

**City of Rockford**  
**Healthy Neighborhoods Program...**  
**Meeting the Needs of Our Neighborhoods**

The purpose of the Healthy Neighborhoods Program is to provide supplemental funding for projects designed to deliver needed services to neighborhoods within the Community Development Block Grant (CDBG) target area (see attached map). The program, which is funded with CDBG program funds, will award financial assistance for projects that demonstrate the ability to meet the individual and identifiable needs of a particular neighborhood.

The CDBG program is a limited resource and must be considered funding of last resort. Applicants are strongly encouraged to make maximum use of other financial resources. The presence of additional funds (beyond the required 50% cost share) will be a significant factor when considering applicants for funding.

The maximum amount that shall be requested is \$25,000, and such funding will be available to neighborhood organizations and community based organizations and agencies providing services to specific neighborhoods within the CDBG boundaries with special consideration given to projects within the City's focus areas, Weed and Seed, or a Tax Increment Financing Districts (see maps). Organizations need not be physically located within one of the pre-described areas but must be able to demonstrate that the proposed project will provide services primarily to residents of such areas.

The City of Rockford will consider funding requests monthly on an ongoing basis as needed. Organizations seeking funding are encouraged to submit one unbound copy of its proposal (per proposal guidelines) to the City of Rockford Community no later than 4:00 P.M. on the third Thursday of any month.

All proposals received by the above mentioned date and time will be reviewed by compliance staff for completeness and accuracy. A proposal will be deemed accurate and complete if it contains a cover letter per the specified requirements and accurately addresses all four sections of the proposal per proposal guidelines.

Proposals not deemed accurate and complete will be returned to applicant organization with a letter outlining what is lacking. The applicant organization can then re-submit during the next month or in subsequent months after it is able to address its insufficiencies and consideration will be given per availability of funds.

After a proposal is deemed accurate and complete it will then be provided to the Healthy Neighborhood Program grant review committee. The committee will consist of: various members of City staff including , the Neighborhood Development Administrator, a representative from Economic Development, a Public Works Department representative,

a Human Services Department representative, a Neighborhood Standards Zone Enforcement Specialist and the compliance staff..

Each proposal **must** include a cover letter signed by the chief executive officer of the applicant organization or an authorized representative. In the cover letter, provide a brief description of the proposed project, clearly identify the amount of the request, and identify the name of the contact person for this project and how and where to contact this person.

Perspective applicants must use the format described below to develop proposals. Applicants may use as much space as necessary to thoroughly address each of the four sections of the proposal. Only proposals that thoroughly address each of the sections and include a cover letter that contains the required information will be considered for assistance under the program.

- Section One – Description of the Proposed Project (25 points)

1. Summarize the proposed project. Only new projects or an expansion of an existing project shall be eligible. Clearly state whether the project is new or an expansion of an existing project. Please provide documentation to establish this.. Please explain the demonstrated need for this project. Describe the problems that will be addressed and how addressing such problems will impact the community. Identify the service area for this project and where it will take place (identify with street boundaries). If the service area for your project is within one of the City's Community Development Focus areas, please indicate as such on one of the maps in the attachments. Your description **must** also include at least the following:
2. List the Goals and Objectives of this project. Indicate the outcome that is trying to be achieved.(i.e. what condition will be changed as a result of the project?) You **must** include the proposed number of people or households that will directly benefit from the project. **Note:** If the proposed project will not serve all residents of the services area (i.e. project is accessible to all residents and not just a specific group like youth or elderly), documentation of family size, income and other demographics will be required.
3. List Activity Measures/Action Steps required to achieve Goals and Objectives. Include a one-year timeline from planning to completion for each activity measure and/or action step.
4. Explain how the success of the project will be measured. Indicate and describe the criteria that will be used to do this.

- Section Two – Identification of the Project Management Team (25 points)

Indicate who will be responsible for guiding and managing the project as well as their qualifications, management experience and specific role in the project. Include in this description other members of the management team (if applicable) and their specific roles, member's relationship to the organization, and how the project will be organized with specific start and end dates. It is critical that you provide documentation that indicates that this management team can and will carry out all that is necessary to implement the proposed project and achieve success.

