



Application Deadline:
October 1, 2020 to
October 23, 2020

Applications accepted
electronically at:

**[https://cobbcounty.smapply.org/
prog/2020_cdbg-
cv3_grant_application/](https://cobbcounty.smapply.org/prog/2020_cdbg-cv3_grant_application/)**

Grant Application Workshop 2020 CDBG – CV3

Cobb County CDBG Program Office

192 Anderson Street, Suite 150, Marietta GA 30060

Ph: 770-528-1455; Fax: 770-528-1466

www.cobbcounty.org/cdbg

info@cobbcountycdbg.com



Kimberly Roberts, Ph.D.
Managing Director

Rabihah Walker
Deputy Director

HOUSEKEEPING

- Please sign-in the chat box with your name and organization name.
- Please mute your phone/computer
- You may ask questions using in the chat box
- Technical Difficulties?
 - *Try exiting the webinar and logging back in*



CDBG-CV 3 OVERVIEW

Proposed activities must address the following COVID-19 priority needs:

- emergency housing assistance (rent/mortgage, utility payments)
- Case management (related to housing assistance services provided under the grant)

Each proposed activity must directly benefit low to moderate income persons.

CDBG-CV3 REQUIREMENTS

- ✓ Assistance to Cobb residents who are in danger of becoming homeless due to their inability to pay their monthly rent.
- ✓ Maximum of up to **three months** of rental assistance payable to the landlord or utility payable to the utility company.
- ✓ Grant funds must not be paid directly to tenant or homeowner.



2020 CDBG INCOME LIMITS

Family/Household Size	Extremely Low	Very Low Income 50%	Low Income 80%
1	\$17,400	\$28,950	\$46,350
2	\$19,850	\$33,100	\$52,950
3	\$22,350	\$37,250	\$59,550
4	\$24,800	\$41,350	\$66,150
5	\$26,800	\$44,700	\$71,450
6	\$28,800	\$48,000	\$76,750
7	\$30,800	\$51,300	\$82,050
8	\$32,750	\$54,600	\$87,350

RECORD KEEPING REQUIREMENTS

Income Verification

CDBG-CV clients' incomes should be verified prior to providing assistance.

Subrecipients should use the current income limits at the time of verification.

Housing Documentation

Must have delinquency notice from landlord.

Must document financial hardship due to COVID-19 (*i.e. loss of income, unexpected debt or medical bill*).

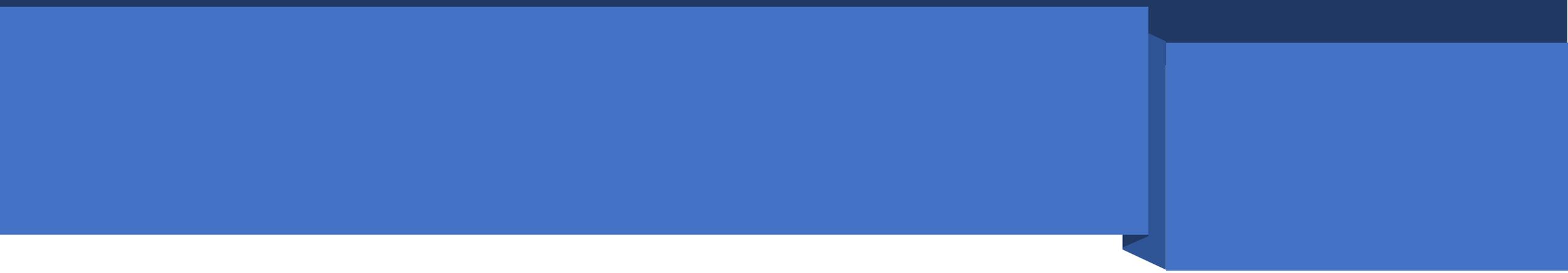
RECORD KEEPING REQUIREMENTS

- ✓ Location of rental unit cannot be located outside Cobb County.



- ✓ All applicants must be a Cobb County resident for at least 6 of the previous 12 months.

ELECTRONIC GRANT APPLICATION

A decorative graphic element consisting of two overlapping blue rectangular shapes. The top shape is a solid blue bar that spans most of the width of the page. The bottom shape is a slightly shorter blue bar that is offset to the right, creating a layered effect.

