



**CITY OF LORAIN**  
**Department of Building, Housing & Planning**

**Community Development Block Grant (CDBG)**  
**Public Service Application**  
**Fiscal Year 2023**

*Please note this funding is only applicable for  
Non-profit 501(c) (3) organizations.*

***Please complete the application in its entirety. Incomplete applications will not be considered.***

**OFFICE USE ONLY:**

- Received Date and Time: \_\_\_\_\_
- Received by: \_\_\_\_\_
- Method Received: \_\_\_\_\_

CITY OF LORAIN BUILDING, HOUSING & PLANNING  
CDBG PUBLIC SERVICE

APPLICATION INFORMATION

The City of Lorain, Department of Building, Housing and Planning, is accepting applications from qualified non-profit organizations interested in providing services that address one or more of the public service needs outlined below and in the City's Five-Year Consolidated Plan (Con Plan) 2020/2021 - 2024/2025:

- Food pantries
- Legal Services
- Homeless Services and Facilities
- Youth Services and Programs
- Senior Services and Programs
- Public Transportation and Services
- Mental Health Services
- Employment Services
- Educational Programs
- Veteran Services

SCOPE OF WORK AND ELIGIBLE ACTIVITIES

A project must be a new service or a quantifiable increase in the level of service in order to be eligible for CDBG public service funds. Eligible activities include but are not limited to:

- Employment Services (e.g., job training)
- Crime Prevention and Public Safety
- Childcare Services
- Youth Services
- Health Services
- Education Programs
- Substance Abuse Services (e.g., counseling and treatment)
- Energy Conservation
- Services for Senior Citizens
- Services for Homeless Persons

The funds can only be used once a Subrecipient Agreement is executed. Funding may be used for labor, supplies, operation costs, materials, etc. No funding can be utilized to purchase food/drink, income payments, and/or political activities. The funding is available as a reimbursable grant and cannot be utilized for expenses that have occurred prior to the execution of the Subrecipient Agreement.

Grants will be awarded based on the availability of public service funding, evaluation of organization capacity, financial feasibility, community need and benefit, program design and soundness of approach, and written information provided in comparison to the needs outlined in the City's Five-Year Consolidated Plan 2020/2021 - 2024/2025. The Con Plan can be found on the City of Lorain's website ([cityoflorain.org](http://cityoflorain.org)). Awarded projects will be monitored to ensure compliance with all local, state and federal requirements. Letters will be provided after each monitoring to document compliance or risk of termination. The availability of funding is limited and not guaranteed.

*The proposed activity must be completed in its entirety within a year.*

**Application must be received prior to 3:00 PM on February 24, 2023, at the  
City of Lorain Building, Housing and Planning Department  
200 W. Erie Ave, 5<sup>th</sup> Floor  
Lorain, OH 44052**



CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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Amount Requested: \$ \_\_\_\_\_

**ORGANIZATION INFORMATION**

Organization: \_\_\_\_\_

EIN: \_\_\_\_\_ UEI: \_\_\_\_\_

Website: \_\_\_\_\_

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

Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Proposal Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other than the Director or President, is there another authorized signing authority?  YES  NO

If yes, please specify? \_\_\_\_\_

\_\_\_\_\_

Filing Structure:  990  990-EZ  990-N  Other Tax Exemption

If other, please specify: \_\_\_\_\_

\_\_\_\_\_

Has your organization expended \$750,000 or more in total federal financial assistance in a year?

YES  NO

If yes, when was the most recent independent audit completed (please include a copy)? \_\_\_\_\_

\_\_\_\_\_

If no, your organization is exempt from federal audit requirements but your records must still be available for review by the City of Lorain, HUD, and the Government Accountability Office (GAO).



**CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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Has your organization received CDBG funding before?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your organization's background and/or program experience with CDBG or other grant restricted funded activities?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does any City of Lorain 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 Lorain 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 Lorain employee?  YES  NO

If yes, please specify? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your organization experienced any turnover or vacancies for key programmatic administrative positions within the last three years?  YES  NO

If yes, please specify? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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**Banking/Credit References**

Please provide up to three credit references (such as banker, vendor, credit card, grant provider, etc) to demonstrate financial capacity. Please also include a separate reference letter.

Creditor #1

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

Creditor #2

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_

Creditor #3

Name and Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Account No.: \_\_\_\_\_



CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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**FISCAL SPONSOR INFORMATION** *(only 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.

