



PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT

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## Notice of Funding Availability (NOFA)

# CDBG

### COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY2026-PY2025 FUNDING

Grant Year Starting October 1, 2025, and Ending September 30, 2026

#### FOR CONSTRUCTION & NON-CONSTRUCTION PROJECTS

Deadline for Submittal:

**June 3, 2025**

**Limited to Non-Profit and For-Profit Organizations**

NOFA APPLICATIONS CAN BE ACCESSED THROUGH OUR WEBSITE AT [Planning & Community Development | City of Corpus Christi](#). NOFAs SUBMITTED AFTER SUBMITTAL DEADLINE WILL NOT BE ACCEPTED. APPLICATIONS ARE TO BE EMAILED DIRECTLY TO LETICIA KANMORE AT [leticiak@cctexas.com](mailto:leticiak@cctexas.com). PCDD STAFF WILL CONFIRM RECEIPT OF NOFA APPLICATIONS VIA EMAIL OR CALL.

Changes may be made to this NOFA as necessary due to the Federal budget and regulatory environment, please check the PCDD website at <https://www.corpuschristitx.gov/departments-directory/planning-community-development/community-development/funding-opportunities/> to make sure you have the most recent version of the NOFA.

**NOFA Version:** Original 05.05.2025

For information contact Planning & Community Development Department at 361-826-3010

**FY2026-PY2025 NOTICE OF FUNDING AVAILABILITY**  
**Community Development Block Grant Program**  
**CDBG**  
**NOFA**  
**FOR CONSTRUCTION & NON-CONSTRUCTION PROJECTS**

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**FY2026-PY2025 CDBG NOFA**

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# GENERAL NOFA INFORMATION

## **INTRODUCTION**

The City of Corpus Christi receives annual funding from the U.S. Department of Housing and Urban Development (HUD) for its Community Development Block Grant (CDBG), Home Investment Partnership (HOME), and Emergency Solutions Grant (ESG) Programs to benefit very low, low and moderate-income persons. The NOFA process solicits proposals for the **FY2026-PY2025** program year to implement projects that may be funded with CDBG funds. HUD has not released the FY2026-PY2025 allocations as of May 5, 2025. The previous year's allocation was **\$2,659,704 for the FY2026-PY2025 Community Development Block Grant (CDBG) Program.** Application can be downloaded from the City's website: [Planning & Community Development | City of Corpus Christi](#).

The CDBG NOFA application may be completed through PDF format. Application can be downloaded from the City's website: Planning & Community Development | City of Corpus Christi.

## **PURPOSE**

The goal of the CDBG program is to meet one of the three National Objectives required by HUD:

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

This NOFA packet is to apply for **CDBG** funding which include:

## **CONSTRUCTION PROJECTS:**

- Owner Occupied Rehabilitation – [Other than Emergency Repairs]
- Public Facilities and Improvements – [Rehabilitation other than Replacement or Maintenance]
- Public Facilities and Improvements – New Construction
- Removal of Architectural Barriers

## **NON-CONSTRUCTION PROJECTS:**

- Housing Rehabilitation - SERVICES

**NOTE: CDBG assistance is limited to projects located within the city limits of Corpus Christi.**

## **THRESHOLD REQUIREMENTS**

**CDBG Applicants must be:**

- Non-Profit or For-Profit Organizations
- Demonstrate a track record of continuous, active, and relevant operation for **at least three years**. Applicants who received CDBG funds previously, past performance will be evaluated.
- Serve primarily low- to moderate- income residents of Corpus Christi (See Table with Income limits on page. **VIII**); serve a CDBG designated Area (See **Census Tract Map** on page **X**) or serve another eligible activity.

- Have no Conflict of Interest with City of Corpus Christi employees, officials, board members or consultants. Disclosure of Interest must be submitted with the NOFA application. (Form included in NOFA pg.15 &16)
- Is in compliance with Anti-Lobbying requirements, a Certification Regarding Lobbying must be submitted with the NOFA application. (Form included in NOFA pg.17)

## **THRESHOLD REQUIREMENTS** (Continue)

**All proposals must meet the following minimum threshold requirements:**

- No individually funded CDBG agency will be eligible for future CDBG funding **for a minimum of two years from the date of its last funding.**  
**City Council Policy No. 9**
- Applicants that are not-for-profit organizations must provide evidence of current 501(c)(3) tax exempt status from the Internal Revenue Service and be in good standing with the Texas Secretary of State.
- Applicants must be current in all financial obligations with the City. The city will not fund an organization or agency with outstanding disallowed costs, defaulted loans, debarment actions or any other legal encumbrance, regardless of the merits of the submitted proposal.
- Applicant organization must certify it operates in a drug-free environment.
- Applicant organization must NOT be suspended or debarred as per General Services Administration (GSA) *Excluded Parties List System* (EPLS) (31 U.S.C. 6101, Note, E.O. 12549, in the System of Award Management (SAM) Program.
- Applicant to certify his/her organization is financially stable.
- Pre-Application must have been timely submitted.
- NOFA must be timely submitted, complete and signed by the Executive Director.

If the applicant fails to demonstrate that these requirements have been met, the proposal will not be reviewed, and the applicant will be advised of the decision.

## **INCOME ELIGIBILITY**

In general, all projects must benefit persons with household income below 80% of area median income adjusted for family size. Special conditions apply to CDBG and HOME assisted rental projects and to CDBG assisted non-housing projects (refer to —Income Limits for Extremely Low, Very Low- and Low-Income Household\_ (see table on **Page VIII**).

## **GRANT PERIOD**

The grant period commences on **October 1, 2025**; however, the project begins after the execution of the funding Subrecipient Agreement between the City of Corpus Christi and the Agency. **Project expenditures before the funding agreement is executed will not be reimbursed.**

## **COMPLETION DATE**

If contracts are awarded as a result of this NOFA, contracts are anticipated to commence on or about **October 1, 2025 and end on September 30, 2026**. The City has the option not to renew or extend the contract to any agency based on agency unsatisfactory performance or other reasons. It is expected that all construction projects may be completed by or **within 12 months** upon execution of the agreement with the City.

## **INVALID APPLICATIONS**

### **Applications will be rejected without evaluation for the following reasons:**

- New agency or City Department applicant fails to attend a **one-on-one** TA meeting.
- Agency is applying for CDBG funds before two years of its last funding as required by City Council Policy.
- Applicant fails to attend one of the **Mandatory** Technical Assistance Workshops as scheduled on **Page VII**. Applies to CDBG NOFA applicants.
- Project/Program not clearly eligible according to CDBG Regulations.
- Applicant has demonstrated poor past performance in carrying out CDBG or HOME funded programs or complying with federal regulations.
- Applicant fails to provide audited financial statements or other required Information.
- Other applicable reasons or major concerns to be determined by City and PCDD Staff.

## **PROJECT EVALUATION & FUNDS ALLOCATION**

Eligible applications will be evaluated by PCDD staff based on the priorities of the FY2026-PY2025 Consolidated Annual Action Plan located at the following link: [Planning & Community Development | City of Corpus Christi](#). Feasibility of the project and the capacity of the agency to carry it out the project. In addition, staff will use an Evaluation Criteria as a guide in allocating funds. However, this will not be the sole factor in determining whether a project will be funded or how much funding it will receive. PCDD Staff will present their allocation recommendations to the City Council in the form of a Consolidated Annual Action Plan (CAAP) for the CDBG, HOME, and ESG programs. Furthermore, the City will seek citizen input on the CAAP through public hearings and written comments. (See FY2026-PY2025 Consolidated Annual Action Plan (CAAP) Schedule on **Page VI**).

Priority consideration will be given to Section 3 Business per the Housing and Urban Development Act of 1968.

## **FINANCIAL STABILITY**

Agency receiving CDBG funds **MUST** be able to comply with long term financial stability to be funded and affordability requirements after project is completed and closed by the City. The Facilities and Improvements must be used to meet same

National Objective and same Business Purpose for it was funded for **five (5) years after HUD closing of project**, failure to comply with this requirement will make the agency to reimburse the CDBG allocated funds to the City. Documentation to support the Agency's sound financial position will need to be provided with your NOFA application.

Agency must demonstrate the financial viability to operate a federally funded program strictly on a reimbursement basis. The City funds are provided to awarded projects on a reimbursement basis only. This means funds will be available to the agency after it has paid for eligible project costs. However, no costs incurred prior to contract approval may be reimbursed. A financially viable agency is one that can:

- Operate for a minimum of 90 days pending reimbursement without financial hardship;
- Demonstrate an existing and consistent cash flow; and
- Have a separation of duties for personnel time allocations, etc.

