



FY 2026 Public Service Application Community Development Block Grant Program

Department of Planning and Development
Division of Community Development

Organization and Contact Information

Date:

Organization Name:

EIN:

UEI:

Website:

Physical Address:

Organization Director/President Name:

Phone Number:

E-mail Address:

Application Contact Name:

Phone Number:

E-mail Address:

Project Summary

Activity Name:

Address or Location where the Activity will take place:

Will any access fees be charged (i.e. membership, entrance or parking fees, etc.)?

☐ Yes ☐ No

If yes, please explain: _____

Please indicate one of the following: ☐ New Applicant ☐ Returning Applicant

Please indicate one of the following: ☐ Internal City Department ☐ Nonprofit Organization

Please check one of the following statements based on your request for CDBG funding:

- ☐ This is a new Activity.
- ☐ This is an existing Activity that is being expanded.
- ☐ This is an existing Activity that is not being expanded. The Activity has existed since _____.

Total Activity Cost:

CDBG Funding Requested:



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Section 1 – Activity Description

Question 1 – Activity Summary: Please describe what the activity is, where it is located, and why it is needed. Include what outcome(s) are expected of the Activity and how those outcomes will be measured (specific metrics, statistics, surveys, etc.). Applications will explain how the proposed Activity and Organization's Mission fits strategically within the City of Euclid's 2025 - 2029 CDBG 5-year Consolidated Plan and the 2018 City of Euclid Master Plan, (links to both provided in the PY 2026 CDBG Applicant Guidebook). Please also see the highlighted programs mentioned in the PY 2026 Guidebook.

Question 2 – Staffing and Capacity: Discuss staffing and administrative needs ensuring the Activity will be successful and how needs will be met. If previously funded by the City of Euclid, detail how CDBG funds will be used to **Support a New Activity** or **Expand an Existing Activity**.



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Section 2 – Activity Impact

Question 1 – Impact Summary: Please describe who will be served and how many people will be served. If the Activity is not located in the City of Euclid, describe how you will service Euclid residents. If the Activity is existing, describe how many Euclid residents are being served, and are benefiting currently. How will the metrics described in Section 1, Question 1 measure the Activity's impact?

Question 2 – Income Verification and Compliance: Describe how low- and moderate-income persons benefit directly from the Activity, how client residency will be verified, and how CDBG income guidelines will be verified, if applicable.

Question 3 - Marketing: How will you market this Activity to Euclid residents?



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Section 3 – Activity Implementation Schedule

Question 1 – Timeline of Activities: Please provide a schedule outlining the timeline of when administrative and contractual activities, if applicable, will occur from inception to competition. Strong applications will demonstrate that milestones are realistic. *Remember that this activity must be complete within one (1) year.*

Question 2 – Funding and Contributions Timeline: Provide the timing and amount of other funding or in-kind contributions. Strong applications will demonstrate that milestones are financially feasible.



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Section 4 – Financial Information and Activity Budget

FISCAL SPONSOR INFORMATION (if applicable)

A fiscal sponsor is required for any organization that is not registered as a non-profit 501(c)(3) organization at the local, state, and federal level. If using a fiscal sponsor, please have them complete the questions above.

Organization Name:

EIN:

UEI:

Website:

Physical Address:

Organization Director/President Name:

Phone Number:

E-mail Address:

APPLICANT/FISCAL SPONSOR INFORMATION

Organization Filing Structure (please check one):

☐ 990 ☐ 990-EZ ☐ 990-N ☐ Other Tax Exemption

Has your organization expended \$1,000,000 or more in total federal financial assistance in one year:

☐ Yes* ☐ No**

*If yes, when was the most recent independent audit completed? _____

Please include a copy of the most recent independent audit with this application.

**If no, your organization is exempt from federal audit requirements; however, your records must still be available for review by the City of Euclid, U.S. Department of Housing and Urban Development (HUD), the Office of Inspector General (OIG) for HUD, and the Government Accountability Office (GAO).



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Has your organization received CDBG funding from the City of Euclid previously?

