

COMMUNITY PLANNING & DEVELOPMENT GRANTS

CPD APPLICATION PHASE 1: PRE-APPLICATION

Community Development Block Grant (CDBG)

Pre-Application Deadline
June 5, 2023
11:59 PM Central Standard Time

The Office of Community & Neighborhood Services uses this pre-application to determine applicant eligibility, the eligibility of its proposed activity, and the financial supports for prospective activities under the City's Community Development Block Grant, which is administered by the US Department of Housing and Urban Development.

The Office of Community & Neighborhood Services will use ONLY the information provided in this form to evaluate applicant and activity eligibility, and financial leverage.

If the applicant and/or proposed activity is ineligible under the Community Planning & Development guidelines, the applicant is encouraged to apply for CDBG funds for the next program year.

ONLY eligible activities that closely align with our local and federal standards and priorities as determined by the Office of Community & Neighborhood Services will receive AN INVITATION to complete the final application.

Instructions

- 1. The applicant may type within this form or the applicant may hand write its information. Please use blue or black ink. Please take care to ensure the legibility of the form.
- 2. The applicant **must** sign and date the form. Unsigned and/or undated applications are not reviewed and are automatically disqualified.
- 3. Additional forms and documents are PROHIBITED.
- 4. This pre-application may be submitted in three ways:
 - a. Electronic Email pdf to cnservices@tuscaloosa.com
 - Hand delivery
 Office of Community & Neighborhood Services
 City of Tuscaloosa
 2201 University Boulevard
 Tuscaloosa, AL 35401
 - Mail
 Office of Community & Neighborhood Services
 City of Tuscaloosa
 2201 University Boulevard
 Tuscaloosa, AL 35401

PRE-APPLICATION SECTION 1: ORGANIZATIONAL ELIGIBILITY, CAPACITY, & PAST PERFORMANCE

The following section focuses on the applicant organization. These questions will help the Office of Community and Neighborhood Services determine if the organization meets the operational standards to receive and successfully implement a federal funding award.

| Organizational Information | tion | | |
|--|---|---|---------------------------------------|
| Organization Name | | | |
| Organization Address | | | |
| Organization Contact | | | |
| Contact Title | | | |
| Telephone | | | |
| Email Address | | | |
| Organizational Eligibility | у | | |
| Does the applicant organiza | ntion have 501(c)(3) tax-exempt status? | Yes | No |
| Does the applicant organization Number (FEIN)? | ntion have a Federal Employer Identification | Yes | No |
| Please provide the applican Number (FEIN) | nt organization's Federal Employer Identification | | |
| Does the applicant organiza | ntion have a Unique Entity Identifier? | Yes | No |
| Please provide the applicant organization's Unique Entity Identifier | | | |
| Does the applicant organization have an active registration in SAM.gov? | | Yes | No |
| Please provide the SAM.gov | registration expiration date | | |
| Grant Experience | | | |
| Is the applicant organization a current or former grantee, subgrantee, subrecipient, and/or developer of any of the following Community Planning and Development Grants from the US Department of Housing and Urban Yes Development? | | | |
| Please check each Community | Planning and Development Grant the applicant organiza | ation has ever received. For each grant | , check if the applicant organization |

is a current or former recipient. In the corresponding column, write the number of years that the organization has received the grant.

| Grant | Current | Years | Former | Years |
|---|---------|-------|--------|-------|
| Community Development Block Grant (CDBG) | | | | |
| HOME Investment Partnerships Program (HOME) | | | | |
| Emergency Solutions Grant (ESG) | | | | |
| Homeless Management Information Systems (HMIS) | | | | |
| Continuum of Care (CoC) | | | | |
| Housing Opportunities for Persons with AIDS Program (HOPWA) | | | | |

