



TOWN OF
STRATFORD

Town of Stratford, CT

CDBG Application for Funding

Applications Due by 4:00pm EST Friday, February 9th

YR 50 (2024) CDBG APPLICATION FOR FUNDING

The Town of Stratford annually applies for grant funding from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) Program. These funds help the Town provide decent housing, a suitable living environment, and expand economic opportunities for low- to moderate-income (LMI) persons and persons who are experiencing homelessness or are at-risk of homelessness.

Applicant organizations must be either a (1) public agency or (2) private, non-profit entity and must be in good standing with the Federal Government, State of Connecticut and the Town of Stratford.

To be considered for funding, a project must primarily benefit low- and moderate-income persons or special needs populations as defined by HUD programmatic regulations.

A. SUBMISSION INSTRUCTIONS:

Applications must be received by the Stratford Community Development Department no later than 4:00 p.m. EST on Friday, February 9, 2024. **NO LATE APPLICATIONS WILL BE ACCEPTED.**

- Applicants are required to submit an electronic application (scanned application), with attachments, signed and dated. **Applicants must submit a separate and complete application for each project type for which funding is requested.**
- Applicants shall submit one (1) electronic copy of the entire application via email to: tpetrocelli@townofstratford.com.
- Answer all questions applicable to your project concisely and in the space provided. Include attachments as requested.
- Incomplete or late applications will not be considered. To be considered for funding, the application must be complete with all required attachments. The Town reserves the right to negotiate the final scope of work and related funding for any approved applications.

B. REVIEW PROCESS:

It is the responsibility of the Town of Stratford to ensure that Town funds are disbursed and managed in accordance with funding regulations. To fulfill this responsibility, the Town of Stratford will conduct a review of all applicants applying for funding to evaluate their operations, services, projects, and budgets. Any project and/or organization not receiving **a minimum score of 75** is not eligible for further review. Receipt of maximum scoring points is not a guarantee of funding. Receipt of an award letter is NOT a guarantee of funding. **Prior funding awards do not guarantee continued or future funding.**

The Town, in its sole and absolute discretion, with or without cause, and without liability of any kind to any applicant, reserves the right to accept or reject any and/or all applications either in whole or in part, waive any informalities or irregularities of any applications, cancel this CDBG Funding Application at any time and/or take any action in the best interest of the Town. The Town's decision in all matters shall be final. The Town reserves the right to contact an applicant if additional information is required.

Accepted applications will be reviewed and scored based on the following criteria:

Project Description	25 points
Agency Summary	30 points
Financial Management	30 points
Statement of Need	15 points

Agencies who have received prior funding through the Town of Stratford will also be evaluated on past performance in carrying out programmatic activities and contractual compliance.

Factors to be considered are:

- Agency ability to meet service delivery goals
- Timely expenditure of funds
- Timely reporting
- Accuracy of reporting
- Ability to meet audit requirements
- Other programmatic and fiscal contractual requirements.



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REQUIRED DOCUMENT CHECKLIST

✓	Required Document
	Completed Application
	Completed Budget Worksheet
	Resolution from the Board of Directors authorizing the application for and use of funds from the Town of Stratford
	Organizational Chart with employee names and titles .
	List of all current or proposed staff names and titles directly associated with proposed grant/program.
	Job descriptions with pay scales for Executive Director, Fiscal Officer, Program Administrator, and Program Staff and anyother proposed positions to be funded.
	Resumes of Executive Director, Fiscal Officer, ProgramAdministrator, Program Staff, copies of certifications, and consultant contract (if applicable).
	List of Current Board Members
	Conflict of Interest Disclosure Forms for all Board Members/Commission Members, Executive Management/Officers, and Program Staff associated with Delivery of Program
	Year-to-Date Financial Statement
	Most recent Certified Audit, Management Letter, and Agency Response
	Most recent Organization By-Laws
	Certificate of Non-profit Status
	Articles of Incorporation
	Proof of General Liability Coverage
	SAM.gov Registration Confirmation

AGENCY INFORMATION

Organization or Agency Legal Name:

Street Address:

City:_____State:_____Zip Code:_____

Unique Entity Identifier (Your UEI can be found on Sam.gov):

Fed. I.D. #:

System for Award Management CAGE Code#_____EXP Date_____

Council District:

Primary Contact:_____ **Title:**_____

Telephone No:_____E-mail:_____

President/Executive Director: _____

Telephone No:_____E-mail:_____

Location of proposed service/program/project (if different than stated above):

Street Address:

City:_____State:_____Zip Code:_____

Council District(s) if different than stated above:

- 1) **Project Description - (15 points):** Provide a detailed description of your proposed project. This should include a summary of the project and the objectives that the agency/organization will accomplish during the program year. *Type your response in the text box below. 200 maximum word count.*

2) Project Description: Select one service delivery area:

- ☐ Public Facilities Improvements (rehabilitation including acquisition and construction)
- ☐ Public Services (select one primary beneficiary below):
 - ☐ Homeless (as defined in 24 CFR 91.5)
 - ☐ Victims of abuse
 - ☐ Special needs population (elderly, disabled adults, illiterate adults)
 - ☐ Low-to-moderate income

3) Project Description: Select the statement that best describes the project:

- ☐ This project is a new service not already available in the community. (10 points)
- ☐ This project is a new service for this organization, but the service is already available in the community by another organization. (5 points)
- ☐ This project is expanding an existing service. (0 points)

- 4) **Agency Summary - (10 Points):** Summarize the professional expertise of project- relevant staff members responsible for implementation of this project in their ability to manage or provide program services. If the staff member does not have prior experience in providing the proposed service, please indicate experience and successes carrying out similar programs. Remember to attach all project-relevant staff resumes to this application. *Type your response in the text box below. 200 maximum word count.*

- 5) **Agency Summary:** Select the response that best describes the project-relevant staff members' experience with program management of grant programs.

