Mecklenburg County
Community Development Block Grant Program
Application for FY 2019-2020 Funding

DEADLINE SUBMISSION DATE
Friday, February 22, 2019 at 12:00PM
Mail to: Attn: Victoria Avramović Office of Community & Economic Development Re: Mecklenburg County CDBG Program 9815 David Taylor Drive Charlotte, NC 28262 or Email to: cedc@centralina.org Subject: Mecklenburg County CDBG Program **(Incomplete applications will not be considered for funding)**

Section I
Application Information

APPLICATION SUMMARY

Full Legal Name of Applicant:	
Program/Project Name:	
Street Address:	
City, State, Zip Code:	
Contact Person:	
Title:	

Phone:	**Email:**

Is this Project/Program:	**LEGAL STATUS**
☐ Existing ☐ New ☐ Pilot Program	☐ Municipality ☐ Non-Profit ☐ Community-Based Development Organization Federal EIN: _____ DUNS #: _____

To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.

Certifying Official: _____ Title: _____

Date: _____

Funds Requested: Please list below the amount of CDBG funding for which you are applying.
$_____

Past CDBG Awards

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

	FY 18-19	FY 17-18	FY 16-17	FY 15-16
CDBG	$	$	$	$

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

Section II
Project Need & Description

Project Description

1. **Below provide a detailed** description of the project/program and the community need. Include the project/program name and physical location. The description should only address the specific activities, services, or project that is to be assisted with CDBG funds. Please include maps or other supporting material as attachments. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity. (*Reference to another document will not be considered a response to this question.*)

2. What type of CDBG activity is your project? (Choose one) Please see 24 CFR 570 for more details on categorizing your project appropriately.

☐ Public Service §570.201 (e)

☐ Economic Development §570.203

☐ Acquisition of Real Property §570.201 (a)

☐ Relocation §570.606

☐ Clearance and Remediation Activities §570.201 (d)

☐ Rehabilitation of Residential and Non-Residential Structures §570.202

☐ Public Facilities and Improvements §570.201 (c)

☐ Other _____

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

2.b. If the service is not new, will the existing public service activity level be substantially increased or improved? Provide details of how it will be improved. For increase in service provide data on the past three years illustrating service level and provides estimate for increase in service.

3. Explain why the program activities are the right strategies to use to achieve the intended outcome?

4. How will your organization use community and/or participant input in planning the program design and/or activities?

Project Benefit

5. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community location or other characteristic of the population this project/program intends to serve.

6. How will you reach the targeted population?

7. Beneficiary Type, please choose either subcategory a, b, c or d.

    a. ☐ Area Benefit: The project or facility is available to all persons located within an area where at least 70% of the residents are low/moderate income. Please provide a map of the project area and documentation showing the census tract number and universal LMI percentage for the defined project area.

    b. ☐ Limited Clientele: The project serves a specific population (e.g., services for seniors, homeless, severely disabled adults, homeless persons, illiterate adults, migrant farm workers, abused children, persons with AIDS or battered spouses); where at least 70% of clients served are LMI.

    c. ☐ Housing Benefit: Housing structures must be occupied by LMI households.

    d. ☐ Jobs Benefit: Activities must create or retain permanent jobs and 70% of the jobs crated/retained must be available to or held by LMI persons.

8. Benefit to low and moderate-income persons must be documented. How will your organization document the benefit chosen above? (check only one box - a, b, c or d)

    a. ☐ You will receive income data verification from each participant in the program. Please attach sample documentation of how you will document, income, race and ethnicity of clientele, i.e. worksheets, intake forms, etc.

    b. ☐ Your project/activity serves only a limited area (Area Benefit) which is proven by most recent American Community Survey data.
    Census Tract #_____   Block Groups# _____

    c. ☐ Your project/activity serves only a limited area (Area Benefit) which is proven by a HUD approved survey instrument. All surveys must be approved by HUD prior to implementing the survey, attach a copy of the survey instrument.

Proposed Outcomes

9. What are the intended outcomes for this project/program?

10. How will beneficiaries benefit as a result of participation?

11. List your goals/objectives and activities that will take place to implement the project/program and the associated proposed outcomes.

12. Provide the project/program benchmarks you hope to achieve in FY 19-20. For example, how many unduplicated persons will be served, how many homes assisted, how many jobs created or retained, how many linear feet of sidewalks constructed, etc. How will you measure and evaluate the success of the project/program to meet the goals/objectives (measures should be both qualitative and quantitative)? *Do not inflate your estimates - the numbers provided will be used to assess your proposed project's success*.

