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**Community Development Block Grant (CDBG) PROGRAM**

**2025 APPLICATION PACKAGE**

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Description automatically generated

**DEADLINE DATE: June 15th, 2025 at 4:00 pm ET**

**Invitation to Apply for a Fiscal Year 2025 Franklin County Community Development Block Grant as funded by the**

**US Department of Housing and Urban Development**

You are invited to submit an application for Franklin County Community Development Block Grant (CDBG) funding. The applications are due by **June 15, 2025, at 4:00 PM,** and are to be submitted to the Franklin County Economic Development and Planning Department located at 150 S. Front Street, Suite 10, Columbus OHIO 43215. The completed applications will be accepted by **mail, email, or by dropping off a copy** at the above listed address. Emailed applications should be sent to [communitydevelopment@franklincountyohio.gov](mailto:communitydevelopment@franklincountyohio.gov). There will be a **RECOMMENDED** application workshop session to provide information to prospective applicants, and will be held virtually on May 6, 2025 from 1:00 to 2:00 PM. Interested parties can register for the workshop and request the virtual meeting link by emailing [communitydevelopment@franklincountyohio.gov](mailto:communitydevelopment@franklincountyohio.gov).

There are no exceptions to the deadline for submission of the application. Mailed applications must be received by the above listed deadline to be considered for funding.

The County anticipates receiving approximately **$2,041,576 in CDBG funds for** Fiscal Year 2024 from the US Department of Housing and Urban Development (HUD) for the CDBG Program, **$815,406.18** for the HOME Program and **$177,096** for the ESG Program. No more than 15% of the annual CDBG allocation received by Franklin County may be used for public service activities.

In making decisions for funding this year, Franklin County will consider factors such as the eligibility and national objective to assist low- and moderate-income individuals for each project, whether the project provides substantial community benefits and the **readiness for implementation of the project**. Matching funds are not required for CDBG, but HOME requires a 25% match and ESG requires a 100% match. Only one application for each funding source (CDBG, HOME and ESG) per applicant is allowed. *Refer to separate application for any HOME or ESG funding activities. HOME and ESG applications are coming soon and will be posted to* [*https://development.franklincountyohio.gov/community-development/funding-and-grants*](https://development.franklincountyohio.gov/community-development/funding-and-grants)*.*

Enclosed is an application and general list of CDBG eligible activities. If you have any questions about eligibility for your activity, please contact the Community Development team at [communitydevelopment@franklincountyohio.gov](mailto:communitydevelopment@franklincountyohio.gov). Please note that the application requires approval by the governing body (municipal or non-profit) and must be signed by the Mayor or an authorized representative of the non-profit applicant.

**NOTE: Service area is not the same as location.** You must consider who benefits from the project. Further, if new low-mod income information is released before projects are awarded which makes a project no longer eligible, communities will have the opportunity to revise their request.

Please note that Federal wage rates (Davis-Bacon Act) apply to all construction or renovation projects under this program if the contract is $2,000 or more for non-housing, or if the project includes 8 or more CDBG-assisted housing units**.** Renovation or construction of buildings used for the general conduct of government, (borough halls or township buildings or garages), is **NOT** an eligible activity, unless the scope of the project is limited to the removal of architectural barriers to provide **handicap accessibility** in compliance with ADA requirements.

# The application must include a complete project description, with a current cost estimate prepared by an individual knowledgeable in the preparation of such estimates, using federal construction requirements, including, but not limited to, Federal prevailing wage rates.

Please note that effective for all grants awarded after April 2022, HUD requires that all entities receiving funding provide their Unique Entity Identifier (UEI) number and be registered in the SAM.gov system to ensure that they can receive federal funding. Your UEI number is requested on the application. Non-profit applicants must also provide a copy of their Business Registration Certificate (BRC) and an executed W-9 form.

Thank you for considering the submission of an application to the Franklin County Economic Development and Planning Department Community Development Block Grant Program. We look forward to working with you to ensure a successful year of grant applications. Please do not hesitate to contact our office with any questions concerning the grant application.

