

2021 HUD GRANT APPLICATION OVERVIEW



CDBG, HOME, & ESG
PROGRAMS

Applications Accepted:

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

GRANT APPLICATIONS

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Community Development Block Grant (CDBG) Program

- Public Facilities & Improvements, Economic Development & Housing Activities
- Public Services Application

HOME Investment Partnership (HOME) Program

Emergency Solutions Grant (ESG) Program

Checklist details application documentation required.

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

Please label all attachments to correspond with checklist.

APPLICATION CHECKLIST

Submission Requirements	Documentation	Check if Enclosed
1. The applicant must a. have nonprofit status for at least one (1) full year, or b. have two (2) full years of operating experience under another nonprofit entity, or c. be a local governmental entity or agency (governmental agencies can skip to line 5)	ATTACHMENT 1: 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. (Not applicable to governmental agencies)	ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov	<input type="checkbox"/>
3. The applicant must have an audit or audited financial statements (if budget is <u>less than \$25,000</u> annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each audited financial statement must be submitted with the application. Reviews and Compilations will not be accepted. Audit findings will make the applicant ineligible to receive assistance. (Not applicable to governmental agencies)	ATTACHMENT 3: 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. (Not applicable to governmental agencies)	ATTACHMENT 4: 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.	ATTACHMENT 5: 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.	ATTACHMENT 6: 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	ATTACHMENT 7: 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 www.sam.gov .	ATTACHMENT 8: 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.	ATTACHMENT 9: Provide a projected timeline of proposed activities.	<input type="checkbox"/>

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

Applies to all Grant Applications

Application Sections 1-2

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:	<u>Facilities</u>		<u>Improvements</u>
	<input type="checkbox"/> Acquisition		<input type="checkbox"/> Water
	<input type="checkbox"/> Commercial/ Residential Rehabilitation		<input type="checkbox"/> Sewer
	<input type="checkbox"/> Removal of Architectural Barriers for Accessibility		<input type="checkbox"/> Infrastructure
	<input type="checkbox"/> Construction/ Reconstruction		
	<input type="checkbox"/> Equipment Installation		
Funding Request Type:	<input type="checkbox"/> New Project		<input type="checkbox"/> Existing Project
If PY2019 funds were available, would you want to be considered for these funds?	If yes, please let us know how soon after signing an agreement could your project start? <input type="checkbox"/> Immediately (within first 30 days) <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months Anticipated completion date: _____		
<input type="checkbox"/> YES <input type="checkbox"/> NO	Anticipated completion date: _____		

Project Priority
 If your organization submits multiple applications for the same grant, select the priority of importance.

***If your organization would like to be considered for reallocated funding, select **yes** and **identify anticipated project start date.**

Applies to all Grant Applications

Application Sections 3-6

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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>i.e. Case Managers, Intake Coordinators</i>)?	
III. Does the organization have administrative staff (<i>i.e. Accountants, Executive Director</i>) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VI. TARGET POPULATION
Briefly describe the target population/category of persons to be served in Cobb County (<i>i.e. seniors, homeless, abused children, or persons with disabilities</i>). 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

Requested Funding

The total amount requested should match the amount listed on the Budget Sheet.

Target Population

CDBG: 51% Low & Moderate Income Activities

HOME: TBRA: 90% clients must have incomes at 60% or below Area Median Income (AMI).

ESG: Homelessness Prevention must serve clients with incomes below 30% AMI. Rapid Re-Housing Programs must serve clients with incomes below 50% AMI.

ESG Application Sections 6-8

VI. TARGET POPULATION	
Briefly describe the target population/category of persons to be served in Cobb County (i.e. seniors 62+, homeless, abused children or women, or persons with disabilities). All clients served must certify as Homeless per 24 CFR 576.2. Please select the following hyperlink for more information: 24 CFR 576.2 .	
VII. PERFORMANCE OBJECTIVES & OUTCOMES	
Select only one of the following <u>objectives</u> that best describes your project.	Select only one of the following <u>outcomes</u> that best describes your project.
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Improving Availability / Accessibility
<input type="checkbox"/> Decent Housing	<input type="checkbox"/> Improving Affordability
<input type="checkbox"/> Creating Economic Opportunity	<input type="checkbox"/> Improving Sustainability
VIII. PROPOSED SERVICES	
Please list the proposed number of persons to be served in each applicable service activity.	
Service Description	Number of Persons to Serve
Street Outreach	
Emergency Shelter	
Homelessness Prevention	
Rapid Re-Housing	
Total Persons to be Served	

Performance Objectives

Select one (1) objective and one (1) outcome for your project. For example, “Decent Housing” can be selected with the Improving Availability/Accessibility outcome.

Proposed Services

Applicants should list the number of persons to be served by the ESG activity category.

CDBG Public Facility Activities Application Section 8

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PUBLIC FACILITY ACTIVITIES (only)

VIII. NARRATIVE

Low and Moderate Area Benefit: If proposing a public facility activity under the Area Benefit criteria in which the facility benefits **all** residents of an area where at least 51 percent of the residents are low and moderate income, answer the following question.

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

Limited Clientele Criteria: If proposing a public facility activity under the Limited Clientele criteria in which the facility 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 detailed description of the proposed project for funding. If this is an existing service, please also include detailed information on how existing service will be expanded if CDBG funds are awarded; the estimated increase of persons receiving the service and/or discussion of additional service to be provided through project/program.

