



COMMUNITY PLANNING & DEVELOPMENT GRANTS

CPD APPLICATION PHASE 1: PRE-APPLICATION

Community Development Block Grant (CDBG)

Pre-Application Deadline
5:00 PM Central Standard Time
March 24, 2021

PRE-APPLICATION

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

The Office of Community and 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 and 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. How many years of experience does your organization have in administering federal, state, and/or private grants?
7. How long has your organization been in operation?
8. Do existing organizational policies address Title VI and other civil rights requirements? **YES** **NO**

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 Choose an item.

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

2. Select the area of service delivery:
- Select **"ALL"** if all areas are served.
 - If **"Other"**, please, explain here:

Choose an item.

3. Select the population that will be served:

Choose an item.

4. Is acquisition of property or right of way involved? **YES** **NO**

5. Does the proposed activity/project/program have policies and procedures in place? **YES** **NO**

6. HUD grantees and sub-recipients are required to report measureable outcomes for activities funded. **What are the proposed outcomes of your activity/project/program and how will your agency measure them?**

7. 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.
- 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.
- Must provide specific details related to the project and proposed use of the CPD funds (i.e. Materials, Food, Salary, etc.).

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**
 - **If CDBG is 51% of the total cash funding, it is the primary source of funding.**

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 Matching Funds		\$			
CPD Funds Requested		\$			
Total Project Cost		\$			

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

5. Will this activity occur if your agency does not receive the requested level of funding? **YES NO**

PRE-APPLICATION SECTION 4: CERTIFICATIONS

6. If your agency makes it to the final application process, do you agree to provide OFP 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

7. SIGNATURE:

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 in the real property.
- **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 the program.

**** 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)

