City of DeKalb
Community Development Block Grant (CDBG)

Application for Public Services Funding
Exhibit A

1. AGENCY NAME:_____
2. ADDRESS:_____
3. TELEPHONE #:_____
4. EXECUTIVE DIRECTOR:_____
5. NAME OF INDIVIDUAL COMPLETING APPLICATION:_____
6. (a) TOTAL AGENCY BUDGET:_____

   (b) AMOUNT OF CDBG FUNDS REQUESTED:_____

   (c) % OF TOTAL AGENCY BUDGET: _____

   (d) TOTAL PROGRAM BUDGET: _____

   (e) % OF TOTAL PROGAM COST YOU ARE REQUESTING: _____
7. (a) TOTAL # OF CLIENTS TO BE SERVED (BY INDIVIDUAL OR HOUSEHOLD – PLEASE SPECIFY):

   _____

   (b) TOTAL # OF CLIENTS THAT ARE CITY OF DEKALB RESIDENTS:_____

   (c) % OF PROGRAM CLIENTS WHO ARE CITY OF DEKALB RESIDENTS:_____
8. BRIEF DESCRIPTION OF PROJECT:_____

   _____

   _____
9. SPECIAL NEEDS POPULATION TO BE SERVED:_____

   _____
10. LIST OF COOPERATING AGENCIES FOR YOUR PROJECT – INCLUDE $ AMOUNT AND % OF FUNDING:_____

    _____

    _____

    _____

    _____

Please submit this form, along with your Letter of Request, Narrative, and complete application, *no later than 5:00PM on January 8, 2021.*

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Program Objectives
Consistent with National Objectives
Exhibit C

AGENCY:_____

How does your proposal meet at least *one* of the following National Objectives of benefiting low/moderate-income persons?

Area Benefit Activities: An activity, the benefits of which are available to all the residents in a particular area, where at least 51% of the residents are low- and moderate-income persons.

Limited Clientele Activities: An activity which benefits a specific group of people, at least 51% of whom are low/moderate-income persons; or an activity designed for removal of material and architectural barriers which restrict the mobility and accessibility of elderly or persons with disabilities to publicly and privately-owned non-residential buildings, facilities and improvements.

CHECK THE OPTION THAT APPLIES:

___ You verify income data from each participant in the program

___ Your project serves only a limited area which is proven by census tract/survey to be a low-income area

PLEASE INDICATE THE POPULATION TO BE SERVED:

Your project serves only the following limited clientele (may benefit more than one):

___ Elderly persons
___ Persons with disabilities
___ Abused children
___ Battered spouses
___ Homeless persons
___ Illiterate persons
___ Persons with HIV/AIDS
___ Persons with serious mental illness
___ Chronic substance abusers
___ Low-income youth
___ Other Limited Clientele (Specify):_____

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Authorized Official/Authorization to Request Funds
Exhibit G

The _____, on
(BOARD OF DIRECTORS/GOVERNING ENTITY)

behalf of _____, hereby authorizes
(AGENCY)

_____ to act as the official agent of this agency.
(NAME AND TITLE)

As the official agent of _____,
(AGENCY)

I _____, am authorized to request funding in the amount of
(NAME AND TITLE)

$_____ from the City of DeKalb, Illinois' Community Development Block

Grant program.

SIGNATURE OF BOARD REPRESENTATIVE: _____

SIGNATURE OF OFFICIAL AGENT: _____

DATE: _____

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Conflict of Interest
Exhibit M

I _____, certify that no employee, representative, board
(NAME AND TITLE)
member or anyone else who exercises decision-making functions or responsibilities

with _____ will receive direct benefit from CDBG
(AGENCY)
funding during the program and for at least one year after the individual's relationship with the

aforementioned agency ends.

SIGNATURE: _____

DATE: _____

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Verification of Insurance
Exhibit N

I _____, verify that
(NAME AND TITLE)

_____ has liability insurance coverage in the
(AGENCY)

amount of $ _____ with _____ at
(AMOUNT) *(INSURANCE COMPANY)*

_____ _____, _____, _____.
(ADDRESS) *(CITY)* *(STATE)* *(ZIP)*

We certify that _____ pays all payroll taxes/worker's
(*AGENCY)*
compensation as required by Federal and State law. We also certify that this agency has

fidelity bond coverage for principal staff who handle the agency's accounts in the amount of

$_____ with _____ at
(AMOUNT) *(INSURANCE COMPANY)*

_____ _____, _____, _____.
(ADDRESS) *(CITY)* *(STATE)* *(ZIP)*

SIGNATURE: _____

DATE: _____

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ADD W-9 FORM HERE!!!!