

City of Meriden  
Community Development Block Grant  
Program Year 52-26 (FY 2026-2027)  
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 52-26 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**)

	Governmental Agency
	Private Non-profit with IRS 501c(3) Status or equivalent
	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)
	PY 51-25	
	PY 50-24	
	PY 49-23	
	PY 48-22	
	PY 47-21	

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

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

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 activity or program must benefit low to moderate income (LMI) persons **and** principally serve City of Meriden residents. Unless the activity qualifies under a HUD presumed benefit category, the applicant must demonstrate that at least 51% of the persons served are low- to moderate-income.

Explain your process for collecting this information **and** provide a sample of the intake/registration form currently used to document that the program primarily serves City of Meriden residents and that at least 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 specific program or project for which funding is being requested. If your organization operates more than one program, responses should focus on the program or project proposed for CDBG assistance. Describe the need or problem the program or project seeks to address, the major activities and/or scope of services that will be carried out, and how the proposed program/project will support the City's 2025-2029 Consolidated Plan goals. If you need additional space, attach a word document.

- I. Briefly describe the goals of the proposed program or project and the anticipated results to be achieved during the funding period. Include the specific outcomes, deliverables, or changes you expect the program or project to produce, as well as how progress toward those goals will be monitored/measured. If the funding will support the expansion of an existing program, also describe what is being expanded and how this will be tracked.

- J. Provide a timeline for the implementation plan of the proposed project, assuming availability of CDBG funds in July 2026. 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. Provide the budget for the specific program or project proposed for CDBG funding only. Do not include costs for unrelated organizational activities or other programs.

	<b>Total Estimated Project Cost</b>	<b>Amount Requested from CDBG</b>	<b>Other Funds Committed or Anticipated</b> (funding source, amount, and status)
<b>Personnel/Salaries:</b>			
<b>Program Supplies:</b>			
<b>Expenses (describe):</b>			
<b>Other (describe):</b>			
<b>Total:</b>			

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

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
- 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
  - SAM Unique Entity ID
  - No exclusions/debarments
- 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.