Organizations that are current sub-recipients must be in good standing with the City, (i.e. have no outstanding reporting delinquencies, outstanding monitoring findings, or program capacity issues) to be considered for funding.

## **COMPLIANCE**

Projects must comply with local, state, and federal rules and regulations, but not limited to: contract procurement, zoning, platting, property acquisition and relocation requirements, Davis Bacon, Section 3, and ADA compliance, Environmental etc.\*

**\*All projects are subject to Environmental Review prior to approval of funding by HUD.**

**NOTE:** *Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not recommended for funding. The City of Corpus Christi will not fund an organization or agency with outstanding disallowed costs, unresolved monitoring or audit findings, defaulted loans, debarment actions or other legal encumbrance, regardless of the merit of the proposal. Agencies may not be funded if*

## **SITE CONTROL REQUIREMENTS**

- Projects in leased facilities shall have active minimum of 15 year or more Lease Agreement or a letter of commitment from the landowner to lease the facility and approve the proposed improvements if funded.
- Have a legal Gift Deed if the property is a donation.
- A letter of commitment from Owner if property will be acquired.
- No taxes shall be owed in the Facility to be improved.
- Report all Liens in the Property to be improved.

- No environmental issues in the Property to be Improved.
- Disclose ANY FUTURE PLANS THAT MAY AFFECT YOUR PROPERTY SUCH AS: Possible property sale or change of use; Future construction that may affect site; Changes on zoning. Etc.,
- All appropriate zoning must be in place at the time the NOFA is submitted. Property not zoned appropriately will receive lower scoring points. Project must be “shovel ready” if construction.

## **BUDGET CONTROL**

City does not provide additional CDBG funding for project completion. If CDBG funds are awarded, the Agency shall ensure that any additional funding sources needed to complete the project are committed and secured at the time of executing an Agreement with the City.

# **FY2026-PY2025 ANNUAL ACTION PLAN SCHEDULE**

## **PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT COMMUNITY PLANNING & DEVELOPMENT (CPD) PROGRAMMING FY2026-PY2025 ANNUAL ACTION PLAN (AAP) SCHEDULE**

*\*Tentative and subject to change*

February 27, 2025	Needs Assessment/Public Hearing Meeting District 1 La Retama, Central Library 805 Comanche Street. (6:00 p.m-7:00 p.m.)
March 3, 2025	Needs Assessment/Public Hearing Meeting District 2 Ben F. McDonald, Public Library- 4044 Greenwood. (6:00 p.m-7:00 p.m.)
March 4, 2025	Needs Assessment/Public Hearing Meeting District 3 Corpus Christi Water Utilities, Choke Canyon Room- 2726 Holly Rd. (6:00 p.m-7:00 p.m.)
March 5, 2025	Needs Assessment/Public Hearing Meeting District 4 Janet F. Harte Public Library- 2629 Waldron Rd. (6:00 p.m-7:00 p.m.)
March 6, 2025	Needs Assessment/Public Hearing Meeting District 5 Clotilde P. Garcia Public Library- 5930 Brockhampton (6:00 p.m-7:00 p.m.)
May 5, 2025	Release Full NOFAs for CDBG, ESG and HOME
June 3, 2025	NOFAs for CDBG, ESG and HOME due
June 15, 2025	Publication of City Council Public Hearing on Proposed Projects and 30-day public comment
July 15, 2025	End of 30-day comment period for 5 Year
July 12, 2025	1st Reading Ordinance and City Council Public Hearing
August 15, 2025	Submittal of FY2026-PY2025 Annual Action Plan to HUD



## **MANDATORY WORKSHOPS:**

Agency or City Department representative who will be submitting NOFA Application, **MUST** attend a **Mandatory** Technical Assistance (TA) Workshop for the NOFA (CDBG only). Staff will discuss changes to the Consolidated Annual Action Plan prior to submittal of documents. Failure to attend the workshop will automatically disqualify your Agency or City Department from submitting a NOFA Application(s) for proposed project(s).

It is **Mandatory** for all **NEW** agencies or City Departments who are planning to submit a NOFA Application to request and attend a one-on-one TA meeting with PCDD staff before submitting a NOFA. See schedule below.

### **FY2026-PY2025 CAAP MANDATORY MEETING SCHEDULE**

DATE	PLACE & LOCATION	MEETING TYPE	TIME
May 15, 2025	City Hall, 1201 Leopard Street, 6th Floor Conference Room.	TA Workshop	CDBG-9:00 a.m.; ESG-10:00 a.m.; HOME-11:00 a.m.

### **2024 HUD Adjusted Income Limits for Extremely Low, Very Low, and Low-Income Households\***

Income Limit Category	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30%) Income Limits	\$16,600	\$19,000	\$21,350	\$23,700	\$25,600	\$27,500	\$29,400	\$31,300
Very Low (50%) Income Limits	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
Low (60%) Income Limits	\$33,180	\$37,920	\$42,660	\$47,400	\$51,240	\$55,020	\$58,800	\$62,580
Low & Mod (80%) Income Limits	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

<https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

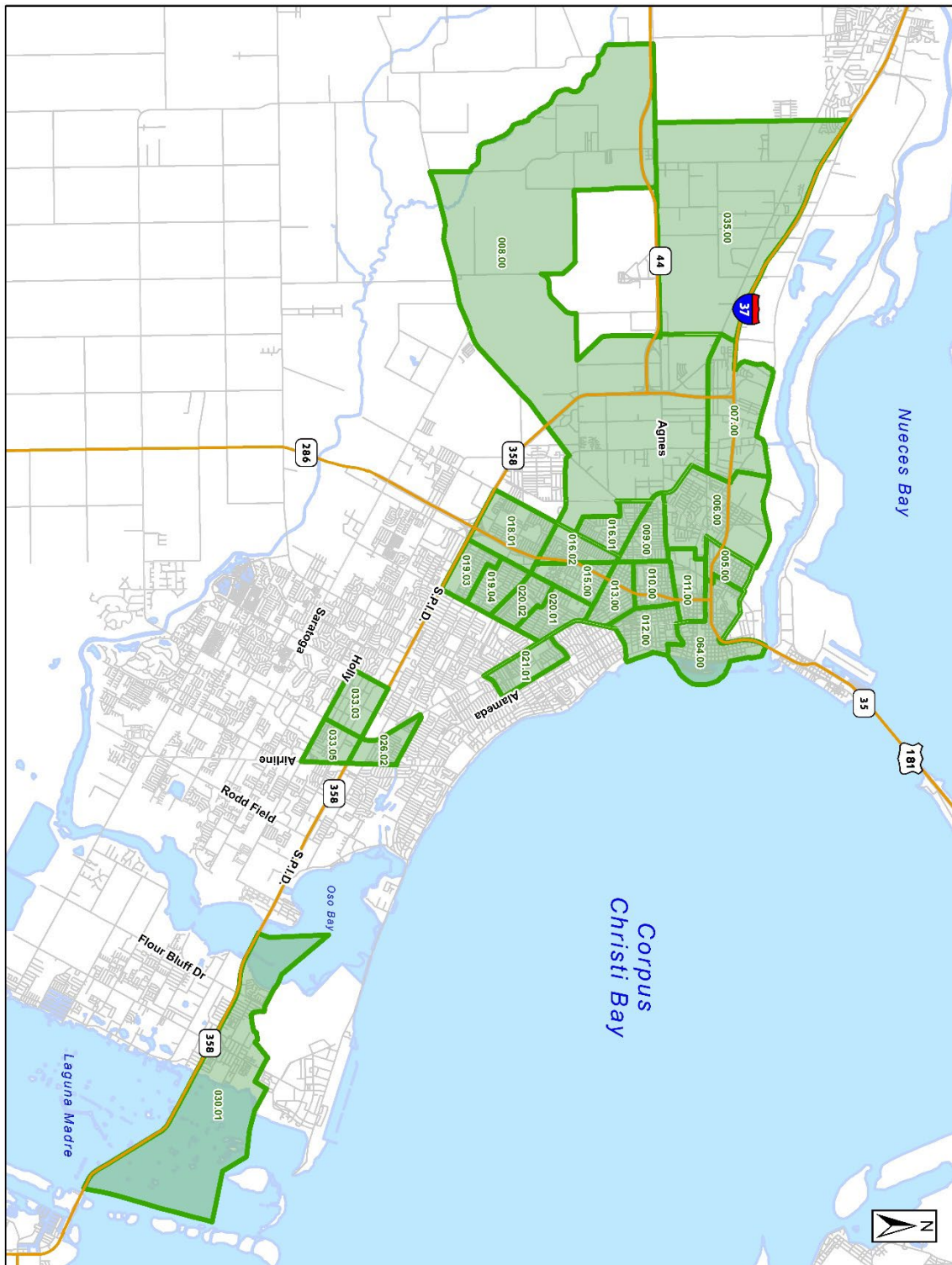
Effective 7/1/2024

SUBJECT TO CHANGE ON 6/2025

**Client Income eligibility:** CDBG assisted programs must serve low-income clients (less than 80% of AMI). For CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For other CDBG programs at least **51%** of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless may be presumed to meet income limits. If you are not sure about your program's eligibility, please call Leticia Kanmore GMD Program Manager at 361-826-3816.

