|  |
| --- |
| COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION |
| Public Services HousingPublic Facilities Improvements  |
| g000258000000000000339178e2aff702399177432829be5faa16c12176City of Enid 401 West Owen K. Garriott PO Box 1768 Enid, OK 73702(580) 234-0400 Extension 7211[www.enid.org](http://www.enid.org)Stephanie Moffitt, CDBG Directorscarr@enid.org  |

 

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# PREFACE

## Background

HUD awards grants to communities to carry out a wide range of community development activities directed toward revitalizing neighborhoods, economic development, and providing improved community facilities and services. Individual communities develop their own programs and funding priorities with public input. The City of Enid Consolidated Plan describes the programs and funding priorities established locally for the five-year period, *2018 – 2022*. An Action Plan is prepared annually to implement the Consolidated Plan. Communities are required to give maximum feasible priority to activities that **benefit low- and moderate-income persons.** Activities may also aid in the prevention or elimination of slums or blight, or in certain circumstances, meet other community development needs having a particular urgency. These three categories of activities are referred to as the “CDBG National Objectives.”

The City may provide a portion of its CDBG funds on a competitive basis through an application process to eligible outside agencies for specific eligible activities that meet one or more of the above CDBG National Objectives and that will further the City’s CDBG goals and objectives, as stated in the *2018 – 2022* Consolidated Plan.

## Applicant Eligibility

Eligible applicants are limited to 501(c)(3) nonprofit organizations, government agencies, school districts, and, under limited circumstances, for-profit businesses *(for-profit businesses please check with the CDBG department to determine eligibility)*. New applicants: attach proof of nonprofit status.

Non-profits applying for funds must follow “good practice” policies (i.e., board members only serve on a volunteer basis and conflict of interests are avoided— board members do not approve family members receiving financial gain). Non-profits receiving federal funds (CDBG) must adhere to the Oklahoma Open Meetings Act (i.e., post agendas and ensure meetings are open to the public).

Organizations receiving CDBG funding (Subrecipients) must obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) number. If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register. Enter this number on the application under 6. Agency Description.

Beneficiaries served must be of low-moderate income households. As the subrecipient applying for CDBG funds, proof of income for those served by your organization must benefit directly from the proposed project/activity. Submit income documentation with this application. The number of income verification required will depend on the total number served from the “PERFORMANCE OUTCOME MEASURES” in the application.

**If the application will be for a public service activity, the activity must be a new service or a quantifiable increase in the level of an existing service pursuant to 24 CFR 570.201(e).** Furthermore, if the application requests funding for building improvements, 24 CFR 570.201(c) require that any public facility to be improved must be owned by the public or the nonprofit organization requesting funding.

## Grant Term

The term of the grant is generally for a 12-month period. Prior year funding must be spent to be eligible.

## Application Filing Procedures

Applications may be mailed or hand-delivered to the City’s CDBG Department. Mailed applications must be postmarked by ***February 25, 2020***. Hand-delivered applications must be received by **2:00 p.m.** on ***February 27, 2020***. Applications delivered after 2:00 p.m. or postmarked after the above deadline will NOT be considered for funding. It is the applicant’s responsibility to ensure that the application is delivered or postmarked on time. One-on-one technical assistance for application questions will be offered by appointment only.

## Eligible Activities/Costs

CDBG funds must be used for activities that meet a CDBG National Objective. As described earlier, the National Objectives for the CDBG Program are to support activities that: 1) provide primary benefit to lower-income persons or households; 2) aid in the elimination of slums or blight; or 3) meet other identified community development needs having a particular urgency. Eligible activities currently assisting include the following:

**Housing:**

* Emergency Repairs/Barrier Removal

**Interim Assistance:**

* Emergency Code Enforcement Assistance

**Economic Development:**

* Microenterprise Business Assistance

**Public Services: (programs that benefit low/mod persons)**

* After School/Summer Youth programs
* Mental Health Services
* Substance Abuse Services
* Neighborhood Cleanups

**Public Facilities Improvements/Infrastructure/Transportation:**

* Park Improvements
* Youth Center Facility Improvements
* Abused and Neglected Children Facility Improvements

If proposed activity isn’t on the list. Do not fill out application. Contact CDBG Director for guidance.

## Ineligible Activities/Costs

Generally, the following types of activities are ineligible:

* Those activities not meeting a National Objective;
* Acquisition, construction, or reconstruction of buildings for the general conduct of government;
* Political activities;
* Certain income payments; and
* Construction of new housing.

Generally, the following types of costs are ineligible for funding:

* Any costs not directly related to the implementation of the activity described in the approved application;
* Costs incurred prior to an executed contract or after the expiration of the CDBG contract; and
* Administrative costs that are considered excessive or unreasonable.

## Verification

* All applicants are *required* to speak with CDBG staff to receive accurate information on

1.) The category of eligible activity, and

2.) The national objective the activity will meet.

Although much of this information is outlined in this packet, the CDBG program is complex and all details cannot be covered here.

## Leveraging Funds

All applicants requesting and/or receiving CDBG funds will be required to document leveraging funds. Those applying for $50,000.00 or more are required to leverage equal to a **minimum** of 10% of overall cost of the project. These leveraging funds may consist of any type of funds towards the project (i.e. federal, foundation, general, in-kind).

