**Program Year 2026 (PY26) Request for Proposal**

**Executive Summary**

**CDBG:**  Physical

Applicant/Agency:

Proposed Program/Project Name:

Proposed Program/Project Address:     Tulsa, OK     **-**

Five Year Community Goal Activity Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Priority Need Addressed | **PY26**  Unduplicated Number of Beneficiaries to be Served | **PY26**  Beneficiary Category (Enter Persons, Households, or Jobs) | Council District(s) Served  (1-9 or All) | No. of Years  Providing Services  for Proposed Program/Project |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Overview of Proposed Program/Project**  (limit 1500 characters) |  |

**PROPOSED PROGRAM / PROJECT COST AND REQUESTED FUNDING PY26**

|  |  |  |
| --- | --- | --- |
|  | **Dollar Amount** | **% of Total**  **Program/Project Cost** |
| 1. **TOTAL PROGRAM / PROJECT COST** | $ |  |
| 1. TOTAL **COMMITTED** LEVERAGE FUNDING for **PY26** | $ | %  **(b/a)** |
|  |  |  |
| 1. **REQUESTED CITY OF TULSA HUD FUNDS** | $ | %  **(c/a)** |
|  |  |  |
| 1. REMAINING FUNDING GAP | $  **(a)-(b+c)** | %  **(d/a)** |
|  |  |  |

**Section I: Organization Information**

***Narrative responses in this section are limited to 500 characters***

1. **Contact Information**

A. Organization Name (must match registered name in SAMs/UEID):

Street Address:

City:       State:    Zip Code + 4 (required):      -

Website:

B. Organization Head (person legally authorized to execute a contract for the organization)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

C. Financial Officer (should NOT be the same as the Program/Project Director)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

D. Program/Project Director (Primary Contact)

Name:       Title:

E-mail:

Primary Phone: (   )    -     Secondary Phone: (   )    -

1. **Type of Organization**

A. Status

Non-Profit  Other (please specify):

Source of exemption

Section 501 (c) 3  Other (please specify):

Date exemption received:       Date incorporated:

B. Business Identification

Federal Employee Identification (FEI) Number (9 digits):

SAM Unique Entity ID (UEI):

Provide any other names under which the organization has operated within the last 10 years:

The organization is authorized to legally operate in Oklahoma:

Yes  No

1. **System for Award Management Registration**

Does the organization’s registration in the System for Award Management (SAM) identify any exclusions which prohibit the organization from receiving federal contracts or federally approved subcontracts?

Yes  No

1. **Organizational Background**
   * 1. Total number of years in operation:
     2. Current number of employees in organization (Do not include volunteers):
     3. List the types of services the organization provides:
     4. List the clients/population(s) the organization serves:
     5. List the purpose/mission of the organization as stated in the by-laws:
     6. Describe the organization’s board structure. Include how the board members are chosen and if the organization provides any training or orientation for the board members:

|  |  |  |
| --- | --- | --- |
| # of Board  Members | Frequency of Board Meetings  (monthly, quarterly, annually, etc.) | # of Board Members residing within Tulsa city limits. |
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G. Using the table below, list any Federal (including HUD) or State funds received within the past three years.

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| --- | --- | --- |
| Source of Funds  (ex: CDBG, OK Dept. of Commerce) | Name of Project | # of Years Received |
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H. Is the organization currently funded by the Tulsa Area United Way?  Yes  No

1. Faith-based organization?  Yes - If yes, complete questions below.  No
2. Describe how the organization will not discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment, or persons served by the HUD funded program on the basis of religion or religious beliefs.
3. Describe how the organization will separate the program from inherently religious activities, such as worship, religious instruction, and/or proselytization.
4. **Financial Information**
   * 1. Provide the organization’s total annual operating budget:
     2. Provide the average amount of cash flow reserves maintained by the organization for the most recent fiscal year:
     3. Identify the individual primarily responsible for the fiscal oversight of grant awards for the organization and their experience with federal funds.
     4. Describe how the organization’s internal controls adequately safeguard grant funds, personally identifiable information, and ensure the grant funds are used solely for authorized purposes:
     5. List the accounting software or system in use by the organization:
     6. Organizations *expending* more than $1,000,000 **total** of Federal funds during the last completed fiscal year are required to submit the most recent Single or Program-specific audit. Organizations not required to conduct a Single Audit, must submit audited financial statements, prepared by a Certified Public Accountant, that meet the requirements of generally accepted accounting principles. Indicate which document(s) the organization is required to attach:

Single Audit  Audited Financial Statements

* + 1. Does organization currently have open findings or audit concerns?  Yes  No

If yes, provide explanation of outstanding issues:

1. **National Objective -** To be eligible for funding, the program / project must meet one of the National Objective to Benefit Low-to-Moderate (L/M) Persons.

**Activities Benefiting L/M Income Persons** – Select **ONE** category below which best describes how the proposed activity will meet a CDBG National Objective. Attach documentation with the application evidencing the qualifications listed below.

**Area Benefit**: An activity available to all persons in a neighborhood or community regardless of income. However, the area where the activity is located must qualify as primarily residential and an area where at least 51% of the residents are L/M income individuals (per the latest Census data). (Provide records of the boundaries of the service area, documentation that the area is primarily residential, and the income characteristics of households in the service area.)

**Limited Clientele Benefit**: An activity which benefits a limited clientele at least 51 percent of whom are low- and moderate-income persons. Please select **one** of the following subcategories the proposed activity meets.

Project/activity maintains client records on income and family size documenting that such persons qualify as L/M income (e.g., income eligibility form).

Project/activity has income eligibility requirements that limit the activity exclusively to L/M income persons (e.g., policy, income eligibility form or intake form)

Project/activity is of such a nature and location that it may be concluded the clientele are primarily L/M income persons (e.g., a day care center that is designed to serve residents of a public housing complex).

Project/activity clientele are presumed (by HUD) to be principally L/M income persons (i.e. abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census’ Current Population Reports definition of “severely disabled”, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers).

**Housing**: An activity is undertaken for the purpose of providing or improving permanent residential structures which, upon completion will be occupied by L/M households. (e.g., intake form)

**Jobs**: An activity designed to create or retain permanent jobs (computed on a full-time equivalent basis) at least 51% of which will be made available to, or held by, L/M households. (e.g., information relating to how L/M persons will be given consideration or training for jobs)

1. **Housing/Homlessness Priority Alignment (5 Bonus Points)**

Select which Housing/Homelessness Priority the program/project will address (select all that apply):

Priority 1: Preserve or increase the number of affordable housing units in the city.

Priority 2: Reduce the number of problematic, unsafe, or unsanitary properties in the city.

Priority 3: Provide services or solutions to homelessness in the city.

**Explain Alignment:** Clearly define how you will meet the priority/priorities listed above

# Section II: PROGRAM / PROJECT INFORMATION (13 points)

*This section* ***mus****t be completed by* ***ALL*** *applicants.* ***Narrative responses in this section are limited to 1500 characters.***

1. **Type of CDBG Physical Project: (Select all that apply)**

Acquisition  Rehabilitation  New Construction

1. **Program / Project Description:** Provide clear descriptions for the information listed below. ***If the organization is awarded a grant, this information will be used to issue the written agreement.***
   1. Select one Five-Year Community Goal (see page v in the application materials) and then describe how this program/project will meet the goal:

Acquisition & New Construction of Affordable Housing  Housing Rehabilitation

Rental Housing Subsidies  Homelessness Services  Clearance & Demolition

Housing and Services for People With HIV/AIDS  Services for Low Income Populations

Services for Special Populations  Public Infrastructure and Facilities  Small Business Loans  Employment Opportunities

**Explain:**

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1. Describe the need for this program/project and the source of the data collected to substantiate the need:

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1. Describe the proposed program/project. Include the **exact** services that will be conducted by the organization and the population the program/project will serve (examples: ages of youth to be served, abused children only, individuals in a certain census tract, etc.). **For programs/projects currently funded by the City of Tulsa, provide similar information included in Exhibit A of the current agreement.   
   NOTE: Include the physical project Scope of Work description in the Physical Project Narrative, under question C.**

