

CDBG PUBLIC SERVICE GRANT PROGRAM APPLICATION FY 2019-2020

Please return your completed application by 4:00 p.m., Friday, January 11, 2019, to the City of High Point's Community Development and Housing Department.

Physical Address/Phone Numbers:

Alisha Doulen, Community Resource Specialist
City of High Point
Community Development & Housing Department - Community & Neighborhood Development Division
201 Fourth Street
High Point, NC 27260
Office: (336) 883-3042 or (336) 883-3041
Fax: (336) 883-3046

Mailing Address:

Alisha Doulen, Community Resource Specialist
City of High Point, Community Development & Housing Department
P.O. Box 230, High Point, NC 27261

Applicants for the CDBG grant funding will be asked to present their requests to the CAC, and answer any questions from CAC members, at a meeting held by the CAC on **Thursday, February 28, 2019**. City staff will contact each applicant to establish the time for the presentation.

Please follow the mandatory format for providing project information. Address each question in your written application. If you would require additional space to answer the application questions, please attach the information to the back of the application. Proposals not following this format or lacking requested information will be disqualified.

Applications that do not follow the required format may be rejected by City of High Point staff and/or the CAC and may not be considered for funding.

- Reproduce or use the CDBG application as written. Type your proposal following the mandatory format. Number your pages and staple. Submit the original and keep a copy for your records.
- Please submit additional supporting documentation such as brochures, newsletters, maps or other required materials as an attachment.
- All project proposals must comply with all local, state, and federal laws and regulations. Upon approval of funding, you will be required to enter into a contractual agreement that will include all terms of the services to be performed and grant conditions.
- Only one application per organization will be considered.

The deadline for submission of applications is Friday, January 11, 2019 at 4:00 p.m. This means that your completed application must be *received* by the Community and Neighborhood Development Division by that date. The City is not responsible for misdirected, late, incomplete, or lost applications. It is recommended that applicants submit the funding application before the deadline in the event that additional information is needed.



**City of High Point
Community Development Block Grant (CDBG)
Public Service Grant Program**

Application for CDBG Subrecipient Funding
Program Year July 1, 2019 through June 30, 2020

1. **Date of Application:**

2. **Name of Agency or Organization:**

3. **Contact Person(s) and Title(s):**

4. **Physical Address/Location of Agency Office:**

5. **Mailing Address for Correspondence:**

6. **Telephone Number(s):**
 - Office:
 - Mobile:
 - Fax:

7. **Email Address:**

8. **Project Name (please keep it short):**

9. **Amount of Funds Requested (Whole Numbers Only):**

10. **Previous CDBG grants to your agency:**

<u>Year</u>	<u>Amount Awarded</u>	<u>Project Name</u>
2018		
2017		
2016		
2015		

11. Do any other local agencies provide services or activities similar to those proposed in your project? If so, how is your program different?

12. Describe your organization and its mission:

13. Identify census tracts/census block groups and the physical address where the proposed activities will occur. Provide as an attachment, a street map labeling these locations.

14. Describe the project and specific activities to be implemented using CDBG funds. This should include, at a minimum, the dates that your project will start and end, who will

benefit from your project, your specific program goals, where your project will take place, and why your project meets a critical need in the community.

15. National Objective – All Public Service activities are intended to primarily benefit low and moderate-income individuals. Select whether the project meets one of the following criteria (check one):

- Area Benefit Activities – the benefits of the activity will be available to all the residents in a particular area, where at least 51% of the residents are low and moderate-income persons.

- Limited Clientele Activities – the benefits of the activity will be available to a limited clientele and at least 51% of these individuals are low to moderate-income individuals. Limited clientele programs target specific groups, e.g. programs targeting youth, services for seniors, or services for disabled individuals would all be considered limited clientele activities.

16. Please indicate how annual household income will be verified by your agency to determine whether clients are eligible to participate under CDBG program guidelines related to household income limits?

17. List the project's measurable goals (numeric) and objectives. Use numbers and dates as well as the projected number of persons or households to be served.

18. Date project is to begin:

19. Date project will be completed:

20. How will this project address the needs of low and moderate-income people or communities?

21. Applicants must demonstrate that the selection of clients is an objective process and may not limit participation on the basis of race, gender, nationality, ethnicity, religion, creed, or disability. How will your project comply with this expectation?

22. If this project is sponsored by a church or religious group, participation may not be limited to members of the church. What efforts will you make to ensure that the community at-large is aware of this project and the opportunity for participation?

