

City of Meriden  
Community Development Block Grant  
Program Year 51-25 (FY 2025-26)  
Grant Application

Part I. Application Summary

Program/Project Title:	
Organization Name:	
Name of Applicant's Authorized Official:	
Authorized Official Title:	
Authorized Official Email:	
Address:	
Organization DUNS/UEI Number	
Organization FEIN Number	
Contact Person:	
Contact Person Title:	
Contact Person Email:	
Contact Person Telephone:	
Email:	
CDBG PY 51-25 Amount Requested:	\$
Total Project Cost	\$
Will another entity besides the applicant be administering the project? If yes, please identify.	

## Part II. Project Description & Eligibility

### A. Type of Entity

(Check **ONE**)

<input type="checkbox"/>	Governmental Agency
<input type="checkbox"/>	Private Non-profit with IRS 501c(3) Status or equivalent
<input type="checkbox"/>	Faith-based Private Non-profit with IRS 501c(3) Status or equivalent

### B. Previous CDBG Grants received

(Check **ALL** that apply)

Funding Year	Has the previous award been fully funded/closed? (yes or no)
<input type="checkbox"/> PY 50-24	<input type="checkbox"/>
<input type="checkbox"/> PY 49-23	<input type="checkbox"/>
<input type="checkbox"/> PY 48-22	<input type="checkbox"/>
<input type="checkbox"/> PY 47-21	<input type="checkbox"/>
<input type="checkbox"/> PY 46-20	<input type="checkbox"/>

### C. What is the status of this program/project? (select the box below that best describes the project)

<input type="checkbox"/>	New: This project is a new service not already available in the community.
<input type="checkbox"/>	New: This project is a new service for this organization, but the service is already available in the community by another organization.
<input type="checkbox"/>	Expanded: This project is expanding an existing service **Note: This must be documented through the program year.

### D. Project Description: Service Delivery (select one service delivery area)

- ☐ Public Facilities Improvements (acquisition, construction, and rehabilitation)
- ☐ Public Services (select one primary beneficiary below):
- ☐ homeless
  - ☐ victims of abuse
  - ☐ special needs population (elderly, disabled adults, illiterate adults)
  - ☐ low-to-moderate income

- E. In order to qualify for CDGB funding the project or program must benefit low to moderate income persons. This means all projects must serve at least 51% low to moderate income persons. Explain your process for collecting this information **and** provide a sample of the intake/registration form currently used to document that a minimum of 51% of program participants are low to moderate income persons. If you need additional space, attach a word document.

- F. Organizations that provide services to “presumed benefit persons” are not required to request participants to report on household income. Does your program/project serve primarily “Presumed Benefits Persons”? If so, check one below.

<input type="checkbox"/>	Elderly, disabled, or illiterate adults
<input type="checkbox"/>	Homeless/Near Homeless
<input type="checkbox"/>	Victims of domestic violence or victims of abuse
<input type="checkbox"/>	Low-to-Moderate Income population, include Public Housing Agency (PHA) residents

- G. Indicate the number of people/households that will directly benefit from your program or project?

\_\_\_\_\_ People      \_\_\_\_\_ Households

- H. Provide a brief description of the program or project. What is the need or problem the program/project seeks to address? Include the major activities and/or scope of services that will be conducted as part of the program/project. Also, describe how the program/project will meet the Consolidated Goal Plan identified in identified in Section H. If you need additional space, attach a word document.

- I. Briefly describe expected project goals and anticipated results as well as how you will monitor progress. If this is going to be an expanded program, describe how this will be tracked.

- J. Provide a timeline for the implementation plan of the proposed project, assuming availability of CDBG funds in July 2025. Describe the implementation plan for the project by listing the key tasks and milestones. Be sure to include program start and completion dates. Provide estimated project expenditures in each quarter of the program year:

First Quarter: July 1-September 30

Second Quarter: October 1-December 31

Third Quarter: January 1- March 31

Fourth Quarter: April 1-June 30

**Part III. Estimated Program/Project Budget**

**A. Proposed budget for the project or program activity only**

	<b>Estimated Project Cost</b>	<b>CDBG Request</b>	<b>Funds Expected or Already in Place</b> (funding source, amount and status)
<b>Salaries:</b>			
<b>Program Supplies:</b>			
<b>Expenses:</b>			
<b>Other:</b>			
<b>Total:</b>			

**B. Financial Statement:** Attach proof of your organization's financial health, such as a yearend financial statement or certified audit (if you have provided a copy of your most recent audit, please note date of submission). Any entity claiming to have IRS non-profit status must also provide documentation displaying that designation, such as a designation letter from the IRS or a Form 990.

APPLICANT CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT:

- a) The information contained in this document is complete and accurate;
- b) The proposed program/project described in this application will meet the National Objective of benefiting low- and moderate-income persons, as defined by the CDBG Regulations at 24 CFR Part 570;
- c) The applicant shall comply with all Federal, State and City laws, and CDBG Program requirements;
- d) If the project is a facility improvement, the sponsor shall maintain compliance with 24 CFR 570.505; and
- e) Sufficient funds are available from non-CDBG sources to complete the project, as described, or operate the program through the program year end on June 30, 2024, if CDBG funds are allocated to the applicant.

\_\_\_\_\_  
**Signature of Authorized Applicant Representative**

\_\_\_\_\_  
**Date**

## Application Checklist

- ☐ Application - One (1) original completed and signed paper application, along with one (1) paper copy and a copy of the completed application submitted on a USB drive
- ☐ IRS Tax-Exempt Determination Letter (501(c) Status)
- ☐ IRS Form 990
- ☐ Organizational By-laws
- ☐ Organizational Chart with employee names and titles (include a list of Board Members)
- ☐ Sample organization intake/registration form
- ☐ Annual Financial Statement (year-end and/or certified audit)
- ☐ Proof of Registration with SAM.gov
- ☐ Conflict of Interest Disclosure Form (FY2025 City provided standardized template) - for each board member and program/project staff including the Executive Director/leadership of the organization



## CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding activities administered through this jurisdiction, <sup>(1)</sup> or who are in the position to participate in a decision making process or gain inside information with regard to such activities, from obtaining a financial interest or benefit from an assisted activity, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

☐ Board Member                      ☐ Commission Member                      ☐ Officer  
☐ Executive Management Staff                      ☐ Staff directly associated with delivery of program

2. Title of position held: \_\_\_\_\_

3. Are you, any of your immediate family member(s), or your business partner(s) directly or indirectly related to any City of Meriden employee(s), member of City Council or member of the City of Meriden Human Services Committee?

(Please Check One): No ☐      Yes ☐

If yes, please list the name(s) below of the City employee(s) and the Department, City Council Member(s) and/or Human Services Committee Member:

\_\_\_\_\_

4. Are you, or any immediate family member, a City of Meriden employee(s), member of City Council, or member of the City of Meriden Human Services Committee?

(Please Check One): No ☐      Yes ☐

If yes, please list the name(s) below of the City employee(s) and the Department, City Council Member(s) or Human Services Committee Member and the relationship:

\_\_\_\_\_

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

Name of Current Employer: \_\_\_\_\_ Date: \_\_\_\_\_

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(1) 24 C.F.R. §570.611 (CDBG); and/or any other citations applicable to any future funding that may be awarded to this jurisdiction.