



# 2021

## COMMUNITY DEVELOPMENT BLOCK GRANT

PUBLIC SERVICES ACTIVITIES

**Applications Accepted:**

*Friday, February 3, 2020 – Friday, April 3, 2020*

### SUBMIT APPLICATIONS TO:

Cobb County CDBG Program Office  
192 Anderson Street, Suite 150  
Marietta, Georgia 30060

**Agency Name** \_\_\_\_\_

**Project Title** \_\_\_\_\_

## APPLICATION CHECKLIST

### **Submittal Instructions:**

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, April 3, 2020.** Please label all attachments.

Submission Requirements	Documentation	Check if Enclosed
1. The applicant must a. have nonprofit status for at least one (1) full year, <b>or</b> b. have two (2) full years of operating experience under another nonprofit entity, <b>or</b> c. be a local governmental entity or agency <b>(governmental agencies can skip to line 5)</b>	<b>ATTACHMENT 1:</b> Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant	<input type="checkbox"/>
2. The applicant must be registered to conduct business in the State of Georgia at the time of application. <b>(Not applicable to governmental agencies)</b>	<b>ATTACHMENT 2:</b> Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: <a href="http://www.sos.ga.gov">www.sos.ga.gov</a>	<input type="checkbox"/>
3. The applicant must have an audit or <b>audited</b> financial statements (if budget is <b><u>less than \$25,000</u></b> annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each <b>audited</b> financial statement must be submitted with the application. <b>Reviews and Compilations will not be accepted.</b> Audit findings will make the applicant ineligible to receive assistance. <b>(Not applicable to governmental agencies)</b>	<b>ATTACHMENT 3:</b> Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.	<input type="checkbox"/>
4. Non-profit organizations must have an active Board of Directors within the last 12 months. <b>(Not applicable to governmental agencies)</b>	<b>ATTACHMENT 4:</b> Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.	<input type="checkbox"/>
5. The applicant must have at least twelve (12) months experience directly related to the proposed project or program.	<b>ATTACHMENT 5:</b> Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.	<input type="checkbox"/>
6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.	<b>ATTACHMENT 6:</b> Provide a copy of the agency's written financial management procedures, and a current organization chart.	<input type="checkbox"/>
7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation	<b>ATTACHMENT 7:</b> Provide a copy of Certificate of Insurance.	<input type="checkbox"/>
8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit <a href="http://www.sam.gov">www.sam.gov</a>	<b>ATTACHMENT 8:</b> Provide proof of registration with the U.S. System for Award Management.	<input type="checkbox"/>
9. The contract period for the project, if approved, will begin January 1, 2021 and end no later than December 31, 2021.	<b>ATTACHMENT 9:</b> Provide a projected timeline of proposed activities.	<input type="checkbox"/>

***All submitted materials will be used in determining the organization's eligibility for funding.***

## CDBG PUBLIC SERVICES PROGRAM OVERVIEW

The United States Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program provides communities with resources to address a wide range of unique community development needs. The CDBG Program provides annual grants on a formula basis to Entitlement Communities as a means to support viable communities by providing decent housing, a suitable living environment, and opportunities to expand economic opportunities, principally for low-and moderate-income persons.

The CDBG Program has three national objectives:

- Provide a direct benefit(s) to low to moderate income households
- Prevent or eliminate slum or blight
- Address an urgent need or problem within the community

Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations and government entities to carry out eligible activities in the County. This funding application is for the period beginning January 1, 2021 through December 31, 2021.

A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the Chairman and Cobb County Board of Commissioners (BOC). Recommendations for grant awards will be provided to the Chairman and BOC during the month of November 2020.

Common CDBG Public Services activities (list not all inclusive):

- Job Training
- Child Care
- Health Care
- Fair Housing Outreach
- Services for Seniors and Homeless Persons
- Recreational and Educational Programs

In order for a project or program to qualify for CDBG funds, 51% of the program beneficiaries must be low- to moderate-income as defined by HUD. The following table reflects the current HUD income limits for one- to eight person households who earn at or below 80% of the **Area Median Income** (AMI) for Cobb County, Georgia.

**CDBG MAXIMUM HOUSEHOLD INCOME LIMITS**  
Effective: June 28, 2019

Household Size	Extremely Low 30%	Very Low Income 50%	Low Income 80%
1	\$16,750	\$27,900	\$44,650
2	\$19,150	\$31,900	\$51,000
3	\$21,550	\$35,900	\$57,400
4	\$23,900	\$39,850	\$63,750
5	\$25,850	\$43,050	\$68,850
6	\$27,750	\$46,250	\$73,950
7	\$29,650	\$49,450	\$79,050
8	\$31,550	\$52,650	\$84,150

Source: U. S. Department of Housing and Urban Development (HUD) [www.huduser.gov](http://www.huduser.gov)

The criteria for how a public service activity benefits low and moderate income (L/M) persons are categorized as follows:

Activities serving a ***L/M Income Limited Clientele***, which provides benefits to a specific group of persons or at least 51% of the beneficiaries served through the activity must be L/M income persons.