### Section Three – Project Budget (25 points)

Please provide an itemized project budget that includes the total project costs and/or value. Please note that, at a minimum, a 50% match is required and should be included in your budget. The match can be in the form of cash or in-kind. When developing your budget, please be sure to specify what is to be accomplished with each budget line item as well as its source (budget attachment for example). For example, \$5,000 for midnight basketball (CDBG funds) and \$5,000 from other private funding sources for a total project cost of \$10,000.

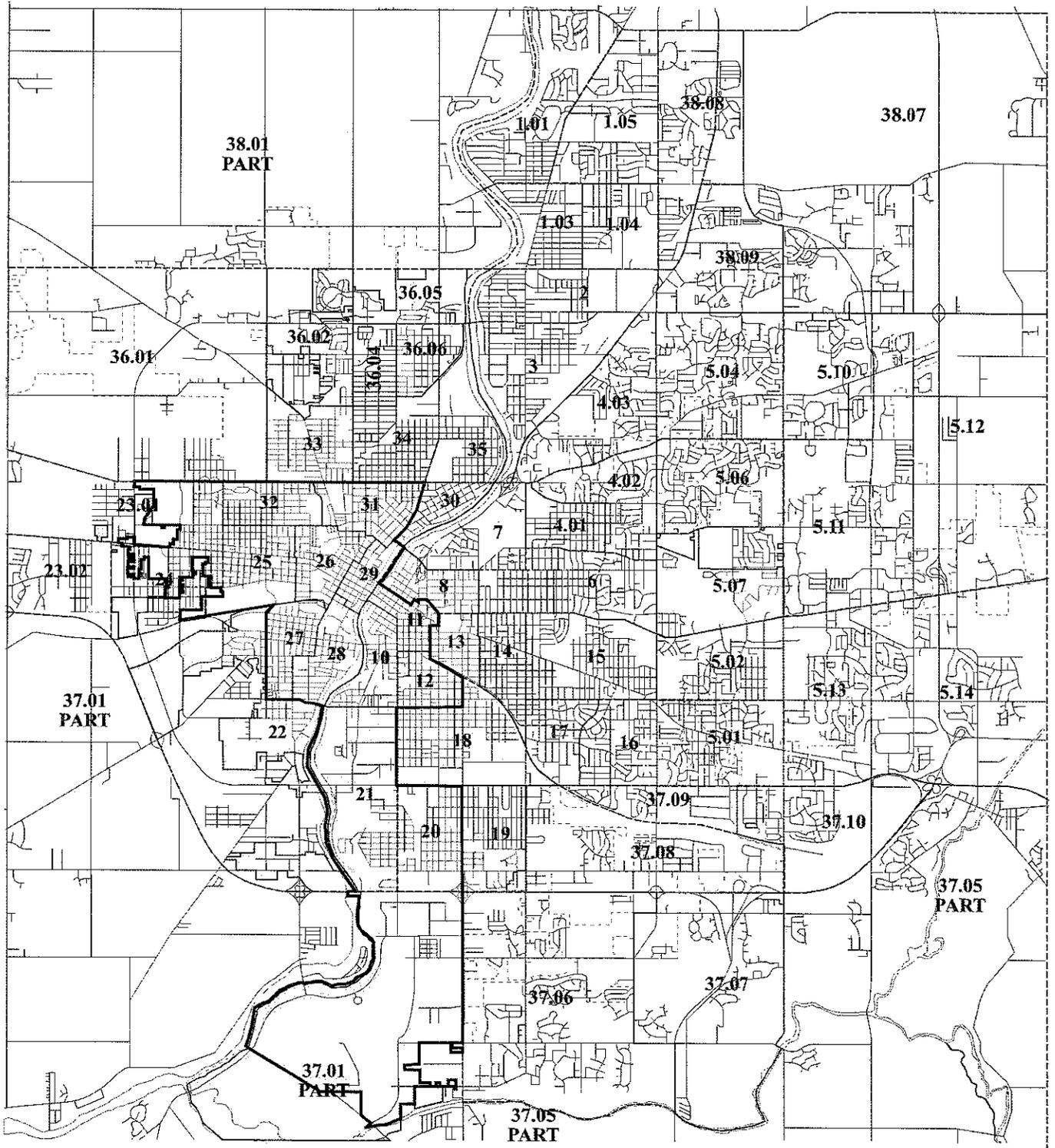
- Section Four – Project Support (25 points)

