



City of Bristol
ECONOMIC AND COMMUNITY DEVELOPMENT
2026-2027
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM

APPLICATION FOR COMMUNITY ORGANIZATIONS

Proposals due by 1:00 p.m.
Friday, Jan. 30, 2026

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Economic and Community Development

Revised 12/2025

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BACKGROUND AND GENERAL INFORMATION

The Community Development Block Grant (CDBG) Program is a U.S. Department of Housing and Urban Development (HUD) program that provides funds annually to jurisdictions designated as “entitlement communities.” Funds are allocated according to a formula based on population and the economic characteristics of the community, and can be used for community development and affordable housing activities that benefit low- and low-moderate income households and persons with special needs.

The CDBG program in Bristol is managed by Economic & Community Development (ECD) staff, and decisions about the award of funds are made by the CDBG Policy Committee of the ECD Board, in accordance with local policies and HUD regulations.

All Public Hearings and Meetings regarding the 2026-2027 CDBG Program will be announced in the legal notices section of the local newspaper, and will be posted on the meeting calendar of the City Website. Additionally, email notification will be mailed to individuals and agencies who request direct notification. To have your name placed on this email list, contact the ECD office at 860-584-6185.

This application is to be used to seek funding for **Public Service Projects** which address the goals set in the City’s 5-year Comprehensive Plan:

- 1) Support access to decent, safe, and affordable housing for Bristol residents.
- 2) Support public service programs that advance community needs and focus on youth, the elderly, and special needs populations.
- 3) Support economic development initiatives that include job training, workforce development, and ESL/GED programs.
- 4) Support infrastructure and facility improvements, blight reduction, and community revitalization activities, especially in the Opportunity Zone and low/mod income areas of the City.

There are limited CDBG funds available each year. The following restrictions apply to applications for Public Service grants:

- An incomplete application will **not** be reviewed by the committee.
- All attachments must be submitted by January 30th for the application to be considered.
- Applications using forms from prior years will not be accepted.
- Applicants agree to submit quarterly reports that include a summary of activity during the previous 3-month period, demographic information about the clients served during that period, and a detailed request for reimbursement of expenses during the quarter.

Attachments The following are provided for information and applicant use:

- A. CDBG National Eligibility Standards
- B. 2025 Income Limits Summary (HUD Hartford County)
- C. Bristol Census Tracts (with Low/Mod Income Areas identified)
- D. Milestones Planning Calendar
- E. Budget Form

APPLICATION INSTRUCTIONS

Application Overview

The application for CDBG funds includes an Application Summary Form, Application Questions, and Attachments included to assist you in completing the forms. These are several sections that require pages to be attached to your final submission. Applications that are not complete or do not contain all the required attachments will NOT be reviewed by the committee.

A complete application includes the following items in sequence:

1. Part I – Summary Form
2. Part II – Project Narrative (not to exceed 4 double-spaced pages) plus Budget forms
3. Part III – Agency Information (not to exceed 3 double-spaced pages)
4. Part IV – Documentation
 - a. Project Budget Table
 - b. Current Board of Director's List, including names and addresses
 - c. Letter from Board chair documenting Board approval of proposed project and budget (certified copy of meeting minutes of Board approval is also acceptable)
 - d. Summary of applicant's current year General Operating Budget, and copy of most recent financial audit and A-133 Single Audit, or most recent 990 submission. If unavailable, a treasurer's report and copies of organization bank statements from the previous 6 months.
 - e. Proof of existing DUNS registration number (and Federal Tax ID number)
 - f. Provide a sample of the intake/assessment form(s) that are used to document that a minimum of 51% of beneficiaries are low/low-mod income or special needs. All grant recipients must collect income and demographic information for reporting to HUD.
 - g. Milestone Planning Calendar: Timetable for completion of the project, including opportunities for phasing of work and priorities if full funding is not awarded
 - h. Letters of commitment from any collaborating agencies, if any

Specific Application Instructions

- Please keep your responses to questions as brief and concise as possible
- Submit application in a typed format
- Submit **one electronic copy** of the application and all attachments, and **one original set**
- Letters from collaborating agencies or other funding sources should clearly specify their role in the project or the contribution (financial or in-kind) that they will make to the project
- If your project can be broken into separate activities or phases, please provide estimates that break down the costs in a similar manner

The application is available at www.bristolct.gov/ecd: Be sure to save it on your computer before filling in the form! Return one original to the Economic & Community Development Office, Bristol City Hall, 111 North Main Street, and email a complete PDF of your application to dawnleger@bristolct.gov, no later than **1:00p.m. on Friday, January 30, 2026.**



Receipt
Number:

CDBG APPLICATION FOR COMMUNITY ORGANIZATIONS

Instructions for completing this application are provided above. The instructions include directions for downloading this application from the City’s website.

