2021

Community Development Block Grant



CDBC-CV3

FUNDING APPLICATION FOR:

CDBG-CV3 PUBLIC SERVICE ACTIVITIES

APPLICATIONS WILL BE ACCEPTED:

Monday, January 25, 2021 - Friday, February 26, 2021

APPLICATIONS SHOULD BE SUBMITTED TO:

City of Anniston
Community Development Department
4309 McClellan Blvd
Anniston, AL 36206

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Project Title

SUBMITTAL INSTRUCTIONS

Please provide <u>one (1) original application with attachments & one (1) application copy with attachments</u> to the City of Anniston Community Development Department no later than <u>4:00 p.m. on Friday, February 26, 2021.</u>

Please label all attachments.

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	
The applicant must be registered to conduct business in the State of Alabama at the time of application. (Not applicable to governmental agencies)	ATTACHMENT 2: Provide a copy of current certification from the AL Secretary of State. For assistance, please visit: https://www.sos.alabama.gov/	
3. The applicant must have an audit 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.	
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.	
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.	
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.	
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.	
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.	
9. The contract period for the project, if approved, will begin October 1, 2021 and end no later than September 30, 2022.	ATTACHMENT 9: Provide a projected timeline of proposed activities.	

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

CDBG-CV3 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

The City of Anniston has been awarded CDBG-CV3 funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) from the United States Department of Housing and Urban Development (HUD). The City's CDBG-CV3 allocation is **\$134,132**.

Funds awarded under the CDBG-CV3 Program must be utilized to prevent, prepare for, and respond to the coronavirus. Allowable projects and purchases include, but are not limited to, housing assistance payments for rent, mortgage, and utilities, meal and medicine delivery, job training, health services for infectious disease response (testing, diagnosis or other services), purchase equipment, supplies, and materials necessary to carry-out a public service that is related to the coronavirus. The table below lists the CDBG-CV eligible public services activities:

Provision of New or Quantifiably Increased Public Services		
Following enactment of the CARES Act ¹ , the public services cap ² has no effect on CDBG-CV grants and no	Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community.	
	Provide testing, diagnosis or other services at a fixed or mobile location.	
effect on FY 2019 and 2020 CDBG grant funds used for coronavirus efforts.	Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities.	
See section 105(a)(8) (42	Provide equipment, supplies, and materials necessary to carry-out a public service.	
U.S.C. 5305(a)(8)); 24 CFR 570.201(e).	Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.	

The City of Anniston Community Development Department requests proposals from local non-profit organizations and government entities to carry out eligible activities in the City. This funding application is for the period beginning October 1, 2021 through September 30, 2022. A Selection Committee will review all applications for compliance with requirements and make funding recommendations to the City Council. Recommendations for grant awards will be provided to the City Council during the month of August 2021.

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 Anniston-Oxford-Jacksonville, Alabama including Calhoun County, Alabama.

2020 CDBG MAXIMUM HOUSEHOLD INCOME LIMITS Effective: July 1, 2020

FAMILY SIZE	EXTREMELY LOW 30%	VERY LOW INCOME 50%	LOW INCOME 80%
1	\$12,750	\$21,250	\$33,950
2	\$14,600	\$24,250	\$38,800
3	\$16,400	\$27,300	\$43,650
4	\$18,200	\$30,300	\$48,500
5	\$19,700	\$32,750	\$52,400
6	\$21,150	\$35,150	\$56,300
7	\$22,600	\$37,600	\$60,150
8	\$24,050	\$40,000	\$64,050

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

Fiscal Year 2021 CDBG Public Services Application for Funding



I. AGENCY INFO	DRMATION			
Agency Name:				
Mailing Address:				
Telephone Number:			Email:	
Contact Person:			Title:	
DUNS Number:			Tax ID #:	
II. PROGRAM IN	FORMATION			
Program Title:				
Program Location:				
Project Priority:	If your agency submits more that project is ranked of CD			
Project Type:				
Funding Request Type:	☐ New Project		☐ Existing P	roject Expansion
III. REQUESTED	FUNDING			
	Total F	Program Cost	\$	
	Total CDBG-CV3 Amour	nt Requested	\$	
Percentage of CDBG-C	V3 Investment (CDBG-CV3 Amount Total Pr	Requested/ ogram Cost)		%
IV. ORGANIZATIO	ON INFORMATION			
1. What is your orga	nization's mission statement?			
2. How long has the current form?	Organization existed in its			
	Organization had its 501 (c) (3) ganization is a government			
4. How many years	has the Organization conducted ram for which it is requesting			

