

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)



The City of
MORGANTOWN

The Journey Starts Here

FY 2025 SUBMISSION GUIDELINES & APPLICATION PACKET (01 JUL 2025 – 30 JUN 2026)

**CITY MANAGER'S OFFICE
430 SPRUCE STREET
MORGANTOWN, WV 26505
PHONE : (304) 284-7479**



All Interested Public Service Agencies:

We are supplying you with an application packet. You **MUST** follow this application for your proposal to be reviewed. **We will RETURN applications that DO NOT follow the procedures outlined in the guidelines.** Proposals will **NOT** be reviewed that are received after the submission deadline.

The **deadline** for submission of your application is:

4 p.m. Friday, March 7, 2025

If you have any questions or problems completing your application, please do not hesitate to call our office at (304) 284-7479 for technical assistance. We are asking you to submit your complete application electronically to rhess@morgantownwv.gov and provide us with one (1) hard copy for review.

INSTRUCTIONS FOR THE COMPLETION OF APPLICATION PACKET

Insert information listed below behind the corresponding cover pages provided at the end of this application packet.

SECTION 1 – Application

Please complete the application in its entirety. The application serves as a summary of your request for CDBG funding.

SECTION 2 – Narrative data on project and applicant

Please describe the proposed project. The narrative is to include the need or problem to be addressed in relation to the City's Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. **You must also include how many people you hope to serve in the upcoming year.** Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Include what expenses in conjunction with the activity will be paid with CDBG funds if awarded. For the agency information, provide us with the length of time the agency has been in operation and describe the type of services your agency provides. Please provide us with information concerning who will be in charge of administering your CDBG funds if awarded. You must demonstrate that this service is a new service or a quantifiable increase in services that were previously given.

SECTION 3 – Tax Exemption Determination Letter

Please provide us with documentation that your organization is a not-for-profit organization.

SECTION 4 – List of Board of Directors

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

SECTION 5 – Organizational Statement

You must provide us with a statement that your organizational staff has the capacity to administer this grant if funded and that your organization has a personnel policy manual and an affirmative action plan and grievance procedures.

SECTION 6 – Documentation of Compliance with National Objectives

Each activity must meet one of the CDBG program's three (3) broad National Objectives:

1. To benefit low-and-moderate income persons (CFR-570.208a)
2. To aid in the prevention or elimination of slum or blight (CFR-570.208b)
3. To meet community development needs having a particular urgency (CFR-570-208c)

SECTION 7 – Last year's overall budget FY 2024-2025 or Annual Budget 2025:

Provide us with a copy of your **current operating budget**, itemizing revenues and expenses. **Identify commitments or ongoing funding. You must show all the sources of funding.**

SECTION 8 – Proposed FY 2025-2026 Community Development Block Grant (CDBG) Budget

Provide us with a detailed, itemized budget of how you will utilize CDBG monies if awarded, including CDBG funded project/activity costs and the percentage CDBG portion of the budget.

SECTION 9 – Conflict-of-Interest Questionnaire

SECTION 1

APPLICATION



CITY OF MORGANTOWN, WEST VIRGINIA COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

FY 2025: JULY 1, 2025 - JUNE 30, 2026

APPLICANT INFORMATION

Organization Name:

Mailing Address:

**Project Address
(if different):**

Director's Name:

Phone:

Director's Title:

Fax:

E-Mail Address:

Agency Website:

Tax I. D. Number:

UEI Number:

Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?

