



COMMUNITY PLANNING & DEVELOPMENT GRANTS

CPD APPLICATION PHASE 1: PRE-APPLICATION

Community Development Block Grant (CDBG)

Pre-Application Deadline
Monday, April 18, 2022
11:59 P.M. CST

PRE-APPLICATION

The Office of Community & Neighborhood Services uses this pre-application to determine applicant eligibility and the eligibility of its proposed activity.

The Office of Community & Neighborhood Services will only use the information provided to evaluate eligibility.

If the applicant and/or proposed project is ineligible under the Community Planning & Development guidelines, the applicant is encouraged to submit an application for the next program year.

ONLY eligible activities that closely align with our local and federal standards and priorities will receive AN INVITATION to complete the final application.

To ensure legibility, please type in this form. Additional forms and documents are PROHIBITED.

Refer to page 6 for a list of CDBG activities.

Submittal Instructions

Electronically by email
cnservices@tuscaloosa.com

Hand deliver

Office of Community & Neighborhood
Services
City of Tuscaloosa
2201 University Boulevard
Tuscaloosa, AL 35401

Telephone: (205) 248-5080 (Office)
Fax: (205) 349-0135

PRE-APPLICATION SECTION 1: ORGANIZATIONAL INFORMATION

Agency Name:

Address:

**Contact
Person/Title:**

Telephone:

Email Address:

1. Does your organization have 501(c)(3) tax-exempt status? **YES** **NO**
2. Does your organization have a Federal Employer Identification Number? **YES** **NO**
 - If yes, please provide FEIN:
3. Does your organization have a DUNs Number? **YES** **NO**
 - If yes, please provide DUNS:
4. Does your organization have an active registration in SAM.gov? **YES** **NO**
 - If yes, please provide registration expiration date:
5. Is your organization a current sub-recipient of CPD funds (CDBG, HOME, ESG, HMIS)? **YES** **NO**
 - If yes, please provide name of funding organization and type of funding:
6. What is the level of your agency's experience administering federal, state, and/or private grants?
Choose an item.
7. How long has your organization been in operation?

PRE-APPLICATION SECTION 2: ACTIVITY/ PROJECT/PROGRAM INFORMATION

Project Title:

**Project
Location:**

Select the applicable service your project proposes to provide from the following eligible activities categories

Eligible Activity

1. How long has this activity/project/ program been in operation?

2. Select the area of service delivery:
 - Select “**ALL**” if all areas are served.
 - If “**Other**”, please, explain here:
3. Select the population that will be served:
4. Is acquisition of property or right of way involved? **YES** **NO**

