



**CITY OF WAUWATOSA  
COMMUNITY DEVELOPMENT BLOCK GRANT  
(CDBG) APPLICATION  
PROGRAM YEAR 2025 SUMMARY SHEET**

<b>APPLICANT INFORMATION</b>		
Organization Name:		
Address:		
Director's Name:	Phone:	Fax:
Director's Title:	E-Mail Address:	
Tax I. D. Number:	Agency Website:	
DUNS Number:		
<b>PROJECT DESCRIPTION AND BUDGET</b>		
<b>1. Project Name/Brief Summary Description:</b>		
<b>2. Project Manager:</b>		
<b>3. Project Location:</b>		
<b>4. Total CDBG Funding Requested:</b>		
<b>5. CDBG Fund Request as a Percentage (%) of Overall Project Budget:    ___ %</b>		
<b>6. CDBG Fund Request as a Percentage (%) of Organization Budget:    ___ %</b>		
<b>7. Total # of unduplicated clients/households served by project: _____</b> Check Which: Individual _____ or HH _____		
<b>8. Total # of unduplicated low/moderate income (LMI) clients/hholds served by project: _____</b> <i>(note: minimum of 51% of those served must qualify as LMI for most projects; 100% for housing projects)</i>		
<b>9. Indicate the Priority Need that Best Identifies Your Project:</b>		
<input type="checkbox"/> Clothing	<input type="checkbox"/> Senior Services	
<input type="checkbox"/> Food	<input type="checkbox"/> Housing	
<input type="checkbox"/> Services for the disabled	<input type="checkbox"/> Homeless Shelter/Transitional Housing	
<input type="checkbox"/> Preventive Health	<input type="checkbox"/> Housing Rehabilitation	
<input type="checkbox"/> Services for HIV/AIDS	<input type="checkbox"/> Other:	

**CERTIFICATION**

There is no guarantee, expressed or implied that funds will be provided to the applicant. The applicant agrees to comply with all Federal and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the application, is authorized to make this application, and certifies that the information in this application is true and correct, to the best of his/her knowledge.

Authorized Official's Name (type or print): \_\_\_\_\_

By: \_\_\_\_\_  
Official's Signature
Date

**CITY OF WAUWATOSA  
COMMUNITY DEVELOPMENT BLOCK GRANT  
FUNDING APPLICATION FOR PY 2025**

**1. Activity Eligibility:**

<b>Consolidated Plan Goal</b> - <i>Select the Strategy That Best Fits The Proposed Project.</i>
<input type="checkbox"/> Strategy 1. Provide safe, secure housing and/or promote equal opportunity in housing.
<input type="checkbox"/> Strategy 2. Provide supportive services for senior citizens.
<input type="checkbox"/> Strategy 3. Provide supportive services for people with disabilities.
<input type="checkbox"/> Strategy 4. Promote community economic development projects.
<input type="checkbox"/> Strategy 5. Undertake improvements to facilities.

<b>HUD Project Category</b> - <i>Select the Project Category That Fits The Proposed Project.</i>
<input type="checkbox"/> Fair Housing Activities
<input type="checkbox"/> Public Facilities/Improvements
<input type="checkbox"/> Planning Activities
<input type="checkbox"/> Economic Development
<input type="checkbox"/> Public Services (services for seniors, disabled, etc.)
<input type="checkbox"/> Housing Rehabilitation

**2. Description of Project & Grant Request:**

*Describe the activities to be carried out through this grant request:*

- *Define the full details of the activity being carried out with CDBG funds only, (who, what, where and how)*
- *Specifically describe, and where appropriate quantify, the services and outcomes provided as a result of the expenditure of CDBG funds.*
- *How these services will be delivered?*
- *Why is the project needed in the community and why, specifically, are CDBG funds needed to support the project?*

**3. Project Service Area:**

*The Project Service Area refers to the location that project beneficiaries reside or where clients accessing services reside. A Project Service Area may differ substantially from the organization’s specific location.*

- *Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Wauwatosa residents, state the service area is city-wide. (Keep in mind the project must serve majority Wauwatosa residents, regardless of the organization’s physical location.)*

**4. Benefit to Low to Moderate Income Clientele:**

The organization must ensure that unduplicated Individuals or households benefiting from CDBG funding are low and moderate income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project’s performance outcome.