## Environmental Assessments

Background:

As part of CDBG requirements prior to the Release of Funds being issued (which allows contracts to be executed), an Environmental Review Record must be completed. Most of our recently funded activities have been classified, by their nature, as either Categorically Excluded or Exempt. With these activities, we are not required to complete an environmental assessment. Occasionally, CDBG funds an activity that does require a complete environmental assessment.

Protocol:

To avoid limiting funding to activities not requiring environmental assessments, CDBG is implementing an additional requirement to applicants. Sub-recipients receiving CDBG funding for activities that require environmental assessments must have an environmental assessment done at their own cost and furnish the CDBG department with a copy. To comply with CDBG regulations, these environmental assessments must be received by CDBG staff no later than June 15th of the funding year.

## Visual Presentation

Protocol:

March 19, 2020 at 5:30 p.m. CDBG applicants will be required to make a visual presentation. This visual presentation can include video, pictures, and any additional presentation the applicant would like to present and should be no more than five minutes in length. **An electronic copy of your full presentation is due no later than 4:00 pm on March 12, 2020. *Contact Stephanie Moffitt at*** ***scarr@enid.org*** ***for presentation date.***

**CDBG Application Review and Award Process**

## Application Review

After the application deadline, CDBG staff will review each submitted application for completeness and for basic CDBG program eligibility. Those applications determined to be either incomplete or ineligible for funding will not be considered for funding and applicants will be called and notified as such. After the CDBG staff has completed the initial review, applications will be provided to the CDBG Funding Commission for their review.The CDBG Funding Committee/Commission is made up three Ward Commissioners of the City of Enid and two at-large members of the community***.*** Enid City Commission will approve all projects.

## City Commission Award of Funding

The City Commission will make its final decision regarding funding requests at a regular City Commission meeting.

Those activities approved for funding by the City Commission will be included in the City’s final ***Action Plan***  and submitted to HUD for its review. Activities and projects included in the Action Plan are **“PROPOSED”** by the City and ultimately approved by HUD. If your project makes it in the Action Plan submitted by the City to HUD, this means that it is being reviewed by HUD and funding is not guaranteed, your organization will be notified when HUD has made the final decision; this process may not be complete until **October**.

## CDBG Contract

Following the City Commission’s approval of the ***Annual Action Plan Projects*** CDBG activities and completion of the HUD review, staff will prepare CDBG contracts for all **approved** activities. Each contract will contain the terms and conditions of the CDBG funding, a description of the approved activity and costs, and will specify applicable City insurance requirements including comprehensive general liability, workers’ compensation, and vehicle coverage. Contracts will also include the measurable objectives and accomplishment data that must be reported. The person designated by resolution will be required to sign the CDBG contract and return it to the CDBG staff. All contracts will then be approved by the City Commission. Prior to contracts being executed, all sub-recipients must meet with CDBG staff to review the contract and accomplishment reporting. **Do NOT begin the project until the contract is signed and a Notice to Proceed is issued by the City. Do NOT obligate nor expend any funds until the Notice to Proceed is issued, these activities will NOT be reimbursed. Contracts and Notices usually occur in the month of October.**

**Payment of CDBG Funds**

CDBG funds are paid for actual costs directly related to the implementation of the project as approved. Payment will be made only for costs described in the applicant’s contract upon submittal of payment request and all required documentation (i.e. receipts, invoices, accomplishment reports, photos, etc.). Once ALL documents required are submitted to the CDBG Director for approval he/she will request approval from the CDBG Supervisor. The City of Enid Chief Fiscal Officer will then approve the request to be placed on the claims list for Mayor and City Council to approve. The City Commission meets twice a month to approve claims. Accounts Payable needs all approved claims at least two weeks prior to the meeting to place the claim on the list. After the approval process the claim will be placed on the claims list and the CDBG Director will request approval of payment from the Department of Housing and Urban Development. All claims must be received 30 days prior to the City Commission meeting in which you expect to be reimbursed/paid. CDBG typically operates on a reimbursement system in which sub-recipients document the eligible expenditures and are then reimbursed for the costs. While every effort is made to ensure timely reimbursements, this procedure requires many checks and balances and may take between 30-60 days from time of reimbursement request. Please contact the CDBG office to check the status of the payment if you haven’t received reimbursement AFTER the 31st day to make sure nothing else is needed.

## Reporting Requirements and Monitoring

Note that it is CDBG staff’s responsibility to ensure all entities receiving CDBG funds are in compliance with HUD regulations. Recipients must provide all information requested to assist in CDBG staff documentation in a timely manner.

CDBG recipients shall be required to submit a monthly progress report regarding the funded activity. The format of these reports will be described in the CDBG contract. The CDBG staff may request additional reporting from a recipient. Noncompliance could result in suspension or termination of the contract and reallocation of the CDBG funds. Noncompliance will also be considered when applicants request future funding.

In addition, CDBG staff and Funding Committee/Commissioner’s may schedule periodic on-site monitoring of all funded activities. Documentation of income eligibility will be inspected by CDBG staff and should be attached to the reimbursement invoice. Each CDBG recipient is responsible for maintaining written records required by the CDBG contract and should be kept on premises for five years after the program year.