Organization: \_\_\_\_\_

EIN: \_\_\_\_\_ UEI: \_\_\_\_\_

Website: \_\_\_\_\_

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

Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PROJECT INFORMATION**

Program/Project Title: \_\_\_\_\_

Location of Proposed/Program Project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If not located in Lorain, how will you service Lorain residents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new program/project?  YES  NO

If not, how long has the program/project existed? \_\_\_\_\_

How will you market the program/project to Lorain residents? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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Briefly describe the project/program *activity* and *outcome* within a couple sentences:

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**Provide a separate, typed up proposal. The proposal should describe the project activity, outcome in detail, and include the following elements:**

- Describe the project activity and outcome in detail
- Population/area to be served
- Discuss staffing and administrative needs and how they will be met
- Itemized budget
- Outline other sources of funding needed and/or acquired
- If previously funded by the City of Lorain, detail accomplishments
- If project/program is existing describe how the CDBG funds will be used to expand the existing services
- Success metrics
- Include any necessary photographs, blueprints, estimates, etc.

**Project Budget**

Please use the chart below to give an overall project budget. A more detailed project budget and scope of work will be required to supplement the application. Please include commitment letters from other sources contributing to the project, if applicable.

<b>Funding Source</b>	<b>Amount</b>	<b>Notes</b>
Organization Contribution	\$	
Other Secured Funds <i>(please specify)</i>	\$	
CDBG Assistance Requested	\$	
<b><i>Total Project Cost</i></b>	\$	

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



CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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Has your organization received CDBG funding for this specific project/program?  YES  NO

If yes, please explain: \_\_\_\_\_

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**Project Benefit Information**

Who will benefit from this project? \_\_\_\_\_

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How many Lorain residents does the project anticipate assisting? \_\_\_\_\_

If the project is pre-existing, how many Lorain residents are currently benefiting? \_\_\_\_\_

How many of those residents are low-to-moderate income? \_\_\_\_\_

**Project Site Information**

Does the project affect a historical property or historic district?  YES  NO

Is the project located in a floodplain?  YES  NO

Is the property of the project occupied?  YES  NO

Will you need to acquire easements or property to complete this project?  YES  NO

Will any access fees be charged (i.e. membership, entrance or parking fees, etc.)?  YES  NO

If yes, please explain: \_\_\_\_\_

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CITY OF LORAIN BUILDING, HOUSING & PLANNING  
CDBG PUBLIC SERVICE

APPLICATION CHECKLIST

	Completed Application
	Articles of Incorporation and By-Laws*
	List of Board Members and Organizational Chart*
	Operational Agreement or Resolution*
	IRS Filing*
	W-9*
	Lorain Business Registration*
	Contractor Certification*
	UEI*
	Latest 990 (or supplemental financial documents)*
	Banking/Credit References*
	Most Recent Financial and/or Compliance Audit <i>(if applicable)</i> *
	Proposal
	Itemized Budget
	Commitment Letters for Additional Sources of Funding <i>(if applicable)</i>

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



CITY OF LORAIN BUILDING, HOUSING & PLANNING  
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**CERTIFICATIONS**

I/We have read and fully understand the qualifications and requirements delineated in this proposal and application. All information submitted is correct and current.

I/We understand that CDBG funds are paid on a reimbursement basis. The City of Lorain 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 Lorain will not process any reimbursements if all necessary information, including demographics 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.

_____ Director Signature	_____ Date
_____ Fiscal Sponsor Signature	_____ Date

***Completed applications must be received by the Building, Housing and Planning Department by 3:00 PM on February 24, 2023.***

***Late and/or incomplete applications will not be considered.***



**ARTICLES OF INCORPORATION &  
BY-LAWS**

**LIST OF BOARD MEMBERS AND  
ORGANIZATIONAL CHART**

# **OPERATIONAL AGREEMENT OR RESOLUTION**

This is a document verifying the signing authority for the organization.

# **IRS FILING**

This is a letter from the IRS that determines your registration and assigns an EIN. Please provide a copy of this letter to verify the EIN.

Information can be found here:

<https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers>

# **BUSINESS W-9**

This Form can be found at:

<https://www.irs.gov/forms-pubs/about-form-w-9>

# **RESIDENT BUSINESS REGISTRATION**

City of Lorain Business Registration.