**Applications can be completed
electronically at:**

https://cobbcounty.smapply.org/prog/2020_cdbg-cv3_grant_application/

Application Deadline:

October 1, 2020 to October 23, 2020

**APPLY
NOW!**



APPLICATION REGISTRATION INSTRUCTIONS



ALL APPLICANTS MUST CREATE A REGISTRATION TO APPLY

- ✓ When a user registers to a SurveyMonkey Apply site as an applicant, an account is created for them within the SM Apply database.
- ✓ However, **registration is site-specific**. Therefore even if the user has an account within SM Apply they will need to re-register for your site.
- ✓ When registering, applicant must ensure that the password that they enter and confirm **matches the password that exists within SM Apply**. If necessary, they will also be able to reset their password during this process.
- ✓ Once they have been registered, an account will be created for them within your site and they will be able to login in the future. If a password is reset for the profile, the updated password will be applied to **all** sites where the profile exists.

APPLICATION REGISTRATION INSTRUCTIONS con't

First-time applicants should select the “Register” button to access the application

Log In

Register



Cobb County CDBG Program Office

2020 CDBG-CV3 Grant Application

CDBG COVID-19 Emergency Housing Assistance Program



APPLY

Open to
**Organizations and individual applicants
can apply.**

Opens

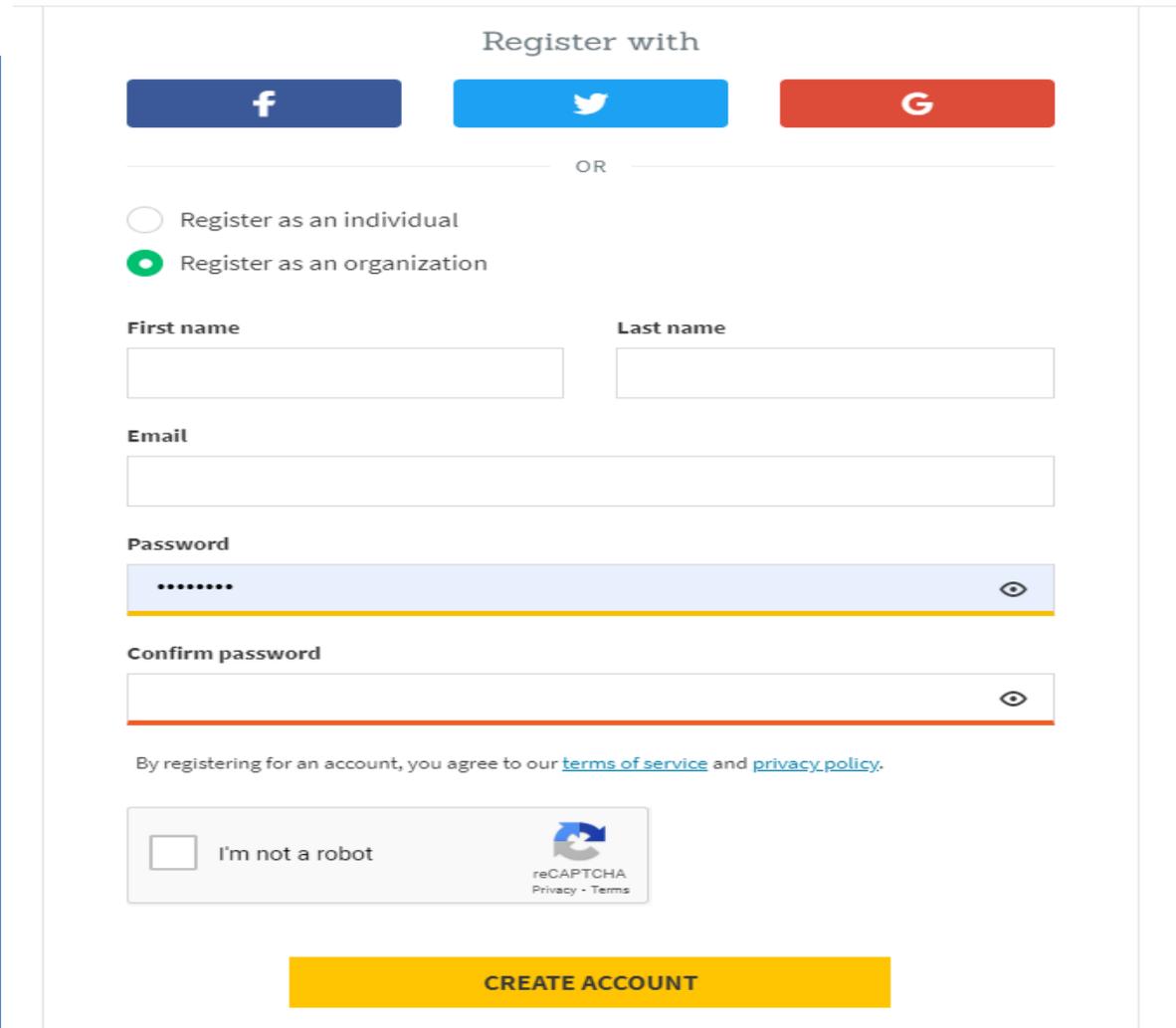
Oct 2 2020 08:00 AM (GST)

