Instructions for Completion of the 2025-2026 Marion County CDBG / HOME Application Cycle

Funding Sources: The primary sources of funding for projects or programs in this funding cycle are through the U.S. Department of Housing and Urban Development. The funding programs are the Community Development Block Grant (CDBG) program, and the Home Investment Partnerships (HOME) program. As these programs are federal funding programs, they are subject to the requirements of 2 CFR, Part 200 - https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200?toc=1

Introduction: These instructions are intended to provide a clear expectation of what information should be provided. This will help ensure that the application submitted will be complete and contain all relevant information so that decision makers may consider the project for funding. Incomplete applications will delay consideration of the application, and in some cases may result in the application being rejected. If there are questions after reading these instructions, please contact us as soon as possible so that we may assist you:

Steve Dickey – CDBG / HOME Program Manager (503) 373-4334 / sdickey@co.marion.or.us, or Sheila Roberts – CDBG / HOME Program Staff (503) 589-3273 / sroberts@co.marion.or.us.

Section 1: Agency / Organization Information

- Agency Name This needs to be the legal name of the agency that will be responsible for fulfilling the terms and conditions of the contract.
- Agency Address, City, State, Zip Code Mailing address for the agency.
- Agency UEI Number This is the Unique Entity Identifier for the applicant agency. This number can be found at www.sam.gov If the applicant's agency does not have a UEI Number, www.sam.gov is also where the agency can register to be assigned a UEI Number.
- Contact Name The name of the individual assigned to the project, or program
 that will receive funding if the application is approved. This should be someone
 who is familiar with the project or program and has the authority to respond on
 behalf of the agency to address questions that come up when reviewing the
 application.
- Contact Email, Phone Email and phone number for the project contact.
- Agency Website The website address for the agency, of if there is a project or program specific website then enter that website address.

Section 2: Project Name and Summary Information

- **Project Name** This should be a project name that will be used in the contract, and in any documents used to present the project to decision-makers.
- Total Request Enter the amount of funding requested for the project or program.
- Loan Amount If the request for assistance is in part or in whole as a loan,

- enter the amount of the loan here.
- **Grant Amount** If the request for assistance is in part or in whole as a grant, enter the amount of the grant here.
- Project Summary Description This section must provide a clear description of the project or program that is seeking funding through CDBG or HOME. This needs to include a description of what the project or program will accomplish, what will be involved i.e. construction, renovation, expansion of services, infrastructure improvements, etc. Attention to providing a complete description is important. It is recommended that the applicant avoid nonessential wording, vague terms, or any description that lacks a clear description of what will be done, who it will serve, when it will start, and how long it will take to complete. This answer can be as long as needed, but should only be as long as is needed to provide the necessary information.
- Project or Program Location This is the physical address of the project, or the location of where the operation of program will take place. Additionally, include a description of the geographic area that will benefit from the project or program.
- **Project Type** Select the category that best fits your project or program. This must be limited to a single selection.

Section 3: Project Timeline and Milestones

- Detailed Project Timeline This is a narrative description of the project or program timeline. This will vary depending on the project, but it needs to include at least the basic steps of typical project management. Typical five basic phases of project management are: Project Initiation; Project Planning; Project Execution; Project Monitoring and Controlling; and Project Closing. If the application is to fund only a part of a larger project, treat that part of the project as its own project and build your milestones around the elements of that phase to bring it to conclusion. It is understood that this is an estimate of the project progress and completion, but is an important set of information to determine project readiness.
- Project Start The beginning of any work associated with the project or program that is intended to be funded with CDBG or HOME funds.
- Milestones This set of sequential steps may only have a few milestones or several. If you have more than six milestones, the applicant may provide the project timeline on an attached document. Activity Descriptions should be simple, such as "design," "construction," etc. Keep in mind that milestones are meant to be key pivotal points in the project or program by which you can measure progress, but not detailed step by step procedures.
- Project Closing This is the final step and conclusion of a project or phase of a much larger project. For programs, this would be the final phase of the program that is funded with CDBG or HOME funds.

Section 4: Project Funding / Budget

- **Total Project Budget** This is the entire project budget, not just the part that is intended to receive assistance through CDBG or HOME funding.
- Portion funded with CDBG or HOME funds Portion intended to be funded with CDBG or HOME funds. This amount should match the Total Request field in Section 2.
- Other Source Name Identify the source of any other funding to support the total project budget.
- Other Source Amount Identify the amount to be received from the corresponding source.
- Status of Funding Source Identify if the funding is:
 - o secured,
 - committed (an approved grant or contract that has not yet been executed),
 or
 - o applied for (application has been submitted, but no decision to date).
- Any Unfunded Amount Identify any amount of the total project budget that has yet to be funded.
- Plan to Address the Funding Gap Provide a description of how the remaining funding will be secured to ensure project completion. It is important that projects submitted for funding through CDBG or HOME have a clear plan for completion.

Section 5: Income and Location Data for Beneficiaries

- Total Number of Households or Individuals Served Annually This is a total number of times services are delivered in a year, and also a count of either unique individual households or unique individuals served annually. Both of these numbers are important as they represent both the volume of services delivered and the number of households or individuals that benefit from these services. If the applicant's project provides a general area benefit, such as infrastructure improvement, then the number of households in that area benefitting from the improvements would be the number provided.
- Percentage of the Total that are at or Below 80% of the Area Median Income
 (AMI) Based on the total of individual households or individuals, what is the
 percentage that qualify as 80% or below AMI. Use current U.S. Census data to
 calculate these numbers.
- Percentage of the Total that Live Inside Marion County, but Outside of the Salem City Limits – Marion County's CDBG and HOME programs are specifically for households or individuals that are within these geographic limits. Some exceptions are made for projects or programs that are located inside of the Salem city limits, but clearly serve households or individuals that are outside of the Salem city limits, but inside of Marion County. If the applicant's project fits the latter description, please contact Marion County Community Services staff identified in the Introduction for further instructions.

