

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM



2020 – 2021 REQUEST FOR FUNDING APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT HOUSING & NEIGHBORHOOD SERVICES DIVISION

FOR CITY USE, DO NOT COMPLETE BELOW THIS LINE

APPLICANT: _____

PROJECT NAME: _____

REQUESTED AMOUNT OF CDBG FUNDING: _____

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SECTION I - AGENCY INFORMATION (ALL APPLICANTS COMPLETE SECTION I THROUGH SECTION IV)

Organization/Agency Name:		Employer Federal I.D. Number:			
Website:		DUNS Number:			
Mailing Address:		City:	State:	Zip:	
Telephone No:	Fax No.:	Type of Agency (✓ Check those that Apply)			
		501(c)(3) <input type="checkbox"/>	Gov't /Public <input type="checkbox"/>	For Profit <input type="checkbox"/>	Faith Based <input type="checkbox"/>
Has this program received CDBG funding in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, identify: Funding Source: _____ Program Year: _____ Amount: _____					
If yes, has this CDBG program been monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, identify: Any findings? _____ Where there remediation actions due to findings? _____					

	Executive Director	Project Administrator	Finance Officer
Name:			
Title:			
Address:			
Phone:			
Fax:			
E-Mail:			

SECTION II - PROJECT INFORMATION

Name of Project:		
Location of Project: <small>(Specific Street Address where funds will be expended. If more than one address, please add all addresses):</small>		Census Tract(s) / Block Group(s):

SECTION III - PROJECT FUNDING

REQUESTED THIS APPLICATION	\$	
OTHER FEDERAL	\$	Source: _____
OTHER CITY FUNDS	\$	
STATE FUNDS	\$	Source: _____
PRIVATE FUNDS	\$	Source: _____
OTHER	\$	Source: _____
TOTAL	\$	
Will the program generate program income? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, please indicate the projected program income to be received. \$ _____		

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SECTION IV - CDBG ELIGIBILITY AND NATIONAL OBJECTIVE (IF NOT AWARE OF CITATION, CONTACT STAFF)

<p>Activity Category</p> <p><input type="checkbox"/> Public Service</p> <p><input type="checkbox"/> Planning & Administration</p> <p><input type="checkbox"/> Project</p>		<p>National Objective</p> <p><input type="checkbox"/> L/M Area Benefit (LMA) 570.208(a)(1)</p> <p><input type="checkbox"/> L/M Limited Clientele (LMC) 570.208(a)(2)</p> <p><input type="checkbox"/> L/M Housing (LMH) 570.208(a)(3)</p> <p><input type="checkbox"/> L/M Jobs (LMJ) 570.208(a)(4)</p> <p><input type="checkbox"/> Slums/Blight</p> <p><input type="checkbox"/> Urgent Need 570.208(c)</p>
<p>Population to be served:</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Elderly</p> <p><input type="checkbox"/> Special Needs</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Homeless</p>		

PROVIDE A BRIEF PROJECT DESCRIPTION INCLUDING:
1. PURPOSE OF THE PROJECT.
2. OVERALL BENEFIT TO THE CITY.
3. SPECIFIC ACTIVITIES TO BE UNDERTAKEN.

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SECTION V – REQUIRED DOCUMENTS CHECKLIST

DESCRIPTION	YES	NO	ON FILE	N/A	COMMENTS
1. Application Completed & Signed Certification	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
2. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
3. State and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
4. Federal Employment Identification Numbers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
5. DUNS (Dun and Bradstreet (D&B)) 9-Digit Number & Certification: <i>Data Universal Numbering System</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
6. List of Board of Directors, their Titles and Contact Information	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
7. Board of Director's Designation of Authorized Official	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
8. Most Recent Organization Chart	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
9. Job Description of Each CDBG Program Salaried Position	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
10. Resume of Chief Fiscal Officer	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
11. Financial Statement and Most Recent Audit Report	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
12. Leveraging Funds Commitments Documentation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
13. List of Collaborative Partners and their role	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
14. 504 Self Evaluation Plan (Americans with Disabilities Act) <i>Agencies with 15 Employees or More</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
15. Employee Handbook	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
16. Grievance Procedure/Policy (Clients)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
17. Project Implementation Timeline showing completion of project by June 30, 2021 & Additional Outcome Objectives	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

****ALL REQUIRED DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION.**

SECTION VI - AGENCY NARRATIVE & PROJECT DESCRIPTION

1. Describe the problem this project will address. Include the characteristics of the population or the area to be benefited. Provide specific data used to identify and verify the need such as Census data, waiting list information, and other statistics to support the need.

