



THE CITY OF MISHAWAKA  
APPLICATION FOR  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
2027 FUNDING

APPLICATION DEADLINE:  
October 14, 2026  
NO LATER THAN 4:30 P.M

SUMBIT ORIGINAL COPY TO:  
DEPARTMENT OF COMMUNITY  
DEVELOPMENT  
100 Lincolnway West  
MISHAWAKA, IN 46544

Applications are also available online: [www.mishawaka.in.gov](http://www.mishawaka.in.gov)

If technical assistance is needed please contact: Ken Price at (574) 258-1609  
City of Mishawaka, Community Development, 100 Lincolnway West. Mishawaka,  
IN 46544 or email, [kprince@mishawaka.in.gov](mailto:kprince@mishawaka.in.gov).

## ***Background***

The CDBG program works to ensure decent affordable housing, to provide services to the most vulnerable in our communities, and to create jobs through the expansion and retention of businesses. CDBG is an important tool for helping local governments tackle serious challenges facing their communities.

The City of Mishawaka has developed a five-year Consolidated Plan covering the years 2025-2029. Projects must meet one of the following goals of the Mishawaka Consolidated Plan.

1. Homeless Priority- Public Services
  - a. Improve and increase public services through funding to programs that target and serve homeless individuals.
2. Special Needs Priority-1 Public Services
  - a. Improve and increase public service programs for the youth, the elderly, disabled, and target low-income population, including feeding programs and social/welfare programs throughout the City.
3. Housing
  - a. Homeownership Assistance- Promote and assist in developing homeownership opportunities for low and moderate- income persons & families through down payment assistance.
  - b. Affordable Housing- Promote and assist in the development of new affordable housing through renovation of existing units.
  - c. Promote and assist in the preservation of existing owner occupied housing stock thru the Summer of Service Program.
  - d. Promote and assist in making accessibility improvement to owner occupied housing through rehabilitation.
4. Community Development Priority- Improve, preserve and create new public and community facilities, infrastructure, and public services to ensure the quality of life for all residents of the City of Mishawaka.
  - a. Infrastructure- Improve the City's Infrastructure through rehabilitation, reconstruction and new construction of streets, walks, curbs, ADA ramps.
  - b. Clearance-Remove and eliminate slum and blighting conditions through demolition of vacant and abandoned structures throughout the City.
5. Administration, Planning and Management- Provide sound and professional planning, administration, oversight and management of federal, state, and local funded programs.
  - a. Fair Housing-Affirmatively further fair housing by promoting fair housing choice throughout the City of Mishawaka.

### ***Income limits***

CDBG funds must be used for activities that benefit low-and moderate-income persons as defined by the U.S. Department of Housing and Urban Development. A person or household is considered low or moderate-income if the entire household's income is less than 80 percent of the area median income for the area. The income limits set by HUD are listed below.

| FY 2026 CDBG Income Limits (Effective 6-01-26) * |          |          |          |          |
|--------------------------------------------------|----------|----------|----------|----------|
|                                                  | 30% AMI  | 50% AMI  | 60% AMI  | 80% AMI  |
| <b>1-Person Household</b>                        | \$18,550 | \$30,850 | \$37,020 | \$49,350 |
| <b>2-Person Household</b>                        | \$21,200 | \$35,250 | \$42,300 | \$56,400 |
| <b>3-Person Household</b>                        | \$23,850 | \$39,650 | \$47,580 | \$63,450 |
| <b>4-Person Household</b>                        | \$26,450 | \$44,050 | \$52,860 | \$70,500 |
| <b>5-Person Household</b>                        | \$28,600 | \$47,600 | \$57,120 | \$76,150 |
| <b>6-Person Household</b>                        | \$30,700 | \$51,100 | \$61,320 | \$81,800 |
| <b>7-Person Household</b>                        | \$32,800 | \$54,650 | \$65,580 | \$87,450 |
| <b>8-Person Household</b>                        | \$34,950 | \$58,150 | \$69,780 | \$93,100 |

### ***Eligible Activities***

CDBG Funding may be used for a variety of activities and programs to help low and moderate- income individuals, households or areas. Eligible activities include:

- Public Facilities and Improvements
- Code Enforcement
- Architectural Barrier Removal
- Public Services, including youth services, senior services, childcare, operations of homeless shelters, services for persons living with HIV/AIDS and crime prevention.
- Planning
- Housing Services – including down payment assistance, renovation of rental or owner occupied housing.
- Microenterprise Assistance
- Economic Development Assistance
- Façade Improvements for Private Businesses

CDBG sub recipients must comply with the following guidelines where applicable:

