City of
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City of Evanston
Community Development   **Deadline**

2019 CDBG Public Services & Mental Health Board

Open Programs | Description   Requirements   Restrictions   Contact Admin

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Description [hide this]

The City of Evanston's Housing and Community Development Act Committee (HCDA) and Mental Health Board (MHB) are accepting applications for 2019 Community Development Block Grant Public Services (CDBG-PS) and City of Evanston Human Services grants from non-profit agencies and City departments through a combined application process. This application is not for CDBG Public Facilities & Infrastructure (capital) or Housing programs. It is for programs and services that address the needs of at-risk residents, primarily lower income individuals and families. Non-profit agencies may apply for CDBG, MHB (City of Evanston Human Services funding), OR BOTH in a single application. City applicants may apply for CDBG only.

If your agency is requesting funding for more than one program, you must complete and submit a separate online application for each program. If your agency is also applying for CDBG funding for a capital project DO NOT USE THIS FORM! Complete the appropriate application form that may be accessed from the City website at https://cityofevanston.org/grantapplications/.

CDBG funding recommendations will be included in the City's 2019 Action Plan, a draft of which will be published for the 30-day public comment period on or about October 15, 2018. The draft Action Plan will be reviewed and approved by the Housing & Community Development Act Committee at its meeting on November 13, 2018. Dates are subject to change. The Action Plan will be submitted to City Council for approval following receipt of 2019 grant amounts from HUD. MHB funding recommendations will be reviewed and approved by the City's Human Services Committee and City Council as part of the 2019 budget process; dates and times will be provided when they have been established.

Requirements [hide this]

To be eligible for CDBG funding, a program must meet the CDBG National Objective of benefiting primarily low- and moderate-income persons (family income does not exceed 80% of the area median income). This may be established in two ways: 1) Limited Clientele - income data are collected from all program participants and 51% or more are income eligible or 2) Presumed Eligible - participants are severely disabled adults, abused children, battered spouses or homeless. Priorities for funding include programs identified as high needs in the 2015-2019 Consolidated Plan, serve significant numbers of low- and moderate-income Evanston residents, and deliver services efficiently and effectively.

To be eligible for MHB funding, a program must address the needs of Evanston residents who are unable to acquire resources to meet basic needs or access mainstream services without

assistance. Needs include, but are not limited to: mental and physical health, food, child care, out-of-school time activities, legal assistance, supportive housing, and case management services. Both CDBG and City applications will be evaluated based on the application of funds to reach underserved residents. All applications will be reviewed using an equity lens.

Non-City of Evanston Applicants: to be considered for funding, a representative of your organization MUST attend one of the pre-application meetings scheduled for July 17 @ 10:00 AM in in Room 2404 or July 24 at 3:00 PM in Room 2404 of the Civic Center, 2100 Ridge Ave, Evanston, at which additional information will be provided. Sign-in is required.

This is a two-stage application in ZoomGrants. ALL APPLICANTS MUST COMPLETE AND SUBMIT A LETTER OF INTENT IN ZOOMGRANTS BY 4 PM CDT ON WEDNESDAY, AUGUST 1. All applicants will be approved for a full application. The Letter of Intent (LOI) will be used primarily for scheduling and planning purposes. LOIs will generally be approved within two business days; applicants may begin work on their application immediately following approval.

FULL APPLICATIONS MUST BE COMPLETED AND SUBMITTED IN ZOOMGRANTS BY 4PM CDT ON WEDNESDAY, AUGUST 15.

All applications must be submitted online through ZoomGrants. Hard copy, faxed or emailed applications will not be accepted.

Applications will be reviewed by the HCDA and/or MHB at public meetings in September 2018. All external applicants will be notified of the date at which their application will be reviewed on or about August 10; applicants will be required to make a brief presentation abut their request and answer questions at the assigned meeting. A joint meeting of the HCDA and MHB to review programs requesting both CDBG-PS and MHB funds is tentatively scheduled for September 6 at 7PM; this is subject to change.

Restrictions [hide this]

All CDBG funds must be used in accordance with regulations as set forth in 24 CFR 570. All recipients of CDBG funds must comply with CDBG and federal cross-cutting requirements including, but not limited to data collection, reporting, and organizational capacity per the federal Omni Circular.