**Client Income tracking:** As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the income groups listed above. City will require Agencies to report numbers of clients served.

# CDBG ELIGIBLE CENSUS TRACT MAP (subject to change)



## CDBG PROGRAM ELIGIBLE ACTIVITIES

All proposed activities must fall within **one** of the following **objectives**:

- 1) Principally benefit low and very low-income persons
- 2) Eliminate slums and blight, or
- 3) Address urgent needs which pose a serious threat to the health or welfare of the community.

**AND** fall within **one** of the following **categories**:

### **CONSTRUCTION PROJECTS**

- **Public Facilities and Improvements.** – New Construction and Rehabilitation - Acquisition, construction, reconstruction, rehabilitation or installation (new construction) of public facilities and improvements, except as provided in 24 CFR 570.207(a), carried out by the recipient or other public or private nonprofit entities. Rehabilitation of Public Facilities and Improvements projects **must not include replacement or maintenance.**
- **Clearance Activities.** Clearance, demolition and removal of buildings and improvements, including movement of structures to other sites.
- **Rehabilitation and Preservation Activities.** Privately owned buildings and improvements for residential purposes; improvements to a single-family residential property which is also used as a place of business, which are required in order to operate the business, need not be considered to be rehabilitation of a commercial or industrial building, if the improvements also provide general benefit to the residential occupants of the building.
- **Owner Occupied Rehabilitation (Other than Emergency Repairs).** CDBG Funds may be used to assist existing homeowners with the rehabilitation or reconstruction of owner-occupied units including rehabilitation programs which bring the property up to local codes and standards. Special programs as Energy efficiency programs aimed at improving the energy efficiency of homes.
- **Removal of Architectural Barriers.** Improvements designed to remove material and architectural barriers that restrict mobility relocation and accessibility of elderly or severely disabled persons to buildings and improvements.

### **NON-CONSTRUCTION PROJECTS:**

- **Housing Services.** Homeowner counseling programs for LMI income persons related to CDBG homeowner rehabilitation program or counseling programs for CDBG homebuyers. As part of a CDBG-funded housing activity (e.g., preparing work specifications for CDBG-funded rehabilitation projects), generally referred to as a program delivery cost.

The above activities do not include all CDBG allowable activities, however the PCDD will only consider the above activities as eligible activities as they comply with the City's 5-year

## **CDBG PROGRAM INELIGIBLE ACTIVITIES**

The following activities may **NOT** be assisted with CDBG funds:

- Buildings or portions thereof, used for the general conduct of government as defined at 570.3(d) cannot be assisted with CDBG funds.
- General government expenses
- Political activities
- Purchase of equipment
- Operating and maintenance expenses – Maintenance and repair of publicly owned streets, parks, playgrounds, water and sewer facilities, neighborhood facilities, senior centers, centers for persons with disabilities, parking and other public facilities and improvements. Ex: Filling potholes, repairing sidewalks
- Furnishings and personal equipment
  - Construction equipment
  - Fire protection equipment
  - Furnishings and personal property
- New housing construction
- Income payments

### **INELIGIBLE PROJECTS**

- When facility to be rehabilitated is not used to provide direct services to intended clientele (facility shall directly meet a National Objective to be eligible). Indirect services to targeted clientele outside facility to be improved are not eligible.
- If Financial Audit findings have not been resolved
- When facility to be improved is not owned by agency and agency fails to provide a 15-year minimum leased Agreement with Owner.
- When Agency has a Conflict of Interest with City, a Conflict Regarding Lobbying, and or is Debarred or Suspended from Government Contracting Participation

## **CDBG PROGRAM NATIONAL OBJECTIVES**

All proposed activities must meet **one** of the following National Objectives:

### **A) BENEFITING LOW- AND MODERATE-INCOME PERSONS-LMI**

1. ***Area benefit activities (LMA)*** - 570.208 (a)(1)(i) An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low- and moderate-income persons. An activity that serves an area that is not primarily residential in character shall not qualify under this criterion.
2. ***Limited clientele activities (LMC)*** - 570.208 (a)(2)(i) An activity which benefits a limited clientele, at least 51 percent of whom are low- or moderate-income persons. To qualify under paragraph (a)(2) of this section, the activity must meet one of the following tests:

Benefit clientele who are generally presumed to be principally low- and moderate-income persons. Activities that exclusively serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons: 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; or be of such nature and be in such location that it may be concluded that the activity's clientele will primarily be low- and moderate-income persons.

3. ***Housing activities (LMH)*** - 570.208(a) (3) An eligible activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate-income households. This would include, but not necessarily be limited to, the acquisition or rehabilitation of property by the recipient, a Subrecipient, a developer, an individual homebuyer, or an individual homeowner; conversion of nonresidential structures. A Part 5 Income Calculation process will be required. The Part 5 definition of annual income is the gross amount of income of all adult household members that is anticipated to be received during the coming 12-month period
4. ***Job creation or retention activities (LMJ)*** – 570.208(a)(4) - An activity designed to create or retain permanent jobs where at least 51 percent of the jobs, computed on a full-time equivalent basis, involve the employment of low- and moderate-income persons. To qualify under this paragraph, the activity must meet the following criteria:

For an activity that creates jobs, the recipient must document that at least 51 percent of the jobs will be held by, or will be available to, low- and moderate-income persons.

For an activity that retains jobs, the recipient must document that the jobs would actually be lost without the CDBG assistance and that either or both of the following conditions apply with respect to at least 51 percent of the jobs at the time the CDBG assistance is provided:

- B) **ELIMINATION OF SLUMS OR BLIGHT 570.208** - Activities meeting one or more of the following criteria, in the absence of substantial evidence to the contrary, will be considered to aid in the prevention or elimination of slums or blight:
1. ***Activities to address slums or blight in an area basis (SBA)*** - 570.208 (b)(1) - An activity will be considered to address prevention or elimination of slums or blight in an urban renewal area if the activity is:
  2. ***Activities to address slums or blight on a spot basis (SBS)*** - 570.208 (b)(2)
  3. ***Activities to address slums or blight in an urban renewal area (SBR)*** - 570.208 (b)(3) An activity will be considered to address prevention or elimination of slums or blight in an urban renewal area.

- C) **URGENT COMMUNITY DEVELOPMENT NEEDS (URG)** - 570.208 (c) The activity is designed to alleviate existing conditions which pose a serious and immediate threat to the health or welfare of the community which are of recent origin or which recently became urgent, that the recipient is unable to finance the activity on its own, and that other sources of funding are not available. A condition will generally be considered to be of recent origin if it developed or became critical within 18 months preceding the certification by the recipient.

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## **NOFA DETAILED INSTRUCTIONS FOR FY2026-PY2025 CDBG FUNDS (READ THE FOLLOWING INSTRUCTIONS BEFORE SUBMITTING)**

### **PREREQUISITES**

- Applicants must have attended a the **mandatory** Technical Assistance (T/A) Workshop in order to be eligible for submitting an NOFA (See **schedule on Page VII-VIII**)
- Applicants who have **not** previously received CDBG funding for the same or a very similar project must have attended a one-on-one Virtual TA meeting with PCDD staff before submitting their NOFA. AGENCY IS RESPONSIBLE TO SCHEDULE THE MEETING WITH ASSIGNED STAFF. **(If previously funded for HOME Program only and currently applying for CDBG, applicant MUST attend one-on-one Virtual TA with CDBG Staff or opposite.)**
- Proposed project must be an allowable PCDD activity identified during the FY2026-PY2025 program year.