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

Workplan, Timeline and Milestones

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

Staff Roles and Responsibilities

15. Description of the management of your program/project, include name, job title, job description and qualifications. Attach any supporting documentation if necessary.

Income Eligibility

16. Discuss how the project directly benefits low and moderate-income residents.

17. For the project/program, please estimate on how beneficiaries will breakout into the income categories listed in the table below, during the total grant period. See attached income limits chart.

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

PLEASE NOTE: CDBG funds can only be used to **reimburse** for services to low and moderate income residents within the Mecklenburg County CDBG Program Area. An eligible program may assist persons over 80% median incomes, but at least 70% overall must be below the 80% median income to be eligible for CDBG funding. **Income documentation must be retained and reported for all served in order to determine the percent of low/moderate income. Income documentation must be made available to Mecklenburg County and its agents in order to verify program eligibility.**

Organizational Capacity

18. Describe your organization's experience in managing and operating projects or activities funded by CDBG or other Federal sources. Include within the description a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program.

19. For what period of time has this organization provided the proposed services?

20. What services, other than those proposed in this proposal does the organization provide?

21. If the organization does not have experience in providing the proposed service, what experience and success has the organization had in carrying out similar projects/programs?

Section III
Project Budget & Funding

BUDGET

1. Provide a clear description of what you will do with the CDBG investment in the project/program. How will you spend the funds, provide specific details?   If the CDBG funded activity will start on a date other than July 1, 2019 please indicate the start date.

2. Show Program/Project fiscal budget (not entire agency), add or remove expense categories as needed.

Expense (Example)	Requested CDBG Funds	Other Funds	Source of Other Funds	TOTAL BUDGET
OPERATIONS: Program Delivery				
CONSTRUCTION: Engineering Materials Labor Contracts				
Total Budget **Expenditures**				
Other:				

3. What are the other funding sources? Are those funds secured?

4. If you do not receive the requested funds or only receive a portion of what you requested, how will that impact the project/program?

5. If your request includes recurring costs, what are your plans to secure funds for these needs in the future?

The purpose of CDBG funds is not to fund projects that are the general responsibility of government or to maintain the operation of a non-profit organization.

Section IV
Conflict of Interest

Federal law (2CFR200.317 and 200.318) prohibits person who exercise or who have exercised any functions or responsibilities with respect to the above grants…or who are in a position to participate in a decision-making process or to gain inside information regarding such activities, may obtain a financial interest or benefit from an assisted activity…. either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

c) Current beneficiaries of the program for which funds are requested?

☐ Yes ☐ No

d) Paid providers of goods or services to the program or having other financial interest in the program?

☐ Yes ☐ No

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

_____

Signature of Certifying Official   *Date*

Section V
501(c)3 Designation
(If you are not a 501(c)3 please disregard this section)

Name of organization: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

      Contact Person: _____

      Title: _____

      Telephone Number:

      Email Address:

How long have you been operating?

What is your annual budget?

How often does your Board of Directors meet?

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

SECTION VI

THREE-MONTH CASH RULE TEST

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

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

Balance Sheet- Audited Financial Statements FY: _____ Page #: _____
(Documents must be attached to the Application)

Enter Agency Cash Balance _____
(Cash cannot include investments of receivables)

A. **Multiply Agency Balance by 4 and enter in adjacent box.**
   Cash available for project(s) _____

   List the amount of FY 20 CDBG funding applied for in this application. _____

   List the amount of FY 20 CDBG funding applied for on any other application. _____

B. **Sum all the amount for FY 2020 CDBG funding request(s).** _____

Compare Agency Cash Balance Available (Item A) with the Total FY 2020 CDBG Funding Request (Item B):

Item A: _____ **Item B:** _____ **Difference:** _____

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

The Agency can adjust any of the FY 2020 CDBG requested amount(s) to result in a positive or $0 balance, as long as: A) Each project meets the minimum required amount for each of the applications, and B) cash available for projects is now greater than or equal to the total FY 2020 CDBG funding request.

Current Mecklenburg County CDBG Income Limits

FY2018 Income Limit Area	Median Income	FY2018 Income Limit Category	1	2	3	4	5	6	7	8
Mecklenburg County	$74,100	Very Low (50%) Income Limits ($)	29,950	29,650	33,350	**37,050**	40,050	43,000	45,950	48,950
		Extremely Low (30%) Income Limits ($)	15,600	17,800	20,780	**25,100**	29,420	33,740	38,060	42,380
		Low (80%) Income Limits ($)	41,550	47,450	53,400	**59,300**	64,050	68,800	73,550	78,300