

City of Chattanooga
Department of Economic Development
Office of Housing & Community Investment
(HCI)



Application for
Community Development Block Grant (CDBG)
Funds
FY 2025-2026



**Application for Community Development Block Grant (CDBG) Funds
FY 2025-2026
Application Checklist**

- 1. Cover Letter specifying:
 - a. The name and address of the non-profit organization;
 - b. The agency's mission;
 - c. The funding amount being requested, name of program/project/activity, and specific, proposed use of funds;
 - d. The program Federal Objective/Outcomes along with a City Results Area; and
 - e. The name, address, and telephone number of a specific contact person within the organization that can be contacted for additional information, if necessary.
- 2. Completed and signed Application Form
- 3. Contacted HCI concerning environmental review cost information
- 4. Required Attachments/Supplemental Information:.*
 - a. Agency-wide, board approved most recent Annual Operating Budget
 - b. Charter of the non-profit organization filed with Tennessee Secretary of State. If the Name on the Charter does not match the Agency's current name, please ensure any amendments or merger documents filed with the State are provided;
 - c. Document indicating Non-Profit Tax Exemption Status for the non-profit organization under the Internal Revenue Code, such as an IRS Determination Letter;
 - d. Most recent IRS Form 990 as filed with the IRS;
 - e. The most recent Annual Audit (if applicable) of the non-profit organization, prepared by an independent Certified Public Accountant in accordance with Generally Accepted Auditing Standards. Fiscal Year 2023-24 Audited Financial Statements are preferred. If 2023-24 annual audit is not yet available, then please provide the most recent audit, as well as an engagement statement noting when the 2023-24 audit will be completed and submitted to the City.
 - f. If the agency is not required to file Form 990 with the IRS or have an independent audit report due to other funding requirements, annual financial statements prepared by the agency or compiled by an accountant must be submitted with request.
 - g. Provide a list of full time, part time and contract employees associated with the project/program; staff biographies/resumes, description of their roles in the project/program; and job descriptions.
 - h. List of the Board of Directors, including position, contact information, and number of years served;
 - i. Board approval for application submittal for the specified project(s);
 - j. If project involves construction, project write-up and a certified cost estimate from qualified contractor, engineer, or architect – as applicable;
 - k. Certification regarding debarment; and
 - l. Certification of Conflict of Interest
 - m. Section 3 Compliance/Non-Compliance Letter – as applicable

Electronic Copy Submitted - Due by 3:00 PM on March 14, 2025 to hci@chattanooga.gov and copy Regina Partap at rpartap@chattanooga.gov

***Under number 3 above, for City of Chattanooga and Hamilton County government, only a, g, and j are applicable and a departmental/project budget is acceptable.**

***Application Form
CDBG 2025-2026***

I. General Organization Information

Agency:					
Name of Contact Person:					
Title:					
Address:					
City:		State:		Zip Code:	
Phone:		Email:			
UEI Number:				Federal Tax #:	
Agency Type:	<input type="checkbox"/> City/County Government				
	<input type="checkbox"/> Non-Profit Organization				
	<input type="checkbox"/> Public Agency				
	<input type="checkbox"/> Community Housing Development Organization				
Is the agency a 501(c)(3)?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date 501(c)(3) status was granted:					

II. Project/Program/Activity Information

Project Name:					
Project Address:					
City:		State:		Zip Code:	

Current Funding Status of Program/Project/Activity	<input type="checkbox"/> Is currently funded with CDBG				
	<input type="checkbox"/> Currently, NOT funded with CDBG				
	<input type="checkbox"/> New Program/Project/Activity				
CDBG Funding Request:		CDBG Leverage - % of Total:			
Total Project Cost:		Applicant's Leverage:			

List All Other Funding Sources For Proposed Program/Project/Activity		
Source	Indicate - Proposed or Committed	Amount

