

**NOTICE OF FUNDING AVAILABILITY****COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

of the

**U.S. Department of Housing and Urban Development (HUD)****PUBLIC SERVICE  
APPLICATION**

*Please fill out the application completely. Only fully completed applications will be considered for funding. If you require assistance, please call the Department of Planning, Conservation, and Development, Community Development Division, at (860) 344.3425 or E-mail your questions to: michiel.wackers@cityofmiddletown.com. Submit 18 double-sided copies to 245 deKoven Drive; Middletown, CT 06457*

**Checklist**

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- \_\_\_\_\_ Statement of Agreement signed and dated
- \_\_\_\_\_ Basic Information completely filled out
- \_\_\_\_\_ Project Eligibility completely filled out
- \_\_\_\_\_ Project Beneficiaries completely filled out
- \_\_\_\_\_ Project Management completely filled out
- \_\_\_\_\_ Project Activities, Goals and Timeframe completely filled out
- \_\_\_\_\_ Financial Information completely filled out
- \_\_\_\_\_ Detailed Budget Worksheet completely filled out (HUD form 424-CBW)
- \_\_\_\_\_ Supplemental Information completely filled out
- \_\_\_\_\_ Regulations Overview and Understanding completely filled out
- \_\_\_\_\_ **Eighteen (18) double-sided copies** of the application
- \_\_\_\_\_ One copy of Organization's recent audit is included

I, the authorized representative of the applicant, certify that the information presented in this application is correct and complete to the best of my knowledge.

Signed: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**ALL APPLICATIONS ARE DUE BY 11 A.M. ON FEBRUARY 10, 2006**  
**PLEASE SUBMIT EIGHTEEN (18) DOUBLE-SIDED COPIES OF THE APPLICATION**  
**AND ONE (1) COPY OF YOUR AUDIT**

## Statement of Agreement

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I have read and understand the information about the Community Development Block Grant program contained within the Notice of Funding Availability.

I understand that the intent of the Community Development Block Grant program is to provide decent housing opportunities, a suitable living environment and expanded economic opportunities for low-income persons in Middletown. I further understand that Community Development Block Grant funds have the greatest impact on the community when used for projects that target resources toward specific community needs, involve the active coordination of existing resources and facilitate the leveraging of other non-City resources.

I agree that any and all Community Development Block Grant funds received as a result of this application will be used in a manner consistent with the intent of the Block Grant program and the purposes stated in the attached application for funding.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency\Org: \_\_\_\_\_

**Basic Information**

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1) **Project Name:** \_\_\_\_\_  
Project Location: \_\_\_\_\_

2) **Amount Requested:** \$ \_\_\_\_\_

**3) Contact Information:**

Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project Officer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**4) Brief Description of Proposed Project:**

# Project Eligibility

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## 5) HUD-defined National Objective

Which one of the following national objectives will the proposed project address?

- Benefits low & moderate income persons by improving an area in which they live; or  
*(Please define the area's boundaries and demonstrate [1] that it is a predominantly low-income area, and [2] that your project's benefit corresponds to the area's boundaries.)*
- Benefits low & moderate income persons by improving their housing stock; or
- Benefits low & moderate income persons by creating or retaining jobs for them; or
- Benefits a limited clientele persons directly; or  
*(You can document that at least 51% are of low & moderate-income status.)*
- Removes or prevents slums/blight in a generally blighted area; or  
*(Please define the area's boundaries and demonstrate with photographs and narrative the area's blighted nature and how your project will alleviate those conditions.)*
- Removes or prevents slums/blight in a particular spot; or
- Removes or prevents slums/blight within an urban renewal area for which an urban renewal plan is in effect; or
- Addresses an urgent need where existing conditions pose a serious and immediate threat to the health or welfare of the target community.  
*(No other financial resources are available to address an emergency)*

## 6) Eligible Activities

Listed on Attachment #1 are HUD eligibility types and their associated citations in the Code of Federal Regulation, Title 24. Please indicate which activity and/or subactivity most appropriately describes the proposed project:

