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**Community Development Block Grant**

Program Year 2025

Public Service Application

**Activity Name: [Replace this text with your CDBG proposed activity name]**

This application is intended for organizations wishing to use CDBG funding to create or maintain affordable housing for low- to moderate-income households in Greenwood, Indiana, following US Department of Housing and Urban Development (HUD) regulations.

The applicant is solely responsible for submitting the complete application on or before the time and date specified, and for following all instructions. Incomplete applications will not be reviewed for funding.

City of Greenwood

CDBG Application - Housing

Program Year 2025

The full application is available April 1, 2025. City of Greenwood CDBG team must receive applications no later than 6:00p EDT on May 9, 2025.Interested parties should e-mailthe complete application packet to [nancy@cityconsultantsllc.com](mailto:nancy@cityconsultantsllc.com) and [cdbg@greenwood.in.gov](mailto:cdbg@greenwood.in.gov). Greenwood will not consider applications delivered in any other method or sent to any other city department or staff person.

Greenwood CDBG will review applications in June 2025 and invite top applicants considered for funding to a Public Meeting in July 2025 to answer the CDBG team and the public’s questions about the applications.

Award announcements are anticipated to be made in August 2025.

Greenwood estimates $42,000 in CDBG Public Service funds for the 2025 Program Year. The City’s 2025 entitlement is contingent upon approval of the 2025 federal budget. The City may not be aware of its 2025 CDBG allocation until July 2025; federal budget cuts may affect the amount of activity funding. The City will execute no CDBG contracts until HUD approves the 2025 Action Plan.

Technical Assistance is available for applicants April 7-20 from 10a- 6p. Please send application-related questions and requests for technical assistance to [nancy@cityconsultantsllc.com](mailto:nancy@cityconsultantsllc.com).

Eligible applicants

Any non-profit serving Greenwood residents may apply for and administer funding through this application. All applications requesting more than $9,999 must undergo an independent financial audit, regardless of Single Audit status.

Submission guidelines

To be considered for funding, applicants must submit the application and all attachments in PDF format. CDBG staff will send e-mail confirmation of application receipt within one business day. **If you do not receive e-mail confirmation within one business day, please follow up in a separate e-mail, without attachments, to nancy@cityconsultantsllc.com.**

Applicants must adhere to the following guidelines for preparing the funding application:

* Applicants must submit the application with the required content in the format requested. Do not submit anyhandwritten documents. Documents submitted in an inappropriate format will not be evaluated.
* Applicants must address the items specified in the application with facts, using language that is specific and organized as requested.Applications with incomplete, vague responses, or improperly organized will be penalized.
* Applicants must submit only the documents specified. Do not submit annual proposals, video tapes, flyers, paraphernalia, or any other materials not requested. CDBG staff will discard additional materials.
* Applicants must submit all requested documentation.CDBG staff will only evaluate complete applications that include all requested forms and documentation. All attachments and documents must be submitted as separatedigital PDFs with the file names specified in the application.
* Applicants must submit a separate application for each activity.

Application review

The Greenwood CDBG team will evaluate eligible applications for compliance with [CDBG National Objectives](https://files.hudexchange.info/resources/documents/Basically-CDBG-Chapter-3-Nat-Obj.pdf), [Matrix Code](https://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf), and local program priorities.

The CDBG team will include activities selected for CDBG funding in the 2025 Action Plan submitted to HUD for approval.

Applicants should consider the following:

* Capacity to complete the requested forms and submit the required documentation by the application deadline
* Proposed activities conform with objectives outlined by the City and are defined as eligible activities listed in this application
* Ability to deliver proposed activities, or services within an eligible timeframe and meet expected program outcomes and deliverables by September 29, 2026. Public Service contracts will **not** be extended.
* Other impediments to activity completion, such as staff capacity, financial stability, and site control, that might prohibit activity completion
* Ability to comply with municipal and federal regulations, including reporting standards related to HUD entitlement programs
* Organizational historyof failed or terminated activities and record of failure to expend federal funds promptly

Threshold

The City of Greenwood will not fund activities that do not meet the threshold requirements.

1. Organizational experience and capacity

Demonstrate organizational capacity to develop affordable housing within City and HUD timelines. Past award experience, monitoring results, and record keeping will all be considered.

