

Community Development Block Grant Application Packet

February 5, 2024

Dear Applicant:

Thank you for your interest in the Community Development Block Grant for the 2024-2025 funding year. The application deadline is **March 22, 2024**. Your application must be completed and returned to us no later than 4:00 p.m. on that date. We are asking you to submit eight **(8)** copies of your complete application.

Please read the instructions carefully so that your application will be complete. ANY and ALL applications will be returned if not complete. Applications that are not complete will be returned and considered ineligible for resubmission this funding year. We will provide technical assistance to any organization that may need assistance in completing their application. This will be done prior to the above referenced submission date.

The availability of funds to public service agencies is determined by the actions of The Wheeling City Council. The acceptance of applications does NOT guarantee funding to public service agencies.

Sincerely,

Nancy Prager

Nancy M. Prager
Director

COMMUNITY DEVELOPMENT BLOCK GRANT



SUBMISSION GUIDELINES & APPLICATION PACKET 2024-2025 FUNDING YEAR

DEPARTMENT OF COMMUNITY DEVELOPMENT
1500 CHAPLINE STREET, ROOM 305
WHEELING, WV 26003
PHONE: (304) 234-3701, TDD: (304) 234-3617, FAX: (304) 234-3899

FY 2024-25 Non-Profit Application

All Interested Public Service Agencies:

We are supplying you with an application packet. You **MUST** follow this application in order for your proposal to be reviewed. **We will RETURN any and all applications that DO NOT follow the procedures outlined in the guidelines.** Proposals will be reviewed after the submission deadline. **If your application is not complete it will be returned and you MAY NOT reapply for this funding year. Deadline** for submission of your application is 4:00 p.m. **Friday, March 22, 2024.**

Applications will not be reviewed that are submitted for administrative or operating expenses.

If you have any questions or problems while completing your application, please do not hesitate to call our office at (304) 234-3701 for technical assistance. **We are asking you to submit eight (8) copies of your complete application.**

APPLICATION COVER SHEET

DATE: _____ AGENCY NAME: _____

_____ Non-Profit _____ Department or Government Entity

AGENCY ADDRESS: _____

TELEPHONE: _____ CONTACT PERSON: _____

E-mail: _____

PROJECT TO BE FUNDED: _____

UEI# _____ Estimate of Persons to be served: _____

CATEGORY:

_____ Public Service

_____ Amount Requested _____ Percent of Overall Budget

_____ Public Facility and Improvement

_____ Amount Requested _____ Percent of Project Budget

_____ Economic Development

_____ Amount Requested _____ Percent of Overall Budget

_____ Historic Preservation

_____ Amount Requested _____ Percent of Overall Budget

Brief Description of Project:

INSTRUCTIONS FOR COMPLETION OF APPLICATION PACKET

A. Narrative data on project and applicant:

Briefly describe the proposed project. The narrative is to include the need or problem to be addressed in relation to the City's Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. You must also include how many people you hope to serve in the upcoming year. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Also, include what expenses in conjunction with the activity will be paid with CDBG funds if awarded. For the agency information, provide us with the length of time the agency has been in operation and describe the type of services your agency provides. Also, please provide us with information concerning who will be in charge of administering your CDBG funds if awarded.

B. Tax Exemption Determination Letter:

Please provide us with documentation that your organization is a not-for-profit organization.

C. List of Board of Directors:

A list of current Board of Directors or other governing body of the agency must be submitted. This list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Organizational Statement:

You must provide us with a statement that your organizational staff has the capacity to administer this grant if funded and that your organization has a personnel policy manual and an affirmative action plan and grievance procedures.

E. Documentation of Compliance with National Objectives:

Each activity must meet one of the CDBG program's three broad National Objectives:

1. To benefit low-and-moderate income persons
2. To aid in the prevention or elimination of slum or blight
3. To meet community development needs having a particular urgency

F. Last year's overall budget (2023-2024):

Provide us with a copy of your **current operating budget**, itemizing revenues and expenses. **Identify commitments or ongoing funding. You must show all sources of funding.**

G. Proposed 2024-2025 Budget:

Provide us with a copy of your proposed budget, itemizing estimated revenues and expenses. Show all funding sources.

H. Proposed 2024-2025 Community Development Block Grant Budget:

Provide us with a detailed, itemized budget of how you will utilize your CDBG monies if awarded. Provide us with the cost of your project/activity to be provided with CDBG funds, and what percent of the cost will be paid with CDBG funds if provided.

If your agency is funded, we will be asking you to submit your agencies Articles of Incorporation and Bylaws. We will also be asking you to provide us with an audit following the funding year if your organization receives more than \$300,000 in federal funding that year.

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PLEASE INSERT YOUR INFORMATION BEHIND THE PROVIDED PAGES

A. NARRATIVE DATA ON PROJECT AND APPLICANT

B. TAX EXEMPTION DETERMINATION LETTER

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E. DOCUMENTATION OF COMPLIANCE WITH NATIONAL OBJECTIVES

F. LAST YEAR'S OVERALL BUDGET (2023-2024)

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