Program Overview

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Case Id: 11409
Name: NBLY TEST - 2026/27
Address: *No Address Assigned

Program Overview

City of Denton 2027-2028 Community Development Funding Application

The City of Denton's Community Development Grant Program funding is evaluated by the Community Services Advisory Committee (CSAC). The primary goal of the CSAC is to support programs, services, and use of public resources to address complex social problems such as economic instability, housing, homelessness, and meeting community service needs. The eligibility criteria for Community Development Grant funding listed below is not ranked in order.

APPLICANT REQUIREMENTS

1. Agency is a 501 © 3 that has operated for at least two years in the City of Denton OR served City of Denton residents for at least two years.

2. Agency is registered with legal name at the Texas Secretary of State website.

Project Requirements

1. Meet one of three National Objective for Community Development
    a. Benefit to low and moderate-income households
    b. Elimination of slum or blight
    c. Meeting an urgent community need
2. Meets a Demonstrated Community Need
    a. As noted in the current Consolidated Plan for Housing and Community Development
    b. Community Needs identified through public hearing and community surveys
    c. City Council stated priorities
3. Meet one of the city's five key strategies that affect a wide range of health, functioning, and quality-of-life and risks. These strategies, outlined below, are a tool to help the City assess and prioritize community well-being more comprehensively.
    a. Economic Stability
    b. Education Access and Quality
    c. Health Care Access and Quality
    d. Neighborhood and Built Environment
    e. Social And Community Context
4. Amount requested falls within the allowed range. Agencies can have more than 1 application for grant type, but the combined amount cannot exceed the maximum.
    a. Human Services: Minimum $15,000 Maximum $100,000
    b. Housing Projects: Minimum $50,000; Maximum $400,000

c. Public Facilities: Minimum $25,000; Maximum $400,000

Housing & Public Facilities Projects ONLY

1. Project Must Be 'Shovel-Ready' -A project that is ready to bid out with all planning and zoning items complete, if applicable, a pre-construction meeting scheduled, and a final plat approved by the contract execution in October. Below is the Development Review Process for additional information. Applicants are strongly encouraged to schedule a pre-application conference with Development Services Staff, if appropriate for your project. Additional information is available at Land Development | Denton, TX

2. Feasibility Meeting – Applicants are required to meet with Community Services Staff to review federal requirements and determine project eligibility prior to applying.

3. Pre-Application Requirements - https://www.cityofdenton.com/256/Land-Development. Applicants will be required to submit a copy of their submitted request form with their application.

4. Project Completion - The Project must be completed within 1 to 2 years from contract execution, unless otherwise negotiated with staff. For phased projects, HUD funding is recommended in the last phase, so that beneficiary information can be provided within a single grant year.

5. Zoning Compliance and Civil Engineering Plans should be completed by application time, and permits should be completed no later than October 2027.

6. Ownership – public facility must be owned by the City or non-profit and be opened to the public during normal working hours.

Applications Will Not Be Considered for the following reasons:

1. Failure to attend a Feasibility Meeting with Community Services (for Housing and Public Facility Projects)
2. Failure to attend Community Development Funding Application Training (ALL Applicants)
3. Failure to complete application by November 13, 2026, by 5 p.m., including any applications lacking required financial documents
4. No verifiable established business formation with the Texas Secretary of State
5. Agency is not a 501 © 3 that has operated for at least two years in the City of Denton OR served City of Denton residents for at least two years
6. Funding requests that include ineligible costs such as fringe benefits and equipment and supplies

Applications submitted will be measured based on basic eligibility, completeness and CLICK HERE Applicants are encouraged to review the rubric in its entirety prior to submission.

A. Agency Information

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A. Agency Information

Please provide the following information.

PART 1. GENERAL INFORMATION

A.1. Agency Legal Name

A.2. Employer Identification Number

A.3. Physical Address

A.4. Mailing Address

A.5.a. CEO/ED/Commander Contact Information

Name

Phone

Email

A.5.b. How long has the CEO/ED/Commander been with the agency?

A.6. Point of Contact(s) for reporting, draw requests, and questions about your application.

Name

Email

Phone

Backup Contact - Optional

Name

Email

Phone

A.7. **Length of Service- Answer each question (not applicable for City departments)**

A.7.a. What year was your organization established by the Texas Secretary of State? (Click link to check and upload proof under the Required Documents section) https://www.sos.state.tx.us/corp/sosda/index.shtml

A.7.b. How many years has the organization operated in the City of Denton or served City of Denton residents?

