



TOWN OF CICERO
Department of Housing
1634 S. Laramie Avenue
Cicero, Illinois 60804

Larry Dominick
TOWN PRESIDENT

Town of Cicero

Community Development Block Grant Funds Proposal Overview

Introduction

The United States Department of Housing and Community Development's (HUD) Community Development Block Grant (CDBG) Program provides annual grants on a formula basis to states, cities, and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.

Cicero is a formula grantee of this program, and to qualify for funding, the Town must develop a Five-Year Consolidated Plan and Annual Action Plan for each year of the Consolidated Plan. The Town is also required to assess and report on the progress of the planned activities through the Consolidated Annual Performance & Evaluation Report (CAPER).

The applications that are received, and approved for funding will be the basis for projects listed in the Annual Action Plan.

Application Materials

The application form on the pages that follow was developed to establish a uniform proposal for organizations requesting the Town of Cicero's CDBG funds. Each question must be fully addressed and further details of an applicant's operations may be attached. If an applicant is requesting funding for more than one project, a separate grant proposal must be submitted for each program or service.

Application deadline: May 4th, 2022 by 12:00PM

- **Proposals will not be accepted after this date and time, and incomplete applications may be rejected.**
- **Submit 1 copy of your application to amarquez@thetownofcicero.com, or**

Town of Cicero – Department of Housing

Attn: Argelia Marquez – Assistant Grant Administrator

1634 S Laramie Avenue, Cicero, Illinois 60804

If you have any questions about program eligibility or the application form, please contact Argelia Marquez at amarquez@thetownofcicero.com or call 708-656-8223.

Vision and Goals of the Town of Cicero's CDBG Program

The Town of Cicero's CDBG program will provide a better quality of life for low/moderate-income residents through projects and service activities. The Town identified four (4) priorities during the development of the Consolidated Plan. Those priorities are:

1. Expand the Supply of Safe, Decent and Affordable Housing
2. Provide Safe Housing Free from Lead Hazards
3. Improve Service to Non-Homeless Cicero Residents who are Low-to-Moderate Income and/or have Special Needs
4. Strengthen the Community's Living Environment by Making Improvements to Public Facilities

Review of Applications

The Town of Cicero will review the completed applications using the following criteria:

1. Eligibility:
 - a. Eligible activity according to CDBG categories,
 - b. Fulfills at least one CDBG national objective,
 - c. Benefits low/moderate-income persons or households,
2. Effectiveness: The number of Cicero residents assisted per dollar of funding.
3. Capacity: Agency's history and capacity to meet administrative requirements.
4. Alignment: The proposal meets the spirit and intent of the Town's 2020-2024 Consolidated Plan



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CDBG SUBRECIPIENT PROPOSAL SUMMARY

Date Received: _____ **(Note: Must be received by May 04, 2022 at 12:00PM)**

1. Organization Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)
Street City and State Zip

Phone: [Click here to enter text.](#)

2. Contact Person: [Click here to enter text.](#)
Name/Title

Address: [Click here to enter text.](#) [Click here to enter text.](#) [Click here to enter text.](#)
Street City and State Zip

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

3. Type of Organization (check appropriate space):

- Private (non-profit) Local Development Corporation Public
 Private (for-profit) Neighborhood Based (non-profit)

4. Amount of funds requested (round to nearest \$50): [Click here to enter text.](#)

Community Development Block Grant Program
Tom M Tomschin, MPA – Executive Director
Phone 708-656-8223

5. Previous CDBG and/or CDBG grants to your agency:

| <u>Year</u> | <u>Amount (s)</u> | <u>Purpose</u> |
|-------------|---|---|
| 2021 | Click here to enter text. | Click here to enter text. |
| 2020 | Click here to enter text. | Click here to enter text. |
| 2019 | Click here to enter text. | Click here to enter text. |

6. Describe Your Organization and its Mission Statement.

[Click here to enter text.](#)

7. List the project's measurable goals and objectives. Use numbers and dates:

[Click here to enter text.](#)

8. Date project is to begin: **10/1/2022**

9. Date project to be completed: **9/30/2023**

10. Projected goal (number of persons, youth, or households to be served)

[Click here to enter text.](#)

11. How will this project address the needs of low and moderate-income persons or a low and moderate area?

[Click here to enter text.](#)

12. Applicants must demonstrate that the selection of clients is an objective process and the Subrecipient may not limit participation on the basis of race, gender, nationality, ethnicity, religion, creed, or disability. How will your project comply with this expectation?

