



Community Development Funding Request

Part I: Application Summary

This online application is for the City of Billings' Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME) funding for the period from July 1 through June 30 annually. Please review the [Guidebook](#) for details on the application process.

* 1. Project Title

* 2. Organization Information

Organization Name	<input type="text"/>
Physical Address	<input type="text"/>
Mailing Address	<input type="text"/>
City	<input type="text"/>
State	-- select state -- <input type="button" value="v"/>
ZIP	<input type="text"/>
Main Phone	<input type="text"/>
FAX Line	<input type="text"/>
Website URL	<input type="text"/>

* 3. Primary Contact

Name	<input type="text"/>
Title	<input type="text"/>
Email	<input type="text"/>
Phone	<input type="text"/>

4. Please list any additional organization members who should be included on the grant contact list.

Name #1	<input type="text"/>
Position / Title	<input type="text"/>
Email Address	<input type="text"/>
Name #2	<input type="text"/>
Position / Title	<input type="text"/>
Email Address	<input type="text"/>

*** 5. Do you understand the City of Billings only provides funding for Housing / Neighborhood projects as a LOAN PRODUCT for the project year July 1 to June 30?**

☐ Yes

☐ No

*** 6. Total Project Cost.**

Please include total budget for activity, including leveraged funds. Use whole numbers only with no punctuation (no dollar signs, commas, decimal points, etc.) Must match budget to be uploaded on the last page of this application.

*** 7. CDBG / HOME Amount Requested?**

Please use whole numbers only with no punctuation (no dollar signs, commas, decimal points, etc.)

*** 8. Please provide narrative regarding leveraged funding for the project from other sources. If no other funds are being leveraged, please indicate that.**

*** 9. Is your organization in compliance with quarterly / annual reporting requirements for current City funding awards?**

☐ Yes

☐ No

☐ Do not have other City grants

*** 10. Provide a BRIEF project description.**

Please be careful with wording as text included here will be copied and pasted into forms for public review and should reflect the overall concept for your funding request. (1,000 character limit)

*** 11. Please specify EXACTLY how funds will be spent.**

This might include salaries, insurance, supplies, direct services, etc. (1,000 characters max)



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Part II: Project / Activity Eligibility

*** 12. Which of the following HUD national objectives will your project meet?**

(Check all that apply)

- ☐ Benefits low-income individuals / households
- ☐ Addresses the prevention or elimination of slums or blight

*** 13. Check all statements below that describe how this project / activity meets one or both of the HUD national objectives above.**

(Check all that apply)

- ☐ **Low-Income Area Benefit:** *The project serves only a limited area that is proven by census data or survey to be a low-income area. Applicants choosing this category must be able to prove their project / activity primarily benefits low / moderate income households.*
- ☐ **Low-Income Clientele:** *The project benefits a specific group of people (rather than all residents within a particular area), at least 51% of whom are low- or moderate-income persons. NOTE: Income verification for clients must be provided for this category. The following groups are presumed to be low-income: abused children; elderly persons; battered spouses; homeless persons; adults meeting census definition of severely disabled; persons living with AIDS; and migrant farm workers.*
- ☐ **Low-Income Housing:** *The project adds or improves permanent residential structures that will be/are occupied by low-income households upon completion.*
- ☐ **Low-Income Jobs:** *This project creates or retains permanent jobs, at least 51% of which are taken by low-income persons or considered to be available to low-income persons.*
- ☐ **Spot Blight:** *This project will prevent or eliminate specific conditions of blight or physical decay. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.*

*** 14. Choose one HUD performance objective:**

- ☐ **Suitable Living Environment:** *Activity benefits communities, families, or individuals by addressing issues in their living environment (physical problems such as poor quality infrastructure, social issues such as crime prevention, literacy, or elderly health services, etc.).*
- ☐ **Decent Affordable Housing:** *Housing activity that meets individual, family, or community needs. This objective should not be used for activities where housing is an element of a larger effort.*
- ☐ **Creating Economic Opportunity:** *Activity relates to economic development, job creation, or commercial revitalization.*

*** 15. Choose one HUD performance outcome:**

- ☐ **Availability / Accessibility:** Activity that makes services, infrastructure, or shelter available and accessible. Note: accessibility does not refer only to physical barriers.
- ☐ **Affordability:** Activity provides affordability in a variety of ways, including: creation / maintenance of affordable housing, infrastructure hook-ups, or services such as transportation / day care.
- ☐ **Sustainability:** Activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to low-income persons or services that sustain communities or neighborhoods.

Please indicate the expected project output by indicating the number of people the project / activity will serve, including the number to be served in special categories. Please enter 0 if population not served.

