

Town of Cicero

Department of Housing

1634 S. Laramie Avenue

Cicero, Illinois 60804

Larry Dominick

Town President

**Town of Cicero Community Development Block Grant CARES Act (CDBG-CV) Funds Proposal Overview**

**Introduction**

In response to the Coronavirus Pandemic (COVID-19), the U.S. Department of Housing and Urban Development (HUD) has allocated Community Development Block Grant CARES ACT (CDBG-CV) funding to the Town of Cicero. The Town has budgeted funds to support COVID-related expenses incurred by public services providers to prevent, prepare for, and respond to COVID-19. The CDBG-CV funds were authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES ACT) announced last year.

Per the expedited amendment process approved by HUD, the Town amended its Citizen Participation Plan, 2015-2019 Consolidated Plan, and 2019 Annual Action Plan to enable use of the CDBG-CV funds. The amended plans serve as the Town’s budget and formal application to HUD for the CDBG-CV funds.

After careful consideration of the CDBG-CV guidelines, the Town identified the following priority activities to meet the needs of the community with this application:

* Shelter
* Community Integrated Living Arrangement (CILA) Group Homes
* Meals
* Other Health and Human Services

The Town may consider funding other activities as long as they meet CDBG-CV eligibility requirements.

See the [Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response](https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf) and [Guide to National Objectives and Eligible Activities for CDBG Entitlement Communities](https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/) for more information on eligible activities.

Please note that HUD has removed the 15% cap on funding for increased public services in order to prevent, prepare for, and respond to COVID-19.

**Application Materials**

The application form on the pages that follow was developed to establish a uniform proposal for organizations requesting the Town of Cicero’s CDBG-CV funds. Each question must be fully addressed and further details of an applicant's operations may be attached. If an applicant is requesting funding for more than one project, a separate grant proposal must be submitted for each program or service.

**Application deadline: February 2, 2023 12:00 PM**

* **Proposals will not be accepted after this date and time, and incomplete applications may be rejected.**
* **Submit 1 copy of your application to** **ttomschin@thetownofcicero.com****, or**

 **Town of Cicero – Department of Housing**

 **Attn: Tom Tomschin – Executive Director**

 **1634 S Laramie Avenue, Cicero, Illinois 60804**

If you have any questions about program eligibility or the application form, please contact Tom Tomschin at ttomschin@thetownofcicero.com or 708-656-8223.

**Vision and Goals of the Town of Cicero’s CDBG-CV Program**

The Town of Cicero’s CDBG program will provide a better quality of life for low/moderate-income residents through projects and service activities. Cicero’s CDBG-CV programs will support a COVID-19 pandemic response with a focus on supporting low/moderate-income residents and businesses through public service and economic development activities. The Town’s goals to achieve this vision are to:

* Ensure housing is affordable, accessible, and sustainable,
* Provide financial assistance for programs and services, and
* Conduct planning and administration activities

**Review of Applications**

The Town of Cicero will review the completed applications using the following criteria:

1. Eligibility: The proposal meets all six (6) of the requirements for CDBG-CV funding:
	1. Meets immediate community need,
	2. Eligible activity according to CDBG categories,
	3. Fulfills at least one CDBG national objective,
	4. Benefits low/moderate-income persons or households,
	5. Ensures non-duplication of benefits
	6. Prevents, prepares for, or responds to the Coronavirus
2. Effectiveness: The number of Cicero residents assisted per dollar of funding.
3. Capacity: Agency’s history and capacity to meet administrative requirements.
4. Duplication: Avoids duplication of services with existing programs.
5. Alignment: The proposal meets the spirit and intent of the Town’s 2015-2019 Consolidated Plan and Annual Action Plan for Program Year 2019, as amended to support CDBG-CV activities.

**Town of Cicero**

**CDBG-CV CARES ACT – Application**

**Contact Information**

Organization Name: Click here to enter text.