2019 CDBG funding is ESTIMATED and is subject to change based on actual 2019 CDBG appropriations and program income received in 2018. Funding for Public Services is limited to 15% of the City's 2019 allocation + 2018 program income. All CDBG funding is contingent on the City of Evanston receiving its 2019 CDBG entitlement grant. Amount and timing of the release of those funds is undetermined and, based on historical experience, may not occur until Q2 2019 or later.

Resource Library [hide this]

Application Status: Not Submitted

Apply Now/Start Application

USD$ 0.00 requested

Summary   Pre-Application (Letter of Intent)   Application Questions   Budget   Program Outcomes
Documents

Summary   *(answers are saved automatically when you move to another field)*

Program Name

[   ]

Amount Requested

*Total City of Evanston Request-
CDBG and/or MHB*

USD$ [   ]

MHB Request

*If requesting MHB funds only,
Secondary Amount will be the
same as Total; if requesting
CDBG only, Secondary Amount
will be zero)*

USD$ [   ]

Applicant Information

First Name   [   ]
Last Name   [   ]
Telephone   [   ]
Email   [   ]

Organization Information

(changes to this data will be reflected on all other applications for this organization)

[Create an Organization]

[Next]

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board

Deadline

Open Programs | Description   Requirements   Restrictions   Contact Admin

Application Status: Not Submitted

Apply Now/Start Application

USD$ 0.00 requested

Summary   Pre-Application (Letter of Intent)   Application Questions   Budget   Program Outcomes
Documents

Summary

(answers are saved automatically when you move to another field)

Instructions Show/Hide

Enter the name of the program for which you are requesting funding and the total amount of funding you are requesting from the City of Evanston, whether CDBG, MHB or both, in "Amount Requested" field. If requesting MHB funds, enter that amount only in the "MHB Request" field. If you are requesting only MHB funding, both fields will be the same. If requesting CDBG and MHB, the "Amount Requested" field will be larger than the "MHB Request" field. If you are requesting CDBG only, the "MHB Request" field will be zero.

Funding requests must be entered when your Letter of Intent is submitted. Amounts may not be changed in the full application.

Program Name

Amount Requested
Total City of Evanston Request-CDBG and/or MHB

USD$

MHB Request
If requesting MHB funds only, Secondary Amount will be the same as Total; if requesting CDBG only, Secondary Amount will be zero)

USD$

Applicant Information

First Name

Last Name

Telephone

Email

Organization Information

(changes to this data will be reflected on all other applications for this organization)

Create an Organization

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City of Evanston
Community Development

Deadline

2019 CDBG Public Services & Mental Health Board

Open Programs | Description   Requirements   Restrictions   Contact Admin

Application Status: Not Submitted

Apply Now/Start Application

USD$ 0.00 requested

Summary   Pre-Application (Letter of Intent)   Application Questions   Budget   Program Outcomes   Documents

Your Pre-Application (Letter of Intent) must be submitted AND approved before continuing.

Pre-Application (Letter of Intent)

(answers are saved automatically when you move to another field)

Pre-Application (Letter of Intent) Status

Undecided /Not Submitted

Ask a Pre-Application (Letter of Intent) Question

Instructions Show/Hide

Complete and submit the Letter of Intent by Wednesday, August 1, 2018 at 4PM CDT. Pre-Applications will be reviewed by the HCDA and MHB, as well as staff. All applications requesting either CDBG and/or City funding in 2019 will be allowed to submit a full application. Full applications will be due no later than 4PM on Wednesday, August 15, 2018.

All Applicants Complete Questions 1-8 and attach Documents

1. Organization Name and Program for which you are requesting funding.

Maximum characters: 255. You have 255 characters left.

2. Type of organization

- ◯ Section 501(c)(3) Organization
- ◯ Government agency
- ◯ City of Evanston Department
- ◯ Other:

3. Is your organization an affiliate of a regional or statewide social service agency?

- ☐ No
- ☐ Yes

4. If yes, provide the organization name and a brief explanation of the relationship. If there is a local board,

describe its decision-making authority. If no, enter NA below.
Attach the list of local board members as well as the parent organization board below.

Maximum characters: 750. You have 750 characters left.

5. Is your organization accredited?

☐ Yes
☐ No

6. If yes, provide the name of the accrediting body and the date of your most recent accreditation. If no, enter NA below.

Maximum characters: 255. You have 255 characters left.