### **NOFA PACKET**

- NOFA application **MUST** consist of **ONE COMPLETED APPLICATION** with **ALL** attachments included.
- NOFAs considered incomplete by PCDD Staff and/or if Agency fails to provide required documentation as requested, NOFA may be disqualified.
- The required application documents can be submitted by mail or electronically via email, zip file, Dropbox, Google Docs, or some other file sharing service.
- NOFA application **MUST** be submitted no later than:

**SUBMITTAL DEADLINE: 5:00 p.m., Tuesday, June 3, 2025**

### **SUBMITTAL REQUIREMENTS**

- Any Proposal received or postmarked after the above due date and time **WILL NOT** be considered, **NO EXCEPTIONS.**
- Faxed or Hand-delivery submission of the NOFA **WILL NOT** be accepted.
- Applications **MUST** be submitted to the attention of:

**Leticia Kanmore**  
**Grant Monitoring Division Program Manager**  
[leticiak@cctexas.com](mailto:leticiak@cctexas.com)

**NOTE:** No matter which of the allowable methods of delivery an organization chooses (Certified Mail or Emailed); it is the organization's responsibility to ensure that the NOFA is postmarked and received by PCDD staff by the deadline specified above.

All NOFA packets will be date and time stamped by the PCDD Staff at time of delivery. PCDD staff will confirm receipt of NOFA Packet via email. *For further information, you may contact PCDD staff at 361-826-3010.*

### **INSTRUCTIONS FOR COMPLETING NOFA PACKET:**

- The application may be completed thru PDF format. The application can be downloaded from the City website at [Planning & Community Development | City of Corpus Christi](#) by clicking on NOFA link.
- Please complete each question on NOFA with clear and accurate responses in the respective sections.
- If more than one NOFA Application is submitted, number each one in order of priority
- Attachments should only be used to provide supplemental or extended information (**see Pages 2 & 3 of NOFA Application**) for list of **required** supporting documents.
- NOFA information can be submitted in USB flash drive. The USB flash drive shall be attached to the NOFA in a clear envelope with the Agency name and date **or** can be submitted by mail or electronically via email, zip file, Dropbox, Google Docs, or some other file sharing service.
- Agency **MUST** ensure agency name and project name appear on ALL NOFA pages and documents.
- NOFA applications **MUST** start with **Page 1, FY2026-PY2025 CDBG NOFA APPLICATION**, and [Information Page.] Followed by the DOCUMENTATION CHECKLIST pages **2 & 3**. **DO NOT** include in front of Page 1 a cover letter or the instruction pages provided in this packet.
- All requested documentation in the "Documentation Checklist", shall be placed at the end of the **NOFA Full Application** (behind page 17) and must be in the Tab order listed and as indicated.
- Measuring Accomplishments Table: Applicants should identify and describe the most significant outcome(s) the proposed project is expected to accomplish in FY2026-PY2025 by completing the attached chart. A more thorough description of this measurement system as well as a completed example is provided on **page XVIII-XIX** for your convenience.
- **You must provide one ORIGINAL COMPLETED APPLICATION plus ONE-COPY of the requested documents** in the order listed **AND** place a titled page (please use colored paper) in front of each Tab section.



- All additional documentation such as printed documentation, photographs and maps, etc., may be submitted with properly TAB and referenced to the related NOFA Section, and should be included in the set of copies as well.
- Include a dividing tab with its respective Tab number at each Tab section. NOFA(s) without the proper numbered TAB or with No TABS will not be accepted.
- Submit NOFA and documentation in the following order:
  1. FY 2026 Application Information Page (Pages 1 of NOFA Application)
  2. FY2026-PY2025 “Documentation Checklists” (Pages 2 & 3 of NOFA Application)
  3. FY 2026 Full Application (pages 4 to 17)
  4. Documents requested in the “Documentation Checklist” and additional Information (as needed) in SEQUENTIAL TAB ORDER (placed behind Page 17 of NOFA).

Narrative responses should be 1.5 spaced in a typeface 11-point (in limited space no smaller than 10-point.) Applications exceeding 20 pages (excluding required attachments) and pages larger than 8½ x11 or in color, other than title tab cover pages, are strongly discouraged.

Please read all questions and instructions carefully. The care that goes into accurately and informatively completing this application is evidence of your agency’s ability to manage the complexities of CDBG program requirements. All CDBG funded projects will comply with all applicable federal regulations.

PCDD staff will be available to answer questions about the CDBG program, the NOFA and the process; however, we cannot assist in writing the application or offer comments on drafts.

## **EVALUATION CRITERIA**

The City will use a staff developed point system Rating Criteria Evaluation Form to evaluate quality of the project and the capacity of the agency to carry it out, among other important factors. PCDD staff will conduct a short site visit with each proposed project. Site visit will place relevance on proposed funding.

Generally, proposals will be evaluated, and preference given to those proposed activities that:

1. Principally **benefit low and very low-income residents** who live within the City of Corpus Christi. For CDBG activities, priority will be given to activities proposed in CDBG target areas (See CDBG Census Tract Map included in Page **X** on this NOFA)
2. Proposed projects submitted for CDBG funding which will be deemed eligible under the National Objective of Activities Benefiting Low/Moderate Income Persons will require the following:
 

For **AREA BENEFIT** activities (LMA): Agency **MUST** designate and submit the delineated Service Area in the NOFA. Area shall be primarily residential in character (See **page XII**)

For **LIMITED CLIENTELE** activities (LMI): Clientele served shall be at least 51 percent of whom are low- and moderate-income. Agency **MUST** keep a list of unduplicated clients served during the calendar year 2025 and thereafter; list must contain: (See **page XII**)

(a) Client's name/or ID client number.

(b) Client's income level (or Client's residential address if income level is not available)

(c) Client list must be signed by Executive Director validating the information

**NOTE:** If a proposed Limited Clientele activity is considered for funding, PCCD staff will require the agency to submit list of clients served during calendar year 2024; City will audit data provided and will determine if Agency is meeting the National Objective of benefitting at least **51%** low/moderate income persons. If audit results determine that Agency is **not** meeting this requirement, Agency may not be considered eligible for CDBG funding under this National Objective and the NOFA will be deemed ineligible.

3. Allow for the most efficient and cost-effective use of CDBG Program funds so that the project outcome benefits as many low and very low-income persons as possible (See Income Guidelines on Page VII).
4. Projects not considered a high priority in the City's 5-year CAP plan will not be considered for funding.
5. Demonstrate the financial capacity to operate the program and the ability to leverage financing from other sources.
6. **Priority will be given agencies that have the potential to carry out their funded project successfully.**
7. Priority will be given to those applying agencies that make substantial capital contributions to the project for which they are seeking funds. **Proof of capital contributions** for the CDBG Program (Bank Statements) **AND** letter of commitment to financially complete the project must be submitted with the Application (NOFA) to be considerate as a pledge. Also, if project is contingent upon other funding resources, PCDD will require a Letter of Commitment from the Funding source or Bank Loan (Projected future fund raising by agency will not be considered as a pledge).
- 8 Projects ready to start will receive preference over complex projects with many contingencies causing delayed starting dates (ex: environmental and zoning issues, etc.)
9. Projects with realistic budgets will receive preference over unrealistic budgets which require excessive amounts of leveraged funds to be raised or challenge grants which will be difficult to achieve.
10. The above is not listed in any order of priority. **City Council has final decision-making authority on the selection of proposals to be recommended for HUD funding.**
11. Priority consideration will be given to Section 3 Business per the Housing and Urban Development Act of 1968.

12. This is not a comprehensive evaluation criteria list, just an idea of what is being considered when evaluating proposed NOFA's.

## **PERFORMANCE AND OUTCOME MEASUREMENT**

The U.S. Department of Housing and Urban Development (HUD) requires recipients of federal funds to assess the productivity and impact of their programs. In response, the City of Corpus Christi has implemented a Performance and Outcome Measurement System. The System will help to quantify the effectiveness of programs and establish clearly defined outcomes. Per HUD's requirements, all proposals must demonstrate how they would perform using this system should they receive funding. Please note the following definitions specific to this system as you prepare your application.

## **DEFINITIONS**

- ☐ **Inputs** – Resources dedicated to or consumed by the program such as money, staff, equipment, and supplies.
- ☐ **Major Activities** – Identify the major activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable childcare, information/referral, counseling/case-management, etc...)
- ☐ **Outcomes** – Benefits to participants during or after participating in the program (program results). The outcome should answer the questions: What will be the benefits for the client? And/or why is this project being done? Outcomes typically relate to a change in conditions, status, attitudes, knowledge, or behavior. Examples of outcomes include number of families receiving free or subsidized childcare as a result of a project to increase awareness of available programs, number of additional persons with disabilities using a facility as a result of the removal of architectural barriers, number of students achieving a higher grade due to a tutorial program, etc. (Note: Applicants should only include the major project outcomes supported by the requested program funds.)
- ☐ **Outcome Measurement** – Methods of measuring outcomes. Identify plans to follow-up/track projects and evaluate a project's impact on participants to ensure that outcomes are met.
- ☐ **Outputs** – Quantifiable products of the project - The direct products of program activities, e.g. number of clients who will be assisted, number of clients who will receive a referral and be helped, number of persons trained, number of children in the program, etc. Outputs may indicate that the project or program is completed but do not indicate whether the project or program will result in the intended impacts (outcomes). In the examples above outputs might be families participating in the project to increase awareness of childcare programs, number of architectural barriers removed, or the number of students participating in the tutorial program.