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1. List when the program/project services will be offered (examples: hours/days/months of service, summer only, after school only, year-round, etc.):

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1. Identify the location(s) where this program/project will be conducted:

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1. Is there a waiting list for the program/project?  Yes  No

If yes, describe how the waiting list is managed and how clients are prioritized, etc.:

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1. If the program/project is a new venture for the organization, describe experience and success the organization has with similar programs/projects:

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1. If this is an existing program/project for the organization, describe the work that has been completed to-date and outcomes. If CDBG funds have been used in an earlier phase, this information should be provided with a brief description of what the funds were used for. If the activities were part of a larger program/project, please describe the larger program/project:

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1. How does this program/project align with your organization’s mission and purpose?

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1. Complete the table below for **all** staff members involved with the program /project. This includes staff requested to be paid with grant funds and staff providing management and oversight.  
   **Note: If needed, attach an additional page listing program/project staff.**

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| **Program / Project Staff Capacity** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | Title | Years’ experience with this program/project | Program/Project Role | % of time dedicated to program/project |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |
|  |  |  |  | % |

1. **Performance Measures:** Provide the SMART (Specific, measurable, attainable, relevant and time bound) goals for the proposed program/project: See Appendix 2– *Goals, Objectives, Performance Measures, and Outcomes Worksheet* for help and examples.
   1. **Short Term Goals (Goals for the Program Year from July 1 to June 30)**

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| Provide the **unduplicated** number of persons to be served |
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* + - 1. Provide information below on the short-term goal(s) or objective of the program/project and how the participants will benefit (outcomes) during the program year.

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* + - 1. Explain how and when the organization will measure outcomes, including any tools, instruments, or tests to be utilized.

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* 1. **Long Term Goals (Goals beyond the Program Year)**
     + 1. What lasting outcomes will the program/project have on participants and how will the Tulsa community benefit?

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2. What follow-up tracking will the organization provide to document outcomes are met and/or sustained beyond the Program Year?

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1. **Collaboration:** Collaborating before applications are submitted is strongly encouraged. Attach any existing Memorandums of Understanding (MOUs) the organization has with other agencies. If there are no existing MOUs between the organization and agencies it is collaborating with, such MOUs will need to be entered into and provided before disbursement of grant funds.
   1. Identify other agencies in Tulsa (including non-profit and government) that provide services similar to the proposed program/project. How do the programs differ? How do they overlap?

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* 1. Is there collaboration with other agencies?  Yes  No

If yes, describe any coordination the organization currently has or will have with other agencies to reduce or eliminate duplication of services in delivering the proposed service:

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PHYSICAL PROJECTS

ACQUISITIONS / ACQUISITION & REHABILITATION /

REHABILITATION / NEW CONSTRUCTION

***Narrative responses in this section are limited to 1500 characters unless otherwise noted.***

**Physical Project Narrative**

**NOTICE: Completion of the environmental review process is mandatory before taking physical action on a site or making a commitment or expenditure of HUD OR non-HUD funds for property acquisition, rehabilitation, conversion, lease, repair or construction activities. Subrecipients, contractors, owners or developers may not commit or expend funds on projects until the City of Tulsa has completed the environmental review process. Any options to purchase property should be contingent upon a HUD Environmental Review completed by the City of Tulsa.**

If the proposed project requires relocation or moving of occupants from an acquired structure or a structure that will be rehabilitated, the organization agrees to comply with all requirements as described in (1) The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended, enacted as Public Law 91-646 and (2) all requirements of 24 CFR Part 92.353 Displacement, Relocation and Acquisition, and (3) HUD Handbook 1378 Uniform Relocation Assistance, including proper notices AS OF THE DAY THIS APPLICATION IS SUBMITTED TO THE CITY OF TULSA to tenants to ensure no tenant displacement and/or relocation occurs.

1. **Description of Project:** Provide clear descriptions for the information listed below. If the organization is awarded a grant, this information will be used to issue the contract.
   1. Type of Project (Select one)

Acquisition  Rehabilitation

Acquisition/Rehabilitation  New Construction (nonresidential)

* 1. Please describe the readiness to proceed serving low- and moderate-income individuals.

