

City of New London

Community Development Block Grant Program
Fifty-second Program Year
July 1, 2026 – June 30, 2027

Public Services Application
Due Date: January 13, 2026 by 4:00 pm

Note: Also Review "Notice of Funding Availability"

Part I: General Information	<u>1</u>			
Agency/Department:				
Address:				
-				
Exec. Dir./Dept. Head:			_	
Project Director/ Contact Name & Title:				
E-mail Address of Contact Person (Required)				
Telephone:				
Proposed Program Name:				
Person Authorized to Sign On Behalf of Agency:				
Person Authorized to Request Funds:				
CDBG Request & Award Amou	ınts:	Request	Award	
Upcoming Fiscal Year (July 1, 2026 – June 30, 2027	')	\$		
Current Fiscal Year (July 1, 2025 - June 30, 2026)	\$	\$	
I/we certify that the information contained herein and attached as exhibits hereto is, to the best of our knowledge and belief, true, correct and complete and that the City of New London can rely upon these statements in determining whether to fund this project. We certify that the Agency Board of Directors has approved this application. □ The NOFA contains guidelines for applicants with updates each year. Please verify you have read the NOFA.				these s has
Exec. Dir./Dept. Head	 Date	Chair, Board of Dire	ectors D	ate

Part II: Program/Agency Information

A. Proposed Program Summary

- 1. Clearly state exactly what the requested CDBG funds are to be used for
- 2. Need/problem to be addressed
- 3. Population to be served
- 4. Description of activity/service
- 5. Goals/objectives of the activity/service
- 6. Method of approach to achieve the outcomes desired

B. Program Details

- 1. Client information
 - a. Estimate the number of clients to be served.
 - b. Defining characteristics such as age, gender, ethnicity, and income level.
- 2. Activity/program detail
 - a. Who will carry out the activities?
 - b. Where will the activities be carried out?
 - i. Describe the site where the program will be implemented.
 - ii. How will clients get to the facility?
 - iii. What efforts will your agency and partners make to promote your program and reach isolated individuals?
 - iv. Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.
 - c. Implementation schedule
 - i. Explain the period over which the activities will be carried out.
 - ii. The frequency with which services will be delivered
 - d. Coordination: how will you coordinate your services with other community agencies and leverage resources?
- 3. Reduced funding
 - a. If you do not receive the amount of funds requested, how do you propose to administer and/or complete the program in the manner presented?
 - b. What items would you reduce or eliminate from your budget?
 - c. Describe how this will impact the number of persons to be served.

<u>OR</u>			
Eliminate Slums or Blig	ht?		
D. Brogram Ronoficiary Static	otios. Note to augus	ont CDDC subrecipies	ta this information
D. Program Beneficiary Statis be obtained from quarterly reports.	Sucs. Note to curre	ent CDBG subrecipien	is: uns imormatic
Individuals Served	July 2024 – June 2025	Anticipated July 2024 – June 2025	Anticipated July 2025 – June 2026
Total # of <u>unduplicated</u> individuals served by your program.			
# of New London residents			
# of residents from other towns			
# of residents from other towns			
# of residents from other towns			
# of residents from other towns			
E. Agency/City Department			
	y that does not know		
E. Agency/City Department submitting the application to an entity	y that does not know the program.)	how your department/p	rogram operates.
 E. Agency/City Department submitting the application to an entity necessary to meet the requirements of 1. Background/Program Experience date of incorporation, the purpose 	y that does not know the program.) e: Include the length se of the agency, and	how your department/p of time the agency hall the type of corporation	rogram operates. It is been in operation on. Describe the type
E. Agency/City Department submitting the application to an entity necessary to meet the requirements of 1. Background/Program Experience	y that does not know the program.) e: Include the length se of the agency, and capabilities, the nun	how your department/p of time the agency hall the type of corporation	rogram operates. It is been in operation on. Describe the type
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 E. Agency/City Department submitting the application to an entity necessary to meet the requirements of 1. Background/Program Experience date of incorporation, the purpos services provided, the agency's license to operate (if appropriate) 2. Personnel/Staff Capacity: Brief 	y that does not know the program.) e: Include the length se of the agency, and capabilities, the num.).	how your department/p of time the agency ha the type of corporation ber and characteristic cy's existing staff posi	rogram operates. The second on the second of
E. Agency/City Department submitting the application to an entity necessary to meet the requirements of 1. Background/Program Experience date of incorporation, the purpos services provided, the agency's license to operate (if appropriate)	y that does not know the program.) e: Include the length se of the agency, and capabilities, the num.). fly describe the agencivity, and state whether	how your department/p of time the agency ha the type of corporation or and characteristic cy's existing staff posi- ther the agency has a p	rogram operates. The second on the second of

