



# City of Gainesville 2015 CDBG Public Services Application

See Instructions

**DUE DATE: January 29, 2016**

**1. APPLICANT (agency)**

**CONTACT PERSON**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address (work)

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Telephone no. (work)

\_\_\_\_\_  
Fax no. (work)

\_\_\_\_\_  
e-mail address

**2. PROJECT INFORMATION**

\_\_\_\_\_  
PROJECT TITLE

\_\_\_\_\_  
LOCATION (address or specific description)

\_\_\_\_\_  
How many persons will project serve?

\_\_\_\_\_  
How many are low & moderate income?

\_\_\_\_\_  
Which priority need(s) does this project serve? (See priority need tables)

**CDBG FUNDS**

**TOTAL PROJECT**

**REQUESTED: \$ \_\_\_\_\_**

**COST: \$ \_\_\_\_\_**

**3. PROJECT DESCRIPTION** (See instructions)

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it, WHAT you will fund with CDBG funds, and WHEN will the project start and be completed. Please include how you propose to coordinate your services with other agencies and leverage resources. (NOTE: More information is requested later; this space is for a brief overview of your project.)

**4. PROJECT BENEFICIARIES**

A. Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the requested funding.

B. Describe the method(s) you will use to document low/moderate income.

**5. ANTICIPATED PROJECT OUTCOMES**

Complete the chart below to describe the most significant outcome(s) this project is expected to have on its participants for program year 2015. Tell how many households or individuals will realize each outcome and how each outcome will be measured. Copy chart and attach to describe additional outcomes.

**Outcomes:** Outcomes are not the activities of the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include # of seniors remaining in their own homes, # of clients placed in permanent jobs with living wage; # of affordable housing units rehabbed or created. Include only major project outcomes supported by the requested Community Development Block Grant funds.

**Major Tasks:** Outline the major tasks/activities to be conducted by this project (e.g. day services for seniors; job training/placement; site preparation/construction/rehab; etc.).

**Outputs:** Quantifiable products of each of the major tasks described (e.g. # of seniors participating in day programs; # clients trained/placed; # sites prepared; # of housing units constructed/rehabilitated; etc.)

**Outcome Measurements:** How will you measure outcomes? What follow-up tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated?

**Outcome #1** *Describe how participants will benefit and how many are expected to realize this outcome.*

Major tasks necessary to Realize Outcomes	Outputs Resulting from Tasks

Outcome Measurements: *Describe evaluation tools, methods and benchmarks to measure achievement of this outcome. (explain below)*

**Outcome #2** *Describe how participants will benefit and how many are expected to realize this outcome.*

Major tasks necessary to Realize Outcomes	Outputs Resulting from Tasks

Outcome Measurements: *Describe evaluation tools, methods and benchmarks to measure achievement of this outcome. (explain below)*

**6. IMPLEMENTATION SCHEDULE**

Provide general time line for program implementation and expenditure of funds requested from City.

Activity	Estimated Dates	Estimated CDBG Funds Expended
Execute Grant Award	February 2016	\$0
Final Staffing/Administrative Procedures		
Policies Adopted		
Begin Program Marketing		
Begin Application Processing		
Provide Services		
Submit Final Invoice & Beneficiary Information		
Complete Financial Audit		

**7. PROJECT SITE**

A. Site Control: Indicate below the status of the project site and attach documentation of site control: *(lease agreement, purchase option or property deed)*

- Applicant owns property: Date acquired \_\_\_\_\_
- Lease. Expiration Date: \_\_\_\_\_
- Option to purchase. Expiration Date: \_\_\_\_\_
- Other, describe: \_\_\_\_\_

B. Zoning: If zoning is not known, contact the Community Development Department at 770-531-6570.

- 1) Project structure type is:  Residential  Commercial  
If Other, specify: \_\_\_\_\_
- 2) What is current zoning classification of project site? :  
\_\_\_\_\_
- 3) Is site zoned correctly for the proposed activity?:  Yes  No  
If No, then provide an explanation of efforts and timetable to change zoning or obtain variance: \_\_\_\_\_

**8. 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 between 17-19 inches 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.