| neviseu s | ,, 13, 2023 | | |
|---|-------------|-----|-------|
| In the space provided, list the applicant organization's federal, state, or private grant awards | | | |
| | | | |
| How many years has your organization been in operation? | YEAR | | MONTH |
| Write the number of years and months under the year and month column. If the applicant organization has operated for less than one (1) year, please write the number of months under the month column. Give the exact calculation. Do not round up. | | | |
| Organizational Documents | | | |
| Do existing organizational policies address Title VI and other civil rights requirements? Yes | | No | |
| If the organization is invited to submit a final application, the organization will be required to submit various ver and documents at the time of application. Check Yes or No for each document the organization currently posses | | Yes | No |
| Artides of Incorporation/ Bylans | | | |
| Non-Profit Determination Letter (IRS) | | | |
| Person(s) Authorized to Request Funds | | | |
| Gurrent Organizational Chart-inducling job description and time (hours per week) for all persons to be reimbursed with CPD funding | | | |
| Board of Directors Roster w/ contact information | | | |
| Organizational Policies and Procedures, which must include, at minimum | | | |
| Conflict of Interest Policy | | | |
| Non-Disarimination Policy | | | |
| Grievance/Termination Policy | | | |
| Records Retention Policy | | | |
| Procurement Policy | | | |
| Accounting Policy and Procedures | | | |
| Organization's Current and Project year Budget (include Board minutes of adoption of current year budget) | | | |
| G.ment.Audit | | | |
| Budget for CPD funds based on requested project amount (No indirect expenses allowed) | | | |
| FOR CDBG CONSTRUCTION REHAB PROJECTS: Total per unit cost which must include a breakdown of Non-CDBG funding sources and co for each unit (labor included) | ntributions | | |
| Budget for HOVE | | | |
| Contact Information for ProgramManager and Accountant/ Bookkeeper responsible for funds | | | |
| Completed Income Benefit Goals | | | |
| FOR CIRCUNSTRICTION VRFHAR PROJECTS: Must have archivesses for each unit | | | |

| PRE- APPLICATION SECTION 2: ACTIVITY MANAGEMENT & IMPLEMENTATION | | | |
|---|--|--|--|
| Activity Informat | ion | | |
| Activity Title | | | |
| Activity Address | | | |
| Activity Scope of | Work | | |
| Description Description Estimated I | o write a narrative description of the proposed activity. In the description, please include the following details: of activity to be undertaken, work to be performed or services to be provided of population your activity will serve. Include demographic information number of unduplicated participants for a 12-month period proposed use of the requested CPD funds (i.e., materials, salary, etc.). | | |
| | | | |

Activity Operation Length

Please write the number of years and months under the year and month column. If the activity has operated for less than one (1) year, please write the number of months under the month column. Give the exact calculation. Do not round up.

| How long has this activity hoon in anaration? | YEAR | MONTH |
|--|------|-------|
| How long has this <i>activity</i> been in operation? | | |
| | | 1 |

Service Delivery Area

Select the applicable Service Delivery Areas for the activity. The applicant organization **must** identify the location of its administrative office as part of its service area(s)

| District 1 | District 6 | |
|------------|--------------------------------|--|
| District 2 | District 7 | |
| District 3 | City- Wide | |
| District 4 | Outside Tuscaloosa City Limits | |
| District 5 | | |

| Activity | Locations |
|----------|-----------|
| | |

| Does your activity o | occur in mu | ltiple | locations? |
|----------------------|-------------|--------|------------|
|----------------------|-------------|--------|------------|

| Yes | No | |
|-----|----|--|
|-----|----|--|

If yes, please provide the addresses for each additional location.

| Additional Locations | | | | |
|----------------------|------|-------|----------|--|
| Street | City | State | Zip Code | |
| Sifeet | City | State | Zip Code | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Participant Eligibility |
|---|
| Use the space provided to describe the activity's clients/participants. In addition, describe how the organization determines client/participant eligibility and ensures participant eligibility under CDBG regulations |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Evidence of Activity Outcomes & Performance Measures |
| Use the space below to identify activity outcomes and to describe how the organization will measure its performance for achieving the identified activity outcomes. |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Populations Served

Please select the main population, if any, that your activity will serve. Select one.

| Elderly | |
|---|--|
| Persons with Disabilities | |
| Abused and Neglected Youth | |
| Survivors of Domestic Violence | |
| Low-to- Moderate Income Persons | |
| General Population/No specialized populations | |