PART I - APPLICATION SUMMARY (Please type)

Date: _____

A. **PROJECT TITLE:** _____

B. **APPLICANT:**

Name of Applicant’s Authorized Official: _____

Authorized Official’s Title: _____

Authorized Official’s Email: _____

Original Signature of Authorized Official: _____

Name of Organization: _____

Type of Organization: Non-Profit Organization Faith Based Organization

For Profit Organization Institution of Higher Education

Organization Address: _____

Does your organization expend \$750,000 or more a year in federal funds? Yes No

Contact Person: _____

Contact Person’s Title: _____ Telephone: _____

Project Manager: _____

Telephone: _____ Email: _____

FAX: _____ Contact Person’s Email: _____

DUNS #: _____ Fed Tax ID #: _____

Previous CDBG Grants: 2025-2026	\$ _____
2024-2025	\$ _____
2023-2024	\$ _____



C. PROPOSAL:

1. Address of Project: _____

2. Census Tract(s) where Project is located (*Census tract map @ Attachment C*) _____

3. Type of Activity: (Please check only one)

_____ Opioid Crisis

_____ Health-Related Services

_____ Workforce Development

_____ Financial Stability

_____ Homelessness

_____ Fair Housing

_____ Special Populations (Youth, Seniors)

_____ Other _____

4. CDBG Funds Requested \$ _____

5. Total Project Cost \$ _____

6. Specific Use of Requested CDBG Funds:

OTHER FUNDING SOURCES:

Other Federal (Specify Source): _____ \$ _____

Other State/Local (Specify Source): _____ \$ _____

Private Sources: _____ \$ _____

Other (Specify Source): _____ \$ _____

7. Which CDBG National Objective does your project meet? (*See Attachment A*)



PART II - PROJECT NARRATIVE (Not to exceed 4 double-spaced, typed pages)

A. Statement of Problem/Need: Describe the problem or need that the proposed activity is intended to address:

B. Project Objective: Please state the project objective that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices:

- | | | |
|----------------------------|-----------------------------|--|
| <input type="checkbox"/> 1 | Suitable Living Environment | Activities that benefit communities/ families/individuals by addressing issues in their neighborhood |
| <input type="checkbox"/> 2 | Decent Housing | Housing activities that meet individual family or community needs; should not be used for activities where housing is an element of a larger project |
| <input type="checkbox"/> 3 | Economic Opportunity | Activities related to economic development, commercial revitalization, and job creation |

C. Project Outcome: Please state the proposed project performance measurement outcome that most accurately describes what you intend to accomplish by carrying out this activity

Please select only one from the following choices:

- | | | |
|----------------------------|--------------------------------|---|
| <input type="checkbox"/> 1 | Availability/
Accessibility | Activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not only refer to physical barriers |
| <input type="checkbox"/> 2 | Affordability | Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare |
| <input type="checkbox"/> 3 | Sustainability | Activities that promote livable or viable communities and neighborhoods by providing services or by reviving slums or blighted areas |

D. Performance Measures: In addition to the information on quantity, quality, and pace of performance requested in the above items, provide a measure that can be used to gauge the effectiveness or impact of your proposal in meeting the needs of the community. How can it be determined whether your proposal yields the desired outcomes or shows an overall improvement in the lives of persons assisted with HUD funds? For example, state whether persons served by public service improvements will benefit from a service that is no longer substandard. Attach additional sheet if necessary.



E. Proposal Beneficiaries: Indicate the number of people or households that will directly benefit from your proposal

1. What percentage of beneficiaries are/will be Bristol residents? _____%

2. If your project serves the residents of a given service area, such as a community center or park, indicate where your service area is located. Also, state how this information was obtained or derived.

3. All projects must serve primarily low- to moderate-income persons or households. Explain your process and please provide a sample of the intake/assessment form(s) that are currently being used to document that a minimum of 51% of beneficiaries are low-and moderate-income persons.

4. Will the proposed project meet Americans with Disabilities Act standards for access to persons with disabilities? Yes or No ; If no, explain why not.

5. Describe the relationship of the proposed activity to other local community facilities and services addressing the same or similar problem. Attach additional pages if needed.

6. What community organizations have expressed support for this project?

- E. Timeline: Provide a detailed timeline for the implementation of the proposed project, assuming the availability of CDBG funds in July 2025. **CDBG requests must be limited to activities that can be implemented within 12 months or less.**
1. Provide estimated project expenditures in each quarter of fiscal year 2026-27 (i.e., July 1-September 30; October 1-December 31; January 1- March 31; and April 1-June 30) (**Attachment D**)
 2. If this is a collaborative project, name the organizations involved and explain their role. Provide letters of intent from each participating agency specifying the agency's role and contribution to the project.