- A. For Service Programs (Direct Services):  
Is facility, in which program occurs in compliance with ADA accessibility standards?
- Yes       No

B. If you responded "No" in A above, describe accessibility problems.

**9. EMPLOYMENT AND CLIENT PARTICIPATION**

Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?

- Yes, currently     Not currently     Willing to adopt practice

**10. PROPOSED PROJECT BUDGET**

Please fill out the budget(s). Do not combine two or more distinct programs in one budget: Provide separate budgets for each separate program.

- A. Include all items associated with implementing the specific activities described in the detailed project description, regardless of funding source. Include only the costs associated with the proposed activity.

Line Item	Total Project Amount (Including CDBG)	CDBG Portion Only
Staff Salaries		
Staff Fringe Benefits		
Rental/Lease		
Equipment Purchase (specify)		
Materials/Supplies (specify)		
Utilities		
Insurance/Bonding		
Audit		
Contractual Services (specify)		
Scholarship Assistance		
Other: (specify)		
<b>TOTAL</b>	\$ -	\$ -

B. If applicable, please indicate below the total number of staff positions (including titles) which are included under the "Salaries and Fringes" portion of the Proposed Project Budget. Also, please show which positions or percentage of salary that would be reimbursed with CDBG funds.

Position	Amount of Salary	Percentage Reimbursed with CDBG Funds

**11. PROPOSED REVENUE SOURCES**

Identify sources and amounts of committed funds for current program year for this project. If construction capital project, please identify funds committed in prior fiscal years.

Source	Funding Amount	Budget Line Item Covered by Funds	Status Code (C, A, TBR)

CDBG Funding Request	
Applicant's Contribution	
Other government contributions:	
Federal (Specify)	
State (Specify)	
Local (Specify)	
Private Contributions (Specify)	
<b>TOTAL PROJECT REVENUES</b>	<b>\$ -</b>

**12. RECEIPT OF PRIOR CDBG OR OTHER GOVERNMENT FUNDING**

A. Has this project received a CDBG grant or any other type of government funding in the past five years?  Yes  No  
If yes, fill in below:

- Year of award: \_\_\_\_\_ Source: \_\_\_\_\_  
Amount \$ \_\_\_\_\_
- Year of award: \_\_\_\_\_ Source: \_\_\_\_\_  
Amount \$ \_\_\_\_\_
- Year of award: \_\_\_\_\_ Source: \_\_\_\_\_  
Amount \$ \_\_\_\_\_
- Year of award: \_\_\_\_\_ Source: \_\_\_\_\_  
Amount \$ \_\_\_\_\_
- Year of award: \_\_\_\_\_ Source: \_\_\_\_\_  
Amount \$ \_\_\_\_\_

**13. ORGANIZATION INFORMATION**

A. Background - Include the length of time the agency has been in operation, date of incorporation, the purpose of the agency and type of corporation.

B. Describe all services and programs offered. If a license to operate your agency is necessary, submit a copy of the license.

C. Describe the agency's existing staff positions and qualifications.

D. Do you have a personnel manual with an affirmative action plan and grievance procedure? \_\_\_\_\_

- E. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.

- F. Provide evidence of financial accountability such as a recent audit or annual accounting with balance sheet.

NOTE: Audit Requirements - In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$300,000 or more in federal financial assistance in a fiscal year must secure an audit.

**14. CONFLICT OF INTEREST QUESTIONNAIRE**

Please answer yes or no for each question.

