



CITY OF MENTOR

PY 2026 Community Development Block Grant Application

Due 5:00 p.m., Monday, May 4, 2026

**Period Covered
October 1, 2026 to September 30, 2027**

Funds Available

The total Community Development Block Grant (CDBG) funds available to the City of Mentor in Program Year (PY) 2026 will be approximately \$160,000.00. Per U.S. Department of Housing and Urban Development Guidelines (HUD), the administrative costs cannot exceed 20% of the total allocation, and public services cannot exceed 15% of the total allocation.

Meeting a National Objective

Federal regulations require that all projects meet one of the three national objectives:

- 1) Benefit low- and moderate-income (LMI) persons;
- 2) Aid in the elimination of slums and blight; or
- 3) Meet community needs having a particular urgency because existing conditions pose an immediate threat to public health or welfare.

Eligible Activities

Note: Although an activity may be deemed eligible for CDBG funding, it does not guarantee funding. The community development needs for the CDBG program in the Consolidated Plan sets forth the priority of needs and, as such, dictates which types of eligible activities may be funded each year.

Acquisition/Disposition: These activities may include the acquisition of real property, in whole or in part, by purchase, long-term lease, donation, or otherwise, for any public purpose; real property to be acquired may include land, air rights, easements, water rights, rights-of-way, buildings, and other property improvements, or other interests in real property.

Demolition/Clearance: These activities may include clearance, demolition, and removal of buildings and improvements including movement of structures to other sites.

Economic Development Activities: These activities may include but are not limited to: 1) construction by the grantee or subrecipient of a business incubator designed to provide inexpensive space and assistance to new firms to help them become viable businesses; 2) loans to pay for the expansion of a factory or commercial business; and 3) providing training needed by persons on welfare to enable them to qualify for jobs created by CDBG-assisted special economic development activities.

Rehabilitation: These activities may include single-family rehabilitation, multi-family rehabilitation, energy efficiency improvements, public housing modernization, and rehabilitation of commercial properties.

General Administration: Grant funds may be used for the general administration costs incurred by a subrecipient to administer their CDBG program.

Relocation: These activities may be used for relocation payments and assistance to displace people, including individuals, families, businesses, nonprofits, and farms, where required under section 570.606 of the regulations (pursuant to the Uniform Relocation Act).

Public Facilities/Improvements: These activities may include the acquisition (including long-term leases), construction, reconstruction, rehabilitation (including removal of architectural barriers to accessibility) or installation of public facilities. Buildings for the general conduct of government cannot be acquired or improved with CDBG funds; this includes neighborhood facilities, firehouses, public schools, and libraries, as well as water and/or sewer treatment plants.

Public Services: Services may be provided if the following criteria is met: 1) the public service must be either a new service or a quantifiable increase in the level of service; and 2) the amount of CDBG funds obligated within a program year to support public service activities under this category may not exceed 15% of the total allocation to the City of Mentor.

Resources for Eligible Activities:

https://files.hudexchange.info/resources/documents/CDBG_Guide_National_Objectives_Eligible_Activities.pdf

Funding Restrictions

- Programs or services not serving the City of Mentor residents
- Political activities
- Programs not serving primarily low- to moderate-income (LMI) persons
- Marketing, stipends, incentives, and fundraising
- Debt payments or pre-project payments
- Entertainment, furnishings, or personal property

Requirements

Applicants must meet the following requirements to be an eligible CDBG subrecipient.

- 501(c)3 designation with a board of directors, written bylaws, and articles of incorporation
- Services that benefit the City of Mentor residents
- Have a physical address with a legitimate office
- Show evidence of good fiscal management
- Have a federal tax identification number
- Possess a nine-digit Data Universal Numbering System (DUNS) number
- Be registered and in good standing with the System for Award Management (SAM.Gov)

Application Deadline

Applications must be received no later than **5:00 PM, Monday, May 4, 2026**. Applications may be hand-delivered, mailed, or emailed to the addresses below. Late submissions will not be accepted.

Hand Delivered Applications:

City of Mentor
Department of Planning & Development
Attn: Larry Rastatter
8500 Civic Center Boulevard
Mentor, OH 44606-2418

Mailed Applications:

City of Mentor
City Manager's Office
Attn: Kevin Grippi
8500 Civic Center Boulevard
Mentor, OH 44060-2418

Emailed Applications (send to both):

Grippi@cityofmentor.com
Rastatter@cityofmentor.com

Technical Assistance

The City of Mentor will provide technical assistance to any applicant submitting a proposal. To request assistance, please contact Grant Supervisor Kevin Grippi at Grippi@cityofmentor.com or 440-974-5714 or City Planner Larry Rastatter at Rastatter@cityofmentor.com or 440-974-5740.