Sincerely,

Economic Development and Planning

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| **FRANKLIN COUNTY**  **Community Development Block Grant (CDBG) APPLICATION**  **2025** |
| **APPLICATIONS MUST BE RECEIVED BY THE ECONOMIC DEVELOPMENT AND PLANNING DEPARTMENT BY 4:00 P.M. ON June 15, 2025- 4PM**  **150 S. FRONT STREET, SUITE 10**  **COLUMBUS, OH 43215**  **(614)525-4874**  [**communitydevelopment@franklincountyohio.gov**](mailto:communitydevelopment@franklincountyohio.gov) |
| **Project Selection Criteria** |
| Completeness of application Detailed project description Project eligibility  Meets a national objective justification (i.e., low/mod benefit rationale) Project can be completed within a reasonable time frame – one year Provides substantial community benefit  Municipality has engaged and will pay for Engineering or will complete Engineering procurement under CDBG rules (if applicable) |

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| Instructions for the Franklin County Community Development Block Grant (CDBG) Application | |
| **1.** | Prepare your FY 2025 CDBG application in a clear, comprehensive, and concise manner. Remember to complete all sections and provide sufficient documentation to ensure fair consideration of your application. All applications must be submitted with original signatures, single sided copies and provide a complete electronic version of your application. |
| **2.** | Application proposals for the funding of a construction activity must include a recent (within past 120 days) cost estimates from a qualified architect or engineer. Applications which omit the required cost estimate will not be considered for funding. |
| **3.** | When funds are requested for public services that include requests for funding for program staff, job descriptions with detailed salary and wage information must be included. |
| **4.** | All applicants must provide an area map noting the location of the project. Applications for public services must include the primary location(s) where services will take place. |
| **5**. | Please provide a photograph of the project site and surrounding buildings. (Photographs in an electronic/digital format are required along with print versions). If the building is historic, all work must be done in compliance with the US Secretary of the Interior’s Standards. Please note if the project is located in a known historic area. |
| **6.** | **Project leveraging** is not required but is suggested. Please complete the **Budget Narrative Attachment**, using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective. |
| **7.** | Use the budget page from the application or an equivalent form. Please be advised that Franklin County CDBG Program funds **WILL NOT** pay for the following:   * Indirect costs – All costs to be reimbursed must be based upon the actual cost to the applicant agency. . * Food – Unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds. * For public service activities – Facility maintenance or repair is not eligible. Apply for public improvement funds if your building is in need of rehabilitation. * Pre-award funds- Expenditures are not eligible until HUD approves the County’s Annual Action Plan, an environmental review has been completed, and a subrecipient agreement executed. **All work paid for with CDBG funds must be competitively bid. The County will provide the required federal bid documents to add to your bid package before an awarded project is procured.** |

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| **8.** | Franklin County will only pay for Engineering or Architectural work if such services were competitively procured using an acceptable form of RFP per CDBG requirements. Due to the length of time needed for design and engineering, it is expected that CDBG funds, if allocated to a project, would be used to pay for project construction, labor, and materials costs and the municipality, or the non-profit will pay for the architectural or engineering cost (unless included in budget section of the application). |
| **9.** | Please ensure that your application has been signed by the appropriate municipal or agency official. **Approval by your Governing Body** is required for submission of the application.  Applications must be discussed at a public meeting and an agenda must be submitted showing the action. Please provide a copy of the resolution or official action. |
| **10.** | Vehicle and Equipment Purchase- The purchase of a vehicle or equipment is generally ineligible unless the purchase is a necessary part of a public services activity. |
| All applications will be reviewed by the staff of the Economic Development and Planning Department to determine eligibility. If additional information is required, you will be contacted by a representative of this Office. | |

**PLEASE NOTE:**

**If you are contacted to provide additional information to support your application, the final date to cure the noted omission or defect will be June 13, 2025.**

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| **Applicant Information and Project Abstract** | | | | | |
| 1. | Project Name: | | | | |
| 2. | Eligible CDBG Activity: (See Exhibit A) | | | | |
| 3. | CDBG Funding Year: **FY 2025** | | | | |
| 4. | Applicant Name (Municipality or Non-profit): | | | | |
| 5. | Address: | | | | |
| 6. | Telephone: | | 7. | | Facsimile: |
| 8. | Federal Tax ID No.: | | 8a. | | UEI: |
| 8b. | **Attach SAM.gov** Proof of Registration and CAGE Number | | 8c. | | Non-Profits: **Attach BRC, W-9 and IRS 501(c)3 Letter** |
| 9. | Type of Organization:  Non-Profit  Municipality | | | | |
| 10. | Name of Principal Contact Person: | | | | |
| 11. | Title: | 12. | | Email address: | |
| 13. | Amount of CDBG funds requested1: $ | | | | |
| 14. | Funds committed from other sources: $ | | | | |
| 15. | Total project cost (Line 13 + Line 14): $ | | | | |