Section 6: Discrimination Prohibitions

Definition: Federal laws prohibit discrimination in housing and community development programs and activities because of race, color, religion, sex (including gender identity and sexual orientation), national origin, familial status, and disability. These obligations extend to recipients of HUD financial assistance, including subrecipients, as well as the operations of state and local governments and their agencies, and certain private organizations operating housing and community development services, programs, or activities.

- Does the applicant's agency / organization make limiting determinations regarding the delivery of services to clients or beneficiaries based on any of the criteria in the Definition? – To answer this question, it should be a simple yes or no.
- If so, please provide a description of the limitations imposed Some types of services, such as domestic violence shelters, youth services, etc. are allowed to impose limitations based on the nature of the services provided. However, these exceptions are specifically identified in the U.S. Housing and Urban Development (HUD) regulations.
- Does the applicant's agency / organization impose any other requirements for its clients or beneficiaries to receive services? Again, to answer this question it should be a simple yes, or no.
- If so, please provide a description of the limitations These would be any other
 restrictions such as, limitations based on religious practices, limitations based on
 affiliations with other organizations, limitations based on having received services
 from other organizations, or any other criteria that could restrict access to qualifying
 services under HUD regulations.

Section 7: Required Signatures

- Name and Title of Person Completing this Application The person completing the application may or may not be the person authorized to sign the application and authorize its submittal.
- Signature of Person Completing this Application Signature of person completing this application.
- **Date of Application** The date the application will be submitted.
- Name and Title of the Person Authorized to Submit this Application The person with the legal authority to commit the applicant's agency or organization to the terms and conditions of a subrecipient contract.
- **Signature of Person Authorized to Submit this Application** Signature of the person authorized to submit the application.
- **Date Signed by Authorized Representative** Date authorized representative signed the application.

Section 1: Agency / Organization Information

Agency Name Agency Address Agency City Agency UEI Number Contact Name and Title Contact Email Section 2: Project Name and Summary Inform Project Name Loan Amount Project Summary Description State Zip Code Zip Code Agency Website Total Request Grant Amount Froject Summary Description	mation
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Project Summary	
Summary	
Project or	
Program	
Location	
Project Public Service ☐ Construction ☐ Renovati	ion / Rehabilitation □
T	Blight Removal □
Property Acquisition □ Urgent Need □	
Property Acquisition — Orgent Need —	
Continue Or Dunings Time live and Ballers to	
Section 3: Project Timeline and Mileston	
Detailed Describe the timeline associated with the major milestones of the	
Project a few milestones or several. Be sure to clearly identify the estima	ted start and end dates in
Timeline the timeline.	
Project Start Date Activity End Date Comments	
Start Description	

Milestone One	Start Date	Activity Description	End Date	Comments
Milestone Two	Start Date	Activity Description	End Date	Comments
Milestone Three	Start Date	Activity Description	End Date	Comments
Milestone Four	Start Date	Activity Description	End Date	Comments
Milestone Five	Start Date	Activity Description	End Date	Comments
Milestone Six	Start Date	Activity Description	End Date	Comments
Project Closing	Start Date	Activity Description	End Date	Comments

Section 4: Project Funding / Budget

Total Project Budget	Portion funded with CDBG or HOME funds	•		
Other Source 1 Name	Other Source 1 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Other Source 2 Name	Other Source 2 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Other Source 3 Name	Other Source 3 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Other Source 4 Name	Other Source 4 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Other Source 5 Name	Other Source 5 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Other Source 6 Name	Other Source 6 Amount		Status of Funding Source	Secured □ Committed □ Applied For □
Any Unfunded Amount	Plan to Address the Funding Gap			

Section 5: Income and Location Data for Beneficiaries

Total Number of Households or Individuals Served Annually	Households □ Individuals □	Comments	
Percentage of the Total that are at or Below 80% of the Area Median Income (AMI)	Link to AMI Table https://www.co.marion.or.us/CS/Documents/2024AMIChart.pdf		
Percentage of the Total that Live Inside Marion County, but Outside of the Salem City Limits	Link to City of Salem City Limits Mapping Tool https://www.cityofsalem.net/business/business-resources/community-profile/salem-city-limits		

Section 6: Discrimination Prohibitions

Federal laws prohibit discrimination in housing and community development programs and activities because of race, color, religion, sex (including gender identity and sexual orientation), national origin, familial status, and disability. These obligations extend to recipients of HUD financial assistance, including					
	subrecipients, as well as the operations of state and local governments and their agencies, and certain				
•	·	elopment services, programs, or activities.			
Does the applicant's	If so, please provide a				
agency / organization	description of the limitations				
make limiting	imposed				
determinations regarding	·				
the delivery of services to					
its clients or beneficiaries					
based on any of the					
criteria listed above?					
Does the applicant's	If so, please provide a				
agency / organization	description of the limitations				
impose any other	imposed				
requirements for your	Imposed				
clients or beneficiaries to					
receive services?					

Section 7: Required Signatures

Name and Title of Person Completing this Application	Signature of Person Completing this Application	Date of Application
Name and Title of Person Authorized to Submit this Application	Signature of Person Authorized to Submit this Application	Date Signed by Authorized Representative