A.8. What is the organization's Mission?

A.9. Please list all programs offered by the agency

A.10. Upload your Organizational chart.

☐ **Organizational Chart *Required**

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B. Objectives

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B. Objectives

Please provide the following information.

PART 2. - MEETING OBJECTIVES
Priority funding areas and target populations are established by HUD and the City of Denton. Please mark all that apply to clients served by the ACTIVITY to be funded.

B.1. Proposed Activity Meets National Objective

☐ **Providing benefit to low- and moderate-income**

☐ **Preventing or eliminating slums or blight**

☐ **Meets other urgent community development due to a natural disaster**

B.2. Eligibility Requirements for Beneficiaries

☐ **Presumed Benefit (100% of the project serves populations only in One of the Eligible Categories Below)**

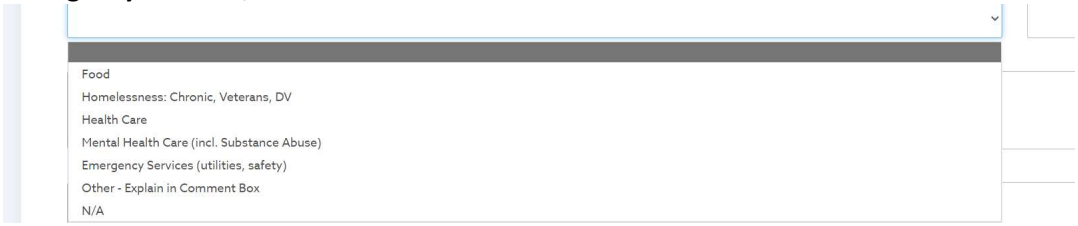
Homeless
Severely Disabled Adults
Domestic Violence (DV) Victims
Neglected/Abuse Children Services
Migrant Farm Workers
Illiterate Persons
Persons with AIDS
Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

☐ **Other - Please explain in comment box**

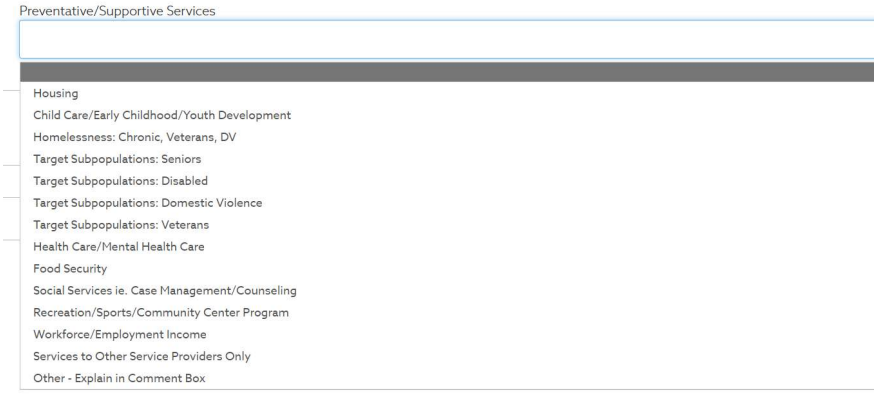
Comment Box

B.3a. Please describe the target population served, and community need met by the proposed activity:

Emergency Services/Crisis Services



Preventative/Supportive Services



Comment Box

B.3.b. How will services provided by the proposed activity meet community needs?

B.4. Proposed Activity meets key strategies to impact community well-being (select all that apply).

- ☐ **Economic Stability**
- ☐ **Education Access and Quality**
- ☐ **Health Care Access and Quality**
- ☐ **Neighborhood and Built Environment**
- ☐ **Social and Community Context**

B.5. Please describe how projects meet the selected key strategies selected

C. Funding Request

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C. Funding Request

Please provide the following information.

PART 3. - FUNDING REQUEST - ACTIVITY, AMOUNT, OUTCOMES
C.1. Proposed activity Name

C.2. Please provide a description of the activity to be funded including how it is implemented. List all resources needed to implement the activity.

C.3. Location(s) of services(s) provided

C.4. Days & Hours of Operation

C.5.a. Funding Amount Requested for the Activity
Human Services: Minimum $15,000 Maximum $100,000
Housing Projects: Minimum $50,000; Maximum $400,000
Public Facilities: Minimum $25,000; Maximum $400,000
$0.00

C.5.b. Total Cost for the Activity $0.00

C.6. What are the eligibility requirements for the proposed program/service? Upload eligibility criteria/intake documents or checklists as available.