Part III: Financial Information

A. Financial Capacity: Describe the agency's/department's fiscal management, including financial reporting, record keeping, accounting systems, and payment procedures. City Departments <u>are</u> required to respond to this section.

B. Sources of Revenue: Please complete the budget form below demonstrating your agency/department *estimated* revenue by source and the proposed program sources of funding. City Departments <u>are</u> required to respond to this section.

Revenue Source of Your Agency/City Department	Estimated Agency Budget	Proposed Program Budget
Program Fees		
United Way		
Foundations		
Donations		
CDBG (requested amount)		
NL General Fund		
State Government		
Federal Government		
Other Revenue (specify in lines below)		
TOTAL		

1.	TOTAL PROPOSED PROGRAM BUDGET IS WHAT PERCENTAGE OF THE TOTAL AGENCY BUDGET? %
2.	CDBG AMOUNT REQUESTED IS WHAT PERCENTAGE OF THE TOTAL PROGRAM BUDGET? %
3.	CDBG AMOUNT REQUESTED IS WHAT PERCENTAGE OF TOTAL AGENCY BUDGET?

C. Proposed Program Detailed Budget: Please complete the budget form below breaking down the proposed program costs by category (exactly what you want to use CDBG funds for). Please consult with Community Development representative, if there are questions on eligible expenses.

	Source of Funds: CDBG (Requested amt.)
Salaries/wages:	(Requested ant.)
Payroll (List each person's payroll	
involved with the project.)	
involved with the project.)	
Overtime	
Salaries Subtotal	
Fringe Benefits (% of wages)	
Purchased Services:	
Engineering/Architect	
Consulting	
Legal Services Professional Services	
Advertising Printing	
Dues & Subscriptions	
Travel & Transportation	
Rentals & Leases	
Training Training	
Other Operating Services	
Postage	
Courier	
Telephone	
Maintenance & Repairs Services	
Purchased Services Subtotal	
Supplies & Materials:	
Consumables (non-food items unless this	
is a nutrition program)	
Computer Equipment	
Supplies Subtotal	
Capital Improvements:	
Capital Improvements other than	
Buildings Capital Subtotal	
Capital Subibial	
Grand Total: (requested amt.)	

Part IV: Supplemental Information

All agencies must submit the following documentation with their application whether or not you have previously received CDBG funds through the City of New London.

Exhibits Not Required for Applications
Submitted by
City of New London
Departments

Please provide only one copy of these materials.

Exhibit 1 Financial Statement/Audit

Include a copy of your organization's most recent audit report or a financial statement. If your organization is not required to complete an audit report based on the amount of Federal funding expended during the previous year, please submit a detailed financial statement.

Non-Federal entities that expend \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133 – Audits of Institutions of Higher Education and Non-Profit Institutions.

Exhibit 2 <u>Insurance/Bond/Worker's Compensation</u>

- 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 Law.
- 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.
- Provide a copy of a current insurance certificate, not a policy.

Exhibit 3 Non-Profit Determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service.

Exhibit 4 List of Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member; and must identify the principal officers of the governing body.

Exhibit 5 Organizational Chart

An organizational chart must be provided which describes the agency's administrative framework and staff positions. This chart must indicate where the proposed project will fit into the organizational structure and identify any staff positions of shared responsibility.

Exhibit 6 <u>List Chief Program Administrator and Chief Financial Officer and credentials indicating necessary experience</u> (or include resume).

Exhibit 7 Conflict of Interest Disclosure

Appropriate HUD regulation is attached and must be read. Disclosure form is attached and must be completed and signed.

Proposals are due by Tuesday, January 13, 2026 by 4:00 p.m.

Applications submitted after the deadline will not be considered.