Required Attachments

- 501(c)3 IRS Determination Letter
- Articles of Incorporation and Bylaws
- List of Board of Directors
- Program Administrator's Resume
- Financial Statements
- Most Recent Audit
- Timeline
- Proof of Active Status in SAM.gov
- Map of project location indicating service area (Construction projects only)
- Photos for housing, facility, or infrastructure improvements (Construction projects only)
- Third party cost estimates of the project (Construction projects only)

CITY OF MENTOR CDBG APPLICATION

SECTION 1: APPLICANT INFORMATION

Name of Organization										Year Founded									
Organization Physical Address										Organization Mailing Address									
_____										_____									
_____										_____									
<input type="checkbox"/> Physical address is confidential										<input checked="" type="checkbox"/> Same as physical address									
Primary Point of Contact										Secondary Point of Contact									
Name					_____					Name				_____					
Title					_____					Title				_____					
Phone					_____					Phone				_____					
Email					_____					Email				_____					
Chief Executive Officer (Full Name)										Organization Website									
_____										_____									
Employer Identification Number (EIN)										DUNS Number									
_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_

SECTION 2: PROJECT OVERVIEW

Project Title										Total CDBG Funds Requested									
_____										\$ _____									
Total CDBG County Funds Requested										Project Total									
\$ _____										\$ _____									
Project Address(es)																			

Census Tract																			
<input type="checkbox"/> Single-Family Housing Rehabilitation program projects not yet selected																			
Briefly Describe the Service Area of the Project																			
Project Category (check one)					<input type="checkbox"/> Public Service					<input type="checkbox"/> Capital Improvement									
<input type="checkbox"/> Planning or Administration					<input type="checkbox"/> Economic Development					<input type="checkbox"/> Housing Activities									
Select the Applicable National Objective(s)																			

<input type="checkbox"/> Benefit low- and moderate-income (LMI) persons
<input type="checkbox"/> Aid in the prevention or elimination of slums or blight
<input type="checkbox"/> Meet a need having a particular urgency

Select which CDBG Criterion the Project Meets (check one)

<input checked="" type="checkbox"/> (A) Area Benefit <i>At least 34.46% of residents within the targeted area are low- to moderate-income (LMI)</i>	<input checked="" type="checkbox"/> (B) Limited Clientele (Select Subpart) <input checked="" type="checkbox"/> (1) Special Needs Group <input checked="" type="checkbox"/> (i) Abused Children <input checked="" type="checkbox"/> (ii) Elderly Persons (62+) <input checked="" type="checkbox"/> (iii) Survivors of Domestic Violence <input checked="" type="checkbox"/> (iv) Severely Disabled Adults <input checked="" type="checkbox"/> (v) Illiterate Adults <input checked="" type="checkbox"/> (vi) Persons Living with HIV/AIDS <input checked="" type="checkbox"/> (vii) Migrant Farm Workers <input checked="" type="checkbox"/> (viii) Homeless Persons <input checked="" type="checkbox"/> (2) At least 51% of clientele to be served will be documented as LMI.
<input type="checkbox"/> (C) Housing (Select Subpart) <input type="checkbox"/> (1) Single-family (all must be LMI) <input type="checkbox"/> (2) Multi-unit (> 50% must be LMI)	<input type="checkbox"/> (D) Job Creation <i>At least 51% of jobs for LMI persons.</i> Number of jobs to be created: _____
<input type="checkbox"/> (E) Elimination of Slum and Blight <input type="checkbox"/> (1) Area Basis <input type="checkbox"/> (2) Spot Basis	<input type="checkbox"/> (F) Urgent Need Describe: Click or tap here to enter text.

Estimate of Number Served	Q1	Q2	Q3	Q4	Total
Proposed number of Mentor residents to be served or assisted	_____	_____	_____	_____	_____
Proposed number of Mentor households to be served or assisted	_____	_____	_____	_____	_____
Proposed number of housing units to be assisted	_____	_____	_____	_____	_____
Proposed number of public facilities to be assisted	_____	_____	_____	_____	_____
Proposed number of beds in overnight shelter or emergency housing	_____	_____	_____	_____	_____

Results/Outcomes by Project Category

For Public Service Activities or Public Facility/Infrastructure Projects: Check one of the following HUD-specified performance measures or outcomes:

<input type="checkbox"/> The proposed activity will provide new access to a service, facility, or an infrastructure benefit (i.e., the proposed program, service, facility, or infrastructure did not previously exist and is being provided for the first time)	<input type="checkbox"/> The proposed activity will provide improved access to a service, facility, or infrastructure benefit (i.e., an existing program, service, facility, or infrastructure is being improved or expanded in terms of its size, capacity, or location)
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For Housing Activities: Check one of the following HUD-specified performance measure outcomes.

