

City of Cranston
Department of Community Development
35 Sockanosset Crossroad, Unit #6
Cranston, RI 02920
401-780-6240
401-943-3966 (Fax)

To: Public Service Applicants for Cranston CDBG Funds for 2025-2026

Re: Income Requirements for the Clientele of Public Service Organizations

The Cranston Department of Community Development is funded by the U.S. Department of Housing and Urban Development, in accordance with the Housing and Community Development Act of 1974. Community Development funds are available to those public service organizations that serve people having low to moderate incomes, adjusted for household size. **In order to qualify for CDBG funds, at least 51% of the clientele of public service organizations must be low to moderate income people, based on the current income guidelines.** There are several ways to meet this requirement:

- 1) Require information on household size and income so that it is evident that at least 51% of the clientele are persons whose household income does not exceed the low and moderate income limit. Evidence may be substituted that establishes that the person assisted qualifies under another program which has income qualification criteria at least as restrictive as that used in the definitions of "low and moderate income person" and "low and moderate income household" such as JTPA and welfare programs.
- 2) Have income eligibility requirements limiting your activity exclusively to low and moderate income persons;
- 3) Benefit a clientele who are generally presumed to be principally low and moderate income persons. Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons, 51% of whom are low to moderate income: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.
- 4) Describe how the nature and, if applicable, the location of the facility or service establishes that it is used predominantly by low and moderate income persons.

Persons (15 years old and older) are considered to be severely disabled if they:

- 1) Use a wheelchair or another special aid for 6 months or longer;
- 2) Are unable to perform one or more functional activities, or need assistance with activities of daily living;
- 3) Are prevented from working at a job or doing housework;
- 4) Have a selected condition including autism, cerebral palsy, Alzheimer's disease, senility, dementia, or mental retardation;
- 5) Are less than 65 years of age and are covered by Medicare or receive Supplemental Security Income (SSI).

When preparing your application for CDBG funds for 2025-2026, please consider how your organization will satisfy the requirement that your organization's clientele will be at least 51% low to moderate income people.

If you have any questions, please feel free to call the Cranston Department of Community Development at 401-780-6240.

Signature of Applicant

Date

Dear Applicant,

Attached to this letter is your CDBG Application for fiscal year 2025-2026. There are a few things that you should be aware of concerning your submission of the application to the CDBG office.

Deadline for Submission

- **The deadline for submission is the end of the business day (4:00P.M.) on Wednesday, February 5, 2025. Applications can be dropped off at our office at 35 Sockanosset Crossroad, Unit #6, Cranston, RI 02920 or by mail.**

Application Hearing Dates

- Applications for funding that pass an initial screening by the Community Development office will then be reviewed by the CDBG Advisory Committee. The application reviews will be held at the **Cranston Senior Center, 1070 Cranston St., Cranston, RI 02920**. As part of its review, the Committee will allow a ten (10) minute presentation to be made by each applicant organization. Reviews are currently scheduled to be heard on the evenings of:
Monday, February 10, 2025
Wednesday, February 12, 2025

You will be informed regarding the date and time of your presentation at a later date.

If you have any questions regarding the above, please contact the Cranston Office of Community Development at 401-780-6240.

Attached to the application are two copies of income requirements for public service organizations. Please sign one copy and submit it with your application to show that you have read and understand the requirements.

Ernest Tommasiello, Director
Department of Community Development

12 Copies Must Be Submitted With Each Application

C.D. # _____

**Cranston Department of Community Development
Application for Funds
Fiscal Year July 1, 2025 to June 30, 2026**

INSTRUCTIONS: This application requests the minimum amount of information necessary for proposal review. Additional information should be included as necessary. The Community Development Department may request additional information from the sponsor applicant. For more information on the Block Grant program, or assistance, please contact the Department of Community Development, 35 Sockanosset Crossroad, Unit #6, Cranston, RI 02920, Telephone 401-780-6240.

I. Agency or Individual applying _____
Address _____
Contact _____
Telephone _____ E-Mail _____

2. Why are you seeking a Community Development grant? What needs of the community will be addressed? In answering, please state the objective and the outcome to be achieved.

3. How will this program meet those needs? Be concise and specific.

4. How many people from Cranston do you expect your program to serve for the first time during the fiscal year 2025/2026?

5. In order for a program to qualify for CDBG funds, at least 51% of the people served by the program must be of low and moderate income. Please describe the process you will use to identify these persons and ensure the program meets this requirement. (Please refer to Attachment A.)

6. What part of Cranston's population constitutes the principal constituency of your program?

7. Will this program benefit a specific geographic area? If so, please describe in detail and, if possible, attach a map of the area.

8. Describe your administrative structure and indicate whether these funds will be used to pay Salaries or other Administrative Expenses.

9. HUD has a strong interest in meeting the needs of minorities. Will your program target any specific minority group? If so, please explain how this program will serve the needs of minorities.

10. Please list all other sources of funding for your organization as follows:

Name of other source: _____
Address: _____

Telephone number: () _____

Amount received from other source: \$ _____

Name of other source: _____
Address: _____

Telephone number: () _____

Amount received from other source: \$ _____

Name of other source: _____
Address: _____

Telephone number: () _____

Amount received from other source: \$ _____

11. Estimated Program Budget and breakdown of line items for application budget year (2025/2026):

	Covered by CDBG Funding	Covered by Other Funds	Totals
Salaries:	\$ _____	\$ _____	\$ _____
Rent:	\$ _____	\$ _____	\$ _____
Equipment (rentals, if applicable)	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

12. If CDBG funds are to cover salaries and benefits, please list all proposed staff positions funded with CDBG funds that relate to the proposed activity. Please include a job description for each person.

Budget Item	Calculation	CDBG Request
PERSONNEL		
<u>Salaried Positions – Job Titles</u>	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
Salaries Total		
Fringe Benefits		
PERSONNEL TOTAL	Total of Personnel & Fringe Benefits	

Program History

Are you currently receiving CDBG Funds?

Yes _____ No _____ If yes, amount of funding _____

Total CDBG Funds requested this year _____

Does your agency have any of the following? (Respond yes or no)

If the answer is yes, please provide a copy.

Articles of Incorporation _____

Federal Tax Exemption _____

By-laws _____

Affirmative Action Plan _____

Employee bonding _____

Liability Insurance _____

Theft Insurance _____

Fire Insurance _____

Board of Directors _____

Financial Audits _____

(If so, please provide 1 copy)

Signature

Address

City and State

Telephone

NOTE: All programs must be under contract within the fiscal year funds are awarded. Any funds not under contract will be recaptured by this office on June 15, 2026.

Attachment A

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