CDBG Public Services Application for Funding



V. ORGANIZATION CAPACITY				
I. What percentage of the Organization's budget is grant	funded?			
II. How many program staff persons are dedicated to the Case Managers, Intake Coordinators)?	nis project (i.e.			
III. Does the organization have administrative staff (i.e Executive Director) dedicated to this grant?	. Accountants,	Yes□ No □		
IV. Has the organization secured funding for the administ this project?	trative staff for	Yes□ No □		
VI. TARGET POPULATION				
Briefly describe the target population/category of persons to abused children, or persons with disabilities). All services is select the link provided. For more information select the line	must benefit low	/mod clientele. For more information		
VII. PERFORMANCE OBJECTIVES & OUTCOMES				
Select only <u>one</u> of the following <u>objectives</u> that best describes your project.	Select only <u>one</u> describes your	e of the following <u>outcomes</u> that best project.		
☐ Suitable Living Environment	☐ Improving Av	railability / Accessibility		
☐ Decent Housing	☐ Improving Af	fordability		
☐ Creating Economic Opportunity	☐ Improving Su	stainability		

Fiscal Year 2021 CDBG Public Services Application for Funding



VIII. NARRATIVE

<u>Limited Clientele Criteria</u>: If proposing a public services activity under the <u>Limited Clientele Criteria</u> 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.

	swer the following question.
	Please provide a detailed description of the proposed project for funding and how this funding will be utilized to prevent, prepare for, and respond to the coronavirus.
2.	The City 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.
2	Describe the need for the proposed program/project within the community and provide data that supports this
3.	need. Where will the program/activity be completed or carried out?

CDBG Public Services

Application for Funding

4.	Describe the services/activities to be provided or completed and estimate the number of persons to be assisted with CDBG funding. Persons to be assisted should be described in terms of race, ethnicity, and income level. Include any necessary data to support the clientele who will benefit from the program/project. At least 70% of clients served with CDBG funding must be LMI (low and moderate income).
5.	Please describe your organization's method for determining income eligibility.



BUDGET INFORMATION

(For Service/Operational Costs)

IX. BUDGET PROPOSAL

Complete the following budget template:

Line Items	CDBG Funds	Other Funds	Total Funds
Staff Salaries ¹	\$	\$	\$
Staff Fringe Benefits	\$	\$	\$
Staff Travel	\$	\$	\$
Office/Program Communications	\$	\$	\$
Office/Program Rental/Lease	\$	\$	\$
Office/Program Utilities	\$	\$	\$
Equipment Purchase	\$	\$	\$
Office/Program Materials/Supplies	\$	\$	\$
Insurance/Bonding6	\$	\$	\$
Contractual Services	\$	\$	\$
Direct Client Cost8 ²	\$	\$	\$
Printing and Reproduction	\$	\$	\$
Audit ³			
GRAND TOT	<u>AL</u>	<u>\$</u>	<u>\$</u>

¹Attach job descriptions of all staff members to be paid under this project.

²Direct client costs Include those expenses that can be tied directly with a benefitting client or household, and those tangible items that are supplied directly to clients. These costs can include: rental/lease of a housing unit; payment of utility bills for a housing unit; transportation cards; furniture or equipment for a housing unit; financial aid to prevent homelessness or to enable a family to move into a permanent housing unit; clothing or hygiene supplies for clients; etc.

³All projects must have annual independent audit. Agencies with federal or federally-derived funded expenditures of \$750,000 or more must have an annual A-133 audit. Cost of conducting this audit is an eligible CDBG expense.

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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.

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IX. CONFLICT OF INTEREST ACKNOWLEDGEMENT	
Do any family relationships (by blood or marriage) exist between staff in your org	ganization and/or Agency Board
members?	
Yes No D	the constant of the first the constant
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 org	ganization and/or the Anniston
City Council?	
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 CITY OF ANNISTO	ON REQUIREMENTS
The applicant agrees to abide by all policies, regulations, ordinances, or statutes	
Anniston. Please select the following link to comprehensively review the CDBG re	egulations: <u>24 CFR 570</u> .
Yes □ No □	
CERTIFICATION	
I certify that the applicant agency meets the conditions specified in the applicat	ion instructions and will be able to
carry out the proposed services in concert with all federal requirements. I also	-
certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the	
receiving assistance from the US Department of Housing & Urban Development.	
disclosed any potential conflicts of interests that could violate CDBG Program re	~
date. I further certify that I have reviewed the contents of this application and be accurate and true.	the rating form and deem them to
Authorized Representative	
Authorized Representative	
Signature	Date
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Printed Name	Title
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