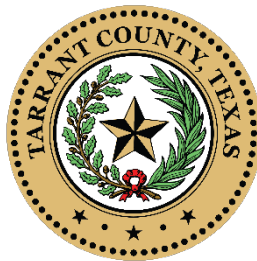


**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**52<sup>nd</sup> Year - PY 2026**  
**Request for Proposals and Qualifications**

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**PUBLIC SERVICE PROJECTS**



**Tarrant County**  
**PY 2026 - 52<sup>nd</sup> Year**  
**Community Development Block Grant (CDBG)**  
**Public Service Program –RFP/RFQ**

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The Community Development Block Grant (CDBG) Program is authorized under Title I of the Housing and Community Development Act of 1974, as amended in which Tarrant County receives annually as an entitlement grantee. No more than fifteen percent of annual CDBG allocation may be used for Public Services. Tarrant County uses CDBG-Public Service funds to pay non-housing related costs of providing services such as social services, transportation services and educational services. Details of these eligible projects are outlined in 24 CFR 570.201(e).

Proposed Public Service projects should be planned to address one or more of the priorities set out in the 2025-2029 Consolidated Plan – Strategic Plan. In order for your organization to be eligible for funding under the Public Services program, your program must address social services, transportation services and/or educational services within the urban county entitlement jurisdiction of Tarrant County (outside of Cities of Arlington, Fort Worth, and Grand Prairie). If providing direct assistance whereby the federal public benefit is specific to individuals, eligibility and verification under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA") applies. See [https://www.congress.gov/crs-product/R46510#\\_Toc50121450](https://www.congress.gov/crs-product/R46510#_Toc50121450) for more information. Awards are contingent on availability in funding, eligibility, agency capability, annual needs and status of current contract obligations. Funds are provided on a monthly reimbursement basis for eligible items only.

Eligible applicants for this solicitation are limited to non-profit organizations with existing Unique Entity Identifier (UEI) number. Carefully read through the instructions and proposal form. Answer all questions which are applicable to your project as detailed and completely as possible. **Submit complete project proposals via email to: Susan Au at [SAu@TarrantCountyTX.gov](mailto:SAu@TarrantCountyTX.gov) and ensure a reply has been made to confirm receipt.**

For further questions or technical assistance with submitting an application, or to request an electronic version of this document, contact Tarrant County Community Development office at 817-850-7940 or [SAu@TarrantCountyTX.gov](mailto:SAu@TarrantCountyTX.gov)

**Applications Due: January 16, 2026**

### **CDBG Objectives**

CDBG Public Service projects must meet the National Objective regarding benefit to low-income persons in order to apply for funding. Under this objective, CDBG-assisted public service activities must benefit low-income persons using the **Limited Clientele** category (see below).

**Limited clientele** – Limited clientele activities benefit a limited number of people rather than everyone in a defined area. At least 51 percent of persons served must be low-income persons. These activities must meet one of the following criteria:

- ✓ Benefit a clientele generally presumed by HUD to be principally low-income, i.e. abused children, elderly persons, battered spouses, homeless persons, severely disabled adults, illiterate adults, persons living with AIDS, or migrant farm workers; or

- ✓ Require information and documentation on family size and income in order to show that at least 51 percent of the clientele are low-income; or
- ✓ Have income eligibility requirements limiting the activity to low-income persons; or
- ✓ Be of such nature and in such location that it can be reasonably concluded that activity's clientele will primarily be low-income; or
- ✓ Be an activity that provides job training and placement and/or other employment support services when the percentage of persons assisted is less than 51 percent. Examples include, but are not limited to, peer support programs, counseling, childcare, transportation, and other similar services. [Note: Some restrictions apply to these activities. See §570.208(a)(2)(iv).]

### **Documentation of Client Eligibility**

All service providers assisting clients must demonstrate in writing that the client is eligible. Documentation is required for all individuals and households receiving services according to Tarrant County Monitoring and Recordkeeping Guidelines.

For each activity, *one* of the following types of documentation must be submitted with each invoice remitted:

1. Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be low-income persons
2. Documentation describing how the nature and the location of the activity establishes that it will be used predominantly by low-income persons
3. Data showing the age, race, gender, size, and annual income of the family for each person receiving the direct benefit. Verification of citizenship or immigration status per EO 14218 will also be required for direct benefit.

NOTE: Definition of direct benefit means to provide federal payments or assistance to an individual, household, or family under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (**PRWORA**), Public Law 104-193, 8 U.S.C. 1611.

### **Rules and Record Keeping Requirements**

The following will apply to all applicants:

1. Written records to justify all expenditures and client eligibility must be maintained for a period not less than five years after the full amount of the grant is expended. Your records will be reviewed by the County and may also be reviewed by HUD.
2. You will be required to maintain the County's minimum insurance standards and comply with the bonding and insurance requirements outlined in 2 CFR 200, if applicable to your project.
3. You must agree to administer the CDBG program in accordance with 2 CFR 230 - Cost Principles for Non-Profit Organizations.
4. You will be required to provide monthly reports stating the total number of persons served including their race, ethnicity, and whether they are female heads of household. These figures are required to be reported by HUD.
5. You will be required to obtain written proof of income for each person or household whom you assist unless your clients are abused children, battered spouses, severely disabled adult, homeless persons, illiterate adults, persons with AIDS, migrant farm workers, or elderly.

