

# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)



## SUBMISSION GUIDELINES & APPLICATION PACKET 2026-2027 FUNDING YEAR

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT  
1500 CHAPLINE STREET, ROOM 305  
WHEELING, WV 26003  
PHONE : (304) 234-3701



All Interested Public Service Agencies:

We are supplying you with an application packet. You **MUST** follow this application for your proposal to be reviewed. **We will RETURN any and all applications that DO NOT follow the procedures outlined in the guidelines.** Proposals will **NOT** be reviewed after the submission deadline.

The **deadline** for submission of your application is 4 p.m. **Friday, January 30, 2026.**

Only submit proposals for supplies or activity costs associated with the needed service your agency provides. **Applications will not be reviewed that are submitted for administrative or operating expenses.**

If you have any questions or problems while completing your application, please do not hesitate to call our office at (304) 234-3701 for technical assistance. We are asking you to submit your application electronically to [nprager@wheelingwv.gov](mailto:nprager@wheelingwv.gov) and provide us with one (1) hard copy for review.

# **INSTRUCTIONS FOR THE COMPLETION OF APPLICATION PACKET**

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**Insert information listed below behind the corresponding cover pages provided at the end of this application packet.**

## **SECTION 1 – Application**

Please complete the application in its entirety. The application serves as a summary of your request for CDBG funding.

## **SECTION 2 – Narrative data on project and applicant**

Please describe the proposed project. The narrative is to include the need or problem to be addressed in relation to the City's Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. **You must also include how many people you hope to serve in the upcoming year.** Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Include what expenses in conjunction with the activity will be paid with CDBG funds if awarded. For the agency information, provide us with the length of time the agency has been in operation and describe the type of services your agency provides. Please provide us with information concerning who will be in charge of administering your CDBG funds if awarded. You must demonstrate that this service is a new service or a quantifiable increase in services that were previously given.

## **SECTION 3 – Tax Exemption Determination Letter**

Please provide us with documentation that your organization is a not-for-profit organization.

## **SECTION 4 – List of Board of Directors**

A list of current Board of Directors or other governing body of the agency must be submitted. This list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

## **SECTION 5 – Organizational Statement**

You must provide us with a statement that your organizational staff has the capacity to administer this grant if funded and that your organization has a personnel policy manual and an affirmative action plan and grievance procedures.

## **SECTION 6 – Documentation of Compliance with National Objectives**

Each activity must meet one of the CDBG program's three (3) broad National Objectives:

1. To benefit low-and-moderate income persons (CFR-570.208a)
2. To aid in the prevention or elimination of slum or blight (CFR-570.208b)
3. To meet community development needs having a particular urgency (CFR-570-208c)

## **SECTION 7 – Last year's overall budget FY 2025-2026 or Annual Budget 2026:**

Provide us with a copy of your **current operating budget**, itemizing revenues and expenses. **Identify commitments or ongoing funding. You must show all the sources of funding.**

## **SECTION 8 – Proposed FY 2026-2027 Community Development Block Grant Budget**

Provide us with a detailed, itemized budget of how you will utilize CDBG monies if awarded, including CDBG funded project/activity costs and the percentage CDBG portion of the budget.

## **SECTION 9 – Conflict-of-Interest Questionnaire**

# **SECTION 1**

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# **APPLICATION**



# CITY OF WHEELING, WEST VIRGINIA CDBG NON-PROFIT APPLICATION

FY 2026: JULY 1, 2026 - JUNE 30, 2027

## APPLICANT INFORMATION

**Organization Name:**

**Mailing Address:**

**Physical Address  
(if different):**

**Director's Name:**

**Phone:**

**Director's Title:**

**Fax:**

**E-Mail Address:**

**Agency Website:**

**Tax I. D. Number:**

**UEI Number:**

**Is this organization registered as a charitable organization under  
Section 501(c)(3) of the Internal Revenue Code?**

Yes  No

## PROJECT DESCRIPTION AND BUDGET

**1. Project Name:**

**2. Brief Project Summary/Description:**

**3. Project Location:**

**4. Project Start Date:**

**5. Project Completion Date:**

6. NEW Service

CONTINUED Service

7. Total Project Cost:

8. Total CDBG Funding Requested:

9. CDBG Funding Request as a Percentage (%) of Overall Project Budget: %

10. Total # of low/mod clients/households served by this project:

Please check one of the following: Individual or Household(s)

