

# 2023



## Community Development Block Grant APPLICATION FOR FUNDING

### FUNDING APPLICATION FOR:

- PUBLIC SERVICE ACTIVITIES

### APPLICATIONS WILL BE ACCEPTED:

Wednesday, March 1, 2023 - Friday, March 31, 2023

### APPLICATIONS SHOULD BE SUBMITTED TO:

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

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

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

SUBMITTAL INSTRUCTIONS

**Fiscal Year 2023**  
**CDBG Program**  
**Application for Funding**



Please provide **one (1) original application with attachments & one (1) application copy** to the City of Anniston Community Development Department no later than **3:00 p.m. on Friday, March 31, 2023**. Please label all attachments.

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**CHECKLIST**

Submission Requirements	Documentation	Check if Enclosed
<p>1. The applicant must</p> <ul style="list-style-type: none"> <li>a. have a nonprofit status for at least one (1) full year, <b>or</b></li> <li>b. have two (2) full years of operating experience under another nonprofit entity, <b>or</b></li> <li>c. be a local governmental entity or agency (<b>governmental agencies can skip to line 5</b>)</li> </ul>	<p><b>ATTACHMENT 1:</b>            Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant</p>	<input type="checkbox"/>
<p>2. The applicant must be registered to conduct business in the State of Alabama at the time of application. (<b>Not applicable to governmental agencies</b>)</p>	<p><b>ATTACHMENT 2:</b>            Provide a copy of the current certification from the AL Secretary of State. For assistance, please visit: <a href="https://www.sos.alabama.gov/">https://www.sos.alabama.gov/</a></p>	<input type="checkbox"/>
<p>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 <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>)</p>	<p><b>ATTACHMENT 3:</b>            Provide one copy of the last two most recent audited financial statements that meet the described criteria. Include management letters if applicable.</p>	<input type="checkbox"/>
<p>4. Non-profit organizations must have an active Board of Directors within the last 12 months. (<b>Not applicable to governmental agencies</b>)</p>	<p><b>ATTACHMENT 4:</b>            Provide a list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of the Conflict of Interest Statement from the Board of Directors.</p>	<input type="checkbox"/>
<p>5. The applicant must have at least twelve (12) months of experience directly related to the proposed project or program.</p>	<p><b>ATTACHMENT 5:</b>            Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and descriptions of the applicant's previous related program activities.</p>	<input type="checkbox"/>
<p>6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.</p>	<p><b>ATTACHMENT 6:</b>            Provide a copy of the agency's written financial management procedures and a current organization chart.</p>	<input type="checkbox"/>
<p>7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation</p>	<p><b>ATTACHMENT 7:</b>            Provide a copy of the Certificate of Insurance.</p>	<input type="checkbox"/>
<p>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></p>	<p><b>ATTACHMENT 8:</b>            Provide proof of registration with the U.S. System for Award Management.</p>	<input type="checkbox"/>
<p>9. The contract period for the project, if approved, will begin October 1, 2023, and end no later than September 30, 2024.</p>	<p><b>ATTACHMENT 9:</b>            Provide a projected timeline of proposed activities.</p>	<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) for low to moderate-income households
- Prevent or eliminate slum or blight
- Address an urgent need or problem within the community

Annually, 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 from October 1, 2023, through September 30, 2024.

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 no later than August 2023.

Common CDBG Public Services activities:

**Note: List is not inclusive of all eligible CDBG Public Services**

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

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.

### CDBG MAXIMUM HOUSEHOLD INCOME LIMITS

#### FY2022 Income Limits

Effective: June 15, 2022

Family/Household Size	Extremely Low-Income 30%	Very Low-Income 50%	Low Income 80%
1	\$14,500.00	\$24,100.00	\$38,550.00
2	\$16,550.00	\$27,550.00	\$44,050.00
3	\$18,600.00	\$31,000.00	\$49,550.00
4	\$20,650.00	\$34,400.00	\$55,050.00
5	\$22,350.00	\$37,200.00	\$59,500.00
6	\$24,000.00	\$39,950.00	\$63,900.00
7	\$25,650.00	\$42,700.00	\$68,300.00
8	\$27,300.00	\$45,450.00	\$72,700.00

Source: U.S. Department of Housing and Urban Development HUD

<https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

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:	Please rank the priority if your agency submits more than one CDBG application. This project is ranked ____ of ____ CDBG project applications.		
Project Type:			
Funding Request Type:	<input type="checkbox"/> New Project		<input type="checkbox"/> Existing Project Expansion
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 members are dedicated to this project (i.e., case managers and intake coordinators)?	
III. Does the organization have administrative staff ( <i>i.e., Accountants, Executive Directors</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 served in the City of Anniston (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 <b>one</b> of the following <b>objectives</b> that best describes your project.	Select only <b>one</b> of the following <b>outcomes</b> 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. 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 farmworkers 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.**

**2. The City will require organizations to submit monthly reports about the expenditure of CDBG-funded activities. Describe and discuss any experiences you have in reporting, monitoring, and record-keeping compliance requirements with CDBG and other funding agencies.**

**3. Describe the need for the proposed program/project within the community and provide data that supports this need. Where will the program/activity be completed or carried out?**

**4. Describe the services/activities to be provided or completed and estimate the number of persons assisted with CDBG funding. Persons to be assisted should be described regarding 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 <sup>1</sup>	\$	\$	\$
Staff Fringe Benefits	\$	\$	\$
Staff Travel	\$	\$	\$
Office/Program Communications	\$	\$	\$
Office/Program Rental/Lease	\$	\$	\$
Office/Program Utilities	\$	\$	\$
Equipment Purchase	\$	\$	\$
Office/Program Materials/Supplies	\$	\$	\$
Insurance/Bonding <sup>6</sup>	\$	\$	\$
Contractual Services	\$	\$	\$
Direct Client Cost <sup>8</sup> <sup>2</sup>	\$	\$	\$
Printing and Reproduction	\$	\$	\$
Audit <sup>3</sup>			
<b>GRAND TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<sup>1</sup>Attach job descriptions of all staff members to be paid under this project.

<sup>2</sup>Direct 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.

<sup>3</sup>All 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.



**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 and additional funding awarded in the past three years for this project.

**IX. CONFLICT OF INTEREST ACKNOWLEDGEMENT**

Do any family relationships (by blood or marriage) exist between staff in your organization and 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 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 ANNISTON REQUIREMENTS**

The applicant agrees to abide by all policies, regulations, ordinances, or statutes required by HUD and the City of Anniston. Please select the following link to review the CDBG regulations comprehensively: [24 CFR 570](#).  
**Yes**  **No**

**CERTIFICATION**

I certify that the applicant agency meets the conditions specified in the application instructions and will 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 interest that could violate CDBG Program regulations at this time or 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*

<b>Signature</b>	<b>Date</b>
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<b>Printed Name</b>	<b>Title</b>
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