- A. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to participate in the decision making process for approval of this application? \_\_\_\_\_
- B. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to gain inside information with regard to approval of this application? \_\_\_\_\_
- C. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds obtain a financial interest from this activity? \_\_\_\_\_
- D. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the 2015 program year and one year thereafter? \_\_\_\_\_

*If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15-day public comment period must be held prior to execution of Year 2015 grant agreement of release of funds.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

**15. ATTACHMENTS**

*"Private agencies that have applied in the past or are currently funded by the Community Development do not need to submit Articles of Incorporation, bylaws, tax exemption letters, an organizational chart, and resumes of the program administrator and fiscal officer if they have not been changed since initially submitted.*

- A. Articles of Incorporation and Bylaws:  
Documents recognized by the State as formally establishing a private corporation, business or agency.
- B. List of Board of Directors:  
A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.
- C. Board of Directors' designation of authorized official:  
Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
- D. Organizational Chart:  
An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions with shared responsibility.
- E. Resume of Chief Program Administrator
- F. Resume of Chief Fiscal Officer
- G. Annual Financial Statements and Audit
- H. Statistical Report for last 12-month period.
- I. Copy of Liability Insurance

***Failure to comply with any of the above items may be reason to deny and return application.***



# **Program Description & Application Instructions**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
PUBLIC SERVICES**

**Program Year 2015**

*One original and one print copy of this application must be submitted no later than  
**January 29, 2016 at 5:00 P.M.** to:*

**City of Gainesville  
Community Development Department/Housing Division  
311 Henry Ward Way  
P. O. Box 2496  
Gainesville, GA 30503  
(770) 531-2693**

# I. PROGRAM DESCRIPTION

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

The Community Development Block Grant Program was authorized as a result of Title I of the Housing and Community Development Act of 1974, as amended. This program provides the City of Gainesville and other local governments with the opportunity to develop viable communities by funding activities that provide decent housing, a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. Funds are awarded to carry out a wide range of community development activities directed toward neighborhood revitalization, economic development and the provision of improved community facilities and services.

The program is administered and funded through the U.S. Department of Housing and Urban Development, which makes available annual allocations to local participating jurisdictions to carry out the purposes and objectives of the Program. The total amount of funding for program year 2015 is \$441,727 of which **\$65,000 is available for Public Services.**

### National Objective of the CDBG Program for Public Services

To benefit low- and moderate-income persons: Projects under this objective must either directly or primarily benefit low- and moderate-income City of Gainesville residents (as defined by Section 8 Income Guidelines; see below:

#### 2015 HUD INCOME LIMITS

HOUSEHOLD SIZE	GROSS INCOME TOTAL MAY NOT EXCEED
1	\$33,250/year
2	\$38,000/year
3	\$42,750/year
4	\$47,500/year
5	\$51,300/year
6	\$55,100/year
7	\$58,900/year
8	\$52,700/year

Note: These income limits are published annually, and are subject to change by the United States Department of Housing and Urban Development (HUD). **\*\* Agencies must have a procedure in place to verify program participant's income and maintain a record of this verification.**

## II. CDBG APPLICATION REVIEW & SELECTION PROCESS

### A. TIMELINE

Friday	1/08/16	Department Announces Availability of 2015 Program Year Funds
Tuesday	1/14/16	Question and Answer Meeting at Community Development Department, 3 p.m.
Friday	1/29/16	Final Applications Due to Department by 5 p.m.
	TBD	Loan Review Committee Review & Rank of Applications
	TBD	Notice of Award

### B. SELECTION AND APPROVAL

The staff of the Community Development Department will screen all applications for compliance with application requirements and forward to the Loan Review Committee for review. Incomplete applications and ineligible applications will not be considered but returned to applicants. *Applications submitted after the deadline will not be considered.*

The Loan Review Committee will use the following criteria to evaluate each application:

#### 1. LOW INCOME EMPHASIS

The percentage (%) of low- and moderate-income clients served.

