



2. Has your organization received CDBG funds before? If so, what municipalities have you worked with?

---

---

---

3. Will any funds be used for research and development?                      Yes                      No

If yes, please specify how funds will be used: \_\_\_\_\_  
\_\_\_\_\_

**B. SERVICE AREA**

1. Describe your agency's service area (list any municipalities served): \_\_\_\_\_

---

---

2. Does this program serve residents of the Village of Arlington Heights? \_\_\_\_\_

3. Describe any additional criteria for your program: \_\_\_\_\_

---

---

4. What facilities, services, or programs are operated in Arlington Heights?

---

---

---

5. Are there other agencies in the same service area that provide the same service? If so, what agency/agencies provide(s) similar services?

---

---

**C. PROGRAM CLIENT STATISTICS**

1. List services provided to clients (meals served, shelter, counseling, day care, etc.):

---



---



---

2. Complete the following table for **low and moderate income persons** assisted for the primary purpose of the program, excluding complimentary services such as referrals:

	<b>Total Persons Served</b>	<b>Total Arlington Hts Residents Served</b>	<b>Total Arlington Hts Residents Served by CDBG Funds</b>
October 1, 2016 - September 30, 2017 (proposed)			
October 1, 2015 - current			
October 1, 2014 – September 30, 2015			

3. How will you meet your CDBG goals for Arlington Heights residents identified above? \_\_\_\_\_

---



---

4. If you receive CDBG funds, how many additional Arlington Heights residents could you serve? \_\_\_\_\_  
 Would this program exist without CDBG funding?                      Yes                      No

**D. STAFF FOR FUNDED PROGRAM**

1. Total number of staff employed by agency for this program:

- a. Full time \_\_\_\_\_
- b. Part time \_\_\_\_\_
- c. Volunteers \_\_\_\_\_

2. Provide the name of the Staff that will be coordinating the CDBG grant with the Village of Arlington Heights (i.e. submitting invoices, completing reports, monitoring visits, etc.): \_\_\_\_\_

How long has the Staff identified above been with the agency? \_\_\_\_\_

**E. FEES AND FUNDING SOURCES**

1. Describe any client fees collected\*: \_\_\_\_\_

\_\_\_\_\_

\*Any client fees collected must be used for program costs.

2. Describe how client fees are used: \_\_\_\_\_

\_\_\_\_\_

3. List all other funding sources received for this program and portion allocated for Arlington Heights residents:

Source	Total Funds	Amount Utilized for Arlington Heights Residents
Section 108 Loan Guarantee	\$	\$
HOME Funds	\$	\$
ESG Funds	\$	\$
HOPWA Funds	\$	\$
Appalachian Regional Commission	\$	\$
Other Federal Funds	\$	\$
State/Local Funds	\$	\$
Private Funds	\$	\$
Program Income (Client fees)	\$	\$
Other Funding (i.e. donations, fundraisers, etc.) Please specify	\$	\$

4. Does your agency receive more than \$750,000 in federal funds?      Yes      No

**F. BUDGET**

1. Please complete the following table:

Program Year	Agency Budget	Program Budget	Arlington Hts. CDBG Portion
2016 (Proposed)	\$	\$	\$
2015	\$	\$	\$
2014	\$	\$	\$

2. Indicate how CDBG are proposed to be utilized

Use of CDBG Funds	CDBG Amount
Payroll of employees providing direct client service*	\$
Payroll for general administration of the CDBG grant*	\$
Rent**	\$
Utilities**	\$
Other administrative costs (please specify)	\$
Construction/Rehabilitation	\$
Total CDBG Grant Request	\$

\*Payroll time sheets documenting staff hours and pay rates will be required with invoices.

\*\* These costs are not always eligible. The Village must approve a cost allocation plan before reimbursement will be made..

**G. PERFORMANCE MEASUREMENT SYSTEMS**

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

(This should reflect the purpose of your agency’s proposed program.)

