



**GRANT APPLICATION
Community Development Block Grant (CDBG)
PROGRAM YEAR 2020**

Please respond to each of the following questions. Please keep responses brief and to the point. Please do not attach additional information to this application unless requested. Unsolicited information will not be considered for review. Please limit answers to space provided unless specified. Application **MUST** be completed in full with all supporting documentation in order to be considered for funding.

The deadline to submit all CDBG applications electronically is by 5:00 p.m. on January 7, 2021. Applications should be submitted electronically to OHCD@jacksonms.gov. To submit your application electronically, please follow the instructions below:

1. Subject Line – put “2020 CDBG Application for (Agency Name)”
2. Send your application package in two different file attachments. 1st file attachment should include the application proposal only; the 2nd file attachment should include all supporting documentation (with the exception of the Policy & Procedures Manual) listed on page 3 of this RFP.

Applications will only be accepted electronically via email.

NOTE: A COMPLETE APPLICATION CONSISTS OF ALL THE SUPPORTING DOCUMENTATION (page 3) AND SIGNED CERTIFICATION FORM. FAILURE TO ATTACH ANY OF THE REQUIRED SUPPORTING DOCUMENTATION AND SIGNED CERTIFICATION FORM WILL RESULT IN YOUR APPLICATION NOT BEING REVIEWED BY THE RATING COMMITTEE AND INELIGIBLE FOR FUNDING.

This should be the first sheet of the application packet, when submitted.

AGENCY INFORMATION			
Name of Agency/Organization:			
Date of Incorporation:			
Project Title:			
DUNS Number:			
Federal Tax Identification Number:			
Project Address:			
Mailing Address:			
Board President:		Executive Director:	
Address:		Address:	
City:	ZIP Code:	City:	ZIP Code:
County:		County:	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
Email Address:		Email Address:	
Total amount requested from FY 2019 ALLOCATION		\$	

Agency's Mission Statement

SUPPORTING DOCUMENTATION

ALL APPLICANTS must attach the following documents as a 2nd file attachment to be considered for funding. Any application proposal missing any of the below supporting documentation (with the exception of the Policy and Procedures Manual) will not be rated by the rating/review committee.

___ **Bylaws and/or Constitution**

___ **Articles of Incorporation**

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

___ **Current list of Board of Directors (names, addresses, telephone number)**

A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member.

___ **A copy of most recent Board approved Budget**

___ **A copy of minutes must include grant submittal approval**

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this 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.

___ **Job descriptions and resumes for staff involved in the proposed activity**

(Directors, Fiscal Officer, Project Manager, etc.)

___ **Organizational Chart of Agency Board & Staff**

An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the project fits into the organizational structure, and identifies any staff positions for administration of the project.

___ **Local Government Certification/Support Letter (if Applicable)**

___ **Purchase or Lease Agreement for Building (If Applicable)**

___ **Evidence of Financial Accountability (recent copy of financial audit)**

Attach a copy of your latest audit or financial review if one was completed. (Include only one copy.)

___ **Policy and Operational Procedures Manual (DO NOT SUBMIT WITH PACKAGE- IF APPROVED YOU WILL BE REQUIRED TO SUBMIT MANUAL LATER)**

Policies are clear, simple statements of how your organization intends to conduct its services, actions or business. Procedures describe how each policy will be put into action in your organization. Each procedure should outline:

- *Who will do what*
- *What steps they need to take*
- *Which forms or documents to use.*

___ **Evidence of non-profit status (501(c)3 Status from U.S. I.R.S., Mississippi Secretary of State Non-profit in Good Standing)**

Non-profit organizations must submit tax-exemption determination letter from the Federal Internal Revenue Service.

Section 1: Project Details & Approach

1.1. <i>Project's days/hours of operation:</i>	
1.2 Executive Summary:	

1.3. <i>CDBG Eligible Activities/Funding Criteria (must check only one) (Double click box to apply check mark.)</i>	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Tenant/Landlord Counseling
	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Abused or Neglected Children
	<input type="checkbox"/> Disadvantage Youth	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Employment Training	<input type="checkbox"/> Homeless
	<input type="checkbox"/> Education	<input type="checkbox"/> Victims of Domestic Violence/Sexual Assault Services
	<input type="checkbox"/> Crime Awareness	<input type="checkbox"/> Disabled Services
	<input type="checkbox"/> Subsistence Payments	<input type="checkbox"/> Fair Housing Activities
	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Child Care Services