Activity Name: \_\_\_\_\_ Activity Code: \_\_\_\_\_

Subactivity Name: \_\_\_\_\_ Subactivity Code: \_\_\_\_\_

## 7) Location

What is the address where the project activity will take place: \_\_\_\_\_

Indicate location(s)/service boundaries type (*check only one and identify the location*):

The project focuses on a particular address(es): \_\_\_\_\_

The project's benefit is community-wide: \_\_\_\_\_

The project will focus on specific neighborhoods: \_\_\_\_\_

The project will benefit a Census Tract & Block Group: \_\_\_\_\_

Not Applicable: \_\_\_\_\_

## 8) City of Middletown's Consolidated Plan

The City of Middletown has established priority needs and allocations priorities in its 5-year Consolidated Plan for Housing and Community Development. This document can be found on file in the Town Clerk's office, the library, the Department of Planning, Conservation, and Development, and online at <http://www.middletownplanning.com/documents/20052010conplan.pdf>.

A) Priority Needs (*pages 27-34*) Check the appropriate priority described in Consolidated Plan.

Priority One: Address persistent and Chronic problems with the City's North End

Priority Two: Increase access to affordable and decent housing

Priority Three: Promote and Improve Middletown's Economic Opportunities and Labor Force

Priority Four: Protect and Assist the City's Current Special Needs Population

Priority Five: Improve Quality of Life for all of Middletown's Residents

Other Needs not described in the 5-year Consolidated Plan (*if the 5-year Consolidated Plan does not discuss the priority need your project is trying to address, please write a detailed description of the need on a separate sheet of paper. If the Citizen's Advisory Committee agrees with your assessment, the 5-year Consolidated Plan can be amended to include your priority need, therefore making your project eligible for funding.*)

B) Specific Objectives and Strategies (pages 35–37) Check all the appropriate objective group and reference the specific objective number and the objectives and/or strategies described in Consolidated Plan.

\_\_\_\_\_ Homeless Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Special Needs Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Rental Housing Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Owner Housing Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Community Development Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Infrastructure Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Public Facilities Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Public Service Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Economic Development Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Lead-Based Paint Hazards Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Fair Housing Objectives  
Obj. #: \_\_\_\_\_ Obj.: \_\_\_\_\_

\_\_\_\_\_ Other Objectives and Strategies not described in the 5-year Consolidated Plan (if the 5-year Consolidated Plan does not discuss the objectives and strategies your project is trying to address, please write a detailed description of the objective on a separate sheet of paper. If the Citizen’s Advisory Committee agrees with your assessment, the 5-year Consolidated Plan can be amended to include your objectives and strategies, therefore making your project eligible for funding.)

# Project Beneficiaries

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## 9) Accomplishments

Indicate which one of the following accomplishments categories best applies to the proposed project and indicate the number of accomplishments anticipated: People, Youth, Elderly, Households (General), Large Households, Small Households, Elderly Households, Business, Organizations, Housing Units, Public Facilities, square feet of Public Utilities.

Type of Accomplishments: \_\_\_\_\_

Number of Accomplishments: \_\_\_\_\_

## 10) Public Benefit Standards

If you are going to carry out a project, you will need to calculate the minimum number of low and moderate income residents your project is required to provide a minimum benefit versus the amount of funds you are requesting.

$$\frac{\text{_____}}{\text{(Amount requested)}} \div \frac{\text{_____}}{\text{(Number of recipients expected)}} = \text{_____} \$ \text{ amount per L/M income residents.}$$

Will you be able to achieve or exceed this public benefit standard? Yes \_\_\_\_\_ No \_\_\_\_\_

