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| **Community Development Block Grant Proposal**

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| **2025 Proposal Form** |

**Department of Metropolitan Development****City of Evansville, Indiana** |

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| **General Information** |

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| **1.** **Applying Organization Information:** |
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| Organization Name |
|  |  |  |
| Organization Address | Phone Number | E-Mail |
| City |  | State |  | Zip +4 |  |

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| **2.** Contact Person Information (this person will receive all notices concerning CDBG funds and must be able to answer questions regarding this proposal). |
| Name (last, first) |  | Title |  |
| Mailing Address  |  | Phone |  |
| City |  | E-mail |  |
| State |  | DUNS# |  |
| Zip +4 |  | EIN# |  |

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| **3.** Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, **submit IRS Determination Letter and Federal I.D. Number, and the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4).** |
| **Yes** |  | **No** |  | **Pending** |  |
| **3-a.** Is your agency a Community Based Development Organization (CBDO)? **If so provide most recent letter of certification.** |
| **Yes** |  | **No** |  |

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| **4.**  Is your agency currently registered with System for Award Management (SAM)? **Provide proof of active status with SAM (SAM.gov).** |
| **Yes/UEI#** |  | **No** |  |

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| **5.** How many years has this **organization** been in existence? |  |
| **5-a.** How many years has this **program** been in existence? |  |

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| **6.** Program Name: |  |
| **6-a.** Program Location (Street Address, City, State, Zip): |  |

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| **7.** CDBG Amount Requested for this program: | **$**  |
| **7-a.** CDBG Percentage of total program costs: |  **%** |

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| FOR ADMIN USE ONLY |
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| PERFORMANCE OBJECTIVE: |
| PERFORMANCE OUTCOME: |

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| **Project Information** |

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| **8.** Specific Use of Funds for CDBG Eligible Activities (i.e. program operating costs, rent payments, etc.): |
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| **9.** Five Year Consolidated Plan Priority - Indicate the need and priority level (check one): |
|  | Abused & Neglected Children |  | Crime Awareness / Prevention |
|  | Childcare  |  | Youth Services |
|  | Senior Services |  | Handicapped Services |
|  | Substance Abuse Services |  | Nutritional & Healthcare Services |
|  | Employment Training |  | Job Creation |
|  | Homeownership Assistance (not direct) |  | Housing |
|  | Housing Counseling Rehab |  | Other |
| Priority Level: |  | **Low** |  | **Medium** |  | **High** |

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| **10.** If your Program is operating in 2024, provide year to date, unduplicated, LMI individuals served. If this program is **NEW**, provide data for the 2024 program year. |
| Total Served to Date: |  | Unduplicated Served: |  |
| Low-moderate income individuals benefited to date: |  |

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| **11.** Program Summary - **Briefly** describe the proposed program: |
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| **11-a** How is income verification determined to qualify for participation in the program? |
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| **Project Information continued** |

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| **12.** In the table below list the **PROJECTED** outputs (accomplishments for 12 Months) and CDBG expenditures per month for this program in 2025-2026. Be specific, provide the total number of unduplicated individuals projected to benefit. |
| **CDBG Expected Outputs (Accomplishments)** |  | **CDBG Anticipated Expenditures** |
| **July 2025** |  |  |  |
| **August 2025** |  |  |  |
| **September 2025** |  |  |  |
| **October 2025** |  |  |  |
| **November 2025** |  |  |  |
| **December 2025** |  |  |  |
| **January 2026** |  |  |  |
| **February 2026** |  |  |  |
| **March 2026** |  |  |  |
| **April 2026** |  |  |  |
| **May 2026** |  |  |  |
| **June 2026** |  |  |  |
| ***CDBG*** *Total Outputs**(Accomplishments)* |  | ***CDBG*** *Total Anticipated Expenditures* |  |

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| **Financial**  |

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| **13.** Describe what financial system your organization uses to track program activity and grant usage. |
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| **14.** Please list and **provide copies of any certifications or licenses** applicable to this program. |
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| **15.** Will your organization spend more than $750,000 of Federal Funds in 2025? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. |
| **Yes** |  | **No** |  |

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| **16.** What was the date of the organization’s last audit? **Please provide a copy of the most recent full audit report**. |  |
| Were there any material defects? | **Yes** |  | **No** |  |
| If **yes**, please explain: |
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| **17.** How many years has your organization been receiving CDBG funds? |  |