**PROGRAM YEAR 2021**  
**CDBG PUBLIC SERVICES**  
**Application for Funding**



I. AGENCY INFORMATION			
Agency Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number:		Tax ID #:	
II. PROGRAM INFORMATION			
Program Title:			
Program Location:			
Project Priority:	If your agency submits more than one CDBG application, please rank the priority. This project is ranked ____ of ____ CDBG project applications.		
Project Type:			
Funding Request Type:	<input type="checkbox"/> New Project	<input type="checkbox"/> Existing Project Expansion	
<p>If prior years funding is available, would you want to be considered for these funds?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If yes, please let us know how soon after signing an agreement could your project start?</p> <p><input type="checkbox"/> Immediately (within first 30 days)</p> <p><input type="checkbox"/> 2-4 months</p> <p><input type="checkbox"/> 5-7 months</p> <p>Anticipated completion date:</p> <p>_____</p>		
III. REQUESTED FUNDING			
Total Program Cost		\$	
Total CDBG Amount Requested		\$	
Percentage of CDBG Investment ( <i>CDBG Amount Requested/ Total Program Cost</i> )		%	



#### IV. ORGANIZATION INFORMATION

1. What is your organization's mission statement?

2. How long has the Organization existed in its current form?

3. How long has the Organization had its 501 (c) (3) status? If your organization is a government entity, enter N/A.

4. How many years has the Organization conducted the project/program for which it is requesting funding?

#### V. ORGANIZATION CAPACITY

I. What percentage of the Organization's budget is grant funded?

%

II. How many program staff persons are dedicated to this project (*i.e. Case Managers, Intake Coordinators*)?

III. Does the organization have administrative staff (*i.e. Accountants, Executive Director*) dedicated to this grant?

Yes ☐ No ☐

IV. Has the organization secured funding for the administrative staff for this project?

Yes ☐ No ☐

#### VI. TARGET POPULATION

Briefly describe the target population/category of persons to be served in Cobb County (i.e. seniors, homeless, abused children, or persons with disabilities). All services must benefit low/mod clientele. For more information select the link provided. For more information select the link provided: [24 CFR 570.208](#)

#### VII. PERFORMANCE OBJECTIVES & OUTCOMES

Select only **one** of the following **objectives** that best describes your project.

☐ Suitable Living Environment

☐ Decent Housing

☐ Creating Economic Opportunity

Select only **one** of the following **outcomes** that best describes your project.

☐ Improving Availability / Accessibility

☐ Improving Affordability

☐ Improving Sustainability



**VIII. NARRATIVE**

**Limited Clientele Criteria:** *If proposing a public services activity under the **Limited Clientele Criteria** in which the service will benefit a specific group primarily presumed to be low and moderate income, such as abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers of persons or serve at least 51 percent low and moderate income persons, answer the following question.*

1. Please provide a description of the proposed project for funding.

2. The CDBG Program Office will require organizations to submit monthly reports pertaining to expenditure of CDBG-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with CDBG and other funding agencies.

**PROGRAM YEAR 2021**  
**CDBG PUBLIC SERVICES**  
 Application for Funding



IX. BUDGET PROPOSAL			
Complete the following budget template:			
Line Items	CDBG Funds	Other Funds	Total Funds
<b>Personnel</b>			
Salaries and Wages	\$	\$	\$
Fringe Benefits	\$	\$	\$
Consultant and Contract Services	\$	\$	\$
<b>Sub-total Personnel Services Costs</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Non-Personnel</b>			
Office Lease	\$	\$	\$
Rental, Lease and Purchase of Equipment	\$	\$	\$
Travel	\$	\$	\$
Utilities	\$	\$	\$
Van Purchases	\$	\$	\$
<b>Sub-total Non-Personnel Services Costs</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>GRAND TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>



**BUDGET PROPOSAL NARRATIVE**

1. For each line item listed in your budget, provide a detailed description of how CDBG funds will be used to support your program.

2. Please provide the source and amount of funding commitments, as well as, additional funding awarded in the past three years for this project.





**X. CONFLICT OF INTEREST ACKNOWLEDGEMENT**

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?

Yes ☐ No ☐

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?

Yes ☐ No ☐

If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

**ACKNOWLEDGED RESPONSIBILITY TO ABIDE BY ALL HUD AND COBB COUNTY REQUIREMENTS**

The applicant agrees to abide by all policies, regulations, ordinances, or statutes as required by HUD and Cobb County. Please select the following link to comprehensively review the CDBG regulations: [24 CFR 570](#).

Yes ☐ No ☐

**CERTIFICATION**

I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the US Department of Housing & Urban Development. All board and staff members have disclosed any potential conflicts of interests that could violate CDBG Program regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true.

***Authorized Representative***

\_\_\_\_\_  
**Signature**

Please print the completed form and sign by hand

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**