- **Davis Bacon Compliance:** All project sponsors receiving federal grants for construction, rehabilitation, brownfields and/or demolition activities must complete a Davis-Bacon Applicability Review.
- **Environmental Reviews:** Before Construction, Demolition, rehabilitation work to be approved, and or funds disbursed for property acquisition and environmental review must be performed on all properties receiving federal funds.
- **Lead-Based Paint:** All projects sponsors' receiving federal assistance for rehabilitation projects must comply with the Lead Based Paint requirements/ regulations.
- **Section 3:** All project Sponsors receiving federal funds for construction related projects such as but not limited to, housing rehabilitation, new construction and public facility improvements must determine Section 3 applicability and reporting requirements and implement regulations under the Housing and Urban Development Act of 1968 as amended, 12 U.S.C. 1701u ("Section 3").

**PLEASE NOTE: Any applications submitted with incomplete or missing information will be returned to the applicant to correct and re-submit.**

All pages of the application and required supplemental materials are to be submitted together. If an item is not applicable, please indicate "N/A."

1. **Project/Program Title:** Fill in project/program title, and applicant organization name and address.  
  
Contact person should be whoever can answer questions about the application. Include a phone number and email address for the contact person. The organization's DUNS and Federal I.D. numbers are required.
2. **Funding Requested:** Fill in the amount of funding requested. Indicate whether the request is for a grant or a loan.
3. **Outcome Performance Measurement:** Check one box under "A. Objectives" and one box under "B. Outcomes" that is most appropriate for the project/program. The Outcome Performance Measurement Statement should describe the need that will be met and the benefits expected from the proposed project/program.
4. **Project/Program Description:**
  - A. Describe the proposed project/program in detail.
  - B. Indicate the geography to be served - be specific with street boundaries and census tract(s).
  - C. Specify the beneficiaries - those who will benefit from the project/program.

- D. State the method that will be used to verify a participant is income eligible for the project/program.
- E. Chronicle from start to finish a projected timetable with actions and dates.
- F. Describe the evaluation method that will document success of the project/program.

**5. Budget:**

- A. Complete the budget form. Fill in amount requested in the 1<sup>st</sup> column on the line(s) most appropriate for the project/program. Other sources and funds should be listed in the next column. Match funds and sources should be listed in the "Proposed Other Funds & Sources" column. The match is expected to be used for the same project for which you are submitting (i.e., do not show match of \$50,000 to hire a staff member if the project is a building rehab).
- B. Show calculation of total project cost per unit IF requesting funding for a housing project
- C. Explain how the project/program will be sustained and whether CDBG funding will be required in the future.
- D. Discuss in detail if combining funds from more than one source for project/program.
- E. Describe previous public funding received for project/program.

**6. Other Information**

- A. Self-explanatory
- B. Applies to rental housing projects only - self-explanatory.
- C. Self-explanatory
- D. Rehabilitation projects/programs must address Title X requirements for Lead Hazard Reduction.
- E. Self-explanatory
- F. Copies of all documents noted are REQUIRED; failure to submit required documents will disqualify the application.

**Certification:** The Certification must be signed by an authorized individual of the organization

**Sub-recipient Pre-Award Assessment: This is required for a new applicant or for applicants that have not received public funding from the City of Mishawaka within the last five (5) years.**

Received By: \_\_\_\_\_

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

**THE CITY OF MISHAWAKA  
APPLICATION FOR 2027 FUNDING  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

**1. PROJECT/PROGRAM TITLE:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**DUNS #** \_\_\_\_\_

**Federal ID #** \_\_\_\_\_

**2. FUNDING REQUESTED**

| Funding Source | Amount | Grant OR Loan |
|----------------|--------|---------------|
| MISHAWAKA CDBG |        |               |

**3. PROGRAM GUIDELINES AND NATIONAL OBJECTIVE:** (select ONE option)

The project will meet the following national objective under the regulations 24 CFR 570.208

☐ LMC (low to moderate income clientele)

☐ LMH (low to moderate income housing)

☐ LMA (low to moderate income area benefit)

☐ LMJ (low to moderate income job creation/retention)

☐ SBS (slum blight spot)

Of the Mishawaka residents served, (☐ 100%/ ☐ 51%) shall meet the criteria for low to moderate income, following the Part 5 definition for calculating household income. (Select ONE option)

Income levels are determined by the size of the household and will be published annually by the U.S. Department of Housing and Urban Development. The City of Mishawaka will provide an update to its forms each year to its recipients with the updated income limits. The program is responsible for utilizing the current version of the City's forms to calculate income.

