



TOWN OF HAMDEN
OFFICE OF COMMUNITY DEVELOPMENT
11 PINE STREET, HAMDEN, CONNECTICUT 06517
EMAIL CDBG@HAMDEN.COM

Application to Apply for Fiscal Year 2025 Community Development Block Grant (CDBG) Program Year 50 Program Funds

The Town of Hamden is accepting applications for Community Development Block Grant (CDBG) funding from non-profit organizations. The applications are due no later than January 31, 2024, at 4:00 p.m. to the Town of Hamden. All applications for funding must be received prior to the above listed deadline to be considered for funding.

The Town anticipates receiving an allocation of CDBG funding from the U.S. Department of Housing and Urban Development to fund activities that serve low- and moderate-income persons. The town's Fiscal Year 2025 runs from July 1, 2024, through June 30, 2025. As a requirement to receive CDBG funding, the Town must submit an Annual Action Plan to HUD which outlines the planned activities to meet the goals and objectives of the strategic plan. Up to 15% of the annual HUD allocation may be designated for public service activities that meet an identified priority need outlined in the strategic plan. Based upon the FY 2024 CDBG funding level, it is estimated that up to \$67,182 will be available for public services activities.

Examples of eligible public services activities include but are not limited to programs that serve the homeless population, services for the elderly, services for persons with disabilities, youth services, employment training, housing counselling, mental health, and substance abuse services.

Please note that for all CDBG grants awarded after April 2022, HUD requires that all entities receiving funds must be registered in the [SAM.gov](https://sam.gov) system and provide their Unique Entity Identifier (UEI) to ensure eligibility for federal funding. Agencies are responsible for registering in SAM.gov prior to applying for this CDBG public services funding, and the UEI must be submitted with your application.

For all questions or to request an accommodation to participate in this application process, please contact the Town of Hamden at cdbg@hamden.com not less than 7 days prior to the application deadline.



TOWN OF HAMDEN
OFFICE OF ECONOMIC AND COMMUNITY DEVELOPMENT
2750 DIXWELL AVENUE, HAMDEN, CONNECTICUT 06518
EMAIL CDBG@HAMDEN.COM

PUBLIC SERVICE AGENCY GRANT APPLICATION
JULY 1, 2024 - JUNE 30, 2025

APPLICATIONS CLOSE ON JANUARY 31, 2024, @ 4:00 PM.
ELIGIBLE APPLICANTS WILL BE CONTACTED TO SCHEDULE A ZOOM INTERVIEW WITH THE
COMMUNITY DEVELOPMENT CITIZENS ADVISORY COMMISSION

ALL APPLICATIONS MUST BE SUBMITTED TO CDBG@HAMDEN.COM
ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED

GRANT REQUEST- \$10,000 MINIMUM \$15,000 MAXIMUM

PART I: GENERAL INFORMATION

Name of Organization _____

Mailing Address _____

Contact Person _____

Phone No. _____

Email _____

Website _____

Type of Organization (Check One):

- Non-Profit Organization
- Education Agency
- Government Agency
- Other

Employer ID # _____

SAM.gov Unique Entity Identifier: _____

Project Overview:

Name of Project _____

Estimated Project Start Date _____

Estimated Project Completion Date _____

Total Amount of Requested Funds _____
(\$10,000 Minimum - \$15,000 Maximum)

Is the requested activity a new service that has not been funded with CDBG before? Yes No

If Yes,

Is this a new service/activity

If requesting funding for a service you have previously received CDBG funding for you must be able to demonstrate a quantifiable increase in the level of service

If Yes, list the previous amount funded \$ _____

Project Summary (500 word maximum)

- Define the problem or need to be addressed through your program and provide evidence to support the need as well as citing resources for verification of any statistical information provided.
- Explain how your program addresses the problem

Project Delivery

- Complete a description of each activity to be undertaken including what product or services are to be performed, where they are to be performed, for whom they are to be provided for and how they are to be provided.
- Please specify what age group each activity is most likely to serve.
- Please provide location of services, frequency of services (i.e., 3 times a week for 10 weeks from 09/01/2024o-12/25/2024), hours of operation (for proposed program only), and the anticipated number of persons to be served.
- How many residents of low-to moderate income do you anticipate assisting though each activity?
- Describe how you will document how at least 51% of your participants are of low to moderate income.
- Describe the outreach and marketing initiatives that will be used to inform potential clients about the services to be provided, and how beneficiaries will be selected.
- If requesting CDBG funds for staff costs, please specify the percentage that will be used for salaries as well as the total number of employees hired and/or retained as a result.
Please note that CDBG funds requested must be reasonable and necessary to provide product delivery for the public services activity. Indirect costs that are not related to the CDBG funded activity are not reimbursable by the grant.