# APPLICATION INSTRUCTIONS

The application must be **typed** single-sided on the 8 ½” x 11” fillable application form. You may do this by downloading the form from our website ([www.enid.org](http://www.enid.org)) or by requesting the document be e-mailed to you. Use no smaller than 12-point type or font. If technical difficulties are experienced please contact the CDBG Director as soon as possible for assistance. An electronic version sent via email to scarr@enid.org is required along with an **original plus five (5) copies of the application narrative** and **one (1) set of required attachments** must be submitted.

No staples please, use a binder clip. **Please do not use covers, binders, or folders.** All application materials will become the property of the City of Enid. Strict adherence to these guidelines is required. It is the applicant’s responsibility to ensure the applications are complete and correct. **Incomplete or incorrect applications will not be considered for funding**.

[ ]  Email completed application to scarr@enid.org

[ ]  Signed original application

[ ]  Five (5) Copies of application (Plus original)

[ ]  Attachments (1 copy)

Prior year funding must be expended to be eligible for funding.

# CHECKLIST

The CDBG application package must contain the following information **in the order prescribed**:

1. **Application Narrative** (original & 5 copies):
* Application (do NOT attach these instructions to your application)
* Certification of Application
* Resolution

**Required Attachments** (1 copy):

* 501 (c) 3 Status documentation
* List of Board of Directors
* Organizational Chart
* Resume of program administrator
* Resume of fiscal officer
* Resume of personnel (any staff paid with CDBG funds, regardless of amount)
* Tax Exemption Determination Letter
* Articles of Incorporation
* By-Laws
* Equal Opportunity Employment statement & Grievance Procedure
* Financial statement or Audit Requirements
* Statement of Insurance
* Application for services
* Sample of one client file with all supporting documents
* Income verification for clientele to determine national objective is met

The following is a detailed description of each requirement listed above. Please note the scoring criteria as you complete the application. Note that all information is required even if no points are specifically assigned. Incomplete applications will not be considered.

1. **Application**

The required Application may be completed by requesting the application from Stephanie Moffitt, CDBG Director scarr@enid.org. If your organization is submitting applications for more than one activity, **please submit a separate application for each activity** (However, each organization only needs to provide one set of required attachments).

1. **Certification of Application**

Ensure that each item in the Certification section is carefully read and understood before signing. By signing the document you are agreeing to all terms. If you do NOT understand any portion of this application, consult the CDBG Director immediately.

1. **Resolution**

The CDBG application package must include an approved resolution from the applicant’s governing body which authorizes submittal of an application for City of Enid CDBG funding and identifies the title of the individual authorized to execute any agreements, contracts, and requests for payment. All City departments and entities of the City must have written approval from the City Manager.

1. **Required Attachments**

**Ensure that all documents are present. Explain reason for any documents not submitted*. Not all non-profit agencies are sales tax exempt. If you are not please state that on the attachments page.***

**Audit**

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, non- Federal entities that expend $750,000 or more in Federal awards shall have a single or program-specific audit conducted each year. However, agencies expending less than $750,000 per year must maintain records for review or audit by appropriate officials of the Federal agency, pass-through entity, and General Accounting Office. Agencies requesting $750,000 or more must choose one of the following ways of meeting this requirement and state which method they choose:

* If the agency already conducts audits of all its funding sources, including CDBG, the agency must submit a copy of its most recent audit and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
* If the agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.

If the agency is required to submit an audit and does not have a current audit process in place, the agency will be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.

**Statement of Insurance**

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State Law. State whether or not the agency has fidelity bond coverage for principal staff that handle the agency's accounts, in what amount, and with what insuring agency.

**Any Additional Information**

Any other information that would be helpful to the funding commission may be attached to the Application Narrative.

* + Double check your application to make sure everything is included and in the order prescribed. Be sure to complete all questions. Do NOT leave any question blank. If you have questions, please contact the CDBG department for technical assistance!

Do not attach a copy of these instructions to your submitted application.

Good luck!

***2020 Approved Projects***

**Public Facilities Improvements:**

* Parks (Matrix 03F)
* Youth Centers (Matrix 03D)
* Abused & Neglected Children Facilities (03Q)

**Housing/Homeless Prevention:**

* Emergency Repairs/Barrier Removal (Matrix 14A)

**Public Service:**

* At Risk Youth Program-After School & Summer (Matrix 05D)
* Mental Health and Substance Abuse Services (Matrix 05O & 05F)
* Fair Housing Activities (Matrix 05J)
* Neighborhood Cleanups (05V)

 **Interim Assistance:**

* Emergency code enforcement assistance (Matrix 6)

 **Economic Development:**

* Microenterprise Assistance (Matrix 18C)

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

# PROJECTS APPLICATION

Choose one qualifying activity category:

**HOUSING:** [ ]  Emergency Repairs/Barrier Removal

**FACILITY IMPROVEMENTS** [ ]  Park Improvements [ ]  Youth Centers [ ]  Abused/Neglected Children

**PUBLIC SERVICES** [ ] Youth Services [ ]  Mental Health [ ] Substance Abuse [ ]  Neighborhood Cleanups

**CODE ENFORCEMENT** [ ]  Emergency Code Enforcement Assistance

**ECONOMIC DEVELOPMENT** [ ]  Microenterprise Assistance



**[Office Use Only] Date Received: \_\_\_\_\_\_\_\_\_­\_\_\_\_\_ Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_**

Application Due Date: ***February 27, 2020, 2:00 pm*** Submit original and five (5) copies