☐ **Eligibility Criteria/Intake Documents or Checklists**
***No files uploaded*

C.7. How does the organization collaborate with community partners to maximize resources and reduce duplication of services provided by other organizations? Provide a summary of the organization's participation in local coalitions, collaborations, and partnerships.

Provide information below to help identify what the cost per client/unit is that the grant is funding.

C.8. The table must be completed in its entirety for the proposed activity. How will requested funds be used? (staff salary, portion of service fees, rental assistance, pre-development fees, construction costs, etc.). Note: Employees funded MUST have direct contact with program participants. List each item separately.

Funded Item	Amount Requested	# Clients Served	# Units Delivered	Cost per Client or Service Cost	Total Cost of the Funded Item
	$0.00	0	0	$0.00	$0.00

C.9. Provide a brief description (1-2) sentences for each funded item above. If requesting salary support, explain how that position directly serves program participants.

C.10 How does your organization determine cost reasonableness of the services provided?

Can be removed

C.11. PARTIAL FUNDING- How will the project be carried out if partial or no City funding is awarded? What other funding sources will be utilized or pursued without City funding? What impact will that have on the number of people to be served? Please be specific.

C.12. OUTCOME MEASURES -

The City of Denton Measures impact to quality of life for Denton residents served by Community Development Grant Program activities through common outcome measures. Impact areas associated with common outcomes include Economic Stability, Neighborhood and Physical Environment, Education, Community and Social Context, and Healthcare. Common outcomes focus on improving the quality of life for Denton residents by:

1. Increasing and/or sustaining employment
2. Increasing nutrition for children and adults
3. Increasing housing stability
4. Increasing student academic and behavioral growth
5. Improving social connections and support
6. Improving physical and/or mental health through funding community service providers across the city.

Applicants are **required to identify at least two but no more than four outcomes** to report on for their proposed activity. **At least one of the common outcomes MUST be selected from the list below.**

1. **First, choose at least one of the impact areas listed below in which you will contribute to the quality of life for Denton residents.**
2. **Next, choose at least one common outcome from the list below that you will measure this year.** Unique outcomes are acceptable, but the first outcome MUST be chosen from the list below. All unique outcomes must fit into the framework of impact areas listed above and must be approved by City staff.

3. **Finally, define your metric or method for measuring outcomes** (survey, registration form, student achievement scores, etc.).

Impact Area	Common Outcomes (Choose at least one)	Metric used (survey, registration form, etc.)
Economic Stability (Employment and Financial Need)	How many people became employed? How many people stayed employed? How many people were able to pay for basic needs? How many people increased wages?	
Economic Stability (Food)	Increased Nutrition Reduced food insecurity How many people reduced food insecurity? How many children improved their nutrition? How many adults improved their nutrition? How many people were able to supplement their food budget using support services?	
Neighborhood and Physical Environment	Increased housing stability How many people exited homelessness? How many people were able to stay housed? How many people were able to sustain/obtain affordable rental housing? How many people were able to sustain/obtain affordable home ownership? How many people increased/improved recreational or open space access?	
Education	Increased student academic progress Increased student behavioral progress How many students showed academic growth? How many students promoted successfully? How many students showed growth in behavioral regulation? How many students showed growth in school attendance? How many students increased English Language skills?	
Community and Social Context	How many children experienced a reduction in trauma symptoms? How many adults experienced a reduction in trauma/isolation/depressive symptoms? How many people increased awareness of domestic violence and sexual assault resources? How many people reported an increased sense of security? How many people obtained/maintained a safe living environment?	

Health Care	Improved physical health Improved mental health How many people reduced symptoms of poor health? How many people reported increased mental health wellness? How many people accessed substance use treatment? How many people accessed preventative care? How many children became insured? How many adults became insured?	

The common outcomes should be presented in the following format and only for City of Denton residents served:

Impact Area	Common Outcome(s) to be measured	3 Target % of all clients achieving the outcome	1 Target # unduplicated clients achieving the outcomes	2 Total estimated # people served by the Activity	Metric used (survey, registration, form, etc.)	How often is the metric performed? If annually, provide month metric takes place

Target number (1) divided by Total estimated (2) equals to Target % (3).

C.13. How does the organization evaluate the outcomes and impact on the activity for City of Denton Residents only? Provide a summary of your evaluation system(s).