This program ☐ may or ☐ may not utilize self-certification of income. (Select ONE option)

#### 4. OUTCOME PERFORMANCE MEASUREMENT

Recipients of federal funding are required to assess the outcomes of projects/programs by establishing and tracking measurable goals and objectives. All approved applicants will be required to comply with the Performance Measurement System.

##### A. OBJECTIVES: (Select ONE (1) objective that the proposed project/program meets.)

☐ Creates a suitable living environment

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, child care, literacy or elderly health services.

☐ Decent housing

This objective focuses on housing programs possible under HOME or CDBG 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, since such programs would be more appropriately reported under suitable living environment.

☐ Creates economic opportunities

This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

##### B. OUTCOMES: Select ONE (1) outcome for the proposed activity.

☐ Improve availability/accessibility

This outcome applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/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/moderate income people where they live.

☐ Improve affordability

This outcome applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

☐ Improve sustainability: Promoting Livable or Viable Communities

This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

### **C. OUTCOME PERFORMANCE MEASUREMENT STATEMENT**

What are the measurable objectives of the project? (*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.) Combine the elements from the categories above to summarize why the proposed project/program is needed and what outcomes will be achieved from the proposed project/program. Outcomes are the changes expected to occur in clients' lives and/or the community as a result of the proposed project/program. A complete statement includes output (quantified) + outcome (from categories above).*

*Examples: 52 households will have new access to public sewer for the purpose of creating a suitable living environment; 7 households will have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing.*

### **5. PROJECT/PROGRAM DESCRIPTION:**

**Describe the project/program. Some examples of questions to answer in the description should include:**

- **Is this project/program a continuation of an existing program?**
- **Will the project be completed in multiple phases? If so, which phase are you requesting funding for?**
- **What type of demand do you have for your program or project?**
- **If applicable, please include exact street address where activity will take place. (For Example: address for rehab of public facility).**

**Service Area:** Describe the boundaries of where the service will be provided for Mishawaka, using street boundaries, census tract(s), block group(s) if applicable and any other descriptive explanation. Attach a map of the service area as Appendix A.

Describe the population the project/program proposes to serve. Include how your organization will market to the targeted population.

Describe the need in the community will your project address? Include data by race, income level, gender, age, etc. Note the source of the data.

Will your project serve any special needs populations? Special Needs populations are defined by HUD as senior citizens, persons living with disabilities, homeless individuals or victims of domestic violence.

What is the estimated completion deadline for your project? Detail the chronological order of the major phases of your project / program. Include expected start date and end date. Though this is only a projection, be as accurate as possible. If acquisition is a part of your proposed project, discuss status of acquisition (i.e., owner has been contacted, owner has offered property to agency, etc.) Additional information may be required.

How will you know if your project is successful? Briefly describe your method for evaluating (Measuring) the success of your project.

Describe the community support for your program? Attach no more than 5 letters of support as Appendix B.

**6. BUDGET: List *ALL* anticipated sources and *ALL* uses of funds, rounded to the dollar.**

| A. BUDGET SUMMARY                                           |                              |                                                                      |       |
|-------------------------------------------------------------|------------------------------|----------------------------------------------------------------------|-------|
| COST CATEGORY                                               | CDBG or HOME Funds Requested | Proposed Other Funds & Source of Funds (name each source and amount) | TOTAL |
| Acquisition of Real Property                                |                              |                                                                      |       |
| Demolition                                                  |                              |                                                                      |       |
| Relocation                                                  |                              |                                                                      |       |
| Rehab                                                       |                              |                                                                      |       |
| Lead-based Paint: Evaluation/Reduction                      |                              |                                                                      |       |
| Architectural/Engineering                                   |                              |                                                                      |       |
| Homeownership Assistance                                    |                              |                                                                      |       |
| Public Facilities: Construction or Rehab                    |                              |                                                                      |       |
| Public Works (curbs, sidewalks, etc.)                       |                              |                                                                      |       |
| Technical Assist to Nonprofits                              |                              |                                                                      |       |
| Admin/Planning                                              |                              |                                                                      |       |
| Developer Fee                                               |                              |                                                                      |       |
| Public Services: Salaries/Fringes                           |                              |                                                                      |       |
| Public Services: Other- list specific activities/line items |                              |                                                                      |       |
|                                                             |                              |                                                                      |       |
| <b>TOTAL PROJECT COST (TPC)</b>                             |                              |                                                                      |       |
| <b>% of TPC funded by CDBG</b>                              |                              |                                                                      |       |

**B. For Housing Projects only shows calculation of total project cost per unit.**

### C. Long Term Funding Needs

1. What are the long term funding needs of this project/program? Is it expected that CDBG funding will be needed/requested in future years? Explain.