Deadline

Oct 23 2020 05:00 PM (GST)

APPLICATION REGISTRATION INSTRUCTIONS con't

- ✓ Register using any email
- ✓ Select to register as an individual or organization
- ✓ Enter first name, last name, email, and password
- ✓ Once you complete the registration you will receive an email to validate your account



The image shows a registration form with the following elements:

- Register with:** Three buttons for social media login: Facebook (f), Twitter, and Google (G).
- OR:** A separator between social media and email registration options.
- Registration Type:** Two radio buttons: "Register as an individual" (unselected) and "Register as an organization" (selected).
- Form Fields:** Input boxes for "First name", "Last name", "Email", "Password", and "Confirm password".
- Privacy:** A checkbox for "I'm not a robot" and a reCAPTCHA logo with links for "Privacy" and "Terms".
- Submit:** A yellow button labeled "CREATE ACCOUNT".

ACCOUNT VALIDATION



Applicant will receive an email to confirm email address to validate account and a confirmation of registration email.

Dear Victoria Torres,

In order to validate your SurveyMonkey Apply for the CDBG Program Office Application cycle account we require you to verify your email address.

Please click the link below to help us validate that it's really you and your account should be ready to go.

Thanks,
The SurveyMonkey Apply Team

[Confirm email address](#)



Dear Victoria Torres,

You have successfully registered for the following site, **Cobb County CDBG Program Office**, as an Applicant. You can click on the link below to take you to your Applicant portal.

Thank you,
Victoria Torres

[Go to site](#)

APPLICATION PAGE

- ✓ Applicant must register as an organization.
- ✓ Click the arrow to select the organization name.
- ✓ If applicant fails to select the organization, the application will appear under your personal name.

Cobb County CDBG Program Office

Victoria Torres 

Victoria Torres

 CDBG Program office

Applications ▾

2020 CDBG-CV3 Grant Application

Cobb County CDBG Program Offi...

0000000009

Deadline: Oct 23 2020 03:00 PM (EDT)

STATUS: Pending

0 of 1 tasks complete

START

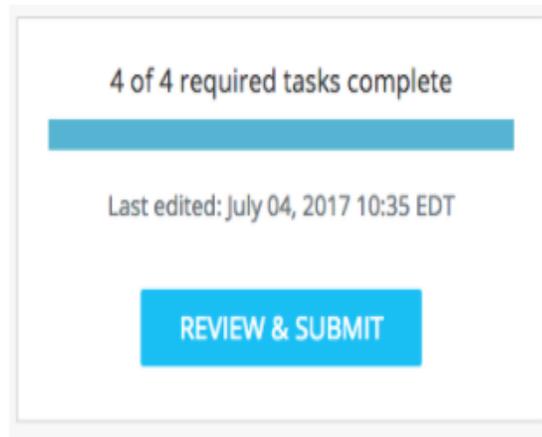
Last edited: Oct 7 2020 11:58 AM (EDT)

