

# Intent to Apply CDBG Public Service

Spring 2025

## Funding Request Amount

- \$25,000
- \$40,000
- \$55,000
- \$70,000

## 1. Which describes your organization?

- A nonprofit with 501(c)3 status
- Cooperative group of organizations with an IRS-designated 501(c)(3) agency serving as its fiscal host
- Library, museum, education institution or other government entity
- None of the above

**2. Detail your intention to apply for CDBG Public Service grant funding from the City of Fort Collins. Describe your organization, the program or project you are requesting funding for, and what specifically the funding would support (salaries, direct client assistance, etc).** *Max Characters: 4000*

## 3. Select ONE of the Social Sustainability Homelessness Priorities that your program primarily addresses. ONLY SELECT 1.

*Use the document titled 'Homelessness Priorities Platform' to examine the priorities identified below. View this document at [www.fcgov.com/socialsustainability/cpddocuments](http://www.fcgov.com/socialsustainability/cpddocuments)*

- Sheltering
- Supportive Services
- Prevention

## 4. Will your proposal provide at least 51% of its services to Fort Collins residents with incomes at or below 80% of the Area Median Income (AMI) or EXCLUSIVELY serve a special client population that may qualify as 'Presumed Benefit'?

*Presumed Benefit populations are: abused children, victims of domestic violence, elderly persons, severely disabled adults, persons experiencing homelessness, illiterate adults, persons living w/ AIDS, migrant farm workers*

- Yes
- No
- Don't know

## 5. If the program you are requesting funding for EXCLUSIVELY serves a special population that may qualify as a 'Presumed Benefit' group, please select from the list below, or select N/A:

- Abused Children
- Victims of Domestic Violence
- Elderly Persons (62+)
- Severely Disabled Adults
- Persons Experiencing Homelessness
- Illiterate Adults
- Persons Living with AIDS
- Migrant Farm Workers
- N/A

**6. Does your program address one of the City's 2025-2029 Consolidated Plan Draft Goals? Select one. If neither of these applies, select N/A.**

- Provide emergency sheltering & service:** Projects that provide emergency shelter, shelter-related services, and/or residency programs for individuals and families experiencing homelessness, including comprehensive case management for long-term stabilization. May include extreme weather emergency sheltering for people experiencing homelessness and other vulnerable populations.
- Provide housing stabilization services:** Includes displacement, eviction, foreclosure, and homelessness prevention services such as short-term financial assistance (rent, utilities, etc.), housing counseling, comprehensive case management, and direct service coordination.
- N/A**

**7. Does your organization have experience managing federal CDBG- or HOME-funded activities in any of the following capacities? Select all that apply.**

- As a federal entitlement jurisdiction
- As a federal subrecipient
- As a federal contractor
- None of the Above

**8. Does your organization document and retain records of the following for the clients served? Select all that apply.**

- Proof of Income
- Proof of Lawful Presence
- Personal Identification
- Proof of Residency in Fort Collins (if housed)
- Demographic Information for all program beneficiaries
- Client interaction notes, including start/end dates and services rendered
- Expense documents in accordance with federal record-keeping requirements

**9. Would you like to invoice for up to 10% de minimis of eligible indirect cost allocation of the final grant award each fiscal year? Your response will not impact or influence the funding award determination amount.**

- YES – we intend to recover 10% of the final award for indirect/admin
- NO – our funding award will be fully applied to direct program expenses

# Full Application

# CDBG Public Service Spring 2025

## PROGRAM INFORMATION

**1. Select ONE of the City's 2025-2029 Consolidated Plan Draft Goals that your program primarily addresses. ONLY SELECT 1.**

- Provide emergency sheltering & service:** Projects that provide emergency shelter, shelter-related services, and/or residency programs for individuals and families experiencing homelessness, including comprehensive case management for long-term stabilization. May include extreme weather emergency sheltering for people experiencing homelessness and other vulnerable populations.
- Provide housing stabilization services:** Includes displacement, eviction, foreclosure, and homelessness prevention services such as short-term financial assistance (rent, utilities, etc.), housing counseling, comprehensive case management, and direct service coordination.
- N/A**