	<input type="checkbox"/> C. Increase access to homeownership opportunities	Homeowner units created: Number
	<input type="checkbox"/> D. Improved/increased access/retention to housing	Direct financial assistance to homebuyers: Number of Households
		Housing counseling/education: Number of persons
		Other:
<input type="checkbox"/> 2. Support Public and Homeless Services	<input type="checkbox"/> Improved/increased access/retention to housing	Housing for homeless/special needs population: Number of Households
	<input type="checkbox"/> Improved/increased access/retention to housing	Tenant-based rental assistance/rapid rehousing: Number of Households
	<input type="checkbox"/> Non-Homeless Special Needs	Homeless Prevention: Number of persons
	<input type="checkbox"/> Poverty Reducing Services	Homeless Assisted – Overnight Shelter: Number of persons
	<input type="checkbox"/> Services to Address Needs of Low-income persons / households Service Name:	Homelessness Prevention: Number of persons
		Provide Services to Low-income: Number of persons:

<i>Consolidated Plan Goals and Objectives Project/Program/Activity Will Address</i>		
<i>Goal Name</i>	<i>Needs Addressed</i>	<i>Goal Outcome Indicator</i>
<input type="checkbox"/> 3. Increase Employment Opportunities	<input type="checkbox"/> E. Promote economic development activities	Jobs created: Number
		Jobs retained: Number
		Businesses assisted: Number

<input type="checkbox"/> 4. Community Development Public Facilities and Infrastructure	<input type="checkbox"/> F. Non-housing Community Development Needs -Community improvements, public facilities, infrastructure	Infrastructure improvements-streets: Linear feet: Number of persons
		Infrastructure improvements-sidewalks: Linear feet: Number of persons
		Substandard buildings/structures demolished: Number:
		Public facility improved: Number of persons to be impacted

<i>Geographic Area - Proposed Project/Program/Activity Service Area</i>
<input type="checkbox"/> City-wide or
Please indicate street(s), Census Tract(s), neighborhood(s), etc., :

IV. Project Beneficiary Statistics

Is the Project/Program/Activity Serving Clients or Households?	
<input type="checkbox"/> Persons	<input type="checkbox"/> Households
Low/Moderate Income Person or Households	Total Number Proposed to Serve
30% of Median Income or Below	
30% - 50% of Median Income	
50% - 80% of Median Income	
Not Low or Moderate Income (over 80%)	
Total To Be Served	

INCOME LIMITS AS OF JUNE 1, 2024								
% of Median Income	Persons Per Household							
	1	2	3	4	5	6	7	8
30% (Extremely Low)	\$18,400	\$21,000	\$23,650	\$26,250	\$28,350	\$30,450	\$32,550	\$34,650
50% (Low)	\$30,650	\$35,000	\$39,400	\$43,750	\$47,250	\$50,750	\$54,250	\$57,750
80% (Moderate)	\$49,000	\$56,000	\$63,000	\$70,000	\$75,600	\$81,200	\$86,800	\$92,400

1. Indicate the type beneficiaries, under the following categories, that your program/project/activity will serve and has served, along with estimated number. (Check all that are applicable.)

a) Target Population(s)

Beneficiaries	Estimated Number to be Served
<input type="checkbox"/> Low and moderate income individuals/persons	
<input type="checkbox"/> Low/Mod income households	
<input type="checkbox"/> Low/Mod income community	
<input type="checkbox"/> Elderly	
<input type="checkbox"/> Individuals with disabilities	
<input type="checkbox"/> Jobs Created/Retained	
<input type="checkbox"/> Businesses Assisted	
<input type="checkbox"/> Homeless individuals	
<input type="checkbox"/> Special Needs:	

<input type="checkbox"/> Youth	
<input type="checkbox"/> Veterans	
<input type="checkbox"/> At-risk youth Specify:	
<input type="checkbox"/> Other (Specify)	

b) Historic and Proposed Outcomes

<i>Program Beneficiary Characteristics Clients/Patients/ Recipients/Other</i>	<i>FY 2023-24 Actual</i>	<i>FY 2024-25 Projected</i>
1. Number of Persons Served		
2. Number Housing Units Preserved		
3. Number of Businesses Assisted		
4. Number of Jobs Created/Retained		
5. Number of Substandard Structures Demolished		
6. Linear Feet - Sidewalks		
7. Linear Feet - Streets		

Historic and Proposed Outcomes – Cont.