Narrative

Public facility activities based on **Area Benefit** must have at least 51% of the residents who are L/M income persons.

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.

CDBG Economic Development Activities Application Section 8

Narrative

Describe the type of Economic Development activity:

1. Type of Funding
2. Eligible activity
3. Estimated Full-time Private Sector Jobs Created/Retained (if applicable)
4. Describe Types of Private Sector Jobs Created/Retained (if applicable)
5. Estimated number of businesses Assisted (if applicable)
6. Please provide a description of the proposed project for funding
7. Summary of Project Need and Justification

ECONOMIC DEVELOPMENT ACTIVITIES (only)

VIII. NARRATIVE

1. Type of Funding Requested:

- Grant Loan (Explain Below) Combination (Explain Below)

If this is a loan request or a combined loan/grant request, provide proposed repayment schedule and terms. *Please note that for-profit agencies are generally **not** eligible for grants.*

2. Eligible Economic Development Activities: Please check below the eligible economic development activities that will be undertaken: (Check all that apply)

- Commercial/Industrial land acquisition/disposition
 Commercial/industrial infrastructure development
 Commercial/industrial building acquisition, construction, rehabilitation
 Other commercial/industrial improvements
 Direct financial assistance to for-profits
 Economic development technical assistance
 Micro-enterprise assistance
 Other; specify: _____

3. Estimated Full-time Private Sector Jobs Created/Retained (if applicable)

of new jobs to be created: _____

existing jobs to be retained: _____

of jobs to be available to low/mod persons: _____

CDBG Housing Related Activities Application Section 8

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Narrative

Describe the type of Housing Related activity.

HOUSING RELATED ACTIVITIES (only)

VIII. NARRATIVE

1. Please provide the exact address(s) where the housing activity will take place. If address(s) have not been identified, please describe the criteria that will be used to select structure(s).

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2. Please provide the number of units to be assisted: _____

3. Please describe the current condition of the structure(s):

4. Please describe in detail the type of activity(s) to be completed.

5. If applicable, please describe if counseling services will be offered to homeowners.

6. Please describe how your organization proposes to monitor the project after completion.

CDBG Public Services Application Section 8

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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.

Narrative

Describe project in detail and organization's experience in recordkeeping.

CDBG Housing Related Activities Application Section 9 &10

PLEASE COMPLETE FOR ALL CDBG ACTIVITIES

IX. LEVERAGING

Leveraging other funding: If applicable, please describe how your municipality or agency will leverage other funds, public or private, over the long-term to support similar projects and reduce reliance upon Cobb County CDBG funding.

X. TIMETABLE

Timetable: Provide your timetable for execution of project activities, explaining any phasing or staging of activities that will be required. Assume that Cobb County's funding will be available after October of the program year from which funding is being requested. Timetable should include any needed design or bid preparation activities, procurement actions, and all major components up to occupancy of the facility.

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Leveraging & Timetable

Describe leveraging funds to support your project.

Describe the project timeline, including preparation activities, procurement actions, and all activities up to occupancy of the facility.

HOME Application Sections 6-7

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VI. PERFORMANCE OBJECTIVES & OUTCOMES

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

<input type="checkbox"/>	Suitable Living Environment
<input type="checkbox"/>	Decent Housing
<input type="checkbox"/>	Creating Economic Opportunity

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

<input type="checkbox"/>	Improving Availability / Accessibility
<input type="checkbox"/>	Improving Affordability
<input type="checkbox"/>	Improving Sustainability

VII. NARRATIVE

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

Performance Objectives

Select one (1) objective and one (1) outcome for your project.

Narrative

Describe project in detail and organization's experience in recordkeeping.

ESG Application Section 9

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IX. NARRATIVE
<p>1. Please provide a description of the proposed project for funding. Include supporting data used to identify the need(s) for the proposed program (i.e. community input, surveys, and input from other agencies) in your response.</p>
<p>2. Describe and discuss your organization's experience with utilizing an HMIS database or other comparable reporting system.</p>
<p>3. Discuss your organization's current intake and recordkeeping process including measures taken to ensure the protection of sensitive client information.</p>

Narrative

Provide a description on your project and the supporting data used to identify how the program will be used for an unmet need. Describe the organization's experience with record-keeping using HMIS or comparable software.

Applies to all Grant Applications

Budget Section

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

Budget
 Total amount of grant funds should match the same number written in Section III of the application. The budget reflects eligible activities to the respective grants. The “Other Funds” column should reflect other secured funding.

Allocating Costs
 Costs billed to grant must be **directly** associated to the eligible activity being funded through the grant program.

Reminder: Check Your Numbers for Accuracy!!!

Applies to all Grant Applications

Conflict of Interest

Conflict of Interest

Please check the appropriate boxes regarding Conflict of Interest and Acknowledgement of Responsibility.

Organizations with a relationship with Board or BOC will not be excluded from funding.

Authorized Representative

Remember to sign and date your application.

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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>	
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	Date
Printed Name	Title

CDBG PROGRAM OFFICE

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**192 Anderson Street, Ste 150
Marietta, GA 30060**

Phone:

770-528-1455

Email: Info@cobbcountycdbg.com

Website:

www.cobbcounty.org/cdbg



ANY
QUESTIONS
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