# 1. LEGAL NAME OF APPLICANT AGENCY:

|  |
| --- |
|   |

2. MAILING ADDRESS:  **CITY: ZIP CODE:**

|  |  |  |
| --- | --- | --- |
|       |       |       |

3. CONTACT PERSON **TITLE: TELEPHONE: E-MAIL:**

|  |  |  |  |
| --- | --- | --- | --- |
|       |       |       |       |

**SECONDARY CONTACT: TITLE: TELEPHONE: E-MAIL:**

|  |  |  |  |
| --- | --- | --- | --- |
|   |       |       |       |

# 4. APPLICATION PRIORITY NUMBER: (Use 1 if submitting only one application)

|  |
| --- |
|       |

5. TYPE OF AGENCY**:** Is your organization incorporated with a 501(C) 3 Non-Profit status [ ]  YES [ ]  NO

[ ]  City Department or Entity [ ]  Neighborhood or Community Organization [ ]  School District

[ ]  CHDO [ ]  Other (specify):

6. AGENCY DESCRIPTION**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Faith Based Organization:  | Yes or No      | Agency DUNS Number:  |   |
| Date of Incorporation:  |       | Total Organization Paid Staff:  |       |
| Agency Tax ID Number:  |       | No. of Volunteers:  |       |
| Agency Tax ID Number:  |       | No. of Paid Staff for proposed project:  |       |

**7. PROPOSED PROJECT TITLE:**

**8. PROPROSED PROJECT DESCRIPTION**

Indicate whether subcontractors and/or volunteers will be utilized to perform project activities.

9. CDBG FUNDING REQUEST**:**

|  |  |
| --- | --- |
| **CDBG Funding Requested**  | **$**       |
| Amount of Other Funds **Secured** for the Project:  | **$**       |
| Total Project Cost: (CDBG Request + Amount Secured) | **$**       |

Typed Name and Title of Authorized Representative(s):

Signature of Authorized Representative(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

#### 10. AGENCY MISSION STATEMENT:

# 11. PRIOR FUNDING:

Has this Agency received CDBG funding in prior years? [ ] Yes or [ ] No

If Yes, List the applicable Fiscal Years and Amounts for the funding (past five years only):

Has this Project received CDBG funding in prior years? [ ] Yes or [ ] No

If Yes, explain how it qualifies as a quantifiable increase in service or the reason for requesting additional funding?

# 12. CDBG ELIGIBLE PUBLIC SERVICES ACTIVITY (Must select one option)

**Public Services (05)**

[ ] 05D Youth Services [ ] 05O Mental Health Services

[ ] 05F Substance Abuse Services [ ] 05T Security Deposits

[ ] 05V Neighborhood Cleanups [ ] 05J Fair Housing

**Housing (14)**

[ ] 14A Rehab; Single-Unit Residential; Emergency Repairs and Barrier Removal

**Public Facilities Improvement (03)**

[ ]  03D Youth Centers [ ]  03Q Abused/Neglected Children Facilities

[ ]  03F Parks, Recreational Facilities

[ ] Other: If not listed please contact the CDBG Director for assistance

# 13. PROJECT FEE STRUCTURE

Indicate whether or not fees will be charged for any services delivered in conjunction with this project for which CDBG funds are being requested. If fees are charged, describe the fee structure. (ex. Enrollment fees, weekly fees, Design fees, Environmental Review fees etc.)

# 14. PROJECT BENEFIT/NEED

To be eligible for CDBG funding from the City, the project must meet the following National Objective: **Benefits low- or moderate (L/M) income persons.**

**Use the HUD Income Guidelines to determine if your clientele served are eligible for CDBG funding. Will this project benefit low-or moderate income persons?** **[ ]  Yes** **[ ]  No**

In order to qualify as benefiting low- or moderate income persons, an activity must fall into **one of the categories below**. Please check the applicable box for your project.

[ ]  Clientele -low income and demonstrates need **(proof of income required)**

 **List source(s) used to determine income eligibility: \_\_\_**     **\_**

 Source documentation examples include: pay stubs, tax returns, or Title I status.

 Actual verification of the household income must also be provided. You will need to obtain some form of documentation concerning the income of all persons over 18 and living in the home.

[ ]  Area Benefit – At least 51% of the residents within the targeted activity area are L/M income persons.

 (If using Area Benefit see QCT map and current Census data to determine Area Benefit.)

[ ]  Presumed Clientele – To qualify under this subcategory, a limited clientele activity must meet one of the following.

 Please check the appropriate box that best describes your clients:

[ ]  abused children [ ]  homeless persons

[ ]  battered spouses [ ]  severely disabled persons

To be eligible for CDBG assistance, a public service project must serve low-to-moderate income persons. Income limits are established by HUD on an annual basis for the purpose of establishing CDBG grant eligibility. The limits are based on household size. Income is calculated for every adult 18 and older residing in the household.

