

Eligibility

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Case Id:

Name: test

Address: *No Address Assigned

Eligibility

This application is for **capital improvements for non-profit facilities** that provide services for low- and moderate-income persons. A total of \$450,000 will be available each year for two years. Funding will come from a combination of Community Development Block Grant (CDBG) and American Rescue Plan (ARP) dollars. All federal CDBG requirements apply to this funding application. Late and incomplete applications will not be considered. Organizations and agencies barred from receiving federal funding, from the City of Peoria or any other governmental agency, are ineligible to apply.

Funds may be used for any number of **eligible costs**, including building rehabilitation, replacement of mechanical systems, vehicles, and roof repair and replacement.

Ineligible costs include building acquisition, ongoing operating and maintenance costs, purchase of construction equipment, furnishing and other personal items, and staff expenses. If you have questions about items being eligible costs, please feel free to contact grants@peoriagov.org prior to the application deadline.

Questions? Contact grants@peoriagov.org.

- 1. Is the facility for which you are seeking funding located within the City of Peoria?**
- 2. Does your program serve low-income residents of the City of Peoria?**
- 3. Is your organization a not-for-profit, 501(c)3?**
- 4. Does your organization have a completed audit for its most recent fiscal year? (This must be a full audit. 990 forms do not meet this requirement.)**
- 5. Do you certify that your organization does not have any active code violations at any properties it owns, does not owe any debts to the City of Peoria, and is up to date on all mortgages (if applicable)?**



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

A. Applicant Agency Information

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Case Id: 32766

Name:

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A. Applicant Agency Information

Please provide the following information.

A.1. Organization

A.7. Date of Incorporation:

A.2. Contact Person

A.8. Federal Employer Identification #:

A.3. Title

A.9. City of Peoria EEO #

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.4. Address

A.10. SAM Cage Code # and Expiration

A.5. Phone Number

A.11 DUNS number or Unique Entity Identifier

A.6. Email

A.12. Agency Annual Operating Budget:

\$0.00

A.13. Number of Paid Staff:

A.14. Number of Volunteers:

B. Funding Requested

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B. Funding Requested

Please provide the following information.

B.1 Total Amount Requested:

Request must be between \$50,000 and \$75,000.

B.2. CDBG National Objective (Select One)

B.3. Please Provide a Detailed Project Budget

Item	Amount	Short Description
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B.4. Provide a list of employees who will be responsible for maintaining oversight of funding, if awarded.

*Please attach resumes for all staff listed.

Name	Job Title	Years with Organization	Prior Experience with Federal Awards?	Admin or Non-Admin Staff
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B.5. Explain how CDBG funds will be used as shown in the above request. Provide details on project expenses and explain how the costs are reasonable for this project compared to the organization's targeted beneficiaries. Please attach at least two current, professionally obtained cost estimates for the project.

C. Project Information

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C. Project Information

Please provide the following information.

C.1. Provide a brief description of the facility's public benefit in 2-3 sentences.

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

- What need(s) does your organization address?
- Describe the need for requested improvements and outline their priority.
- How will these improvements benefit the ability to provide services?
- What is a rough timeline for project completion?
- Who is the target population? How would this project benefit them?
- List the other sources of funding and their amounts for this proposed project.
- Does the organization have the capacity to maintain and operate the facility on its own should improvements be made? Explain.
- Describe the overall project plan and design, as well as its objectives.
- What services does the facility support that would be benefitted by the project? How are these services unique from others? What are the extents of these services?
- CDBG Public Facilities are required to be open and available to the public. Please describe the hours of operation and the accessibility of the facility by the public.
*Note that facilities such as homeless shelters or others that have limited access are exempt from this requirement.

C.3. How does this program address the CDBG National Objective "Benefit to Low/Moderate Income Persons" (B.2.)?

C.11. What geographic area does the program serve? (Select citywide OR select list census tracts)

City-wide

List census tracts:

C.12. Additional comments:

C.4. How does your organization 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 your organization collaborates with other community organizations.

C.8. How many total unique, CDBG-eligible clients are served annually within the facility?

C.9 Describe the programs supported and the frequency and duration of services.

C.10 Describe your organization's mission and experience providing services.

D. Financial Information

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D. Financial Information

Please provide the following information.

D.1. What is your organization's experience in managing publicly funded projects (including federal, state, and/or local government funds)?

D.2. 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.3. 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.4 Does your organization and its contractors have experience with and/or understand the requirements of the Federal prevailing wage requirements under the Davis-Bacon Act? If yes, explain your process for compliance.

D.5 Does your organization and its contractors have experience with and/or understand the requirements of the Section 3 Program? If yes, explain your process for compliance.

D.7. Describe your organization's procurement procedures.

D.8. 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?

2022 Agency Budget (Revenue)
Revenue must match expenses

	Source (If Applicable)	Amount (\$)
	TOTAL AGENCY REVENUE:	\$0.00

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

2022 Agency Budget (Expenses)
Expenses must match revenue

	Source (If applicable)	AMOUNT (\$)
	TOTAL AGENCY EXPENSES:	\$0.00

2022 Project Budget (Revenue)
Revenue must match expenses

	Source (if applicable)	Amount (\$)
	TOTAL PROGRAM REVENUE:	\$0.00

2022 Project Budget (Expenses)
Expenses must match revenue

	Source (if applicable)	Amount (\$)
	TOTAL PROGRAM EXPENSES:	\$0.00

E. Demographics

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E. Demographics

Please provide estimates for the following

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

E.2. Demographics by Age:

E.3. Demographics by Gender:

E.4. Demographics by Race:

E.5. Demographics by Ethnicity:

F. Faith-Based Organizations

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F. Faith-Based Organizations

Please provide the following information.

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](#).

F.2. In accordance with 24 CFR 5.109(g), HUD funds may not be used for acquisition, construction, or rehabilitation of structures that are used for inherently religious activities. HUD funds may be used for acquisition, construction, or rehabilitation to the extent that those structures are used for conducting eligible activities under a HUD program or activity. Where a structure is used for both eligible and inherently religious activities, HUD funds may not exceed the cost of those portions that attributable for eligible activities. Sanctuaries, chapels, and other rooms used as a principal place of worship are ineligible for HUD-funded improvements. If your organization is faith-based, briefly explain how your organization will comply with 24 CFR 5.109(g) within the scope of your proposed project.

G. Conflict of Interest

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G. Conflict of Interest

Please provide the following information.

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.

H. Required Documents

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H. Required Documents

Please provide the following information.

Documentation

Financial Audit/Financial Single Audit (no older than 2 years) ***Required**

***No files uploaded*

Certification of Financial Accountability Standards ***Required**

***No files uploaded*

IRS Tax Exempt Letter ***Required**

***No files uploaded*

Articles of Incorporation ***Required**

***No files uploaded*

Organization By-Laws ***Required**

***No files uploaded*

List of Board of Directors ***Required**

***No files uploaded*

Organizational Chart ***Required**

***No files uploaded*

Resumes of Chief Administrators and Chief Fiscal Officers ***Required**

***No files uploaded*

Anti-Discrimination Policy for Employees and Clients ***Required**

***No files uploaded*

Insurance/Bond/Worker's Compensation Policies ***Required**

***No files uploaded*

Statement of Compliance with the Americans with Disabilities Act ***Required**

***No files uploaded*

Proof of Ownership of Building ***Required**

***No files uploaded*

Submit

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Submit

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.

Name

Signature

***Not signed*

Date