6. You must have a written policy in place designed to ensure that your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
7. If any income is derived from the activities funded by CDBG, that income must be accounted for and returned to the County or used according to requirements stated in your contract.
8. In the event that HUD or the County should determine that CDBG funds were improperly spent and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.

## 1. **APPLICANT INFORMATION**

- 1) Name of Applicant: \_\_\_\_\_
- 2) Mailing Address: \_\_\_\_\_
- 3) Mailing Address City, State, Zip: \_\_\_\_\_
- 4) Unique Entity Identifier (UEI) #: \_\_\_\_\_
- 5) Contact Person/Title: \_\_\_\_\_
- 6) Date Submitted: \_\_\_\_\_

### **Agency Information**

#### **Background/Program Experience**

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities for the specific project, the number and characteristics of clients served, and license to operate (if appropriate). Include any Articles of Incorporation/Bylaws, Non-profit determination via Tax Exemptions Letters, and/or list of Board of Directors.

#### **Personnel/Staff Capacity**

Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure. Please state designated authorizing official and provide organization chart.

#### **Financial Capacity**

Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

#### **Monitoring**

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

## 2. PROJECT SUMMARY

Provide a detailed description of the proposed project. The narrative should include the need or problem to be addressed in relation to the Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. 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.

In your project summary:

- Describe the site where the program will be implemented.
- How will clients get to the facility?
- What efforts will your agency and partners make to promote your program and reach isolated individuals?
- Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.

Please attach applicable maps, timelines, brochures, educational syllabus and other relevant information.

## 3. PROJECT CHARACTERISTICS

- a) Indicate how you will identify clients. Provide an estimate as the number of clients to be served and describe them in terms of age, gender, ethnicity, income level, and other defining characteristics.
- b) Be very specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, and the frequency with which the activities will be carried out, and the frequency with which services will be delivered.
- c) Is this program currently funded? If so, what are the other funding sources and why do you need Tarrant County CDBG funding?
- d) For service programs, include how you propose to coordinate your services with other community agencies and leverage resources.
- e) Describe the site where the program will be implemented. How will clients get to the facility? What efforts will your agency and partners make to promote your program and reach isolated individuals? Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.
- f) Location and description of geographic boundaries of the neighborhood, community or area in which clients of the proposed program reside (attach a map if necessary)
- g) Estimated number of **people or households** to be served:

h) The proposed community service would be provided to:

- ☐ Low income persons or households
- ☐ Moderate Income persons or households
- ☐ Individuals with Disabilities
- ☐ Elderly
- ☐ Other (explain)\_\_\_\_\_

#### 4. PROPOSED PROGRAM BUDGET

For this program, please provide detail about how this program will be funded. Please include other sources and provide the name of those sources.

	CDBG – PS Request \$	Other Source \$	Other Source Name
Personnel			
Supplies/Equipment			
Consultant Services			
Space Rent			
Audits			
Mileage			
Other			
TOTAL BUDGET	\$		

(a) Total Program budget (CDBG + Other):

(b) Budget Submitted By (Name and Title):

(c) Will these funds be used as match for another grant? If yes, which grant?

#### 5) AMOUNT OF CDBG FUNDS REQUESTED

(a) Amount of CDBG Funds requested in this application \$ \_\_\_\_\_

(b) Additional funds to be provided by Other Sources for this project. The date that the Other Sources of funds have been or will be awarded and available:

<b>Other Funding Source 1</b>	
Amount of Funds	
Award Date	
Time period funds are available	
<b>Other Funding Source 2</b>	
Amount of Funds	
Award Date	
Time period funds are available	

<b>Other Funding Source 3</b>	
Amount of Funds	
Award Date	
Time period funds are available	
<b>Other Funding Source 4</b>	
Amount of Funds	
Award Date	
Time period funds are available	

## 6) PROJECT PERFORMANCE MEASURES

- (a) **Public Service Activity Goal Statement.** (What do you want to achieve with CDBG-PS funding? What is your quantifiable goal?)
- (b) **In a table, provide sample of specific measurable activity or accomplishment for your program that will show population served by race, ethnicity, income and type of clientele.** (if currently funded with Tarrant County CDBG-PS, skip this item)
- (d) **If you were funded by CDBG-PS from Tarrant County previously and are seeking funds again this year, please explain if there are any changes to your program.**

## 7) AREA OF BENEFIT

This section requires a break down of the requested CDBG funds by the geographic area to be covered by the proposed public service. Please indicate the percentage of the project devoted to each urban county consortium city below:

Azle		Lakeside	
Bedford		Lake Worth	
Benbrook		Mansfield	
Blue Mound		North Richland Hills	
Crowley		Pantego	
Dalworthington Gardens		Richland Hills	
Euless		River Oaks	
Everman		Saginaw	
Forest Hill		Sansom Park	
Grapevine		Southlake	
Haltom City		Watauga	
Haslet		Westlake	
Hurst		Westworth Village	
Keller		White Settlement	
Kennedale		Unincorporated Tarrant	

**Authorized Signature:** To the best of my knowledge, the information provided in this application is true and I am authorized to submit this application on behalf of the applicant agency.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

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