7. People served:
Check all that apply.

☐ Youth 0-15 years
☐ Youth & young adults 16-24 years
☐ Adults 25-54 years
☐ Older adults/seniors 55+ years
☐ Other:

8. 2019 Funding Requested from the City of Evanston
Enter amounts requested by funding source below. Do not include dollar signs. The total should match the "Amount Requested" on the Summary page.

CDBG

MHB (Human Services Fund)

9. Funding request is:
Programs funded in 2018 should be classified as renewal even if amount requested is different from 2018 grant.

☐ Renewal of 2018 CDBG funding
☐ Renewal of 2018 MHB funding
☐ New request for CDBG
☐ New request for MHB

New Applicants or Programs Complete Questions 10-11 (renewal applicants enter NA)

10. NEW APPLICANTS OR AGENCIES FUNDED IN 2017 APPLYING FOR A PROGRAM NOT FUNDED IN 2018 ONLY: Briefly describe your program and summarize its goals and accomplishments. IF CURRENTLY FUNDED, ENTER "NA."

Include a description of program participants (age, gender, income level, family status, etc.) and the number of Evanston residents it serves annually.

Maximum characters: 3500. You have [3500] characters left.

11. NEW APPLICANTS OR CURRENTLY FUNDED AGENCIES APPLYING FOR A PROGRAM NOT CURRENTLY FUNDED ONLY: Explain what unmet need it addresses, how the need was identified, any alternatives considered to address it, and describe your capacity to implement it.

If a new program launch, detail your organization's programmatic and funding capacity, including other funding that is committed or being sought for the program.

Maximum characters: 5000. You have [5000] characters left.

12. Who participates in or benefits from the program or services? Describe the population in terms of age, gender, race/ethnicity, family status, income level and other relevant or defining characteristics. Include any eligibility requirements.

Maximum characters: 5000. You have [5000] characters left.

[Show/Hide Document Instructions](#)

Documents Requested *	Required?	Uploaded Documents *
Current year agency operating budget. (City of Evanston applicants, please upload a blank page).	Required	*-none-*
REQUIRED FOR ALL EXTERNAL APPLICANTS. Board of Directors, including demographic information, professional affiliations and home addresses. If a regional organization with a local board of directors, attach listings of both boards	Required	*-none-*
REQUIRED FOR EXTERNAL APPLICANTS Conflict of Interest Disclosure. City of Evanston and Federal policies require the disclosure of any possible conflict of interest		*-none-*

in the provision of Federal or local funding. Complete and
upload the attached form

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* ZoomGrants™ is not responsible for the content of uploaded documents.

Submit Pre-Application (Letter of Intent)</button>

This Pre-Application (Letter of Intent) section must be submitted and Approved by the Administrator (not ZoomGrants) before
you can fill out the rest of the application.
Click the Submit Pre-Application (Letter of Intent) button at the top of this tab to submit this section to be reviewed.

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City of Evanston
Community Development
2019 CDBG Public Services & Mental Health Board

Deadline

Open Programs | Description   Requirements   Restrictions   Contact Admin

Application Status: Not Submitted

| Apply Now/Start Application |

USD$ 0.00 requested

Summary   Pre-Application (Letter of Intent)   Application Questions   Budget   Program Outcomes   Documents

Your Pre-Application (Letter of Intent) must be submitted AND approved before continuing.

Application Questions

(answers are saved automatically when you move to another field)

1. Describe your program, including the need(s) that it addresses. Be specific about the activities/services provided, days/times of services and frequency/duration for the average client.
Please note that this question is not directed at the agency overall; it is specific to the program for which you are requesting funding.

Maximum characters: 3500. You have `3500` characters left.

2. Describe how underrepresented populations are identified and targeted for program services. How would a City/CDBG award increase services to underrepresented populations? How would the program measure/report impact to these populations?
If applying for CDBG funds, describe the need(s) identified in the 2015-2019 Consolidated Plan that your program addresses.

Maximum characters: 3500. You have `3500` characters left.

3. Provide an estimate of the unduplicated number of Evanston residents expected to participate in each service described below for the program described in question 2.

Disregard the total as it will NOT reflect the unduplicated count - it is understood that a single client can participate in multiple services.

