

**STAMFORD COMMUNITY DEVELOPMENT OFFICE**  
**PROPOSAL FORM FOR PROGRAM YEAR FIFTY (50)**  
**for the COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**  
**JULY 1, 2024 - JUNE 30, 2025**

**Submission Deadline: Friday, August 9, 2024**

Via email to the Stamford Community Development Office  
[CommunityDevelopment@stamfordct.gov](mailto:CommunityDevelopment@stamfordct.gov)

**Public Hearing, Tuesday, September 10, 2024**

**Via remote Zoom at 6:30 P.M.**

A representative from each organization must attend the public hearing to be considered eligible for funding.

See Housing/Community Development/Social Services webpage for Agenda and Zoom Link

**An informational webinar about the grant process will be held**  
**Tuesday, July 24, 2024 at 1:00pm.**

Please submit any questions to [CommunityDevelopment@stamfordct.gov](mailto:CommunityDevelopment@stamfordct.gov) no later than 7/22/24.  
See Community Development Web Page for Zoom link.

The Community Development Block Grant (CDBG) program offers flexibility in program activities. Grantees are able to select activities that best meet the needs of the community, in accordance with the national objectives and other requirements of the CDBG program. CDBG funds may be used for the acquisition, construction, reconstruction, rehabilitation, or installation of public improvements or public facilities. Limited CDBG funds may also be used for Public Service grant activities such as job training and employment services, health care and substance abuse services, child care, crime prevention, and fair housing counseling. More information may be found here:  
<https://www.hudexchange.info/programs/cdbg-entitlement/>

Program funds are sub-granted annually to public and private non-profit agencies that are responsible for developing and implementing programs that principally benefit low and moderate-income residents or aid in the prevention or elimination of slums and blight. Awards are made to projects that best meet program eligibility requirements and address prioritized needs according to the City's most recent Consolidated Plan.

Applicants must be a public or private non-profit entity and must be in good standing with the State of Connecticut and City of Stamford. To be considered for funding, a project must primarily benefit low and moderate income persons or special needs populations as defined by HUD programmatic regulations. Proposed projects will be eligible for funding beginning July 1<sup>st</sup> of each year, pending Board of Representative approval.

Funding is disbursed on a reimbursement basis only. **Applicants must commit to a 10% matching contribution.** Applicants must also demonstrate they have attempted to obtain funding from other sources.

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Legal Name of Agency: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Brief Description of Activity to be Funded: \*See note below.

Total Project Cost \$ \_\_\_\_\_ CDBG Funds Requested: \$ \_\_\_\_\_

Project Address:

Agency Address:

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

President/Executive Director: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Registered in System for Awards Management (SAM) Yes or No? \_\_\_\_\_  
(Agency must be registered with SAM.gov prior to contract being executed)

SAM Unique Entity ID: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

\*Description should be 25 words or less, and specifically describe the activity for which CDBG funds are being requested. For example, “repair front steps,” “pay part of case manager salary,” “purchase delivery van,” and “pay medical expenses for seniors.” You’ll be asked for a more detailed explanation in later sections of the application.

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**PROJECT ELIGIBILITY/BENEFIT**

1. All CDBG funded projects must meet one of the priority areas identified in the City of Stamford’s five-year Consolidated Plan. Please check only ONE category box that best represents the application request.

- Public Services
- Public Facilities/Infrastructure Improvements
- Housing
- Economic Development

2. All CDBG funded projects must meet at least one of the three national program objectives set for the HUD. Please check all applicable. (Additional information may be found in the Year 50 Community Development Annual Action Plan.)

- Benefits low/moderate income individuals and/or households
- Addresses the prevention or elimination of slums or blight
- Meets a particular urgent community development need

3. Please check all statements that describe how this project meets one of the National Objectives above:

- Low/Moderate Area Benefit (LMA)** – The area benefit category is the most commonly used national objective for activities that benefit a residential neighborhood. The benefits of this type of activity are available to all persons in the area where at least 51 percent of the residents are low- or moderate-income (LMI) persons. Examples: street improvements, neighborhood facilities, façade improvements in neighborhood commercial districts.
- Low/Moderate Limited Clientele (LMC)** – Under this category the project benefits a specific group of people (rather than all the residents in a particular area). At least 51 percent of the beneficiaries of an activity must be LMI persons. Examples: construction of a senior center, renovations to a domestic violence shelter, public services for the homeless, meals on wheels program.
- Low/Moderate Housing Activities (LMH)** – The housing category of LMI benefit national objective qualifies activities that are undertaken for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by LMI households. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.
- Low/Moderate Job Creation or Retention Activities (LMJ)** – The job creation and retention LMI benefit national objective addresses activities designed to create or retain

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permanent jobs, at least 51 percent of which (computed on a full-time equivalent basis) will be made available to or held by LMI persons.