Yes

No

PROJECT DESCRIPTION AND BUDGET

1. Project Name:

2. Brief Project Summary/Description:

3. Project Location:											
4. Project Start Date:	5. Project Completion Date:										
6. NEW Service <input type="checkbox"/> CONTINUED Service <input type="checkbox"/>											
7. Total Project Cost:											
8. Total CDBG Funding Requested:											
9. CDBG Funding Request as a Percentage (%) of Overall Project Budget:	%										
10. Total # of low/mod clients/households to be served by this project: Please check which of the following applies: Individuals <input type="checkbox"/> or Households <input type="checkbox"/>											
11. Indicate the Priority Need that best identifies your proposed project: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Abused Children</td> <td><input type="checkbox"/> Senior Services</td> </tr> <tr> <td><input type="checkbox"/> Battered Spouses</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Services for the Disabled</td> <td><input type="checkbox"/> Homeless Shelter/Transitional Housing</td> </tr> <tr> <td><input type="checkbox"/> Infrastructure Improvements</td> <td><input type="checkbox"/> Serving the special needs population</td> </tr> <tr> <td><input type="checkbox"/> Services for HIV/AIDS</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Abused Children	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Housing	<input type="checkbox"/> Services for the Disabled	<input type="checkbox"/> Homeless Shelter/Transitional Housing	<input type="checkbox"/> Infrastructure Improvements	<input type="checkbox"/> Serving the special needs population	<input type="checkbox"/> Services for HIV/AIDS	<input type="checkbox"/> Other
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12. Activity eligibility must meet at least one of the Five-Year Consolidated Plan Goals.

Select the goal that best fits the proposed project/activity.

Housing Priority
<input type="checkbox"/> HSS-1 Homeownership. Increase the supply of affordable owner-occupied housing units through housing counseling and eligible direct assistance to homebuyers including mortgage principal reductions, interest rate reductions, downpayment and closing cost assistance, etc.
<input type="checkbox"/> HSS-2 Housing Rehabilitation. Conserve and rehabilitate existing affordable housing units for owners and renters in the City by addressing maintenance issues, code violations, emergency repairs, and the removal of architectural accessibility barriers to persons with disabilities.
<input type="checkbox"/> HSS-3 Housing Construction. Increase the supply of new affordable and accessible housing units in the City for owners and renters through the rehabilitation of existing buildings and new construction.
Homelessness Priority
<input type="checkbox"/> HMS-1 Housing. Support the Continuum of Care's efforts to provide emergency shelter and transitional housing and to develop permanent supportive housing and other permanent housing opportunities for homeless individuals and families.
<input type="checkbox"/> HMS-2 Operation/Support. Assist homeless providers in the operation of housing and support services for the homeless and persons who are at-risk of becoming homeless.

HMS-3 Prevention and Re-Housing. Assist in the prevention of homelessness through anti-eviction and other programs for rapid re-housing.

Other Special Needs Priority

SNS-1 Housing. Increase the supply of affordable, accessible, decent, safe, sound, and sanitary housing for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through the rehabilitation of existing buildings and new construction.

SNS-2 Services/Facilities. Support supportive service programs and facilities for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs.

Community Development Priority

CDS-1 Community Facilities. Improve and enhance the quality and accessibility of the City's parks, recreational facilities, trails, bikeways, and all public and community facilities.

CDS-2 Infrastructure. Improve and enhance the City's public infrastructure and improvements through rehabilitation, reconstruction, and new construction of streets, sidewalks, bridges, curbs, walkways, water, sanitary sewers, and stormwater management, etc. and the removal of architectural accessibility barriers to persons with disabilities.

CDS-3 Public Services. Improve and enhance social and human services, programming, food and nutrition assistance, and transportation for low- and moderate-income persons and households, the youth, the elderly, and persons with disabilities within the City of Morgantown.

CDS-4 Public Safety. Improve and enhance public safety facilities, equipment, programming, and emergency response and preparedness within the City of Morgantown.

CDS-5 Clearance/Demolition. Remove and eliminate slum and blighting conditions throughout the City of Morgantown.

Economic Development Priority

EDS-1 Employment. Encourage new job creation, job retention, workforce development, employment, and job training opportunities for unemployed and underemployed persons.

EDS-2 Development. Encourage the planning and promotion of business and commercial growth and expansion through new development, revitalization, and redevelopment.

Administration, Planning, and Management Priority

AMS-1 Overall Coordination. Provide program management and oversight for the successful administration of Federal, State, and local funded programs and compliance with related laws and regulations, including planning services for special studies, the five-year consolidated plan, annual action plans, substantial amendments, consolidated annual performance and evaluation reports, environmental reviews and clearance, etc.

AMS-2 Fair Housing. Provide funds for training, education, outreach, and monitoring to affirmatively further fair housing in the City of Morgantown.