**All requested information is required as a condition of funding consistent with CDBG funding guidelines.*

Activity #1

Activity #2
(optional)

Activity #3
(optional)

STAFFING RESOURCES: Identify every person involved in the implementation and administration of the program.

Position	# hours/week on CDBG project	Salary/Week for CDBG project	Hired as a result of funding? Y/N

Accomplishments- Goals and Performance Measures

For example, accomplishment may include such measures as units rehabbed, persons or households assisted, or meals served, and should also include time frames for performance.

Activity	Participants Served per Quarter	Total Participant Served/Year
Activity #1		
Activity #2		
Activity #3		

National Objectives & Persons Benefited

All activities funded with CDGB funds must meet one of the [CDBG program’s National Objectives](#): benefit low- and moderate-income persons; or aid in the prevention or elimination of slums or blight; or meet development needs having a particular community urgency, as defined in 24 CFR 570.208.

Benefit Low and Moderate Income Persons (Check the appropriate benefit below):

- Area Benefit: The activity provides a benefit to low/moderate income persons by documenting that 51% or more of the service area of the activity is occupied by low/moderate income households (as per the U.S. Census).
- Limited Clientele Activity: The activity exclusively benefits a limited clientele, at least 51% of whom are low/moderate income. If Limited Clientele, the activities must also meet one or more of the following criteria(s):
 - The activity benefits a clientele presumed to be low/moderate income e.g., abused children, elderly persons, victims of domestic violence, homeless persons, disabled adults, illiterate adults, persons living with HIV/AIDS, and migrant farm workers.
 - Data will be collected on family size and income that demonstrates that 51% of the clientele whose family income does not exceed the L/M income limits.
 - Activity is of such a nature and in a location that it may be concluded that the activity’s clientele will be LMI persons.

Eliminate Slums and Blight (check the appropriate benefit):

- Area Basis: The activity aids in the prevention or elimination of slum/blight in a designated area.
- Spot Basis: The activity aids in the elimination of specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

Urgent Need:

The activity is designed to alleviate conditions that pose a serious and immediate threat to the health or welfare of the community, recently became urgent, and no other funding is available.

Type of Activity

Which of the following best describes your activity?

Direct Services to Clients _____

A Group Activity of activities Area-Wide Benefit Limited Clientele

A project or projects _____

A major Purchase or purchases _____

Organization Description

Provide a brief description of the applicant's organization. This narrative should contain the following information: date organization was established, mission of organization, geographical area served, number of staff (paid and volunteer) and list of Board of Directors.

List three key persons who are familiar with the contents of this application

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the person(s) responsible for making decisions on how the organization's funds are expended and how persons served will be selected: i.e., Board of Directors, Finance Director, Department Head, Director, etc.)

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the person responsible for accounting for organizational funds: (i.e., Bookkeeper, Treasurer, and Finance Director).

Name	Title	Email
_____	_____	_____

List other major sources of funds your organization receives. (Grants, donations, program fees, client fees, etc.)

Source	Anticipated Amount
_____	_____
_____	_____
_____	_____
_____	_____

Please describe and provide a list of any other resources your organization receives. (In-kind services, borrowed staff, use of services, volunteers, etc.)

List other grant sources to which you have applied or will apply (indicate application date) to fund this project.

Source	Anticipated Amount
_____	_____
_____	_____
_____	_____
_____	_____

Has the applicant received \$750,000 in federal funds in the previous fiscal year, or during the current fiscal year? Yes _____ No _____.

If yes, submit the most recent Single Audit prepared in compliance with Uniform Guidance and 2 CFR 200 subpart F (200.500) audit requirements.

List planned purchases of over \$500

Purchase	Anticipated Amount
_____	_____
_____	_____
_____	_____
_____	_____

Budget- Please provide an itemized project budget that includes all associated costs and the amounts to be paid by non-CDBG and CDBG funds. *Only direct program costs are eligible for CDBG funding.*

Line Item	Amount Paid by non-CDBG funds (other sources)	Amount to be Paid by CDBG
Salaries	\$	\$
Fringe	\$	\$
Reproduction/Printing	\$	\$
Supplies and Materials	\$	\$
Travel/Mileage (<i>site visits</i>)	\$	\$
Other (Specify)	\$	\$
TOTALS	\$	\$

Certification

I certify that the information presented in this proposal is correct to the best of my knowledge

Name

Signature

Title

Date