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**Please label and include non-bound documents as attachments to support the following:**

* 1. Project Scope of Work – Provide a summary of the project from start to finish. Include an outline of each phase of the project. Provide a detailed work write-up to complete the entire project. (3000-character limit)

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* 1. What property location(s) has the organization identified for the project?

Provide the street and legal address (if available) and a map with the possible location(s) identified:

Address 1.

Address 2:

Address 3:

* 1. **Vibrant Neighborhood Partnership Neighborhoods - Physical Projects:** Will the assisted property be located in one of the Vibrant Neighborhoods?  Yes  No  Not Applicable   
     **Note: If project is funded, your written agreement with the City will include this requirement.**
  2. Does project require temporary/permanent relocation or moving occupants?  Yes  No

If yes, provide detailed explanation and attach 1) a copy of the appropriate URA General Information Notice with date distributed to occupants, 2) the Relocation Plan, including a timeline and budget for relocation activities, and 3) listing of all current tenants.

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G. Zoning:

1. Is site zoned correctly for the proposed activity?  Yes  No

Attach zoning verification.

*REQUIRED: The property must be zoned correctly at the time of application for all proposed New Construction and Rehabilitation projects.*

2. Is the proposed site located in a FEMA or City of Tulsa floodplain?  Yes  No

Attach a flood map with the location identified. Flood maps may be obtained by contacting the **Customer Care Center** - Dial 311 or Outside Tulsa call 918-596-2100;  
Email: Tulsa311@cityoftulsa.org OR Online at <https://tulsa311.com/site/wss/home>  
OR  
**Flood Control** at https://www.cityoftulsa.org/government/departments/engineering-services/flood-control/floodplain-map-atlas/

**Note: Projects located in a floodplain may be subject to special requirements and may be prohibited.**

H. Does the project require land use approvals such as Site Review, Annexation, Minor Land Partition, Demolition, or Conditional Use permits?  Yes  No

If yes, give detailed explanation and attach appropriate documentation:

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1. **Acquisition ONLY:**  All projects are subjected to a HUD Environmental Review and certain projects, such as new construction, must also undergo a Phase I Environmental Assessment before any part of the project can begin.

A. **For Property Acquisition Projects:** Applicants can have no financial or legal commitment to purchase a property. Applicants may have an **option to purchase** a property pending grant approval, an approved HUD Environmental Review and an executed written agreement with the City of Tulsa. Does the organization have an option to purchase agreement on the property?  Yes  No

If yes, include with Attachments.

B. If organization has an option to purchase a property, has an appraisal or comparative market analysis from a knowledgeable real estate professional been completed?  Yes  No

If yes, attach copy of appraisal with Attachments.

Date appraisal was completed:

**Note: For a property acquisition, a current (no older than 3 months) appraisal or a comparative market analysis from a knowledgeable real estate professional must be completed prior to receiving funds.**

C. If appraised value is not known, what is the source of the acquisition cost estimate?

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D. Is the property to be purchased currently occupied?  Yes  No

Does the project require temporary/permanent relocation or moving occupants?  Yes  No

If yes, to either of the questions listed above, provide detailed explanation and attach 1) a copy of the appropriate URA General Information Notice with date distributed to occupants, 2) the Relocation Plan, including a timeline and budget for relocation activities, and 3) listing of all current tenants.

E. What is the current condition of the property and what is the expected life of the property? Attach the following: 1) photographs (interior and exterior); and 2) property inspection report and/or capital needs assessment less than 1 year old.

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F. Provide information that demonstrates the proposed activity is economically feasible and that the maintenance and operations of the property can be sustained for five years from the date of project completion. Complete the Five Year Operating Pro Forma in Section III Budget Forms.

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**Note: If the acquired property will require rehabilitation, continue below for Construction/Rehabilitation Projects, even if the current grant application does not include rehabilitation.**

1. **Construction/Rehabilitation Projects:**

A. Describe the familiarity and/or experience with oversight of construction/rehabilitation projects. If there is no general knowledge of the construction process, describe how this will be remedied:

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B. Describe the familiarity and/or experience with Davis-Bacon prevailing wage requirements (Labor Standards Provisions) and Section 3 compliance:

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**NOTICE: For Homeowner Rehabilitation, stop here and proceed to Section III.**

C. Provide information that demonstrates the proposed activity is economically feasible and that it can be implemented in a timely and cost-effective manner, including a comparison of rehabilitation costs versus new construction.

