



County Fiscal Year 2027 Funding Application Community Development Block Grant (CDBG)

This application must be emailed to cdbg@montgomerycountymd.gov by Friday, September 19, 2025, at 4:00 P.M.

See online Application Packet at <http://montgomerycountymd.gov/DHCA/grants/index.html> for complete instructions

SUMMARY INFORMATION

Project Title:	
Legal Name of Submitting Organization:	
Amount of CDBG Funds Requested for this Project:	
Amount of Total Project Budget:	
Total Number of Persons Who Will Directly Benefit from This Project:	

Have you ever received CDBG funding for this program or activity before?

If yes, please explain:	Yes		No	

In the space below, provide a very brief descriptive summary of how the requested funds are to be used (75 words or fewer):

DHCA USE ONLY:	YR 1	YR 2	YR3	APP #:
APPROVED AMOUNT:				

ORGANIZATION CONTACTS AND CERTIFICATION

ORGANIZATION MAILING ADDRESS: (name, street, city, zip code)

Name:			
Address:			
State of Incorporation:		State Corporation Number:	
Federal Tax ID Number:			
DUNs Number:		Unique Entity ID UEI#:	
Contact Person for this Application:			
Title:			
Telephone:			
Email:			
Authorized Representative of Submitting Organization:			
Title:			
Telephone:			
Email:			

Certification:

“Under penalty of perjury, I certify, by checking this box, that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true and adheres to Executive Orders [14151](#) (DEI), [14173](#) (Non-Discrimination), and [14168](#) (Gender). I also certify that I am officially authorized to represent the submitting organization by its governing board in the filing of this application.”

Type name of authorized representative	Date submitted (mm/dd/yyyy)

Type title of authorized representative

ORGANIZATION INFORMATION

Briefly describe the mission of your organization and the major programs/services provided in support of the mission.

How long has your organization been providing services to Montgomery County residents?

Currently, what percentage of those your organization serves are residents of Montgomery County?

What is the amount of your organization's current annual operating budget?

What are your organization's major sources of funding, specified as a percentage of the total budget? (e.g. private donations 50%; Montgomery County government contracts 30%; foundation support 20%)

How many paid staff work in your organization?

Full-time

Part-Time

How many new staff are to be hired for the project if funded?

Full-time

Part-Time

If your organization currently has any contracts with Montgomery County government, please provide a brief description of the contract services, the dollar value of the contract and the name and telephone number of the county staff contact for the contract.

PROJECT DESCRIPTION (No more than one page)

Describe in detail the project for which these funds will be used. Indicate how these funds will be used in collaboration with other agencies, if appropriate, and provide answers to the following questions in your response:

1. What unmet community need(s) will your project address?
2. How did you determine that the need(s) exist, and how are they quantified?
3. What is your service area? (e.g., County-wide; focused on youth attending specific schools; focused in certain areas of the County.)
4. What unique or innovative features, if any, are associated with this project?

PROJECT GOALS/PERFORMANCE MEASURES

List your project goals and how they will be accomplished. Include detailed activities and specific, verifiable, quantitative performance measures you will use to determine if your goals have been achieved for each activity.

<u>GOALS</u> “What do you want to achieve?” Example: Improve reading skills	<u>SERVICE DELIVERY ACTIVITIES</u> “Specifically, how will you achieve it?” (please QUANTIFY) Example: provide 2 12-week semesters of classes meeting 5 times per week for 2 hours, serving 20 students each	<u>PERFORMANCE MEASURES</u> “How will you verify success?” Example: pre- and post-test, pre- and post-school grades, etc.

BENEFICIARIES

Please provide additional information about those persons you have indicated will directly benefit from this project.

Total number of direct beneficiaries (number previously provided in summary on page 1):	
Number estimated to be at or below “low-income” according to the chart below:	
Number estimated to be at or below “moderate-income” according to the chart below:	

HUD Income Limits – Effective June 2025

Family Size	30% AMI	50% AMI	"80%" (~64% AMI)
	Very Low Income	Low Income	Moderate Income (capped)
1	\$34,450	\$57,400	\$74,800
2	\$39,350	\$65,600	\$85,450
3	\$44,250	\$73,800	\$96,150
4	\$49,150	\$81,950	\$106,800
5	\$53,100	\$88,550	\$115,350
6	\$57,050	\$95,100	\$123,900
7	\$60,950	\$101,650	\$132,450
8	\$64,900	\$108,200	\$141,000

*These figures are less than 80% of Local Area Median Income, as determined by HUD for Montgomery County, due to prevailing levels of construction costs or fair market rents, or unusually high or low family incomes.

Describe the beneficiaries in more detail, for example, homeless persons, persons with disabilities, the elderly, youth, legal immigrants, etc.

BUDGET (using this form ONLY)

INSTRUCTIONS: The following budget information is only for the **project** for which your organization is requesting funds. You should not include your organization's total operating budget.

In Column A, list the titles of all positions to be funded as a whole or in part with CDBG funds.

In Column B, for each employee shown in Column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title.

In Column D, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours).

In Column E, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization.

Under the **FRINGE BENEFITS** section, show the percentage to be applied for each line item under column C if you want to include fringe benefits in your project costs.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II, and III. This figure will be included in the **GRAND TOTAL** under Part IV.

NOTE: Not all line items may apply; only fill in costs for items that you would want included in a cost-reimbursement contract with the County, those that apply. Applicants requiring assistance with this form should email DHCA at cdbg@montgomerycountymd.gov. Remember that funds will not be available until July 1, 2026, or after.

A	B	C	D	E
I. PERSONNEL COSTS	CDBG HRS./ TOTAL HRS. PER WEEK	HOURLY RATE	TOTAL CDBG	OTHER FUNDS
SALARIES (List of all positions to be assigned to this project)				

TOTAL SALARIES				
II. FRINGE BENEFITS (if any)		PERCENT	TOTAL CDBG	OTHER FUNDS
FICA				
Retirement				
Insurance				
Workman's Compensation				
State Unemployment Insurance				
Other				
TOTAL FRINGE BENEFITS				
TOTAL SALARIES & BENEFITS				
III. CONSULTANTS (if any)	TOPIC	HOURLY RATE	TOTAL CDBG	OTHER FUNDS
TOTAL CONSULTANTS				
IV. OPERATING EXPENSES (if any)			TOTAL CDBG	OTHER FUNDS
Office Rent				
Audit & Accounting (1)				
Books & Publications				
Conference & Training				
Insurance (4)				
Utilities				
Local Mileage				
Office Supplies/Materials				
Telephone				
Other (specify) (please note entertainment exclusions below)				
Indirect/Overhead (15% maximum)				
TOTAL OPERATING COSTS				