Please provide three (3) current (within the past year) reference letters from program recipients, members of the organization, or others outside of the organization who will be directly affected by the proposed project. You may also include support letters from groups that intend to collaborate with you. Please do not include or submit letters of support from anyone who does not satisfy the criteria mentioned above.

All qualified proposals will be evaluated on the following (1) impact of proposed project on the community; (2) the overall capabilities of management of the proposed project and the strength of the organization or group submitting the proposal; (3) the feasibility of the proposed project and the reasonableness of its cost; and (4) the degree of support for the project from the organization or group and others directly involved in the implementation of the project including collaborating partners.

The Healthy Neighborhood Program Grant Review Committee will evaluate each proposal based on the four criteria described in the prior subsection. The Committee will rate each proposal on a scale of 1 to 25 points for each criterion, with the maximum amount of points received as 100.

Organizations awarded funding will be required to enter into a grant agreement with the City of Rockford prior to beginning work on the funded project. The said grant agreement will outline the specific roles and responsibilities of the City and the funded organization. Funding for projects will be provided as a monthly reimbursement of approved expenses related to project activities via the submittal of a monthly activity and expense report with complete documentation.  
(see attached monthly activity report example).



**CDBG AREA BY CENSUS TRACTS  
SEPTEMBER 2003**

1990 - 2003 CDBG AREA  
 ROCKFORD CITY LIMITS  
 CENSUS TRACT BOUNDARY  
37.66 CENSUS TRACT NUMBER  
51% PERSONS OF LOW/MODERATE INCOME

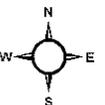
MAP PREPARED BY:  
 CITY OF ROCKFORD  
 COMMUNITY DEVELOPMENT DEPARTMENT  
 PLANNING DIVISION  
 GEORGE G. ADAMS, JR.  
 AUGUST 2003