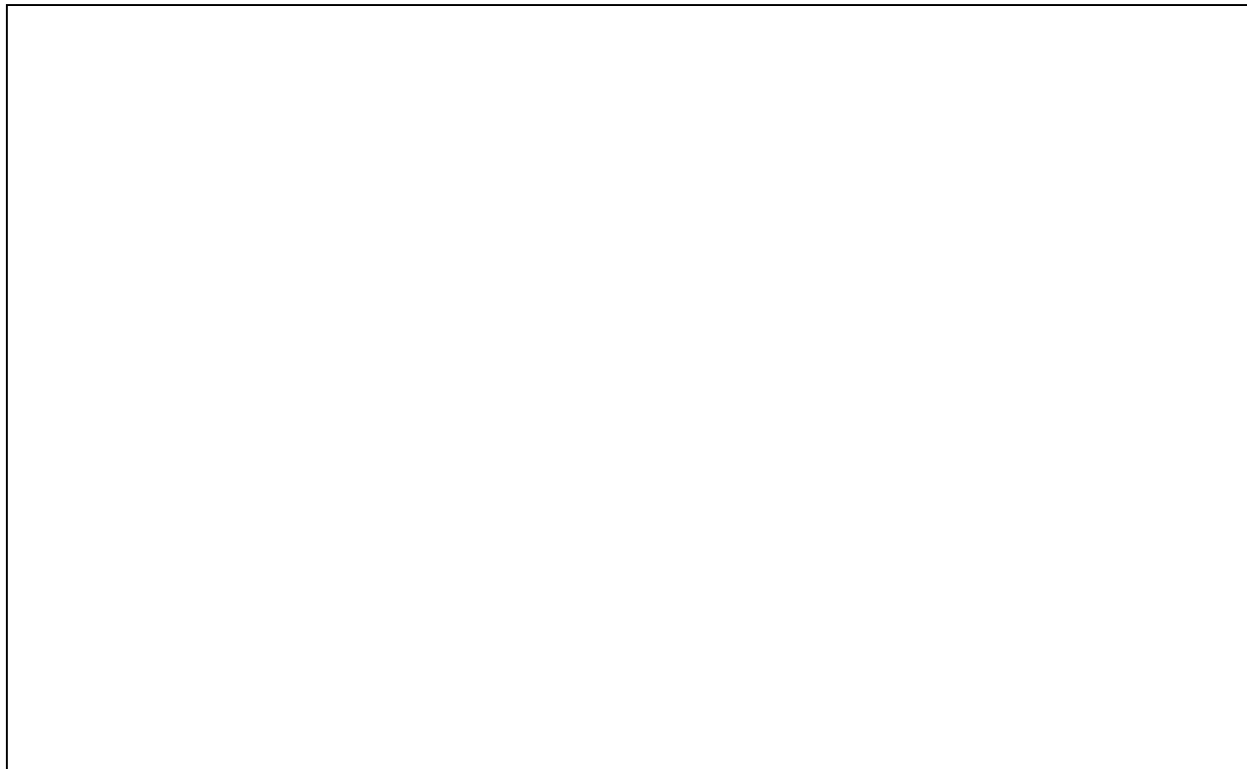
## 11) Target Groups

Over 70% of the City of Middletown's annual block grant program must be used to benefit low and moderate income people.