D. Client Information and Experience

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D. Client Information and Experience

Please provide the following information.

D.1.

Unduplicated: Please provide beneficiary numbers for the proposed activity based on individuals OR households proposed to serve. CURRENT and NEXT FY projections are required. City of Denton's FY is October 1-September 30.

a.

Total Clients Served by Program	Last FY Activity	Current FY Activity	Next FY Activity

b. *This should match the totals in C.7, number of clients served

City of Denton Residents	Last FY Activity	Current FY Activity	Next FY Activity

c. Does the proposed activity have or is it anticipated to have a wait list?

D.2. Does the organization currently gather feedback from clients regarding the quality of services provided?

D.5. How does the organization ensure services are provided in the preferred language of applicants/clients?

Income Qualification and Demographics

Qualifying Income Limits for Federally Assisted Programs			
Maximum Income Levels			
Household Size	Moderate Income (MI) 80%-50% AMI	Low Income (LI) 50%-30% AMI	Extremely Low Income (ELI) 30% AMI
1	$65,700 - $41,101	$41,100 - $24,651	$24,650 or below
2	$75,100 - $46,951	$46,950 - $28,201	$26,500 or below
3	$84,500 - $52,801	$52,800 - $31,701	$31,700 or below
4	$93,850 - $58,651	$58,650- $35,201	$35,200 or below
5	$101,400 - $63,351	$63,350-$38,051	$38,050 or below
6	$108,900 - $68,051	$68,050 - $40,851	$40,850 or below
7	$116,400 - $72,751	$72,750 - $43,651	$43,650 or below
8	$123,900 - $77,451	$77,450 - $46,501	$46,500 or below

D.6. Using the chart above, indicate the estimated number of beneficiaries (City of Denton Residents) qualified in each income category for the proposed activity. Current and next FY projections are acceptable. (For presumed benefit, only fill in the presumed benefit line. To claim Presumed Benefit, 100% of clients served must fall within one of these categories: Homeless, Severely Disabled Adults, Domestic Violence (DV) Victims, Neglected/Abuse Children Services, Migrant Farm Workers, Illiterate Persons, Persons with AIDS, Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking.)

Income Category	LAST FY Activity	CURRENT FY Activity	NEXT FY Activity

D.7. Please provide estimated demographic information for qualified beneficiaries (City of Denton Residents). HUD definitions of race and ethnicity can be found in this form: Race and Ethnic Data Collection Form 27061.pdf CURRENT and NEXT FY projections are acceptable. NOTE: The total number from the Ethnicity table should equal the number in the Race table.

ETHNICITY	LAST FY Activity	CURRENT FY Activity	NEXT FY Activity

RACE (as defined by HUD)	LAST FY Activity	CURRENT FY Activity	NEXT FY Activity

D.8. Head of Household (Single-parent households with dependent children only)

	LAST FY Activity	CURRENT FY Activity	NEXT FY Activity

D.9. ELDERLY (HUD defines elderly as anyone 62 years and older) AND DISABLED

	LAST FY Activity	CURRENT FY Activity	NEXT FY Activity

E. Revenue and Expenses

No data saved

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E. Revenue and Expenses

Please provide the following information.

E.1. Please click HERE to download the Revenue and Expense Spreadsheet. Read carefully and complete the sheet in its entirety including Agency name and Fiscal Year at the top of the spreadsheet and upload below.

☐ **Revenue and Expense Spreadsheet *Required**

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E.2. Does your organization receive more than $1,000,000 in Federal Funds?

F. Agency and Board Capacity

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F. Agency and Board Capacity

Please provide the following information.

F.1. Does the organization have experience managing local, state, and/or federal grants ($25,000 or greater)?

F.2. What experience does the organization and staff have in providing the program/service?

F.3. How many people does the agency/organization currently employ?

F.4. How many people are assigned to work with the proposed activity?

F.5.

F.5. How many volunteers does the organization utilize for the proposed activity?

F.6. Briefly describe in-kind donations and if or how they maximize the organization's financial capacity to provide services.

BOARD
F.7. How many board members provide Professional Services in place of Professional staff?

F.8. Does the organization have an active Board of Directors (active board means: present and engaged group that involves strategic and operational planning, and mission-driven work of the organization)? Board Roster should include board member's name, board position, address, occupation/organization affiliation, terms (start and end date), gender, email address and race.