**CITY of STAMFORD APPLICANTS USE ONLY (OPTIONAL):**

- **Slum or Blighted Area** – The proposed project is in a designated slum/blight area and the result of the project addresses one or more of the conditions that qualified the area. For City of Stamford Use Only.
- **Spot Blight** – The proposed project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. For City of Stamford Use Only.
- **Urgent Community Need** -- This type of activity must be designed to alleviate existing conditions which the grantee certifies pose a serious and immediate threat to the health and welfare of the community, are of recent origin or recently became urgent, the grantee is unable to finance the activity on its own, and other resources of funding are not available to carry out the activity. For City of Stamford Use Only.

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**A. ALL APPLICANTS: Project Description**

1. Describe the proposed project and anticipated accomplishments:
  
  
  
  
  
  
  
  
  
  
2. Describe the target population:
  
  
  
  
  
  
  
  
  
  
3. Projected Completion Date: \_\_\_\_\_

**B. ALL APPLICANTS: Identify the need for this project in Stamford**

1. Explain how this meets the objectives of Stamford’s Community Development Action Plan and the Consolidated Plan, and other City plans (Master Plan, neighborhood plans, etc.).
  
  
  
  
  
  
  
  
  
  
2. Describe the community problem or need that this project is designed to address (citing local data).
  
  
  
  
  
  
  
  
  
  
3. **Public Services Only** – Check One  
  
 This is a new service not already available in the community.  
  
 This is a new service for this organization, but the service is already available in the community through another organization. Explain how this activity is different from others provided:  
  
  
  
  
 This will expand an existing service (time accessible, number of individuals served, etc.). Explain how this project expands on current services:  
  
  
  
  
 This is an existing initiative seeking funding for on-going operations (NOT ELIGIBLE).

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**C. ALL APPLICANTS: Anticipated accomplishments**

1. Explain how this project will benefit Stamford’s low-income population.
2. What specific performance measures will be used to document the success of this project?
3. How will the organization accurately document the income eligibility and demographic characteristics of individuals served?
4. Provide anticipated program metrics:

Total estimated number of persons to be served by this project? \_\_\_\_\_

Total estimated number of LMI persons to be served by this project? \_\_\_\_\_

Anticipated percent LMI persons to be served by this project (out of all persons served)? \_\_\_\_\_

Number of Stamford residents to be served by this project? \_\_\_\_\_

Number of residents from other towns to be served by this project? \_\_\_\_\_

**D. ALL APPLICANTS: Agency Capacity**

1. How many years has this organization been in operation? \_\_\_\_\_
2. What is the organization’s current annual budget? \$ \_\_\_\_\_
3. How much Cash on Hand does the organization have at the time of submission? \$ \_\_\_\_\_  
Is this amount at least one month of operating expenses? \_\_\_ Yes \_\_\_ No (**NOT ELIGIBLE**)  
Is this amount greater than CDBG funding being requested? \_\_\_ Yes \_\_\_ No (**NOT ELIGIBLE**)
4. Total number of employees: Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Volunteer: \_\_\_\_\_
5. Does current staff have experience managing Community Development Block Grants or other federal federal grants? \_\_\_ Yes \_\_\_ No

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6. How many years of experience does the identified project manager have in relevant project management? \_\_\_\_\_ (Attach resume.)
7. Does the organization have a dedicated Chief Financial Officer or equivalent? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Identify and describe your financial management software and capabilities, and the financial grant management policies and procedures the organization follows to manage this project consistent with Federal financial management requirements as set forth in 2 CFR 200:
  
9. If the organization has worked with Stamford’s Community Development Office, please explain if there have been any issues over the last five years including ability to meet delivery goals, report accurately, complete the project and drawdown funds in a timely manner, etc.