[ ]	Intake/assessment
[ ]	Referrals
[ ]	Individual case management plan/services
[ ]	Services delivered on an individual basis (e.g. home delivered meals)
[ ]	One time event or activity (e.g. field trips, tax preparation)
[ ]	Multi-session program (e.g. after school program)
[ ]	Focused topic activities (e.g. workshops, trainings)
[ ]	Drop in services (e.g. computer lab, tutoring, help desk)
[ ]	Phone or online help (e.g. 24-hour help lines)

4. Are eligible people turned away for services? If so, approximately how many are being turned away in the 2018 program year and why? Does the program maintain a wait list? Does demand fluctuate throughout the year?

Maximum characters: 3500. You have 3500 characters left.

5. Does the program provide referrals within the organization and/or to other agencies? Describe referral process and how referrals are tracked.

Maximum characters: 3500. You have 3500 characters left.

6. What other agencies address this need, how do you collaborate with them to avoid duplication of services, and what successes and challenges have you experienced? What sets your services apart from others?

Include agencies that serve Evaston residents but are not located in Evanston.

Maximum characters: 3500. You have `3500` characters left.

7. Describe program goals and outcomes anticipated in 2019, including any change from 2018 if applicable. What data are collected and used to analyze program and measure success? Who is responsible for ensuring the program is implemented as planned?

Maximum characters: 3500. You have `3500` characters left.

8. Complete the chart below with the unduplicated total of people you expect to serve in 2019, number who are low/moderate income, and the number who are Evanston residents. If an existing program, provide the same numbers for 2018.

Federal regulations do not allow CDBG funds to replace existing program funding. Programs funded in 2018 must show an increase in people served if applying for an increase in CDBG funding.

Unduplicated people to be served in 2019

Unduplicated Evanston residents to be served in 2019

Unduplicated low/moderate income people to be served in 2019

Unduplicated low/moderate income Evanston residents to be served in 2019

Unduplicated people served in 2018

Unduplicated Evanston residents served in 2018

Unduplicated low/moderate income people served in 2018

Unduplicated low/moderate Evanston residents served in 2018

9. Provide a summary of the organization's history in Evanston and mission (including organizational structure, size and functions of the board); note any significant changes in the last year. Attach current Strategic Plan on the Documents tab.

Also attach a list of current Board members including Board demographics including age, race/ethnicity under the "Documents" tab. City of Evanston applicants, enter "NA."

[text area]

Maximum characters: 3500. You have [3500] characters left.

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10. Describe agency's capacity to undertake the proposed program, including policies and procedures for managing finances and procurement.

CDBG applicants, include experience with federal record keeping, eligible uses of funds, procurement and other requirements per the Omni Circular, 2 CFR, Chapters I & II, Part 200, et al (see Resource Library).

[text area]

Maximum characters: 3500. You have [3500] characters left.

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11. If applying for CDBG funds, how will the program's eligibility for CDBG funding be established?

All recipients of CDBG or MHB funds are required to report the income levels and race/ethnicity of participants. MHB funding is not contingent on serving primarily low/moderate income residents.

- ○ Limited Clientele (include form used to document income in document upload section)
- ○ Presumed eligible (severely disabled adults, abused children, battered spouses or homeless)
- ○ NA (applying for MHB only)

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12. Describe the number, qualifications and experience of program staff. Will new staff be hired and is this dependent on City funding? Will the staff be retained if City funding is not received in future years? Also provide staff demographics.

For staff demographics provide age, gender, and race/ethnicity. Also provide staff to participant ratio and any requirements for program licensing or accreditation.

[text area]

Maximum characters: 3500. You have [3500] characters left.

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13. Provide the name, email and phone number of the individual who attended the pre-application meeting.

[text field]

Maximum characters: 255. You have [255] characters left.

---

14. All organizations receiving CDBG funds are required to have a DUNS number. Please enter your organization's DUNS number in the space below. If you do not already have a DUNS number, enter "NA." (City of Evanston applicants, enter 074390907)

Maximum characters: 255. You have `255` characters left.

15. Is the facility and program in compliance with the Americans with Disabilities Act?

☐   Yes

☐   No

16. If "no," explain what areas are not compliant and what accommodations are made for individuals with disabilities. Describe your organization's experience making such accommodations. IF "YES," ENTER "NA."

Maximum characters: 255. You have `255` characters left.

17. Where (address/location) does your program take place and how will clients get to the location or facility?

Maximum characters: 255. You have `255` characters left.

18. Certification: I certify that I am authorized by the Board of Directors or governing body to submit this application for 2019 CDBG and/or MHB funding and that, to the best of my knowledge, the information in this application is true and correct.

