

Public Services Application

Organization Name: _____

Unique Entity Identifier (UEI from sam.gov): _____

Organization Address: _____

City, State, and ZIP: _____

Contact Person: _____

Phone Number with Area Code: _____

Email: _____

Activity Name: _____

Activity Address: _____

City, State, and ZIP: _____

CDBG Amount Requested: _____

Brief Activity Description: _____

1. Type of Activity: Check all that apply

☐ Construction

☐ Program

☐ Program Operating Funds

☐ Program Administrative Fund

2. Organization's Funding History: Select below if you have received CDBG funds from the City of Rome before.

☐ New/Never Funded

☐ Ongoing/Previously Funded – Number of Years Funded: _____

3. National Objective: To be eligible for CDBG funding, all activities must meet at least one of the following National Objectives (§570.200(a)(2)). You must check **EITHER A or B, not both.**

A. ☐ **Benefit to Persons of Low-/Moderate-Income** (§570.208(a)). Check only one of the following four subcategories:

☐ **Area Basis LMA:** The activity will benefit residents within a distinct area, such as a particular street or neighborhood, in which at least 51% of residents are considered low/mod using HUD Census data.

- ☐ **Limited Clientele LMC:** The activity will benefit people which are at least 51% low/mod, generally not attributed to a specific area.
- ☐ **Housing Activities LMH:** The activity will result in the provision of more or improved housing for residents who are low/mod.
- ☐ **Job Creation/Retention LMJ:** The activity will result in the creation or retention of job opportunities made available to people who are low/mod.

B. Elimination of Slums & Blight (§570.200(b)). Check only one of the two following subcategories:

- ☐ **Area Basis SBA:** The activity will eliminate blighting conditions across a larger geographic area.
- ☐ **Spot Basis SBS:** The activity will eliminate blighting conditions in a single location.

4. Program Accomplishment Forecast

Total number of unduplicated persons to be served:	<i>Line 1</i>
Total number of unduplicated low/mod income persons to be served:	<i>Line 2</i>
Estimated % of low/mod income persons to be served: <i>Divide line 2 by line 1 and multiply by 100</i>	

HUD Fiscal Year [FY] 2026 Low Income Limits for the Utica-Rome MSA by family size:

FY 2026 Limits	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Low Income*	54,800	62,650	70,500	78,300	84,550	90,850	97,100	103,400

*Low income is defined as 80% of the Median Family Income (MFI) for the Utica-Rome Metropolitan Statistical Area [MSA]: \$98,500.

5. Are at least 51% of the clients that you intend to serve with this activity considered to be low-income, based on the chart above? ☐ Yes ☐ No

6. By what standard will income eligibility of the beneficiaries be measured? Select one.

- ☐ Income Certification Form ☐ US Census Data
- ☐ Elderly 55+ (presumed benefit) ☐ Disabled (presumed benefit)
- ☐ Homeless (presumed benefit) ☐ Other: _____

Request for Application Checklist

To be considered for funding, **each proposal must include** the following completed checklist and accompanying documents. Please check off all items that have been included in your submission. If an item is not applicable, indicate “N/A” next to the corresponding item.

- ☐ Proposal Checklist
- ☐ RFP Application Form
- ☐ Project narrative (5 pages maximum)
- ☐ Project budget form(s)
- ☐ Organization Balance Sheet
- ☐ Activity Staffing Plan
- ☐ Organizational Articles of Incorporation
- ☐ Organizational IRS tax status letter
- ☐ Proof of 501(c)(3) tax-exempt IRS status (applicants must be a legally constituted non-profit organization or government entity)
- ☐ Organizational by-laws
- ☐ Organizational chart
- ☐ Organization’s latest fiscal audit and 990
- ☐ Résumé of organization’s qualified fiscal officer /bookkeeper (preferably certified by AICPA)
- ☐ Conflict of Interest questionnaire
- ☐ Federal Provisions Certification

Application Narrative

Your proposal must include a separate narrative which addresses the items listed below. Narratives may not exceed five (5) one-sided pages. Each page must have a minimum of 1" margins, using a standard font (such as Times New Roman) with a minimum font size of 12.

Proposals that do not adhere to these requirements will not be considered for funding.