**E. ALL APPLICANTS: Budget**

1. The project has (check at least one):

\_\_\_\_\_ Secured matching funds specifically for this project as shown in the itemized budget below.

\_\_\_\_\_ Not secured matching funds for this project, but has attached documentation (denial from funder) showing at least one attempt to secure funding for this specific project that was rejected.

\_\_\_\_\_ Not secured matching funds and has not sought funding elsewhere (**NOT ELIGIBLE**).

2. List any committed or anticipated sources of funding for the proposed project, amount, status:

3. Indicate the specific measures that the organization has or will take to make this project self-sufficient and not dependent on future CDBG allocations.

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4. If this organization received CDBG funds in the past 5 years, fill out the table below.

Funding Year	Project Title	\$ Award Amount	Status (Complete, Underway or In-Planning)

5. **Public Services ONLY** - The organization understands that if CDBG funds will be used to pay for any program staff, payroll records and daily work logs to document the expense and the work performed must be submitted before reimbursement will be approved. \_\_\_\_\_ Yes



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6. **All Applicants:** Complete the below itemized budget:

A	B	C	D	E
Project Expenses	CDBG Request	Other Grant Funds	Agency Allocation	Row Totals
<b>Operating Expenses</b>				\$ -
				\$ -
Personnel Costs				\$ -
Itemize				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Non-Personnel Costs				\$ -
Itemize				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
<b>Program/Project Expenses</b>				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Column Totals:	\$ -	\$ -	\$ -	\$ -

**\*\* Applicants should note that they must commit to a 10% matching contribution.\*\***

**\*Show value of all non-cash or in-kind contributions *in italics*, e.g., \$1,000 in Column C\***



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**G. Housing Projects ONLY**

1. Provide the exact address(s) where the housing activity will take place. If address(s) have not been identified, describe the criteria that will be used to select structure(s).
  
  
  
  
  
  
  
  
  
  
2. Provide the number of units to be assisted. \_\_\_\_\_
  
  
  
  
  
  
  
  
  
  
3. Describe the current condition of the structure(s).
  
  
  
  
  
  
  
  
  
  
4. Describe in detail the type of activity(s) to be completed.
  
  
  
  
  
  
  
  
  
  
5. If applicable, describe if counseling services will be offered to homeowners.
  
  
  
  
  
  
  
  
  
  
6. Describe how this organization proposes to monitor the project after completion.

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**H. Economic Development Projects ONLY**

1. How many businesses will be assisted? \_\_\_\_\_
2. Describe the criteria that will be used to select businesses to participate.
3. Describe how the proposed program will be communicated to prospective beneficiaries.
4. Describe how this organization proposes to follow-up with assisted businesses.
5. Describe if this organization has experience in implementing economic development activities.
6. Identify the number of full-time and part-time jobs to be created and/or retained for low- and moderate-income individuals.
7. Identify how this organization will determine low- and moderate-income levels.

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**Faith Based and Community Based Organization  
Certification of Separation of Services**

Participation in the CDBG Program is open to all faith-based and community-based organizations regardless of the religious nature of the applicant organization or the religious nature of the program(s) it offers; however, funds awarded under this program may not be used for inherently religious activities such as religious instruction, prayer, worship, or any form of proselytization, nor may funds be used to purchase any religious materials or provide any inherently religious services.

This means that organizations must have separate and distinct programs. Organizations must take steps to separate, in time or location, their inherently religious activities from the CDBG-funded services. Additionally, participation in religious activities by individuals receiving services must be voluntary.

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Does the organization currently offer religious or spiritual programming?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Does the organization currently offer programming that is not religious in nature?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Are religious programs offered during a separate time or location than non-religious programs?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

Does this organization require the beneficiaries of the program to attend any religious activity sponsored by the organization?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

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**I. Other Requirements:**

1. Submit the Agency’s most recent Financial Audit in compliance with OMB Circular A-133, and the Board of Finance Audit and Financial Statement Requirements. No proposal will be considered for funding without submission of a current audit, or financial statement as permitted by the Stamford Board of Finance, for the most recently completed fiscal year that ended prior to July 1, 2024. Newly formed organizations without prior auditable activity are not subject to this provision.