**2. Explain how your program aligns with and advances the Consolidated Plan Draft Goal you selected above. Demonstrate how the program exhibits mastery and influence in Fort Collins to uniquely improve the human or community conditions of the issue you address.**

*Provide local, relevant data and evidence to support the need for the program you are proposing.*

Max Characters: 3000

**3. If applicable, select the Disproportionately Impacted Identities your program is intentionally designed to serve. Select all that apply.**

*Reference pg.5 of the 'Homelessness Priorities Platform' for descriptions of the Disproportionately Impacted Identities. Select N/A if the program has not been developed with intent to uniquely serve residents with one or more of these identities.*

- Limited-Income Socioeconomic Status
- Housing Status
- Communities of Historically Excluded Racial and Ethnic Backgrounds
- Immigration Status and National Origin
- Language
- Age: Children | Youth & Young Adults | Seniors (62+)
- Gender Identity/Expression and Sexual Orientation
- Disability
- Survivor
- N/A

**4. If applicable, briefly provide data and details that demonstrate your program's intentional service to each of the Disproportionately Impacted Identities you selected in question #3.**

*Data should be recent, relevant and local, with preference for data sourced directly from the program. If multiple identities are selected, include reflections of unique or compounding challenges realized by clients with overlapping identities.* Max Characters: 3000

**5. Demonstrate how the program remediates systemic barriers to service through targeted outreach and encouraging equitable participation.**

*Identify policies and/or practices exercised by the program to improve access, with an emphasis on community members that are least likely to access services.* Max Characters: 3000

**6. Demonstrate how the program strategically creates an inclusive environment to ensure all clients feel welcomed and valued.**

*Identify program policies/practices that create supportive client experiences and accommodations for participation, and integrate a diversity of client perspectives into services.* Max Characters: 3000

**7. Please identify 1 or 2 Measurable Outcomes that are anticipated by the program. These are the targets and goals that measure the progress and change to the community or clients served by the program, particularly their socioeconomic conditions and overall well-being. Only Fort Collins residents should be included.**

*- You define the outcomes and targets that are relevant & related to the program. These can be measurements, goals and metrics that your organization tracks/reports for the program already. -The number of clients served should NOT be included here* Max Characters: 3000

**8. Please enter the NUMBER of unduplicated Fort Collins residents you anticipate will benefit from this request in FY25, according to the following AMI income categories.**

*If project is a PRESUMED BENEFIT, disregard percentage categories. If unsure, please contact city staff, don't guess.*

\_\_\_ 0-30% AMI

\_\_\_ 31-50% AMI

\_\_\_ 51-80% AMI

\_\_\_ 81% + AMI

\_\_\_ Presumed Benefit Total – enter 0 if NOT Presumed Benefit

**9. What is the total annual budget for this specific program?** Max Characters: 255

**10. List the total cost of each item and the amount being requested from the City. If you are listing more than one item, please prioritize them. (e.g, #1, #2, etc.) Use the annual amounts, not the 2-year totals. Please check your math - The amounts must add up to the funding request amount.**

*Example: #1 2 Licensed Therapists - 25% of salaries and benefits totaling \$xxx #2 1 Unlicensed Therapist - 15% of salaries and benefits totaling \$xxx #3 Transportation Services (labor, fuel & maintenance of 2 vans) \$xxx, approximately 15% of costs* Max Characters: 3000

**11. Why did you select this funding request amount?**

*What were the judicious considerations that made you choose the amount selected instead of the other options? Demonstrate the appropriateness and suitability of your request.* Max Characters: 2000

**12. Why is funding support from the City of Fort Collins necessary and valuable for the program's financial interests?** Max Characters: 1000

**13. Does this request duplicate services by another entity in our community? If yes, describe how this duplication benefits our community and is needed. If no, please enter N/A.**

*Assume that the community members reviewing this application do not know about your program or others.* Max Characters: 2000

**14. Does your program include collaboration, cooperation or partnership with other organizations? If yes, please list the current partner organizations and briefly describe their involvement.**

*These efforts to achieve mutual goals may include resource sharing such as: staff and volunteers, data/measurement/evaluation, funding, processes, etc.* Max Characters: 2000