APPLICATION SUBMISSION

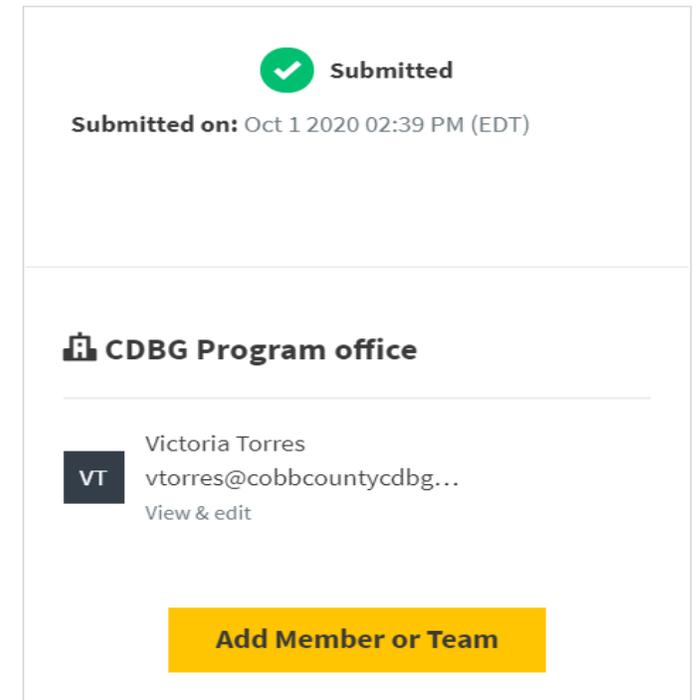
To be able to submit your application you will first need to complete all required tasks within your application.

Once all tasks are complete, submit your application by performing the following steps:

1. Within the application to submit, select **Review & Submit**



2. **Review** application materials
3. Once you've reviewed all your completed tasks, you can click to **Submit Your Application**.
4. Choose to proceed back to your applications or View More Programs.



APPLICATION UPLOAD ERROR

I get an error when uploading a file

There are a few potential reasons why you may experience issues uploading your file:

1. **The file isn't in an available format.**

Check to ensure that the file type you're trying to upload matches the requested formats.

2. **The file doesn't meet size restrictions.**

Check to ensure that the file type you're trying to upload does not exceed the maximum file size of the upload task.

3. **You're attempting to Upload more files than allowed**

Confirm that the number of files you're uploading is within the range of the minimum and the maximum number of files required.

4. **The file is encrypted**

SurveyMonkey Apply won't accept encrypted files. To upload your file, it will need to be unencrypted.

5. **The file is corrupted**

It is possible that the file you're trying to upload is a corrupted file. To resolve the issue, **re-save the file to a new folder** on your computer and attempt to upload the file again.

6. **A task related issue.**

Depending on the issue it's also possible that the error is related to another Setting on the task. For example, you're [unable to edit the task](#).

APPLICATION PREVIEW

There are two ways to Preview your application within the site:

From the My Applications Page

1. Click on the **More Options** icon in the top right corner of the tile of the application you wish to Preview
2. Select **Preview**

From Within the Application

If you're on the application page with the list of Tasks to complete, to preview your application:

1. Click on the **More Options** icon in the top right corner of the application.
2. Select **Preview**

PRINT/DOWNLOAD APPLICATION

There are three ways to print/download your application within the site:

From the "My Applications" Page

1. Click on the **More Options** icon in the top right corner of the tile of the application you wish to download
2. Click **Download**

From Within the Application

If you're on the application page with the list of Tasks to complete, to download your application:

1. Click on the **More Options** icon in the top right corner of the application.
2. Click **Download**

From the Preview

1. Within the Preview, click **Download** in the top right corner

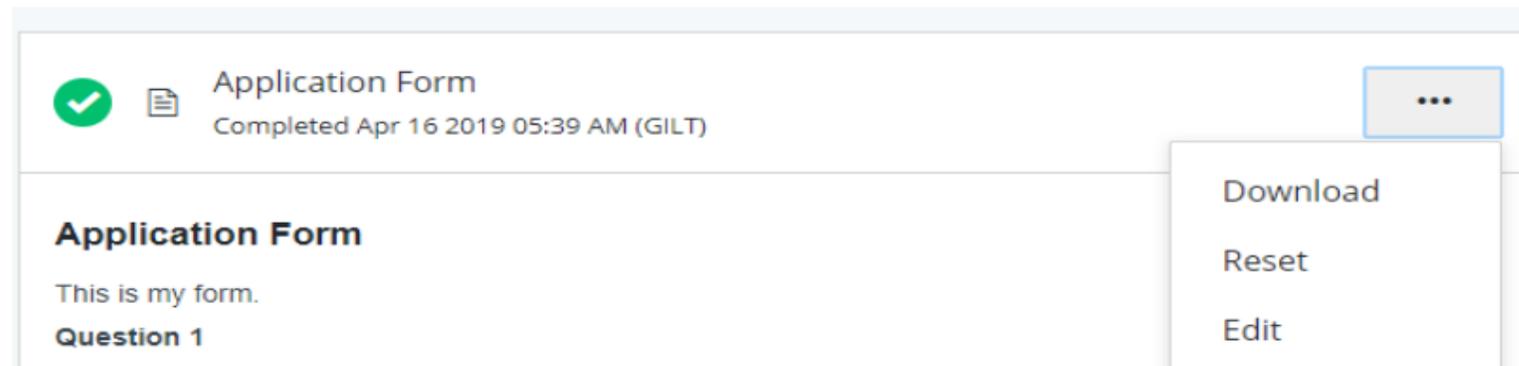
EDIT A COMPLETED APPLICATION

Edits can be made to a complete application until the application cycle ends.