- G. Previous Accomplishments: For those agencies that have previously received CDBG funding, describe the accomplishments achieved and note the year(s) funded. Include the degree to which the objectives were met. If there were difficulties in achieving the objectives or delays, describe how that will be overcome in the future. If your agency currently has a CDBG-funded project in process, explain when this project will be completed. **If the agency has not previously received CDBG funding**, describe accomplishments achieved through other funding sources.
- H. Finances: Attach a separate sheet to answer the following questions:
1. Describe how the project will be fully funded. Indicate status of other funds in the proposal budget and expected commitment dates, if applicable. Indicate when other funds will be available and include letters of commitment from other funding sources.
 2. Indicate the specific amount of your organization's **reserve** funds and describe the adequacy of these funds to pay invoices that would subsequently be reimbursed from the CDBG program. (Note: CDBG funds are released for approved project costs on a reimbursement basis only)
 3. Discuss specific plans and funding for maintaining the project beyond the period supported by CDBG funds
 4. Submit *Project Operating Budget Form* for service projects, **Attachment E**. Include all other funding sources, and indicate: a) if funding is committed; b) if funding has been applied for; or c) if funding will be applied for. Also, indicate when these funds will be available.
 5. Provide a 1-page summary of the agency's current General Operating Budget

PART III - AGENCY INFORMATION (Not to exceed three double-spaced, typed pages). Attach additional pages.

A. Background:

1. Describe the purpose of the agency and sources of funding
2. Indicate the length of time the agency has been in operation, and include the date of incorporation
3. Describe the type of services currently provided by the agency, and include the number and characteristics of clients served

B. Qualifications:

1. Discuss the agency's capability to develop, implement and administer the proposed project
2. Describe how the agency will monitor progress in implementing the program. Describe who will be responsible for monitoring progress.
3. Describe the agency's existing staff positions and qualifications
4. Indicate who in your organization will undertake the responsibility of project manager and describe the person's experience
5. Include any other pertinent agency information

C. Financial: Briefly describe the agency's fiscal management system, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

PART IV – REQUIRED DOCUMENTATION

Attach the following documents to your application:

1. Attachment D - Quarterly Milestones Planning Calendar
2. Attachment E - Project Operating Budget Form
3. Sample Intake/Assessment Form (if available)
4. Current Board of Directors list, including names and addresses
5. Applicant's most recent financial audit, A-133 single audit, or if not available, copies of last six months bank statements or treasurer's reports
6. Current Insurance Policy and amounts covered
7. Organizational Chart
8. If the project can be broken up into phases or into various discrete activities, please indicate project priorities in the event only a portion of the project can be funded

PROJECT ELIGIBILITY

Projects must be a CDBG-eligible activity, must be in conformance with the activities to be funded through this application process, and must meet at least one of the following CDBG national objectives:

1. Primarily benefit low- or moderate-income (under 80% of the area median income) persons or households. This is the most commonly used qualifier. Documentation of the benefit to low/moderate income level persons is required of every project funded under this objective. Limited clientele activities, i.e., those which benefit a specific sector of the community, such as youth centers, health clinics, etc., must benefit a minimum of 51% low- and moderate-income persons. Activities, that benefit all residents within a defined geographic area (area benefit), can meet the low/moderate income benefit requirement if the area contains a minimum of 50.64% low- or moderate-income residents, as calculated by HUD.
2. Aid in the elimination of slum or blight conditions. HUD has strict guidelines to define these conditions. A project rarely meets this national objective. Please contact ECD staff to determine if your project is eligible under this national objective.
3. Meet an urgent community need. Generally, this objective is only used in the case of recent serious natural disasters (e.g., earthquake, flooding, etc.) and only when no other funding sources are available.