☐ Yes* ☐ No

*If yes, please explain:

Has your organization received CDBG funding from another local government organization, such as a city outside of Euclid or a County government previously?

☐ Yes* ☐ No

*If yes, please provide the source, award amount(s) and the program that was funded:

If you were awarded CDBG funding from the City of Euclid within the last two years, did you successfully complete and implement the program?

☐ Yes ☐ No*

*If no, please explain:

What is your organization's background and/or program experience with CDBG or other activities supported by, or fully funded by federal, state, or local government grants?



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Does any City of Euclid employee perform paid work within the organization?

☐ Yes* ☐ No

*If yes, will the employees be paid from the CDBG grant?

☐ Yes ☐ No

Does any City of Euclid employee perform unpaid work within the organization?

☐ Yes ☐ No

Does any employee, board member, officer, agent, or consultant involved with your organization have a relationship with a City of Euclid employee?

☐ Yes* ☐ No

*If yes, please explain:



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ACTIVITY BUDGET

Include in the table below a breakdown of the proposed Activity's costs. In column B, include the total proposed cost for each Expense Category. In columns C, D, and E, break the total cost in column B down by source of funding. Row 2 provides an example. In row 10, provide the total for each column.

Costs incurred prior to the execution of a Subrecipient Agreement with the City of Euclid are ineligible.

	A	B	C	D	E
1	<u>Expense Category</u>	<u>Total Expense</u>	<u>Amount Requested from CDBG Public Service</u>	<u>Amount Requested from Other Sources</u>	<u>Amount Contributed by Applicant</u>
2	<i>Example</i>	<i>\$2,000.00</i>	<i>\$1,000.00</i>	<i>\$500.00</i>	<i>\$500.00</i>
3	PERSONNEL				
4	FRINGE BENEFITS				
5	TRAVEL				
6	EQUIPMENT*				
7	OVERHEAD				
8	CONTRACTUAL*				
9	OTHER				
10	TOTAL BUDGET				

*At least three (3) quotes must be submitted to the City of Euclid for review prior to contract execution, if awarded.



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APPLICATION CHECKLIST

	Completed Application
	Required Supplemental Documentation: <ul style="list-style-type: none"> • Articles of Incorporation and By-Laws* • List of Board Members and Organizational Chart* • Operational Agreement or Resolution* • IRS Filing* • W-9* • Latest 990 (or supplemental financial documents)*
	Additional Supplemental Documentation (include if applicable): <ul style="list-style-type: none"> • Most Recent Financial and/or Compliance Audit <i>(if applicable)*</i> • Commitment Letters for Additional Sources of Funding <i>(if applicable)</i> • Supplemental documentation and data related to the application and Activity

****If your organization is using a fiscal sponsor, we will need these documents from them as well.***



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I/We have read and fully understand the qualifications and requirements delineated in this proposal and application. All information submitted as part of this application for funding is correct and current. I/We understand that any willful misrepresentation on this application or any of the attachments thereto could result in immediate termination of any subrecipient agreement, repayment of CDBG funds dispersed, fines, and/or imprisonment under provisions of the United States Criminal Code.

I/We understand that CDBG funds are paid on a reimbursement basis. The City of Euclid will not advance CDBG funds to Subrecipients nor purchase equipment, supplies, or any other materials on behalf of Subrecipients under any circumstances. I/We understand that it is the organization's responsibility to supply the capital to meet initial purchases and expenses.

I/We understand that the City of Euclid will not process any reimbursements if all necessary information, including but not limited to demographics, wage logs, and accomplishment data, is not provided with the invoice. I/We understand that failure to provide necessary information will further delay reimbursement.

I/We understand that no employee, board member, officer, agent, consultant, Subrecipient which are receiving funds under a CDBG assisted program who have responsibilities with respect to the CDBG activities or who participate in decision making process or have access to inside information with regard to activities cannot obtain a personal or financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). The City cannot reimburse for any payroll for board members of the agency.

Organization Director Signature

Date

Organization Director Printed Name

Fiscal Sponsor Signature (if applicable)

Date

Fiscal Sponsor Printed Name