[Click here to enter text.](#)

13. If this project is sponsored by a church or religious group, participation may not be limited to members of the church. What efforts will you make to ensure that the community at-large is aware of this project and the opportunity for participation?

[Click here to enter text.](#)

14. List your detailed budget for **THIS** project. List both proposed CDBG funds and other *committed* funds that will be used to complete the project. Also list any additional *committed* in-kind contributions, donated professional services and fees, and other resources being applied to the completion of this project. Show a detailed breakdown of individual items. Use specific descriptions, not broad categories.

| Use of CDBG Funds | CDBG Amount |
|--|---|
| Direct Client Service Costs (ex. enrollment fee, scholarship, fee per night of service, rent assistance, etc.) | \$ Click here to enter text. |
| Payroll of Employees Providing Direct Client Service* | \$ Click here to enter text. |
| Materials / Office Supplies | \$ Click here to enter text. |
| Other Administrative Costs | \$ Click here to enter text. |
| Construction / Rehabilitation | \$ Click here to enter text. |
| Other, Please Specify: Click here to enter text. | \$ Click here to enter text. |
| Total CDBG Request | \$ Click here to enter text. |

*Who has performed this cost estimate? [Click here to enter text.](#)

* Describe your time tracking and allocation system: [Click here to enter text.](#)

15. Is your agency seeking other sources of *potential* funding or in kind contributions for this project or activity? If so, please list the amount requested, the source(s) of funding and contributions, and the status of the request(s).

| FY 2021 Income Limit Area | Medium Family Income | FY 2021 Income Limit Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------------------------|----------------------|-----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Chicago - Joliet - Naperville, IL | | Very Low (50%) Income Limits (\$) | \$32,650.00 | \$37,300.00 | \$41,950.00 | \$46,600.00 | \$50,350.00 | \$54,100.00 | \$57,800.00 | \$61,550.00 |
| HUD Metro Area | \$93,200.00 | Extremely Low Income Limits (\$) | \$19,600.00 | \$22,400.00 | \$25,200.00 | \$27,950.00 | \$31,040.00 | \$35,580.00 | \$40,120.00 | \$44,660.00 |
| | | Low (80%) Income Limits (\$) | \$52,200.00 | \$59,650.00 | \$67,100.00 | \$74,550.00 | \$80,550.00 | \$86,500.00 | \$92,450.00 | \$98,450.00 |

NOTE: Household income is the total income of all household members 18 years old or older who contribute to the household. The extremely low, very low, and low income limits are based on Median Family Income, in which a householder has one or more other persons living in the same household who are related to the householder by birth, marriage, or adoption.

17. Will this project be undertaken if CDBG funds are not available or the amount granted is less than requested? Have provisions been made to this effect? Choose an item.

18. Identify who will be in charge of planning, implementing, follow-up, and seeing the project is completed as planned. Name and Title:

[Click here to enter text.](#)

19. Who will be responsible for keeping appropriate records concerning CDBG grant funding expenditures, requesting funds from the Department of Housing, and preparing the quarterly status and annual reports? Name and Title:

[Click here to enter text.](#)

20. Your proposed activity needs to meet one of the priorities outlined in the Town of Cicero's 5-year Consolidated Plan Approved by HUD. Please select a priority from below (*Check all apply*):

- Priority 1: Housing
- Priority 2: Lead Abatement
- Priority 3: Service to Non-Homeless Persons with Special Needs
- Priority 4: Improvements to Public Facilities

21. Your proposed activity needs to be an eligible activity as outlined by HUD. Please select the type of activity type you are proposing. (*Check all apply... for example an after-school program would be Public Service, and Youth Services. The*

Renovation of a handicapped facility would be Public Facility and Handicapped Center)

Acquisition of Real Property

Disposition

Public Services

- | | | |
|---|--|--|
| <input type="checkbox"/> General 05 | <input type="checkbox"/> Senior Services 05A | <input type="checkbox"/> Handicapped Services 05B |
| <input type="checkbox"/> Legal Services 05C | <input type="checkbox"/> Youth Services 05D | <input type="checkbox"/> Transportation Services 05E |
| <input type="checkbox"/> Substance Abuse Services 05F | <input type="checkbox"/> Battered and Abused Spouses 05G | |
| <input type="checkbox"/> Employment Training 05H | <input type="checkbox"/> Crime Awareness 05I | <input type="checkbox"/> Fair Housing Activities |
| <input type="checkbox"/> Tenant/Landlord counseling 05K | <input type="checkbox"/> Child Care Services 05L | <input type="checkbox"/> Health Services 05M |
| <input type="checkbox"/> Screening for Lead Paint 05P | <input type="checkbox"/> Subsistence Payments 05Q | <input type="checkbox"/> Homeowner Assistance 05R |
| <input type="checkbox"/> Rental Housing Subsidies 05 S | <input type="checkbox"/> Security Deposits 05T | |