2. Has the applicant organization applied for funding from other sources for this project/program?

If yes, list to whom, dollar amount of request and status.

| Source | Amount | Yet to Apply             | Approved                 | Pending                  | Denied                   |
|--------|--------|--------------------------|--------------------------|--------------------------|--------------------------|
|        |        | <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"/> | <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"/> |

If no, explain why other funding sources have not been sought.

- D. **Subsidy Layering.** Explain if a combination of HOME, CDBG or other federal tax credits (LIHTC) funds will be used to develop the project. Make sure this information is included in the budget summary in Section 5A. Please discuss anticipated mortgage subsidies when rehabbed homes

are sold.

**E. Public Funding History**

Has the applicant organization received CDBG funding from Mishawaka in prior years? If so, please provide the following information for the past three (3) funding years.

| Funder/Year /Project/Program Name | Grant Amount | Amount Spent | Balance |
|-----------------------------------|--------------|--------------|---------|
|                                   |              |              |         |
|                                   |              |              |         |
|                                   |              |              |         |
|                                   |              |              |         |

**F.** List any monitoring findings found by the City of Mishawaka and how those issues were resolved. If no monitoring issues were found, please respond with an N/A.

**G.** Attach a copy of your most recent certified audit.

**7. OTHER INFORMATION**

**Displacement Activities:** Check all items involved in the proposed project.

- |                                                                                      |                                                               |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Real property acquisition                                   | <input type="checkbox"/> Permanent relocation of tenants      |
| <input type="checkbox"/> Rehab of residential or commercial structures to other uses | <input type="checkbox"/> Conversion of residential structures |
| <input type="checkbox"/> Demolition of residential or commercial structures          | <input type="checkbox"/> Temporary relocation of tenants      |

**Rental housing projects only:** Please attach a 15 year pro forma for the project, including: sources and uses of funds as outlined earlier; projected rents for all units, as well as anticipated increases; vacancy rate; annual operating expenses, as well as anticipated increases; debt service requirements for all loans; annual cash flow; annual cash and tax benefits to owner; etc. If the project is not yet specific to a particular property, identify the maximum/minimum parameters which would have to be met before individual properties would be approved.

### **Americans with Disabilities Act (ADA)**

1. If your project involves rehabilitating, renovating, converting or constructing a structure for any public use, is or will that structure be readily accessible to, and usable by, individuals with disabilities as required by the ADA?

☐ Yes ☐ No ☐ N/A

2. Similarly for agencies providing a public service: is the building where the service is provided readily accessible to and usable by individuals with disabilities?

☐ Yes ☐ No ☐ N/A

3. If the answer is "No" for either 1 or 2, what plan have you developed for handling situations where a client or employee with disabilities is involved?

### **Title X Requirements for Rehabilitation and Lead Hazard Reduction**

List abatement procedures/risk assessment/work practice standards in place to comply with lead based paint reduction requirements:

### **H. Minority and Women Businesses / Section 3 Resident and Business Concern**

Describe the process to be used to encourage minority and women owned businesses (M/WBE) and Section 3 residents and business concerns to submit bids if the project/program includes construction or rehabilitation work (residential, commercial, or infrastructure). M/WBE information is available online at [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe). Section 3 information can be searched at HUD.gov.

## **I. Required Attachments**

Map of the service area for the program/project  
Current list of **Board of Directors**;  
Copy of the **IRS 501 (c ) (3) designation letter**  
Copy of **most recent audit or financial statement**

If your organization does not have an audit or financial statement, please explain why.

**The City, as administrator of the CDBG Program, complies with equal opportunity requirements which provide that no person in the U.S. shall on the ground of race, creed, color, national origin, sex, age, religion, handicap, or familial status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS:**

A person who is debarred or suspended shall be excluded from Federal financial and nonfinancial assistance and benefits under Federal programs and activities. The undersigned representative of the Agency certifies, to the best of his or her knowledge and belief, that:

- a.** Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract; and
- b.** It will include the following clause without modification, in all proposals, agreements, contracts, proposals, or other lower tier covered transactions:

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

**Lower Tier Covered Transaction**

**(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.**

**(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.**

CERTIFYING AGENCY REPRESENTATIVE:

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

(Print name)

\_\_\_\_\_

(Signature)

Title:

Date:

## **Drug Free Workplace Certification**

No award of a contract or grant shall be made and no contract, purchase order or agreement, shall be valid unless and until this certification as been fully executed by the Grantee. False certification or violation of the certification may result in sanctions, including but not limited to, suspension of contract payments, termination of the contract payments, termination of the contract agreement and or debarment of contracting opportunities with the City of Mishawaka up to three (3) years.