11. Indicate the Priority Need that Best Identifies Your Project:

<input type="checkbox"/> Abused Children	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Housing
<input type="checkbox"/> Services for the Disabled	<input type="checkbox"/> Homeless Shelter/Transitional Housing
<input type="checkbox"/> Infrastructure Improvements	<input type="checkbox"/> Serving the special needs population
<input type="checkbox"/> Services for HIV/AIDS	<input type="checkbox"/> Other

12. Activity eligibility must meet at least one of the Five-Year Consolidated Priorities.

Select the goal that best fits the proposed project/activity.

#### Housing Priorities

- HSS-1 Homeownership.** Increase the supply of affordable owner-occupied housing units through housing counseling and eligible direct assistance to homebuyers including mortgage principal reductions, interest rate reductions, downpayment and closing cost assistance, etc.
- HSS-2 Housing Rehabilitation.** Conserve and rehabilitate existing affordable housing units for owners and renters in the City by addressing maintenance issues, code violations, emergency repairs, and the removal of architectural accessibility barriers to persons with disabilities.
- HSS-3 Housing Construction.** Increase the supply and diversity of new affordable and accessible housing units in the City for owners and renters through the new construction and rehabilitation and adaptive reuse of existing buildings.

#### Homeless Priorities

- HMS-1 Housing.** Support the Continuum of Care's efforts to provide emergency shelter and transitional housing and to develop permanent supportive housing and other permanent housing opportunities for unsheltered individuals and families.
- HMS-2 Operation/Support.** Assist homeless providers in the operation of housing and support services for those who are unsheltered and persons who are at-risk of becoming homeless.
- HMS-3 Prevention and Re-Housing.** Assist in the prevention of homelessness through anti-eviction and other programs for rapid re-housing.

### Other Special Needs Priorities

- SNS-1 Housing.** Increase the supply of affordable, accessible, decent, safe, sound, and sanitary housing for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through the rehabilitation of existing buildings and new construction.
- SNS-2 Services/Facilities.** Support supportive service programs and facilities for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs.

### Community Development Priorities

- CDS-1 Infrastructure.** Improve and enhance the City's public infrastructure and spaces through rehabilitation, restoration, reconstruction, and new construction of streets, sidewalks, bridges, curbs, walkways, waterlines, sanitary sewers, stormwater management, hillside stabilization, etc. and the removal of architectural accessibility barriers to persons with disabilities.
- CDS-2 Public Services.** Improve and enhance social and human services, programming, food and nutrition assistance, and transportation for low- and moderate-income persons and households, the youth, the elderly, and persons with disabilities within the City of Wheeling.
- CDS-3 Community Facilities.** Improve and enhance the quality, location, and accessibility of the City's parks, recreational facilities, public spaces, trails, bikeways, and all public and community facilities.
- CDS-4 Public Safety.** Improve and enhance public safety facilities, equipment, programming, and emergency response and preparedness within the City of Wheeling.
- CDS-5 Clearance/Demolition.** Remove and eliminate slum and blighting conditions throughout the City of Wheeling.

### Economic Development Priorities

- EDS-1 Employment.** Support and encourage new and diverse job creation, job retention, workforce development, employment, and job training opportunities for unemployed and underemployed persons, including youth training and employment programs.
- EDS-2 Development.** Support and encourage the planning and promotion of business and commercial enterprise growth, diversification, and expansion through new development, revitalization, and redevelopment.

### 13. What National Objective(s) does your project fit under:

- Benefits low- and moderate-income persons;
- Aids in the prevention or elimination of slums and blight; or
- Meets an other community development need of particular urgency.

**14. Low- and Moderate Income Clientele Benefit:**

The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income (LMI). If CDBG funds are awarded, documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project's performance outcome.

