



# CITY OF MARTINSBURG, WEST VIRGINIA COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING APPLICATION FY 2026 JULY 1, 2026 – JUNE 30, 2027

APPLICANT INFORMATION	
<b>Organization Name:</b>	
<b>Mailing Address:</b>	
<b>Project Address (if different):</b>	
<b>Director's Name:</b>	<b>Phone:</b>
<b>Director's Title:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	<b>Agency Website:</b>
<b>Tax I. D. Number:</b>	<b>UEI Number:</b>
<b>Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT DESCRIPTION AND BUDGET	
<b>1. Project Name:</b>	
<b>2. Project Type: (Public Services, Capital Improvements, etc.)</b>	
<b>3. Brief Project Summary/Description:</b>	
<b>4. Project Location:</b>	
<b>5. Project Start Date:</b>	<b>6. Project Completion Date:</b>
<b>7. Project Contact:</b>	<b>8. Contact Phone No.:</b>
	<b>9. Email Address:</b>
<b>10. Total Project Cost:</b>	
<b>11. Total CDBG Funding Requested:</b>	

<p><b>12. CDBG Funding Request as a Percentage (%) of Overall Project Budget:</b> _____ %</p>										
<p><b>13. Total # of low/mod clients/households to be served by this project:</b> _____</p> <p>Please check which of the following applies: Individuals <input type="checkbox"/> or Households <input type="checkbox"/></p>										
<p><b>14. Indicate the Priority Need that Best Identifies Your Project:</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Abused Children</td> <td><input type="checkbox"/> Senior Services</td> </tr> <tr> <td><input type="checkbox"/> Battered Spouses</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Services for the Disabled</td> <td><input type="checkbox"/> Homeless Shelter/Transitional Housing</td> </tr> <tr> <td><input type="checkbox"/> Infrastructure Improvements</td> <td><input type="checkbox"/> Serving the special needs population</td> </tr> <tr> <td><input type="checkbox"/> Services for HIV/AIDS</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<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
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**1. Activity eligibility must meet at least one of the Five-Year Consolidated Goals**

*Select the strategy that best fits the proposed project.*

Housing Strategy
<input type="checkbox"/> <b>HS-1 Homeownership</b> – Assist low- and moderate-income homebuyers to purchase homes through down payment / closing cost assistance and associated housing counseling and training.
<input type="checkbox"/> <b>HS-2 Housing Development</b> – Increase the number of affordable, decent, safe, and sanitary housing units in the community for homebuyers and renters, through adaptive reuse of existing buildings and new construction.
<input type="checkbox"/> <b>HS-3 Housing Rehabilitation</b> – Conserve and rehabilitate existing affordable housing units occupied by owners and renters in the community by addressing code violations, emergency repairs and handicap accessibility.
<input type="checkbox"/> <b>HS-4 Rent and Utility Assistance</b> – Provide rental assistance for low- and moderate-income renters through utility payments, security deposits, and rental payments including Tenant Based Rental Assistance for low-income households who may be faced with the threat of eviction and who are at-risk of becoming homeless.
<input type="checkbox"/> <b>HS-5 Fair Housing</b> – Promote fair housing choice and affirmatively further fair housing through education, training, and outreach.
Homelessness Strategy
<input type="checkbox"/> <b>HO-1 Housing</b> – Support the Continuum of Care and non-profit housing agencies' efforts to provide emergency shelter, transitional housing, permanent supportive housing, and other permanent housing opportunities.
<input type="checkbox"/> <b>HO-2 Operation/Support</b> – Assist providers operating housing or providing support services for the homeless and persons or families at-risk of becoming homeless to achieve self-sufficiency.
<input type="checkbox"/> <b>HO-3 Prevention and Rapid Re-Housing</b> – Continue to support the prevention of homelessness through anti-eviction activities and programs for rapid re-housing.
Other Special Needs Strategy
<input type="checkbox"/> <b>SN-1 Housing</b> – Increase the supply of affordable, accessible, decent, safe, and sanitary housing for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings, construction of new housing, and providing rental assistance (including rent payments, security deposits, utility deposits and payments, and case management to achieve self-sufficiency) for low- and moderate-income residents.
<input type="checkbox"/> <b>SN-2 Social Services</b> – Support social service programs and facilities for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs.
<input type="checkbox"/> <b>SN-3 Transportation</b> – Support the expansion of public transportation and ACCESS Service to assist the elderly, persons with disabilities, and persons with other special needs to have transportation for medical appointments and other essential needs.
<input type="checkbox"/> <b>SN-4 Health</b> – Leveraging Medicaid to help build the infrastructure to facilitate partnerships across medical and other service providers to support affordable housing for special needs populations.

