



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Section 1:

Project Name:

Name of Agency or Municipality:

Address of Project Site:

Type of agency: 501(c)(3) ☐ Gov't./Public ☐ For Profit ☐ Faith-Based ☐ Other

UEID # (Unique Identity Identification):

Chief Official's Name and Title:

Address 1:

Address 2:

Phone:

Email:

Contact Person's Name and Title:

Address 1:

Address 2:

Phone:

Email:

Funding Request:

Total CDBG funding requested (column B on budget form): \$

Funds committed to project from other sources (column C on budget form): \$

Total project cost (column E on budget form): \$

Project Summary: Please provide a two-sentence description of the project.



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Public Service Project Worksheet:

1. Was this project funded via 2025 CDBG?
Yes – go to Question 2.
No – go to Question 3.
2. Are you requesting the same amount (or less than) the amount awarded via 2025 CDBG for the same project?
Yes – skip the rest of this Public Service Project Worksheet section. (The Public Service eligibility requirements have been met.)
No – go to question 3.
3. Is this a new project being offered by your agency?
Yes - skip the rest of this Public Service Project Worksheet section. (The Public Service eligibility requirements have been met.)
No – go to question 4.
4. Are you able to prove a quantifiable increase in need over the past 12 months, enabling the proposed project to be funded?
Yes – go to question 5.
No – If the project was funded via 2025 CDBG, the project can only request the same amount as previously awarded. If the project is not new, and did not receive 2025 CDBG, then the project is ineligible. (Stop here – and do not submit an application.)
5. Please describe the need for the project 12 months ago vs. the current need. Also, describe how the quantifiable data was collected. Qualitative support will not be accepted. If only qualitative support exists, stop here and do not submit an application.



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Section 2:

Project Narrative: Provide a detailed narrative describing the project in a separate, Word document. See Checklist of Required Documents for required components of the narrative.

Eligibility Determination - All projects must meet one (1) national objective.

A. Under which national objective will your project qualify? *Choose only one:*

Benefits residents with low or moderate incomes (LMI);

Aids in the elimination of slums and blight; or

Meets community needs having a particular urgency because conditions pose an immediate threat to public health or welfare (*Use only in consultation with Lehigh County*).

B. If qualifying your project under the LMI national objective, how will you determine benefit to low- and moderate-income residents? *Choose only one:*

☐ The project will exclusively serve a group of persons who are presumed to be LMI because they are in one of the following categories: seniors, severely disabled adults, homeless, battered spouses, abused/neglected children and youth, illiterate adults, migrant farm workers, or persons with HIV/AIDS.

☐ Income surveys will be collected from participating households, proving that at least 51% of the households are LMI. (100% of the households must live outside of Allentown, Bethlehem, and Lower Milford Township.)

☐ The project will serve specific persons or households (i.e., housing assistance). Lehigh County will verify the incomes of individuals or households before approving their participation.

Project activities will occur exclusively within, or by household living within, LMI block groups. LMI block group maps can be located at <https://www.lehighcounty.org/Departments/Community-Economic-Development/CDBG-HOME-and-CHDO-Applications>

Project Beneficiaries

Estimated total number of individuals to be served by this project? _____

Is the project intended to primarily benefit residents described as:

Extremely low incomes (30% of area median income [AMI] or less)

Very low incomes (50% of AMI or less)

Low/moderate incomes (80% of AMI or less)

Belonging to a Minority Group

☐ Senior Citizens

Persons with Disabilities

☐ Veterans

Other Underserved Constituency (describe):



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Section 3: Agency Capacity

Who will be the person responsible for the overall oversight of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the alternate person responsible for the overall oversight of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the person responsible for the day-to-day operations and management of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?

Name:			
Title:			
Telephone Number:		Email Address:	

List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

Identify the duties to be performed by each listed individual relative to the CDBG-funded project.



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EXHIBIT A - NON-PROFIT CERTIFICATION

I, _____, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I am also certifying that:

- ☐ The proposed project will not result in permanent involuntary displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.
- ☐ If selected to receive Community Development Block Grant (CDBG) funding, the project will be operated in accordance with all applicable laws and regulations, including the CDBG Entitlement Grant Regulations at 24 CFR Part 570, Civil Rights Acts, the Fair Housing Act and the Americans with Disabilities Act.
- ☐ I am authorized by the municipality or organization identified within to submit this application. *
- ☐ Reimbursement of Funds – The applicant agrees to reimburse the County of Lehigh for any expenditures paid to the applicant that are found to be ineligible under the CDBG program guidelines.
- ☐ Allocations – The applicant agrees that all projections of funds assume the continuation of the federal CDBG program and that the County is not responsible for costs incurred should the program be discontinued.