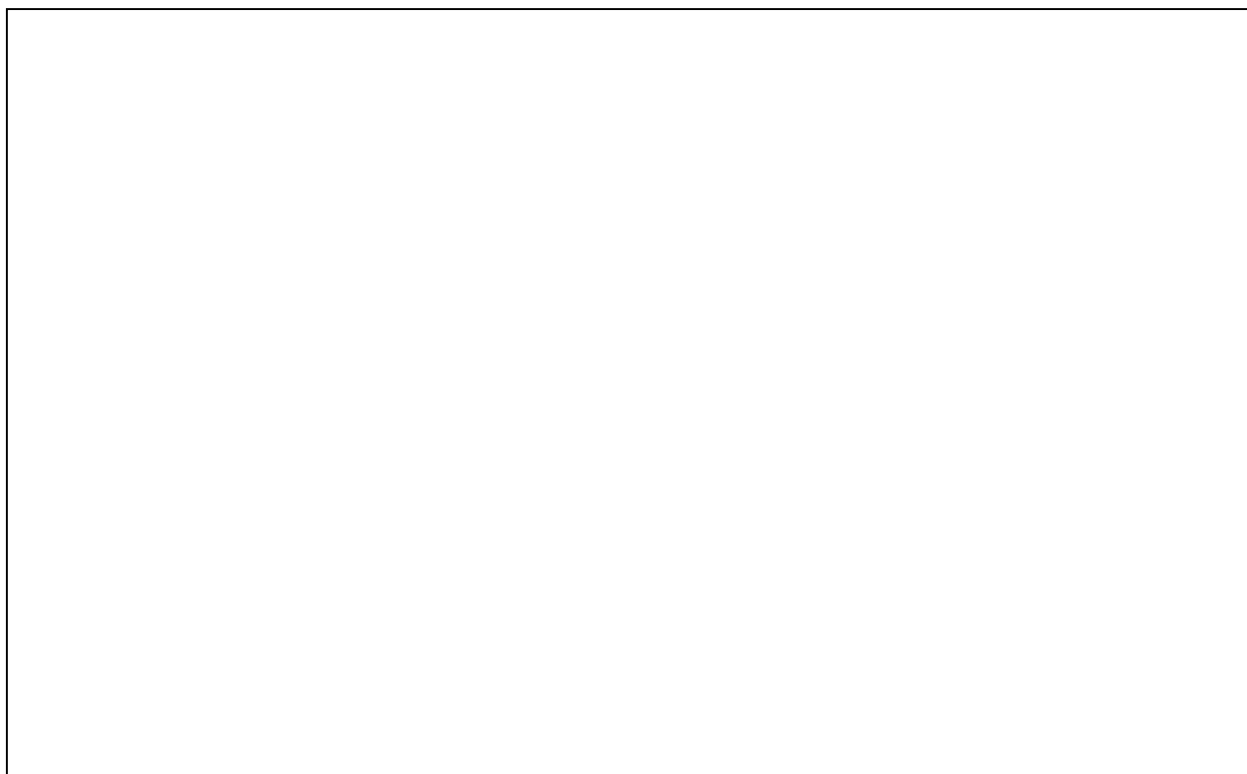
A) Describe the target group(s), of your proposed project.

- Low & moderate-income persons? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- The homeless? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Abused children? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Battered spouses? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Elderly persons? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Severely disabled adults? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Illiterate adults? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;
- Persons living with AIDS? \_\_\_\_\_ Yes or \_\_\_\_\_ No If "Yes", explain below;

B) Detail the number of beneficiaries expected to be of various ethnics groups and/or races, and of female-headed households.

A large, empty rectangular box with a thin black border, intended for the applicant to provide details on the number of beneficiaries expected to be of various ethnic groups and/or races, and of female-headed households.

C) Describe how you will recruit proposed project beneficiaries.

A large, empty rectangular box with a thin black border, intended for the applicant to describe how they will recruit proposed project beneficiaries.

**12) Non-Middletown residents**

If non-Middletown resident clients are to be served with CDBG funds, please indicate what attempts have been made to secure funds from other communities including the amount of the request(s), the date(s) and the entity from which funding was sought. If the activity for which CDBG funds are requested serves non-resident target groups or clients, please not on a separate page the number of percentage of non-residents served, including their place of residence and explain why Middletown CDBG monies should be used to serve them or if – and- how (should you receive a grant) the monies will be earmarked for Middletown residents.

## Project Management

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### **13) Project Responsibilities**

Name the people who will provide the following services:

Service delivery: \_\_\_\_\_  
Bill paying: \_\_\_\_\_  
Record Keeping: \_\_\_\_\_  
Documentation: \_\_\_\_\_  
Oversight: \_\_\_\_\_  
Facility Management: \_\_\_\_\_

### **14) Overall Project Management**

Describe how the proposed project will be managed in terms of oversight, service delivery, staff, documentation, and finances.

## Project Timeframe, Activities, and Goals

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### **15) Time performance for activity**

Please detail the expected timeframe for the activity:

Length (years): \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

### **16) Scope of Work**

Brief describe each activity to be undertaken:

### **17) Measures for Success**

Identify the measure(s) by which you will determine the successful outcome(s) of the proposed project.

An outcome is more than saying your organization helped X number of people receive a service. Describe what was accomplished, such as your organization was able to help X number improve their lives by (gain skills to secure full time employment, or decrease energy costs by X as a result of rehabilitation project)

# Financial Information

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## 18) Program Budget

Please complete a detail budget, using HUD form 424-CBW called Grant Application Detailed Budget Worksheet. This form can be downloaded at [www.middletonplanning.com/Committees/CAC/CDBG2006.html](http://www.middletonplanning.com/Committees/CAC/CDBG2006.html).