PRE-APPLICATION SECTION 3: ACTIVITY ELIGIBILITY

National Objectives

Select the National Objective that the activity will meet. Select one.

| Benefit to Low to Moderate Income Persons | |
|---|---|
| Prevent Slums & Blight | 1 |
| Meet Urgent Need | |

National Goal

Select the National Goal that the activity will meet. Select one.

| Suitable Living Environment | |
|-----------------------------|--|
| Affordable Housing | |
| Economic Opportunities | |

Eligible Activity

Select the option that best describes the activity. Select one.

| Acquisition of Real Property | Construction of Housing | |
|----------------------------------|------------------------------|--|
| Disposition of Real Property | Code Enforcement | |
| Public Facilities & Improvements | Special Economic Development | |
| Clearance | Microenterprise Assistance | |
| Public Service | Special Activities- CBDOs | |
| Relocation | Homeownership Assistance | |
| Loss of Rental Income | Planning & Capacity Building | |
| Privately Owned Utilities | Program Administration Costs | |

Strategic Plan Priorities

Select the Strategic Plan Priority that the activity will meet. Select one.

| Increase or Maintain Affordable Housing Units | |
|--|--|
| Increase community's access to Affordable Housing | |
| Develop and Stabilize LMI Persons, Families, Youth, Seniors, Vulnerable Pop | |
| Equitable access to public infrastructure & facilities for underserved populations | |
| Increase access to employment training and educational opportunities | |

| Core Beliefs | | | | | |
|---|--|-----------------|--|--|--|
| Select the City of Tuscaloosa Core Belief that the activity will meet. Select one. | | | | | |
| Citizen Safety | | | | | |
| Neighborhood Protection- Econ | omic Growth, Strategic Infrastructure | | | | |
| Educational, Economic, and/or | Recreational opportunity in underserved area | | | | |
| PRE-APPLICATION SEC | TION 4: FUNDING | | | | |
| • | ne financial aspects of the activity. These questions will help the Office of Community and Neighborhood Serving if there are sufficient collaborations to justify the project and if funding request is reasonable. | vices determine | | | |
| CDBG Funding Request | | | | | |
| CDBG Funding Request: | \$ | | | | |
| Is CDBG the primary source of c | ash funding for the proposed activity? Yes No | | | | |
| If CDBG is 51% of the total funding | for the activity, then CDBG is the primary funding source. | | | | |
| What is the minimum CDBG fur | ding needed to implement this activity? | | | | |
| Will this activity occur if the organization does not receive the requested CDBG funding? Yes No | | | | | |
| Matching Contributions/Partnerships | | | | | |
| Identify the number of organiza | tions that financially contribute to this activity | | | | |
| Identify the number of organizations that provide direct, in-kind (personnel, materials, space, equipment, etc.) contributions to this activity | | | | | |

Funding Sources & Matching Funds

Use the table below to identify the sources of funding for the activity. This CDBG funding request has been identified in the table. Fill in the remaining information for your CDBG funding request.

Select either "Anticipated" or "Committed" for each fund.

- Anticipated funds are funds that you have applied for, been nominated for, etc. that your organization has not received an award letter, grant agreement, loan agreement, or deposit.
- Committed funds are funds that have been awarded, granted, loaned, or deposited. These funds have the corresponding proof/ documentation to support the award.

| TABLE-Sources of Funding and Financial Contributions | | | | | | |
|--|--------------------------|--------------|---------------|-------------|-----------|---------------|
| Funding Source | Funder Name | Funding Type | Total Funding | Anticipated | Committed | Award Date |
| Local, State, and/ Federal Funding | City of Tuscaloosa- CDBG | Grant | | Х | | TBD |
| | | | | | | |
| | | | | | | |

CNS Form – 0006 Revised 5/15/2023

| | Reviseu 5/15/2023 | | | | |
|---------------------|-------------------|--|--|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Private Funds | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Canital | | | | | |
| Capital Campaign | | | | | |
| Funds | | | | | |
| | | | | | |
| | | | | | |
| Other Funds | | | | | |
| | | | | | |
| | | | | | |
| TOTALS | | | | | |

Community Collaborations & In-Kind Contributions

Use the table below to identify collaborations and in-kind contributions to the activity.