Signature

Date

Title

Electronic or digital signature on this form is acceptable.





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EXHIBIT B - FAIR HOUSING STATEMENT

By signing this page, you attest that your organization has agreed to adhere to the regulations set forth by the Fair Housing Act:

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Signature:

Organization Signature

Date

Electronic or digital signature on this form is acceptable.





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EXHIBIT C – Certification of Non-Delinquency to Lehigh County

By signing this page, you certify that your organization is not delinquent on taxes or other obligations owed to Lehigh County. According to Ordinance 2017-131 under Tax Delinquency:

Grants shall not be given to an organization that is delinquent on any taxes due to Lehigh County until taxes are paid in full.

If an organization becomes delinquent on taxes owed to Lehigh County during a year when said organization is budgeted to receive a grant, the County shall withhold grant funds in lieu of taxes until taxes are paid in full.

The County shall not give grants to an organization that is also a lessee of Lehigh County until the rent due to the County is paid in full as provided for in the terms of the lease agreement.

Signature: _____

Organization Signature

Date

Electronic or digital signature on this form is acceptable.





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Checklist of Required Documents

All applicants must include:

1. ☐ Application cover sheet - Section 1
2. ☐ Project Narrative, Eligibility, and Beneficiaries – Section 2

The project narrative shall be provided in a separate Word document. The narrative shall describe the project, and address all of the following details:

The need addressed by the project

The benefit to low-income residents (how will the project improve the lives of low-income residents)

A description of the project service area (you may also attach a map of the service area)

The activities to be undertaken, including the scope of work and timeframe/implementation schedule

The goals and objectives of the program, and how they will be monitored during the activity.

Data to be collected in order to measure achievement of goals.

Five Year Consolidated Plan Goals: which local priority does the project address?

3. ☐ Agency Capacity - Section 3
4. ☐ Budget Form and Budget Narrative

Provide an explanation of how the estimated cost of each category listed on the budget form was calculated. Take into consideration recordkeeping responsibilities and other supportive services when creating the project budget. Address whether or not the matching dollars are secured at time of CDBG application submittal.

5. ☐ EXHIBIT A – Non-Profit Certification
6. ☐ EXHIBIT B – Fair Housing Statement
7. ☐ EXHIBIT C – Certification to Pay Taxes and Other Obligations to Lehigh County
8. ☐ A copy of all in-take documentation and procedures used to determine client income
9. ☐ Job descriptions of requested staff positions, if any. Identify eligible duties.

Email applications to cyndiking@lehighcounty.org by April 15, 2026. Emailed applications must have a time stamp as received by the deadline. Applications can also be mailed to Cyndi King, but must be postmarked by April 15, 2026 to be considered for award.



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Additionally, **you must include ALL of the following as attachments.** These documents are required per Lehigh County's grant ordinance. Documents will be posted on Lehigh County's website soon after application submission and removed after ordinance approval:

1. ☐ The current and previous fiscal year's budget, including the actual revenues and expenditures for the previous year
2. ☐ Audited financial statements for the two (2) previous fiscal years
3. ☐ The positions of all employees, officers and board members who receive \$50,000.00 or more in annual compensation, including bonuses, from the requesting organization
4. ☐ The total compensation of the organization's five (5) highest compensated individuals
5. ☐ A list of all funding sources and the total amount received from each funding source for the previous year
6. ☐ A list of all funding sources for the current year, and a list of all pending applications for funding, including the amount requested

If your organization is a first-time CDBG applicant, the following documents are also required:

1. Certification of nonprofit status [Letter from IRS 501 (c)(3)]
2. Articles of Incorporation
3. By - Laws
4. Annual operating budget
5. Information on new program or quantifiable increase in need of existing program
6. Agency information including:
 - a brief history, description of mission/purpose, services provided
 - a description of the staff, volunteers, consultants, and/or board members who will be directly associated with this project and their responsibilities
 - a description of the overall program delivery strategy