1. **Activity Description:** Provide a detailed description of the proposed activity to be funded, clearly specifying the location of the activity and the clientele to be served by age, sex, race, or other distinguishing demographic characteristic.
2. **Activity Problem & Need Statement:** Describe the community need being addressed by the activity, including a description of the problem/need to be addressed by the activity and the manner by which the problem/need was identified. Also include if this activity is the only local activity to address this problem/need, or how it varies from other local activities addressing this problem/need.
3. **Activity Goals:** Describe, in detail, the anticipated goals of this proposed activity.
4. **National Objective Documentation:** Describe, in detail, which National Objective your program is best suited for, and how you will document this National Objective. An example would be an activity in the school district using the school's free or reduced lunch data to verify that each student in the program meets the low- to moderate-income national objective. For LMI, *each individual needs to be income qualified*. If more than 51% of program is low/mod individuals, then the activity is compliant.
5. **Activity Objectives & Outcomes:** HUD has prescribed specific objectives and outcomes to be used for CDBG-funded activities in order to standardize achievements at the local, state, and national level. Please evaluate and describe your proposed activity according to the following definitions. Identify which objective your activity will address, then identify the proposed outcome that your activity will achieve. Please choose the single best objective and outcome. Bear in mind that, if funded, your information will be utilized in preparation of the next Consolidated Annual Performance Evaluation Report [CAPER] and your accomplishments are required to be included in the quarterly and year-end progress reports to HUD.

a. Objectives

- i. Suitable Living Environment: Includes activities that benefit communities, families, or individuals by addressing issues in their living environment such as public services, emergency essential services, capital improvements, neighborhood revitalization, etc.
- ii. Decent Affordable Housing: Includes the wide range of housing programs possible under HOME, CDBG, or ESG where the purpose of

the program is to meet individual family or community needs and not programs where housing is an element of a larger effort (which would be classified as Suitable Living Environment, above).

- iii. Creating Economic Opportunities: Includes activities related to economic development, commercial revitalization, or job creation.

b. Outcomes

- i. Availability/Accessibility: Activities that make services, infrastructure, housing, or shelter available or accessible to low-income people, including persons with disabilities. Accessibility includes making the basics of daily living available and accessible to low-income people.
 - ii. Affordability: Activities that provide affordability in a variety of ways in the lives of low-income people; includes the creation or maintenance of affordable housing, basing infrastructure, or services such as transportation or daycare.
 - iii. Sustainability: Projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.
6. **Activity Justification**: If the proposed activity has been funded in previous years, include an explanation of the reasons supporting why continued funding is required.
 7. **Self-Sufficiency**: Describe the manner by which your organization plans to make this activity self-sufficient. Include identification of alternate funding sources or possibility of partnering with other community organizations. If there is no plan to make the activity self-sufficient, explain why, as CDBG funds are not promised every year.
 8. **Organization Description**: List all board members for the organization (voting and ex-officio) and proposed oversight/management personnel (do not include program staffing, as that is required in the Staffing Plan). Identify any potential conflicts of interest. Finally, describe your organization's current ability and qualifications to carry out the proposed activities.
 9. **Contingency Plan**: In the event that CDBG funds are not granted for this proposed activity, in whole or in part, or other monies anticipated to fund this activity are not received, describe the actions to be taken by your organization.
 10. **Activity Budget**: Provide additional details on the anticipated budget (specifically the CDBG funds requested) for the proposed activity. This narrative should coincide with the budget detail forms. Note that there are two (2) budget detail forms, Program and Construction. Please use the form(s) appropriate to the activity—some

activities may require both forms.

11. **Activity Schedule of Work:** Provide an estimated project schedule from start to finish, specifically related to the CDBG funding use.
12. **Activity Staffing Detail:** Provide any additional information regarding the experience of staff to deliver the proposed program.

Budget Forms and Instructions

There are two budget forms—Program & Construction. Make sure to fill out the form(s) appropriate to your activity!