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D. For rehabilitation projects, what is the current condition of the property and what is the expected life of the property? Attach the following: 1) photographs (interior and exterior); and 2) most recent property inspection report and/or capital needs assessment.

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E. Tell what considerations have been given to the remaining economic life of the property and potential cost increases such as unanticipated repair, maintenance, and operating costs. Complete the Five Year Operating Pro Forma in Section III Budget Forms.

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F. How will the total project be funded? Discuss all sources and uses of funds for the entire project.

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G. Site Control: Date Acquired:

Provide documentation of site control. Attach a copy of the property deed, and the executed contract of sale.

H. Year property was built:

If pre-1978, will it be occupied by children under the age of six?  Yes  No

1. Current Mortgage?  Yes  No Remaining Principal Balance:

J. Attach a copy of an 8-1/2 x 11 schematic of the project. For access to the full set of architectural/engineering design plans for the entire project, provide contact information for the architect or engineering firm or other location of the full set of plans.

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K. How was the cost of the project determined?

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* For new construction projects or substantial rehabs, attach a copy of the cost estimate for the project provided by a Professional Engineer (PE) licensed in the State of Oklahoma and authorized to sign and seal plans, drawings and costs that will be submitted to a public authority for approval.
* For rehabilitation projects that are not substantial, attach several quotes from reputable companies for cost estimates.

**Note: Refer to Cost Estimate Rehabilitation Guidelines for City of Tulsa Grant Applications**.

L. Include project timeline with firm, fixed start and end dates for each task (See Construction/Rehabilitation Timeline for Grant Activity Form that follows). Include in the timeline the following dates:

1. Date the project will commence (MUST be within six (6) months from the date of the grant award;

2. Date all HUD grant funds will be spent (MUST be within two (2) years from the date of the grant award); and

3. Date a National Objective will be met (MUST be within two (2) years from completion).

**Note: All rehabilitation projects must conform to the City of Tulsa’s Rehabilitation Standards and Specifications. Upon completion of rehabilitation, housing must meet the City of Tulsa’s Local Property Maintenance Codes (International Property Maintenance Codes) with no major structural defects in the structure.**

## CONSTRUCTION / REHABILITATION TIMELINE for Grant Activity Form

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| --- | --- | --- |
| **CONSTRUCTION / REHABILITATION PHASES** | **START DATE**  **(m/d/yy)** | **END DATE**  **(m/d/yy)** |
| **Start Date** |  |  |
| **Pre-Construction** |  |  |
| **Environmental Review** |  |  |
| **Work Write-Up** |  |  |
| **Architectural Drawings/Engineering Plans Approved** |  |  |
| **Lead-Based Paint Testing** |  |  |
| **Construction Permits** |  |  |
| **Bid Specifications/Bid Packet Approved** |  |  |
| **Advertisement for Bids** |  |  |
| **Pre-Bid Conference** |  |  |
| **Bid Opening** |  |  |
| **Pre-Construction Conference** |  |  |
| **Actual Construction** |  |  |
| **Demolition** |  |  |
| **Site Preparation** |  |  |
| **Framing** |  |  |
| **HVAC Work** |  |  |
| **Electrical Work** |  |  |
| **Plumbing Work** |  |  |
| **Rough In Fire Suppression System** |  |  |
| **Dry Wall** |  |  |
| **Install Doors and Windows** |  |  |
| **Paint** |  |  |
| **Install Floor Finishes and Base Molding** |  |  |
| **Complete HVAC, Electrical, Plumbing & Fire Suppression system, etc.** |  |  |
| **Testing HVAC, Electrical, Plumbing & Fire Suppression system, etc.** |  |  |
| **Final Cleaning** |  |  |
| **Walk Through and Punch List** |  |  |
| **Final Inspection** |  |  |
| **Occupancy Permit** |  |  |
| **Date all HUD funds spent** |  |  |
| **Date HUD program starts** |  |  |
| **Other (Describe)** |  |  |