HUD considers 80% and below to be low income. Incomelimits are updated annually. The type of income verification needed is determined by the project and the clients served; HUD allows each project to select one of three definitions of “income” to be used in calculating a potential client’s eligibility to be considered low-mod. Theproject must use the same definition for all applicants. The primary difference in the definition is the treatment of assets. City staff will work closely with all agencies that are selected for funding to determine which income definition should be used.

Documentation of the benefit to low and moderate income level persons is required of every project funded. The income verification needed is determined by the project and the clients served.

***Attach a copy of your current application that clients/participants submit for services.***

# 15. TARGET POPULATION

Provide a description of the target population and/or target area/neighborhood boundaries to be served. Indicate whether or not the project currently serves the target population and/or target area/neighborhood boundaries described.

# 16. PROJECT ADDRESS/ADDRESSES: ZIP CODE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
|       |       |
|       |       |

 |

**CENSUS TRACT BLOCK GROUP**

|  |  |
| --- | --- |
|       |       |
|       |       |

Use Census Tract Map to determine location. Census Tracts are in RED.

Block Groups are in BLUE.



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Total number of unduplicated clients/households to be served annually as a result of the proposed project: *(this number includes* ***ALL*** *clients, including those over income*) |       |
| Of this, total number of unduplicated **low/moderate-income clients/households** to be served: *(this includes only those who have qualifying proof of low-moderate income status, you will be asked to provide evidence to the CDBG staff)*  |       |
| Percentage of unduplicated low/moderate income clients/households to be served |  %      |

 |
| *\*Unduplicated meaning that each person is only counted once* |

Explain method of data collection to track eligibility of clients pertaining to demographics (i.e. family size, race, ethnicity, income levels, City residency, etc.) and/or neighborhood boundaries served. This information is **REQUIRED** and evidence must be provided to City staff and HUD staff as evidence. Explain source of income documentation that is required for CDBG assisted projects.

Of the TOTAL number of unduplicated clients you serve, how many persons in each presumed category are proposed to be assisted if funding is received?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Abused Children | Elderly Persons | Battered Spouses | Homeless Persons | Severely Disabled  | Illiterate Adults | Persons living with AIDS |
|       |       |       |       |       |       |       |

Explain the need for this project in this community and if there are other agencies in the community that address similar issues and/or needs provide reasoning for duplication of services and reasons for not collaborating.

Can this project be completed in 12 months (during the contract period)? [ ]  YES [ ]  NO

Explain what your plan is for completing this project within 12 months. If the project cannot be completed in 12 months explain why it cannot be completed\*:

|  |
| --- |
|       |

***\*Anything not spent within the designated 12 month fiscal year may be reallocated to other projects.***

# 17. CONSOLIDATED PLAN GOALS Select ONE Objective and ONE Activity.

|  |  |  |
| --- | --- | --- |
| [ ]  | Objective 1: Suitable Living Environment | **Priority** |
|  | **Activity: (Choose One)**  |  |
|  | **Code Enforcement**[ ]  Clearance/Demolition/Remediate (04)Interim Assistance (6)[ ]  Emergency Code Enforcement Assistance  | HH |
|  | **Public Facilities and Improvements**[ ]  Parks, Recreational Facilities (03F)[ ]  Youth Centers (03D)[ ]  Abused and Neglected Children Facilities (03Q) | HHH |
|  | **Public Facilities and Improvements** [ ]  Park Improvements[ ]  Youth Center Facility Improvements [ ]  Abused and Neglected Children and Spouses Facilities (03Q) [ ]  Homeless Facilities (not operating costs) (03C)[ ]  Neighborhood Facilities (Schools/Churches etc.) (03E) | HHMHM |
|  | **Public Services**[ ]  Youth Services [ ]  Health, Mental Health, Substance Abuse and Battered Persons Services [ ]  Transportation Services[ ]  Employment Training Services [ ]  Neighborhood Cleanups (05V) | HHHMH |
| [ ]  | Objective 2: Decent Housing | **Priority** |
|  | [ ]  Removal of Architectural Barriers | H |
|  | [ ]  Rehabilitation of existing owner units including emergency repairs | H |
|  | [ ]  Rehabilitation of existing rental units | M |
| **[ ]**  | **Objective 3: Expanded Economic Opportunities** | **Priority** |
|  | [ ]  Employment training to develop community workforce | M |
|  | [ ]  Microenterprise assistance | H |

Those listed as **HIGH** priority in the ConPlan will receive priority over all other projects. Those NOT listed in the City’s ConPlan are NOT considered a priority at this time.

Using the priority chart above, is the proposed project of HIGH, MEDIUM or LOW priority?

Explain how the proposed project addresses the City’s goals. Include any supporting statistics or other factual information related to supporting the importance of addressing the need, including any increases and/or improvement to services provides.

|  |
| --- |
|       |

# 18. PERFORMANCE OUTCOME MEASURES

As of 2006, the U.S. Department of Housing and Urban Development (HUD) has instituted required performance measures to gather information and determine the effectiveness of programs funded with CDBG, ESG, HOME and HOPWA.

Information obtained on the local level will be reported by the City to HUD, which will enable HUD to describe performance results as the National Level. HUD’s outcome performance measurement system has three objectives and three outcomes which are listed below.