23. Provide as an attachment, a detailed budget for this project. List both proposed CDBG funds and other *committed Match* funds that will be used to complete the project. Also list any additional *committed* in-kind contributions, donated professional services and fees, and other resources being applied as Match to complete this project. Show a detailed breakdown of individual items. Use specific descriptions, not broad categories (see guidelines for examples). Detailed budget must include:

- Expense with Description
- CDBG Funds Requested
- Matching Funds or Contributions
- Source of Match (attach to the budget a letter from the Donor indicating their support of the project as well as the type and value of matching funds or contributions they will commit as of July 1, 2019)

24. Will this project be undertaken if CDBG funds are not available or the amount granted is less than requested? Have provisions been made to this effect?

25. Identify who will be in charge of planning, implementing, follow-up, and seeing that the project is compliant with HUD Regulations, Program regulations and the Contractual Agreement if the project is awarded a grant.

Name/Title/Phone Number/Email Address:

26. Identify who will be responsible for keeping appropriate records concerning CDBG grant expenditures and preparing monthly reports.

Name/Title/Phone Number/Email Address:

27. If awarded a CDBG Public Services grant, how will your agency recognize the City of High Point as the grantor?

My signature indicates that I have read the program guidelines and am willing and capable of compliance. I am also authorized to apply for grant funds.

Submitted by: _____

Signature, Title

Date

Signature of Executive Director

Date

Signature of Board Chair

Date



MATCH WORKSHEET

Amount of Grant request: \$ _____

\$ _____ x 25% = \$ _____
(Grant Request) (Required Match Value)

Matching Funds: \$ _____

Source of funds: _____

Description: _____

Matching Volunteer Labor: Number of Volunteers: _____

Each volunteer will work _____ hours per week

Total number of volunteers ____ x ____ (projected hours per week)
x _____ (projected # of weeks) x \$14.00/per hour = _____
(volunteer match value)

Provide as an attachment, a list of volunteer names and identify what work/function they will perform in relation to this project.

In-Kind Contributions:

Source of funds: _____

Description: _____

Sample Budget

Project: After School Tutoring

Expense Description	CDBG Request	Matching Funds	Match Source/ Date Available
Reading Flash Cards 4 sets @ \$7.00	28.00	-0-	
Instructor Educational Booklets 10 @ \$12.50 each	120.00	-0-	
Paper, pens, pencils, files, notebooks, etc.	300.00	50.00	Foundation grant (7/1/18)
Office/Project Space In-kind donation from the church, valued at \$50.00/week X 15 Weeks or \$750.00	-0-	750.00	Church contribution (7/1/18)
5 Volunteers will work 2 hours for 2 days per week for 15 weeks. Calculated at a value of \$14.00 per hour or \$4,200	-0-	4,200.00	University students (7/20/18)
TOTAL	\$448.00	\$5,000.00	
	Round to: \$450.00		

Grant request:	450.00
Required Match:	450.00 x 25% = \$112.50
Matching Funds (Cash):	50.00
Matching Project Space (In-Kind):	750.00
Matching Volunteer Hours:	4,200.00

Describe the source of matching funds: XYZ Foundation, W. Church and XY University



XIV. APPLICATION CHECKLIST

Use this checklist to ensure that you have included key information in your application.

- You have read the grant program guidelines carefully and have complied with each provision.
- Your application is dated.
- You followed the mandatory format for preparing the grant application.
- The person listed as the contact person is knowledgeable about the project and application and is aware that they are listed as the contact person.
- Reliable telephone numbers are listed.
- You included the correct mailing address for correspondence and grant payments.
- You have rounded the funding request to the nearest \$50.00.
- Your project description includes essential information:
 - Who will implement the project?
 - What activities will take place under the project?
 - When will the project begin and end?
 - Where will the activities be conducted?
 - Does the project have an Area Benefit, or will it benefit Limited Clientele?
 - How will annual household income be verified to determine program eligibility of low or moderate-income families or individuals?
 - How will this project address a community need?
- Your detailed project budget is provided as an attachment and the proposed budget is a reliable projection of the project's expenses and revenue related to this project.
 - A letter (on organizational letterhead) from donors committing Matching funds and/or in-kind services/goods available as of 7/1/2019 is provided as an attachment.
 - Attach a list of volunteers indicating what dates and hours will be committed to the project if using volunteer hours as match.

- Your project goal and objectives contain measurable numbers and dates or time frames as well as the projected number of people and households to be served.
- A specific location is listed to identify activity sites and a map is included as an attachment
- The census tracts and/or census block groups to be served by the project have been identified.
- A promotional strategy indicates how your agency will recognize the City of High Point as the grantor if your agency receives a CDBG Public Services grant
- The application is signed by the submitter and/or, Executive Director and Board Chairperson.
- Your certification as a 501(c) 3 non-profit organization is included as an attachment.
- Your most recent audit is included as an attachment.