DUNS (Dun and Bradstreet) Number: Click here to enter text.

 *(A DUNS Number is required to receive federal funding)*

[*https://www.dnb.com/duns-number/get-a-duns.html*](https://www.dnb.com/duns-number/get-a-duns.html)

Contact Name: Click here to enter text.

Title: Click here to enter text.

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

The information on this application is accurate to the best of my knowledge. Inaccurate, missing, or misleading information may cause this application to be rejected.

Mailing Address 1: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone Number: Click here to enter text.

Fax Number: Click here to enter text.

Email Address: Click here to enter text.

1. **Project / Activity**
2. **Project Description**

Describe the project / activity for which funds are requested, including the purpose, clientele, duration, and goals. Explain any new or increased levels of service of the project/activity. If the project/activity has several components, please prioritize the key elements of the proposal.

Click here to enter text.

1. **CDBG-CV Requirements**

Explain how the project/activity will fulfill each of the requirements for CDBG-CV funds:

1. Meets immediate community need,
2. Eligible activity according to CDBG categories,
3. Fulfills at least one CDBG national objective,
4. Benefits low/moderate-income persons or households,
5. Ensures non-duplication of benefits, and
6. Prevents, prepares for, or responds to Coronavirus

Click here to enter text.

**B. Service Area**

1. **Describe your agency’s service area.**

Click here to enter text.

1. **Does this project/activity serve only residents of the Town of Cicero?**

Click here to enter text.

1. **Are there other agencies in the same service area that provide the same service? If so, what agency or agencies provide(s) similar services?**

Click here to enter text.

1. **Explain why this project does not duplicate the efforts of other public service agencies in the Town of Cicero.**

Click here to enter text.

**C. Project/Activity Client Statistics**

1. **List services provided to clients (meals served, shelter, counseling, day care, purchasing equipment and supplies, rent assistance, etc.):**

Click here to enter text.

1. **Complete the following table for low- and moderate-income persons assisted for the primary purpose of the project/activity, excluding complimentary services such as referrals:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Total Persons Served** | **Total Cicero Residents Served** | **Total Cicero Residents Served by CDBG-CV Funds** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |



*NOTE: Household income is the total income of all household members 18 years old or older who contribute to the household. The extremely low, very low, and low income limits are based on Median Family Income, in which a householder has one or more other persons living in the same household who are related to the householder by birth, marriage, or adoption.*

1. **How will you meet your CDBG-CV goals for the residents of the Town of Cicero identified above?**

Click here to enter text.

1. **Would this project/activity exist without CDBG-CV funding?**

*(Select one)*

[ ]  Yes

[ ]  No

**D. Staff for Funded Project/Activity**

1. **Total number of staff employed by the agency for this project/activity:**
2. Full-time Click here to enter text.
3. Part-time Click here to enter text.
4. Volunteers Click here to enter text.
5. **Provide the name of the staff member who will be coordinating the CDBG-CV grant with the Village (i.e. completing reports, submitting invoices, monitoring visits, etc.):**

Name, Title: Click here to enter text.

Phone Number:Click here to enter text.

Email Address: Click here to enter text.

**E. Fees and Funding Sources**

1. **Describe any client fees collected\*:**

Click here to enter text.

*\* Any client fees collected must be used for program costs.*

1. **Describe how client fees are used:**

Click here to enter text.

1. **List all other funding sources received for this project/activity and the portion allocated for Cicero residents:**

|  |  |  |
| --- | --- | --- |
| **Source** | **Total Funds** | **Amount Utilized for Cicero Residents** |
| Section 108 Loan Guarantee | $ Click here to enter text. | $ Click here to enter text. |
| HOME Funds | $ Click here to enter text. | $ Click here to enter text. |
| ESG Funds | $ Click here to enter text. | $ Click here to enter text. |
| HOPWA Funds | $ Click here to enter text. | $ Click here to enter text. |
| Appalachian Regional Commission | $ Click here to enter text. | $ Click here to enter text. |
| Other Federal Funds | $ Click here to enter text. | $ Click here to enter text. |
| State / Local Funds | $ Click here to enter text. | $ Click here to enter text. |
| Private Funds | $ Click here to enter text. | $ Click here to enter text. |
| Program Income  | $ Click here to enter text. | $ Click here to enter text. |
| Other Funding | $ Click here to enter text. | $ Click here to enter text. |
|  Please specify: Click here to enter text. |