Enter the name and title of the individual submitting this application.

Maximum characters: 255. You have `255` characters left.

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City of Evanston
Community Development

Deadline

2019 CDBG Public Services & Mental Health Board

Open Programs | Description   Requirements   Restrictions   Contact Admin

Application Status: Not Submitted

Apply Now/Start Application

USD$ 0.00 requested

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Your Pre-Application (Letter of Intent) must be submitted AND approved before continuing.

Budget

(answers are saved automatically when you move to another field)

Instructions <u>Show/Hide</u>

Funding Sources/Revenues

Complete the budget tables below for your program based on the City of Evanston fiscal year (January 1 - December 31). If your program is new in 2019, leave the 2018 column blank. If you are receiving 2018 CDBG funds, explain any significant budget differences between your 2018 and 2019 budgets. Line items should match those in your chart of accounts/operating budget.

Item Description		2018	2019	2019 Committed
City of Evanston CDBG	USD$		USD$	USD$
City of Evanston Mental Health Board Funds	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$
	USD$		USD$	USD$

	USD$	USD$	USD$

Total USD$ 0.00 | **Total USD$ 0.00** | **Total USD$ 0.00**

Funding Uses/Expenses

Include all funding uses/expenses for your program. Total funding uses/expenses should equal total funding sources/revenues. Indirect costs may be allocated to your program budget in accordance with the Omni Circular. Show how CDBG or MHB would be used if awarded by entering amounts by line item in the "2019 CDBG" or "2019 MHB" column, as appropriate. Total CDBG and MHB should match the request(s) for CDBG and/or MHB in Funding Sources/Revenues above.

Item Description	2018	2019 Total	2019 CDBG	2019 MHB
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$
	USD$	USD$	USD$	USD$

Total USD$ 0.00   **Total USD$ 0.00**   **Total USD$ 0.00**   **Total USD$ 0.00**

Budget Narrative (Discuss/justify the items and amounts you entered above.)

Indicate your fiscal year. If requesting funds for an existing program, explain any significant differences in revenues or expenses between your 2018 and 2019 program budgets, particularly funding reductions from major funders such as the State of IL, and the impact on service levels, staffing, etc. Describe your efforts to secure other sources of funding and justify any increased request from the City of Evanston. If you plan to use CDBG or MHB for staffing costs, list the position(s) by title, provide annual salary/benefits and the percentage that would be paid from CDBG or MHB. Indicate if staff positions are currently filled or will be new hires, and if CDBG or MHB funded staff positions serve Evanston clients exclusively. Identify all State of Illinois funding, including federal pass through funding, and describe status.

Maximum characters: 5000. You have 5000 characters left.

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Program Outcomes

(answers are saved automatically when you move to another field)

Instructions Show/Hide

Enter estimated Program Outcomes for Evanston residents only as part of your application. Each program must have 3-5 outcomes to assess program effectiveness. Outcomes must link clearly to the services provided (inputs/activities), measured quarterly, and be specific and quantifiable. Indicators are the specific data that are used to determine if outcomes are achieved. If funded, these outcomes will be used for program reporting. (If funded, Program Outcomes will be updated as appropriate based on funds awarded.)

Beneficiary Demographics

Provide demographics for actual and anticipated unduplicated program participants in calendar year 2018 and projected program participants for calendar year 2019.

DEMOGRAPHICS	2018 Total	2018 Low/Mod Income	2019 Total	2019 Low/Mod Income	2018 Evanston Total	2018 Evanston Low/Mod	2019 Evanston Total	2019 Evanston Low/Mod
White								
White/Hispanic								
Black or African American								
Black, African American/Hispanic								

Asian								
Asian/Hispanic								
Native American								
Native American/Hispanic								
Other								
Other/Hispanic								
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Program Outcomes

Describe each outcome and indicator in the chart below and provide numeric goals for each quarter of the year in fields labeled G. If funded, you will update the numeric goals based on actual funding and report actuals in the fields labeled A.

Outcome	Indicator (How was success measured?)	Goal # (G): Jan-Mar	G: Apr-Jun	G: Jul-Sep	G: Oct-Dec	Goal Total	Actual # (A): Jan-Mar	A: Apr-Jun	A: Jul-Sep	A: Oct-Dec	Actual Total
1							0				0
2							0				0
3							0				0
4							0				0
5							0				0
							0				0
Total			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0 0**

Program Line Item Expenditures

DO NOT ENTER DATA WHEN APPLYING FOR FUNDING; THIS TABLE WILL BE COMPLETED FOR FUNDED PROGRAMS ONLY AS PART OF REPORTING.