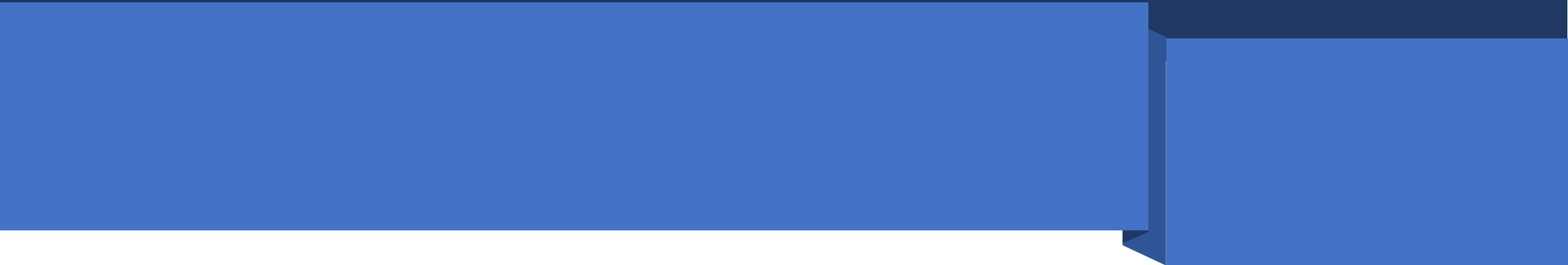
If you have previously pressed Marked as Complete on a form, but have not yet Submitted your application, you can choose to make Edits to your task.

1. Enter your application
2. Click on the task you wish to edit
3. Click on the **More Options** icon in the top right corner of the task
4. Click **Edit**
5. Click **Previous/ Next** to navigate between the pages and make your changes
6. When done, navigate to the last page and press **Mark as Complete**

If you experience difficulties editing your task or this option isn't available, see [Why can't I edit my task?](#)



APPLICATION SECTIONS



APPLICATION SECTION 1 & 2

Enter basic agency information and project title.

The screenshot shows a PDF form titled "CDBG-CV3 application" with a menu bar (File, Edit, View, Window, Help) and a toolbar. The form is divided into two main sections:

- * 1. AGENCY INFORMATION**: A table with 7 rows, each containing a label and the text "(No response)".

NAME	(No response)
MAILING ADDRESS	(No response)
TELEPHONE NUMBER	(No response)
CONTACT PERSON	(No response)
EMAIL ADDRESS	(No response)
DUNS#	(No response)
TAX ID#	(No response)
- * 2. PROJECT INFORMATION**: A table with 1 row, containing the label "PROGRAM TITLE" and the text "(No response)".

PROGRAM TITLE	(No response)
---------------	---------------

This is a close-up of the "PROJECT INFORMATION" section of the form. It contains a single table with one row:

PROGRAM TITLE	(No response)
---------------	---------------

APPLICATION SECTION 3 & 4

List program costs and amount of CDBG-CV3 funds requested and secured funding agencies for this project.

*3. REQUESTED FUNDING

Please list all costs related to the requested CDBG-CV3 project.

TOTAL PROGRAM COST	(No response)
TOTAL CDBG-CV3 AMOUNT REQUESTED	(No response)
PERCENTAGE OF CDBG-CV3 INVESTMENT (CDBG-CV3 Amount Requested/Total Program Cost)	(No response)

*4. LEVERAGING & COLLABORATION

Please list all funding secured for this Project currently and additional funding awarded in the past three years.

Make sure to slide the bar all the way to the right.

	Name	Year Awarded	Funding Type Amount
Agency			
Agency			
Agency			

APPLICATION SECTION 5

Enter organization information and number of years conducting the requested service

5. ORGANIZATION INFORMATION

Organization's mission statement?	(No response)
How long has the Organization existed in it's current form?	(No response)
How long has the Organization had it's 501 (c) (3) status? If your Organization is a government entity, enter N/A.	(No response)
How many years has the Organization conducted the project/program for which it is requesting funding?	(No response)

APPLICATION SECTION 6

Enter organization percentage of grant funding and dedicated key staff for the requested project.