<input type="checkbox"/> The proposed activity will provide decent, affordable housing to low- and moderate-income homebuyers through direct financial assistance to homebuyers or through the development of homebuyer units (through new construction or the acquisition/rehabilitation/sale of existing housing)	<input type="checkbox"/> The proposed activity will provide decent, affordable housing to low- and moderate-income homeowners through housing rehabilitation, including emergency repairs, accessibility, energy efficiency, and other targeted home improvements	<input type="checkbox"/> The proposed activity will provide decent, affordable rental housing for low- and moderate-income households (through acquisition, rehabilitation, or construction of rental housing; there are tenant income requirements and rent restrictions for projects)
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For all proposed Economic Development Activities: Check one of the following HUD-specified performance measurement outcomes.

<input type="checkbox"/> The proposed economic development activity will directly result in the creation or retention of jobs for low- and moderate-income persons. The applicant will be required to report on the total number of jobs created or retained, the number of jobs with employer sponsored health care benefits, the number of persons who were previously unemployed, and the type of jobs created and retained.	<input type="checkbox"/> The proposed economic development activity will assist businesses (through rehabilitation or infrastructure improvements). The agency will be required to report on the number of new and existing businesses assisted, the number of businesses expanding or relocating, the number of businesses assisted with commercial façade treatment or exterior rehabilitation, and the number of assisted businesses that provide goods or services meeting the needs of a defined service area or neighborhood. (SAM.Gov registration required for all organizations)
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For all Planning or Administration Activities: Check one of the following HUD-specified performance measurement outcomes.

<input type="checkbox"/> The proposed activity will provide for the preparation of plans which may include data gathering, studies and analysis, and will produce a plan as the “end product.”	<input type="checkbox"/> The proposed activity will provide for the general management, oversight, and coordination of the grant, which may include program management, monitoring, evaluation, drafting of grant-related documents, providing information and other resources to residents participating in the planning of CDBG-assisted activities, and fair housing activities carried out as part of general program administration.
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SECTION 3: NARRATIVES

DESCRIPTION OF NEED
In the space below, describe the problem or need to be addressed by the proposed project. Use data to support the need.

PROJECT DESCRIPTION
In the space below, describe the proposed project, its purpose, its beneficiaries, and its service area. Include specifics regarding the demographic characteristics of those who will be served by this project and how the project will directly benefit Mentor residents.

GOALS & OBJECTIVES

In the space below, provide a list of goals and measurable outcomes and the anticipated completion date for each. Each goal should have corresponding objectives.

Example Goal: Improve the quality of life for those experiencing homelessness in Mentor.

Example Objective: Provide support to at least ten (10) Mentor residents during the project

STRATEGY FOR MEASURING OUTCOMES

In the space below, briefly discuss how your organization will track and record the goals and objectives outlined in the section above.

ORGANIZATIONAL CAPACITY

In the space below, describe your organization and professional qualifications to carry out the proposed program. Be sure to include the individuals responsible for specific tasks, their experience in that area, and the % of time allocated to CDBG.

SECTION 4: PROGRAM/PROJECT TIMELINE

PROJECT TIMELINE

Major Program Activity	Oct-Dec		Jan-March			April-June			July-Sept			
	<i>Each box represents one month.</i>											
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: BUDGET DETAIL & NARRATIVE

Total Mentor CDBG Request	Other Committed Grant Funds	Lake County CDBG Request (if applicable)	Total Cost of Program/Project
\$ _____	\$ _____	\$ _____	\$ _____

Enter the details of your Mentor CDBG request in categories A through H. Remember that Davis Bacon Wages apply to all non-residential construction projects over \$2,000.