1. Begin by entering the TOTAL ITEM COST for each of the line items listed on the left side of the budget sheet.
2. Next, complete the green highlighted ITEM COST BREAKDOWN section. Each amount shown in the Total Item Cost section must be broken down to represent the source of the funding. Example: If the total Personnel Salary Costs are \$1,000 and your organization is paying 50%, a grant is covering another 25%, and you are seeking CDBG funds to cover the remaining 25%, you'd enter \$500 under Organization Item Amount, \$250 under Leveraged Item Amount, and \$250 under CDBG Funding Requested, all of which would total the \$1,000 line item. **You must do this for all line items.**
3. You must then identify all LEVERAGED FUND SOURCES. It's important that the Sources correspond to the Line Item listed—don't just make a list of leveraged fund sources. If you are leveraging funds for Personnel Fringe and Rent/Utilities, you must list those sources and status in the corresponding row(s).
4. List the LEVERAGED FUNDS CURRENT STATUS in the final column. There are 5 statuses to choose from, defined as follows:
 1. **Anticipated:** Your organization has some reasonable assurance that the funds will be received shortly.
 2. **Committed:** Your organization has received a firm commitment from the source of said funds for the utilization of those funds for the intended purpose.
 3. **In-Hand:** Your organization has actually received said funds and has ready access to those funds at the time you are submitting this proposal.
 4. **Donated:** Your organization will be utilizing donated materials, services, time, or labor.
 5. **Requested:** Your organization has submitted a request (e.g., a grant application) for said funding, but has not received any indication of the likelihood of receiving said funds.
5. Make sure to total everything in the final row, labelled TOTAL COST. **Please note:** Construction budgets should include the CONTINGENCY line item, which should be expressed as a percentage of the project SUBTOTAL, which is then added to the project cost. The resulting sum is the TOTAL COST of the project. It's typical for contingency percentages to be between 10% and 15%, as industry standard practice. In some instances, the contingency percentage could be higher.

PROGRAM LINE ITEMS	TOTAL ITEM COST	ITEM COST BREAKDOWN			LEVERAGED FUNDS SOURCES		LEVERAGED FUNDS CURRENT STATUS
		ORGANIZATION ITEM AMOUNT	LEVERAGED ITEM AMOUNT	CDBG FUNDING REQUESTED			
PERSONNEL SALARY					1		
					2		
					3		
PERSONNEL FRINGE					1		
					2		
					3		
ADVERTISING					1		
					2		
					3		
SUPPLIES					1		
					2		
					3		
RENT/UTILITIES					1		
					2		
					3		
INCIDENTALS (COPIES, PHONES, ETC.)					1		
					2		
					3		
OTHER (SPECIFY):					1		
					2		
					3		
TOTAL COST					<i>Hint: Your listed Leveraged Funds Source should correspond to the line item in orange.</i>		<i>Choose from: Anticipated, Committed, In-Hand, Donated, or Requested</i>

CONSTRUCTION ITEMS	TOTAL ITEM COST	ITEM COST BREAKDOWN			LEVERAGED FUNDS SOURCES		LEVERAGED FUNDS CURRENT STATUS
		ORGANIZATION ITEM AMOUNT	LEVERAGED ITEM AMOUNT	CDBG FUNDING REQUESTED			
ADMINISTRATIVE EXPENSE					1		
					2		
					3		
ARCHITECTURAL FEES					1		
					2		
					3		
ENGINEERING FEES					1		
					2		
					3		
INSPECTION FEES					1		
					2		
					3		
LAND DEVELOPMENT EXPENSES					1		
					2		
					3		
DEMOLITION & DISPOSAL EXPENSES					1		
					2		
					3		
CONSTRUCTION & REHABILITATION EXPENSES					1		
					2		
					3		
SUBTOTAL					<i>Hint: Your listed Leveraged Funds Sources should correspond to the line item in orange.</i>		Choose from: Anticipated, Committed, In-Hand, Donated, or Requested
CONTINGENCY ()%							
TOTAL COST							

Agency/Organization Balance Sheet

ASSETS		
CURRENT ASSETS		
	Cash – Checking Accounts	\$
	Cash – Savings Accounts	\$
	Accounts Receivable	\$
	Securities	\$
	Other:	\$
FIXED ASSETS		
	Land, Buildings, & Equipment	\$
	Endowments	\$
	Trusts	\$
	Other:	\$
TOTAL ASSETS		\$

LIABILITIES		
CURRENT LIABILITIES		
	Accounts Payable	\$
	Notes Payable	\$
	Other:	\$
LONG-TERM LIABILITIES		
	Mortgage Payable	\$
	Other	\$
TOTAL LIABILITIES		\$

FUND BALANCE <i>(Total Assets – Total Liabilities)</i>	\$
--	----

All submissions must include a current Agency/Organization Balance Sheet!