Performance Outcome

[ ]  Availability/Accessibility

[ ]  Affordability

[ ]  Sustainability

**Select ONE of the following that best describes the outcome your project will achieve:**

|  |
| --- |
| [ ]  New or Improved Availability/Accessibility: This outcome applies to activities that make services, infrastructure, public facilities, employment opportunities, housing or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income persons where they live. |
| [ ]  Affordability:This outcome applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing or basic infrastructure hook-ups, or services such as transportation or day care. |
| [ ]  Sustainability: This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low/moderate income persons. |

**Anticipated Project Outcomes:**

Complete the outcomes chart below to describe the most significant outcome(s) this project is expected to have on its participants. Tell how many households or individuals will realize each outcome and how each outcome will be measured.

**Instructions for filling out the outcomes chart.**

|  |
| --- |
| **Outcomes:**Outcomes are not the activities of the agency, but the benefits for the participants. Outcomes are related to overall project effectiveness. Describe how participants will benefit and how many are expected to realize this outcome. What will be the benefits for the clients? Focus on outcomes within the agency’s control, utilize reasonable available data and have conditions that are well defined and measurable. Examples of outcomes include: # seniors with new access to nutritious lunch or # of homeless families with new access to shelter. |
| **Outcome Measurements Instructions:** Describe evaluation tools, methods and benchmarks to measure achievement of each outcome. How will you measure the outcomes? How will the project’s impact on participants be evaluated? |
| **Services/Activity Descriptions Instructions:** Describe/define each service/activity to be provided in order to achieve the listed outcome. |
| **# of Participants Instructions:** For each service/activity described/defined, list the number of unduplicated participants/clients anticipated to be served. |

**Outcomes Chart**

|  |
| --- |
| **Objective and Outcome\*** |
| Performance Objective [ ]  Create a Suitable Living Environment[ ]  Provide Decent Affordable Housing [ ]  Create Economic Opportunity  |
| **Service/Activity Descriptions Necessary to Realize Outcome**  | **# of Participants** |
| This is what you are going to do. Ex.  |       |
| **Describe how the services/activities listed achieves the outcome:**  |
|   |
| **Describe the frequency and duration of the services/activities listed in terms of per week and/or per month:**  |
| How often will you offer the service you provide to clientele?  |
| **List the position title of each agency staff that will be responsible for providing the services/activities listed and/or indicate whether subcontractors will be utilized to provide the services/activities listed:**  |
|       |

# 19. PROJECT SUSTAINABILITY

As federal funding for CDBG decreases sustainability of organizations is becoming a growing concern. Because of this CDBG is not a guaranteed funding source over time. Briefly describe how your project will be sustained should funds not be awarded as requested:

# 20. PROJECT SITE INFORMATION

City-Owned: [ ]  YES [ ] No

Agency owns property? [ ]  YES If Yes, date acquired?       [ ]  NO

Agency leases property? [ ]  YES If Yes, lease expiration?       [ ]  NO

# 21. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

|  |  |
| --- | --- |
| Will the completed project meet ADA standards for accessibility by the disabled?  | [ ] Yes [ ] No  |
| Describe accessibility problems and method to address problems, including funding and timetable:  |
|   |

# 22. EMPLOYMENT AND CLIENT PARTICIPATION

Do you notify the public that your agency does not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

[ ]  YES, currently [ ]  NO, not currently [ ]  Willing to adopt practice

# 23. ORGANIZATION CAPACITY

Has your agency ever done this type of activity before? [ ]  YES [ ]  NO

Is your agency capable of providing CDBG with all required documentation? [ ]  YES [ ]  NO

Does your agency have a clear understanding of all CDBG requirements that are to be met throughout the funding year? Who within your organization will fulfill these requirements?

|  |
| --- |
|       |

Describe your agency’s experience with CDBG or other Federal grant programs, including the total years of experience administering federal grant funding.

Did a representative from organization attend the 1st Public Hearing [ ]  Yes [ ]  No

In order to have a qualified application the **authorized representative** must attend one of the following meetings or have a **scheduled** consultation with CDBG Staff. Which of the following did the authorized representative attend?

[ ]  Technical Training Workshop

[ ]  Scheduled one-on-one consultation with CDBG Staff

Describe your agency’s current capacity and staff qualifications in carrying out the proposed activity and ensuring the project is completed as proposed and within the scheduled timeline of 12 months or less: (List each person involved and their role, this will include administration and all others involved)

Describe your agency’s administrative systems by checking each item that exists within your agency’s organizational structure:

[ ] Formal Personnel System – Are written procedures in place? [ ] Yes [ ] No

[ ] Staff Salary Tracking System by Funding Source

[ ] Audit System – Are formal written accounting procedures in place? [ ] Yes [ ] No

[ ] Recordkeeping System/Separate Tracking for Each Funding Source

[ ] Formal Written Cash Management Practices (Includes Proper Security Measures)

[ ] Hard Copy Files and Computer Records Systems with Security and Back-up in Place

[ ] Internal Monitoring/Evaluation System

- Are written procedures in place? [ ] Yes [ ] No

[ ] Client Eligibility Verification (Attach a random sample of low income eligible clientele documentation. For confidentiality purposes mark out name, SSN and any other personal or identifying information on the document).