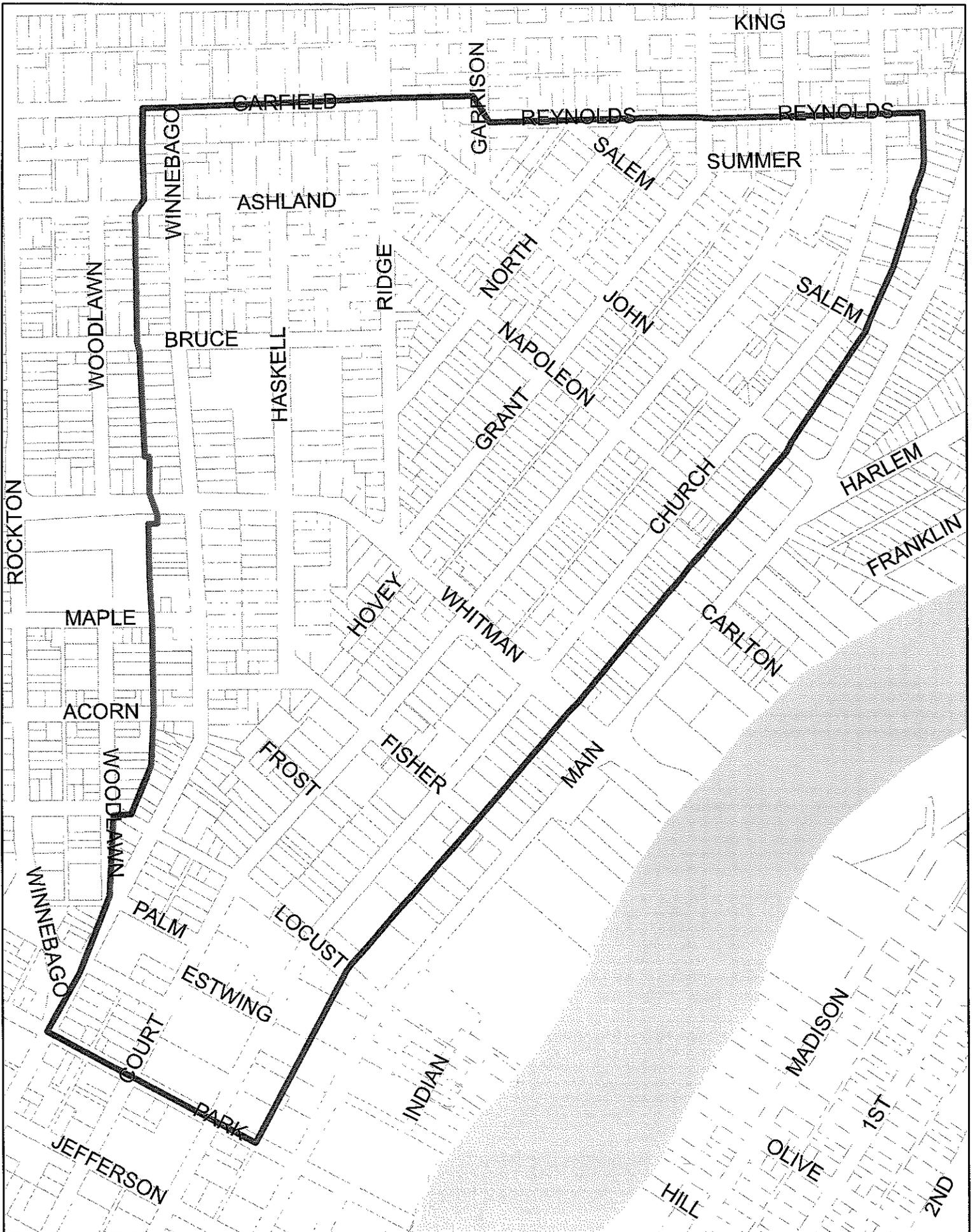
**MAP SYMBOLS / COLOR CODE**  
 ○ HOSPITAL  
 □ SCHOOL  
 ▲ CITY OR VILLAGE HALL  
 ■ PARK / FOREST PRESERVE  
 ● PUBLIC GOLF COURSE  
 ○ COUNTRY CLUB  
 — RAILROAD TRACK