The Grantee certifies and agrees that it will provide a drug-free workplace by:

- 1 Publish and give a policy statement to all covered employees informing them that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the covered workplace and specifying the actions that will be taken against employees who violate the policy.
- 2 Establish a drug-free awareness program to make employees aware of a) the dangers of drug abuse in the workplace; b) the policy of maintaining a drug-free workplace; c) any available drug counseling, rehabilitation, and employee assistance programs; and d) the penalties that may be imposed upon employees for drug abuse violations.
- 3 Notify employees that as a condition of employment on a Federal contract or grant, the employee must a) abide by the terms of the policy statement; and b) notify the employer, within five calendar days, if he or she is convicted of a criminal drug violation in the workplace.
- 4 Notify the contracting or granting agency within 10 days after receiving notice that a covered employee has been convicted of a criminal drug violation in the workplace.
- 5 Impose a penalty on—or require satisfactory participation in a drug abuse assistance or rehabilitation program by—any employee who is convicted of a reportable workplace drug conviction.
- 6 Make an ongoing, good faith effort to maintain a drug-free workplace by meeting the requirements of the Act.

The undersigned affirms, under penalties of perjury, that he or she is authorized to execute this certification on behalf of the designated organization.

Name of Organization: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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

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

## **Local Displacement Plan**

For: \_\_\_\_\_, "the Applicant"

1. The Applicant will consider for submission to the City of Mishawaka, under its CDBG program, only developments and activities with will result in the displacement of as a few persons or businesses as necessary to meet local development goals and objectives.
2. The Applicant will certify the City of Mishawaka, as part of its application process, that it is seeking funds for a development or activity that will minimize displacement.
3. The Applicant will provide referral and reasonable moving assistance, both in terms of staff time and dollars, to all persons involuntarily and permanently displaced by any project or activity funded with CDBG funds.
4. All persons or businesses directly displaced by the Applicant, as a result of the project or activity funded with CDBG funds will receive all assistance and Real Property Acquisition Policies Act of 1970, as amended, including provisions of the Uniform Relocation Act Amendments of 1987, Title IV of the Surface Transportation and Uniform Relocation Assistance Act of 1987.

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

Printed Name and Title: \_\_\_\_\_

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

## **Sub-recipient Pre-Award Assessment Section**

(For new applicants or applicants not funded within the last five years.)

This section of the application must be completed in order to assess the capabilities of prospective sub-recipients prior to awarding Grant Funds, as well as a beginning point for identifying training and technical assistance requirements.

The City of Mishawaka reserves the right to request additional documentation to address any issues or concerns with an applicant's status in the following areas.

### **A. Capacity:**

1. What services/activities is the applicant organization currently providing to what type of clientele?
  
  
  
  
  
  
  
  
  
  
2. Describe the applicant organization's current capacity and staff qualifications in carrying out the proposed activity.
  
  
  
  
  
  
  
  
  
  
3. Describe the applicant organization's administrative systems including but not limited to the following list. Check each item that exists within your organization's capacity.

- ☐ Audit System
- ☐ Record Keeping Systems
- ☐ Procurement System – Are formal written procedures in place?

(For construction projects only.)

- ☐ Staff Time/Cost Tracking
- ☐ Client eligibility and demographic data collection and reporting
- ☐ Conflict of interest policies
- ☐ Formal Personnel System – Are written procedures in place?
- ☐ Fund Raising/Development
- ☐ Revenue Generation

4. If any gaps exist in the applicant organization's administrative systems, how will they be addressed?

**B. Experience**

1. Has the applicant organization ever conducted this type of activity before?  
☐ yes ☐ no If "yes", explain.
2. Describe the applicant organization's experience with CDBG or other Federal grant programs.
3. Is the applicant organization working with other organizations/agencies that perform similar services? If "yes", identify those organizations/agencies.  
☐ yes ☐ no

**CHECK APPROPRIATE ITEM:**

- ☐ Applicant organization currently serves clients.
- ☐ Proposed activity is new and currently does not serve clients.

**NATURE OF PROBLEM / REMEDY:** If the project/program proposed is to remedy a problem, provide a detailed description of the nature of the problem and indicate how the proposed work will correct the situation.

**CONSTRUCTION PROJECT INFORMATION**

Describe the applicant organization's familiarity with Davis-Bacon prevailing wage requirements (Labor Standards Provisions for other than home rehab construction projects)

Describe the applicant organization's familiarity with oversight of construction projects.

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