1. Serve Greenwood low- to moderate-income residents

This funding is to specifically benefit Greenwood residents. If your service targets residents of a broader area, you must demonstrate how you will document that the population using the grant is eligible for CDBG funding.

1. Activity readiness

Demonstrate activity readiness and ability to commence the activity no later than November 2025 with 50% of award correctly claimed by 3/31/2026, and 75% by 6/30/2026.

1. Multiple perspectives

Activities must demonstrate a commitment to incorporate multiple perspectives into decision-making, ensuring programs benefit all community members, and establishing partnerships that represent and leverage community expertise. Organization representation.

1. Evidence-based practices

Activities must use proven, effective strategies and programs to improve outcomes, ensuring that funding supports interventions with demonstrated results.

1. Coordinated investments

Demonstrate the financial feasibility and long-term sustainability of the proposed activity without the need for additional funding beyond the end of the CDBG contract. Preference for activities with full financial commitments and leveraged investments.

Funding priorities

Greenwood outlined several priorities as part of the Consolidated Plan. Priority is given to activities that meet a priority or goal in the plan.

Insurance Provisions for All Awarded Activities

1. Applicant will maintain adequate workers’ compensation insurance for its employees involved in the activity.
2. Applicant will maintain and ensure that any subcontractor or other third-party retained by applicant in connection with the activity maintains adequate property damage, automobile, public liability, and professional liability insurance coverage as is reasonable under the circumstances given the activity’s scope.
3. Applicant will comply with all bonding and insurance requirements of the City of Greenwood and 2 CFR 200. Greenwood may designate the initial insurance requirements and may, in its sole discretion, require the Applicant to furnish different or additional insurance during the term of an agreement.
4. Applicant will provide Certificates of Insurance, naming the City of Greenwood as an additional insured and showing active coverage, to the Greenwood CDBG team before the activity’s work commences. Further, Applicant will ensure these certificates verify a notice requirement that coverage under the policies will not expire or be cancelled until at least 60 days written notice is provided to the City of Greenwood.

Activity overview

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| --- | --- |
| General |  |
| Activity name |  |
| Applicant organization |  |
| Address(es) where activity will take place |  |
| Activity service area |  |
| Activity total cost |  |
| CDBG funds requested |  |
| Activity type  (check one) | ☐ Homeless & AIDS program costs  ☐ Services for age 62+  ☐ Services for those 18+ with a pervasive disability  ☐ Legal aid  ☐ Services for age 13-19  ☐ Transportation services  ☐ Substance abuse services  ☐ Services for DV, dating violence, and stalking  ☐ Housing discrimination support  ☐ Tenant/landlord mediation  ☐ Childcare through age 13  ☐ Health services  ☐ Services for abused and neglected children  ☐ Behavioral health services  ☐ Lead poisoning screening  ☐ Rent, mortgage, deposit, and utility payments (three months max, may **not** require participation in other programming)  ☐ Homebuyer downpayment assistance  ☐ Rental subsidy (CBDO only)  ☐ Security deposits  ☐ Housing counseling  ☐ Neighborhood cleanup  ☐ Food pantry, community kitchen operation costs |
| Total number of beneficiaries |  |
| Total number of CDBG beneficiaries |  |
| Year activity started |  |
| Summary:Provide a 100 word or less summary of the activity, and how CDBG funds will be used if awarded. | |
| [Type summary here] | |

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| Consolidated Plan |
| Does the activity help achieve a goal as identified in the Greenwood CDBG Consolidated Plan? If yes, list the goal and how your activity specifically meets that goal below. |
| [Type response here] |