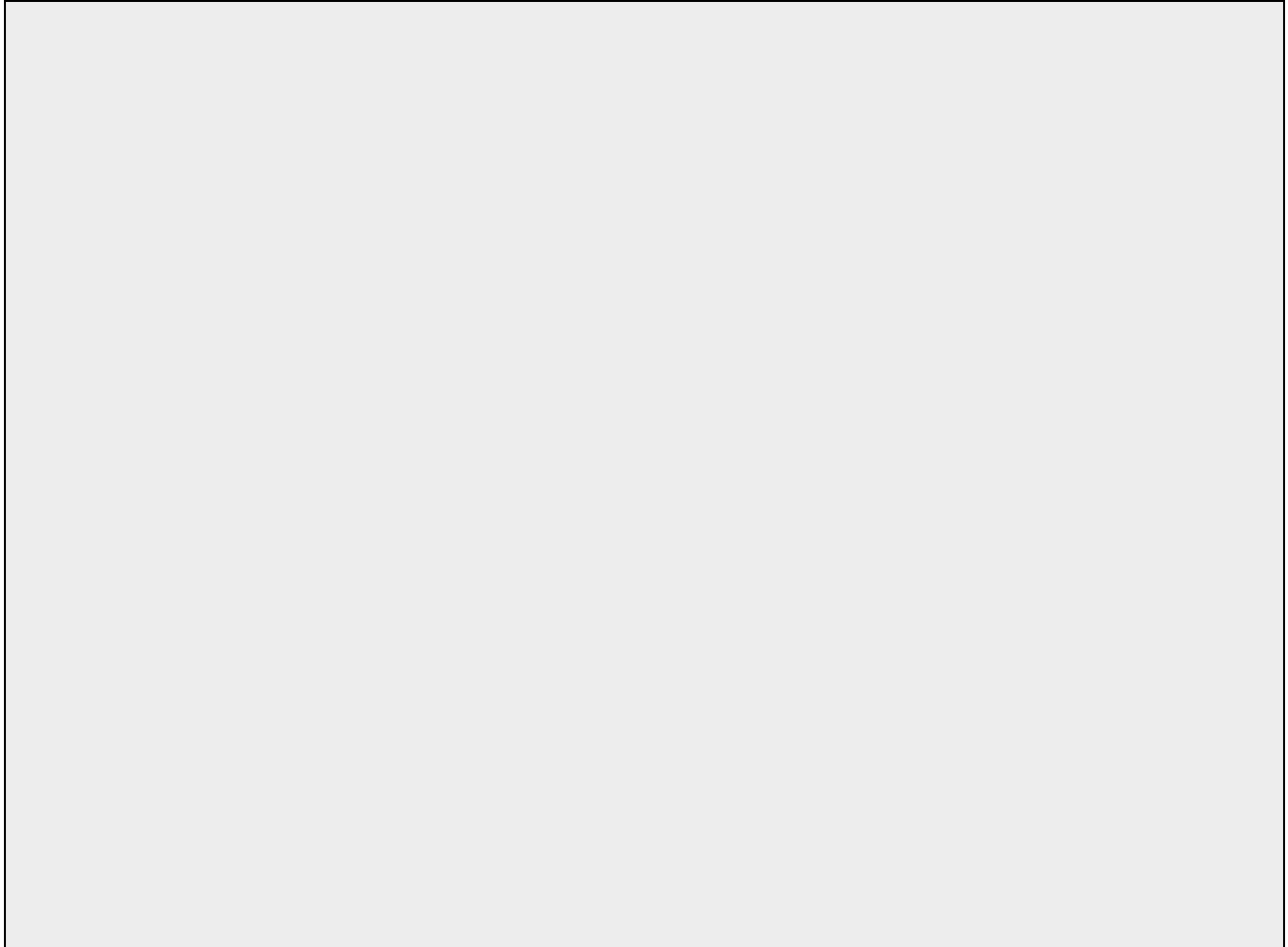
PRE-APPLICATION SECTION 3 FUNDING

1. How many other community organizations does your agency coordinate with to leverage resources? **0** **1** **2** **3** **4+**
2. Is CDBG the primary source of cash funding for the proposed activity? **YES** **NO**
3. **Matching Funds:** Use the table below to identify the sources of funding for your activity/project/program. Select either “**Anticipated**” or “**Committed**” for each fund.

Sources of Funding	Identify Type/Name of Funds	Total Funding	Status-Anticipated	Status-Committed	Award Date
Other Grant, State, Federal Funding			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Private Funds			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Capital Campaign Funds			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
Other Funds			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

Total Other Funds:\$
 CPD Funds Requested: \$
 Total Project Cost:\$

- 4. Project Description:** Use the space below to provide a detailed description of the proposed project. Include the project location, address, population, and the geographic area the project will serve in Tuscaloosa City. The narrative should include the work to be performed, the activities to be undertaken or the services to be provided, the frequency and duration of services, and the expected number of clients to be served. You must provide specific details related to the project and proposed use of the CPD funds (i.e. Materials, Food, Salary, etc.).

A large, empty rectangular box with a black border, intended for the project description. The box is currently blank, providing space for the user to write their response to the question above.

5. HUD grantees and subrecipients are required to report measureable outcomes for activities funded. **What are the proposed outcomes of your activity and how will your agency measure them?**

6. What needs or issues identified in City of Tuscaloosa’s most recent Consolidated Plan are addressed by the proposed activity? A copy of the Consolidated Plan is on City’s website: www.tuscaloosa.com.

7. When was your agency last audited? What were the results of the audit?

8. Does the proposed project/program have policies and procedures in place? YES NO
9. Do existing organizational policies address Title VI and other civil rights requirements? YES NO
10. If your agency makes it to the final application process, do you agree to provide CNS with the following verifications and documentations? YES NO
- *Articles of Incorporation/Bylaws*
 - *Non-Profit Determination Letter (IRS)*
 - *Person(s) Authorized to Request Funds*
 - *Current Organizational Chart- including 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:*
 - a. *Conflict of Interest Policy*
 - b. *Non-Discrimination Policy*
 - c. *Grievance/Termination Policy*
 - d. *Records Retention Policy*
 - e. *Procurement Policy*
 - *Program/ Activity Policy and Procedures*
 - *Accounting Policy and Procedures*
 - *Organization's Current and Project year Budget (include Board minutes of adoption of current year budget)*
 - *Current Audit*
 - *Budget for CPD funds based on requested project amount(No indirect expenses allowed)*
 - a. *FOR CDBG CONSTRUCTION/REHAB PROJECTS: Total per unit cost which must include a breakdown of Non-CDBG funding sources and contributions for each unit (labor included)*
 - b. *Budget for HOME*
 - *Contact Information for Program Manager and Accountant/ Bookkeeper responsible for funds*
 - *Completed Income Benefit Goals*
 - *FOR CDBG CONSTRUCTION/REHAB PROJECTS: Must have addresses for each unit*

11. What is your agency's Federal Tax ID Number?

12. What is your agency's DUNS Number?

13. Is your agency registered with SAM.GOV? YES NO

14. What is the minimum level of funding your project needs to perform at the level identified in this proposal?

15. Will this activity occur if your agency does not receive the requested level of funding?

YES

NO

16. SIGNATURE:

Completed by: _____
Name/Title

Signature

Date

Submitted by: _____
Name/Title

Signature

Date

COMMUNITY DEVELOPMENT BLOCK GRANT

ELIGIBLE CDBG ACTIVITIES:

- **Public Facilities and Improvements** – Construction, reconstruction and rehabilitation of public facilities.
- **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.

HOME INVESTMENT PARTNERSHIPS 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.
- **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.