# Section III: CDBG Program / Project Financial Information (10 points)

***Narrative responses in this section are limited to 1500 characters.***

**Note: The City of Tulsa encourages diversification of program funding sources. It is strongly recommended that applicants seek additional funding from other sources to supplement CDBG funds. Programs and initiatives that are wholly dependent on CDBG funds will be considered high risk.**

**Program / Project Funding Rationale**

1. How did the organization arrive at the total cost of the program/project? (The total cost of Construction/Rehabilitation projects must be verified by a Professional Engineer. For rehabilitation projects that are not substantial, secure several quotes from companies for cost estimates):

**Note: Refer to Cost Estimate Rehabilitation Guidelines for City of Tulsa Grant Applications**.

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1. What are the total administrative costs for the program/project and what percent, if any, is anticipated to be charged to the grant:

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1. Describe what program/project expenditures CDBG funds will be used for.

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1. If the **Executive Summary** shows a **“Remaining Funding Gap”**, what other funds is the organization seeking to cover that gap?

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1. Provide the projected number of beneficiaries served and the estimated amount of CDBG funds to be expended each quarter in the table below.

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| --- | --- | --- | --- | --- | --- |
|  | **1st Quarter July - Sept.** | **2nd Quarter Oct. - Dec.** | **3rd Quarter Jan. – Mar.** | **4th Quarter Apr. - June** | **TOTAL** |
| **Projected Number of Beneficiaries** |  |  |  |  |  |
| **Estimated CDBG Expenditures** |  |  |  |  |  |

1. Will the proposed program/project affect the organization’s budget (i.e. additional personnel, increased office space, increased maintenance, etc.):  Yes  No If yes, describe how the organization’s budget will be affected?

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1. How will the organization cover program/project costs until reimbursed by the grant?

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1. Is the proposed program/project contingent on receipt of other grant funding? If yes, provide an explanation including grant type (or funder) and timing of other grant(s).

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1. If the organization conducts more than one program/project, explain how the funding for this program/project will be allocated among the various programs or projects for shared expenses.

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1. Describe how the program / project will be sustained past the grant cycle.

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1. The amount presented for committed funding in ***Grant Certification Form - 3*** is $     .  
   Complete the table below to determine the percentage of committed leveraged funds to the total program/project cost.

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| --- | --- |
| **Percentage of Leveraged Funds Committed to**  **Total Program / Project Cost** | |
| **Committed Funding** (*Amount from Grant Certification Form - 3)* | $ |
| **Total Program/Project Cost**  *(Amount presented in Executive Summary)* | $ |
| **Percentage of Committed Funding specific to support the Program/Project** *Committed Funding / Total Project Cost)* | % |

1. If salaries and fringe benefits are included in the grant budget for the program/project provide the employee’s name, job title and a brief summary of job duties each person will perform for the program/project.

|  |  |  |
| --- | --- | --- |
| **Last Name** | **Job Title** | **Duties** |
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**TO COMPLETE SECTION III OF THE APPLICATION:**

1. Applicants must submit the attached Excel spreadsheet(s) titled “**2026 CDBG RFP Section III Budget Tables**” according to the appropriate type of program/project; and
2. For each budget line item to be funded by the grant, provide the name of the item and a description of what services and/or supplies will be budgeted under the item.
3. **All Programs/Projects:** For any program/project that will request reimbursement of personnel costs, complete“Table 1 Personnel.”

1. **Physical Projects**: For any Acquisition, Rehabilitation or Construction (nonresidential) project, complete “Table 3 Physical Projects” **and** “Table 4 - Five Year Operating Pro Forma.”  
   **Note: In calculating a budget for rehabilitation projects, refer to the City of Tulsa’s Rehabilitation Standards and Specifications to cost out the project.**

**After completing the required financial spreadsheets, print a copy.**

**Ensure the appropriate persons sign each form.**

**Submit with the application and attach after this page.**

**Note: Additional financial information or clarifications may be required.**