Form attached, but can also be found at:

<https://www.cityoflorain.org/421/Forms>

If you have not filed this form with the City of Lorain Treasurer and Income Tax Department before,  
please send a copy to Terri Soto, City of Lorain Treasurer:

[Terri.Soto@cityoflorain.org](mailto:Terri.Soto@cityoflorain.org)





CITY OF LORAIN INCOME TAX DEPARTMENT  
605 WEST 4<sup>TH</sup> STREET, LORAIN OH 44052 INCOMETAX@CITYOFLORAIN.ORG

**BUSINESS REGISTRATION**  
**Lorain City Income Tax Rate 2.5%**

Company Name: \_\_\_\_\_

SSN or Fed ID# \_\_\_\_\_

DBA or

Trade Name: \_\_\_\_\_

**Date Started or Acquired  
in Lorain:** \_\_\_\_\_

Lorain Address: \_\_\_\_\_  
\_\_\_\_\_

Lorain Phone: \_\_\_\_\_

Lorain Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address of Main Office: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

E-mail Address For \_\_\_\_\_

**Accounting Period Used:**

Net Profit Accounts:

Calendar Year \_\_\_\_\_ FYE Month \_\_\_\_\_

E-mail Address For \_\_\_\_\_

Number of Persons Employed in Lorain: \_\_\_\_\_

Withholding Accounts:

OR:  Payroll Service (no forms will be sent)

Type of Ownership:  Corporation  Partnership  1120S  Individual  Non-Profit

Other: \_\_\_\_\_

**Complete The Following Information For All Partners, Officers And/or Associates:**

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

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

Name: \_\_\_\_\_

SSN#: \_\_\_\_\_

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

**If The Lorain Location Is Rented Or Leased, Please Provide Name, Address & Phone Of Rental Owner:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

# **CONTRACTOR CERTIFICATION**

City of Lorain certification that a contractor, Subrecipient, or grantee is not debarred suspended nor excluded.

Form Attached.

To be completed by CONTRACTOR & CITY

**CERTIFICATION THAT  
CONTRACTOR IS NOT DEBARRED,  
SUSPENDED NOR EXCLUDED**

1. To be completed by CONTRACTOR

Name of Contractor: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Address of Contractor: \_\_\_\_\_  
\_\_\_\_\_

Is contractor listed as:	Debarred	<input type="checkbox"/> yes <input type="checkbox"/> no
	Suspended	<input type="checkbox"/> yes <input type="checkbox"/> no
	Excluded	<input type="checkbox"/> yes <input type="checkbox"/> no

If any of the categories are checked 'yes', attach Contractor's explanation and a written statement that the listing is no longer valid, or that the Contractor is able to participate in this City Contract.

2. To be completed by the CITY

Date that City checked the Federal Government's website  
[www.sam.gov/portal/public/SAM](http://www.sam.gov/portal/public/SAM) (System for Award Management)

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

Dept: \_\_\_\_\_ Printed Name: \_\_\_\_\_

This form must be completed and placed in all city contracts.

# UEI

The UEI is a 12-character alphanumeric ID assigned to an entity by SAM.gov that has replaced the DUNS number. The UEI is required by and used across the federal government to identify, validate, and verify contractors and organizations.

You will need a SAM.gov account to register. This can be obtained here:

<https://sam.gov/content/home>

# **LATEST 990 OR OTHER FINANCIAL DOCUMENTS**

Please provide a copy of your most recent filed 990. If your organization does not file a 990, please supplement with financial documents such as a profit and loss or balance sheet for the past year.

## **BANKING/CREDIT REFERENCES**

# **LATEST INDEPENDENT FINANCIAL AUDIT**

Please provide a copy of your most recent financial audit if your organization expends more than \$750,000 or more in total federal financial assistance in a year

# **PROPOSAL**

The proposal should be typed and describe the project activity and outcome in detail. This should include the population/area to be serviced, discuss staffing and administrative needs, detail what the CDBG funds would be expensed on, success metrics, and include any necessary photographs, blueprints, estimates, etc.



## **ITEMIZED BUDGET**

An itemized and detailed budget of all expenses related to the project/program. This should specify what the CDBG funds will be expensed for and outline other sources of funding to be utilized.

## **COMMITMENT LETTERS**

Please include copies of letters of support for any other funding sources contributing to the project. This can include award letters, grant approvals, loan approvals, etc.