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

**Executive Summary**

**CDBG:** [ ]  Public Services [ ]  Housing Services [ ]  Economic Development

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**

(*Amount from Grant Certification form- 3*)  | $      |    % **(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. |
|     |       |     |

G. Using the table below, list any Federal (including HUD) or State funds received within the past three years.

|  |  |  |
| --- | --- | --- |
| 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. **Policies and Procedures**

Organizations are **required** to have **written** policies and procedures. The following policies and procedures are required attachments with the application. (Refer to Section V – Attachments.)

**Note: If any of these policies are over 20 pages, submit the table of contents only.**

* + 1. Accounting
		2. Conflict of Interest
		3. Procurement
		4. Record Retention
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 listed above

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

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

1. **Type of CDBG Program / Project:** **(Select ONE)**

[ ]  Public Service

 [ ]  Economic Development

[ ]  Housing Services

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.**

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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.**

|  |
| --- |
| **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)**

|  |
| --- |
| Provide the **unduplicated** number to be served (persons, households or jobs)**Note:** This count should not include repeated visits or use by the same individual. |
|
|
| **PERSONS** | **HOUSEHOLDS** | **JOBS** |
|       |       |       |

* + - 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. (Example: Program/Project objective is to improve academic success of children in grades K-8. An outcome might be that 90% of these children will advance to the next grade.)

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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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# 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?

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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 the economic feasibility of the program/project. Did the organization perform a price analysis detailing alternative service providers and vendors when planning the budget?

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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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st QuarterJuly - Sept.** | **2nd QuarterOct. - Dec.** | **3rd QuarterJan. – Mar.** | **4th QuarterApr. - 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?

|  |
| --- |
|       |

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

|  |
| --- |
|       |

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.

|  |
| --- |
|       |

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.

|  |
| --- |
| **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. **Public Service Program/Project Personnel Costs:** For any program/project that will request reimbursement of personnel costs, complete **“Table 1 Personnel.”**

1. **Public Service Program/Project Costs:**  To indicate non-personnel program/project costs, complete **“Table 2 Public Services Program”**.
2. **Housing Services and Economic Development Programs/Projects:**  For any program/project categorized as housing services or economic development, complete “**Table 3 EDev & Housing**.”

**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.**