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| **18.** Has your agency received CDBG funds for this specific program in the past? |
| **Yes** |  | **No** |  |

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| **Financial continued** |

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| **19.** Provide the 2025 total budget for this **program** from all sources | $ |
| List all funds received through the City of Evansville which are still open (i.e. COIT, Housing Trust Fund, CDBG, HOME etc.).  |
| **Project**  | **Year Received** | **Source of Funds** | **Amount Received** | **Outcome/Project Status** | **$ Funds Remaining** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

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| **20.** Provide the 2025 total budget for this **organization** from all sources: | $ |

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| **21.** Are there any fees associated with any services provided under this program? |
| **Yes** |  | **No** |  |
| If **yes**, please explain: |
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| **22.** List all positions and salaries for your program, regardless of funding source (include anyone employed by the agency who will be working on the program). **Attach copies of resumes for employees working on program at time of submission.** |
| **Position Title** | **# of Positions** | **Duties/Responsibilities for Projects** | **Total Annual Salary** | **CDBG Portion of Salary** |
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| **23. CDBG Sources Statement**List all sources of funding for the proposed program. **Provide additional verification of sources marked with an asterisk (\*).** |
| **SOURCES OF FUNDS** |
| **Source** | **2024 Amounts** | **2025 Amounts** | **Pending?**(yes or no) | **Date Applied** | **Secured?** (yes or no) | **Date Secured** |
| **CDBG** |  |  |  |  |  |  |
| **United Way** |  |  |  |  |  |  |
| **Membership Dues** |  |  |  |  |  |  |
| **State Government** |  |  |  |  |  |  |
| **Total Fund-Raising/Donation\*** |  |  |  |  |  |  |
| **Total Grants\*** |  |  |  |  |  |  |
| **Other**  |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

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| **Financial continued** |

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| **24. CDBG Uses Statement**List all uses of funding for the proposed program. Include CDBG-specific budgetary items, as well as the total program budget from all sources described in #23. |
| **USES OF FUNDS** |
|  | **2024 CDBG BUDGET** | **2025 CDBG PROGRAM BUDGET** | **2025 TOTAL PROGRAM****BUDGET** |
| **Salaries-Full and Part Time** |  |  |  |
| **FICA/Insurance/Benefits** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Supplies/ Materials** |  |  |  |
| **Printing, Postage, Publication** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel/Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance/Repair** |  |  |  |
| **Professional/Contractual Services** |  |  |  |
| **Subscription/Dues** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Construction, Rehabilitation, or Reconstruction** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other (requires DMD approval)** |  |  |  |
| **Total(s)**  |  |  |  |

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| ***The CDBG 2024 cell total on the SOURCES table should match the 2024 CDBG Budget column total on the USES table. The CDBG 2025 cell total on the SOURCES table should match the 2025 CDBG Program Budget Request column total on the USES table. The 2025 cell total on the SOURCES table should match the 2025 Total Program Budget column total on the USES table.*** |

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| **25.** Describe your plans to use other funds on this program; only include funding sources which are **secured.** |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
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| **26.** Describe the agency’s plans to seek new funds to supplement CDBG funding. Describe other funding sources which the agency will apply. |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
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| **26-a.** Are there other funding sources contingent upon the amount awarded through this proposal? | **Yes** |  | **No** |  |

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| **Affiliations and Board Information** |

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| **27.** List Fund-Raising and/or Capital Campaign activities your organization has engaged in for this program during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors in these activities. |
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| **28.** List the Organization’s Officers of the Board of Directors and their complete mailing and email addresses and phone numbers. Do not use the organization address. Occasionally, information is sent directly to the Board. **Attach a separate list of Board Member names and positions and the Policy and Procedures for Board Member participation.** |
| **President** | **Vice-President** |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| President Role |
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| Vice-President Role |
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| **Secretary** | **Treasurer** |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

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| Secretary Role |
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| Treasurer Role |
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| **29.** Does your Board target any positions toward low-to-moderate income individuals? | **Yes** |  | **No** |  |
| If yes, what percentage? |  % |

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| **30.** Describe the role your Board has in directing your organization’s operation. Also describe Board attendance at meetings and percentage of Board monetary or in-kind contributions. |
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