1.4. <i>CDBG National Objective: Which CDBG National Objective listed below does your proposed project meet?</i>	
<input type="checkbox"/>	Benefiting low- and moderate-income persons
<input type="checkbox"/>	Preventing or eliminating slums or blight, or
<input type="checkbox"/>	Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs

1.5. *Briefly describe the need for the service or project:*

1.6. *How does your agency plan to market your project/services to the target population?*

1.7. *List up to three goals for the proposed project. For each goal listed, provide the number of participants who will benefit.*

(1)	
(2)	
(3)	

1.8. *How will you measure the success of the project, how will data will be collected to track and/or verify the outcome?*

1.9 *Describe how your project will collaborate with other service providers/agencies in the community?*

Section 2: Target Population/Jurisdiction

2.1. *Who/What is the target population for this project?*

2.2. *If LMC, LMH, LMJ Project: How does your agency track and record client demographics?*

2.3. *If LMA Project: What specific Census tracts or block groups does the project intend to serve?
(attach map if needed)*

Section 3: Capacity & Experience

(Resumes should be included for each individual listed)

3.1. Who will be the person responsible for the overall oversight of the proposed project (Primary person of		
Name of person:		
Title of person:		
Education/Experience		
Telephone number:		Date first

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?		
Name of person:		
Title of person:		
Education/Experience		
Telephone number:		Date first

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:		
Name of person:		
Title of person:		
Education/Experience		
Telephone number:		Date first

3.4. Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance?		
Name of person:		
Title of person:		
Education/Experience		
Telephone number:		Date first

3.5. To be eligible for CDBG funding, an agency must be either a new service or have a quantifiable increase in the level of an existing service in which they provide.

Has your agency received CDBG funding in a previous year? ____Yes (see below) ____No

If yes, what year____, how will your agency increase the level of service if funded this grant year?

3.6. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?

Yes

No

Section 4: Auditing Control, Qualifications

4.1. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

4.2. *How does your agency plan to ensure compliance with applicable policy and procedural requirements including gathering income, race and ethnicity data of clients/households served (including those listed in HUD's "Playing by the Rules" Handbook)?*

4.3. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

4.4. *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

4.5. *Briefly describe your agency's auditing requirements, including those for the proposed project:*

4.6. *Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:*

4.7. *How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

4.8. *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

4.9. *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

4.10. *Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:*

Roster of Board Members & Professions

Provide a roster of the members of your agency's Board of Directors and their professions by filling out the table below:

<i>Board Position</i>	<i>Full Name</i>	<i>Phone Number (Other than Agency)</i>	<i>Address (Other than Agency)</i>	<i>Occupation</i>
President/Chair				
Vice President/Chair				
Treasurer				
Secretary				

Certifications

The following certifications apply to all sub-recipients. Funding will be denied if your organization is unable to comply with the following federal requirements.

THE APPLICANT HEREBY AGREES TO THE FOLLOWING:

- A. The figures, facts, representations, and documents presented in this application are true and correct to the best of the applicant's knowledge.

- B. The submission of this application has been authorized by the governing board of the applicant. Date of board approval: _____

- C. For all CDBG programs and projects, the applicant will conduct its operation in accordance with the following requirements:
 - 1) Refrain from discrimination against any program participant/beneficiary, applicant or employee because of race, color, religion, sex, national origin, familial status, age, political beliefs or affiliations, or handicaps, and comply with the Equal Employment Opportunity (EEO) clause required in all federally funded contracts.

 - 2) When applicable, comply with Section 3 requirements for providing opportunities to low income residents for training and employment.

 - 3) Provide the City of Jackson with monthly progress reports of activities funded by CDBG funds. Such reports will include activity progress report and participants data.

 - 4) Maintain records to verify information regarding persons or households who participate or benefit from the grant funded activity including, but not limited to: income, racial/ethnic group, gender of the head of household and residence.

 - 5) Demonstrate compliance with federal standards for financial management systems and source documentation and disburse funds in accordance with Uniform Administrative Requirements of OMB Circular A-110 (non-profits), which govern financial management systems program monitoring, property management and procurement.

 - 6) Keep books and records in accordance with cost principles of OMB Circular A-122 (non-profits) and requirements of A-110 and A-133.

 - 7) Retain financial records, supporting documents, statistical records and other records pertinent to the program/program funded and make them available to the City, the U.S. Department of Housing and Urban Development or their designated representative(s) for a period of four years.

