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**Mecklenburg County**

**Community Development Block Grant Program**

**Application for FY 2016-2017 Funding**

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| **DEADLINE SUBMISSION DATE****FEBRUARY 26, 2016, 4:00 P.M.**Mail to:Attn: Victoria RittenhouseOffice of Community & Economic DevelopmentRe: Mecklenburg County CDBG Program525 North Tryon St., 12th FloorCharlotte, NC 28202or Email to:cedc@centralina.orgSubject: Mecklenburg County CDBG Program**NO FAXED APPLICATIONS WILL BE ACCEPTED****(Incomplete applications will not be considered for funding)** |

**Section I**

**Application Information**

**APPLICATION SUMMARY**

|  |
| --- |
| **Full Legal Name of Applicant**:  |
| **Program/Project Name:**  |
| **Street Address:**  |
| **City, State, Zip Code:**  |
| **Contact Person:**  |
| **Title:**  |
| **Phone:**  | **Email:**  |
| **Is this Project/Program:**[ ]  Existing[ ]  New [ ]  Pilot Program | **LEGAL STATUS**[ ]  Municipality[ ]  Private-Non-Profit[ ]  Community-Based Development  OrganizationFederal EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.***Certifying Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Funds Requested: Please list the amount funding for which you are applying.

# Past CDBG Awards

What is the amount of CDBG/HOME funds your agency has received in the past four years?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | FY 15-16 | FY 14-15 | FY 13-14 | FY 12-13 |
| CDBG | $ | $ | $ | $ |

**Note: Applicants should not change the formatting of the application. Please provide your responses in the space provided directly following each question.**

 **Section II**

**Project Need & Description**

Project Description

1. Provide a detailed description of the project/program and the community need. The description should only address the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity.

Project/Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of CDBG activity is your project? (choose one)

[ ]  Public Service

[ ]  Economic Development

[ ]  Land Acquisition

[ ]  Relocation and demolition

[ ]  Property Clearance Activities

[ ]  Rehabilitation of residential and non-residential structures

[ ]  Construction of public facilities and improvements

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.a. If you checked Public Service above is this a new service provided by your organization? If

 the service is not new, will the existing public service activity level be substantially

 increased or improved?

1. Explain why the program activities are the right strategies to use to achieve the intended outcome?
2. How will your organization use community and/or participant input in planning the program design and activities?

# Project Benefit

1. Who is the project/program designed to benefit? Describe the project/program’s target population, citing (if relevant) specific age, gender, income, community location or other characteristic of the population this project/program intends to serve.
2. How will you reach the targeted population?
3. Beneficiary Type, please choose either subcategory a, b, c or d.
	1. [ ]  Area Benefit: The project or facility is available to all persons located within an area where at least 51% of the residents are low/moderate income.
	2. [ ]  Limited Clientele: The project serves a specific population (e.g., services for seniors, homeless, severely disabled adults, homeless persons, illiterate adults, migrant farm workers, abused children, persons with AIDS or battered spouses); where at least 51% of clients served are LMI.
	3. [ ]  Housing Benefit: Housing structures must be occupied by LMI households.
	4. [ ]  Jobs Benefit: Activities must create or retain permanent jobs and 51% of the jobs crated/retained must be available to or held by LMI persons.
4. Benefit to low and moderate income persons must be documented. How will your organization document the benefit chosen above? (check only one box - a, b, c or d)

 a. [ ]  You will receive income data verification from each participant in the program.

 b. [ ]  Your project/activity serves only a limited area (Area Benefit) which is proven by

 most recent American Community Survey data.

 Census Tract #\_\_\_\_\_\_\_\_\_\_ Block Groups# \_\_\_\_\_\_\_

 Neighborhood \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. [ ]  Your project/activity serves only a limited area (Area Benefit) which is proven by a

 HUD approved survey instrument. Attach a copy of the survey instrument.

Proposed Outcomes

1. What are the intended outcomes for this project/program? How will beneficiaries benefit as a result of participation?
2. List your goals/objectives, activities to implement and the associated proposed outcomes. Provide program benchmarks you hope to achieve in FY 16-17. For example, how many unduplicated persons will be served, how many homes assisted, how many jobs created or retained. How will you measure and evaluate the success of the project/program to meet the goals/objectives (measures should be both qualitative and quantitative)? *Do not inflate your estimates - the numbers provided will be used to assess your proposed project's success*.

 \* Public Service/Housing - Unit of measure is "People" \* Homebuyer - Unit of measure is "Households"

 \* Economic Development - Unit of measure is "FTE jobs and/or business \* Rehabilitation - Unit of measure is "House"

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number Served** | **Unit of Measure\*** | **CDBG** **Cost Per Unit** | **CDBG****Total Cost** |
| **TOTAL** |  |  |  |  |

1. Will this project have a long-term benefit for program participants/beneficiaries? Please explain.

# Workplan, Timeline and Milestones

1. Provide a work plan on how the project will be organized, implemented and administered. Include a timeline and milestones from initiation through project completion.

# Staff Roles and Responsibilities

1. Description of the management of your program/project (include name, job title, job description and qualifications. Attach any supporting documentation).