Enter the budget from your subrecipient agreement with columns for actual expenses and revenues for each report period. Please enter numbers only - no dollar signs.

TOTALS ARE CALCULATED ON PAGE REFRESH. To see a calculated total, enter your numbers then use the grey refresh page button, above, to reload the page with the new calculated totals.

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								$ 0
2								$ 0
3								$ 0
4								$ 0
5								$ 0
6								$ 0
7								$ 0
8								$ 0
9								$ 0
10								$ 0
11								$ 0
12								$ 0
13								$ 0
14								$ 0
15								$ 0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**$0**

Program Line Item Funding

Please enter numbers only - no dollar signs.

TOTALS ARE CALCULATED ON PAGE REFRESH. To see a calculated total, enter your numbers then use the grey refresh page button, above, to reload the page with the new calculated totals.

Item Description	Total Budget	CDBG Funds	MHB Funds	Q1 Jan-Mar	Q2 Apr-Jun	Q3 Jul-Sep	Q4 Oct-Dec	Spent to Date
1								$ 0
2								$ 0
3								$ 0
4								$ 0
5								$ 0
6								$ 0
7								$ 0
8								$ 0

9							$ 0
10							$ 0
11							$ 0
12							$ 0
13							$ 0
14							$ 0
15							$ 0
Total	**0**	**0**	**0**	**0**	**0**	**0**	**$0**

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Documents

Instructions Show/Hide

Following is a list of documents needed to complete your application. Note that some documents are required of all external applicants. Agencies funded in past years may not have to submit certain documents. You will not be able to submit your application until all documents with "Required" box checked have been uploaded. Document size is limited to 4MB.

Documents Requested *	Required?	Uploaded Documents *	
REQUIRED FOR ALL EXTERNAL APPLICANTS. Audited financial statement and Form 990 for the most recent completed fiscal year.	Required	*-none-*	Upload
REQUIRED FOR ALL EXTERNAL APPLICANTS. Most recent annual report or a summary of the organization's prior year's activities and accomplishments.		*-none-*	Upload
Federal 501(c)(3) letter of determination verifying tax-exempt status (NEW APPLICANTS and agencies that have not received CDBG or MHB in the last two years).	Required	*-none-*	Upload

Non-discrimination & equal employment opportunity policies, and Affirmative Action Plan (NEW APPLICANTS or organizations funded in 2017 only if changed).		*-none-*	**Upload**
Articles of incorporation/bylaws (NEW APPLICANTS or organizations funded in 2017 only if changed).		*-none-*	**Upload**
Brief biographies of key staff including demographic information.	Required	*-none-*	**Upload**
Plan to address accessibility issues, including who to contact with questions/issues, policies for responding to grievances/complaints and the time period for a written response (new applicants or previously funded agencies only if changed).		*-none-*	**Upload**
Supplemental information relating to your program or agency, as applicable.		*-none-*	**Upload**
Form used to document income of participants to establish CDBG eligibility if Limited Clientele indicated in Question 11.		*-none-*	**Upload**
HUD Family income limits used to determine eligibility for CDBG funding and for reporting demographic characteristics of participants.		*-none-*	**Upload**
2019 CDBG-MHB Application review Meeting Schedule. Please note that the order in which applications will be reviewed is not finalized.		*-none-*	**Upload**
REQUIRED FOR ALL EXTERNAL APPLICANTS. Agency Organization Chart that identifies reporting relationship between staff implementing program for which funding is requested and senior management.		*-none-*	**Upload**
REQUIRED FOR ALL EXTERNAL APPLICANTS. Chart of Accounts used to define each class of items for which money or the equivalent is spent or received, and to organize and segregate expenditures, revenue, assets and liabilities.	Required	*-none-*	**Upload**
Budget detail - if the form on the budget tab does not have enough lines to break out each funding source of $20,000 or more, attach detail for categories such as Foundation Grants here.		*-none-*	**Upload**
REQUIRED FOR ALL EXTERNAL APPLICANTS. Statement of operating revenues and expenditures for most		*-none-*	**Upload**

recently completed fiscal year (not
required for City programs). Example, if
your fiscal year is July 1- June 30, this will
be for FY2018.

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