<i>Program Beneficiary Characteristics Clients/Patients/ Recipients/Other</i>	<i>FY 2023-24 Actual</i>	<i>FY 2024-25 Projected</i>
<i>(Stats on Proposed Outcomes under (b))</i>		
8. Unduplicated Count of Program Beneficiaries TOTAL: a) Households <input type="checkbox"/> b) Persons <input type="checkbox"/>		
B. Sex TOTAL		
a) Male		
b) Female		
c) Not Known		
C. Ethnic Background TOTAL		
d) White		
e) Black		
f) Hispanic		

g) Asian		
h) Other – Ethnic Minority		
i) Not Known		
D. % Income Level	TOTAL	
j) Below 30%		
k) 31-50%		
l) 50-60%		
m) 61-80%		
n) Over 80%		
o) Unknown		

2. Explain how estimates in charts were derived.

V. Program/Project/Activity Details - Narrative

Provide information on the project/program/activity for which you are seeking funding by providing details on the following:

1. **Project Description** - Describe program/project/activity along with justification/demonstration of need as well as organization's need for funding. Discuss where, when, how, and purpose the CDBG and other related funds will be used. Discuss what service(s)/benefits will be provided to clients, as well as how project/program is operated in collaboration with other projects/programs in the community.

For housing preservation projects, please discuss applicable energy saving features; property standards; ongoing program/project administration; ensuring compliance and period of affordability; composition of targeted area (housing mix, income levels, access to transportation, etc.); and plans for property management and maintenance.

For public facility improvement projects, please ensure the following are addressed: physical description of property; location; current ownership, current value, work write-up, zoning, and certified cost estimate.

For homebuyer assistance projects, please include proposed program guidelines and objectives, level of assistance, and underwriting standards and procedures. You must also address how the potential homebuyer will obtain housing counseling from a HUD approved housing counseling agency.

2. **Budget and Funding Information** - Provided supporting details/information on the numbers included in the budget chart. Discuss when and how CDBG funds, and any other funds will be utilized. Provide specific details on the costs applicable to CDBG. If the activity is not a new activity, discuss how those costs were covered in the past.
3. **Objective & Outcome** - Provide details on the information included in the charts above - discussing the measurable, quantifiable outcomes, objectives, and beneficiaries. (**BE SPECIFIC:** i.e., 14 houses will be rehabilitated, 25 children will receive subsidized child care, 50 individuals will be counseled, 10 families will become first-time homebuyers, etc.)

4. **Target Population** - Discuss the target population(s) that will be served and how this was determined.

5. **Participant Eligibility** - Discuss the manner/process by which clients/beneficiaries/units/area/sites (as applicable) will be selected, served, tracked and reported on.

6. **Service area** – Discuss the area in which the proposed program/project/activity will cover.

7. **Program/project marketing plan** – To whom, how, when, and where the project/program will be marketed? How will clients access the services and programs?

8. **Long term sustainability** – What are the expected long-term benefits to the clients being served/units improved/sidewalks installed/jobs created, etc., and how will they be sustained? Additionally, if program/project/activity is funded how it will be funded and sustained in upcoming years?

9. **Project timeline/milestones** - Detail the chronological order of the major phases of your program/project/activity. Include expected start date and end date. Although this is only a projection, be as accurate as possible).

10. **Community Engagement** - Discuss how program/activity will be coordinated with others in the community.

11. **Program/project evaluation plan** (How will you know if your project is successful?) Briefly describe your method for evaluating (measuring) the success of your project, including frequency of evaluations.

VI. Organization/Project History

1. Has the agency carried out this program/project in the past? Yes No

2. If yes, please answer the following questions:
 - a. When was the program/project previously attempted?

 - b. Funding source and amount?

 - c. Expounding upon the data provided, what were the outcomes/results of the program/project?

 - d. If the request is for a continuation of services; describe successes and failures of program in the past and how you will overcome them.

3. Are there other agencies that provide the same or similar programs to the one you are proposing? Yes No
 - a. If yes, please discuss these programs and explain why your program/project should be funded. What makes it unique to similar programs/projects in the area?

4. Is this proposed project/program in coordination with, or part of, an ongoing Housing or Community Development Initiative? Yes No
 - a. If yes, please explain.

5. Have you received CDBG, HOME, ESG or City General funds within the last three years?
Yes No

a. If yes, list the type received, amount, project/program supported and current balances.

