

# Community Development Block Grant Public Service Application for Program Year 2026

## Application Requirements

Thank you for your interest in the City of Cheyenne's Community Development Block Grant (CDBG) Program. Please review the following important information before completing the grant application. For this application process the City of Cheyenne will only be accepting applications from organizations that are applying to fund a **public service** program. The City of Cheyenne would like these public service applications to focus on food insecurity or provide help to a shelter program. These two types of public service applications will take **priority** over other types of public service applications.

## Submission Deadline

Applications must be submitted by 11:59 pm on Wednesday, September 30, 2026. Late submissions will not be considered for funding.

## Guidelines

- **Complete All Fields.** You must complete all questions, unless the application says “**not required**” next to the question. Do not use “N/A” as an answer for a required question. If a question seems non-applicable, explain why in the answer field.
- Applications with blank fields will be considered incomplete. Incomplete applications will not be eligible for funding.
- **Submission Confirmation:** Email your application to [craschke@cheyennecity.org](mailto:craschke@cheyennecity.org). Upon successful submission, you will receive a verification email sent to the primary contact listed in your application. If you do not receive this email, please contact Christopher Raschke, Community Development Manager.

## Questions and Support

For any inquiries regarding the application process, please contact:

Christopher Raschke  
Community Development Manager  
Email: [craschke@cheyennecity.org](mailto:craschke@cheyennecity.org)  
Phone: (307) 637-6255

## **PUBLIC SERVICE APPLICATION**

### **Organization and Contact Information**

Date:

Organization Name:

EIN:

UEI:

Website:

Physical Address:

Sam.gov Expiration Date:

Link: [Check SAM Registration Status & Expiration Date UEI CAGE Code](#)

Organization Director/President Name:

Phone Number:

E-mail Address:

Application Contact Name:

Phone Number:

E-mail Address:

### **Project Summary**

Activity Name:

Address or Location where the Activity will take place:

Will any access fees be charged (i.e membership, entrance, or parking fees, etc)? ☐ Yes ☐ No

If yes, please explain:

Please indicate one of the following: ☐ New Applicant ☐ Returning Applicant

Please check one of the following statements based on your request for CDBG funding:

☐ This is a new Activity.

☐ This is an existing Activity that is being expanded.

☐ This is an existing Activity that is not being expanded. The Activity has existed since \_\_\_\_\_.

Total Activity Cost:

CDBG Funding Requested:

**Section 1 – Activity Description (This section is worth 25 points)**

**Question 1 – Activity Summary:** Please describe what the activity is, where it is located, and why it is needed. Include what outcome(s) are expected of the Activity and how those outcomes will be measured (specific metrics, statistics, surveys, etc.).

**Question 2 – Staffing and Capacity:** Discuss staffing and administrative needs ensuring the Activity will be successful and how needs will be met. If previously funded by the City of Cheyenne, detail how CDBG funds will be used to **expand** the existing Activity.

**Section 2 – Activity Impact (This section is worth 25 points)**

**Question 1 – Impact Summary:** Please describe who will be served and how many people will be served. If the Activity is not located in the City of Cheyenne, describe how you will service Cheyenne residents. If the Activity is existing, describe how many Cheyenne residents are being served, and are benefiting currently. How will the metrics described in Section 1, Question 1 measure the Activity's impact?

**Question 2 – Income Verification and Compliance:** Describe how low- and moderate-income persons benefit directly from the Activity, how client residency will be verified, and how CDBG income guidelines will be verified, if applicable.

**Question 3 - Marketing:** How will you market this Activity to Cheyenne residents?

**Section 3 – Activity Implementation Schedule (This section is worth 25 points)**

**Question 1 – Timeline of Activities:** Please provide a schedule outlining the timeline of when administrative and contractual activities, if applicable, will occur from inception to competition. Strong applications will demonstrate that milestones are realistic.

**Question 2 – Funding and Contributions Timeline:** Provide the timing and amount of other funding or in-kind contributions. Strong applications will demonstrate that milestones are financially feasible.

#### **Section 4 – Financial Information and Activity Budget (This section is worth 25 points)**

##### **FISCAL SPONSOR INFORMATION** (if applicable)

A fiscal sponsor is required for any organization that is not registered as a non-profit 501(c)(3) organization at the local, state, and federal level. If using a fiscal sponsor, please have them complete the questions below.