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

2. Please check one of the following to identify your agency’s proposed outcomes.

(This should reflect the result your agency would like to accomplish.)

- Availability/Accessibility
- Affordability
- Sustainability

**H. OTHER INFORMATION**

The following documents **must be included** with your application:

1. Mission statement.
2. Budget for the proposed budget for next fiscal year, including proposed funding sources.
3. Current budget, including proposed funding sources.
4. Most recent audit.
5. Additional documentation may be attached if provided space is not adequate.
6. Proof of non-profit determination.
7. Organizational chart.

The information on this application is accurate to the best of knowledge. Inaccurate, missing or misleading information may cause this application to be rejected.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

APPLICATIONS SHOULD BE RETURNED TO:

VILLAGE OF ARLINGTON HEIGHTS  
ATTENTION: NORA BOYER, HOUSING PLANNER  
33 S ARLINGTON HEIGHT ROAD  
ARLINGTON HEIGHTS, IL 60005  
or to nboyer@vah.com

**APPLICATION DEADLINE: FRIDAY, APRIL 1, 2016 BY 5:00 P.M.**

ANY APPLICATIONS RECEIVED AFTER THE DEADLINE  
WILL NOT BE ACCEPTED.

**VILLAGE OF ARLINGTON HEIGHTS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
APPLICATION INSTRUCTIONS**

The Village of Arlington Heights is accepting grant applications to be funded from its FY 2016-2017 Community Development Block Grant (CDBG) allocation. The CDBG Application Form is available on the Village of Arlington Heights' website in the Document Center. The document is named **2016-2017 CDBG Application**. Paper copies of the application are available upon request to the Village by calling (847) 368-5214.

Applications are to be submitted electronically to [nboyer@vah.com](mailto:nboyer@vah.com). Applications must be received no later than 5:00 p.m. on **Friday, April 1, 2016**.

**Submission Requirements**

The electronically submitted application must include the following as attachments to the email sent to [nboyer@vah.com](mailto:nboyer@vah.com):

- 1) A single pdf file titled: "2016-2017 VAH CDBG Application.*agency's name*" containing the completed application form; and
- 2) A second pdf file containing the attachments listed on page 6 (Part H Other Information) of the application form. This file is to be titled: "2016-2017 VAH CDBG Grant Proposal.*Other Information. agency's name.*" If the applicant's audit cannot reasonably be sent electronically in this manner, the applicant may: 1) submit the audit electronically in a separate file, 2) send a hardcopy to the Village, or 3) provide a link to a web address where the audit is available.

If the applicant is not able to submit its application electronically, or has difficulty submitting the application as directed above, the applicant may submit one paper copy of the application and other information described above under Submission Requirements. The paper application must be delivered to the Department of Planning & Community Development, 33 S. Arlington Heights Rd., Arlington Heights, IL 60005 by **5:00 p.m. on Friday, April 1, 2016**. Paper applications will be scanned and provided electronically to the Village Board.

**Grant Application Evaluation**

The Village will apply the following criteria to each request during its evaluation:

1. The program or service must conform to CDBG requirements.
2. The program or service must be consistent with the Village's CDBG and Consolidated Plan objectives.
3. The program or service will be evaluated for program efficiency, including the number of Arlington Heights residents assisted per dollar of CDBG funding, the extent to which CDBG funds will leverage funding from other sources, the avoidance of program duplication, and the intended outcomes of the service or program.
4. The applicant's ability to meet administrative requirements.

The Village Board of Trustees' Committee of the Whole will hold two public hearings and there will be a 30 day public comment period on this topic. All applicants will be notified of the dates of the public hearings and public comment period. The dates will also be posted on the Village's website.

Past funding is not a guarantee the Village will fund a program or service in the future. The Village reserves the right to increase or decrease any or all funding requests to maximize effectiveness or to satisfy budget parameters.

If you have any questions regarding this program or the application requirements, please contact Nora Boyer at the Village of Arlington Heights, Department of Planning & Community Development, (847) 368-5214.