[ ] Client Demographic Data Collection and Reporting System

[ ] Procurement Policy – Are formal written procedures in place? [ ] Yes [ ]  No

[ ] Conflict of Interest Policies

[ ] Client Grievance Policies

[ ] Annual Fundraising/Revenue Generation

Describe the financial and program oversight by your agency’s Board of Directors.

If any gaps exist in your agency’s administrative systems, describe what they are and how they will be addressed:

#

# 24. LIST OF FUNDING SOURCES FOR THE PROJECT

Total Project Cost=All costs associated with this project; including Agency contributions, Federal, State, Local, Private and In-Kind/Volunteer Contributions for this particular project only.

Explain in extensive detail in the justification portion every detail pertaining to amount secured. For example: Agency Funds: Amount Secured: $10,000. Justification: Organization has set aside $10,000. From

Ensure Matching Funds Contribution regulation is fulfilled before submitting application. A Certification (attached to this application) must be signed. All contributions, to include in-kind, must be reported on the monthly accomplishment reports.

**Funding Sources Budget Breakdown**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Amount SecuredFunds that are accessible and available for use for project. | CDBG Requested Amount | Percentage Breakdown%  |
| CDBG Requested Funds |  |       |       |
| Agency Funds | 10,000.00 |  | 50 %  |
| Other Federal Funds |       |  |       %  |
| State/Local Funds  |       |  |       %  |
| Private Funds  |       |  |       %  |
| Fundraising Efforts |       |  |       %  |
| Other Funding Sources |       |  |       %  |
| In Kind Contributions |       |  |       %  |
| **The total of Secured Funds + CDBG Requested Funds should equal the total project cost. The percentages should add up to equal 100%**  | 10000. |       | 100 **%** |

Leveraging funds, agency contributions, annual fundraising and revenue generation are very important. Your contribution shows that this project is important to you and that effort was put forth into the planning process. A diligent effort to secure other funding is crucial.

Please explain in detail your efforts to secure other funding for this project.

#  25. PROJECT BUDGET

Explain in the justification column details regarding the amount (how you came up with that amount). City procurement requires 3 quotes for supplies, equipment and services. See City of Enid Procurement Procedures. NOTE: This proposed budget may be subject to change per the CDBG Program Office based on eligibility.

Administration caps, limits and federal regulations are attached to personnel costs.

|  |  |  |  |
| --- | --- | --- | --- |
| **LINE ITEM/TYPE** | **TOTAL PROGRAM BUDGET** | **CDBG AMOUNT REQUESTED**  | **JUSTIFICATION**(What are the funds being used to purchase)  |
| **PERSONNEL COSTS FOR PROJECT**  |  |  |  |
| Salaries & Wages (List EACH & EVERY position title and % of total salary budgeted in justification column)  | $ 0 |       |       |
| Fringe Benefits | $ 0 |       |       |
| **TOTAL PERSONNEL** *Personnel costs have Admin Cap* | $ 0 |       |       |
| **NON PERSONNEL COSTS FOR PROJECT**  |  |  |  |
| Supplies: (List all supplies in justification column)  | 17500.00  | 10000.00 |       |
| Training, Insurance, Utilities, etc.  |       |       |       |
| Equipment Rental:  |       |       |       |
| Equipment Purchase:  |       |       |       |
| Other expenses: (explain in justification column) Facilitates Improvement/construction Enter total here and attach itemized budget.  |   |       |       |
| **TOTAL NON-PERSONNEL**  | $       |       |  |
| TOTAL PROJECT COST |       |       |  |
| TOTAL REQUEST CDBG FUNDED |       |       |  |
| TOTAL LEVERAGING FUNDS INCLUDING; IN-KIND, AGENCY CONTRIBUTION ETC.  |       |       |  |

#### Provide a cost per unit of service estimate. Total project cost ÷ the total number of persons or households to be assisted. Example: Total project cost $1000.00 ÷ 100 people served=$10 (Includes all funds and all people)

#### Provide a cost per unit of service estimate for CDBG Funds used. Total CDBG funds contributed ÷ the total number of persons or households to be assisted with CDBG Funds.

