



# CITY OF HAMMOND

## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

### PROGRAM YEAR 2024

**Thomas M. McDermott Jr., Mayor**

**Anne Anderson, Executive Director**

**Owana J. Miller, Community Development Director**

**APPLICATION MUST BE RETURNED  
NO LATER THAN, MONDAY, October 31, 2023**

*To*

**DEPARTMENT OF PLANNING AND DEVELOPMENT  
ATTN: Owana J. Miller, Community Development Director**

**5925 Calumet Ave, Suite #314**

**Hammond, IN 46324**

**(219) 853-6358 ext. #2**



## 2024 CDBG APPLICANT INFORMATION

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

**Program Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address (if different):** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**UEI #:** \_\_\_\_\_

If you do not know your UEI#, please look it up on [sam.gov](https://sam.gov)

**Requested CDBG Funding Amount:** \_\_\_\_\_

## PROGRAM DESCRIPTION

**Organization's Mission:**

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**Describe the nature of the proposed program:**

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Household Size	Income Limits
1	\$50,050
2	\$57,200
3	\$64,350
4	\$71,450
5	\$77,200
6	\$82,900
7	\$88,600
8	\$94,350



**2023  
Income Limits Income  
Documentation System set by  
Housing & Urban  
Development**

## ELIGIBILITY

The primary purpose of Community Development Block Grant (CDBG) is to benefit households earning less than 80% of the HUD-adjusted median family income (low and moderate income). The program must be able to demonstrate and document how it will serve low and moderate income households. Please select and complete one of the three sections below:

**PRESUMED BENEFIT:** Does the program exclusively serve one of the following populations?

**Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Elderly (62 and older)       | <input type="checkbox"/> Illiterate Adults    |
| <input type="checkbox"/> Severely Disabled Adults     | <input type="checkbox"/> Homeless Persons     |
| <input type="checkbox"/> Abused Children              | <input type="checkbox"/> Migrant Farm Workers |
| <input type="checkbox"/> Victims of Domestic Violence | <input type="checkbox"/> People with HIV/AIDS |

**INCOME VERIFICATION:** If the program does not exclusively serve one of the populations listed above, the program may need to verify the income of its clientele using the table below to ensure that more than 60% of the funds are used to benefit low and moderate income households. If the program will verify income, please include a copy of the client application that the program will use to collect information. (How will the program verify income of the participants?)

**Check at that apply:**

Pay stubs/Wage statements

Support Checks

W-2's/Income Tax returns

TANF recipients/(please specify)

Social Security (SSI/SSA)

Free/Reduced Lunch

Bank Statements

Public Housing residents

Other (Specify):

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**AREA BASIS:** The program may qualify based on the neighborhood(s) that it serves. Please describe the target area served by the program.

**(If the program will serve all of the residents in the City, please respond 'Citywide'.)**

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# PERFORMANCE MEASUREMENT

1. How many **unduplicated** persons / households will be served? \_\_\_\_\_

**A. How did the organization arrive at this estimate?**

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2. How many individuals are expected to benefit from the service to be provided? \_\_\_\_\_

**A. How did the organization arrive at this estimate?**

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3. Indicate the number units/beds, service hours, clients, etc. of service: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> # of Case management sessions  | <input type="checkbox"/> # of Completed job training program(s)   |
| <input type="checkbox"/> # of Bed nights provided       | <input type="checkbox"/> # of Clients with increased income       |
| <input type="checkbox"/> # of Days housing provided     | <input type="checkbox"/> # of Employed Clients                    |
| <input type="checkbox"/> # of Persons housed            | <input type="checkbox"/> # of Clients who remained in their homes |
| <input type="checkbox"/> # of Child care slots provided | <input type="checkbox"/> # of Clients receiving treatment         |
| <input type="checkbox"/> Other: _____                   |   |

**4. What is the expected outcome of the program?**

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**Describe the promotion of Hammond activity and growth.**

A. How do you anticipate growth in the City of Hammond?

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B. How does the City of Hammond benefit?

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5. Proposed Budget

**PART A: Line Item Budget**

LINE ITEM	CDBG	OTHER	TOTAL
Salaries			
Fringe Benefits			
Professional Services			
Supplies & Equipment			
Rent/Lease			
Utilities/Telephone			
Mileage			
Other: Insurance			
Other			
Other			
Total			

**PART B: Other Funding Sources**

Name of Funding Source	Secured? (Y/N)	Amount
1.		
2.		
3.		
4.		
5.		
TOTAL:		

## STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made or submitted in connection with this application once the deadline for applications has passed.
3. Understand the City of Hammond Department of Planning & Development may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
4. That, if the program(s)/project(s) is recommended and approved by the selection committee, the Department of Planning & Development reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The Department of Planning & Development reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. With submission of this application, the organization agrees to abide by the Department of Planning & Developments' locally established policies and guidelines.
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the Department of Planning & Development.
10. That, if the project/program is funded, the Department of Planning & Development, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. Upon the project funding, the Department of Planning & Development will perform an environmental review prior to the obligation of funds.
12. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets will be required between the organization and the Department of Planning & Development.
13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., Department of Planning & Development, or City of Hammond staff members/employee on the Board of directors, staff members' families serving on the Board of Directors).
16. Note that each program/project has the potential to receive funding for a period not to exceed (3) years
17. **A separate application must be submitted for each activity.**



**NOTE: THE APPLICATION SUBMITTED MUST HAVE THE ORIGINAL SIGNATURES.**

## **CERTIFICATION**

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true and that applicant will comply with all requirements if funding is approved.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

### **PRIVATE AGENCIES:**

\_\_\_\_\_  
Signature of President of Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name of President of Board of Directors

\_\_\_\_\_  
Date

## REQUIRED DOCUMENTS

1. Provide organizations' financial statement of income and expenses, audit report, balance sheet or any other information clarifying organizations' expenses and income; and financial status not older than 2 years.
2. Current list of Board of Directors and the organizational chart and current employees with titles.
3. IRS ruling providing tax-exempt new only status under section 501(c) (3) of the IRS Code of 1986, as amended.
4. Insurance documentation
5. All original program literature (brochures, marketing materials, etc.)
6. Current client application that is and will be used to collect information.

### **PENALTY FOR FALSE OR FRAUDULENT STATEMENTS**

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.