6. ORGANIZATION CAPACITY

Please submit a response for the following questions.

1. What percentage of Organization's budget is grant funded?	(No response)
2. How many program staff persons are dedicated to this project (ie. Case Managers, Intake Coordinators)?	(No response)
3. Does the organization have administrative staff (ie. Accountants, Executive Director) dedicated to this grant?	(No response)
4. Has the organization secured funding for the administrative staff for this project?	(No response)
5. Identify the number and names of key staff that will be involved in this project, including the project director and other individuals who will be responsible for reporting and implementing the program. (Please attach staff resumes in Attachments Upload section of this application)	(No response)



APPLICATION SECTION 7

*Describe your target population
(CDBG: 51% Low & Moderate Income Activities)*

*7. 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. Please list the number of low income persons to benefit from the proposed activity.

(No response)

APPLICATION SECTION 8 & 9

Select the proposed performance objectives and outcome for your project.

8. PERFORMANCE OBJECTIVES

(SELECT ONE THAT BEST DESCRIBES YOUR PROJECT)

No Responses Selected

9. PERFORMANCE OUTCOMES

(SELECT ONE THAT BEST DESCRIBES YOUR PROJECT)

(No response)

APPLICATION SECTION 10

Provide a detailed description of the proposed project.

10. 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.

(No response)

2. The CDBG Program Office will require organizations to submit monthly reports pertaining to expenditure of CDBG-CV3 funded activities. Describe and discuss any experiences you have in reporting, monitoring, and/or record-keeping compliance requirements with CDBG and other funding agencies.

(No response)



ATTACHMENTS

18. APPLICATION CHECKLIST

- ATTACHMENT 1: Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant
- ATTACHMENT 2: Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: www.sos.ga.gov
- 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.
- 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.
- 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.
- ATTACHMENT 6: Provide a copy of the agency's written financial management procedures, and a current organization chart.
- ATTACHMENT 7: Provide a copy of Certificate of Insurance.
- ATTACHMENT 8: Provide proof of registration with the U.S. System for Award Management.

Applicants **must** submit the required attachments for each grant application and complete the checklist.

APPLICATION BUDGET SECTION

BUDGET DETAIL WORKSHEET

Please complete the appropriate question based on your budget request.

Personnel

List each position by title and name of the employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency

Make sure to slide the bar all the way to the right.

	Title	First and Last name	Salary	% Time to Projecj	Pay Period Frequency	Cost \$
Row 1						
Row 2						
Row 3						

Fringe Benefits

	Title	First and Last name	Total annual salary or wages	Fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost
Row 1							
Row 2							
Row 3							

APPLICATION BUDGET SECTION

*List travel expense for each staff member at the IRS
2020 mileage rate of 57.5 per mile.*

Travel

	Purpose of Travel - Conferences/Trainings	Staff member	Item	Cost	# Individual s	# Nights/D ays	# Trips	Cost
Row 1								
Row 2								

	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost	Purpose of Travel (Mileage)
Row 1						
Row 2						

APPLICATION BUDGET SECTION

List proposed CDBG-CV3 housing assistance costs.

Rent/Mortgage/Utilities

	Cost Item
Rent	
Mortgage	
Utility	

BUDGET SUMMARY

Budget Summary

When you have completed the budget section of this application, provide the total amounts below

	Total Amounts
Personnel & Fringe	
Rent	
Utilities	
Travel	
TOTAL PROJECT COST	

BUDGET PROPOSAL NARRATIVE

Please indicate itemized costs for your proposed project on the CDBG-CV3 Budget Detail Worksheet. For each line item listed in your budget, provide a detailed description of how CDBG-CV3 funds will be used to support your program.

**Provide a
itemized
summary of all
proposed
CDBG-CV costs.**

CERTIFICATIONS

CONFLICT OF INTEREST ACKNOWLEDGMENT

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

Please complete 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.

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.

SELECT YES NO

CERTIFICATION - AUTHORIZED REPRESENTATIVE

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.

COBB COUNTY CDBG PROGRAM OFFICE



Phone:

[770-528-1455](tel:770-528-1455)

Email:

Info@cobbcountycdbg.com

Website:

www.cobbcounty.org/cdbg