8) Maintain time distribution records for all CDBG funded employees working on eligible and non-eligible activities.

D. Comply with contractual requirements as set forth by the City of Jackson for CDBG programs to include but are not limited to the following:

- 1) Have an agency personnel policy including an affirmative action plan or an equal opportunity statement.
- 2) Submission of an audit
- 3) Be subject to at least one monitoring visit.

This application for funding has been reviewed and approved.

Signature

Signature

Executive Director

Date

President, Board of Directors

Date

Scope of Services Packet

INSTRUCTIONS COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) “SCOPE OF SERVICES”

Purpose – to describe the objectives for each activity and the specific tasks that need to be accomplished to achieve those objectives

PROJECT DESCRIPTION

Describe the activity to be undertaken including what services are to be performed, where they are to be provided, for whom they are to be provided and how many citizens will benefit from the proposed project/service.

PERFORMANCE STANDARDS/IMPLEMENTATION

List measurable objectives, how you will implement, and the number of clients you anticipate serving.

SPENDING SCHEDULE/PRODUCTION GOALS

Indicate the estimated amount of CDBG funds to be expended per month. The total must be equivalent to the awarded amount. **(Do not divide the total allocation by twelve months.)**

Estimate the total number of persons who will benefit from the project. (The month of October should include all persons that participated in the program. The remaining months should consist of unduplicated numbers. (When all twelve months are added together, the total should be an unduplicated number for the fiscal year.)

From the previous column, estimate the number of low/mod persons per month.

BUDGET

Identify and explain the sources and **amounts** of **all non-CDBG funds** to be used.

COST SUMMARY SUPPORT

Indicate all other funds that are committed to each line item as shown on the Budget. The total of the **CDBG** amount and **Other Funds** amount should be placed in the **Total** column. These amounts should concur with the amounts on the Budget.

The **Description** for each **CDBG** line item must adequately describe what the line item includes, i.e. the **SUPPLIES** line item can consist of office supplies, program supplies and cleaning supplies.

PROJECT DESCRIPTION
2020-2021 Program Year

Name of Agency: _____
Physical Location: _____

A complete project description should include activities to be undertaken. The description section should define the **who**, **what**, **where**, and **how** many citizens will benefit from the proposed project/service.

**SPENDING SCHEDULE/PRODUCTION GOALS
2020-2021**

Agency: _____

MONTH	AMOUNT TO BE EXPENDED	Total Estimated # of Beneficiaries	ESTIMATED # OF LOW/MOD
OCTOBER 2020			
NOVEMBER 2020			
DECEMBER 2020			
JANUARY 2021			
FEBRUARY 2021			
MARCH 2021			
APRIL 2021			
MAY 2021			
JUNE 2021			
JULY 2021			
AUGUST 2021			
SEPTEMBER 2021			

**REVISED BUDGET
FY 2020-2021**

Name of Agency: _____

Total Operating Budget = \$ _____

EXPENSE CATEGORY	FUNDING SOURCES										
	CDBG										Totals
SUPPLIES											
RENT											
UTILITIES											
TRAVEL											
EQUIPMENT RENTAL/LEASE											
MAINTENANCE & REPAIRS											
INSURANCE											
MILEAGE											
SLOTS											
TOTALS											

*(ALL FUNDING SOURCES MUST BE IDENTIFIED)

BUDGET COST SUMMARY SUPPORT

Please provide the breakdown of line items for which CDBG funds will be utilized. For those line items where CDBG is requested to pay a percentage of cost, a justifiable explanation of percentage amount is required.

Line Item	ESG/CDBG Amount	Other Funds	Total
SUPPLIES			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
RENT			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
UTILITIES			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
TRAVEL			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
EQUIPMENT RENTAL/LEASE			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
MAINTENANCE & REPAIRS			
Description:			

Line Item	ESG/CDBG Amount	Other Funds	Total
INSURANCE			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
MILEAGE			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
SLOTS			
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
Description:			
Line Item	ESG/CDBG Amount	Other Funds	Total
Description:			

PERFORMANCE STANDARDS FOR CDBG

SCOPE OF SERVICES

SUBRECIPIENT: _____

MEASURABLE OBEJECTIVES	IMPLEMENTATION ACTIVITIES	ANTICIPATED # OF CLIENTS
EXAMPLE: # of children graduating from high school or promoted to next grade level	Provide tutoring in Math, Science, English, and i.e.	25