

OFFICIAL USE ONLY:

Social Service Other Approved

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COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

SUBRECIPIENT APPLICATION & FUNDING REQUEST
PROGRAM YEAR 42 (2016-2017)

Please Type or Print Clearly

1. Organization, Agency, or Department Name

2. Type of Organization (check only one)

Non-Profit Private Municipal (Town) Other

If you are a non-profit agency, please attach a copy of your current IRS 501(c)(3) letter.

3. Current Address

(Street No.)

(Street)

(City)

(State)

(Zip)

4. Mailing Address (if different from above)

(Street No.)

(Street)

(City)

(State)

(Zip)

5. Telephone Number

() - Ext.

6. Fax Number

() -

7. Email Address

8. Contact Person (Name/Title)

9. Funding Information:

- A. Amount of PY 42 (2016) CDBG Project Funding Requested: _____
- B. Applicant's Total Proposed CDBG Project Budget for 2016: _____
- C. Applicant's Total Budget for the Coming Year: _____
- D. Project Name/Title: _____
- E. Project Address/Location: _____

10. Briefly describe the program, project, or activity for which you are requesting CDBG funds. If funding is requested for more than one project or activity, please submit each one as a separate application. Please be as clear and specific as possible, and quantify your request as much as possible (i.e. If you are requesting funds for a road project, specify the length, estimated quantities, type of materials needed, etc.)

Please include/attach the following:

- 1. Annual budget for the entire organization (inclusive of the proposed program or project).
- 2. Estimate of monthly expenditures for the period July 1, 2016 through June 30, 2017.
- 3. Proposed project timetable identifying major project elements.

11. Please document the need for this project:

12. What benefits will result from this program or project?

13. Please indicate which of the following national objectives of the CDBG program the project/activity will meet (check only one):

- *Benefit to low and moderate income individuals of a limited clientele - § 570.208(a)(2)
- *Benefit to low and moderate income families in general – Area Benefit § 570.208(a)(1)
- *Benefit to low and moderate income housing stock - Housing § 570.208(a)(3).
- *Benefit to low and moderate income jobs - Job Creation/Retention § 570.208(a)(4)
- Elimination of slums and blight in a general area - § 570.208(b)(1)
- Elimination of slums and blight on a spot basis - § 570.208(b)(2)
- Elimination of slums and blight as part of an Urban Renewal Project - § 570.208(b)(3)
- Addressing an urgent need for which other financial resources are not available.

*Refer to the *Information Package, Exhibit 1*, for current income limits based on household size.

14. Clearly explain how the program/activity will meet at least one of the CDBG national objectives selected above, and how you will document and maintain records to establish participant benefit and eligibility:

15. Please identify which neighborhoods, areas, or populations of the Town that the program(s) or activity(ies) will serve, if applicable:

16. Please specify the location for the proposed program(s) or activity(ies) to be funded:

- Specific Address(es) _____
- Town-wide (only for projects that will serve all Town residents)
- Specific Census Tract and/or Block Group*: (Tract # _____) (Block Group # _____)

*Refer to the *Information Package, Exhibit 3*, for current LMI areas.

17. Please clearly describe how the project will serve the population identified above and the number/characteristics of the clients to be served by the proposed activity:

18. Which one of the nine outcome statements (see the *Information Package, Exhibit 5*) best represents the expected benefits? _____

19. Describe how this outcome will be measured?

20. Social service activities are required to provide and document an outcome measurement system. Please provide an outcome measurement methodology to quantify the accomplishments of your activity.

21. How will you verify and document that the people who will benefit from the program/activity meet the low and moderate income requirements as specified by HUD?

22. Amount of CDBG funds requested: _____

23. Basis for request: * _____

*Please attach a project or program budget to this funding request. **Include and indicate all committed or proposed sources of funding for the project.**

24. If this is a construction project, does the estimate include the payment of the federal wage scale to those who will work on the project? Yes No

25. Is this a residential (housing) project? Yes No

If yes, please provide details relative to the number of units: _____

26. Does this project involve the acquisition of property? Yes No

If yes, please be aware that the federal funds will be secured as a lien on the property, in order to ensure that the funds are protected and the project is completed.