#### 2. PRIORITY NEEDS IDENTIFIED IN YEAR 2014 – 2018 CONSOLIDATED PLAN

The project must address needs identified as “High-Priority” needs in the Consolidated Plan which include:

- Extremely Low, low and moderate income persons
- Families with Children
- Elderly
- Chronic Homelessness Individuals, Families with Children
- Mentally Ill
- Veterans
- Persons with HIV/AIDS
- Victims of Domestic Violence
- Unaccompanied Youth
- Elderly
- Frail Elderly
- Persons with Mental Disabilities
- Persons with Physical Disabilities
- Persons with Developmental Disabilities
- Persons with Alcohol or Other Addictions
- Persons with HIV/AIDS and their Families
- Victims of Domestic Violence

### **3. LEVERAGING & QUALITY OF PROGRAM DESIGN**

This includes the financial feasibility of the project and overall program design. Documentation of community partnerships, mechanisms for tracking of clients, and evaluation tools to measure outcomes will also be considered. Applicant should provide documentation showing evidence to the extent and firmness of other funding and volunteer time commitments to the proposed activity. Applicant must include a program schedule and performance benchmark for the contract period.

### **4. OPERATIONAL CAPABILITY & EXPERIENCE OF THE APPLICANT**

The applicant must prove the ability to develop and carry out the proposed project in a reasonable time and successful manner. Evidence demonstrating previous experience of the applicant and key staff of the organization in relevant activities will be considered. The applicant must identify the key staff that will be responsible for implementing the program and describe their qualifications.

### **5. FINANCIAL CAPABILITY AND EXPERIENCE**

The applicant must show the capability to handle financial resources and follow procedures for effective control. Evidence demonstrating previous experience of the applicant, the key staff of the agency and the adequacy of existing financial control procedures. A description of the financial control system and supporting documentation, including a copy of your most recent financial statement, should be submitted. Audits submitted with the concept paper will be used. If you have a more recent audit than previously submitted, please include with this application.

### III. APPLICATION SUBMITTAL

All applications must be submitted by the **deadline date, January 29, 2016**. **Applications received late will not be considered in the funding process.**

An original and one (1) complete copy of the application with all attachments must be submitted in a sealed envelope addressed as follows:

- Community Development Block Grant
- The name of the organization submitting the application.

The application should be assembled so that it follows a logical and consistent format. **DO NOT USE TABS, STAPLES, OR BINDERS.** Cover pages are the preferred method of separating materials or indicating the addition of supporting materials. Staff will be photo-copying the applications; therefore all materials should be of a consistent size (8.5 x 11).

### IV. CONTRACTUAL REQUIREMENTS

Under City and Federal laws and regulations, certain requirements must be met in order to negotiate an agreement and disburse funds. These requirements include the following:

- A. Except for economic development projects and certain types of housing projects, applicants must demonstrate that they are a private non-profit or governmental agency. If non-profit, they must be incorporated under Georgia State law and have a 501(c)(3) status.
- B. After an application is approved for funding, an agreement will be prepared and sent by the City to the person identified by the applicant as the authorized official for signature. The agreement will specify the amount of the award, the period for which the project is approved, duration dates, and administrative provisions. Special conditions attached to the award also will be specified in the agreement. Sub-recipients will be required to file regular reports on expenditures, progress toward goals and beneficiaries. Forms for these reports will be provided.
- C. Sub-recipients will be required to obtain adequate insurance covering workmen's compensation, bodily injury, property damage, or automobile liability, and fidelity bond depending on the nature of the project. Also, any necessary licenses for complying with all applicable Federal, State and Municipal laws, codes and regulations must be obtained.
- D. Sub-recipients will be required to comply with affirmative action and equal opportunity laws. In the event of non-compliance, the agreement may be terminated or suspended in whole or in part.

## **V. APPLICATION INSTRUCTIONS**

### **ITEM #1: APPLICANT/CONTACT PERSON**

Please list the legal name and address of the agency, and the name, title and address of the contact person who will be working with the Community Development staff through the year.

### **ITEM #2: PROJECT INFORMATION**

- Project Title & Proposed Location (self-explanatory)
- Estimate total number of persons to be served by the project for which funds are being requested.
- Estimate number of low- and moderate-income persons to be served.
- Indicate Priority Need. (Listed above under Priority Need Identified in Year 2014-2018 Consolidated Plan)
- Indicate Total Amount of CDBG funds requested.
- Indicate Total Project Cost for this Project/Program.