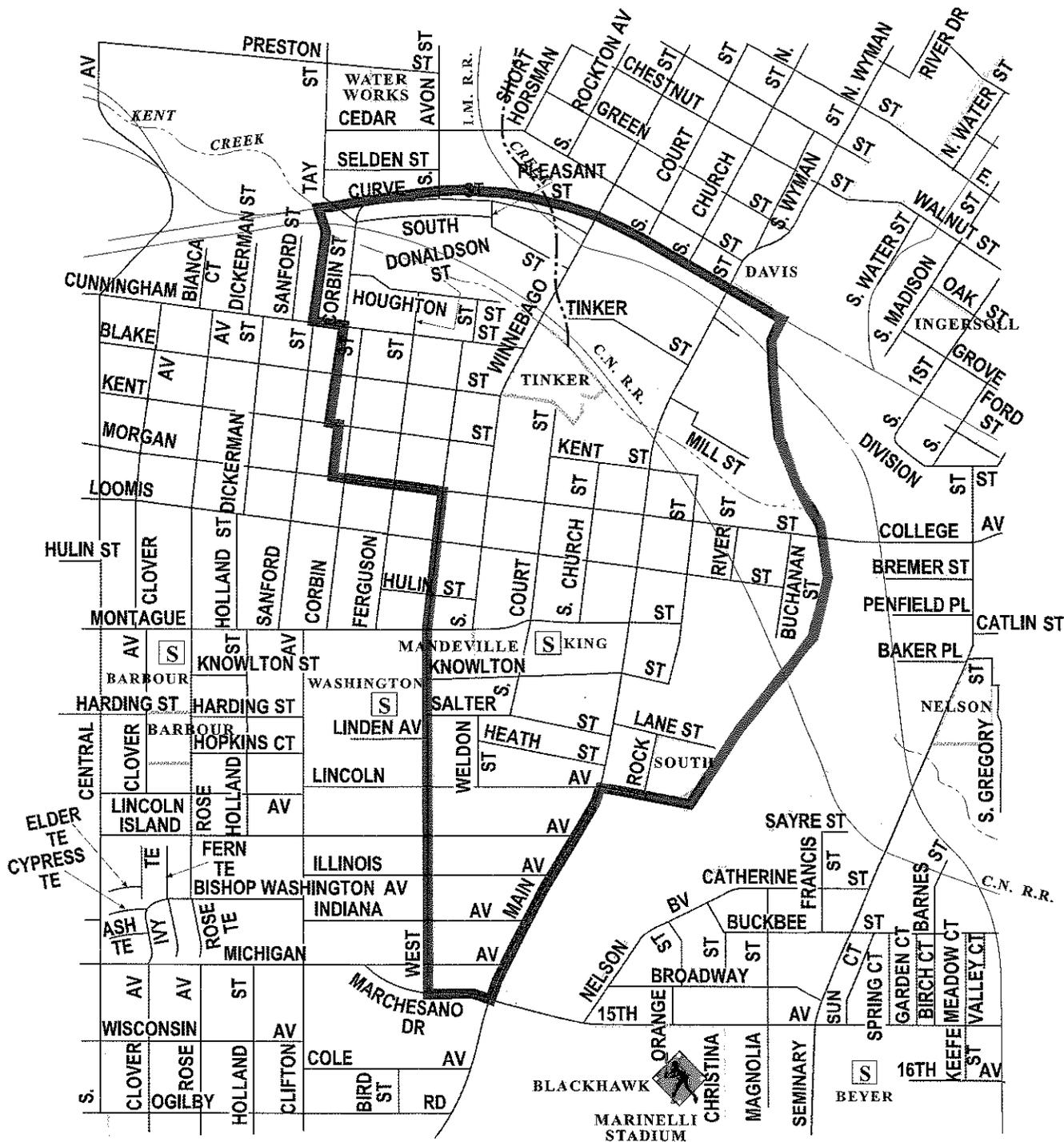


# College-Seminary Focus Area



# Garrison / Haskell-Coronado Neighborhood



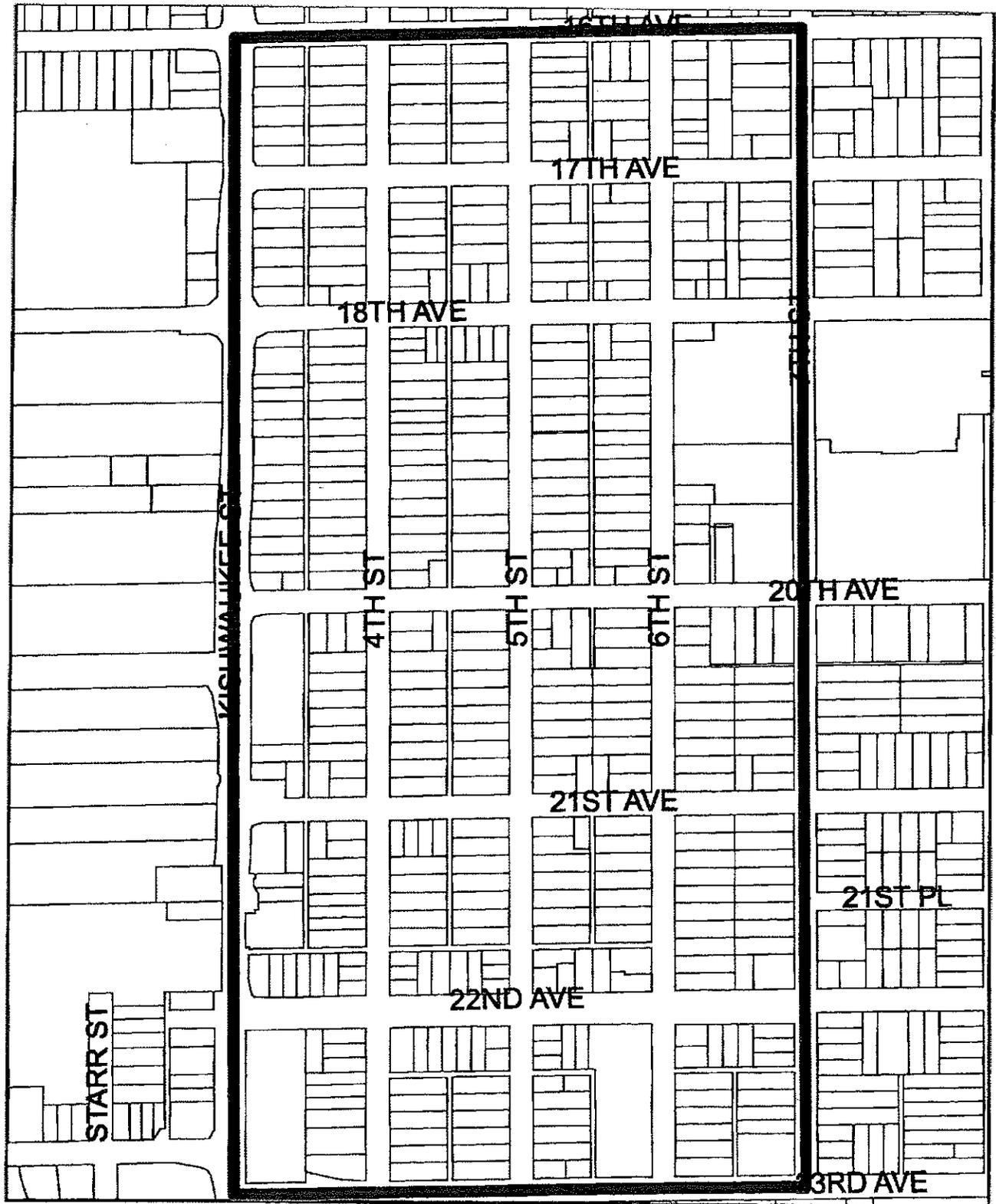


# SOUTH MAIN STREET REVITALIZATION STRATEGY AREA



MAP PREPARED BY:  
CITY OF ROCKFORD  
COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING DIVISION  
GEORGE G. JOHNSON, JR.  
OCTOBER 2004

# Kishwaukee Rehabilitation Program Area





## Budget Attachment

### Sample Project Budget 12 – month Period

<u>Line Item</u>	<u>Amount</u>	<u>Grant \$</u>	<u>Applicant \$</u>
Project Manager Salary	\$30,000	\$15,000	\$15,000
Project supplies	\$2,000	\$1,000	\$1,000
Project Case Worker Salary	\$18,000	\$9,000	\$9,000
Totals	\$50,000	\$25,000	\$25,000
Total Project cost			\$50,000
Healthy Neighborhood Program Grant Request (50% of total project cost)			\$25,000
Applicant match (50% of total project cost)			\$25,000*

\*source of applicant match is Community Foundation funding (\$10,000), organization budget (\$10,000) and private donations (\$5,000).

**City of Rockford  
Healthy Neighborhoods Program  
Monthly Activity Report**

**Subrecipient Name:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Report Period:** \_\_\_\_\_ **Report Date:** \_\_\_\_\_

**CDBG BENEFICIARY DATA REPORTING (PERSONS)**

**A. Total NEW Clients served by this project during this Report Period:** \_\_\_\_\_  
(Regardless of Income)

**B. RACIAL AND ETHNIC DATA for NEW clients served by this activity during this Report Period.**  
[Regardless of income] Please note that Hispanic is considered an ethnicity category rather than a race category. There are now five single race categories and five new multi-race categories.

