



**CITY OF CUYAHOGA FALLS, MAYOR DON WALTERS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PUBLIC SERVICE APPLICATION
PROGRAM YEAR 2025**

BACKGROUND INFORMATION:

The City of Cuyahoga Falls is an entitlement community through the U.S. Department of Housing and Urban Development and receives an annual Community Development Block Grant (“CDBG”) allocation to help address the needs of low-to-moderate income individuals throughout the City. CFR §570.201 states that the City may allocate 15% of the annual allocation to public service projects.

Available Funding:

The City of Cuyahoga Falls has reserved \$15,000.00 of its annual CDBG allocation to administer public service contracts for program year 2025.

Program Requirements:

A proposed project must meet all CDBG regulations and meet the City’s objectives as outlined in the Consolidated Plan in order for a project to be funded through the CDBG program. All proposed projects and people served MUST take place within the City. The City of Cuyahoga Falls will not pay activity delivery costs, including administrative or staff funding associated with public service projects.

Technical Assistance:

Any technical assistance questions when completing the application can be directed to Peggy Szalay, the CDBG Entitlement Administrator at szalaypl@cityofcf.com or (330) 971-8173.

Application Submittal:

Please submit your completed application and W-9 to the CDBG Entitlement Administrator at szalaypl@cityofcf.com **no later than January 17, 2025.**

Application Review Process:

An application must be filled out in its entirety and include all requested information to be considered complete. All proposed projects must meet the CDBG regulations as set forth in CFR §570.201 and meet one of the City’s objectives as outlined in the City’s Consolidated Plan. The Consolidated Plan can be found at <https://www.cityofcf.com/departments/community-development/block-grant-program>.

All applications will be reviewed by the CDBG Entitlement Administrator, Director and Deputy Director to determine eligibility. The CDBG Entitlement Administrator will then present all eligible applications to the CDBG Loan and Grant Committee for its review and final

determination The CDBG Entitlement Administrator will then notify each agency as to whether their proposed projects will be funded by **February 28, 2025.**

Previous year grantee applications may be rejected if beneficiary reports from the prior year do not reflect an increase in benefits provided to low-to-moderate income individuals or an increase in low-to-moderate income residents served as part of the project.

Please note: The City may determine to fund your project at a lesser amount than requested on your application. If this occurs, the agency will be responsible for providing written notification that they can continue with the proposed project and the number of anticipated low-to-moderate income individuals that will be served based off of the approved CDBG funding amount.



**CITY OF CUYAHOGA FALLS, MAYOR DON WALTERS
 DEPARTMENT OF COMMUNITY DEVELOPMENT
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 PUBLIC SERVICE APPLICATION
 PROGRAM YEAR 2025**

Applicant Information:

Applicant Legal Name	
Applicant Address	
Tax ID Number (required)	
Unique Entity Id (required)	
CAGE Code	
Project Title	
Project Address(es)	
Census Tract(s) of Project	
Total Request of Funding	
Total Cost of Project	

Project Details:

Please indicate which CDBG criterion your agency will meet with this project.

<input type="checkbox"/>	Area Benefit (This requires that at least 51% of residents within the targeted activity area be LMI)
<input type="checkbox"/>	Limited Clientele (if this category is checked, please check the correct subpart below)
<input type="checkbox"/>	(a) Special Needs Group (select benefit below)
<input type="checkbox"/>	Abused Children
<input type="checkbox"/>	Elderly persons (62 years or older)
<input type="checkbox"/>	Battered spouses
<input type="checkbox"/>	Severely disabled adults- please provide census definition and documentation
<input type="checkbox"/>	Illiterate adults
<input type="checkbox"/>	Persons living with HIV/AIDS
<input type="checkbox"/>	Migrant Farm Workers
<input type="checkbox"/>	Homeless Persons
<input type="checkbox"/>	(b) At least 51% of clientele that will be served are documented as LMI.

Agency Information:

Who is the individual responsible for executing contracts/agreements on behalf of the agency?	
Legal Name of Individual	
Title of Individual	
Phone Number	
Email	

Who is the individual responsible for the oversight of the proposed project?	
Legal Name of the Individual	
Title of Individual	
Phone Number	
Email	

Who is the individual responsible for the financial oversight of CDBG expenditures and fiscal management?	
Legal Name of Individual	
Title of Individual	
Phone Number	
Email	

Please provide a list of board members or board of trustees.

Proposed Project Budget

Agency					
Project					
	CDBG Funds Requested	Agency Funds	State Funds	Federal Funds	In Kind
Salaries & Wages	Ineligible				
Fringe Benefits	Ineligible				
Supplies					
Postage					
Consultant Services					
Maintenance/Repair	Ineligible				
Publications/Printing					
Transportation					
Rent	Ineligible				
Equipment Rental	Ineligible				
Insurance	Ineligible				
Utilities	Ineligible				
Telephone	Ineligible				
Construction	Ineligible				
Other					
Activity Delivery Costs**	Ineligible				
TOTAL					

****The City of Cuyahoga Falls will not pay Activity Delivery Costs for Public Service projects.**

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	Exemption from FATCA reporting code (if any) _____
<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.