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| 16. | Location of proposed project: (For purposes of GIS mapping, please provide a **specific, US Post Office recognized address in or near the project site** – i.e.: 132 Main St. Please do not provide a range or intersection) **Please note: Franklin County CDBG funds are not eligible to fund activities in the City of Columbus. To verify if your project is located in Franklin County OUTSIDE of the City of Columbus, visit** <https://fca.maps.arcgis.com/apps/instant/sidebar/index.html?appid=224214ca0fe64cceb8c6693d581f1d50> |
| 17 | Attach photographs or email photos of the project site including streetscapes surrounding the project location. |

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| **Project Description** |
| Briefly describe the proposed project. The narrative should include: 1) the need or problem to be addressed, 2) the population to be served or the area to benefit, 3) the work to be performed, including the activities to be undertaken or the services to be provided, 4) the method of approach, and 5) the implementation schedule. **Attach additional sheets if necessary.**  Check here if the structure is historic  Year constructed  Check here if the project is located in a flood plain , attach flood plain map as applicable. |

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| **Status (check One)**  **New**  **Expansion** | | | |
| CDBG Project Type | | | |
| 1. Place a checkmark in **one** of the following boxes that describes your proposed activity. | | | |
|  | **Public Facilities:** |  |  |
|  | Streets, curbs, sidewalks |  | Community centers, senior centers |
|  | Storm and sanitary sewers |  | Parking lots or facilities |
|  | Water or sewer facilities |  | Homeless Centers |
|  | Parks/Recreational facilities |  | Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Public Services:** |  |  |
|  | Childcare |  | Substance Abuse Services |
|  | Recreation programs |  | Education programs |
|  | Public safety services |  | Fair Housing Activities |
|  | Services for senior citizens |  | Homeless Services |
|  | Health Services |  | Energy conservation counseling and testing |
|  | Services for victims of domestic violence or persons with disabilities |  | Vehicle or Equipment Purchase |
|  | Paying for the cost of operating and maintaining that portion of a facility in which one or more of the above services are provided  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | **Other:** |  |  |
|  | Acquisition |  | Homeownership assistance (down payment and closing costs) |
|  | Demolition |  | Planning |
|  | Housing Rehabilitation |  | Economic Development |

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| **US HUD CDBG Statutory Justification**  **Meeting a National Objective 1**  **SELECT ONE** | | | |
| **A. LMI Area Benefit** | # Persons Served:   **Census Data** – (Please reference the **LMI Census Tract/Block Groups that are included in the service area of the project**)  Census Tract and Block Group  #:  Area population: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMI Population: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ LMI %: \_\_\_\_\_\_\_  ***OR***   **Survey Data** – Check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: At least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit B – National Objective Qualifiers**. | | | |
| **B. LMC Limited Clientele** | # Persons Served:  If the proposed activity is a public service and is limited to a specific group of people, at least 51% of whom are low- and moderate-income persons, indicate which of the three categories of limited clientele activities best describes the activity by placing a checkmark in the appropriate box.   **Presumed benefit -** place a checkmark in the box that describes the beneficiaries of the proposed service: **(NOTE: Handicap Barrier Removal Projects should check Presumed Benefit/Severely Disabled Adults below).** | | | |
|  | Abused children |  | Battered spouses |
|  | Elderly persons |  | Severely disabled adults (use census population report definition) |
|  | Homeless persons |  | Illiterate adults |
|  | Persons living with AIDS |  | Migrant farm workers |
|  **Family size and income** – Check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. Note: at least 51% of the program beneficiaries must be persons whose family income does not exceed the limits summarized in **Exhibit B – National Objective Qualifiers**.   **Nature and location of activity** – Check this box if the nature and location of the activity are such that it will be used predominantly by low- and moderate-income persons. For example, a  day care center designed to serve residents of a public housing development. Attach an explanation of how the activity meets this objective. | | | |