## Measuring Accomplishments Table Example

NEED STATEMENT Description of Need to be Addressed	GOAL Proposed goals to reduce extent of problems or needs	INPUTS Resources to be dedicated or utilized to meet proposed goals	ACTIVITIES What the program does with the input to fulfill its mission	OUTPUTS Direct products of program activities	OUTCOMES ST (Short Term) LT (Long Term) Benefits that result from the program
<b>EXAMPLE:</b> <i>About 50 elementary students (20%) are considered at risk because of low grades, lack of participation in school activities and disciplinary problems (e.g. absences and tardiness, disruptive behavior). Many exhibit low self-esteem, limited social skill, and poor study habits. Many come from dysfunctional families, have immigrant parents who do not understand or speak English well and are often left unsupervised in their homes. These children could be tempted to experiment with drugs and alcohol. Most have no money to afford tutors or after school activities.</i>	<i>Improve the grades, self-esteem, study habits and social skills and discipline of at risk students from low to moderate-income households.</i>	Staff Director Staff: one volunteer tutor per 2 students Staff: one volunteer teacher or resource person per 5 students Public Facilities: one meeting room PF: Kitchen PF: Gym Cooking utensils and supplies, board games, sports equipment and arts and crafts materials	<i>The program consists of one-hour tutorial and one-hour enrichment program offered MWF btw. 3 and 5 PM. The tutorial component focuses on completion of homework assignments and preparation for quizzes or tests. The enrichment component gives students the choice of participating in sports activities in the gym, board game, cooking, or arts and crafts.</i>	<i>20 students from low-mod households assisted with homework and other school work            20 students from low-mod households participating in enrichment programs</i>	<i>1. Increased no. of homework completed and submitted on time (ST)            2. Improved attendance and tardiness (ST)            3. Increased class participation (ST)            4. Improved grade point averages (LT)            5. Improved study habits (LT)            6. Improved discipline and social skills (LT)            7. Enhanced self-esteem and trusting relationship with adults (LT)</i>

**Example**

**Table C2: Nationally Reportable Outputs**

1) Housing Units Constructed:		5) Persons Served:	20	8) Parks Rehabilitated:	
2) Housing Units Inspected:		6) Jobs Created:		9) Trees Planted:	
3) Housing Units Rehabilitated or Deleaded:		7) Businesses Assisted:		10) Parking Spaces Constructed:	
4) Households Assisted:					

=====

**END OF NOFA INSTRUCTIONS**

**DO NOT SUBMIT THIS SECTION, NOFA STARTS NEXT WITH PAGE NO.1**

**FY2026-PY2025 NOFA APPLICATION STARTS ON NEXT PAGE  
AGENCY MUST SUBMIT PAGES (1-17) WITH REQUIRED DOCUMENTATION PLACED  
BEHIND PAGE 13, AND TAB ACCORDINGLY.**

=====

FY2026-PY2025		CDBG NOFA APPLICATION		Page 1 of 17	
AGENCY LEGAL NAME:					
AGENCY ADDRESS:					
AGENCY MAILING ADDRESS:					
PROPOSED PROJECT NAME:					
PROPOSED PROJECT ADDRESS & CENSUS TRACT					
1 <sup>ST</sup> CONTACT NAME & TITLE				PHONE#     -     -	
E-MAIL				FAX#     -     -	
2 <sup>ND</sup> CONTACT & TITLE				PHONE #     -     -	
E-MAIL				FAX#     -     -	
CITY COUNCIL DISTRICT				SAM UEI #	
AMOUNT REQUESTED* (Not to exceed \$300,000) \$				TOTAL PROJECT COST: \$	
<i>*subject to funding availability and program goals and priorities</i>					
<b>Brief Proposed Project Description:</b> (two or three sentences describing the physical proposed project (sq. feet, type of facility, intended use and clientele to be served)					
<b>Brief Proposed Agency Activities:</b> Briefly explain your program Design /Mission activities currently being carried out at the facility to be improved.					
<b>Construction Project Type</b> (check one or more) <input type="checkbox"/> Owner-occupied Rehab <input type="checkbox"/> Public Facilities-New Construction <input type="checkbox"/> Public Facilities Rehabilitation non-Maintenance and or Replacement related. <input type="checkbox"/> Removal of Architectural Barriers			<b>Non-Construction Project Type</b> (check one or more): <input type="checkbox"/> Housing Rehab Services  <input type="checkbox"/> Public Services		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Does the organization have sufficient financial capacity to operate the program? If so, has this been established and how is it documented?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the organization providing substantial <b>Agency capital contributions</b> to the project? If so, how much, \$ <i>Projected agency future fund raising will not be considered as a pledge.</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is the organization in compliance with City Council policies regarding a minimum time period of <b>two year from previously awarded projects</b> to be considered for funding?			

**CERTIFICATION:** To the best of my knowledge and belief all data in this application are true and current. This document has been duly authorized by the governing board. **(Both signatures are required)**

Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Board Chairperson/President: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY PCDD STAFF:					
1) MEETS PROGRAM GUIDELINES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	2) MEETS NATIONAL OBJECTIVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) IS PROJECT ELIGIBLE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	4) SUBMITTED A PRE-APPLICATION FORM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) ATTENDED TA WORKSHOP?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	6) SUBMITTED REQUIRED DOC WITH NOFA	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>FY2026-PY2025</b>	<b>CDBG NOFA APPLICATION</b>	<b>Page 2 of 17</b>
<b>AGENCY NAME:</b>		
<b>PROJECT NAME:</b>		

**DOCUMENTATION CHECKLIST (pages 2 & 3)**

**MUST SUBMIT WITH NOFA**

**THIS DOCUMENTATION CHECKLISTS MUST BE PLACED AFTER THE NOFA APPLICATION**

**FRONT PAGE No. 1**

Requested Documentation MUST have Agency' Name and Project Name and be placed behind Page 17  
(Click on each box to place an X indicating that you have included each item) If not applicable, mark N/A  
and EXPLAIN why not below.)

**NOFA WITHOUT RESPECTIVE TABS MAY NOT BE ACCEPTED.**

Agency Ck.	TAB No.	Section Refer.	Section Title	Page No.	NOTES	City Ck.
<input type="checkbox"/>	N/A	NOFA	(NOFA) Agency Contact Information	1	No TAB required	<input type="checkbox"/>
<input type="checkbox"/>	N/A	NOFA	Documentation Checklist	2 -3	No TAB required	<input type="checkbox"/>
<input type="checkbox"/>	1	A	Program Design/Mission	4	<b>Describe Program Design</b>	<input type="checkbox"/>
<input type="checkbox"/>	2	B	Project Description, CONSTRUCTION.	4	<b>Detail Project Description</b>	<input type="checkbox"/>
<input type="checkbox"/>		2.1	Construction Detail Information: Drawings and Specs etc.,		Listed documents in Pg. 3	<input type="checkbox"/>
<input type="checkbox"/>		2.2	Deed of Trust if Agency Owns Property		<b>If Owns Property</b>	<input type="checkbox"/>
<input type="checkbox"/>		2.3	15 Year minimum Lease Agreement if leased property		Or Owner commitment letter to Lease Property	<input type="checkbox"/>
<input type="checkbox"/>		2.4	Project Pre-Approvals from Regulatory Authority or City Dept.		<b>If applicable</b>	<input type="checkbox"/>
<input type="checkbox"/>		2.5	City Planning Zoning Letter		<b>Required</b>	<input type="checkbox"/>
<input type="checkbox"/>		2.6	Letters from Historical Commission		If applicable	<input type="checkbox"/>
<input type="checkbox"/>		2.7	Lead Based Plan for Rehabilitation		If applicable	<input type="checkbox"/>
<input type="checkbox"/>		2.8	Phase I Site Assessment Findings		If applicable & has been currently conducted.	<input type="checkbox"/>
<input type="checkbox"/>	3	C	Program Operations NON-CONSTRUC.	6	Describe Program Operations	<input type="checkbox"/>
<input type="checkbox"/>	4	D	Clients Demographics	6	Additional Information.	<input type="checkbox"/>
<input type="checkbox"/>	5	E	Agency Financial Stability Reports*	7	Listed documents in Pg.7	<input type="checkbox"/>
<input type="checkbox"/>		E.1	Past three years Audit Review Management Letters		<b>Required</b>	<input type="checkbox"/>
<input type="checkbox"/>		E.2	Most Recent Independent Audit- Circular A-133		For Agencies receiving \$750,000 in annual Grants	<input type="checkbox"/>
<input type="checkbox"/>		E.3	Most recent Unaudited Financial Report & IRS Form 990		For Agencies receiving less than \$750,000 annual Grants	<input type="checkbox"/>
<input type="checkbox"/>		E.4	Current Fiscal Year Budget		<b>Required</b>	<input type="checkbox"/>
<input type="checkbox"/>		E.5	Internal Financial Procedures Condensed		<b>Required- USB flash drive or Zip File</b>	<input type="checkbox"/>
<input type="checkbox"/>	6	F	Project Funding Sources	7	Additional Information	<input type="checkbox"/>
<input type="checkbox"/>	7	G	Project Schedule- CONST.ONLY	8	Additional Information.	<input type="checkbox"/>
<input type="checkbox"/>	8	H	Cost Estimate - CONST	9	Additional Information	<input type="checkbox"/>
<input type="checkbox"/>	9	I	Expenditures -- NON-CONSTRUCTION	10	For Non-Construction Projects	<input type="checkbox"/>

