

**City of Naperville**

**Community Development Block Grant (CDBG)**

**Application PY2026**

**Before You Begin**

By submission of this application you are certifying that to the best of your knowledge and belief, data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations applicable to the City of Naperville Community Development Block Grant program.

**CDBG is a federal program of the Department of Housing and Urban Development (HUD). All CDBG-funded projects must meet HUD’s federal requirements. CDBG funds may be used for activities that include, but are not limited to:**

•Acquisition of real property;

•Relocation and demolition;

•Rehabilitation of residential and non-residential structures;

•Construction of public facilities and improvements

•Public services, within certain limits;

•Activities related to energy conservation and renewable energy resources;

•Removal of physical and architectural barriers that restrict accessibility

**CDBG funded projects must meet one of the three national objectives of CDBG:**

1. Benefit to low- and moderate- income persons
2. Aid in the prevention or elimination of slums or blight
3. Meet a need having a particular urgency (referred to as urgent need)

**Eligibility Quiz**

**Yes**

[ ]  Is your organization a non-profit 501(c)(3) or recognized by the State of Illinois as a non-profit organization?

[ ]  Does the project meet one of the 3 national objectives of CDBG?

You must check **Yes** to each item on this list in order to be eligible for Community Development Block Grant funding from the City of Naperville. If you have questions regarding your eligibility or this application form, please contact:

Miranda Barfuss

Community Grants Coordinator

630-305-5315

barfussm@naperville.il.us

**General Information**

Organization Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text.

Zip Code: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Web Address: Click or tap here to enter text.

Executive Director/CEO: Click or tap here to enter text.

Tax Status (select one): 501 (c)(3)

Tax ID Number (FEIN): Click or tap here to enter text.

Date of Incorporation: Click or tap here to enter text.

Agency DUNS Number: Click or tap here to enter text.

Agency UEI Number: Click or tap here to enter text.

Number of Volunteers: Click or tap here to enter text.

Number of Paid Staff: Click or tap here to enter text.

Organization Primary Contact:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

If funding is awarded, will this person sign the Grant Agreement as Organization Contact? Yes [ ]  No [ ]

If no, please provide a name and email for the preferred signer: Click or tap here to enter text.

Application Primary Contact

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-mail: Click or tap here to enter text.

If funding is awarded, will this person sign the Grant Agreement as Attestor? Yes [ ]  No [ ]

If no, please provide a name and email for the preferred attestor: Click or tap here to enter text.

**Section 1: Project Details**

Project Title: Click or tap here to enter text.

Project Location: Click or tap here to enter text.

Project Details: Click or tap here to enter text.

Funding Requested: Click or tap here to enter text.

Total Cost to Complete Project: Click or tap here to enter text.

Other Funds Already Secured for Project: Click or tap here to enter text.

Project Start Date: Click or tap here to enter text.

Project End Date: Click or tap here to enter text.

* 1. **Community Development Block Grant Objective** (select one):

Choose an item.

* 1. **Mission Alignment:** Provide a brief description of your agency’s mission, goals, programs/services and organizational structure. Describe how the proposed project fits the mission, goals and objectives described.

Click or tap here to enter text.

* 1. **Project Objectives:** Describe the proposed project, including (a) location of the project, (b) project goals and objectives, (c) scope of work to be completed, and (d) proposed timeline for completion.

Click or tap here to enter text.

* 1. **Community Benefit:** Explain how the project will benefit the City of Naperville and Naperville residents, including (a) how the project will address the grant objective and (b) how the need for this project was determined.

Click or tap here to enter text.

**Section 2: Target Population and Project Impact**

***(Beneficiary Income Form is required – submit as Attachment C)***

**2.1 Target Population:** Describe the target population(s) for this project and indicate if beneficiaries will be at least 51% low-moderate income persons and/or belong to a specific group presumed to be low-moderate income (e.g. disabled adults, homeless, elderly/frail elderly, victims of domestic violence, abused/neglected children).

Click or tap here to enter text.

**2.2 Project Impact:** Explain (a) how the project will benefit the target population (e.g. improve life skills, living conditions or economic opportunities) and (b) whether this project will result in a new service being provided, expand an existing service or continue a service.

Click or tap here to enter text.

**2.3 Naperville Impact:** Providepercentage (%) of total households served by the project that are Naperville residents. If your project is not located in Naperville, explain how you will provide services to Naperville residents.

Click or tap here to enter text.

**2.4 Community Impact:** Describe (a) how your project is unique and unduplicated by other providers and (b) how your agency collaborates with other organizations to assess and serve community needs.

Click or tap here to enter text.

**Section 3: Agency Capacity**

**3.1 Capacity:** Describe (a) the capacity of your agency to complete this project within a one-year timeframe and (b) what organizational resources will be used in managing and carrying out the proposed project, including staff knowledge and skills and impact on agency workload and budget.

Click or tap here to enter text.

**3.2 Grant History:** Describe your agency’s past performance managing grant funding. List public and private grants you received in the past 3 program years.

Click or tap here to enter text.

**3.3 Demographic Documentation:** Describe how your agency will track and record client demographics, including household size, household/family income and racial/ethnic data.

Click or tap here to enter text.

**3.4 Outcomes:** Describe how your agency will measure and document benefits to the target population(s), including achievement of goals and objectives.

Click or tap here to enter text.

