



2017 CDBG APPLICATION

Public Service Projects



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Section 1:

Project Name:

Name of Agency or Municipality: _____

Address of Project Site: _____

Type of agency: 501(c)(3) Gov't./Public For Profit Faith-Based Other

Federal Tax ID # (FEIN): _____

DUNS #: _____

SAM (System for Award Management) Renewal Date: _____

If making multiple submissions, please prioritize this project/application: _____

Chief Official's Name and Title: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

Contact Person's Name and Title: _____

Address 1: _____

Address 2: _____

Phone: _____

Email: _____

Funding Request:

Total CDBG funding requested (column B on budget form): \$ _____

Funds committed to project from other sources (column C on budget form): \$ _____

Total project cost (column E on budget form): \$ _____

Has this project previously received Lehigh County CDBG funds? Yes No Amount: \$ _____

Is your agency applying for CDBG funding for the first time to support a public service? Yes No

Is your agency applying for CDBG funding for a new program or to afford a quantifiable increase in the program's service of at least 40%? Yes No (CDBG funding may not be used to replace other lost government funding).

Project Summary: Please provide a brief description of the project. (A full project description should be provided on page 2).



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Section 2: *Project Narrative Description (Use additional sheets if necessary)*

Describe the project concisely and completely. **The narrative must answer ALL of the following:**

- The need addressed by the project
- The benefit to low-income residents (how will the project improve the lives of low-income residents?)
- A description of the project service area (you may also attach a map of the service area)
- The activities to be undertaken, including the scope of work and timeframe/implementation schedule
- The goals, objectives, and outcome(s) to be achieved; a description of your definition of a successful program and how achievement of goals and objectives will be monitored both during the activity and post-activity; Provide a timeline for data collection and assessment of success and the name of the person responsible for monitoring progress. (Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives).
- If the project addresses State or Federal mandates
- Five Year Consolidated Plan Goals:** Which local priority does the project address?

****Submit a census block group map with the project area clearly marked. (if applicable)****



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Project Eligibility Determination

All projects must meet one national objective.

A. Under which national objective will your project qualify? *Choose only one:*

- Benefits residents with low or moderate incomes (LMI);
- Aids in the elimination of slums and blight; or
- Meets community needs having a particular urgency because conditions pose an immediate threat to public health or welfare (*Use only in consultation with Lehigh County*).

B. If qualifying your project under the LMI national objective, how will you determine benefit to low- and moderate-income residents? *Choose only one:*

- The project serves an entire census block group in which 38.15% or more of residents have low or moderate incomes. List census tract: _____ and block group: ____ Total population in this block group: _____
Total low- to moderate-income population in this block group: _____
Percent of population is low- to moderate-income: _____%

- The project serves multiple census block groups in which the average number of low- to moderate-income residents is 38.15% or more. Provide the following information on the applicable census block groups (you may attach a separate page if more space is needed):

<u>Census Tracts and Block Groups</u>	<u>Universe Population for Each Block Group</u>	<u>LMI Population for Each Block Group</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Total (A): _____	Total (B): _____

Applicable LMI Percentage= Total B/Total A = _____%

- The project serves an area that is smaller than a census block group. We have conducted a survey of residents in order to demonstrate that 51% or more of residents have low or moderate incomes. (Please include survey as *Attachment A*).
- The project will serve a group of persons who are presumed eligible for assistance because they are in one of the following categories: seniors; severely disabled adults; homeless; battered spouses; abused/neglected children and youth; illiterate adults; migrant farm workers; persons with HIV/AIDS; and persons who use food banks or meals programs.
- The project will serve specific persons or households (i.e.: housing assistance). We will verify the incomes of individuals or households before approving their participation.



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Project Beneficiaries

Provide the number of people who will benefit below:

For infrastructure/construction projects, list *total number of individuals* who will benefit _____

(number of residents in census tract/block group or specific neighborhood to be served)

For public service projects, list *total number of individuals* who will be served _____

For economic development projects, list *number of businesses* expected to be served _____

and *number of jobs expected to be created/retained*, if applicable _____

Will the project primarily benefit residents described as:

- Extremely low incomes (30% of area median income [AMI] or less)
- Very low incomes (50% of AMI or less)
- Low/moderate incomes (80% of AMI or less)
- Belonging to a Minority Group Senior Citizens
- Persons with Disabilities Veterans
- Other Underserved Constituency (describe): _____

Does your project affirmatively further fair housing choice? Yes No If yes, describe how:



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Section 3: Agency Capacity

Who will be the person responsible for the overall oversight of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the alternate person responsible for the overall oversight of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the person responsible for the day-to-day operations and management of the proposed project?

Name:			
Title:			
Telephone Number:		Email Address:	

Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?