AGENCY NAME:

PROJECT NAME:

Agency Ck.	TAB No.	Section Refer.	Section Title	Page No.	NOTES	City Ck.
<input type="checkbox"/>	10	J	Project Team	11		<input type="checkbox"/>
<input type="checkbox"/>	11	K	Organizational Description Agency Current Organizational Chart	11	Submit Org. Description on USB flash drive or Zip File	<input type="checkbox"/>
<input type="checkbox"/>	12	L	Agency Policies	11	ADA & FHEO only: Other Policies on USB flash drive or Zip File.	<input type="checkbox"/>
<input type="checkbox"/>	13	M	Organization Track Record	12	Submit on USB flash drive or Zip File.	<input type="checkbox"/>
<input type="checkbox"/>	14	N	List of Board of Directors	12		<input type="checkbox"/>
<input type="checkbox"/>	15	O	Board Resolution <b>Board Approval Minutes</b>	13	Granting EO sign NOFA	<input type="checkbox"/>
<input type="checkbox"/>	N/A		Disclosure of Interest Signed	14-15	Form in page 14 NOFA	<input type="checkbox"/>
<input type="checkbox"/>	N/A		Certificate Regarding Lobbying	16	Form in page 16 NOFA	<input type="checkbox"/>
<input type="checkbox"/>	16		Disclosure of Debarment or Suspension from gov. EPLS Signed		Required	<input type="checkbox"/>
<input type="checkbox"/>	17		Community Partners	11		<input type="checkbox"/>
<input type="checkbox"/>	18		Current by Laws and Articles of Incorporation.		Submit on USB flash drive or Zip File.	<input type="checkbox"/>
<input type="checkbox"/>	19		Texas Secretary of State & last Annual Rep		Submit <u>if a Corporation</u>	<input type="checkbox"/>
<input type="checkbox"/>	20		IRS Tax Determination Status letter 501 C (3) or other		Submit <u>if a Non-profit</u>	<input type="checkbox"/>
<input type="checkbox"/>	21		Indirect Cost Allocation Plan Policy		As applicable	<input type="checkbox"/>
<input type="checkbox"/>	22		Capital Contribution Bank Statement <u>and</u> Letter of Commitment (if applicable).		Submit when applicable	<input type="checkbox"/>
<input type="checkbox"/>	23		Measuring Accomplishments Table	13	Submit on USB flash drive or Zip File.	<input type="checkbox"/>
<input type="checkbox"/>	24		Other Information		As deemed necessary	<input type="checkbox"/>



AGENCY NAME:

PROJECT NAME:

**A. TAB No. 1****PROGRAM DESIGN/MISSION:**

CONSTRUCTION AND NON-CONSTRUCTION: Although PCDD encourages program creativity as it relates to the CDBG program, it is requested that program guidelines which outlay the concept must be submitted with this NOFA. In the corresponding Tab No.1 attach a detailed narrative description of your program design and mission This includes but not limited to your program beneficiaries, meeting federal regulations, involving community partners and if applicable meeting local codes, etc.

NON-CONSTRUCTION: Add your program purpose and justification.

**B. TAB No. 2****PROJECT DESCRIPTION: CONSTRUCTION ONLY**PLEASE **CHECK** ONE:

☐ NEW CONSTRUCTION ☐ REHABILITATION ☐ EXPANSION ☐ OTHER

In the corresponding **Tab No.2** attach a detailed narrative description of your proposed project including, site plan, drawings, and specifications if available, and addressing all of the following questions:

Please check each box below to show that you have addressed the question. Where the question is not applicable or if information is not available insert N/A.

☐ **Project Location:** must provide **Physical Address** and **Legal Description** of proposed project site: Subdivision name; Block(s) No.(s) and Lot(s) No.(s) @ **Tab 2**

☐ General location map showing development site in relation to streets and points of interest in the surrounding neighborhood (at least ½ mile radius). Waterways, railroads, etc., N/A ☐.

☐ **Site Map** showing lot boundaries, street access, location of structure(s), and other site features

☐ Size of project site: SF \_\_\_\_ Acres \_\_\_\_ N/A ☐

☐ Access to transportation, employment centers, shopping for basic needs, community services.

☐ **Current Site Zoning** and the status of any required planning reviews, conforming to City code. If not, please explain. Submit City Development Services proposed project zoning conformance letter. Needs Rezoning? Yes ☐ No ☐ N/A ☐

☐ **Owned Facility:** If you already own the site or facility, submit a **copy of the Deed** and describe all existing liens or deeds of trust on the property. If the site is currently under an option agreement, submit a copy of the option and purchase agreement. Owned: Yes ☐ No ☐ N/A ☐

☐ **Leased Facility** If site or facility is leased, submit a **15-year Lease Agreement**. If space is leased the agreement shall include all lease space where the improvements will be located. Lease agreement must be in place prior to release of funds. Leased: Yes ☐ No ☐ N/A ☐

☐ **Phase 1 Environmental Site Assessment** is required for new construction projects, new acquisition projects, and rehabilitation projects that will require an expansion of more than 20% of an existing structure. Phase I must be in place prior to release of funds

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## **B.1 PROPERTY ACQUISITION**

ACQUISITION OF PROPERTY MUST NOT BE AS A SOLE ACTIVITY BUT MUST INCLUDE IMMEDIATE CONSTRUCTION OR REHABILITATION.

**NOTE:** Rehab related projects, or New Acquisition of property MUST BE FREE OF ANY LIENS. For donated property where CDBG project will be located, Agency must Certify that are NO LIENS in the donated Property.

- ☐ Has organization acquired real property in order to carry out the project, or is property acquisition planned? Acquired ☐ Planned ☐ N/A ☐  
Owner's Name \_\_\_\_\_
- ☐ Phase I Environmental Site Assessment will need to be conducted on the proposed site?  
Yes ☐ No ☐ N/A ☐
- ☐ Is there any regulatory agency in which prior approval is required for the project?  
Yes ☐ No ☐ N/A ☐ If Yes, submit approval in corresponding **Tab 2.4.**
- ☐ How many units will be, newly Constructed: \_\_\_\_\_ Rehabilitated: \_\_\_\_\_
- ☐ If expansion of facility, will increase be more than 20% of existing area?  
Yes ☐ No ☐
- ☐ Is your proposed project on City Property? Yes ☐ No ☐ N/A ☐  
If yes, do you have approval from City Department with jurisdiction over project?  
Yes ☐ No ☐
- ☐ If leased, has property owner been informed of your intention to use federal funds for this project? If so attach letter approving project (includes approval from City)  
Yes ☐ No ☐ N/A ☐

## **B.2 CONSTRUCTION DETAIL**

- ☐ Do you have project plans and drawings prepared by an Architect?  
Yes ☐ No ☐ N/A ☐
- ☐ Submit plans and drawings of proposed project. If building(s) is(are) existing, annotate floor plan to show ADA accessibility features if present, and/ or annotate **new** ADA improvements to be done (clearly define if are new or existing).
- ☐ How many units will have full ADA accessibility: \_\_\_\_\_
- ☐ Has your proposed project (rehab or new construction) at least the following accessibility features, Yes ☐ No ☐ N/A ☐
  - An at-grade or ramped entrance to the main floor or the capability to easily install a ramp later on; and
  - All doorways and passageways on the main floor at least 32" wide; and
  - A bathroom on the main floor that will accommodate a wheelchair (show dimensions of unobstructed floor area on floor plan)
- ☐ Annotate sketch to emphasize design features that you consider particularly attractive and compatible with other buildings in the neighborhood. N/A ☐
- ☐ Square footage of facility to be rehabilitated \_\_\_\_\_ or to be newly constructed \_\_\_\_\_
- ☐ If Rehabilitating housing:  
Size of each unit: Number of Bedrooms \_\_\_\_\_ Baths: \_\_\_\_\_ N/A ☐
- ☐ CDBG assisted projects are meeting ENERGY STAR standards? Yes ☐ No ☐

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### **B.3 LEAD-BASED PAINT (For Rehab Projects Only)**

- ☐ Describe in detail how do you plan to address lead-based testing and abatement or hazard control on any property built before 1978. Attach detailed description for your Rehabilitation Project.

