

Application - CDBG & ESG Grants - Fiscal Year 2026

I. PROPOSAL SUMMARY FORM

1. Name of Organization: _____
1a. Describe Organization: _____

2. Name of **Proposed Activity**: _____
(Activity you are requesting funds for) *Please list 1 (one) Proposed Activity*

3. Type of Activity:
Public Service Activity
Does this activity primarily serve and benefit YOUTH? Yes No
If yes, what are the ages of the youth? _____
Economic Development Activity
Other: _____

4. Address: _____ Zip Code: _____

5. Address of **Proposed Activity Site**: _____

6. Contact Person: _____ Title: _____

7. Telephone Number: _____ Email: _____

8. Person Signing Subrecipient Agreement (Contract): _____

9. Email of Person Signing Subrecipient Agreement (Contract): _____

10. Title of Person Signing Subrecipient Agreement (Contract): _____

11. Tax ID#: _____ UEI #: _____
You will be asked to provide the Sam.gov Active Registration printout of your UEI # on Page 9

12. Brief Description of the Proposed Activity: *(complete below)*

13. Will the **Proposed Activity** occur during FY26 - 7/1/25 – 6/30/26? Yes No
- 13a. How many unduplicated Lynn participants is the **Proposed Activity** expected to serve in FY26? _____
- 13b. How many unduplicated low/moderate income Lynn participants is the **Proposed Activity** expected to serve in FY26? _____
- 13c. What is the percentage of unduplicated low/moderate income Lynn participants that the **Proposed Activity** is expected to serve in FY26? (13b/13a) _____
Please be reminded that an eligible activity must serve at least 51% low/moderate income individuals.
- For Economic Development Activities:
- 13d. How many unduplicated Lynn businesses owners is the **Proposed Activity** expected to serve in FY26? _____
- 13e. How many unduplicated low/mod-income Lynn business owners is the **Proposed Activity** expected to serve in FY26: _____
- 13f. What is the percentage of unduplicated low/mod-income Lynn business owners is the **Proposed Activity** expected to serve in FY26? (13e/13d) _____
- 13g. If the **Proposed Activity** involves job creation and or retention, please provides details: _____

14. Type of Funding Requested: CDBG ESG

15. Amount of Funding Requested for Proposed Activity:

16. **Additional Funding Sources for Proposed Activity:**
List funding source and amount, including fundraising, donations, additional grants, etc.

	SOURCE	AMOUNT
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____
m.	_____	_____
n.	_____	_____
o.	_____	_____

17. Total Amount of Additional Funding Sources: _____

18. Grand Total of Funding for **Proposed Activity:** _____
(Lines 15 and 17 Combined)

SECTION II – ACTIVITY SUMMARY

1. What is the “Need Addressed” of the **Proposed Activity** in the City of Lynn? (Please select one)

- a. Economic Development
- b. Public Services and Other Supportive Services
- c. Homelessness

2. What is the “Goal Supported” of the **Proposed Activity** in the City of Lynn? (Please select one)

- a. Promote Economic Development
- b. Expand Public Services and Other Supportive Services
- c. Reduce Homelessness

3. In a few sentences describe the population/clientele to be served by the **Proposed Activity**:

4. In a few sentences explain how you plan to use the proposed funding request for the **Proposed Activity**:

5. In a few sentences provide a description of the **Proposed Activity** site:

6. In a few sentences provide your coordination with other community agencies for the **Proposed Activity**:

SECTION III – ACTIVITY BUDGET

Budget Form for Proposed Activity

Organization Name: _____

Directions: Please use the following form to present the REQUESTED BUDGET for your PROPOSED ACTIVITY.

- In column A, list the items for which you are requesting the Entitlement Grant Funds.
- In Column B, provide the description explaining how you arrived at the estimated cost of the item.
- In Column C, provide the requested amount of Entitlement Grant funds for that item.
- The total budget should match the Requested Amount of your Proposed Activity.

A Item	B Description	C Requested Amount
PERSONNEL		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
TOTAL SALARIES		
Fringe Benefits		
TOTAL PERSONNEL & Fringe Benefits		
OPERATING COSTS	Provide description of how you arrive at total for each line item	
Supplies		
Equipment		
Rent/Lease		
Insurance		
Printing		
Telephone		
Travel		
Other		
TOTAL OPERATING		
CONTRACT SERVICES		
TOTAL CONTRACT SERVICES		
PROPOSED ACTIVITY REQUESTED AMOUNT		

“PROPOSED ACTIVITY REQUESTED AMOUNT” amount should match #15 on Page 2.