2. Describe your organization's experience and capacity to administer the proposed program. Identify any prior year funds that remain unspent. If funds remain, justify this funding request.

3. Describe the agency's fiscal management structure including who administers the bookkeeping or accounting services, financial reporting, record keeping, accounting systems, payment procedures, and audits performed. Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five years.

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8. OBJECTIVE CATEGORY – CDBG Programs ONLY (√ check one)		
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Decent Affordable Housing	<input type="checkbox"/> Creating Economic Opportunities
OUTCOMES (√ check one)		
Accessibility/Availability	Affordability	Sustainability/Livability Promoting Livable/Viable Communities
<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved affordability	<input type="checkbox"/> Enhance suitable living environment through new/improved sustainability
<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved affordability	<input type="checkbox"/> Create decent housing with new/improved sustainability
<input type="checkbox"/> Promote economic opportunity through new/improved accessibility	<input type="checkbox"/> Promote economic opportunity through new/improved affordability	<input type="checkbox"/> Promote economic opportunity through new/improved sustainability
9. Depending on the nature of your program, please indicate the number of households OR number of people that will be served by your program:		
If Households Served:	New	Returning
Number of Households		
Number of Low-Moderate Households		
If People Served:	New	Returning
Number of People		
Number of Low-Moderate People		
a. CDBG Criteria: Which CDBG criterion below does your proposed project meet?		
<input type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI).	
<input type="checkbox"/>	(2) Limited clientele (select subpart below):	
<input type="checkbox"/>	(a) Special needs group (select benefit group from the list below):	
<input type="checkbox"/>	(i) Abused children	
<input type="checkbox"/>	(ii) Elderly persons 62 years or older	
<input type="checkbox"/>	(iii) Battered spouses	
<input type="checkbox"/>	(iv) Severely disabled adults (not children)-Census definition; documentation required	
<input type="checkbox"/>	(v) Illiterate adults	
<input type="checkbox"/>	(vi) Persons living with HIV/AIDS	
<input type="checkbox"/>	(vii) Migrant farm workers	
<input type="checkbox"/>	(viii) Homeless persons	
<input type="checkbox"/>	(b) At least 51% of clientele to be served will be documented as LMI.	
<input type="checkbox"/>	(3) Housing (Select subpart below):	
<input type="checkbox"/>	(a) Single family (must be 100% LMI)	
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)	
<input type="checkbox"/>	(4) Job creation: At least 51% of jobs for LMI persons.	

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10. Explain how the proposed project addresses the goal(s) identified in No. 11.

11. Describe the outcomes associated with the project and how you will measure them: You need to measure at least one outcome.	
Common Outcome 1:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	
Common Outcome 2:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	
Common Outcome 3:	
Indicator:	
Target:	
Data Source:	
Data Collection Method:	

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SECTION VII.A. - FY 2021 BUDGET

1. PERSONNEL					LEVERAGED FUNDS			TOTAL
POSITION TITLES	ANNUAL SALARY	ANNUAL FRINGE BENEFITS	TOTAL ANNUAL SALARY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	
Example: Case Manager	\$25,000	\$5,000	\$30,000		\$0	\$10,000	\$0	\$30,000
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
	\$0	\$0	\$0		\$0	\$0	\$0	\$0
TOTAL PERSONNEL:	\$0	\$0	\$0		\$0	\$0	\$0	\$0
2. CLIENT SERVICES					LEVERAGED FUNDS			TOTAL
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND			
Example: Reading Materials	100	\$20		\$30		\$50		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
TOTAL CLIENT SERVICES:	0	\$0	\$0	\$0	\$0	\$0		
3. OPERATING COSTS					LEVERAGED FUNDS			TOTAL
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND			
Example: File Folders	100	\$500	\$0	\$0	\$0	\$500		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
TOTAL OPERATING COSTS:	0	\$0	\$0	\$0	\$0	\$0		
4. PROJECT COSTS (REHAB OR CONSTRUCTION ONLY)					LEVERAGED FUNDS			TOTAL
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND			
Example: Construction Support	0	\$3,000	\$10,000	\$15,000	\$12,000	\$40,000		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
	0	\$0	\$0	\$0	\$0	\$0		
TOTAL PROJECT COSTS:	0	\$0	\$0	\$0	\$0	\$0		
TOTAL BUDGET AMOUNT:	0	\$0	\$0	\$0	\$0	\$0		

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SECTION VII.B. - FY 2021 BUDGET DESCRIPTION

1. Identify all personnel involved in the administration and implementation of the proposed project.				
Job Title	Status	Time Devoted to Program	New/ Existing	Brief Summary of Responsibilities
e.g. Programs Manager	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	Program development and oversight of budgets and compliance
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
2. Calculate the following Total and CDBG costs per household served.				
Total Program Costs / Unduplicated Household Served:			\$	0.00
Total Program Costs / Unduplicated Individuals Served			\$	0.00
CDBG Grant Request / Unduplicated Household Served			\$	0.00
CDBG Grant Request / Unduplicated Individuals Served			\$	0.00
3. Provide a description of the leveraged funds your agency will be using for the program.				