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| **C. LMH Housing** | # Households  Served:   **Housing** – Check this box if you will use funds to benefit low – and moderate-income  homeowners or renters. Each unit must be occupied by a low- and moderate-income household. |
| **D. Slums/Blight** | # Buildings Assisted:   Only Public Facility building rehabilitation or demolition can be qualified as a “slums and blight” activity. |

1See Exhibit B – National Objectives for additional information

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| **LINE-ITEM Budget Form – Service Projects (Salaries)** | | | | |
| **Name of Applicant:** | | | **Project Name:** | |
| **Instructions**: Please use the following format to present your proposed line-item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project. | | | | |
|  | **A** | **B** | | **C** |
|  | **Budget Item** | **Calculation** | | **CDBG Request** |
|  | **PERSONNEL** |  | |  |
|  | **Salaried Positions – Job Titles** | Provide rate of pay (hourly/salary) and  percentage of time spent on project (Full- Time Equivalent) or hours per week | |  |
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|  | **Salaries Total** |  | |  |
|  | **Fringe Benefits** |  | |  |
|  | **PERSONNEL TOTAL** | Total of Personnel & Fringe Benefits | |  |
|  | **OPERATING COSTS** | Provide description of how you arrive at total for each line item | |  |
|  | **Supplies** |  | |  |
|  | **Equipment** |  | |  |
|  | **Rent/Lease** |  | |  |
|  | **Insurance** |  | |  |
|  | **Printing** |  | |  |
|  | **Telephone** |  | |  |
|  | **Travel** |  | |  |
|  | **Other** |  | |  |
|  | **TOTAL OPERATING COSTS** |  | |  |
|  | **CONTRACT SERVICES** |  | |  |
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|  | **TOTAL CONTRACT SERVICES** |  | |  |
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|  | **BUDGET TOTAL** |  | |  |

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| **LINE-ITEM Budget Form –Service (UNITS) Projects** | | | | | |
| **Name of Applicant:** | | | **Project Name:** | | |
| **Instructions**: Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project. | | | | | |
|  | **A** | **B** | | **C** |  |
|  | **Budget Item** | **Calculation** | | **CDBG Request** |  |
|  | **UNITS** | **(Calculation of how you arrived at the unit price)** | |  |  |
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|  | **TOTAL SERVICES** |  | |  |  |
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|  | **BUDGET TOTAL** |  | |  |  |

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| **Line Item Budget Form – Construction/Acquisition Projects** | | | | | |
| **Name of Applicant:** | | | **Project Name:** | | |
| **Instructions**: Please use the following format to present your proposed line-item budget. In Column A, list the items for which you anticipate the need for CDBG funds. The list provided in Column A is an example of costs that can be expected to be incurred for a construction/acquisition project. Please include any additional budget lines as an attachment. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project. | | | | | |
|  | **A** | **B** | | **C** |  |
|  | **Budget Item** | **Calculation** | | **CDBG Request** |  |
|  | **DETAIL SCOPE OF WORK AND COST ESTIMATE FOR EACH ITEM** | | | |  |
|  | **Acquisition** |  | |  |  |
|  | Acquisition of Real Property |  | |  |  |
|  | Legal/Real Estate Services |  | |  |  |
|  | Appraisal/Inspections/Survey |  | |  |  |
|  | Relocation/URA Payments |  | |  |  |
|  | **Design and Engineering** |  | |  |  |
|  | Professional Contracts |  | |  |  |
|  | Environmental Surveys & Testing |  | |  |  |
|  | Other Professional Services |  | |  |  |
|  | **Construction** |  | |  |  |
|  | Construction Contracts |  | |  |  |
|  | Construction Management and Oversight |  | |  |  |
|  | Permitting |  | |  |  |
|  | Clearance/Demolition |  | |  |  |
|  | Materials |  | |  |  |
|  | Contingency |  | |  |  |
|  | Project Administration |  | |  |  |
|  | Other Non-Personnel Expenses |  | |  |  |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |  |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  |  |
|  | **BUDGET TOTAL** |  | |  |  |