## 19) Quick Budget Overview

	CDBG funds	Other Funds
Total Direct Labor Costs	_____	_____
Total Fringe Benefits Costs	_____	_____
Total Travel Costs	_____	_____
Total Equipment Costs	_____	_____
Total Supplies and Materials Costs	_____	_____
Total Consultants Costs	_____	_____
Total Subcontracts Cost	_____	_____
Total Administrative and Legal Costs	_____	_____
Total Land and Associated Costs	_____	_____
Total Relocation Costs	_____	_____
Total Architectural and Engineering Costs	_____	_____
Total Construction Costs	_____	_____
Total Other Direct Costs	_____	_____
Total Other Indirect Costs	_____	_____
Totals	_____	_____
Total Amount to be Spent on Project: _____		

20) Employer ID Number: \_\_\_\_\_

21) IRS Tax Exempt Number: \_\_\_\_\_

## 22) Other Funding Sources

Will other Funds be used for the proposed project? Yes \_\_\_\_\_ No \_\_\_\_\_

Leveraged Funds Calculation: \_\_\_\_\_ / \_\_\_\_\_ = \_\_\_\_\_  
(other funds) (requested amount) (answers greater than 1 are encouraged)

Describe what funds or resources are going to be used and if they are secured.

**23) Project Revenue**

Will the project – either while underway or upon completion – charge fees or generate revenue? If yes, please describe.

**24) Organizations Audit**

Did you attach a copy of your agency's most recent audit? Yes \_\_\_\_\_ No \_\_\_\_\_

If not explain:

## Supplemental Information

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### 25) Prior CDBG Grants

Is this the first CDBG request your organization has applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

- a) If NO:
  - 1) List on a separate sheet a summary of all other Middletown CDBG applications filed to date, including the year, the project name, the amount applied for, and the amount awarded. Briefly discuss the outcome of these grants.
  - 2) Demonstrate how other source(s) of funding have been leveraged in ensuing years to replace CDBG funding and sustain the project into the future.
- b) If YES:
  - 1) Please relate on a separate sheet your organization's experience serving low- and moderate-income residents of Middletown.
  - 2) List other non-CDBG funding sources for the project and/or discuss the likelihood that this grant will leverage non-CDBG dollars for future support of the project.

### 26) Ownership of Site

Who is the owner of the site? If the owner is other than the applicant, please submit a copy of the owner's written approval of the proposed renovations, and please indicate the term of the lease, expiration date, and whether or not renewal is likely.

### 27) Future Funding

On a separate sheet of paper, please discuss your organization's strategy for identifying future non-CDBG funding sources for this project, if CDBG support is received for 2005.



**Attachment #1**

*CDBG-eligible activities, HUD Codes, and Regulation citation (citations are "Parts" and "Sections" of Title 24 of the Code of Federal Regulations, e.g. 570.201 (a) is 24 CFR 570.201 (a)). Those wishing to ascertain further the eligibility of their activity can find the Code of Federal Regulations online through the HUD website, at the library, or over the counter at the DPCD. Additionally, a matrix for pairing eligible activities with national objectives is online at [www.hud.gov/cpd/idis/toolbox/matrix\\_noc.pdf](http://www.hud.gov/cpd/idis/toolbox/matrix_noc.pdf).*