### **B.4 HISTORICAL SIGNIFICANCE (For Rehab Projects Only)**

- ☐ Provide year structure was built? \_\_\_\_\_

**Does the structure have any historical significance** (registered with the Local, State or National Historical Commission)? Yes ☐ (provide details) No ☐ N/A ☐

## **C. TAB No. 3**

### **PROGRAM OPERATIONS. FOR NON-CONSTRUCTION PROGRAM**

Clearly explain how your program works. This may take more than one page. Please concentrate on practical details - what, where, when, who and how - rather than program philosophy or purpose. Do not assume reader knows about your operations. For service programs, this is best done by describing the steps by which a client progresses through the program, rather than focusing on what staff do. Be sure to describe how clients access the program, how much time they typically spend with staff in program activities, how they provide evidence of their eligibility, and how you collaborate with other agencies. Enter information in **Tab No. 3**

## **D. TAB No.4**

### **CLIENT DEMOGRAPHICS**

#### **FOR INCOME CATEGORY: FOR CONSTRUCTION AND NON-CONSTRUCTION**

On tables below, provide actual number (**not percentage**) of clients served in **2024**. For Income Category, provide unduplicated list of clients served in 2024 (see Income Table on Page VIII).

Income Group	Number Served in 2024		Special Needs Category	Number Served in 2024
<30% of area median income(AMI)			Elderly (over 60)	
31-50% of AMI			Disabled (not elderly)	
51-80% of AMI			Homeless	
>80% of AMI*			People with HIV/AIDS	
<b>TOTAL</b>			<b>TOTAL</b>	

Seek advice from PCDD staff if your project will benefit any people above 80% AMI

Check whether counting by: Persons ☐ or Households ☐

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**E. TAB No. 5**

**AGENCY FINANCIAL STABILITY**

Applicants must be current in all financial obligations and have sound financial practices. Must have correct any identify deficiencies in its Audit reports. MUST submit in Tab No.5 the following financial information, if not, need to explain why.

- Past three years Audit Review Management Letters
- Most recent Independent Audit Circular A-133– On USB flash drive- **or Mailed**
- Must Recent Unaudited Report (if Circular A-133 is not required)
- Current Fiscal Year Budget
- Internal Financial Procedures- on USB flash drive

**F. TAB No. 6**

**PROJECT FUNDING SOURCES** FOR CONSTRUCTION AND NON-CONSTRUCTION

Provide previous funding support for the project, including funds already expended. Attach funding commitment letters where available or copies of funding applications you have submitted.

Funding Source	Committed	Project Revenue
This Year CDBG Grant	No Committed	\$
Prior Year CDBG	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Other grants (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Funding Source	Committed	Project Revenue
Capital Contribution (CDBG)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Support from the Public	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Bank Loans etc.	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Other sources (list):	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
<b>TOTAL REVENUES</b>		\$

*\* Please make sure that proposed Revenues correspond to proposed Expenditures. CDBG funds received from the State should be treated as “other grants.”*

(Include additional information about founding sources in Tab No.6)

AGENCY NAME:

PROJECT NAME:

**G. TAB No. 7****PRELIMINARY SCHEDULE FOR CONSTRUCTION**

Please complete a realistic project timetable showing when each key milestone of project will be completed (e.g. planning, design, bidding, begin construction, construction completion occupancy, etc.). The larger the project, the more detail we expect to see. Your timetable must reflect an expectation of construction start and project completion (12 months maximum for the CDBG program) **projects to have funds approved and released by October 2025**. Attach detail information on **Tab 7**

Key Milestones of Project	Date to be Completed
Land Acquisition	
Demolition	
Zoning, Environmental, Other	
A/E Procurement	
Project Design	
Bidding Procurement	
Contracting	
Construction start	
Project Completion	
Other:	
Other:	

**FOR –NON-CONSTRUCTION****PRELIMINARY SCHEDULE FOR NON CONSTRUCTION**

Please complete a realistic program timetable showing when each key milestone of program will be completed. The larger the program, the more detail we expect to see. **Awarded Agencies to have funds approved and released by October 2025**. Attach detail information on Tab 7.

Key Milestones of Program	Date to be Completed

**Provide planned dates for completion of each phase for those that apply to your activity**

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## H. TAB No. 8

### PROJECT COST ESTIMATE

### CONSTRUCTION

Be as detailed as possible. Add or amend categories as needed. The first column should cover total project costs (including those met from CDBG and any other funding or capital contribution. Second column should cover expenses met with CDBG only). **Totals Project Costs must be consistent with Project Revenues.**

<b>CONSTRUCTION PROJECTS</b> (add or amend as needed)	<b>Estimated Project Costs</b>	<b>This grant/ loan only</b>
Acquisition	\$	\$
Relocation*	\$	\$
Demolition/Clearance	\$	\$
Site improvements*	\$	\$
Rehabilitation*	\$	\$
New construction*	\$	\$
Construction contingency (10% approx.)	\$	\$
Architect/Engineer fees	\$	\$
Environmental Reports	\$	\$
Soil Testing, lab.	\$	\$
Bid Advertisement cost	\$	\$
Printing	\$	\$
Other Prof. fees (Appraisal, ADA etc.,)	\$	\$
Zoning or other (explain)*	\$	\$
Construction Certifications (TDLR, Windstorm)	\$	\$
Other pre-construction or construction period costs:	\$	\$
<b>Subtotal</b>	\$	\$
Other	\$	\$
Other	\$	\$
<b>TOTAL PROJECT COSTS</b>	\$	\$

**Please attach in Tab No. 8 details on how the costs have been estimated.**

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**I. TAB. No. 9**  
**PROJECT COST ESTIMATE**

**NON-CONSTRUCTION EXPENDITURES\***

LINE ITEM	Actual	Proposed	2024 CDBG GRANT Only
Staff Salaries	\$	\$	\$
Taxes & Fringe Benefits	\$	\$	\$
Professional Fees	\$	\$	\$
Supplies	\$	\$	\$
Telephone	\$	\$	\$
Postage	\$	\$	\$
Occupancy Costs	\$	\$	\$
Equipment Maintenance	\$	\$	\$
Printing & Publications	\$	\$	\$
Travel & Training	\$	\$	\$
Direct Assistance to Clients	\$	\$	\$
Indirect Costs	\$	\$	\$
Other	\$	\$	\$
TOTAL EXPENDITURE	\$	\$	\$
Excess (shortfall) of Revenue over Expenditure	\$	\$	\$

**\*Explanation of budget changes: You must explain all significant changes in expenditures from year to year** (a “significant change” is an increase or reduction of more than 10% in a line item, but you may ignore changes less than \$1000).

FY2026-PY2025	CDBG NOFA APPLICATION	Page 11 of 17
AGENCY NAME:		
PROJECT NAME:		

**J. TAB No. 10**

**PROJECT TEAM**

Identify the **CDBG** proposed team by name, job title, and employment status (employee, independent contractor, or volunteer), and describe each person's relevant experience and specific responsibilities in this project. If the team is not yet assembled, then describe how you will select them.

For Rehab projects only: List all project staff that have completed training in Lead Safe Work Practices (with date) or have any more extensive training in Lead Based Paint hazard control.

**K. TAB No. 11**

**ORGANIZATION DESCRIPTION- SUBMIT ON USB flash drive**

Please provide the following information **for the agency** that will actually carry out the project. Member governments carrying out projects entirely with their own staff may omit this section.

1. Attach your organization mission statement AND include the following:
2. Date Incorporated
3. Non-profit for For-profit?
4. Faith-based organization?
5. Note any "key" positions vacant during **2024** and for how long.
6. Total number of agency staff (FTE)

**L. TAB No. 12**

**WRITTEN POLICIES: SUBMIT ON USB flash drive ONLY**

Policy	Yes	No	Date Last Updated
ADA Policy	<input type="checkbox"/>	<input type="checkbox"/>	
FHEO Policy	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel Policy*	<input type="checkbox"/>	<input type="checkbox"/>	
Key job descriptions*	<input type="checkbox"/>	<input type="checkbox"/>	
Purchasing Policy*	<input type="checkbox"/>	<input type="checkbox"/>	
Code of conduct*	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Indirect Cost Allocation Plan*</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____

\* Please **DO NOT SUBMIT** copies of your Agency Policies, have written policies available for monitoring purposes. Submit ADA policy (self-evaluation) & FHEO policy (if applicable) on USB flash drive. Other programs, operations and financial policies to be available for review at your Agency.



