



**CITY OF NEWARK
COMMUNITY DEVELOPMENT
BLOCK GRANT ACTIVITY FOR **FY 2026 (JAN. 1-DEC. 31)**
FUNDING APPLICATION-MUST BE POSTMARKED BY 9/5/2025**

Department of Development
40 West Main Street
Newark, OH 43055
(740) 670-7536

SECTION I – GENERAL INFORMATION

APPLICANT INFORMATION

Contact Name:	<u>Address</u>
Phone Number:	
Email Address:	

ORGANIZATION/GROUP INFORMATION (IF APPLICABLE)

Organization Name:	<u>Address</u>
Executive Officer Name:	
Website:	
Phone Number:	Fax Number:
DUNS Number:	Tax ID Number:

Is your organization a 501(c)(3) non-profit? ☐ Yes ☐ No *If yes, please provide a copy of the State & Federal Tax Exemption Letters with application.*

Is your organization a governmental agency? ☐ Yes ☐ No

Does your agency owe any taxes or other debts due to the City of Newark? ☐ Yes ☐ No

If yes, describe debt owed and amount: _____

ACTIVITY INFORMATION

Activity Name:	
Activity Cost:	Amount Requested:
<u>Source of Other Funds</u>	<u>Amount of Other Funds</u>
1.	\$
2.	\$
3.	\$
<u>Activity Overview</u>	
Activity Start Date:	Activity End Date:
Target Population:	Number of Participants to be Served:

I hereby certify all information and documentation submitted as part of this proposal to be correct and true to the best of my information, knowledge and belief.

Signature

Date

Print Name

Title

SECTION II — ACTIVITY ELIGIBILITY

CDBG NATIONAL OBJECTIVES

Please indicate which eligibility criteria apply to this proposal. Your proposal must meet one of these National Objectives.

1. Benefit to Low- to Moderate-Income Persons

- Direct Benefit to Low- to Moderate-Income Persons. This Activity will directly benefit low- to moderate-income persons as shown by actual beneficiary income documentation.
- Direct Benefit to Limited Clientele. This Activity will directly benefit a class of persons who, by federal regulation, are presumed to be low- to moderate-income persons (e.g. abused children, battered persons, severely disabled persons, homeless persons, or elderly persons).
- Area Wide Benefit. This Activity will benefit residents of a particular low- to moderate-income neighborhood or area (attach a City map showing the boundaries of the area that will be served by the Activity).

2. Prevent or Eliminate Slums or Blight

- If your Activity meets this objective, attach a map showing the City designated blighted area, and the location of the Activity within the blighted area.

3. Urgent Need

- This category is reserved for City Activities that meet a serious and immediate threat to public health, safety or welfare. The condition must have occurred within the last 18 months. The City's chief executive officer and financial officer must certify that the City is unable to finance the Activity and that no other funding sources are available.

Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview

Need 1: Quality Affordable Housing

Goal 1.1: Housing Rehabilitation/Reconstruction/Acquisition (Objective- Provide Decent Affordable Housing; Outcome- Availability/Accessibility)

Goal 1.2: Administration & Planning (Objective- Create Suitable Living Environments; Outcome- Sustainability)

Need 2: Public Services

Goal 2.1: Public Service Support (Objective- Create Suitable Living Environments; Outcome- Sustainability)

Goal 2.2: Administration & Planning (Objective- Create Suitable Living Environments; Outcome- Sustainability)

Need 3: Neighborhood Revitalization

Goal 3.1: Public Facilities & Improvements (Objective- Create Suitable Living Environments; Outcome- Availability/Accessibility)

Goal 3.2: Administration & Planning (Objective- Create Suitable Living Environments; Outcome- Sustainability)

Need 4: Economic Development

Goal 4.1: Economic Development Technical Assistance (Objective-Create Economic Opportunities: Outcome-Sustainability.

Goal 4.2: : Administration & Planning (Objective- Create Suitable Living Environments; Outcome- Sustainability)

The chart below shows the income limits for the CDBG Activity in Newark as of June 1, 2025. The chart is divided into very-low-income (30%), low-income (50%), and moderate-income (80%) households.

Median Income %	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% Extremely-Low-Income	\$ 22,900.	\$26,200.	\$ 29,450.	\$ 32,700.	\$ 35,350.	\$ 37,950.	\$ 40,550.	\$ 43,200.
50% Very-Low-Income	\$ 38,150.	\$43,600.	\$ 49,050.	\$54,500	\$58,900.	\$ 63,250.	\$67,600.	\$71,950.
80% Low-Income	\$ 61,050.	\$69,800.	\$78,500.	\$87,200.	\$94,200.	\$101,200.	\$108,150.	\$115,150.

CLIENT DEMOGRAPHICS

Please complete the following tables to show the number of clients in each category for your activity. Current income limits are

listed in the table above.

Number of Persons or Households Served, by Income Group

	Extremely Low Income level < 30% of median	Very Low Income level < 50% of median	Low Income level < 80% of median	At or Above Income level at or above 80% of median	Total
Persons					
Households					

Number of Special Needs Beneficiaries (if applicable)

Elderly (over 60):	Disabled (not elderly):	Homeless:	People with HIV/AIDS:
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SECTION III – ACTIVITY DESCRIPTION

ACTIVITY DETAILS

A. Please provide a detailed description of your activity.

B. Geographical area(s) served (be as specific as possible):

C. City funds must be spent entirely within the City, and all people directly served with City CDBG funds must be City residents. Will any people living outside the City of Newark be directly served under this Activity? ☐ Yes* ☐ No *If Yes, what other funds will be used to serve these people?