Threshold: Organizational experience and capacity

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| --- | --- | --- |
| Applicant information | | |
| Applicant organization full legal name |  | |
| Contact Person for application. This will be the **only** person City staff will contact. |  | |
| Street address |  | |
| City, state, ZIP code |  | |
| Phone |  | |
| Website |  | |
| E-mail |  | |
| Type of entity (check all that apply): | ☐ For profit  ☐ Corporation  ☐ Joint venture  ☐ Non-profit | ☐ LLC  ☐ Association  ☐ Community Development  Corporation |
| Number of years in operation |  | |
| Federal Tax ID # |  | |
| Date of IRS Determination |  | |
| UEI Number (mandatory for contract execution) |  | |
| If awarded, what is the legal name of the contracting entity? |  | |
| Submit the following documents as attachments for the Applicant:   * IRS 501(c)(3) Letter for Non-Profits. Name the file “App IRS” * Articles of Incorporation. Name the file “App Articles” * Proof of Liability Insurance. Name the file “App Insurance” * Resumes for key staff members. Name the file “App Resumes” * Organizational Chart. Name the file “App Org Chart” | | |
| Applicant finance summary | | |
| Organization total operating budget for FY 2024 |  | |
| Are City/County property taxes past due on any properties owned by organization? | ☐ Yes - amount $  ☐ No | |
| Dates covered by most recent financial audit | From: MM/DD/YYYY      To: MM/DD/YYYY  Completed: MM/DD/YYYY | |
| Dates covered by second most recent financial audit | From: MM/DD/YYYY      To: MM/DD/YYYY  Completed: MM/DD/YYYY | |
| List the organization’s top four sources of revenue and the approximate percentage of each for the organization’s total annual revenue: | *Example: Rental Income, 30%* | |
| Is the organization intending to increase or decrease staff in the next few years? |  | |
| Is there any [conflict of interest](https://www.hudoig.gov/sites/default/files/2019-04/Conflicts%2520of%2520Interest%2520Integrity%2520Bulletin%5B3%5D.pdf), real or perceived, between the applicant and the City of Greenwood or HUD? Please describe. |  | |
| Submit the following as attachments as it relates to the Applicant’s financials:   * IRS Form 990. Name the file “App 990” * Annual organizational budget for current and previous year. Name the file “App Budget” * Proposed future Organizational Chart (If anticipating future changes). Name the file “Future Org Chart” | | |

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| Contactors(Do not complete if: Contractor has not been selected, or There will be no contractors for the activity. Note this below.) | | |
| Contractor entity name |  | |
| Contractor entity contact |  | |
| Street address |  | |
| City, state, ZIP Code |  | |
| Phone |  | |
| Website |  | |
| E-mail |  | |
| Type of entity (check all that apply): | ☐ For profit  ☐ Corporation  ☐ Joint venture | ☐ LLC  ☐ Association  ☐ Non-profit |
| Is there any [conflict of interest](https://www.hudoig.gov/sites/default/files/2019-04/Conflicts%2520of%2520Interest%2520Integrity%2520Bulletin%5B3%5D.pdf), real or perceived, between the applicant and the contractor, such as shared board members? Please describe. |  | |
| Submit the following as attachments for the Contractor(s):   * Resumes for key staff members. Name the file “Contractor Resumes” | | |

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| Debarment information |
| Is the Applicant, Contractors, or any other Development Team Member, including any owners, partners, or board members currently debarred from federal contracting opportunities by any agency of the federal government? |
| ☐ Yes ☐ No |
| If yes, why was the partner debarred: |
| [Type response here] |

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| Past grant experience | |
| Does your organization or partner organization(s) have experience with HOME or CDBG funding? | ☐ Yes ☐ No |
| Describe any experience as it relates to the City of Greenwood, especially related to CDBG contracts. |  |
| Describe any grant and community development experience outside of the City of Greenwood |  |

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| --- | --- | --- | --- | --- |
| Complete the below table for any CDBG contracts for the past five years. | | | | |
| CDBG Activity | Original Contract Completion Date | Contract amount | Remaining Funds | Status of the Activity reasons for delays, etc. |
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Threshold: Greenwood residents

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| Low- to moderate-income Greenwood residents |
| How will this activity ensure it is targeting Greenwood residents? Maximum one-quarter page. |
| [Type response here] |
| How will this activity ensure it is targeting low- to moderate-income residents? Maximum one-quarter page. |
| [Type response here] |

Threshold: Activity readiness

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| Timeline | | | | | |
| Complete the timeline demonstrating reimbursement plan. | | | | | |
|  | Oct – Dec | | Jan – March | April – June | July - Sept |
| Contract execution | | X |  |  |  |
| Amount claimed | | $X,XXX | $X,XXX | $X,XXX | $X,XXX |