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| **Budget Narrative Attachment** | |
| 1. **Describe your plans to use other funds on this project. In this section, only describe funds that have been secured. Provide the source of funds, amounts, and how these funds will be used. Describe your use of donated goods and services. Estimate the value of these goods and services.** | |
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| 1. **Check if any of the following will be used in the project.** | |
| * Department of Transportation * Section 202 Supportive Housing for the Elderly * Section 811 Supportive Housing for Persons with Disabilities * Low Income Housing Tax Credit (LIHTC) * Other Federal or State (list): | * HOPE VI Funding * HOME Program * CoC Homeless Assistance Programs * HOPWA * Healthy Homes Grants Lead * Hazard Control Grants * Homeownership Opportunity Programs |
| 1. **Explain why you consider your program to be a local priority.** | |
| 1. **Schedule for Implementation**    1. **Discuss Site Control**    2. **Identify any permits or other approvals needed** | |

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| **Applicant Organizational Information** |
| **Project Administration**  Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy. |
| **Monitoring**  Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.  Describe who will be responsible for monitoring progress. |
| **Insurance/Bonding/Worker’s Compensation**  State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker’s compensation as required by federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency’s accounts, in what amount, and with what insuring agency. |

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| **Applicant Organizational Information**  **CONTINUED** |
| **Financial Capacity**  Describe the agency’s current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements. |

**Non-Profit Applicants Only: Please attach the following information to your application:**

**Application Checklist: (non-profit applicants only)**

* Articles of Incorporation / Bylaws
* Non-profit determinations (tax exempt letter from IRS and/or state)
* List of Board of Directors
* Organizational chart
* Resumes of chief program administrator and chief fiscal officer
* Financial statement and audit (if single audit is a requirement per 2 CFR Part 200)
* W-9 Form
* Business Registration
* Resolution from Board of Directors authorizing grant application
* SAM.gov proof of registration and CAGE number
* Evidence of application presentation at public meeting

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicants Signature:

Name: Date:

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| **Application Checklist Municipal Facilities Projects** | | | |
|  | **Yes** | **No** | **N/A** |
| * **Application completed and certification signed** |  |  |  |
| * **Project location map attached** |  |  |  |
| * **Architect / Engineer cost estimates** |  |  |  |
| * **Provide photographs in print and electronic format** |  |  |  |
| * **Municipal Council Resolution approving submission of application and evidence of presentation at public meeting (agenda)** |  |  |  |
| * **Municipal Council Resolution supporting fair housing regulations** |  |  |  |
| * **SAM.gov proof of registration and CAGE number** |  |  |  |
| * **Will this be a phased project? (If so, please be advised Section 3 will be triggered after a phased project reaches $200,000 in cumulative HUD funding).** * **If yes, please provide year of previous phase. \_\_\_\_\_\_\_\_\_\_\_\_** * **How many phases if so, will this project be? \_\_\_\_\_\_\_\_** |  |  |  |

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicants Signature:

Name: Date:

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| **Exhibit A - CDBG Basic Eligible Activities** |
| **The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives.** |
| 1. Acquisition of real property by purchase, long-term lease (15+ years), donation, or otherwise, of real property for any public purpose, subject to limitations. 2. Disposition of real property acquired with CDBG funds through a lease or donation, or otherwise; or its retention for public purposes. 3. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, except buildings for general conduct of government. Eligible facilities include those serving persons having special needs such as homeless shelters, convalescent homes, hospitals, nursing homes, battered spouse shelters; half-way houses for runaway children, drug offenders or parolees, group homes for mentally retarded persons; and temporary housing for disaster victims. 4. Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites. 5. Provision of public services (including labor, supplies and materials) such as those concerned with childcare, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:    * A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and    * The amount obligated for public services shall not exceed 15 % of the annual grant, plus 15% of the program income received from the previous year. 6. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements. 7. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes. 8. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations. 9. Improvements to buildings to increase energy efficiency. 10. Rehabilitation, preservation, or restoration of historic properties. 11. Provision of credit, technical assistance, and general support (including peer support programs, counseling, childcare, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business. 12. Provision of assistance to private for-profit business where appropriate to carry out an economic development project. Any project funded must be able to document the creation or retention of a certain number of jobs, depending on the type of project proposed. |