*** 16. Public Service Activities:** Please enter "0" if population not served

TOTAL # people to be served (including each of the following special categories)

Homeless

Children / Youth

Disabled

Elderly

*** 17. Housing & Neighborhood Activities:**

Please enter 0 if population not served.

Households served

Housing Units

Businesses

Jobs Created

Public Facilities

*** 18. Of the number of Housing & Neighborhood Activities served above, how many are in each of the following special categories:**

Please enter 0 if population not served.

Homeless

Children / Youth

Disabled

Elderly

Using the below chart, please indicate the NUMBER and PERCENTAGE of low / moderate income individuals or households to be served by this project

Income Limits				
	30% ⁺	50%	60%	80%
CDBG	Extremely Low	Very Low	Moderate	
HOME	Very Low		Low	
<i>Effective</i>	<i>June 1, 2025</i>			
HH Size	30% ⁺	50%	60%	80%
1	\$20,450	\$34,000	\$40,800	\$54,400
2	\$23,350	\$38,850	\$46,620	\$62,200
3	\$26,250	\$43,700	\$52,440	\$69,950
4	\$29,150	\$48,550	\$58,260	\$77,700
5	\$31,500	\$52,450	\$62,940	\$83,950
6	\$33,850	\$56,350	\$67,620	\$90,150
7	\$36,150	\$60,250	\$72,300	\$96,350
8	\$38,500	\$64,100	\$76,920	\$102,600
Programs	Home Buyer \$15,000			Home Buyer \$10,000
	Manufactured Home Repair / Housing Rehabilitation			

* 19. **Extremely Low-Income** (up to 30% AMI)

Number

Percentage

* 20. **Very Low-Income** (31 - 50% AMI)

Number

Percentage

* 21. **Low-Income** (51-60% AMI)

Number

Percentage

* 22. **Moderate-Income** (61-80% AMI)

Number

Percentage

* 23. Are the above incomes based on net or gross income?

- ☐ Net Income (after deductions)
- ☐ Gross Income (before deductions)

* 24. How do you verify income of the individuals / households you serve?

Please check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Federal Tax Forms | <input type="checkbox"/> Client Self-Report |
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> Verified Through Other Assistance (TANF, Medicaid, etc.) |
| <input type="checkbox"/> Third Party Verification | <input type="checkbox"/> Perform Asset Review |
| <input type="checkbox"/> Other (please specify) | |



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Part III: Applicant Organization Information

* 25. Is the applicant organization part of a larger local, state, or federal organization?

- ☐ Yes
- ☐ No



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Applicant Relationships

* 26. Please explain the nature of the relationship between the applicant and larger sponsoring / affiliate organization(s). (250 character max)



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Organization Information (continued)

*** 27. What is the overall organizational budget?**

Enter a whole number (no dollar sign, decimal point, etc.). Please include sponsoring / affiliate organization(s).

*** 28. What is the total number of employees?**

Enter a whole number (no dollar sign, decimal point, etc.). Please include sponsoring / affiliate organization(s).

*** 29. Will this project involve a religious organization?**

☐ Yes

☐ No



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Religious

*** 30. Separation of the project from the religious activities or organization must be shown if the applicant is a religious organization or formally affiliated with a religious entity. Please respond and/or address (1,000 character max)**



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Organizational Information (continued)

*** 31. Describe the purpose of the applicant organization, as written in the mission statement or charter.** *(1,000 character max)*

*** 32. Indicate the length of time the applicant organization has been in operation, including the date of incorporation.** *(500 character max)*

*** 33. Describe the types of services currently being provided by the applicant organization, including the number and characteristics of clients served.** *(2,000 character max)*

*** 34. List and briefly describe similar projects / activities the applicant organization has previously undertaken. Specify sources of funding for these activities** *(i.e., federal, private, foundation grants, City of Billings funding, etc.). (2,500 character max)*

*** 35. What outcomes did these activities have on the community served? Provide statistics including numbers served.** *(1,500 character max)*

*** 36. Discuss the applicant organization's ability to develop, implement, and administer the proposed project.** *(2,500 character max)*

*** 37. What funding activities have been undertaken in the past year and what has been the success of those activities?** *(1,000 character max)*

*** 38. What types of outreach or promotion has been undertaken in the past year to make the community aware of the program or services offered by your organization?** *(1,500 character max)*

*** 39. Please identify the organization's key staff members who will participate in the activity, grant oversight and reporting, and illustrate their capacity?** *(1,00 character max)*

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Part IV: Project Information

*** 40. Please indicate which of the City of Billings' Consolidated Plan strategies the project addresses:** (check all that apply)

- ☐ Create, preserve, and expand affordable housing options
- ☐ Neighborhood Revitalization: Foreclosures
- ☐ Impact Poverty

*** 41. Describe the relationship between the proposed project and the City's community needs identified in the City of Billings' most recent Consolidated Plan for use of Community Development resources?** (2,500 character max)

*** 42. Does this project require Capital Improvement Plan (CIP) funding for completion?**

Note: Projects requiring inclusion on the City's CIP for additional City funding (infrastructure, park improvements, etc.) must refer to the amount and year of funding already committed in the CIP. Projects with planned expenditures before this upcoming April are prioritized for funding.