13. What National Objective(s) does your proposed project fit under:

- Benefits low- and moderate-income persons;
- Aids in the prevention or elimination of slums and blight; or
- Meets another community development need of particular urgency.

14. Low- and Moderate-Income Clientele Benefit:

The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income (LMI). If CDBG funds are awarded, documentation demonstrating this **MUST** be obtained for each client. This information will be used to measure the project’s performance outcome.

**FY 2024 Income Limits
Morgantown, WV MSA
(effective 01 MAY 2024)**

2024 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low – 30% median income or below	\$19,100	\$21,800	\$24,550	\$27,250	\$29,450	\$31,650	\$33,800	\$36,000
Very Low – 50 % of median income	\$31,850	\$36,400	\$40,950	\$45,450	\$49,100	\$52,750	\$56,400	\$60,000
Low – 80% of median income	\$50,900	\$58,200	\$65,450	\$72,700	\$78,550	\$84,350	\$90,150	\$96,000

NOTE: Income Limits may change prior to and/or during the fiscal year.

Please identify in the “LMI Clientele Table” below what the anticipated number of individuals or households who will benefit by the proposed project/activity.

LMI Clientele Table
(Based on the income guidelines listed above)

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

Applications are due by 4 p.m. on FRI, 07 MAR 2025.

If your agency is funded, we will be asking you to submit your agency’s Articles of Incorporation and Bylaws. We will also be asking you to provide us with an audit following the funding year if your organization receives more than \$300,000 in federal funding that year. If you have any questions or would like guidance in completing this application, please contact Ms. Robyn Hess at (304) 284-7479 or via email at rhess@morgantownwv.gov.

CERTIFICATION

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization and is authorized to file this application. The undersigned hereby confirms that this packet contains all materials requested and understands the deadline to submit this application to the City of Morgantown is 4 p.m. on Friday, March 7, 2025.

Submitted by:

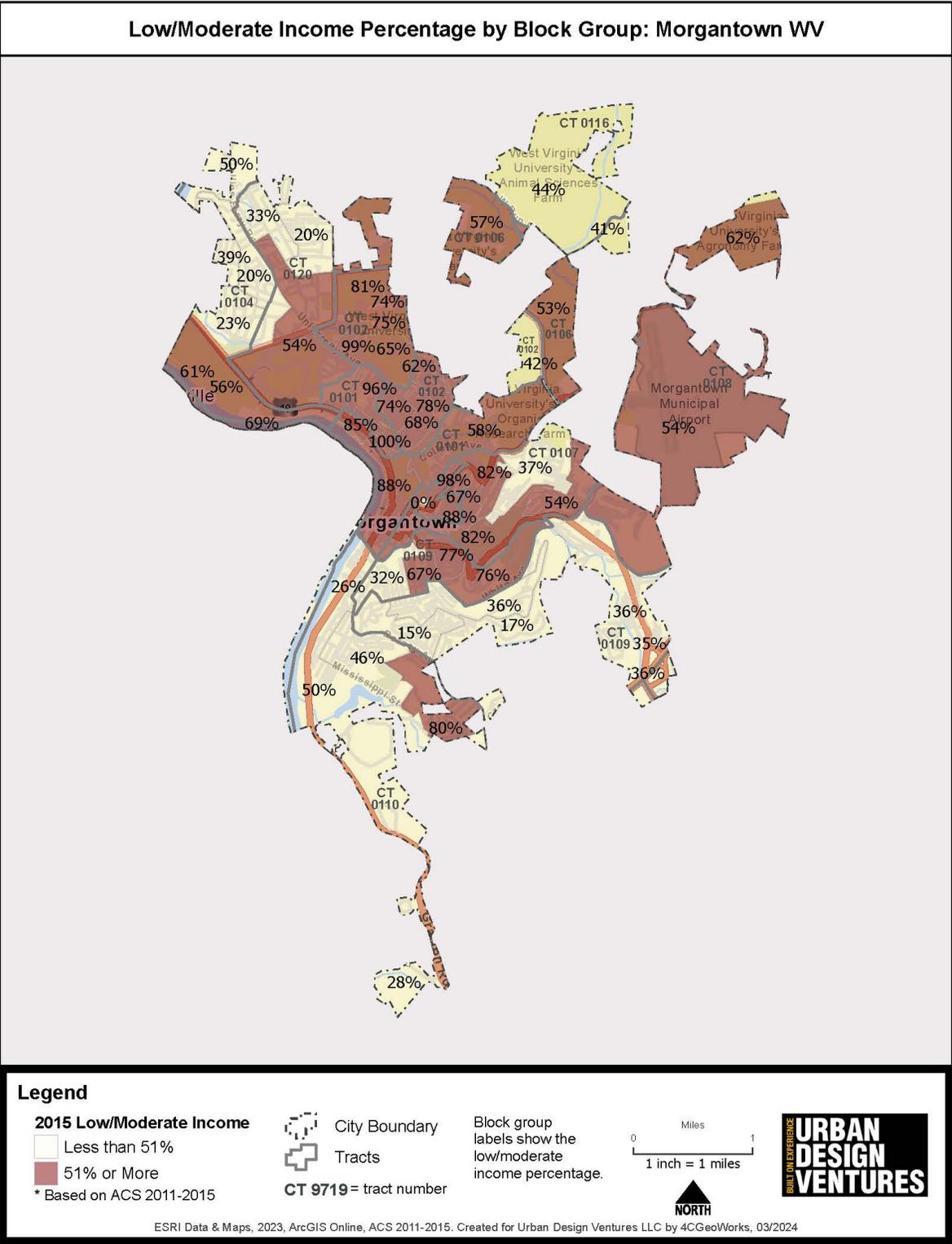
Typed/Printed Name

Title

Signature

Date

CITY OF MORGANTOWN LOW/MOD INCOME MAP



SECTION 2

NARRATIVE DATA ON PROJECT AND APPLICANT

SECTION 3

TAX EXEMPTION DETERMINATION LETTER

SECTION 4

LIST OF BOARD OF DIRECTORS

SECTION 5

ORGANIZATIONAL STATEMENT

SECTION 6

DOCUMENTATION OF COMPLIANCE WITH NATIONAL OBJECTIVES

SECTION 7

**LAST YEAR'S OVERALL BUDGET
FY (2024-2025) OR ANNUAL BUDGET 2025**

SECTION 8

PROPOSED FY 2025-2026 COMMUNITY DEVELOPMENT BLOCK GRANT BUDGET

Please complete the following tables to summarize the proposed project/activity budget.

A detailed and itemized budgetary explanation of how you will utilize CDBG monies, if awarded, must be attached. The attached explanation must include a description of each budget line item.

The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with the City, if awarded.

Uses of Funds (Budget):

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
Total:	\$

Sources of Funds:

Use of Funds	Budget	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
Total:	\$	

PLEASE NOTE: if this budget summary is not filled out completely and/or a detailed budgetary explanation is not attached, your application will not be complete, which may affect whether your proposal is funded.

SECTION 9

CONFLICT-OF-INTEREST QUESTIONNAIRE

CONFLICT-OF-INTEREST QUESTIONNAIRE

Federal, State and City law prohibits employees and public officials of the City of Morgantown, WV and its subrecipients from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for the City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in Conflict-of-Interest.

1. Are there any members of the applicant's (subrecipient if awarded) staff or any members of the applicant's board of directors or governing body who currently is or has/have been within one (1) year of the date of this questionnaire: (a) City employee or (b) a member of the City Council or (c) an elected official of the local, state or federal government?

Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

2. Will the City funds, requested by the applicant (subrecipient if awarded) be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one (1) year of the date of this questionnaire a City employee, consultant, an elected official, or a member of the City Council?

Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

CONFLICT-OF-INTEREST QUESTIONNAIRE CONT'

3. Are there any members of the applicant's (subrecipient if awarded) staff or members of the applicant's board of directors of other governing body who are business partners or family members of a City employee, consultant, an elected official, or a member of the City Council?

Yes No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

If you have answered "Yes" to any questions listed on this Conflict-of-Interest Form, the City's Economic and Community Development Department, along with the City Manager, and Legal Counsel, will need to determine whether a real or apparent Conflict-of-Interest exists.

Name of Agency

Signature of Authorized Signing Official/Representative

Print Name of Authorized Signing Official/Representative

Date