ACTIVITY JUSTIFICATION

A. Describe how your activity is unique or meets a gap in existing services available to the community.

B. Was the proposed Activity provided previously by your agency? If so, how was it funded?

ACTIVITY OPERATION

A. Please describe how you will collaborate with other entities on this activity.

B. Please explain how your clients will provide evidence and verification of their eligibility and income.

C. List the key positions in the Activity and indicate their roles, specific responsibilities, and qualifications. Positions should be consistently titled here, on the agency organizational chart, and in the salary table of the budget.

TIMETABLE

Identify the key implementing steps and target dates for the use of the CDBG funds.

Action	Target Date for Completion

PERFORMANCE MEASURES

How will you identify and measure the changes and impacts brought about by your Activity? It is important to identify outcomes, indicators and measurement tools that can be reasonably measured and carried out by your Activity. One outcome is enough, but you may specify more if you wish.

Outcome (Expected change in client's conditions, skills, behavior, etc.)	Indicator (How will you know an outcome has been achieved? Include a target number and percentage)	Measurement Tool (Survey, interviews, tests, assessments, document review, etc.)

SECTION IV - PERFORMANCE MEASUREMENTS

GOALS

The proposed Activity meets which of the following goals (select only one):

- ☐ **Create Suitable Living Environment:** Activities designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) or social issues such as crime prevention, literacy, or elderly health services.
- ☐ **Provide Decent Affordable Housing:** Housing activities where the purpose of the Activity is to meet individual, family, or community needs and not activities where housing is an element of a larger effort, since such activities would be more appropriately reported under suitable living environment.
- ☐ **Create Economic Opportunities:** Activities related to economic development, commercial revitalization, and job creation.

OBJECTIVES

Select the most appropriate objective for the proposed Activity (select only one):

- ☐ **Availability/Accessibility:** Activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people where they live.
- ☐ **Affordability:** Activities that provide affordability in a variety of ways in the lives of low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare
- ☐ **Sustainability:** Activities aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income, by removing or eliminating slums or blighted areas through multiple activities, or services that sustain communities or neighborhoods.

SECTION V - BUDGET

ACTIVITY OPERATING BUDGET

Please provide the Activity Budget for which you are requesting CDBG funds. The table below must be used although you may attach additional details if needed.

Budget Category	CDBG Funds \$	Other Funds \$	Other Funds Type	Total
Personnel Costs				
1.				
2.				
3.				
Subtotal				
Contract Services				
1.				
2.				
3.				
4.				
5.				
Subtotal				
Supplies/Materials/Equipment				
1.				
2.				
3.				
4.				
5.				
Subtotal				
Admin/Overhead Expenses				
1.				
2.				
3.				
Subtotal				
Other				
1.				
2.				
3.				
4.				
Subtotal				
Activity Totals				

OTHER FUNDS

A. Are you planning to leverage CDBG funds to obtain additional funding from other source(s)? ☐ Yes ☐ No

If Yes, please describe your plan:

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B. Have you applied for funding from other sources for this Activity? ☐ Yes ☐ No

If Yes, to whom have you applied? For approved funds, please provide a copy of the commitment letter. For pending funds, please provide the name and telephone number of a contact person at that funding source:

Source	Contact Name	Phone Number	Approved	Pending	Denied

If No, why not?

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CONTINGENCY PLAN

What is your organization's contingency plan if your agency does not receive the requested CDBG funding, or receives less than the amount requested?

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OPERATING BUDGET

What is the amount of your current annual operating budget? _____

List your major sources of funding:

Source	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

SECTION VI — AGENCY MANAGEMENT

ORGANIZATION INFORMATION

A. Fiscal Information

Fiscal Officer:	Current Agency Budget:
Phone Number:	Incorporation Date:
Email Address:	Full-Time Staff:

B. What is your organization's mission statement?

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C. Does your organization have any of the following written management policies?

Personnel Policy? ☐ Yes ☐ No Job descriptions? ☐ Yes ☐ No Purchasing policy? ☐ Yes ☐ No
Code of Conduct? ☐ Yes ☐ No ADA Policy? ☐ Yes ☐ No Fair Housing policy? ☐ Yes ☐ No

FOR PREVIOUS RECIPIENT FUNDING REQUESTS ONLY

If you received prior CDBG funding allocations, please answer the following questions:

1. What steps have you taken to secure other sources of funds for this Activity and to ensure the continuation of this Activity once City funds are no longer available?

2. If applicable, please describe any modifications in the scope of activities from what was previously funded.

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APPLICATION CHECKLIST

You must provide a copy of the following sections in the order listed

- ☐ **Application and all pertaining information** - complete and sign the application.
- ☐ **Non-profit status verification** — include your proof of non-profit status with an official document (copy) from the Internal Revenue Service (IRS).
- ☐ **Board of Directors** — Provide a list of the Board of Directors or equivalent and their respective contact information (telephone numbers and addresses).
- ☐ **Bylaws** — provide a copy of the organization's current bylaws or equivalent. 111 Organizational Chart or Organization Structure.
- ☐ **Organization's total fiscal budget (current year) and most recent audit**
- ☐ **Certificate of Incorporation.**
- ☐ **Additional information** — if you feel the questions or information required by the application are not sufficient to describe your Activity completely, feel free to submit additional information. Plus attach any letters of support or other applicable information, if needed.

Questions about this application

If you have questions about this application, call Barbara Gilkes at (740) 670-7536.

Submission of this application

Mail to:

ATTN: Barbara Gilkes
City of Newark
Department of Development
40 W. Main St., Suite 407
Newark, Ohio 43055