**FY 2025 Income Limits  
Wheeling, WV-OH Metropolitan Statistical Area (MSA)**

2025 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
<b>Extremely Low – 30% median income or below</b>	\$17,300	\$19,750	\$22,200	\$24,650	\$26,650	\$28,600	\$30,600	\$32,550
<b>Very Low – 50 % of median income</b>	\$28,750	\$32,850	\$36,950	\$41,050	\$44,350	\$47,650	\$50,950	\$54,200
<b>Low – 80% of median income</b>	\$46,000	\$52,600	\$59,150	\$65,700	\$71,000	\$76,250	\$81,500	\$86,750

NOTE: Income Limits may change during the fiscal year.

Please identify in the "LMI Clientele Table" below what the anticipated number of individuals or households who will benefit by the proposed project/activity.

**LMI Clientele Table**  
*(Based on the income guidelines listed above)*

Low/Moderate Income Persons or Households:	Total Number of Individuals or Households anticipated to benefit:
<b>30% of median income or below</b>	
<b>30 - 50% of median income</b>	
<b>50 - 80% of median income</b>	
<b>80% or above median income</b>	
<b>Total # Served:</b>	

**Applications are due by 4 p.m. on FRI, 30 JAN 2026.**

If your agency is funded, we will be asking you to submit your agency's Articles of Incorporation and Bylaws. We will also be asking you to provide us with an audit following the funding year if your organization receives more than \$300,000 in federal funding that year.

## **CERTIFICATION**

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge.

***Submitted by:***

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Typed/Printed Name

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Title

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Signature

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Date

## **SECTION 2**

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### **NARRATIVE DATA ON PROJECT AND APPLICANT**

## **SECTION 3**

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# **TAX EXEMPTION DETERMINATION LETTER**

## **SECTION 4**

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### **LIST OF BOARD OF DIRECTORS**

## **SECTION 5**

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## **ORGANIZATIONAL STATEMENT**

## **SECTION 6**

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### **DOCUMENTATION OF COMPLIANCE WITH NATIONAL OBJECTIVES**

## **SECTION 7**

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**LAST YEAR'S OVERALL BUDGET  
FY (2025-2026) OR ANNUAL BUDGET 2026**

## **SECTION 8**

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# **PROPOSED FY 2026-2027 COMMUNITY DEVELOPMENT BLOCK GRANT BUDGET**

Please complete the following tables to summarize the proposed project/activity budget.

A detailed and itemized budgetary explanation of how you will utilize CDBG monies, if awarded, must be attached. The attached explanation must include a description of each budget line item.

The final program budget will be incorporated into the Statement of Work section of the organization's subrecipient agreement with the City, if awarded.

**Uses of Funds (Budget):**

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
<b>Total:</b>	\$

**Sources of Funds:**

Use of Funds	Budget	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	
<b>Total:</b>	\$	

**PLEASE NOTE:** if this budget summary is not filled out completely and/or a detailed budgetary explanation is not attached, your application will not be complete, which may affect whether your proposal is funded.

## **SECTION 9**

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# **CONFLICT-OF-INTEREST QUESTIONNAIRE**

## CONFLICT-OF-INTEREST QUESTIONNAIRE

Federal, State and City law prohibits employees and public officials of the City of Wheeling, WV and its subrecipients from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for the City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in Conflict-of-Interest.

1. Are there any members of the applicant's (subrecipient if awarded) staff or any members of the applicant's board of directors or governing body who currently is or has/have been within one (1) year of the date of this questionnaire: (a) City employee or (b) a member of the City Council or (c) an elected official of the local, state or federal government?

Yes       No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

2. Will the City funds, requested by the applicant (subrecipient if awarded) be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one (1) year of the date of this questionnaire a City employee, consultant, an elected official, or a member of the City Council?

Yes       No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

## CONFLICT-OF-INTEREST QUESTIONNAIRE CONT'

3. Are there any members of the applicant's (subrecipient if awarded) staff or members of the applicant's board of directors or other governing body who are business partners or family members of a City employee, consultant, an elected official, or a member of the City Council?

Yes       No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

If you have answered "Yes" to any questions listed on this Conflict-of-Interest Form, the City's Economic and Community Development Department, along with the City Manager, and Legal Counsel, will need to determine whether a real or apparent Conflict-of-Interest exists.

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Name of Agency

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Signature of Authorized Signing Official/Representative

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Print Name of Authorized Signing Official/Representative

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Date