#### Provide an administrative cost ratio. Total administrative costs ÷ total project costs.

|  |
| --- |
|       |

# 26. CERTIFICATION OF APPLICATION

**The undersigned acknowledges the following:**

1. That, to the best knowledge and belief, all factual information provided is true and correct and all estimates are reasonable. This application and all attachments are complete and accurate.
2. That submittal of an application for this project is not a guarantee of funding from the City of Enid.
3. That the proposed project described in this application meets the following National Objective: Benefits low- or moderate (L/M) income persons, governing the use of CDBG funds.
4. That all CDBG-funded activities shall be within the City of Enid and benefit only City of Enid residents.
5. That no revised applications may be made in connection with this application once the deadline for applications has passed, unless revisions and/are additional documentation are mandated by CDBG Program during their application review process.
6. That, if the project is funded, the City of Enid reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
7. 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 applicant and the City of Enid.
8. That, if the project is funded, the applicant shall comply with all federal and City policies and requirements, City procedures must be followed, as applicable to the CDBG Program.
9. That, if the project is funded, the applicant understands that HUD release of CDBG funds must be obtained by the City prior to the obligation of funds (execution of a written agreement). Refer to document titled CDBG “current year” Important Dates.
10. That, if the project is funded, the City will perform a National Environmental Policy Act (NEPA) review prior to the obligation of funds (execution of a written agreement) and if the project requires an Environmental Assessment, the applicant is responsible to carry out those duties.
11. That a project’s funding does not guarantee its continuation in the City’s subsequent action plans.
12. That written signatory authority from the applicant’s governing body indicating who can execute written agreements/contracts and amendments on its behalf has been included with this application packet.
13. That, if the project is funded, sufficient funds are available from non-CDBG sources to complete the project as described and documentation is reported to the CDBG Administrator.
14. That, if the project is funded, the proposed activities (project tasks/activities) listed in this application may be implemented without delay upon the execution of a written agreement between the City of Enid and the applicant.
15. That the proposed funding requested represents the amount needed to complete the project by the end of the twelve (12) month contract period.
16. That the applicant understands that all CDBG funds allocated to projects must be expended by the end of the contract period or such funds are subject to being reprogrammed to other projects.
17. That the applicant is fully capable of fulfilling its obligations under this application.
18. That, if the project is funded, the applicant understands that CDBG funds are provided on a reimbursement basis and that required reports and supporting documentation must be reviewed and accepted by assigned Project Managers prior to approval of payment to the applicant.
19. That, if the project is funded, all required federal and City certifications and assurances shall be adhered to.
20. That the applicant shall not use CDBG funds for grant writing, fundraising or lobbying per OMB Circular A-87.
21. That the applicant possesses the legal authority to apply for CDBG funds and to implement the proposed project.
22. That the applicant does not have any unresolved audit findings for prior CDBG and/or other federal-funded projects.
23. That there are no pending lawsuits that have been filed against the applicant.
24. That the applicant understands that the City may verify any or all statements contained in this application packet, and that any intentionally false information or omission may disqualify the applicant from consideration for CDBG funding in the current and future years.
25. That the applicant understands that, upon submission, this application packet becomes the property of the City of Enid and will not be returned to the applicant in whole or in part.
26. That should funding be approved for this proposed project, the applicant understands that they may not submit a request to revise the “project category” OR “project description” listed in this application. However, the CDBG Program office reserves the right to make revisions to scope of work/scope of services and/or budget line items during contract negotiations in order to improve/enhance the benefit to low/mod clients and communities to be served.
27. That the undersigned has reviewed this application packet for completeness and accuracy and have approved the description, performance goals, budget, and other aspects of the described project listed in this application.
28. That the governing body of the applicant agency authorizes the submission of this application.

**By signing below you acknowledge that you have read the entire Certification Clause and understand it fully.**

|  |
| --- |
| Signature:Print Name: Title:      Date:      Agency Name:      Project Name:       |
|  |

# RESOLUTION

 **WHEREAS**, the City of Enid (City) has issued a notice of funding availability for the Community Development Block Grant (CDBG) Program; and

 **WHEREAS**,       wishes to apply for and receive an allocation of CDBG funds from the City.

 (Name of organization)

 **NOW, THEREFORE, BE IT RESOLVED** that the       authorizes the submittal of an application to

 (Certifying Official)

 the City to be considered to receive an allocation of funds through the CDBG Program. The       , or appointed

 (Certifying Official)

 designee is hereby authorized to execute in the name of the       all necessary applications, contracts, payment

 (Organization Name)

 requests, agreements, and amendments hereto for the purposes of securing CDBG funds and to implement and carry

out the purposes specified in the CDBG application.

 The foregoing resolution was passed by the Board of Directors this       day of      ,

 (Name of Organization)

20     .

ATTEST:

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

Signature & Title of Governing Body Official

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

Signature & Title of Appointed Official

# CERTIFICATION OF AVAILABILITY OF MATCHING FUNDS

CERTIFICATION

The undersigned hereby certifies that is authorized to enter into an Agreement
 (applicant)

with the City of Enid Community Development Block Grant Program to receive a Grant for programs and services designed to benefit low-moderate income persons within the City.

The undersigned also certifies that       agrees to provide the requisite matching or
 (applicant)

leveraging funds in the amount of $ for Project.

 Name

 Title

Organization

This form must be signed by your organizations “Certifying Official”

# ATTACHMENTS PAGE

[ ]  Email completed application and scanned attachments to scarr@enid.org

[ ]  Signed original application

[ ]  Attachments (1 copy)

[ ]  Copies of application (5 copies)

# CHECKLIST

The CDBG application package must contain the following information **in the order prescribed**:

1. **Application Narrative** (original & five (5) copies):
* Application (do NOT attach the instructions to your application)
* Certification of Application
* Resolution

**Required Attachments** (One copy):

* 501 (c) 3 Status documentation
* List of Board of Directors
* Organizational Chart
* Resume of program administrator
* Resume of fiscal officer
* Resume of personnel (any staff paid with CDBG funds, regardless of amount)
* Tax Exemption Determination Letter
* Articles of Incorporation
* By-Laws
* Equal Opportunity Employment statement & Grievance Procedure
* Financial statement or Audit Requirements
* Statement of Insurance
* Application for services
* Sample of one client file with all supporting documents
* Income documentation of clientele served

If you do not have an item on the list please list the document name and explanation for not submitting. Applications points will be deducted for incomplete applications and missing attachments. Points will not be deducted for justifiable reasons.