F.9. Please provide explanation for any board members with tenure greater than 6 years.

☐ **F.10. CAPACITY- By checking this box, you affirm that this organization has adequate staff/volunteer capacity to meet the grant reporting requirements for monthly financial payment request, beneficiary reporting and performance reporting as well as regular reporting of all monitoring items including Board Agendas, Minutes, Board Approved Balance Sheets, Board Approved Profit and Loss Statements and others as requested. NOT APPLICABLE FOR CITY DEPARTMENTS**

G. Housing Project

No data saved

Case Id: 11383
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G. Housing Project

Please provide the following information.

G.1. Describe your organization's capacity to implement the housing project. Who will be involved in the project? (In-house employees, contractors, other agency partners, etc.)

G.2. List projects of similar sizes and types that your organization has completed.

ACTIVITY
G.3. Type of Housing Project

G.4. For renovations/rehabs or acquisitions/redevelopments, what year was the Unit built?

G.5. Type of Housing Unit

G.6. Check any specialty populations that will be served:

☐ **Housing for Seniors**

☐ **Housing for Disabled**

☐ **N/A**

G.7. For Rental Projects: What are the operations and maintenance costs associated with this project and how does the organization plan to fund them? Are these funds currently available? If not, when will they be?

G.8. Provide a timeline for the project including milestone

Planning/Development	Bid Out	Start Date	Completion Date

UNIFORM RELOCATION ASSISTANCE AND REAL PROPERTY ACQUISITION POLICIES ACT (URA)
G.9. Does the project require temporary/permanent relocation of occupants?

PERMITS

ENVIRONMENTAL

G.11. Has the facility been abated for lead paint or asbestos?

G.12. Has a Phase I or Phase II environmental search been completed for the property?

PRIOR EXPENDITURES

G.13. Are there any Community Development prior year grant funds remaining?

MATCH

G.14. List additional funding sources on this project or program that will be used as match by the City of Denton? At least 25% match of the grant request is required for Housing Projects.

Funding Source	Amount

PROGRAM INCOME

G.15. State the amount of program income expected to be derived from this project/program. List the sources and amounts of income. Describe how the program income will be used.

Expected Program Income	Sources of Income	Amount of Income

G. Public Improvements

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G. Public Improvements

Please provide the following information.

G.1. Describe the service area of the project

Upload service area map

☐ **Service Area Map *Required**

***No files uploaded*

CENSUS TRACT

G.2. List of Census tracts and block groups in the area. Include a low income percentage for each.

Tract	Low Income %

FACILITY/PROPERTY INFORMATION

G. 3. Owner of Public Facility or Improvement?

G. 4. Is the Facility open to the public during normal business hours?

G.5. If making improvements to an existing facility, when was the facility built? (Enter N/A if not applicable)

G.46 What type of project is it?

G.7. For Infrastructure Projects, check which type:

☐ **Drainage improvements**

☐ **Water/Sewer Improvements**

☐ **Street Improvements**

☐ **Street Lighting**

☐ **Sidewalk Improvements**

☐ **Accessibility Improvements**

☐ **Not Applicable**

ENVIRONMENTAL

G.8. Has the facility been abated for lead paint or asbestos?

G.9. Has a Phase I or Phase II environmental search been completed for the property?

G.10. List any known hazards (e.g. asbestos, storage tanks -above or below ground)

G.11. Will the project include ground disturbance?

TIMELINE

G.10. Provide a timeline of the project, including a milestone for the following:

Date	Milestone

PERMITS

G.11. Does the project require the issuance of a permit?

PRIOR EXPENDITURES

G.12. Are there any Community Development prior year grant funds remaining?

G. Required Documents

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G. Required Documents

Please provide the following information: (NOT APPLICABLE TO CITY DEPARTMENTS)

ALL Applicants

Please click HERE to download Application Certification.

☐ **App Certification *Required**

***No files uploaded*

Are you a City of Denton Department applicant?

- ○ Yes
- ○ No

NEW APPLICANTS ONLY

☐ **Articles of Incorporation**

***No files uploaded*

☐ **Bylaws**

***No files uploaded*

☐ **Non-Profit Tax Status Certification (IRS Determination Letter)**

***No files uploaded*

Submit

No data saved

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Submit

Please complete

Signature certifies that the City of Denton Community Development Funding Application is:

☐ **Completed using accurate organizational information**

☐ **Approved by the Board of Directors**

Applicant's Signature
***Not signed*