

**City of DeKalb
Community Development Block Grant (CDBG)**

**Application for Public Services Funding
Exhibit A**

- 1. AGENCY NAME: _____
- 2. ADDRESS: _____
- 3. TELEPHONE #: _____
- 4. EXECUTIVE DIRECTOR: _____
- 5. NAME OF INDIVIDUAL COMPLETING APPLICATION: _____
- 6. (a) TOTAL AGENCY BUDGET: _____
(b) AMOUNT OF CDBG FUNDS REQUESTED: _____
(c) % OF TOTAL AGENCY BUDGET YOU ARE REQUESTING: _____
(d) TOTAL PROGRAM BUDGET: _____
(e) % OF TOTAL PROGRAM COST YOU ARE REQUESTING: _____
- 7. (a) TOTAL # OF CLIENTS TO BE SERVED (BY INDIVIDUAL OR HOUSEHOLD – PLEASE SPECIFY):

(b) TOTAL # OF CLIENTS THAT ARE CITY OF DEKALB RESIDENTS: _____
(c) % OF PROGRAM CLIENTS WHO ARE CITY OF DEKALB RESIDENTS: _____
- 8. BRIEF DESCRIPTION OF PROJECT: _____

- 9. SPECIAL NEEDS POPULATION TO BE SERVED: _____

- 10. LIST OF COOPERATING AGENCIES FOR YOUR PROJECT – INCLUDE \$ AMOUNT AND % OF FUNDING: _____

Please submit this form, along with your Letter of Request, Narrative, and complete application, no later than 5:00 PM on November 21, 2022.

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**Program Objectives
Consistent with National Objectives
Exhibit C**

AGENCY: _____

How does your proposal meet at least *one* of the following National Objectives of benefiting low/moderate-income persons?

Area Benefit Activities: An activity, the benefits of which are available to all the residents in a particular area, where at least 51% of the residents are low- and moderate-income persons.

Limited Clientele Activities: An activity which benefits a specific group of people, at least 51% of whom are low/moderate-income persons; or an activity designed for removal of material and architectural barriers which restrict the mobility and accessibility of elderly or persons with disabilities to publicly and privately-owned non-residential buildings, facilities and improvements.

CHECK THE OPTION THAT APPLIES:

- You verify income data from each participant in the program
- Your project serves only a limited area which is proven by census tract/survey to be a low-income area

PLEASE INDICATE THE POPULATION TO BE SERVED:

Your project serves only the following limited clientele (may benefit more than one):

- Elderly persons
- Persons with disabilities
- Abused children
- Battered spouses
- Homeless persons
- Illiterate persons
- Persons with HIV/AIDS
- Persons with serious mental illness
- Chronic substance abusers
- Low-income youth
- Other Limited Clientele (Specify): _____

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**Authorized Official/Authorization to Request Funds
Exhibit G**

The _____, on
(BOARD OF DIRECTORS/GOVERNING ENTITY)

behalf of _____, hereby authorizes
(AGENCY)

_____ to act as the official agent of this agency.
(NAME AND TITLE)

As the official agent of _____,
(AGENCY)

I _____, am authorized to request funding in the amount of
(NAME AND TITLE)

\$_____ from the City of DeKalb, Illinois' Community Development Block

Grant program.

SIGNATURE OF BOARD REPRESENTATIVE: _____

SIGNATURE OF OFFICIAL AGENT: _____

DATE: _____

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**Conflict of Interest
Exhibit M**

I _____, certify that no employee, representative, board
(NAME AND TITLE)

member or anyone else who exercises decision-making functions or responsibilities with

_____ will receive direct benefit from CDBG
(AGENCY)

funding during the program and for at least one year after the individual's relationship with the
aforementioned agency ends.

SIGNATURE: _____

DATE: _____

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**Verification of Insurance
Exhibit N**

I _____, verify that
(NAME AND TITLE)

_____ has liability insurance coverage in the
(AGENCY)

amount of \$ _____ with _____ at
(AMOUNT) (INSURANCE COMPANY)

_____, _____, _____.
(ADDRESS) (CITY) (STATE) (ZIP)

We certify that _____ pays all payroll taxes/worker's
(AGENCY)

compensation as required by Federal and State law. We also certify that this agency has

fidelity bond coverage for principal staff who handle the agency's accounts in the amount of

\$ _____ with _____ at
(AMOUNT) (INSURANCE COMPANY)

_____, _____, _____.
(ADDRESS) (CITY) (STATE) (ZIP)

SIGNATURE: _____

DATE: _____

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**Implementation Schedule
Exhibit O**

(Insert Here)

**City of DeKalb
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Verification of Salary

(Insert Here)

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Agency W-9

(Insert Here)