# Income Eligibility

1. Discuss how the project directly benefits low and moderate income residents.
2. For the project/program, please estimate how beneficiaries will breakout into the income categories listed in the table below, during the total grant period. See attached income limits chart.

|  |  |
| --- | --- |
| **Income Group** | **Number of Beneficiaries** |
| < 30% of AMI |  |
| 31-50% AMI |  |
| 51-80% AMI |  |
| < 80% AMI |  |
| **Total** |  |

PLEASE NOTE: Community Development funds can only be used to **reimburse** for services to low and moderate income residents within the Mecklenburg County CDBG Program Area. An eligible program may assist persons over 80% median incomes, but at least 51% overall must be below the 80% median income to be eligible for CDBG funding. Income documentation must be retained and reported for all served in order to determine the percent of low/moderate income.

# Organizational Capacity

1. Describe your organization’s experience in managing and operating project or activities funded by CDBG or other Federal sources. Include within the description a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program.
2. For what period of time has this organization provided the proposed services?
3. What services, other than those proposed in this proposal does the organization provide?
4. If the organization does not have experience in providing the proposed service, what experience and success has the organization had in carrying out similar projects/programs?

**Section III**

**Project Budget & Funding**

# BUDGET

1. Provide a clear description of what you will do with the CDBG investment in the project/program. How will you spend the funds, provide specific details? If the CDBG funded activity will start on a date other than July 1, 2016, please indicate the start date.
2. Show Program/Project fiscal budget (not entire agency), add or remove expense categories as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expense****(Example)** | **Requested** **CDBG Funds** | **Other** **Funds** | **Source of****Other Funds** | **TOTAL** **BUDGET** |
| **OPERATIONS:**RentUtilitiesSupplies |  |  |  |  |
| **CONSTRUCTION:**EngineeringMaterialsLabor Contracts |  |  |  |  |
|  **EQUIPMENT**ComputerFurniture |  |  |  |  |
|  **OTHER (Describe)**  |  |  |  |  |
|  |  |  |  |  |
| **Total Budget****Expenditures** |  |  |  |  |
|  |  |  |  |  |
| **Other:**  |

1. What are the other funding sources? Are those funds secured?
2. If you do not receive the requested funds or only receive a portion of what you requested, how will that impact the project/program?
3. If your request includes recurring costs, such as staff time, supplies, etc. what are your plans to secure funds for these needs in the future? *The purpose of CDBG funds is not to fund projects that are the general**responsibility of government or to maintain the operation of a non-profit organization.*

**Section IV**

**Conflict of Interest**

Federal law (24CFR570.611) (24CFR92.356) prohibits person who exercise or who have exercised any functions or responsibilities with respect to the above grants… or who are in a position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity…. either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

1. Employees of or closely related to employees of your agency or the member government through which this application is made?

[ ]  Yes [ ]  No

1. Members of or closely related to Members of City/County/Town Council or Commission of the member government through which this application is made:

[ ]  Yes [ ]  No

1. Current beneficiaries of the program for which funds are requested?

[ ]  Yes [ ]  No

1. Paid providers of goods or services to the program or having other financial interest in the program?

[ ]  Yes [ ]  No

If you have answered YES to any question above, please attach a full explanation. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

*Signature of Certifying Official Date*

**Section V**

**501(c)3 Designation**

*(If you are not a 501(c)3 please disregard this section)*

Name of organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number:

Email Address:

How long have you been operating?

What is your annual budget?

How often does your Board of Directors meet?

|  |
| --- |
| ***The following information must be submitted with your application:***1. Most recent financial statement and/or audit
2. Current 501C (3) Non-Profit determination letter
3. Current names of Board of Directors and program staff members
4. Brochure or flyer of services provided
 |
|  |

**SECTION VI**

(Non-profit Agencies Only)

# THREE-MONTH CASH RULE TEST

The three (3)- month rule is used by the CDBG Program Office as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month period allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

**Balance Sheet- Audited Financial Statements** FY: \_\_\_\_\_\_\_\_\_\_\_\_ Page #: \_\_\_\_\_\_\_\_\_\_\_

(Documents must be attached to the Application)

**Enter Agency Cash Balance** \_\_\_\_\_\_\_\_\_\_\_

(Cash cannot include investments of receivables)

1. **Multiply Agency Balance by 4 and enter in adjacent box.**

Cash available for project(s) \_\_\_\_\_\_\_\_\_\_\_\_

List the amount of FY 2016 CDBG funding applied for in this application. \_\_\_\_\_\_\_\_\_\_\_

List the amount of FY 2016 CDBG funding applied for on any other application. \_\_\_\_\_\_\_\_\_\_\_

1. **Sum all the amount for FY 2016 CDBG funding request(s). \_\_\_\_\_\_\_\_\_\_\_**

**Compare Agency Cash Balance Available (Item A) with the Total FY 2016 CDBG Funding Request (Item B):**

**Item A: \_\_\_\_\_\_\_\_\_\_ Item B: \_\_\_\_\_\_\_\_\_ Difference: \_\_\_\_\_\_\_\_**

**Analyze the Results**

1. If the difference is a positive amount or equals $0, the Agency is eligible to apply.
2. If the difference is a negative amount, the Agency has the options below:

The Agency can adjust any of the FY 2017 CDBG requested amount(s) to result in a positive or $0 balance, as long as: A) Each project meets the minimum required amount for each of the applications, and B) cash available for projects is now greater than or equal to the total FY 2017 CDBG funding request.