AGENCY NAME:

PROJECT NAME:

**M. TAB No. 13**  
**ORGANIZATION TRACK RECORD**

Please describe what makes your organization particularly qualified to carry out the program described in the Project Budget and Funding. (This may include your past achievements in carrying out similar projects, experience of key staff, collaborative relationships with other agencies, or any other features relating to the organization capacity that you consider relevant).

**N. TAB No. 14**  
**BOARD OF DIRECTORS**

1. How many board members should you have according to your By-Laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. How many times in the past 12 months was a quorum not met?
5. Do any of your organization's staff members serve on your board? Yes ☐  
No ☐
6. What efforts are made to ensure that your board represents the community it serves? Explain:
7. Name of person authorized by your Board to execute Agreements and transactions with the City of Corpus Christ (CDBG).  
1. \_\_\_\_\_ 2. \_\_\_\_\_
8. Has Board approval been taken? Yes ☐ or No ☐ If so, **provide Minutes** in **Tab 15**. Board Resolution in Pg. 14 of the NOFA.

**O. TAB No. 15**  
**BOARD APPROVAL MINUTES:**

Provide Board Approval Minutes to substantiate Board action to submit the NOFA, and execute funding agreement with the City If not, please explain.

**DOCUMENTATION:**

NOFA application MUST consist of ONE ORIGINAL and TWO COPIES including ALL attachments (See page 2 & 3 Check List) Information on USB flash drive or via zip file, Dropbox, Google Docs, or some other file sharing service.

<b>FY2026-PY2025</b>	<b>CDBG NOFA APPLICATION</b>	<b>Page 13 of 17</b>
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**Attachment: TAB No. 15: Measuring Accomplishments Table (Please avoid abbreviations when possible)**

<b>NEED STATEMENT</b> Description of Need to be Addressed	<b>GOAL</b> Proposed goals to reduce extent of problems or needs	<b>INPUTS</b> Resources to be dedicated or utilized to meet proposed goals	<b>ACTIVITIES</b> What the program does with the inputs to fulfill its mission	<b>OUTPUTS</b> Direct products of program activities	<b>OUTCOMES</b> ST (Short Term) LT (Long Term) Benefits resulting from the program

**Please indicate the number of outputs expected in FY2026-PY2025.**

**TAB No. 15: Nationally Reportable Outputs**

1) Housing Units Constructed:		5) Persons Served:		9) Trees Planted:	
2) Housing Units Inspected:		6) Jobs Created:		10) Parking Spaces Constructed:	
3) Housing Units Rehabilitated or Deleaded:		7) Businesses Assisted:		11) Public Facilities Improved:	
4) Households Assisted:		8) Parks Rehabilitated:			

**BOARD RESOLUTION**

The following language is an example of an acceptable resolution that may be used to meet the application requirements funding for the City of Corpus Christi CDBG. You may use this form to meet the board approval process.

At a meeting held on (date) \_\_\_\_\_, the Board of Directors of (the agency) \_\_\_\_\_ passed the following resolution(s):

The Board of Directors authorizes the application for and use of funds from the City of Corpus Christi CDBG or HOME program for activities described in the funding proposal entitled \_\_\_\_\_.

The Board of Directors certifies that, if awarded funds by the City of Corpus Christi, (the agency) \_\_\_\_\_ shall implement the activities in a manner that ensures compliance with all applicable federal, State, and local laws, rules, and regulations.

The Board of Directors certifies that (the agency) \_\_\_\_\_ is not debarred or suspended under federal or State ruling from participation in the receipt or expenditure of federal or State funds.

The Board of Directors certifies that (the agency) \_\_\_\_\_ is current with all taxes, including ad valorem, assessments, and other government charges lawfully imposed on (the agency) \_\_\_\_\_.

Upon an award of federal CDBG or HOME funding, the Board of Directors authorizes \_\_\_\_\_ (title or named person), on behalf of (the agency) \_\_\_\_\_ to execute a binding agreement with the City of Corpus Christi for the expenditure of the funds.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors attests that (the agency) \_\_\_\_\_ administers a policy which ensures the confidentiality of records pertaining to any individual or family member concerning violence prevention or treatment services.

The Board of Directors attests that (the agency) \_\_\_\_\_ administers a policy which ensures the confidentiality of records pertaining to any individual provided family violence prevention or treatment services.

Depending on the nature of the activity or the agency, if applicable, include the following statement:

The Board of Directors certifies that (the agency) \_\_\_\_\_ administers a policy which ensures that homeless facilities are free from the illegal use, possession, and distribution of drugs and alcohol by its beneficiaries.

\_\_\_\_\_  
Signature of Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board Secretary

\_\_\_\_\_  
Date



### CITY OF CORPUS CHRISTI - DISCLOSURE OF INTEREST

City of Corpus Christi Ordinance 17112, as amended, requires all persons or firms seeking to do business with the City to provide the following information. Every question must be answered. If the question is not applicable, answer with "NA." See the definitions for the Disclosure of Interest in Section II - General Information.

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Select one: Corporation ( ) Partnership ( ) Sole Owner ( ) Association Other ( ) \_\_\_\_\_

#### DISCLOSURE QUESTIONS

If additional space is necessary, please use the reverse side of this page or attach a separate sheet.

1. State the names of each "employee" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Job Title and City Department (if known)
------	--

\_\_\_\_\_

\_\_\_\_\_

2. State the names of each "official" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Title
------	-------

\_\_\_\_\_

\_\_\_\_\_

3. State the names of each "board member" of the City of Corpus Christi having an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Board, Commission, or Committee
------	---------------------------------

\_\_\_\_\_

\_\_\_\_\_

4. State the names of each employee or officer of a "consultant" for the City of Corpus Christi who worked on any matter related to the subject of this contract and has an "ownership interest" constituting 3% or more of the ownership in the above named "firm."

Name	Consultant
------	------------

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATE** - I certify that all information provided is true and correct as of the date of this statement, that I have not knowingly withheld disclosure of any information requested, and that supplemental statements will be promptly submitted to the City of Corpus Christi, Texas as changes occur.

Certifying Person: \_\_\_\_\_ Title: \_\_\_\_\_

PRINT NAME

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

AGENCY NAME:
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**DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST\***

Are any Board Members employees, or members of their immediate families or their business associates?

- a) Members of or closely related to members of City Council: YES ☐ NO ☐
- b) Current beneficiaries of the program for which funds are requested: YES ☐ NO ☐
- c) Paid providers of goods or services to the program or having other financial interest in the *program*: YES ☐ NO ☐
- d) Creditors (i.e. persons who made loans to agency or provided loan collateral): YES ☐ NO ☐

- \* If you have answered YES to any question, **please attach a full explanation.** The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

**Definitions for the Disclosure of Interests Form**

- a. "Board member." A member of any board, commission, or committee appointed by the City Council of the City of Corpus Christi, Texas.
- b. "Employee." Any person employed by the City of Corpus Christi, Texas either on a full or part-time basis, but not as an independent contractor.
- c. "Firm." Any entity operated for economic gain, whether professional, industrial or commercial, and whether established to produce or deal with a product or service, including but not limited to, entities operated in the form of sole proprietorship, as self-employed person, partnership, corporation, joint stock company, joint venture, receivership or trust, and entities which for purposes of taxation are treated as nonprofit organizations.
- d. "Official." The Mayor, members of the City Council, City Manager, Deputy City Manager, Assistant City Managers, Department and Division Heads, and Municipal Court Judges of the City of Corpus Christi, Texas.
- e. "Ownership interest." Legal or equitable interest, whether actually or constructively held, in a firm, including when such Interest is held through an agent, trust, estate, or holding entity. "Constructively held" refers to holdings or control established through voting trusts, proxies, or special terms of venture or partnership agreements."
- f. "Consultant." Any person or firm, such as engineers and architects, hired by the City of Corpus Christi for the purpose of professional consultation and recommendation.

AGENCY NAME:



## CERTIFICATION REGARDING LOBBYING

### CERTIFICATION FOR CONTRACTS, GRANTS, LOANS,

### AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit with this a Standard Form-11, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all Subrecipient shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, and U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name of Authorized Individual

\_\_\_\_\_  
Organization Name