Select either "Anticipated" or "Committed" for each collaboration and/or contribution.

- Anticipated collaborations/contributions are partnerships and/or non- monetary donations that have not occurred. These may still be in the planning process and do not have a formal agreement, award, or deposit.
- Committed collaborations/contributions are partnerships and/or non-monetary donations that have occurred or currently in progress. These will have formal agreements, award letters, deposits, records, and/or receipts to document claim.

| TABLE- Community Collaborations & In-kind Contributions | | | | | |
|---|-------------------|---------------------------------|-------------|-----------|---------------|
| Community Organization | Contribution Type | Financial Value of Contribution | Anticipated | Committed | Start Date |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

CNS Form – 0006 Revised 5/15/2023

| Audit | | | |
|--|------------------|--|--|
| When was your organization last audited? | | | |
| What were the results of the audit? | | | |
| In the space provided, please describe the results of the mo | st recent audit. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SIGNATURE:

| Completed by: | | | |
|---------------|------------|-----------|------|
| completed by: | Name/Title | Signature | Date |
| | | | |
| Submitted by: | | | |
| | Name/Title | Signature | Date |

COMMUNITY DEVELOPMENT BLOCK GRANT

ELIGIBLE CDBG ACTIVITIES:

- Acquisition of Real Property Purchase, long-term lease, donation of real property. Examples of real property
 to be acquired might include: land, air rights, easement, water rights, rights-of way, buildings and other real
 property improvements, or other interests tin the real property.
- o **Public Facilities and Improvements** Construction, reconstruction and rehabilitation of public facilities.
- Clearance Removal of unsafe buildings for improvements.
- Public Service A public service must be either a new service or a quantifiable increase in the level of an
 existing service to low- and moderate-income persons; i.e. employment, crime prevention, child care, health,
 drug abuse, education, fair housing counseling, energy conservation, home ownership assistance, or
 recreational needs.
- Removal of Architectural Barriers Special projects directed to the removal of material and architectural barriers that restrict the mobility and accessibility of elderly or handicapped persons to buildings and facilities.
- Housing Rehabilitation Assistance for the rehabilitation of unsafe structures; i.e. Minor Home and Emergency Home Repair.
- Special Economic Development Special activities that address job creation or elimination of slum or blighted areas for economic development.
- Special Activities by Neighborhood Groups Carry out neighborhood revitalization, stresses communities' economic development projects or energy conservation projects.
- Planning Activities Activities such as data gathering, studies, analyses, preparation of plans, and identification of actions to implement plans.
- Program Administration Costs Costs of overall program management, coordination, monitoring and
 evaluation, including: staff salaries, wages, and related costs; travel costs; administrative services such as general
 legal, accounting and audit services performed under third-party contracts; and other goods and services
 required for administration of theprogram.

** Activities must address one of the following priorities:

- 1. Housing Rehabilitation/Development/Homeownership/Affordability
- 2. Neighborhood Revitalization/Beautification
- 3. Economic Development/Job Creation
- 4. Non-Housing Community Development/Special Needs (Public Service: elderly, homeless, youth)

HOME INVESTMENT PARTERNERSHIPS PROGRAM

ELIGIBLE HOME CATEGORIES:

- **Rehabilitation of Owner-Occupied Housing** Funds may be used to help existing homeowners repair, rehabilitate, or reconstruct homes of existing homeowners.
- Assistance to Home Buyers Funds may be used to help home buyers acquire, acquire and rehabilitate, or construct homes. For example, down payment assistance is an eligible use of funds under this category.
- Rental Housing Activities Funds may be used to help developers or other housing organizations acquire, rehabilitate, or construct affordable rental housing.
- **Tenant-Based Rental Assistance** Funds may be used to help renters with costs related to renting, such as security deposits, rent, and, under certain circumstances, utility payments.