HUD Code	HUD Code Title	Reg Citation	HUD Code	HUD Code Title	Reg Citation
01	Acquisition of Real Property	570.201(a)	05T	Security Deposits	
02	Disposition	570.201(b)		(if HOME, not part of 5% Admin cap)	
03	Public Facilities & Improvements (Gen)	570.201©	06	Interim Assistance	570.201(f)
03A	Senior Centers	570.201©	07	Urban Renewal Completion	570.201(h)
03B	Handicapped Centers		08	Relocation	570.201(l)
03C	Homeless Facilities	570.201©	09	Loss of Rental Income	570.201(j)
03D	Youth Centers	570.201©	10	Removal of Architectural Barriers	570.201(k)
03F	Parks, Recreational Facilities	570.201©	11	Privately Owned Utilities	570.201(l)
03G	Parking Facilities	570.201©	12	Construction of Housing	570.201(m)
03H	Solid Waste Disposal Improvements	570.201©	13	Direct Homeownership Assistance	570.201(n)
03I	Flood Drain Improvements	570.201©	14A	Rehab;Single-Unit Residential	570.202
03J	Water\Sewer Improvements	570.201©	14B	Rehab;Multi-Unit Residential	570.202
03K	Street Improvements	570.201©	14C	Public Housing Modernization	570.202
03L	Sidewalks	570.201©	14D	Rehab;Other Publicly-Owned Res. Bldgs	570.202
03M	Child Care Centers	570.201©	14E	Rehab;Pub.\Pri.-Owned Commercial\Indus.	570.202
03N	Tree Planting	570.201©	14F	Energy Efficiency Improvements	570.202
03O	Fire Station\Equipment	570.201©	14G	Acquisition Rehabilitation	570.202
03P	Health Facilities	570.201©	14H	Rehabilitation Administration	570.202
03Q	Abused and Neglected Children Facilities	570.201©	14I	Lead-Based\Lead Hazard Test\Abate	570.202
03R	Asbestos Removal	570.201©	15	Code Enforcement	570.202©
03S	Facilities for AIDS Patients (not operating costs)	570.201©	16A	Residential Historic Preservation	570.202(d)
03T	Operating Costs of Homeless\AIDS patients prog.			Non-Residential Historic Preservation	570.202(d)
04	Clearance and Demolition	570.201(d)	17A	CI Land Acquisition\Disposition	570.203(a)
04A	Clean-up of Contaminated Sites	570.201(d)	17B	CI Infrastructure Development	570.203(a)
05	Public Services (General)	570.201(e)	17C	CI Building Acquisition, Con. Rehab.	570.203(a)
05A	Senior Services	570.201(e)	17D	Other Commercial\Industrial Improvements	570.203(a)
05B	Handicapped Services	570.201(e)	18A	ED Direct Financial Assistance to For-Profits	570.203(b)
05C	Legal Services	570.201(e)	18B	ED Technical Assistance	570.203(b)
05D	Youth Services	570.201(e)	18C	Micro-Enterprise Assistance	
05E	Transportation Services	570.201(e)	19A	HOME Admin\Planning costs of PJ	
05F	Substance Abuse Services	570.201(e)	19B	HOME CHDO Operating Costs	
05G	Battered and Abused Spouses	570.201(e)	19C	CDBG Nonprofit Organization Capacity Bldg.	
05H	Employment Training	570.201(e)	19D	CDBG Assistance to Institutes of Higher Education	
05I	Crime Awareness	570.201(e)	19E	CDBG Operation & Repair of Foreclosed Property	
05J	Fair Housing Activities (CDBG subject to 15% cap)	570.201(e)	19F	Repayments of Section 108 Loan Principal	
05K	Tenant Landlord Counseling	570.201(e)	20	Planning	570.205
05L	Child Care Services	570.201(e)	21A	General Program	
05M	Health Services	570.201(e)		Administration	570.206
05N	Abused and Neglected Children	570.201(e)	21B	Indirect Costs	570.206
05O	Mental Health Services	570.201(e)	21C	Public Information	570.206
05P	Screening for Lead Based Paint\Lead Hazards Poison	570.201(e)	21D	Fair Housing Activities (20%) Admin cap)	570.206
05Q	Subsistence Payments	570.204	21E	Submissions or Applications for Federal Programs	570.206
05R	Homeownership Assistance (not direct)	570.204	21F	HOME Rental Subsidy Payments	
05S	Rental Housing Subsidies	570.204	21G	HOME Security Deposits	
			21H	HOME Admin\Planning Costs of PJ (subject to 10% cap)	
			21	HOME CHDO Operating Expenses (subject to 5% cap)	
			22	Unprogrammed Funds	