Community Development Strategy	
<input type="checkbox"/>	<b>CD-1 Community Facilities</b> – Improve parks, recreational facilities, trails, public buildings, community and neighborhood facilities in the City.
<input type="checkbox"/>	<b>CD-2 Accessibility Improvements</b> – Improve the physical, visual, and handicapped accessibility of community facilities and infrastructure.
<input type="checkbox"/>	<b>CD-3 Infrastructure</b> – Improve the public infrastructure through rehabilitation, reconstruction, and new construction, of streets, sidewalks, bridges, curbs, walkways, water, storm water, sanitary sewer, handicap accessibility improvements/removal of architectural barriers, etc.
<input type="checkbox"/>	<b>CD-4 Public Services</b> – Improve and enhance public services, programs for youth, the elderly, and disabled, and general social/welfare public service programs for low- and moderate-income persons.
<input type="checkbox"/>	<b>CD-5 Food Programs</b> – Provide assistance for food and nutritional programs to address the needs of the unemployed, underemployed and homeless.
<input type="checkbox"/>	<b>CD-6 Public Safety</b> – Improve public safety facilities, equipment, crime prevention, community policing, and ability to respond to emergency situations.
<input type="checkbox"/>	<b>CD-7 Clearance/Demolition</b> – Remove and eliminate slum and blighting conditions through demolition of vacant, abandoned, and dilapidated structures.
Economic Development Strategy	
<input type="checkbox"/>	<b>ED-1 Employment</b> – Support and encourage job creation, job retention, and job training opportunities.
<input type="checkbox"/>	<b>ED-2 Development</b> – Support entrepreneurial ventures, business and commercial growth through expansion and new development.
<input type="checkbox"/>	<b>ED-3 Redevelopment</b> – Plan and promote the development, redevelopment, and revitalization of vacant commercial and industrial sites.
<input type="checkbox"/>	<b>ED-4 Financial Assistance</b> – Support and encourage new economic development through local, state, and Federal tax incentives and programs such as Tax Incremental Financing (TIF), tax abatements (LERTA), Enterprise Zones/Entitlement Communities, Section 108 Loan Guarantees, Economic Development Initiative (EDI) funds, Opportunity Zones, Congressionally Directed Spending, etc.
<input type="checkbox"/>	<b>ED-5 Access to Transportation</b> – Support the expansion of public transportation and access to bus and automobile service to assist residents to get to work or training opportunities.

**2. 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 another community development need of particular urgency.

**3. Description of Project & Grant Request:**

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

- *Describe the full details of the activity being undertaken with CDBG funds (who, what, where and how).*
- *Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of CDBG funds.*
- *How will these services be delivered?*
- *Why are CDBG funds needed to support the project?*
- *How will the CDBG funds leverage other funds?*

**4. Project Service Area:**

*The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.*

- Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Martinsburg residents, state the service area as city-wide. (Keep in mind the project must serve Martinsburg residents, regardless of the organization’s physical location.)

**5. Describe the Clientele you intend to serve:**

The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project’s performance outcome.

On a separate sheet of paper, please answer the following questions:

- Is the project serving individual clients or households?
- If there is a target population served, explain how the population is selected, income qualified, and monitored.
- Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).

**FY 2025 Income Limits  
Martinsburg, WV HUD Metro FMR Area**

2025 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
<b>Extremely Low - 30% median income or below</b>	\$18,850	\$21,550	\$26,650	\$32,150	\$37,650	\$43,150
<b>Very Low – 50% of median income</b>	\$31,400	\$35,850	\$40,350	\$44,800	\$48,400	\$52,000
<b>Low – 80% of median income</b>	\$50,200	\$57,400	\$64,550	\$71,700	\$77,450	\$83,200

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

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

**6. Agency Description & Experience:**

On a separate sheet of paper, briefly describe the following:

- Mission of the organization.
- Experience of the organization in carrying out the proposed activities/services.
- Length of time the organization has provided the proposed activities/services.

- Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?
- What are your hours and days of operation?
- List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).

**7. Budget Breakdown:**

Please fill out this budget to support your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization's subrecipient agreement with the City. On a separate sheet of paper, please provide a brief description of each budget line item.

**Uses of Funds (Budget):**

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	
7.	
<b>Total:</b>	<b>\$</b>

**Sources of Funds:**

Use of Funds	Budget	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.		
7.		
<b>Total:</b>	<b>\$</b>	

Please note: if this budget is not filled out completely your application will not be complete, which may affect if your proposal is funded.

**Time Schedule:**

Task	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**8. Other Items**

Attach a copy of the following items:

- Your organization's budget for the current year showing sources of funds and types of expenses.
- Commitment letters from non-CDBG sources or evidence of application for other funds, if available.
- Most recent financial audit or statement, including balance sheet and income statement.
- Most recent IRS Form 990 submittal (or tax return).
- Most recent annual report.
- List of current officers and board members.
- Articles of Incorporation.
- IRS Determination Letter.
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)
- Drawings, color photos, work summary, and cost estimates for public facility improvement projects.

Applications are due to the City of Martinsburg, 232 North Queen Street, Martinsburg, WV 25401 by 4:00 p.m. on Friday, February 14, 2026. Please provide two (2) copies (1 original and 1 electronic copy) of the application and all attachments **NOT STAPLED OR BOUND**. Application and attachments should be an 8-1/2" x 11" format and addressed to Mr. Cory Roman, CDBG and HOME Administrator. Should you have any questions or would like guidance in completing this application, please contact Mr. Cory Roman, CDBG and HOME Administrator at (304) 264-2131, Ext. 276 or via email at [croman@cityofmartinsburg.org](mailto:croman@cityofmartinsburg.org).

**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. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the Development and Planning Department **no later than 4:00 PM on insert month and day, 2025.**

- 1 original and 1 copy of the application with **all** questions completed. *If an area does not apply, state N/A, do not leave a question blank.*
- Articles of Incorporation and Bylaws
- Current List of Board of Directors
- Certified Organization Audit/Financial Statements of most recent year
  - a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or
  - b. Financial statements audited by a CPA (only if not qualified for A-133), or
- IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
- Copy of IRS Form 990 filed for most recent year
- Form W-9 (can be obtained at [www.irs.gov](http://www.irs.gov))
- Current Fiscal Year Agency Budget, including all funding sources
- Job Descriptions for this activity/project
- Organizational Chart
- An Executed Statement of Applicant Form
- An Executed Signature Authorization Form

**I hereby confirm that this packet contains all materials requested.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

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

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

## STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. To the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. No revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. The City of Martinsburg may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. The applicant will participate in any required interview(s) for project assessment and cooperatively assist in the review process.
4. If the project(s) is recommended and approved by City Council, the City of Martinsburg reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The City of Martinsburg reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the organization agrees to abide by the City of Martinsburg's locally established policies and guidelines.
8. Past program and financial performance will be considered in reviewing this application.
9. Services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City of Martinsburg.
10. If the project is funded, the City of Martinsburg, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. If the project is funded, the City of Martinsburg will perform an environmental review prior to the obligation of funds.
12. If a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City of Martinsburg.
13. A project's funding does not guarantee its continuation in subsequent action plans.
14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.

- 15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., City of Martinsburg and City staff members/employees, elected officials, staff members' families, elected officials' families, etc.

By signature below, the applicant acknowledges the above in its name on this day \_\_\_\_\_ of, \_\_\_\_\_, 2026.

Authorized Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

## SIGNATURE AUTHORIZATION FORM

The Board of Directors of \_\_\_\_\_ hereby applies to the City of Martinsburg for funding consideration for the CDBG and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of West Virginia.

\_\_\_\_\_ hereby proposed to provide the services of project identified in the Scope of Services in accordance with this application for CDBG funds. If this application is approved and this organization receives CDBG funding from the City of Martinsburg, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I also authorize the following person(s) to have signatory authority regarding this grant:

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**President/Board of Directors:**

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_