**15. Is there any additional information about the proposed program for which you are requesting funds that you deem helpful for us to know? Please explain.** Max Characters: 2000

### **AGENCY INFORMATION**

**16. Summarize any recent or anticipated changes in your organization's structure, leadership, key personnel, budget, mission, etc.:** Max Characters: 2000

**17. How much do you have in operating reserves at this time? How many months does this represent? If your organization has needed to use any operating reserves in the past 12 months, please explain.** Max Characters: 2000

**18. Has your organization borrowed money in the last 12 months? If yes, what was the purpose for borrowing? Please provide the terms and conditions for repayment (enter N/A if you did not borrow funds).** Max Characters: 2000

**19. Is there any financial restructuring anticipated by the organization to address financing shortfalls, debt restructuring, working capital, etc., in the next year (yes/no)? If yes, explain.** Max Characters: 2000

**20. If your organization was awarded funding (other than through the CDBG Public Service grant program) from the City of Fort Collins in the prior year, please provide the amount, purpose and department the funding comes from. If no additional funds are received, enter N/A.**  
*Example: special contracts, other grants, etc.* Max Characters: 1000

**21. Describe your agency's process or procedure used to track beneficiaries that meet the Presumed Benefit category, including how Presumed Benefit eligibility is determined, how demographics are collected, and how the agency avoids duplication of beneficiaries in quarterly reports.**  
*If the project does not serve a PRESUMED BENEFIT group, please write 'Not applicable'.*

**22. Describe if any board members financially benefit from program funding.**

**23. Does your organization have the capacity to administer funds from the City of Fort Collins? Check all that your organization is prepared to accomplish:**

- Track and report all program beneficiaries
- If applicable, ensure all program beneficiaries have signed an Affidavit of Lawful Presence
- If applicable, retain a copy of approved identification for all program beneficiaries
- If applicable, collect and retain proof of income for all program beneficiaries
- Ensure all housed program beneficiaries live within City limits
- Ensure all program beneficiaries are eligible for the program
- If reporting program beneficiaries as Presumed Benefit, ensuring that ALL of them fall within the identified Presumed Benefit Category
- Record demographic information for all program beneficiaries

- Maintain clear and organized records of program beneficiary interactions, including start and end dates and services rendered
- Maintain clear and organized records of all eligible expenses, including timekeeping and payroll records for program staff and receipts for grant-related expenditures
- Submit accurate financial documentation quarterly for reimbursement
- Read, understand, and comply with ALL requirements outlined in grant agreement
- Participate in annual program audit for compliance with federal regulations and grant agreement requirements

**24. If selected for a grant, your organization will be required to sign an agreement similar to the one found at the hyperlink below. After reviewing the sample agreement, would your organization be able to agree to the terms?**

<https://www.fcgov.com/socialsustainability/cpdocuments>

- Yes**
- No**
- Not Sure**

<b>Documents Requested *</b>	<b>Required?</b>
BOARD OF DIRECTORS ROSTER (Upload) (please ensure the roster is current for 2025) (names and titles will be adequate)	<b>Required</b>
IRS 501(c)3 DESIGNATION if applicant is a nonprofit (Upload the first page)	<b>Required</b>
CERTIFICATE OF GOOD STANDING (if a nonprofit; dated 2024 or 2025) (Upload)	<b>Required</b>
AUDIT--most recent, or a Financial Review - OPTIONAL (Upload)	
PROGRAM BUDGET: Funding Revenues and Funding Expenses - specific for this program/project request - not entire organization. ***Using this Template is Optional - You may submit Program Budgets Using Your Own Format.	<b>Required</b>
"PART VIII STATEMENT OF REVENUE" and "PART IX STATEMENT OF FUNCTIONAL EXPENSES" only of most current IRS FORM 990....DO NOT UPLOAD THE ENTIRE 990 - Only Part VIII & IX..or..submit full IRS 990-EZ if your organization does not complete 990. (upload)	<b>Required</b>
ORGANIZATION BUDGET: Current fiscal year budget. (upload)	<b>Required</b>