Conflict of Interest Questionnaire

Federal, State, and City Law prohibits employees and public officials of the City of Rome, NY and its sub-recipients from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for City funds. The purpose of this questionnaire is to determine if the applicant, or any member of the applicant's staff or Board of Directors, would be in Conflict of Interest.

- Are there any members of the applicant's (sub-recipient's) staff, or any member of the applicant's board of directors/other governing body, who currently is/are, or has/have been, within one year of this questionnaire: a) a city employee; b) a member of the City Counsel; or c) an elected official of the local, state, or federal government?

☐ YES (if yes, please list names below) ☐ NO

NAME	POSITION	AFFILIATION WITH CITY

- Will the City funds requested by the applicant (sub-recipient) be used to award a subcontract to any individual(s) or business affiliates who is/are currently has/have been, within one year of the date of this questionnaire, a city employee, consultant, elected official, or member of the City Council?

☐ YES (if yes, please list names below) ☐ NO

NAME	POSITION	AFFILIATION WITH CITY

- Are there any members of the applicant's (sub-recipient's) staff, or members of the applicant's (sub-recipient's) board of directors or other governing body, who is/are

business partners or family members of a city employee, consultant, elected official, or a member of the City Council?

☐ YES (if yes, please list names below) ☐ NO

NAME	POSITION	AFFILIATION WITH CITY

If you have answered YES to any questions listed on this Conflict of Interest form, the City's Community Development staff, along with the Mayor and legal counsel, will need to determine whether a real or apparent conflict of interest exists.

Name of Organization:	
Signature of Authorized Representative:	
Print Name & Title of Authorized Representative:	
Date:	



City of Rome CDBG Staffing Plan		
Activity Name:		Report Includes Prime Contractor/Subcontractors: ☐ Workforce to be utilized on this contract ☐ Total Workforce ☐ Prime Contractor ☐ Subcontractor Subcontractor names:
Project Location:		
Organization Name:		
Organization Address:		
Email:		
Telephone:		

Enter the total number of employees for each classification in each of the EEO Job Categories identified in the chart below.

EEO Job Category	Total Workforce	Workforce by Gender		Workforce by Race/Ethnic Identification										Other Characteristics			
				White		Black		Hispanic		Asian		Native American		Disabled		Veteran	
		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary/Apprentices																	
TOTALS																	

Prepared by Name: _____ Title: _____

Signature: _____ Date: _____

General Instructions: All Contractors and each subcontractor identified in the bid or proposal must complete a Staffing Plan and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the project can be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form only for the anticipated work force to be utilized under this proposal. Where the work force to be utilized in the performance of the proposal cannot be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form for the contractor's and/or Subcontractor's total work force.

Instructions:

1. Enter the Contract or Solicitation number that this report applies to along with the name and address of your company or organization.
2. Check off the appropriate box to indicate if the Contractor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Contractor's total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name and contact details of the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION:

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

OTHER CATEGORIES:

- **DISABLED INDIVIDUAL** any person who:
 - has a physical or mental impairment that substantially limits one or more major life activity/activities;
 - has a record of such an impairment; or
 - is regarded as having such an impairment.
- **VETERAN:** anyone who served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable.
- **GENDER** Male or Female

Federal Provisions Certification Form

Certification: I hereby certify that the information contained in this proposal is true to the best of my knowledge. I do hereby agree to comply with all requirements of HUD Regulation 24 CFR 570 and other applicable federal regulations as required as part of this application and the Notification of Available Funding [NOFA], including, but not limited to:

- Insurances
- Financial Management
- Documentation & Recordkeeping
- Reporting & Payments
- Procurement
- Civil Rights
- Affirmative Action
- Employment Restrictions
- Conduct
- Environmental Conditions

Authorized Signature: _____

Date: _____

Printed Name: _____

Title: _____