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4. Why are program and/or project costs reasonable and justifiable?

SECTION VIII – RESULTS OF PRIOR YEAR PROJECTS, IF APPLICABLE.

1. If your agency received federal funds in Fiscal Years 2018, 2019, 2020, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Community Development Department Housing & Neighborhood Services for additional pages.

Agency name:	
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Project name:	
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Year of funding:	<input type="checkbox"/> Fiscal Year 2018	<input type="checkbox"/> Fiscal Year 2019	<input type="checkbox"/> Fiscal Year 2020
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Indicate the source of the federal funding awarded to the prior year projects:

<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (indicate):

Indicate below the outcomes achieved:

a.	
b.	
c.	

If any anticipated outcome was not achieved, specify which ones and explain why below:

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SECTION VIII – RESULTS OF PRIOR YEAR PROJECTS, IF APPLICABLE.

2. If your agency received federal funds in Fiscal Years 2018, 2019, 2020, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Community Development Department Housing & Neighborhood Services for additional pages.

Agency name: _____

Project name: _____

Year of funding: **Fiscal Year 2018** **Fiscal Year 2019** **Fiscal Year 2020**

Indicate the source of the federal funding awarded to the prior year projects:

<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (indicate) _____

Indicate below the outcomes achieved:

- a. _____
- b. _____
- c. _____

If any anticipated outcome was not achieved, specify which ones and explain why below:

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SECTION VIII – RESULTS OF PRIOR YEAR PROJECTS, IF APPLICABLE.

3. If your agency received federal funds in Fiscal Years 2018, 2019, 2020, complete one copy for each project for each year funded. If you have more than three projects/years to report on, contact the Community Development Department Housing & Neighborhood Services for additional pages.

Agency name: _____

Project name: _____

Year of funding: Fiscal Year 2018 Fiscal Year 2019 Fiscal Year 2020

Indicate the source of the federal funding awarded to the prior year projects:

<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (indicate): _____

Indicate below the outcomes achieved:

- | | |
|----|--|
| a. | |
| b. | |
| c. | |

If any anticipated outcome was not achieved, specify which ones and explain why below:

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SECTION IX – APPLICANT SUSTAINABILITY

Through the use of HUD Entitlement funding, the city seeks to ensure that diverse needs are being met on a citywide basis. Realizing that limited funding exists to meet the demand for organizational support, it is important to the city that as many organizations and their clients benefit from the HUD funding. The city wants to be reasonably certain that future HUD grant dollars will only fund a project or program for a short time, while providing long-term benefits. Therefore the city is requesting the applicant's plans for carrying the project/program into the future should HUD funding be significantly reduced or eliminated.

1. Please use the space below to briefly describe your organization's sustainability plans. Be sure to address such strategies as fees for service, annual fund campaigns, major gift programs, corporate sponsorships, etc.

**2. Will your agency still implement this project should CDBG funds not be awarded?
If yes, how will the implementation be achieved?**

Yes

No

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SECTION X - STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Hampton 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. That the applicant will participate, if necessary in a required interview for project assessment and cooperatively assist in the review process.
5. That, if the project is recommended and approved by City Council, the city reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
6. The City of Hampton reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
8. That, if the project is funded, the organization agrees to abide by the city's locally established policies and guidelines
9. That past program and financial performance will be considered in reviewing this application.
10. That services are to be provided at minimal cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the city.
11. That, if the project is funded, the city 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.
12. That, if the project is funded, the city will perform an environmental review prior to the obligation of funds.
13. That, if the 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.
14. That a project's funding does not guarantee its continuation in subsequent action plans.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the city, its employees and agents as additional insures) will be submitted to the city prior to receiving funds.
16. That proof of Fidelity Bonding, in an amount to be determined by the city of Hampton, with a company licensed to do business in Virginia will be submitted to the city prior to receiving funds.
17. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
18. Agrees to abide by the city of Hampton's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.
19. Agrees to comply with the following: Fair Housing Act, Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT
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U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above on this _____ day of _____, 2020.

Signature	Title	Organization Name
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