1. **Does your agency receive more than $750,000 in federal funds?**

*(Select one)*

[ ]  Yes

[ ]  No

**F. Budget**

1. **Please complete the following table:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project** | **Agency Budget** | **Project/Activity Budget** | **Cicero****CDBG-CV Portion** |
| CDBG-CV | $ Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |
| Other sources of funding for this project/activity | $ Click here to enter text. | $ Click here to enter text. | $ Click here to enter text. |

1. **Indicate how CDBG-CV funds are proposed to be used:**

|  |  |
| --- | --- |
| **Use of CDBG-CV Funds** | **CDBG-CV Amount** |
| Direct Client Service Costs (ex. enrollment fee, scholarship, fee per night of service, rent assistance, etc.) | $ Click here to enter text. |
| Payroll of Employees Providing Direct Client Service\* | $ Click here to enter text. |
| Materials / Office Supplies | $ Click here to enter text. |
| Other Administrative Costs | $ Click here to enter text. |
| Construction / Rehabilitation | $ Click here to enter text. |
| Other, Please Specify: Click here to enter text. | $ Click here to enter text. |
| **Total CDBG-CV Request** | **$** Click here to enter text. |

*\* Payroll time sheets documenting staff hours and pay rates will be required with invoices.*

**G. Performance Measurement Systems**

1. **Project Objectives**

Please check one of the following to identify your agency’s proposed objectives.

*(The selection should reflect the purpose of your agency’s proposed program.)*

[ ]  **Creating a Suitable Living Environment**

This objective relates to activities that are intended to address a wide range of issues faced by low/moderate-income persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services. This includes activities that are designed to benefit communities, families, or individuals, by addressing issues in their living environment.

[ ]  **Providing Decent Housing**

This objective focuses on housing activities whose purpose is to meet individual family or community housing needs. It does not include programs where housing is an element of a larger effort to make community-wide improvements, since such programs would be more appropriately reported under Suitable Living Environments.

[ ]  **Creating Economic Opportunities**

This objective applies to activities related to economic development, commercial revitalization, or job creation.

1. **Project Outcomes**

Please check one of the following to identify your agency’s proposed outcomes.

*(The selection should reflect the result your agency would like to accomplish.)*

[ ]  **Availability/Accessibility**

This outcome applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low/moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low/moderate-income people where they live.

[ ]  **Affordability**

This outcome applies to activities that provide affordability in a variety of ways to low/moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household. Example #1: A low interest loan program might make loans available to low/moderate-income microenterprise businesses at 1% interest, which is far below the market rate. This program lowers the cost of the loan, enabling entrepreneurs to start businesses. As a result, the program makes financing more affordable. Example #2: A subsidized day care program that provides services to low/moderate-income persons/families at lower cost than unsubsidized day care.

[ ]  **Sustainability**

This outcome applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

**H. Other Information**

1. **Mission Statement for your agency:**

Click here to enter text.

1. **The following documents must be included with your application:**

**All Applications:**

[ ]  Proposed agency budget for the next fiscal year, including proposed funding sources

[ ]  Current agency budget, including proposed funding sources

[ ]  Most recent audit (one hard copy only)

[ ]  Proof of non-profit determination

[ ]  Organizational chart

[ ]  Program fee schedules, if applicable (ex. client fee schedule, etc.)

[ ]  Other (please describe) Click here to enter text.

***Please note that additional documentation may be requested of the applicant to ensure CDBG-CV program compliance.***