

Applicant: _____
 Project Title: _____
 Project Priority: # _____ of _____ Application Submissions
 Funding Requested: CDBG or HOME



2026 CDBG & HOME PROGRAM APPLICATION

Departmental Use Only:
 Date Received: _____
 Received By: _____

SECTION I: APPLICANT INFORMATION

Applicant: _____
 Contact Person: _____
 Title: _____
 Address: _____
 Phone 1: _____ Phone 2: _____
 Fax: _____ E-Mail: _____

SECTION II: PROJECT DESCRIPTION

A. NATIONAL OBJECTIVE *(select one)*

- | | |
|--|----------------------------|
| Benefits low and moderate income people: Area Benefit | Complete Section III - A-1 |
| Benefits low and moderate income people: Limited Clientele | Complete Section III - A-2 |
| Eliminates slum and blight. | Complete Section III - B |
| Corrects an urgent need. | Complete Section III - C |

B. PROJECT TYPE *(select one)*

- | | |
|----------------------------|-------------------------|
| Housing Project | Complete Section VI - A |
| Public Improvement Project | Complete Section VI - B |
| Public Service Project | Complete Section VI - C |

C. DIRECT IMPACT

Number of Households who will directly benefit from this project.
 Number of People who will directly benefit from this project.

D. PROJECT NARRATIVES *(answer questions in narrative form at box below)*

1. How will this project impact the community?
2. How does this project address the National Objective?
3. What is the current status of the project?
4. What are the quantifiable results? *(i.e. feet of sidewalk, number of buildings renovated, number of people assisted, additional jobs created, etc...)*
5. How do you expect to measure the success of the project?

D. PROJECT NARRATIVES SECTION- Answer questions from above and include additional narrative as needed.

A-1. Low / Moderate Income Benefit: Area

This project qualifies as an LMI area as determined by which of the following:

Census

Census Tract:
Census Block Group(s):
Population:
LMI percentage:

Income Survey *Provide Surveys & Survey Summary as Attachment.*

Number of Households:
Number of LMI Households:
Percentage of LMI Households:
Number of Residents:
Number of LMI Residents:
Percentage of LMI Residents:

A-2. Low / Moderate Income Benefit: Limited Clientele

Who does this project primarily benefit?

Disabled Elderly Homeless Other

How many people will benefit from this project?

B. Elimination of Slum or Blighted Condition *(Municipal Resolution required.)*

1. What is the condition to be addressed by the project?
2. Describe the strategy that will be implemented to address the condition:

C. Urgent Need

1. What is the condition that is causing a threat to the health and welfare of the community?
2. When did this condition occur?
3. From what sources did the community seek to address this problem?

SECTION IV:

PROJECT LOCATION

A. Address:

City: _____ Zip: _____
Jurisdiction: _____

B. Census:

Tract: _____ Block Group: _____

C. Base Map:

Provide a Base Map as an Attachment, clearly indicating the following:
s Location of the project. s Service area of the project.

SECTION V:

BUDGET

A. GENERAL

- Original cost estimate is required as an Attachment.
- Estimate must be itemized and prepared by a third party, and signed by a qualified source.
- Any project above \$2,000 must adhere to Federal Prevailing Wages.
- Local funding match must include a Resolution / Ordinance of financial commitment.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Prevailing wages have been included in the estimate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Architectural / Engineering fees are included in the estimate. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Estimate provided is valid for what time period? | _____ | |

B. FUNDING

CDBG	\$	
Local	\$	
Other*	\$	
TOTAL PROJECT COST:	\$	

** Explain any additional resources which have been applied for, and the status.*

SECTION VI:

PROJECT DEVELOPMENT

A. HOUSING PROJECT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you own the property? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does this project involve real property acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will this project cause the relocation of residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How many households will directly benefit from this project? | | |
| 5. Who will be responsible for the maintenance of this project upon completion? | | |
-

B. PUBLIC IMPROVEMENT PROJECT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does this project involve real property acquisition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will this project cause the relocation of residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has engineering been completed on this project? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will this project result in assessments to residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How many households will directly benefit from this project? | | |
| 6. Who will be responsible for the maintenance of this project upon completion? | | |

7. Are there any current situations that may affect the timing of this project?

C. PUBLIC SERVICE PROJECT

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Is this project a continuation of an existing service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is this project an expansion of an existing service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If this service is not currently provided, are there sufficient staff to implement this service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has CDBG funding been received previously to provide this service? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, when? _____ | | |
| 5. How many people will directly benefit from this service? | | |

SECTION VII: ENDORSEMENT

I, the undersigned, as official representative of the applicant, hereby acknowledge that if a grant is awarded, the terms, conditions, and budget pursuant to the Action Plan submitted to the U.S. Department of Housing and Urban Development, and the sequential Project Agreement between Clermont County Board of Commissioners and the applicant will be the limit of participation from the Board of Commissioners of Clermont County.

I also hereby certify that the information contained in this application is true and accurate to the best of my knowledge.

Name

Title

Signature

Date

Municipalities:

Each application from a municipality must contain a copy of a resolution from the Board of Trustees or Village / City Council endorsing the submission of the project application, stating the amount of the grant request in the application, and the amount to be contributed by the municipality for the project.

Not-For-Profit Organizations:

Each application from a not-for-profit organization must contain a resolution from the organization's Board of Directors endorsing the submission of the application, stating the amount of the grant request in the application, and stating the amount to be contributed by the organization.

ADDITIONAL INFORMATION: ClermontCountyOhio.gov/Community-Development/

APPLICATION DUE DATE: May 5, 2026 by 4:00 PM

SUBMITTAL: 101 East Main Street, 3rd Floor, 45103 **OR:** DMAaytah@ClermontCountyOhio.gov