Type	Year	Project/Program Supported	Amount	Current Balance
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

b. **Current balances** - Please explain when any balances will be fully expended.

6. If your organization received funding from the City of Chattanooga (other than CDBG, ESG, or HOME) for the most recent fiscal year (July 1, 2024 – June 30, 2025), provided the amount received and details on purpose.

7. Have you applied to other sources of funding for the proposed project/program?

Yes No

If yes, explain and complete chart below:

<i>Agency Request Made to</i>	<i>Amount of Request</i>	<i>Status</i>			<i>Date</i>
		<i>Approved/Amount</i>	<i>Pending</i>	<i>Denied</i>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. If you have not applied to other potential funders, please explain why.

If “yes”, identify those organizations/agencies:

5. Describe the applicant organization’s experience with CDBG or other Federal grant programs.

6. Include with attachments, a list of full time, part time and contract employees associated with the project/program; staff biographies/resumes, description of their roles in the project/program; and job descriptions.

7. Check each item that exists within your organization’s capacity.
 - Experienced Staff
 - Audit System
 - Written, internal controls
 - Record Keeping System
 - Procurement System – formal written procedures in place
 - Staff Time/ tracking and distribution
 - Client eligibility and demographic data collection and reporting system
 - Conflict of interest policies
 - Formal personnel system – written procedures in place
 - Fund raising/development
 - Revenue generation
 - No outstanding audit findings or issues

8. Summarize the organization’s administrative systems including but not limited to the above list. If any gaps exist in the applicant organization’s administrative systems, how will they be addressed?

9. Does the organization have any outstanding audit findings or compliance issues with the City, State or Federal Government?
 - Yes
 - No

If “yes”, please explain:

VIII. Rehabilitation/ Construction Project Information (Indicate N/A) If not applicable.

N/A

1. Describe the applicant organization's level of experience with Davis-Bacon prevailing wage requirements.

2. Describe the applicant organization's experience/capacity with oversight of construction projects.

3. If the applicant organization currently does not have the construction capacity or has identified a weakness in its capacity, how will this be remedied?

If you are awarded \$200,000 or more, you may be required to follow Section 3 regulations (Economic Opportunities for Low- And Very Low-Income Persons) at 24 CFR Part 75.

4. Do you have previous experience with complying with Section 3 regulations? Yes No

5. If so, have you met the safe harbor benchmarks for Section 3 in previous projects?
 Yes No

6. Have you ever been cited for non-compliance with Section 3 regulations on previous projects?
 Yes No

IX. AUTHORIZATION FOR APPLICATION SUBMITTAL

Name of Organization:

Address:

Name of Individual Authorized to Submit Application:

Title of Individual Authorized to Submit Application:

Signature of Individual Authorized to Submit Application

Date: _____

X. BOARD OF DIRECTOR AUTHORIZATION

I (We) certify to the City of Chattanooga that the Board of Directors of the organization identified in this application has authorized the submission of this request for funding support. I (We) certify, to the best of my (our) knowledge, that the information contained in this proposal is true and complete.

2. Name of Authorized Board Official:

Print _____

Signature: _____

Date: _____

Title: _____

3. Name of Authorized Board Official:

Print _____

Signature: _____

Date: _____

Title: _____

XI. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT, INELIGIBILITY, AND OTHER RESPONSIBILITY MATTERS

Title 24 Code of Federal Regulations Part 24 requires that City of Chattanooga not enter into contract with any agency, corporation, partnership, or other legal entity that has been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by the Federal Government from participating in transactions involving Federal funds. You are required to sign the certification below which specifies that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in programs funded by a Federal agency. It also certifies that you will not use, directly or indirectly, any of these funds to employ, award contracts to, engage the services of, or fund any contractor that is debarred, suspended, or ineligible under 24 Code of Federal Regulations Part 24.