Multiple staff members associated directly with the project have relevant program management experience, reflected on their resumes attached to this application. (5 points)

No other staff members, besides the manager, associated directly with the project have relevant program management experience. (0 points)

- 6) **Agency Summary:** Select the response that best describes the project manager's years of relevant experience managing programs and services.

5+ years of experience in relevant program management (5 points)

3-5 years of experience in relevant program management (3 points)

1-3 years of experience in relevant program management (2 points)

0-11 months of experience in relevant program management (1 point)

- 7) **Agency Summary:** The overall number of staff dedicated to implementation of this project:
-

- 8) **Agency Summary:** The number of staff dedicated to implementation of this project who have experience with Town of Stratford grant programs:
-

- 9) **Agency Summary:** The number of staff dedicated to implementation of this project who have experience with non-Town of Stratford grant programs:
-

- 10) **Agency Summary:** The number of staff dedicated to implementation of this project with no grant experience:
-

11) Agency Summary (10 points): Provide a detailed project management plan. *Type your response in the text box below. 200 maximum word count.*

12) Financial Management (5 points): Describe grant management experience of key staff responsible for financial management of the project. *Type your response in the text box below. 200 maximum word count.*

13) Financial Management (5 points): Describe grant administration software and financial management capabilities, and financial grant management policies and procedures the organization possesses in order to manage this project consistent with Federal financial management requirements as set forth in 2 CFR 200. *Type your response in the text box below. 200 maximum word count.*

14) Financial Management: Select the response that best describes the organization's financial grant management:

- 3 + years previous experience with Town of Stratford grant programs. (5 points)
- 1-2 years previous experience with Town of Stratford grant programs. (3 points)
- Previous experience with similar grant programs outside of Town of Stratford. (2 points)
- No grant management experience (0 points)

15) Financial Management: This agency/organization has a dedicated Chief Financial or equivalent financial officer.

- Yes (5 points)
- No (0 points)

16) Financial Management – Matching Funds: The applicant has documented commitments for matching funds as follows:

- Greater than 25% of requested grant funding (5 points)
- Between 15 and 24.9% of requested grant funding (3 points)
- Between 10 and 14.9% of requested grant funding (2 points)
- Less than 10% of requested grant funding (0 points)

18) Financial Management (5 points): Describe internal controls and separation of duties the organization has currently in place to properly manage public funds. *Type your response in the text box below. 200 maximum word count.*

19) Statement of Need (10 points): Describe the community problem or need to be addressed by the proposed project. Support the urgency of meeting this need using current data.

Type your response in the text box below. 200 maximum word count.

20) Statement of Need: Select the population that best describes the project's primary target population (choose one):

- ☐ Homeless (5 points)
- ☐ Victims of domestic violence or victims of abuse (3 points)
- ☐ Special needs populations (Elderly, disabled, illiterate adults, etc.) (2 points)
- ☐ Low-to-Moderate Income population, including Harrisburg Housing Authority residents (0 points)

21) All Applicants – If your organization receives partial funding, will you still be able to complete the project by leveraging other funding sources? Describe other funding resources.

Type your response in the textbox below. 200 maximum word count.

[to be placed on organization letterhead]

RESOLUTION

At a meeting held on the following date _____, the Executive Committee/Board of Directors of the following agency: _____ passed the following resolution:

The Board of Directors authorizes the application for and use of funds from the Town of Stratford's Community Development Department for activities described in the proposal and, if awarded funds, shall implement the activities in a manner to ensure compliance with all applicable federal and local laws and regulations.

Signature of Board President

Date

Printed Name of Board President

Telephone Number



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CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction ⁽¹⁾ or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity, either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

☐

Board Member

☐

Town Council
Member

☐

Officer

☐

Executive Management Staff

☐

Staff directly associated with delivery of program

2. State position held: _____

3. Are you a business partner of any Town of Stratford employee(s) or member of Town Council?

(Please Check One):

☐

No

☐

Yes

If yes, please state the name of the Town of Stratford employee(s) and the Department or Town Council Member(s):

4. Are you an immediate family member of any Town of Stratford employee(s) or member of Town Council?

(Please Check One):

☐

No

☐

Yes

If yes, please state the name of the Town employee(s) and the Department or Town Council Member(s):

Signature: _____ Name: _____

Name of Current Employer: _____ Date: _____

Town of Stratford YR 50 (2024)
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BUDGET FORM

SOURCES OF REVENUES		PROPOSED				
A. FUNDS REQUESTED						
B. SOURCES OF MATCHING FUNDS						
1. Match Funds						
2. Donations						
3. In-Kind						
TOTAL SOURCES OF REVENUE						
ITEM #	DESCRIPTION OF WORK	TOTAL PROJECT COST	A	B		
			FUNDS REQUESTED	SOURCES OF MATCHING FUNDS		
				Match Funds	Donations	In Kind
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL PROJECT COST		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00