



# City of Buffalo Urban Renewal Agency

Sean M. Ryan, Chairman  
901 City Hall, 65 Niagara Square  
Buffalo, New York 14202-3376  
716-851-2872



## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) GRANT FUNDING APPLICATION FOR THE CONTRACT YEAR OF 2026-2027 (52)

Agency: \_\_\_\_\_

Please enter the funding requests for each activity included in your application (See Section III):

Activity		Requested Amount
Activity #1:	SELECT	
Activity #2:	SELECT	
Activity #3:	SELECT	
Total		

**APPLICATIONS ARE DUE BY EMAIL NO LATER THAN MAY 8th, 2026 AT 4PM. EMAIL ALL FILES TO [CONTRACTADMINISTRATION@BUFFALONY.GOV](mailto:CONTRACTADMINISTRATION@BUFFALONY.GOV).**

**LATE SUBMISSIONS WILL NOT BE ACCEPTED.**

- ❖ For additional information about CDBG (Community Development Block Grant), please go to: <https://www.hudexchange.info/programs/cdbg-entitlement/>
- ❖ It is highly recommended that you use Adobe Acrobat Reader to complete this application. There are components of this application that only function properly while using Adobe software. Can be found here: <https://get.adobe.com/reader/>
- ❖ If you are having technical issues while completing the application, please reach out to the Office of Contract Administration at [contractadministration@buffalony.gov](mailto:contractadministration@buffalony.gov)
- ❖ The Office of Contract Administration staff and contact information can be found at the end of this application.



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## I. AGENCY INFORMATION

Agency Legal Entity:	
Main Site Address:	City, State, Zip:
Main Phone:	Fax:
Agency Website:	
DUNS or UEI #	
Tax ID #	
City of Buffalo Vendor ID #	

1. What is your agency's mission statement?

2. What Common Council District is your main site located in? \_\_\_\_\_

3. What planning neighborhood does your agency primarily serve? Select one. Please refer to the map on the **CDBG Eligible Activities List** document.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Allentown         | <input type="checkbox"/> Grant-Amherst     | <input type="checkbox"/> Pratt-Willert      |
| <input type="checkbox"/> Black Rock        | <input type="checkbox"/> Hamlin Park       | <input type="checkbox"/> Riverside          |
| <input type="checkbox"/> Broadway-Fillmore | <input type="checkbox"/> Hopkins-Tifft     | <input type="checkbox"/> Schiller Park      |
| <input type="checkbox"/> Central Park      | <input type="checkbox"/> Kaisertown        | <input type="checkbox"/> Seneca-Babcock     |
| <input type="checkbox"/> Delavan-Grider    | <input type="checkbox"/> Kenfield          | <input type="checkbox"/> Seneca-Cazenovia   |
| <input type="checkbox"/> Ellicott          | <input type="checkbox"/> Kensington-Bailey | <input type="checkbox"/> South Park         |
| <input type="checkbox"/> Elmwood-Bidwell   | <input type="checkbox"/> Lovejoy           | <input type="checkbox"/> University Heights |
| <input type="checkbox"/> Elmwood-Bryant    | <input type="checkbox"/> Lower West Side   | <input type="checkbox"/> Upper West Side    |
| <input type="checkbox"/> Fillmore-Leroy    | <input type="checkbox"/> Masten Park       | <input type="checkbox"/> West Hertel        |
| <input type="checkbox"/> First Ward        | <input type="checkbox"/> MLK Park          | <input type="checkbox"/> West Side          |
| <input type="checkbox"/> Fruit Belt        | <input type="checkbox"/> North Park        | <input type="checkbox"/> Citywide           |
| <input type="checkbox"/> Genesee-Moselle   | <input type="checkbox"/> Parkside          |   |



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4. Did your program receive CDBG funding in Year 51 (2025-2026)? \_\_\_\_\_

5. Please describe your experience with administering any federal, state, or local grants.

6. Please provide contact information for this program below.

CEO/Executive Director: Email: Phone:
Board President: Email: Phone:
Program Contact: Title: Email: Phone:
Finance Contact: Title: Email: Phone:



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## II. BOARD INFORMATION

1. What is your agency's minimum required number for Board Members according to your bylaws?

\_\_\_\_\_

2. How many members currently serve on your Board of Directors?

\_\_\_\_\_

3. How often is your Board required to meet according to your bylaws?

\_\_\_\_\_

4. How often did your Board meet in the year 2025?

\_\_\_\_\_

## III. PROGRAM OUTPUTS

*Directions:* Complete this following section using the **CDBG Eligible Activities List**. The grant program year goes from 10/1/2026 - 9/30/2027. Activities must be held within the contract year dates.

