



CITY OF CLEVELAND
COMMUNITY
DEVELOPMENT GRANT
PROGRAM

City of Cleveland
Department of Community Development
601 Lakeside Avenue, Room 320
Cleveland, Ohio 44114
(216) 664-4000

Public Service Grant Program

Public Service Grant Program supports Cleveland's Housing Plan by addressing the root causes of poverty and by improving the quality of life for low to moderate income residents in Cleveland neighborhoods. Competitive applications should produce measurable accomplishments over a 12-month period, seek to alleviate the impacts of poverty, and/or align city resources to reduce poverty through community collaborations. Special consideration is given to high impact activities of scale that address systemic poverty, poverty and accessibility among the elderly, and youth violence.

Citywide Development Assistance Program

Citywide Development Assistance Program supports activities that create homeownership opportunities, or revitalize Cleveland's housing stock and neighborhood commercial districts. Eligible services include homebuyer education and counseling, marketing, and purchase assistance.

AGENCY DESCRIPTION

Agency Name:

Program Name:

1. Describe the agency and governance structure. Your statement should include:
 - a) Mission Statement and Primary Purpose
 - Board Composition and Stakeholder group representation
 - Are Board Members elected or appointed?
 - What are the Operative Committees?
 - Does the Board have a majority low/moderate income member base?
 - b) 2026 Board Meeting Schedule
 - c) Board Minute recordation Process
 - d) Critical leadership and program staff members, including length of service and qualifications
2. If your Agency has a Community membership base, please provide a general statement to describe the following. Please say “*no membership base*” if not applicable.
 - a) General composition (*residents/businesses*)
 - b) How are members recruited
 - c) Associate dues structure, if applicable
3. If there is no membership base, describe the process for including resident and/or business ideas and concerns in program development.
4. List all Agency accreditations, if applicable.
5. List all subsidiaries established by the organization (*e.g. limited partnerships, limited liability corporations, joint ventures, etc*). Identify all real estate holdings. Provide a brief description of each.
6. Describe any working relationships with other organizations and the nature/objective of the relationship. Describe any special projects resulting from noted working relationships.

ACTIVITY DESCRIPTION

1. Your activity must address one of the following objectives: (Choose only one)

- Youth Violence
- Poverty or Improving Accessibility Amongst the Elderly
- Systemic Poverty

2. Describe in detail the proposed Activity and associated services that will be provided (*For example: If your proposed Activity is Elderly Services, the associated services might be financial literacy and access to affordable housing*). Your description should include:

Location Name and Address	Ward Number	Service Days and Times (i.e Mon-Fri, 8am-noon)

Add lines, if needed

3. Please provide a statement describing primary beneficiaries.

4. What is the proposed Activity Time of Performance (*start date and end date*). **NOTE:** Activity cannot start before June 1, 2026.

5. Provide relevant and current statistical data to support the service (e.g. Census data). Data sources must be noted in your statement and verifiable.

6. Describe how the Activity will impact specific housing or social conditions.

7. Was this Activity funded by the Department of Community Development last year?

8. If this Activity is expecting supplemental funding from Cleveland City Council, please list the source, ward number(s) and amount requested. Add lines, if needed.

Ward Number	Funding Source (NDA, Casino Revenue, NEF)	Amount Expected

9. List *secured, non-City* funding for this Activity

Source	Amount Expected

10. If you are requesting a larger grant than was awarded last year, how does your agency plan to expand the activity?

IMPACT AND ANTICIPATED OUTCOMES

1. Number of Persons the Activity will serve monthly (*may include duplicate counts*):
2. Number of Unduplicated Persons this Activity will serve annually:
3. What are the benefits or changes clients experience during or after participating in this Activity? These outcomes may relate to changes in knowledge, attitudes, values, skills, behavior, condition, or other attributes.
4. How successful was the agency in achieving the proposed outcomes last year, and what challenges did the Activity encounter? How will your Agency overcome these challenges in the coming year?
5. Describe the initial impact anticipated during clients' first year in the activity.
6. Describe the eventual impact on the client population that is anticipated as a result of their participation in the activity.
7. How will you track Activity participation?

Summary:

Category	Budget Request
Program Staff Salaries	\$
Indirect Cost	\$
Equipment	\$
Travel	\$
Contractual	\$
Other	\$
TOTAL	\$

Please complete the Personnel Salary Template included in the RFP Announcement.

Please complete the attached Indirect Cost Template included in the RFP Announcement

Equipment:

Specific Items	Purpose	Budget Amount
		\$
		\$
		\$

Travel:

Location	Purpose	Budget Amount
		\$
		\$
		\$

Contractual:

Service Type	Purpose	Budget Amount
		\$
		\$
		\$

Other:

Specific Items	Purpose	Budget Amount
		\$
		\$
		\$

REQUIRED ATTACHMENTS

Please go to <https://cdrfp.powerappsportals.us/> to submit the following documents as separate files:

- State of Ohio Letter of Good Standing (issued annually)
- Most Recent Audit
- Form 990
- Board of Trustees Roster (*with Officers, professional affiliations and email addresses*)
- Job Descriptions and Resumes
- Indirect Cost Plan Worksheet (*see RFP announcement for instructions*)
- Personnel Salary Worksheet (*see RFP announcement for instructions*)

Questions and/or concerns regarding the application should be addressed to Legacy Program Manager Debra Prater at dprater@clevelandohio.gov, or by phone at 664-4070. For technical support on the application intake portal, contact PowerApps Specialist Gerald Asogwa casogwa@clevelandohio.gov