HUD Income Guidelines

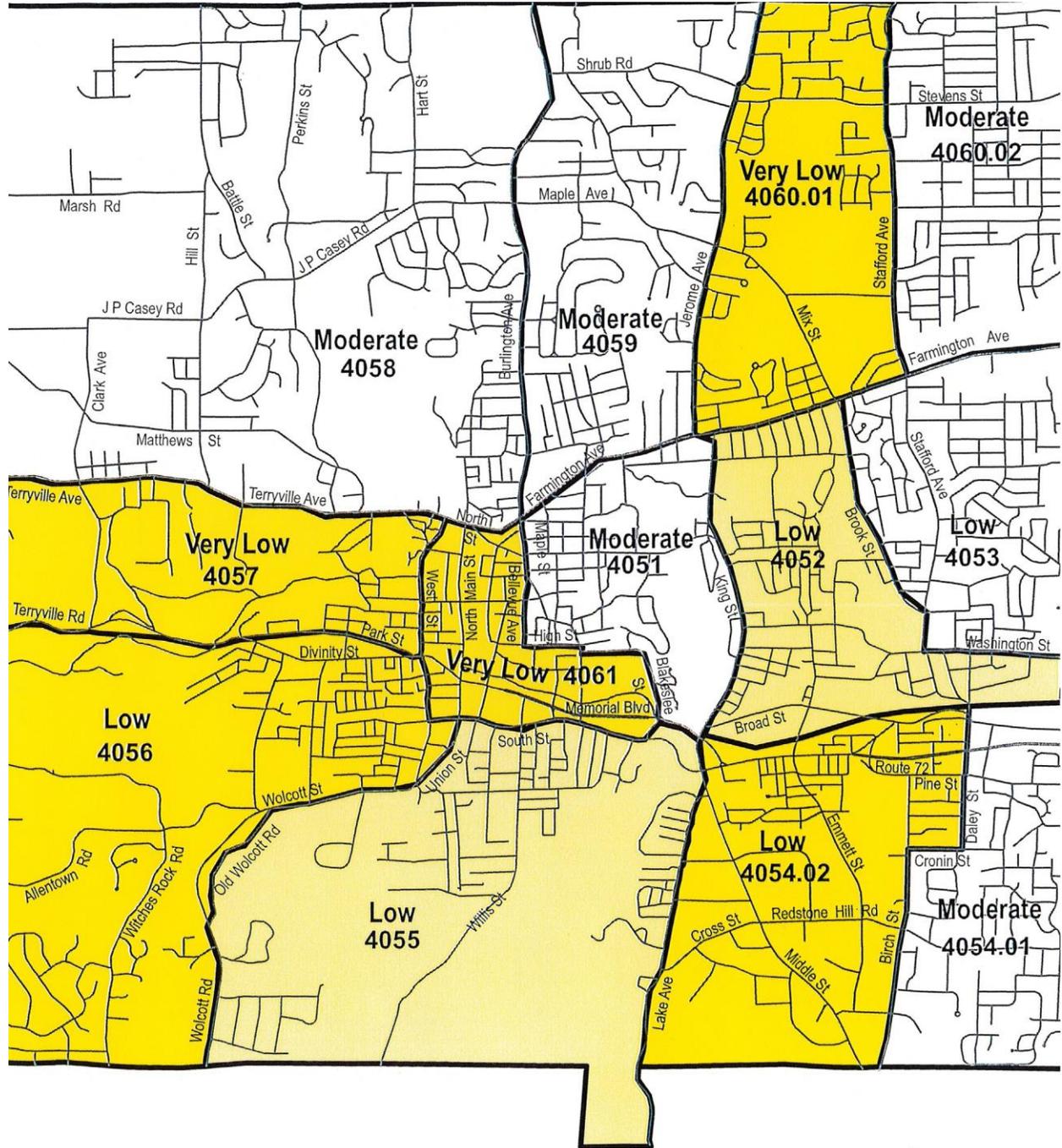
Attachment B

**HUD Income Guidelines FY 2025
(Income Limits Summary)**

MEDIAN INCOME (AMI)

FY 2025 Income Limit Category	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW (0-30% AMI)	\$24,350	\$27,800	\$31,300	\$34,750	\$37,550	\$40,350	\$43,100	\$45,900
VERY LOW (31-50% AMI)	\$40,550	\$46,350	\$52,150	\$57,900	\$62,550	\$67,200	\$71,800	\$76,450
LOW (51-80% AMI)	\$64,900	\$74,150	\$83,400	\$92,650	\$100,100	\$107,500	\$114,900	\$122,300

Bristol Census Tract Map Showing Low – Mod Income Areas



LEGEND

Census Tract

 Census Tract





Attachment D

Quarterly Milestones Planning Calendar

Action Plan and Schedule:

Describe the implementation plan for the project by listing the key tasks and milestones in the following table. Any CDBG funds awarded must be fully expended within a 12-month period. Provide a schedule of key activities and the corresponding draw down of CDBG funds in the following table.

Calendar Quarter	Key Activities / Milestones During Quarter <i>[list key tasks and milestones]</i>	Estimated CDBG \$ Funds Expended
First Quarter 7/1/26 to 9/30/26		
Second Quarter 10/1/26 to 12/31/26		
Third Quarter 1/1/27 to 3/31/27		
Fourth Quarter 4/1/27 to 6/30/27		



Budget Form

Attachment E

Project Operating Budget Form (Service Projects)

Project Title: _____

Applicant: _____

TOTAL COST FOR THE PROGRAM:

	Estimated Project Cost	CDBG Request	Funds Expected or Already in Place Indicate source, amount and status* Use additional sheet if necessary.	Total Must equal estimated cost)
Salaries:	\$	\$		\$
Expenses:	\$	\$		\$
Program Supplies:	\$	\$		\$
Other:	\$	\$		\$
Total:	\$	\$		\$

*Status: *Received, Awarded or Application Submitted.*

If the amount of the CDBG grant is less than the amount requested, will the project be implemented?

YES NO Explain impact on the project