**Organization Name:**

**EIN:**

**UEI:**

**Website:**

**Physical Address:**

**Sam.gov Expiration Date:**

Link: [Check SAM Registration Status & Expiration Date UEI CAGE Code](#)

**Organization Director/President Name:**

**Phone Number:**

**E-mail Address:**

##### **APPLICANT/FISCAL SPONSOR INFORMATION**

**Organization Filing Structure (please check one):**

☐ 990

☐ 990-EZ

☐ 990-N

☐ Other Tax Exemption (please explain)

Has your organization expended \$750,000 or more in total federal financial assistance in one year:

☐ **Yes\*** ☐ **No\*\***

\*If yes, when was the most recent independent audit completed? \_\_\_\_\_

**Please include a copy of the most recent independent audit with this application.**

\*\*If no, your organization is exempt from federal audit requirements; however, your records must still be available for review by the City of Cheyenne, U.S. Department of Housing and Urban Development (HUD), the Office of Inspector General (OIG) for HUD, and the Government Accountability Office (GAO).

**Has your organization received CDBG funding previously?**

☐ Yes (please explain)

☐ No

**What is your organization's background and/or program experience with CDBG or other grant restricted funded activities?**

**Does any City of Cheyenne employee perform paid work within the organization?**

☐ Yes\* ☐ No

\*If yes, will the employees be paid from the CDBG grant?

☐ Yes ☐ No

**Does any City of Cheyenne employee perform unpaid work within the organization?**

☐ Yes ☐ No

**Does any employee, board member, officer, agent, or consultant involved with your organization have a relationship with a City of Cheyenne employee?**

☐ Yes\* ☐ No

\*If yes, please explain:

### Activity Budget

Include in the table below a breakdown of the proposed Activities costs. In column B, include the total proposed cost for each Expense category. In column C, D, and E, break the total cost in column B down by source of funding. Row 2 provides an example. In row 10, provide the total each column. **Costs incurred prior to the execution of a Subrecipient Agreement with the City of Cheyenne are ineligible.**

|    | A                   | B                 | C                                         | D                                   | E                               |
|----|---------------------|-------------------|-------------------------------------------|-------------------------------------|---------------------------------|
| 1  | Expense Category    | Total Expense     | Amount Requested from CDBG Public Service | Amount Requested from Other Sources | Amount contributed by Applicant |
| 2  | <i>Example</i>      | <i>\$2,000.00</i> | <i>\$1,000.00</i>                         | <i>\$500.00</i>                     | <i>\$500.00</i>                 |
| 3  | PERSONNEL           |                   |                                           |                                     |                                 |
| 4  | FRINGE BENEFITS     |                   |                                           |                                     |                                 |
| 5  | TRAVEL              |                   |                                           |                                     |                                 |
| 6  | EQUIPMENT           |                   |                                           |                                     |                                 |
| 7  | OVERHEAD            |                   |                                           |                                     |                                 |
| 8  | CONTRACTUAL         |                   |                                           |                                     |                                 |
| 9  | OTHER               |                   |                                           |                                     |                                 |
| 10 | <b>TOTAL BUDGET</b> |                   |                                           |                                     |                                 |

Completed Application

Required Supplemental Documentation:

- Articles of Incorporation and By-Laws\*
- List of Board Members and Organizational Chart\*
- Operational Agreement or Resolution\*
- IRS Filing\*
- W-9\*
- Latest 990 (or supplemental financial documents)\*

Additional Supplemental Documentation (include if applicable):

- Most Recent Financial and/or Compliance Audit (if applicable)\*
- Commitment Letters for Additional Sources of Funding (if applicable)
- Supplemental documentation and data related to the application and Activity

**\*If your organization is using a fiscal sponsor, we will need these documents from them as well.**

I/We have read and fully understand the qualifications and requirements delineated in this proposal and application. All information submitted as part of this application for funding is correct and current. I/We understand that any willful misrepresentation on this application or any of the attachments thereto could result in immediate termination of any subrecipient agreement, repayment of CDBG funds dispersed, fines, and/or imprisonment under provisions of the United States Criminal Code.

I/We understand that CDBG funds are paid on a reimbursement basis. The City of Cheyenne will not advance CDBG funds to Subrecipients nor purchase equipment, supplies, or any other materials on behalf of Subrecipients under any circumstances. I/We understand that it is the organization's responsibility to supply the capital to meet initial purchases and expenses.

I/We understand that the City of Cheyenne will not process any reimbursements if all necessary information, including but not limited to demographics, wage logs, and accomplishment data, is not provided with the invoice. I/We understand that failure to provide necessary information will further delay reimbursement.

I/We understand that no employee, board member, officer, agent, consultant, Subrecipient which are receiving funds under a CDBG assisted program who have responsibilities with respect to the CDBG activities or who participate in decision making process or have access to inside information with regard to activities cannot obtain a personal or financial interest or benefit from a CDBG assisted activity during their tenure or for one year thereafter (Federal Regulation 24 CFR 570.611). The City cannot reimburse for any payroll for board members of the agency.

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Organization Director Signature

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Date

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Organization Director Printed Name

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Fiscal Sponsor Signature (if applicable)

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Date

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Fiscal Sponsor Printed Name

After filling out the boxes, please print and sign with a handwritten signature, and include the Signature Page with your application submission.