1. **Activity #1 (Required):** Please complete the outputs for the first program you are applying for (Please refer to "CDBG Public Services Activity List" for more information):

Service/Activity Name						
ACTIVITY #1		SELECT				
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title



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2. **Activity #2 and #3 (Optional):** Please select the second and third program you are applying for:

Service/Activity Name						
ACTIVITY #2						
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title

Service/Activity Name						
ACTIVITY #3						
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title

4. TOTALS (automatically calculated).

<b>TOTAL FUNDING REQUEST</b>
<b>TOTAL # OF CLIENTS SERVED ANNUALLY</b>



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## IV. PROGRAM NARRATIVE

**Directions:** In this section, you will describe each activity you selected in further detail. For example, if you selected Youth Services and Senior Services, you must provide answers for both in each question.

1. Please describe how your agency will carry out each activity. Include a brief description and why you believe each activity is important in your community. If you are applying for multiple activities, describe each.

2. Provide relevant and current statistical data to support the services proposed above (i.e., Census data, studies, news articles). Data sources must be noted in your statement and verifiable. If you are applying for multiple activities, please include data for all.



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3. Please explain the funding amount you are requesting for each activity. If you are applying for more than one activity, explain the funding amounts for all activities.

4. Please indicate the additional funding sources and amounts which will be used to operate this program. If you are applying for more than one activity, explain funding sources for all activities.

5. Describe how you will use marketing and outreach to engage prospective clients for each activity. Please outline an outreach and marketing plan, or other methods for acquiring clients. If you are applying for more than one activity, please indicate how each activity will be marketed.



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6. Describe the process for enrolling clients into each activity. It is required that clients complete an agency-issued application which includes the CDBG Client Characteristic Form. If you are applying for more than one activity with different enrollment criteria, please explain.

7. Will clients be charged a fee to engage in the activity? If yes, what is the amount and what is the procedure for those who cannot pay? If you are applying for more than one activity, include costs for each activity.

8. Will the activity feature any community collaborations? Examples include partnering agencies, volunteers, etc. If you are applying for more than one activity, please expand on each activity.



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9. How will your activities be unique from other similar services in your community? Will you be offering activities outside of normal business hours (e.g., evenings, weekend)? What other benefits will your clients gain from being enrolled in your activities? If you are applying for more than one activity, please explain each activity.

10. Please refer to the Requirements listed on the CDBG Eligible Activities sheet. Describe how you will meet the requirements for each activity. Identify the specific items of information you will use to track and measure the activity's success in achieving the proposed outcomes. Please describe each activity for each one applied for.

11. What impacts do you believe these activities will have on your clients? If you are applying for more than one activity, please provide an explanation for each activity.



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## V. BUDGET AND FINANCE

1. Contract Budget and Annual Agency Income: Use the CDBG Budget & AAI for 2026-2027 spreadsheet to complete this section. The budget will include all expenses related to delivering the program that you are seeking funding for. In the Annual Agency Income tab, you will identify the other fund sources being used to support your activities. **You must complete one Budget and AAI form for all activities in your application.**

## VI. ATTACHMENTS

All attachments must be submitted digitally to [contractadministration@buffalony.gov](mailto:contractadministration@buffalony.gov). Please check each box and include copies of all applicable items. There is a 10 MB limit on emails. If it fails to deliver, please re-send attachments in batches to stay within limit.

Please label your submission as: “CDBG Grant Application for the Contract Year of 2026-2027”

### **Provide one copy of each:**

- CDBG Contract Year 2026-2027 Grant Application Parts 1 & 2
- CDBG Budget for 2026-2027 (separate attachment)
- CDBG Workbook for 2026-2027 (separate attachment)
- Organizational Chart: Highlight Staff who will be funded through CDBG
- List of Board Members: include names, positions, organization or business affiliation, and years on the board
- Board Meeting Attendance and Minutes: list of Board’s attendance for the past 12 months with affiliated minutes
- Board Authorization to request funds
- Organization Bylaws
- Copy of adopted Internal Controls Policy
- Copy of adopted Conflict of Interest Policy
- Audited financial statements or most recent audit and management letter, if applicable
- Most recent 990, CHAR 500 (no earlier than 2023, or copy of extension request) and NYS 45 or corporate tax return
- 501(c)(3) determination letter, if applicable

If selected for funding, please note there may be additional documentation requested.



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## VII. SIGNATURES

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo and the Buffalo Urban Renewal Agency offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person signing below has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

### **Applicant Signature (Must be Executive Director or another Authorized Signee)**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name and Title*

\_\_\_\_\_  
*Date*

**Program Managers:**

**Rebecca Harris**  
HR Planner  
(716) 851-4135  
[rharris@buffalony.gov](mailto:rharris@buffalony.gov)

**Jessica Starks**  
HR Planner  
(716) 851-5905  
[jstarks@buffalony.gov](mailto:jstarks@buffalony.gov)

**Clare Corbett**  
HR Planner:  
(716) 851-4357  
[ccorbett@buffalony.gov](mailto:ccorbett@buffalony.gov)

**Sue Lumadue**  
Senior HR Planner:  
(716) 851-5531  
[slumadue@buffalony.gov](mailto:slumadue@buffalony.gov)