Please note that not all budget line items listed by applicant may be allowable. If awarded, budget line items allowable for reimbursement (as determined by the City) will be identified in the subrecipient agreement/contract.

SECTION IV - SUPPLEMENTAL BUDGET

1. Will there be any volunteer and donated goods and services associated with the **Proposed Activity**?

Yes No

If yes, list the good/services and values:

Good/service

Value

2. Does the agency expect any unusual budget expenditures related to the **Proposed Activity**?

Yes No

If yes, what are the unusual budget expenditures?

SECTION V – AGENCY INFORMATION

1. **Background/Program Experience**

a. What is the length of time the organization has been in operation?

b. Describe the organization’s experience in operating the **Proposed Activity**.

c. Does the organization have a license for the **Proposed Activity**? (i.e. childcare provider)

Yes No

2. **Personnel/Staff Capacity**

a. Does the organization have a personnel policy manual with an affirmative action plan and grievance procedures?

Yes No

b. List the titles and qualifications of personnel responsible for the **Proposed Activity**:

Title

Qualifications (degrees, years’ experience, etc.)

3. Financial Capacity:

a. Does the organization have financial management procedures in place (including financial reporting, recordkeeping, accounting systems, payment procedures and audit requirements) for the **Proposed Activity**?

Yes

No

b. Who provides oversight for the financial management of the **Proposed Activity**?

c. Who is responsible for the day-to-day management of finances for the **Proposed Activity**?

4. Program Performance:

a. Will intake/registration forms of clientele participating in the **Proposed Activity** be maintained?

Yes

No

b. If yes, who will maintain records (i.e. intake forms/registrations forms, etc.)?

c. Will the Data Collection Form income and race grids be placed on your intake/registration forms?

Yes

No

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ does hereby resolve that on _____, 202__ the Board reviewed the Application for Community Development Block Grant (CDBG) Funds or Emergency Solutions Grant (ESG) Funds to be submitted to the City of Lynn’s Department of Community Development for funding consideration for Fiscal Year 2026 and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Massachusetts.

_____ (*Name of organization requesting CDBG or ESG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant (CDBG) Funds or Emergency Solutions Grant (ESG) Funds. If this application is approved and this organization receives CDBG or ESG funding from the City of Lynn, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

The following person has been authorized to act as the Authorized Signer to this grant:

_____ Name	_____ Title
<i>This person is identified on Page 1 #8 as “Person signing Subrecipient Agreement (Contract)”</i>	

This **SIGNATURE AUTHORIZATION FORM** has been completed by:
(Clerk/Secretary/Treasurer of Board or other Designated Authority)

_____ Name	_____ Title
_____ Signature	_____ Date

SECTION VI – STANDARD DOCUMENTATION – Please Attach

PLEASE NOTE: If awarded, any Standard Documentation not submitted with the Entitlement Application will result in a delay in contracting until the documentation is submitted to this office.

PRIOR YEAR’S SUBMISSIONS ARE NOT ACCEPTABLE.

Attached
Please Check

1. Articles of Incorporation
2. Organization Bylaws
3. 501(c)(3) Letter of Tax Determination Status (status must be active)
4. Sam.gov Active Registration confirmation printout of the UEI #
5. Listing of Officers/Directors with Secretary of State
<https://www.sec.state.ma.us/cor/coridx.htm>
6. Mass Certificate of Good Standing
<https://www.sec.state.ma.us/cor/coridx.htm>
7. Signature Authorization Form
Has the Signature Authorization Form been signed by an authorized officer of the Board (*President, Secretary or Treasurer*) as registered with the Secretary of Commonwealth, Corporations Division?
<http://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>
8. Organizational Chart or Listing of Organization Members Hierarchy
9. Resume or Biography of the Administrator of **Proposed Activity**
10. Resume or Biography of the Chief Fiscal Officer
11. Most recent Financial Statement (i.e. Profit and Loss statement)
12. Audit
Only required if your agency expends \$750,000 or more in federal funds.
13. IRS 990 Filing
14. Insurance Binder
1-page binder or certificate. The entire policy is not required.
PLEASE NOTE: If awarded, the City of Lynn is to be listed as a loss payee or additional insurer on your Insurance Binder.
15. Workmen’s Compensation Insurance Binder
1-2 pages provided by your insurance company
16. Current policies and procedures for the **Proposed Activity**.
Required only for Economic Development activities.

Please email the completed attached application and required attachments to:
cdapplications@lynnma.gov