A. PERSONNEL

Position Title	Rate	Units	Total
<i>Example: Counselor</i>	<i>\$15.00/hour</i>	<i>100 hours</i>	<i>\$1,500</i>
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total			\$ _____

DESCRIPTION

B. FRINGE BENEFITS

Position Title	Salary	Fringe Rate	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION:

C. TRAVEL (use <https://www.gsa.gov/travel/plan-book/per-diem-rates>)

Purpose	Nights/Miles	Rate	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION:

D. SUPPLIES

Item(s)	Units	Cost per Unit	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION

E. EQUIPMENT

Item(s)	Units	Cost per Unit	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION:

F. CONTRACTS

Contractor	Units	Cost per Unit	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION:

G. OTHER COSTS

Item(s)	Units	Cost per Unit	Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

Total \$ _____

DESCRIPTION:

H. INDIRECT COSTS (10% DE MINIMIS OR INDIRECT COST RATE)

Item(s)	Total Costs	%	Total
	\$ _____	_____	_____
Total			\$ _____

DESCRIPTION:

TOTAL MENTOR CDBG REQUEST \$ _____

I certify this organization's governing board has given formal approval for submission of this application and all facts, figures, and representations made in this application are true and correct to the best of my knowledge. Submission of this application signifies our intent to comply with all Federal guidelines.

Name of Chief Executive Officer _____	Title _____
Signature _____	Date _____

APPENDIX A: SECTION 3 INFORMATION

Each year, the U.S. Department of Housing and Urban Development invests billions of federal dollars into distressed communities for projects designed to build and rehabilitate housing, improve roads, develop community centers, and otherwise assist families in achieving the American Dream. The Section 3 regulation recognizes that HUD funding typically results in projects/activities that generate new employment, training, and contracting opportunities. These economic opportunities not only provide “bricks and mortar” but can also positively impact the lives of residents who live in the neighborhoods being redeveloped. Section 3 of the Housing and Urban Development Act of 1968 [12 U.S.C. 1701u and 24 CFR Part 135] is HUD’s legislative directive for providing preference to low- and very low-income residents of the local community (regardless of race or gender), and the businesses that substantially employ these persons, for new employment, training, and contracting opportunities resulting from HUD-funded projects.

Further, as a condition of receiving HUD Community Planning and Development assistance, recipients certify that they will comply with the requirements of Section 3 on an annual basis, pursuant to 24 CFR 570.607(b). Accordingly, HUD has the legal responsibility to monitor recipients such as the City of Mentor for compliance and can impose penalties upon those that fail to meet these obligations.

All projects/activities involving housing construction, demolition, rehabilitation, or other public construction (i.e., roads, sewers, community centers) that are completed with CDBG funding are subject to the requirements of Section 3. Contractors or subcontractors that receive more than **\$100,000** for Section 3 covered projects/activities noted above are required to comply with the Section 3 regulations in the same manner as the direct recipient that provided funding to them. Section 3 applies to the entire covered project or activity regardless of whether the activity was fully or partially funded with covered assistance.

HUD requires that Entitlement Communities, such as the City of Mentor, demonstrate compliance to the “greatest extent feasible” by meeting minimal Section 3 numerical goals. Those minimal goals include: 1) commit to employ Section 3 residents as 30% of the aggregate number of new hires, and 2) commit to award at least 10% of the total dollar amount of all Section 3 covered contracts for building trades arising in connection with housing rehabilitation, housing construction, and other public construction to certified Section 3 businesses.

APPENDIX B: HUD FY2025 INCOME LIMITS SUMMARY

FY 2025 Income Limit Area	Median Family Income	Income Limit Category	1	2	3	4	5	6	7	8
Cleveland-Elyria, OH MSA	\$99,400	Very Low (50%) Income	34,000	39,800	44,750	49,700	53,700	57,700	61,650	65,650
		Extremely Low Income	20,900	23,850	26,850	32,150	37,650	43,150	48,650	54,150
		Low (80%) Income	55,650	63,600	71,550	79,500	85,900	92,250	98,600	104,950

Source: <https://www.huduser.gov/portal/datasets/il/il2022/2022summary.odn>

APPENDIX C: CONFLICT OF INTEREST POLICY

Federal, State, and local law prohibits employees and public officials of the City of Mentor from participating on behalf of the city in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, any of the applicant's volunteers, or any of the applicant's family members or business partners is or has been within one year of the date of this application one of the following: 1) a city employee or consultant or 2) a city council member.

Selecting the "Yes" potential conflict of interest box does not automatically disqualify the applicant. However, further documentation must be provided upon request.

Please select the correct response.

- Yes, our organization has a potential conflict of interest as defined above.
- No, our organization does not have a conflict of interest as defined above.

If a conflict of interest has been identified, please elaborate below.

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