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| **EXHIBIT B - National Objective Qualifiers** |
| **In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below.** |
| **Area Benefit:** Census areas with 51% low- moderate income or above qualify for funding. However, smaller areas may qualify based on an income survey. When surveys are needed, at least 51% of the residents within the targeted activity area must be low-moderate income persons. The activity may also be available to all persons in the area regardless of income. |
| **Limited Clientele:** To qualify under this subcategory, a limited clientele activity must fulfill one of the following tests.   * Clientele must be one of the following groups:   + Abused children   + Elderly persons   + Battered spouses   + Homeless persons   + Adults meeting the US Census Bureau’s definition of severely disabled persons   + Illiterate adult   + Person living with AIDS   + Migrant farm workers; or * At least 51% of the clientele must be low-moderate income persons; or * The activity must be of such a nature and in such a location that it may reasonably be concluded that the clientele will be low-moderate income persons; or * The activity must serve to remove material or architectural barriers to the mobility or accessibility of elderly persons or of severely disabled adults; or * The activity must take the form of micro enterprise assistance carried out in accordance with 24 CFR 570.201(o); or * The activity must provide job training and placement and/or other employment support services, including, but limited to peer support programs, counseling, childcare and other similar services, in which the percentage of low-moderate income persons assisted in less than 51%. This situation qualifies under the limited clientele objective only in the following circumstance:   “In such cases where such training or provision of supportive services assist business (es), and the only use of CDBG assistance received by the business is to provide the job training and/or supportive services; and the proportion of the total cost of the services borne by CDBG funds is no greater than the proportion of the number of persons benefiting from the services who are low-or moderate income”. |
| **Housing** – The activity must result in housing that will be occupied by low-moderate income persons upon completion. The housing can be either owner- or renter occupied and can be either one family or multi-unit structures. Rental housing must be occupied at affordable rents. |
| **Jobs** – “Special economic development” activities may meet the low-moderate Income Benefit national objective only in the following three ways:   * Be located in a predominately low-moderate neighborhood and serve the low- moderate income residents (e.g., a grocery store serving a low-moderate income neighborhood qualifies as area benefit); or * Involve the employment of persons, the majority of who are low-moderate income persons (e.g., a retail clothing store which creates or maintains jobs principally for low-moderate income persons). |

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| **Exhibit C - Recordkeeping Responsibilities** | |
| **Successful applicants will be required to sign a contract with the County, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:** | |
| **1.** | Written records to justify all expenditures must be maintained for a period not less than five (5) years after the full amount of the grant is expended. Your records will be subject to review by Franklin County and HUD. |
| **2.** | You will be required to maintain the County’s minimum insurance standards, to be evidenced by a copy of the policy provided to Franklin County within 10 days of execution of the contract. |
| **3.** | You must comply with 2 CFR Part 200.302 and agree to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred. You must comply with 2 CFR Part 200.203 and maintain effective internal controls over the funds awarded herein. You must administer the program in conformance with 2 CFR Part 200, Subpart E, “Cost Principles.” These principles shall be applied for all costs incurred whether charged on a direct or indirect basis. |
| **4.** | In accordance with 2 CFR Part 200, the federal government requires that organizations expending $750,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies spending $750,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:   1. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget. 2. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor’s written cost estimate. |
| **5.** | You will be required to provide annual reports stating the total number of persons served, including their ethnic origin, and whether they are female heads of household. These figures are required to be reported by HUD. |
| **6.** | You will be required to obtain written proof of income of each person or household which you assist, unless your clients are abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers. |
| **7.** | You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol. |
| **8.** | If any income is derived from the activities funded by CDBG, that **income must be returned to Franklin County as program income.** |
| **9.** | In the event that HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement. |

**Exhibit D**

**FY 2024 Income Limits Documentation System**

The below income limits are to be used for any CDBG activity where direct services are provided to a beneficiary and are adjusted based upon household size, and are applicable to Franklin County, OH. HUD reviews and updates the income limits on an annual basis to adjust for changes to the Area Median Income.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FY 2024 Income Limit Area** | **Median Family Income** | **FY 2024 Income Limit Category** | **Persons in Family** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
|  |  | **Very Low (50%) Income Limits ($)** | 36,200 | 41,350 | 46,500 | 51,650 | 55,800 | 59,950 | 64.050 | 68,200 |
| **Columbus, OH HUD Metro FMR Area** | **$124,300** | **Extremely Low (30%) Income Limits ($)** | 21,700 | 24,800 | 27,900 | 31,000 | 33,500 | 36.,000 | 38,450 | 40,950 |
|  |  | **Low (80%) Income Limits ($)** | 57,900 | 66,150 | 74,400 | 82,650 | 89,300 | 95,900 | 102,500 | 109,100 |

*Source: HUD CDBG Income Limits Effective May 1, 2024*