Threshold: Multiple perspectives

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| Activity team |
| How has the team included people with lived expertise/experience of the population the proposal is aiming to serve? For example, if the activity will provide permanent supportive housing, how does the team include people with lived experience/expertise of homelessness? If not part of the activity team, how will the applicant include people with lived expertise in the design, development and implementation of the proposed activity? Additionally, how will the team incorporate multiple perspectives into the planning and decision-making process? Maximum one page. |
| [Type response here] |

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| Organizational strategies |
| For the organizations represented on the proposed team, please describe the outreach efforts to reach those making ≤ 80% of the Area Median Income, including those who are escaping intimate partner violence, those transitioning out of homelessness or foster care, adults with a pervasive disability, and those who are frequently underrepresented. Maximum one page. |
| [Type response here] |

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| XBE participation |
| Please explain how the activity team will make a good faith effort towards meeting the City’s goals of hiring Minority-, Women-, Veteran- and Disability-Owned Business Enterprises (XBE) contractors. Maximum one page. |
| [Type response here] |

Threshold: Evidence-based practices

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| Evidence-based practices | |
| Does the activity’s design include evidence-based practices? | ☐ Yes ☐ No |
| If yes, include 1) data publication or study name, 2) organization name who collected data or conducted study, 3) date of publication, 4) link to the data or study, and 5) how your activity incorporates the evidence from the study or data. Maximum one page. | |
| Type response here] | |

Threshold: Coordinated investments

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| Budget |
| Complete and submit the Sources and Uses supplement document and include as an attachment. Numbers referenced in the supplement must match with numbers listed in the application. Name the file “Sources and Uses.” |

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| Partnerships |
| Describe and explain any unique partnerships involved in this activity that benefit neighborhood development, existing residents, and provides a novel approach to neighborhood and community revitalization. These partnerships would be between the applicant and another organization outside of a typical support letter. The partner may be providing additional funding, training programs for employees or employers, support services, other programs for residents, collaboration outside of typical area boundaries, etc. Partner examples include, but are not limited to, educational institutions, youth organizations, merchant associations, and health organizations.  Demonstrate how the activity leverages other public and private resources to enhance the financial feasibility of the activity and how its investments by multiple partners in the area provides a positive neighborhood impact.Maximum half page. |
| [Type response here] |
| Submit letters of support from activity partners describing their involvement and role within the activity. Name the file “Letters of Support.” |

Certifications

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| Please have a representative officer of the applicant organization initial by each individual Certification and sign off below. Please initial on all copies of the application. | |
| Greenwood CDBG reserves the right to restrict the release of funds until all of the proposed additional activity sources have been secured. If those funds are not secured in a timely manner, Greenwood CDBG may choose to rescind the award and reallocate to an activity designed for timely expenditure. |  |
| Eligible expenses will be paid out on a reimbursement basis. No funds will be provided prior to the applicant incurring the costs. |  |
| .Activities utilizing federal funds may trigger Davis Bacon wages. The budget provided as a part of this application will account for Davis Bacon wages. |  |
| All recipients must follow rules listed in Greenwood CDBG Policies & Procedures Manual and [Playing by the Rules – A Handbook for Subrecipients on Administrative Systems](https://drive.google.com/file/d/1RSS9bEM7jCEr6Q9j1VBTWgOXWNBgM1UG/view?usp=drive_link) |  |
| All recipients must submit quarterly reports on the City’s quarterly report form. Failure to respond to communication with in 5 business days, submit quarterly reports on time, or are not complete activities in a timely manner may have funding rescinded, be required to be repay funding. |  |

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| **B. Application Certification -** Please sign all copies of the application. |
| Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Insert Signature of Applicant Name of Applicant Date  Organization Officer Organization Officer  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Insert Signature of Nonprofit Name of Nonprofit Date  Board President Board President |

Attachments

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| Failure to submit Application Threshold Items as attachments to the application following the requirements below may result in disqualification.  Please include the following attachments referenced in the application. Note the following:   * Each attachment must be saved as a separate digital PDF file. Do not include all of the attachments as one scanned file. You can save any digital file as a PDF (file > print > PDF) * If attaching a large document, file > compress PDF will make the file smaller. * Each PDF should have a unique name based on the naming conventions in the application to allow reviewers to discern it from other files. * Files may be further separated. For example, the applicant can provide two files labeled “Site Photos – North Side” and “Site Photos – South Side”. * PDFs should be a at the proper orientation for review. Do not submit any files that are not oriented to the top of the file. |