**Describe the clientele you intend to serve:**

- Is the project serving individual clients or households?
- If there is a target population served, explain how the population is selected, qualified, and monitored.
- Explain how you conduct outreach to the population served and how you include cultural, minority or hard-to reach demographics of your target population.
- Describe the process of collecting unduplicated data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc).

**LMI Clientele Table**

(Based on the income guidelines listed below)

<b>Low/Moderate Income Persons or Households:</b>	<b>Total Number of Individuals or Households:</b>
30% of median income or below	
30 - 50% of median income	
50 - 80% of median income	
80% or above median income	
Total # Served:	

<b>2024 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
<b>Extremely Low - 30% median income or below</b>	\$21,500	\$24,550	\$27,600	\$31,200	\$36,580	\$41,960
<b>Very Low – 50% of median income</b>	\$35,750	\$40,850	\$45,950	\$51,050	\$55,150	\$59,250
<b>Low – 80% of median income</b>	\$57,200	\$65,400	\$73,550	\$81,700	\$88,250	\$94,800

**5. Agency Description & Experience:**

*Briefly describe the following:*

- *Mission of the organization.*
- *Experience of the organization in carrying out the proposed activities/services.*
- *Length of time the organization has been involved in provided the proposed activities/services. (If the agency does not have prior experience, please indicate experience and successes in carrying out similar programs.)*
- *How the activities to be funded in the grant request fit in with other activities within the organization.*

**6. Partnerships / Volunteers:**

*Describe any collaboration that is currently in place (or will be) for this project:*

- *List agencies or organizations with which you collaborate.*
- *Will you utilize volunteers for the program for which you are requesting funds? If so, please describe how these volunteers will be utilized for the proposed activity and estimate the amount of volunteer time to be dedicated to the project.*

**7. Budget Breakdown:**

*Please provide a detailed, line-item budget for the organization’s CDBG request. The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with the City. Please provide a brief description of each budget line item.*

- 1. Total Salary/Fringe Benefits Costs \$ \_\_\_\_\_
- 2. Total Equipment & Supplies Costs \$ \_\_\_\_\_
- 3. Total Capital Costs (Construction, rehab, repairs, etc.) \$ \_\_\_\_\_
- 4. Total Request (Must Equal Sum of Lines 1-4) \$ \_\_\_\_\_

**8. Budget Narrative:**

*Discuss the total budget for your project:*

- *Include a general description of CDBG and non-CDBG funding sources that will be used.*
- *If CDBG funding is not granted to the full extent of the request, will the project go forward? Describe any reduction in services that would result from the loss of CDBG funding. If this is a new project, demonstrate how the proposed program will continue if it were only funded for one year. What amount of your organization's overall budget is the CDBG funding request?*

**9. Financial Review of Funds:**

- *When was the most recent Single Audit or other review of your financial records? Date: / /  
Please provide a copy of the report with your application.*
- *Does your organization receive or expect to receive more than \$750,000 (as a direct recipient or a sub-recipient) from all sources of federal funds in Program Year 2024? Yes \_\_\_ No \_\_\_*
- *If the answer is "Yes," the organization is REQUIRED to submit one copy of the Single Audit with the funding application.*

**10. Equal Employment Opportunity**

*As a receiver of CDBG Federal funding from the City, we are required to have you submit employment data for your organization. The EEO form along with instructions is attached. Please note that if your organization has 15 or fewer employees, you can note this by circling YES at the top of the form and filling out/signing at the bottom; you do not need to complete the data if employees number 15 or fewer.*

**11. Other:**

*Provide any other information that may be pertinent to this application that was not stated in previous questions.*