Public Facility and Improvements

- | | | |
|---|---|---|
| <input type="checkbox"/> General 03 | <input type="checkbox"/> Senior Centers 03A | <input type="checkbox"/> Handicapped Centers 03B |
| <input type="checkbox"/> Homeless Facilities 03C | <input type="checkbox"/> Youth Centers 03D | <input type="checkbox"/> Parks 03F |
| <input type="checkbox"/> Parking Facilities 03G | <input type="checkbox"/> Solid Waste Disposal 03H | <input type="checkbox"/> Flood Drain Improvements 03I |
| <input type="checkbox"/> Water/Sewer Improvements 03J | <input type="checkbox"/> Street Improvements 03K | <input type="checkbox"/> Sidewalks 03L |
| <input type="checkbox"/> Child Care Centers 03M | <input type="checkbox"/> Tree planting 03N | <input type="checkbox"/> Fire Station Equipment 03O |
| <input type="checkbox"/> Health Facilities 03P | <input type="checkbox"/> Asbestos Removal 03R | <input type="checkbox"/> Facilities for AIDS Patients 03S |
| <input type="checkbox"/> Abused and Neglected Children Facilities 03Q | | |

22. Your proposed activity needs to meet one of HUD's National Objectives. **Please select the National Objective that best describes your proposed activity, and attach supporting documentation to this application to support the National Objective Choice.**

- **Example 1:** For Low/Mod, you could submit policies and procedures on how you income qualify your beneficiaries, and data on the % of your beneficiaries that are low/mod income.
- **Example 2:** For Low/Mod Presumed Beneficiary, you could submit policies describing your program and the service provided to a HUD-Defined Presumed Beneficiary (i.e. elderly, disabled adults, victims of domestic violence, and the homeless)

(Please select one National Objective, and one option is applicable)

National Objective 1

Low/Mod

Area Benefit (Option 1)

Limited Clientele (Option 2)

Presumed Beneficiary (check one if applicable)

- | | |
|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Elderly persons |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Disabled adults | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant farm workers |

National Objective 2

- Slum/Blight
 - Area Basis (Option 1)
 - Spot Basis (Option 2)
 - Urban Renewal (Option 3)
 - Housing (Option 3)
 - Jobs (Option 4)

National Objective 3

- Urgent Need

23. Describe the Clients you will serve:
[Click here to enter text.](#)

24. What % of your clients are Cicero Residents?
[Click here to enter text.](#)

25. What is your income verification process?
[Click here to enter text.](#)

26. Performance Measurement Systems - Project Objectives

Please check one of the following to identify your agency's proposed objectives.

(The selection should reflect the purpose of your agency's proposed program.)

- Creating a Suitable Living Environment**
- Providing Decent Housing**
- Creating Economic Opportunities**

27. **Project Outcomes** Please check one of the following to identify your agency's proposed outcomes:

- Availability/Accessibility**
- Affordability**
- Sustainability**

Signature & Title

Date

X. APPLICATION CHECKLIST

Use this checklist to ensure that you have included key information in your application.

- ✓ You have read the grant program guidelines carefully and have complied with each provision.
- ✓ Your application is dated.
- ✓ You followed the mandatory format for preparing the grant and application and are aware that they are listed as the contact person.
- ✓ Reliable telephone numbers are listed.
- ✓ You included the correct mailing address for correspondence and grant payments.
- ✓ You have rounded the funding request to the nearest \$50.00.
- ✓ Your project description includes essential information.
- ✓ Who will implement the project.
- ✓ What your project will do; how many persons will benefit
- ✓ When it will begin and end.
- ✓ Where the activities will take place
- ✓ Why the project is needed
- ✓ How the project will address a community need
- ✓ Project addresses a neighborhood need or problem that has been recognized in a city study, report, neighborhood needs assessment, or, survey neighborhood developed survey, plan, or analysis, or other publicly defined ways.
- ✓ Your detailed project budget is listed on the application in the proper space.
- ✓ The proposed budget is a reliable projection of the project's expenses and revenue related to this project.
- ✓ Your project goal and objectives contains measurable numbers and dates or time frames.
- ✓ A specific location is listed to identify activity sites.
- ✓ The project provides benefits to persons of low to moderate income.
- ✓ **SUPPORTING DOCUMENTATION ATTACHED TO SUPPORT NATIONAL OBJECTIVE CHOICE**