If you need to determine whether your agency/firm has been debarred or suspended, or if a subcontractor you plan to hire is suspended or debarred, please refer to the following sources:

- *List of Parties Excluded From Federal Procurement and Non-procurement Programs, issued by the U.S. General Services Administration, Office of Acquisition Policy. Contact the Superintendent of Documents, U.S. Government Printing Office, Washington D.C. 20402 (Reference Stock # 722-002-00000-8). The telephone number is 202-512-1800.*
- *Internet access is also available at <http://epls.arnet.gov>*

1. By signing and submitting this certification, the undersigned certifies to the best of its knowledge and belief, that it and its principals:
 - a) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
 - b) Have not within a three-year period preceding this award, been convicted of or had a civil judgment rendered against them for: commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
 - c) Are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in Section (1.b) of this certification;
 - d) Have not within a three-year period preceding this award, had one or more contracts (Federal, State, or local) terminated for cause or default;
 - e) Will not knowingly enter into any subcontract with a person who is, or organization that is, debarred, suspended, proposed for debarment, or declared ineligible for award of contracts by any Federal agency; and
 - f) Will require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts; subgrants; and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
2. "Principals", for the purposes of this certification, means officers, directors, owners, partners, and persons having primary management or supervisory responsibilities within a business entity.
3. Where the undersigned is unable to certify to the statements listed in Section (1) in this certification, an explanation shall be attached. The Contractor shall provide immediate written notice if, at any time prior to or during the negotiated contract period, the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by Section (1) of this provision. The knowledge and information of Contractor is not required to exceed that which is normally possessed by a prudent person in

the ordinary course of business dealings.

This certification submitted to the City of Chattanooga is a material representation of fact upon which reliance is placed when entering into a contract agreement. If it is later determined that the Applicant knowingly rendered an erroneous certification, in addition to other remedies available, the City of Chattanooga may terminate, for default, any contracts executed from reliance upon this information.

Signature of Authorized Signing Official/Representative

Date

Printed Name of Signer

Name of Agency

XII. Conflict of Interest Disclosure Form

Conflict of Interest Regulations: U.S. HUD's Conflict of Interest provisions are set forth at 24 CFR 570.611(b) which provide in relevant part that "...no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter..." 24 CFR 570.611(c) describes the persons covered by the above rule as being applicable to "Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer or elected official or appointed official of the recipient, or any designated public agencies, or of subrecipients that are receiving funds under this part."

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term "Conflict of Interest" refers to situations in which financial or other personal considerations may compromise or have the appearance of compromising professional judgment in following the rules and regulation of the program. Please mark the appropriate box for each question and complete the attachment, if indicated. This form (with Attachment, if required) must be completed and returned with your application.

Agency Name:

Funding Source:

Agency Address:

City, State, ZIP:

Project Name:

A. Family Relationships:

Does any employee, board member or person (as described above) in your agency have a family member directly or indirectly involved or employed with the Department of Economic Development and/or City of Chattanooga that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

B. Program Relationships:

Does any employee, board member or person (as described above) in your agency serve or is appointed in a Department of Economic Development and/or City of Chattanooga Board/Committee have or may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does an employee of the Department of Economic Development and/or City of Chattanooga serve in the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Does any elected official of the City of Chattanooga serve in the agency's Board of Directors, which may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

Is any employee, board member and/or person (as described above) in your agency involved in any other activity, directly or indirectly, with the Department of Economic Development and/or City of Chattanooga that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

C. Business Relationships

Is any employee, board member or person in your agency or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with the Department of Economic Development and/or City of Chattanooga to provide goods or services, sponsor development activities and/or receive referrals from the Department of Economic Development and/or City of Chattanooga?

Yes No (If YES, please complete Part A of the Conflict of Interest Disclosure Form Attachment)

I have read and understand the Conflict of Interest Disclosure Form. I have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the Department of Economic Development and/or City of Chattanooga to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document. If U.S. HUD determines that a conflict of interest exists, this contract may be terminated and you may be required to return any and all funding allocated, whether used or not used.

Print Name: _____ **Date:** _ _____

Signature: _____

Conflict of Interest Disclosure Form Attachment

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered **NO to ALL the questions, you may discard this attachment.**

Agency Name:

Funding Source:

Agency Address:

City, State, ZIP:

Project Name:

Name of Person Involved	Describe Nature of Conflict – Actual, Potential, or Perceived. Please provide as much relevant information as possible.

Print Name (Executive Director):

Date: ____ _____

Signature