### **ITEM #3: PROJECT DESCRIPTION**

Briefly describe proposed project and the work to be performed. The narrative should include the purpose of the project, the needs or problems to be addressed, how the needs were determined, how will success of the project be determined, etc. Include WHAT you will do, WHO you will serve, WHY the project is needed, WHERE you will do it and WHAT you will fund with CDBG funds.

Be very specific about who will carry out the activities, the location in which they will be carried out, and the frequency with which services will be delivered.

Please include how you propose to coordinate your services with other agencies and leverage resources. What efforts will your agency and partners make to promote your program and reach isolated individuals?

### **ITEM #4: PROJECT BENEFICIARIES (self-explanatory)**

### **ITEM #5: ANTICIPATED PROJECT OUTCOMES**

Describe the most significant outcome(s) this project is expected to have on its participants for year 2015. Indicate how many households or individuals will realize each outcome and how each outcome will be measured. Copy charts for more than two outcomes.

### **ITEM #6: PROJECT IMPLEMENTATION SCHEDULE**

Provide a general time line for program implementation and expenditure of funds requested from the City. Allow one month for contract signing. All funds are awarded on a 12-month basis.

### **ITEM #7: PROJECT SITE (Self-explanatory)**

**ITEM #8: ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES**  
(Self-explanatory)

**ITEM #9: EMPLOYMENT CLIENT PARTICIPATION** (Self-explanatory)

**ITEM #10: PROPOSED PROJECT BUDGET**

Please delineate entire cost of the project in the separate columns provided on the Proposed Project Budget Sheet. Do not combine two or more distinct programs in one budget. Provide separate budgets for each separate program.

**ITEM #11: PROPOSED REVENUE SOURCES**

Indicate the proposed revenue sources for this project. Use the codes below in the Status Code column, and provide narrative explanations as needed. *(Attach additional pages if necessary. Label attached pages Item #11: Proposed Revenue Source Explanations)*

Status Codes

<b>C</b>	Committed: Attach documentation/provide timetable for submission of documentation. Professional in-kind match will be considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most recent award letters. <i>If committed but not documented, attach explanation.</i>
<b>A</b>	Applied For: Provide status and estimated notification date
<b>TBR</b>	To Be Raised: Describe funding plan and timetable

**ITEM #12: RECEIPT OF PRIOR CDBG OR OTHER GOVERNMENT FUNDING**

If your organization has received CDBG funds or other government funding in the past, please complete the table, identifying grantors, the grant or funding amounts, the years of award and which project was assisted. Please list the most recent award first.

**ITEM #13: ORGANIZATION INFORMATION**

Describe purpose, services offered, staffing positions, financial management, etc.

**ITEM #14: CONFLICT OF INTEREST QUESTIONNAIRE** (self-explanatory)

**ITEM #15: ATTACHMENTS** - Please attach the items requested in the application.

*“Private agencies that have applied in the past or are currently funded by the Community Development Department Office do not need to submit Articles of Incorporation, bylaws, tax exemption letters, an organizational chart, and resumes of the program administrator and fiscal officer if they are on file in this office and they have not been changed since initially submitted.”*

Please review this list of requirements to see if your organization may be eligible to apply for a CDBG Public Services Grant:

- Must be a 501(c)3 tax exempt organization;
- Must be able to document that your program serves low income residents of Gainesville;
- Must be able to provide 25% matched funds;
- The program to be funded must be either a new program or must be a quantifiable increase in the level of an existing service;
- The program must not provide religious instruction or counseling, conduct religious worship or services, engage in religious proselytizing, and exert religious influence in the provision of services;
- Must not discriminate against any person on the basis of religion and will not limit such services or give preference to persons on the basis of religion;
- Does the activity meet at least one of these locally developed funding goals:
  - Goal 1: Address Homelessness;
  - Goal 2: Address Special Needs Populations;
  - Goal 3: Provide Elderly Housing;
  - Goal 4: Provide Adult Daycare;
  - Goal 5: Provide Hispanic Access to Services;
  - Goal 6: Provide Childcare.