- ☐ Yes
- ☐ No

*** 43. Describe the need this project will address.** Include the characteristics of the population to be served or the area to be benefitted. *NOTE: If area benefit is chosen, please explain how you determined low/moderate income benefit. Please also include a description of the "activities of daily living" addressed with this project.* (2,500 character max)

*** 44. Why would CDBG and/or HOME funding be an appropriate source of funding for this activity?** (500 character max)

*** 45. If income limits are used for your project, what is the maximum income allowed for a household of two to receive assistance?** Please enter a whole number only (no dollar signs, decimal points, etc.)

*** 46. Please describe the effect of partial or no CDBG / HOME funding on the project?** (500 character max)

*** 47. Please provide a brief history of comparable service(s) in the specific target community and discuss the need for this new / expanded service.** (1,000 character max)

*** 48. Are there any impediments to the prompt implementation for this project, including requirements for zoning, state permits, or special local action(s)? Please describe.** (1,000 character max)

*** 49. Did you contact a task force regarding your application? If so, please indicate who you contacted, when you spoke to the task force, and the outcome of the presentation.** NOTE: projects serving a specific task force area must contact the task force regarding the application. (750 character max)

*** 50. What community agencies / City of Billings personnel did you consult with in planning this project / program?** Include agency, person contacted, and date of contact. NOTE: projects located in a task force area with a completed Neighborhood Plan must comply with the plan. Projects impacting City parks, facilities, programs, or functions must be coordinated with the appropriate City Department Director(s) prior to application submission. (750 character max)

51. Please upload your Project Budget (acceptable formats PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

52. Please upload your organization's Board of Directors list. Including position titles, terms, and full contact information for each. (Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

53. Please upload your organization's treasurer / financial report through December 31. (Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

54. Please upload your organization's current ByLaws. (Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

55. Please upload your organization's Articles of Incorporation. (Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

56. Please upload your organization's most recent agency audit / IRS Form 990.

(Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

57. If position funding is being requested, please upload job descriptions, personnel policies, affirmative Action Policy (Acceptable formats: PDF, DOC, DOCX, JPG, JPEG)

Choose File

Choose File

No file chosen

CONFLICT OF INTEREST DISCLOSURE: 2 CFR 200.318 asserts that no employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if they have a real or apparent conflict of interest.

Such a conflict of interest would arise when the employee, officer, or agent, any member of their immediate family, their partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract.

Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, the non-Federal entity is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization. This includes previous employees and/or employment contracts.

The Montana Code Annotated § 2-2-201 also prohibits the Subrecipient from engaging public officers, City employees, and former City employees from having interest in the Subrecipient's contracts.

HUD requires that subrecipients disclose in writing any potential conflict(s) of interest to the City in accordance with the applicable Federal awarding agency policy. Any identified individuals must be recused from discussion and recommendation of funding regarding the selection, award, or administration of a contract concerning a potential allocation of CDBG and/or HOME funding.

58. Please check all Community Development Board members wherein there is a potential conflict of interest.

☐ Kathleen Candelaria

☐ Erica Doornek

☐ Rebecca Noell

☐ Ali Pistoria

☐ Hans Abbey

☐ Donald White

☐ Jim Corson

☐ None of the above

59. **Please check all City Council members wherein there is a potential conflict of interest.**

- ☐ Mayor Mike Nelson
- ☐ Kendra Shaw
- ☐ Mark Nicholson
- ☐ Denis Pitman
- ☐ Roy Neese
- ☐ Bill Kennedy
- ☐ Amy Aguirre
- ☐ Scott Aspenlieder
- ☐ Andrew Lindley
- ☐ Mike Boyett
- ☐ Tony O'Donnell
- ☐ None of the above

60. **Please check all Community Development staff wherein there is a potential conflict of interest.**

- ☐ Brenda Beckett
- ☐ Jordan Langton
- ☐ Carly Collins
- ☐ None of the above



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Authorization to Request Funds / Certifications / Signature

NOTE: If the application is from a nonprofit organization, the signature of the Board of Director's presiding officer is required.

*** 61. Signature of Authorized Responsible Party**

NOTE: Entering your full name will convey the same meaning as a wet signature

Signature

Title

62. **Date Submitted:**

Date / Time

Date

MM/DD/YYYY

