	\$

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## E. Demographics

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### E.1. Estimated Number of CDBG-Eligible Clients to Be Served by the Program Annually (from C.8.)

### E.2. Estimated Demographics by Age:

0-4 years	
5-12 years	
13-19 years	
20-61 years	
62 plus years	
<b>Total for Age:</b>	

### E.3. Estimated Demographics by Gender:

Male	
Female	
<b>Total for Gender:</b>	

### E.4. Estimated Demographics by Race:

White	
Black/African American	
Asian	
Native American/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
White & Black/African American	
Amer. Indian/Alaskan Native & Black/ African American	
Other Multi-Racial	
<b>Total for Race:</b>	

### E.5. Estimated Demographics by Ethnicity:

Non-Hispanic	
Hispanic	
<b>Total for Ethnicity:</b>	

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## F. Faith-Based Organizations

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**F.1. As outlined in HUD Notice SD-2016-01, faith-based organizations have the same opportunity to apply for federal funds as other organizations. In a program operated by a faith-based organization, explicitly religious activities must take place at a separate time and place from the HUD funded activity. The organization cannot require participation in any religious activities as a part of the funded activity, and the organization cannot discriminate against participants based on religion. If your organization is faith-based, briefly explain how your agency will demonstrate compliance with 24 CFR 570.200(j) which prohibits inherently religious activities and meet the criteria outlined above and in HUD Notice [SD-2016-01](#).**



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**G. Conflict of Interest**

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As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials experience the following conflicts of interest:

**G.1. Participate in the decision-making process for the approval of this application? (i.e., a City of Peoria City Council Member or a Member of the CDBG Public Services Advisory Commission)?**

**G.2. Have a personal financial interest or reap a financial benefit from this program/activity?**

**G.3. Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?**

**If you selected yes to any of the above, clearly describe the conflict below.**

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## H. Required Documents

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Financial Audit **\*Required**

Financial Single Audit (if applicable)

IRS Tax Exempt Letter **\*Required**

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**Submit**

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Once an application is submitted, it can only be "Re-opened" by an Administrator.

I certify that the information contained in this application is true and correct; that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts; and that the information given is true and complete to the best of my knowledge and belief. I agree to comply with all CDBG and City of Peoria requirements if funded. I have the authority and approval to submit this application on behalf of the organization.

Signature