2. If applicant fails to secure matching funds as per proposal by the time that CDBG funds are to be committed to contract, the City may reassess its funding allocation or not fund said project.

3. Each non-profit agency must submit with their CDBG Application their determination letter from the IRS recognizing the agency as a tax exempt organization.

4. For Housing Rehabilitation and Public Improvement applications, a written, recent and responsible cost estimate prepared within the last six months by a qualified architect, engineer, rehabilitation or code enforcement specialist, contractor, or experience building manager must be submitted as part of this application, or the application will not be considered for funding. Applicants should be aware that such projects are covered under the Davis-Bacon Act and should develop budgets accordingly. Projects should be construction ready at the time of application. All projects selected for funding are required to be publicly bid to determine actual project costs. If the Agency does not own the property to be improved, submit a letter from the property owner authorizing the agency to make the proposed improvements and agreeing to sign a note and mortgage for the CDBG funds.

5. For Housing Rehabilitation and Public Improvement applications provide as available/applicable the items below. (If any of these are not available and/or applicable to your project, attach a brief narrative explaining why that is and/or their status, if applicable):

- Building Permit(s)
- Copy of Phase I Environmental Site Assessment (title page and executive summary only)
- Copy of Asbestos & Lead-Paint Assessment Report (title page and executive summary only)
- Applicant’s Procurement Procedures (per 2 CFR Part 215.44)
- Written documentation of the construction schedule developed for the proposed project.

6. Proposal and the Agency’s Audit must be submitted digitally to the Stamford Community Development Office (CommunityDevelopment@stamfordct.gov) by Friday, August 9, 2024.

7. All agencies submitting funding proposals are required to present their proposals for the record at the public hearing on Tuesday, September 10, 2024 beginning at 6:30 p.m. via remote Zoom. **Any agency not represented at the public hearing will cause their proposals to be rendered ineligible for funding consideration.**

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**J. Certification**

I certify that I have read the Citizen Participation Plan and Community Development Plan for CDBG PROGRAM YEAR 50, have been duly authorized to submit this proposal, and that this proposal form is complete and accurate.

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

Title: \_\_\_\_\_  
(Board President, Chair, Executive Director, CEO)

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

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

NOTE: Applicants will present their proposals at the public hearing in the following order:

Proposals will be grouped in the categories of:

- Public Services;
- Public Facilities/Infrastructure Improvements;
- Housing;
- Economic Development.

Within each category, applicants make their presentations in the order of the date of their proposal submission. The first proposal submitted in each category will be the first heard in that category.

**CONFLICT OF INTEREST DISCLOSURE FORM**

Federal Law Prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction<sup>1</sup> or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity either for themselves or those 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
- Senior Management Staff
- Staff directly associated with delivery of program

Title or position held: \_\_\_\_\_

2. Are you a business partner of any City of Stamford Community Development Office staff, member of the Board of Representatives, or member of the Board of Finance?

YES                      NO

If yes, please state the name of the City employee(s), Board of Representative(s), or Board of Finance Member(s):

\_\_\_\_\_

3. Are you, or any immediate family member, a City of Stamford Community Development Office staff, member of the Board of Representatives, or member of the Board of Finance?

YES                      NO

If yes, please state the name of the City employee(s) and the Department, Board of Representative(s), or Board of Finance Member(s):

\_\_\_\_\_

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

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

*Please hand sign and submit a scanned copy.*

\_\_\_\_\_   
<sup>1</sup> 24 C.F.R. §570.611 (CDBG); 24 C.F.R. §92.356 (HOME) and/or any other citations applicable to any future funding that may be awarded to this jurisdiction



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**APPLICATION CHECKLIST**  
Please include with your digital application

- \_\_\_\_\_ Proposal Form
- \_\_\_\_\_ List of Board members and their positions as well as all senior staff and contact details.
- \_\_\_\_\_ Resumes from key program staff for application project with project manager identified
- \_\_\_\_\_ Agency Audit
- \_\_\_\_\_ Copy of 501(c)3 certification letter from the IRS
- \_\_\_\_\_ Conflict of Interest Form