	Non-Hispanic	Hispanic	Total
11-White	_____	_____	_____
12-Black/African American	_____	_____	_____
13-Asian	_____	_____	_____
14-American Indian/Alaskan Native	_____	_____	_____
15-Native Hawaiian/Other Pacific Islander	_____	_____	_____
16-American Indian/Alaskan Native & White	_____	_____	_____
17-Asian & White	_____	_____	_____
18-Black/African American & White	_____	_____	_____
19-American Indian/Alaskan Native & Black/African American	_____	_____	_____
20-Other Multi-Racial	_____	_____	_____
Totals	_____	_____	_____

Should be the same number reported in A: \_\_\_\_\_

Female-Headed Households: \_\_\_\_\_

**C. CLIENT INCOME CHARACTERISTICS:** Count each person served during the Report Period one time only regardless of the number of times that services were provided to the person. (i.e. Numbers must reflect unduplicated persons). (Definitions and Income Levels are on Page 3).

	NEW
1. Number of moderate-income persons served. (51 - 80% of median family income)	_____
2. Number of low-income persons served. (31 - 50% of median family income)	_____
3. Number of very low-income person served (0- 30% of median family income)	_____
Total number Lower Income CDBG Assisted. (Sum 1+2+3)	_____

D. Total NEW persons served Program Wide (see definition) \_\_\_\_\_

E. Amount of Money Leveraged by CDBG-Funded Activity

Other Federal Funds Leveraged	\$ _____
Local Funds Leveraged	\$ _____
Private Funds Leveraged	\$ _____
TOTAL FUNDS LEVERAGED:	\$ _____

F. HUD Performance Indicator:

No. of Persons assisted with <i>new</i> access to service or benefit	_____
No. of Persons assisted with <i>improved</i> access to service or benefit	_____
No. of Persons assisted who now receive a service or benefit that is no longer substandard	_____
Total:	_____

No. of Persons who now have new access to this type of public facility	_____
No. of Persons who now have access to this type of public facility	_____
No of Persons served by this public facility that is no longer substandard	_____
Total:	_____

No. of beds created in overnight shelter or other emergency housing \_\_\_\_\_

G. Status of the project and your accomplishments for this reporting period.

Identify major benchmarks. Tell us what's happening. Note any change in the program or activity. Identify your outputs and outcomes if applicable. Please feel free to attach any additional information. If the program has a major, positive outcome, please attach a narrative. Also, point out any existing or potential problems.

Amount of CDBG Grant Funds: \_\_\_\_\_ CDBG Funds expended to date: \_\_\_\_\_

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I hereby certify that the documentation, income, names, and addresses of clients, supporting these figures, and activities are on file at this agency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name - Typed/Printed/Legible \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

## **BENEFICIARY DATA SUMMARY – DEFINITIONS & GUIDELINES**

Beneficiary data will be required for each month starting with the grant award and continuing until the notification of Project Close-Out from this office.

### **Definitions:**

**New:** All clients who are served in the First Report Period are considered new (regardless of previous participation). Only those clients that were not reported in the First Report Period are considered new in the remaining reports.

**Program-wide** includes all clients in the program, regardless of funding source. If you have an approved unit cost plan then this number will be the same as line A.

**Family** means all persons living in the same household who are related by birth, marriage or adoption.

**Household** means all the persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.

### **Income.**

For the purpose of determining whether a family or household is low- and moderate-income, you must use the following definition of income:

Adjusted gross income as defined for purposes of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

-or-

Estimate the annual income of a family or household by **projecting** the prevailing rate of income of each person **at the time assistance is provided** for the individual, family, or household (as applicable). Estimated annual income shall include income from all family or household members, as applicable. Income or asset enhancement derived from the CDBG-assisted activity shall not be considered in calculating estimated annual income.

**Listed below are income ranges for moderate, low and very low income**

### **CDBG INCOME LIMITS**

**EFFECTIVE October 22, 2010**

Family Size	Very Low Income	Low Income	Moderate
1	\$22,250	\$26,700	\$35,600
2	\$25,400	\$30,480	\$40,650
3	\$28,600	\$34,320	\$45,750
4	\$31,750	\$38,100	\$50,800
5	\$34,300	\$41,160	\$54,900
6	\$36,850	\$44,220	\$58,950
7	\$39,400	\$47,280	\$63,000
8	\$41,950	\$50,340	\$67,100