**Section 4: Project Costs**

***(Project Budget Form is required – submit as Attachment A)***

**4.1 Reasonable:** Describe how the agency determined (a) the need for the project and (b) estimated project costs. Explain why you consider the cost of this project to be reasonable. *(Please include at least one quote or cost estimate obtained from a qualified professional with relevant experience in the work to be completed. Quotes and estimates should factor in the need to pay prevailing wages. The company or individual preparing the quote/cost estimate cannot bid on the project if approved for funding. You are encouraged to submit photographs documenting existing site conditions. Other relevant documentation such as evaluation reports, studies, needs analyses may also be included—****submit as Attachment K****)*

Click or tap here to enter text.

**4.2 Other Funding:** List ALL funding sources that will be used to carry out the project you are applying for, including the funds requested in this application. Indicate whether funds are requested or secured. ***(Source of Funds Form is required – submit as Attachment B)***

Click or tap here to enter text.

**4.3. Contingency:** Explain whether your agency will still implement this project if grant funds are not awarded or are awarded partially and how (e.g. scope of work or services will be reduced, use of other funding sources will increase, etc.).

Click or tap here to enter text.

**4.4 Minimum Funding:** Is there a minimum funding amount you require from Naperville to implement this project. If yes, please indicate the amount required, otherwise enter N/A or leave blank.

Click or tap here to enter text.

**4.5 Client Fees:** Will there will be fees or costs to clients for access to the project or services. If yes, how will the fees or costs be used?

Click or tap here to enter text.

**Section 5: Project Site Details (for construction/rehabilitation projects)**

**5.1 Relocation:** Does the project require temporary/permanent relocation of occupants?

[ ]  Yes [ ]  No

**5.2 Lead Based Paint:**

(a) What year was the property constructed?

 Click or tap here to enter text.

(b) Has a lead hazard inspection report been issued for the property? Is yes, describe.

 [ ]  Yes [ ]  No

Click or tap here to enter text.

(c) Has the property been abated for lead paint? If yes, describe.

 [ ]  Yes [ ]  No

Click or tap here to enter text.

(d) Will children occupy the property? If yes, indicate the age range of the children.

 [ ]  Yes [ ]  No

 Click or tap here to enter text.

**5.3 Environmental Review:**

(a) Has the property been designated as a local, state, or national historic site or is it located in a Historic District?

[ ]  Yes [ ]  No

(b) Is the property in a Flood Zone or Flood Plain?

 [ ]  Yes [ ]  No

(c) Will there be demolition of the existing structure required?

[ ]  Yes [ ]  No

(d) Will the project result in physical expansion of an existing facility? If yes, specify the existing size and the expansion size in square feet.

[ ]  Yes [ ]  No

 Click or tap here to enter text.

**5.4 Property Use:**

(a) What is the property’s structural use?

[ ]  Residential *(includes owner-occupied homes, rental properties and permanent housing for homeless and low-moderate income persons- excludes temporary or transitional housing)*

 [ ]  Public Facility (*includes structures such as senior/special needs/youth/ neighborhood centers, shelters for the homeless, child care centers and food banks. Also includes temporary or transitional housing)*

**5.5 ADA Compliance:** Is the facility in compliance with the Americans With Disabilities Act (ADA)? If not, explain how and when the facility will be made ADA-compliant.

 [ ]  Yes [ ]  No

Click or tap here to enter text.

**5.6 Audit Compliance:**

a) What are the dates of your agency’s fiscal year?

 Click or tap here to enter text.

b) Was the agency required to conduct a Single Audit for the most recent fiscal year? *(Single Audits are required if expending $750,000 or more in federal funds in one fiscal year)* [ ]  Yes [ ]  No

c) Do you expect a Single Audit to be required for the current fiscal year?

 [ ]  Yes [ ]  No

d) In the past 2 fiscal years, has the agency had any findings or deficiencies from either a Single Audit or standard audit? If yes, provide a brief explanation.

Click or tap here to enter text.

**Section 6: Required Documentation**

All applicants are required to submit the following documentation in addition to the application form. Submissions that are incomplete or missing documentation will be eliminated from consideration.

[ ]  Attachment A – Project Budget Form

*Project Budget Form*

[ ]  Attachment B – Source of Funds Form

*Source of Funds Form*

[ ]  Attachment C – Beneficiary Income Form

*Beneficiary Income Form*

[ ]  Attachment D - Governing Board Authorization

*Letter from agency’s governing board authorizing application for grant funds*

[ ]  Attachment E - Background

*Overview of programs and services provided by the agency*

[ ]  Attachment F – Audit and Single Audit Statement

*Most recent Single Audit, Standard Audit or Audited Financial Statements*

*If the agency did not have a Single Audit, attach a letter signed by the Executive Director/CEO stating that the agency was not required to have a Single Audit because it expended less than $750,000 in federal funds during the fiscal year.*

[ ]  Attachment G – 501(c)(3)

*Determination of 501(c)(3) or State of Illinois Registered Non-Profit status*

[ ]  Attachment H – Articles of Incorporation

*Articles of incorporation or current Certificate of Good Standing*

[ ]  Attachment I – Board of Directors

*List of Board of Directors and their affiliations/employer*

[ ]  Attachment J – Organizational Chart

*Chart showing staffing and management structure*

[ ]  Attachment K – Quote/Cost Estimate and any additional attachments

*Additional documents referenced in Question 4.1*