



HUD CDBG-CV PUBLIC SERVICE EMERGENCY STABILIZATION GRANT APPLICATION AND INSTRUCTIONS

CITY OF ROCK ISLAND HUD CDBG PROGRAM YEAR 2020

PURPOSE OF THE GRANT

The City of Rock Island is providing a Public Service Emergency Stabilization grant to support agencies impacted by COVID-19 beginning on March 15, 2020 under the Governor of Illinois State of Emergency Proclamation. The grant funds are being provided for agency operational costs.

Costs include:

- 1) Monthly rent/lease payments
- 2) Utility or other regular monthly expenses
- 3) Payroll expenses (all employees must income self certify (form attached), and 51% of the employees must meet the 2020 low to moderate income guidelines).

AMOUNT OF FUNDING AVAILABLE

Applicants can apply for up to and not to exceed \$2,500.00. The applicant is required to provide documentation for each expense. If the eligible total amount requested is less than the maximum, the applicant will only receive the eligible total.

APPLICATION PROCESS AND REVIEW CRITERIA

Applicants are required to fill out an application and provide all supporting documentation as required. The applications will be reviewed by staff for completeness prior to any award announcements.

ELIGIBILITY REQUIREMENTS

To be eligible, applicants:

1. Must be a registered 501(c)(3) non-profit organization.
2. Must provide services or benefits to City of Rock Island citizens. Organizations can be located in another community; however, it must provide services to the residents of Rock Island.

**FOR HELP OR ASSISTANCE WITH THE APPLICATION, CONTACT:
Colleen Small-Vollman at small-vollman.colleen@rigov.org or (309)732-2904**



**HUD CDBG-CV PUBLIC SERVICE
EMERGENCY STABILIZATION GRANT APPLICATION**

Agency Name:			
Agency Address (City, State, Zip):			
Amount of Funding Requested:		\$	
FEIN/EIN/Tax I.D. #		DUNS #:	
Contact Person Name and Title: <i>(This person will be the contact for this grant).</i>			
Contact Person Telephone:			
Contact Person E-mail:			

Certification: To the best of my knowledge and belief, the information provided in this application is true and correct. The document has been duly authorized by the governing body of the applicant, and the applicant will comply with all HUD CDBG-CV regulations.

Electronically submit the application. Additionally, attach one (1) copy of each of the following documents (please label each document):

- 1) 501(c)(3) determination
- 2) Lease
- 3) Utility bills
- 4) Income self certification forms (if applicable)
- 5) W-9 Form (this form is required to be a vendor with the City of Rock Island)

Signature of Executive Director

Date

Print Name

Funding Request

- A) How much funding are you requesting (the maximum grant amount is \$2,500.00. You are not guaranteed the maximum amount)? \$_____
- B) Please describe how this grant will help your organization maintain sustainable operations?
- C) Describe the effect the funds will have on the success of your organizations overall impact on Rock Island residents.

Non-duplication of Benefit.

What other assistance have you requested and/or received to address the needs you are requesting reimbursement for under this grant application and what has the funding assistance addressed within your organization. HUD does not allow for the duplication of benefits, if your organization has received federal, state, or local funding for any of the expenses requested in this grant please provide documentation for those funds and how they were used.

Required Documents

- 1) Rental/lease Agreement
- 2) Monthly Utility Statements
- 3) Other Monthly Invoices/statements
- 4) CDBG Self Certification Form (if applicable)
- 5) W-9 Form (this form is required to be a vendor with the City of Rock Island)

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

Printed on:

Effective Date:

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Definition of Income

<input type="radio"/> HUD 24 CFR Part 5	<input type="radio"/> IRS Form 1040	<input type="radio"/> American Community Survey
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Beneficiary Information

Last Name:	Beneficiary ID (if applicable):
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Member Information

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15
	1							
	2							
	3							
	4							
	5							
	6							

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

COMPLETE SIGNATURES ON SECOND PAGE

**U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

SELF CERTIFICATION OF ANNUAL INCOME BY BENEFICIARY

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date

OTHER BENEFICIARY ADULTS*		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

* Attach another copy of this page if additional signature lines are required.

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Please **circle** the appropriate *race category* and *Hispanic ethnicity* if applicable. (optional):

- | | |
|--|---|
| 1. White | 6. Black/African American |
| 2. Asian | 7. American Indian/ Alaskan Native |
| 3. Native Hawaiian/Other Pacific Islander | 8. American Indian/Alaskan Native & White |
| 4. Asian & White | 9. Black/African American & White |
| 5. American Indian/Alaskan Native & Black/African American | 10. Other Multi Racial |

Hispanic ethnicity if appropriate: Hispanic/Not Hispanic