Name:			
Title:			
Telephone Number:		Email Address:	

List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

Include fiscal oversight policies and agency capacity. Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Identify any fund reserve, the purpose for the reserve and the reason for the level of the reserve. Address any findings found in previous year's audit and describe if those findings could impact the administration of the CDBG-funded project. Use additional sheets if necessary.

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LINE ITEM BUDGET FORM – PUBLIC SERVICE PROJECTS

Name of Agency/Municipality:

Project Name:

Instructions: Please use the following format to present your proposed line item budget. In Column A, list all expense categories associated with the project. In Column B, provide the CDBG amount associated with the expense category. In Column C, provide the amount of match associated with the expense category. In Column D, name the source of the match dollars. In Column E, sum the amount of dollars associated with each expense category. Be sure to also sum the totals of column B, C & E.

Table with 5 columns: A CATEGORY, B CDBG REQUEST, C MATCH, D MATCH SOURCE, E TOTAL. Includes a TOTAL row at the bottom.

Please note, CDBG reimbursed materials and supplies must be procured according to your organization's formal, written procurement guidelines. If guidelines are informal, Lehigh County procurement guidelines must be followed.

Indirect costs will be funded only if an indirect cost allocation plan (ICAP) can be presented. The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.



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PUBLIC SERVICE PROJECTS

BUDGET NARRATIVE

Provide an explanation of how the estimated cost of each category listed on the budget form was calculated. Please take into consideration recordkeeping responsibilities and other supportive services when creating the project budget. Please address whether or not the matching dollars are secured at time of CDBG application submittal.

Please note, when requesting CDBG for materials and supplies, those items must be procured according to your organization's formal, written **procurement guidelines** (such guidelines **must be submitted as an attachment to the budget narrative**). If guidelines are informal, Lehigh County procurement guidelines must be followed.

Also, when requesting funding for **indirect costs**, an indirect cost allocation plan (ICAP) **must be submitted as an attachment to the budget narrative**. The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.



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EXHIBIT A - NON-PROFIT CERTIFICATION

I, _____, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I am also certifying that:

- The proposed project will not result in permanent involuntary displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.
- If selected to receive Community Development Block Grant (CDBG) funding, the project will be operated in accordance with all applicable laws and regulations, including the CDBG Entitlement Grant Regulations at 24 CFR Part 570, Civil Rights Acts, the Fair Housing Act and the Americans with Disabilities Act.
- I am authorized by the municipality or organization identified within to submit this application. *
- Reimbursement of Funds – The applicant agrees to reimburse the County of Lehigh for any expenditures paid to the applicant that are found to be ineligible under the CDBG program guidelines.
- Allocations – The applicant agrees that all projections of funds assume the continuation of the federal CDBG program and that the County is not responsible for costs incurred should the program be discontinued.

Name _____
Date

Title

If uploading the CDBG application via the Lehigh County website, please include a resolution and a signed version of this document via attachment.



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EXHIBIT B - FAIR HOUSING STATEMENT

By signing this page, you attest that your organization has agreed to adhere to the regulations set forth by the Fair Housing Act:

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

Signature:

Organization/Municipal Authority Signature

Date



If uploading the CDBG application via the Lehigh County website, please include a signed version of this document via attachment.



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Checklist of Required Documents

All applicants must include: (Check each as included in application)

1. Application cover sheet - Section 1
2. Project Narrative, Eligibility, and Beneficiaries – Section 2
3. Line Item Budget Form
4. Budget Narrative
5. EXHIBIT A – Non-Profit Certification - Signed
6. EXHIBIT B – Fair Housing Statement
7. List of current Board of Directors and Officers
8. Most recent financial statement and audit
9. Most recent IRS 990 report
10. Copy of deed for the property being rehabilitated (as applicable)
11. A copy of all in-take documentation and procedures used to determine client income
12. Job descriptions of requested staff positions, if any. Identify eligible duties.
13. Agency information including:
 - A description of your definition of a successful program, a list of goals and objectives, along with how achievement of goals and objectives will be monitored both during the activity and post-activity
 - Provide a timeline for data collection and assessment of success and the name of the person responsible for monitoring progress
 - Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives
14. Include one (1) original and five (5) copies of the entire application (for all documents not submitted via the Lehigh County website)

Additionally, if you are submitting an application to Lehigh County for the first time, you must include the following:

1. Certification of nonprofit status [Letter from IRS 501 (c)(3)]
2. Articles of Incorporation
3. By - Laws
4. Annual operating budget
5. Information on new program or quantifiable increase in need of existing program
6. Agency information including:
 - a brief history, description of mission/purpose, services provided
 - a description of the staff, volunteers, consultants, and/or board members who will be directly associated with this project and their responsibilities
 - a description of the overall program delivery strategy