27. How long will it take to begin and complete project? (Include a timetable per question 10)*

**Careful consideration will be given to programs and projects that present a plausible timetable for completion. Please refer to the discussion of HUD Timeliness Standards in the Info Package.*

28. Will this project result in the involuntary displacement of residential tenants? Yes No

If yes, estimate how many; and be aware that additional funds will be required for relocate benefits under the law.

Applicants who answer "yes" should also refer to the discussion of Displacement in the Information Package, and obtain a copy of the relocation plan referenced therein.

29. Please provide the following information/background regarding your agency:

A. Describe existing agency/organization, structure, staff size, years in operation, programmatic background, and include information on current or proposed activities relevant to your request.

B. Mission of agency/organization*

* Please attach a copy of any brochures, licenses, or permits (if applicable).

C. Describe key project staff positions and qualifications

D. Describe any proposed new positions to be funded with CDBG funds and attach job description(s)

E. Applicant's EEO Policy and Procedures:

- Attach EEO statement and Affirmative Action Plan of Applicant.

30. Audit Requirements: Organizations receiving \$25,000 or more in total federal financial assistance in a fiscal year must provide an audit. Please attach your most recent audit if this applies. Subrecipients receiving \$750,000 or more of any federal funds including CDBG in a fiscal year must submit a single audit per 2 CFR 200, Subpart F. Organizations requesting less than \$25,000 must submit a certified financial statement with their applications.

- Audit Attached (> \$25,000) Yes No Not Applicable
- Single Audit Attached (> \$750,000) Yes No Not Applicable
- Financial Statement Attached (< \$25,000) Yes No Not Applicable

31. Insurance/Bond/Workers Compensation

<u>Submit:</u>	<u>Attached</u>	
Officers and Directors Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Liability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay payroll taxes and workers compensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

32. Standard documentation for submissions:

Please attach the following as appropriate for your program:

- A. Articles of Incorporation/Bylaws
- B. Non-profit determination – Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and State Department of Revenue Services.
- C. 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: names, telephone numbers, addresses, occupations or affiliations, and must identify the principal officers of the governing body. Is the applicant aware of any conflicts of interest or direct familiarity or business relationship with any officials, representative, or employees of the Town? If so, please contact the CD Administrator for clarification.
- D. Authorization to Request Funds (if applicable) – Documentation must be submitted of the governing body's authorization to submit the funding request authorizing the designated representative. Documentation of the requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion, or other official action is recorded, and the individual authorized to submit the application.
- E. 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 CDBG funded staff positions or shared responsibility.
- F. Financial Statement – Describe the agency's current fiscal management system including disbursement methods, financial reporting, and record keeping.

33. Please list the name of the person(s) who will be responsible for administration of the funds and compliance with CDBG Program Guidelines and Requirements during the course of your project:

(Name)

(Phone Number)

(Email)

Is this person(s) familiar with the requirements of the CDBG Program? Yes No

If "yes," please explain.

34. Will the project/activity be performed in cooperation with any program(s) sponsored by other agencies, non-profit or community organizations? Yes No

If "yes," please explain.

35. Please provide any other/additional information or materials that you feel is relevant to your request (attach additional sheets if necessary):

I hereby certify that the information presented in this application is true and correct to the best of my knowledge and belief, and that I am the authorized representative to act on behalf of the applicant.

Signature

Name and Title of Authorized Official

Date

An original and seven (7) copies of your application must be received at the following address **no later than 4:30 p.m., February 24, 2016** (no faxes or emails please):

Attention: Christopher D. Bandecchi
Community Development Administrator
2725 Main Street, Room 205
Stratford, CT 06615
(203) 385-4001