



2018 Community Development Block Grant (CDBG)

NON-PROFIT/CITY APPLICATION

Application must be greater than \$10,000.00

Application **Due**: Friday, June 30, 2017 at 5:00pm



Neighborhood Council: _____

➤ Date application was approved by neighborhood council: _____

NEIGHBORHOOD CHAIR CONTACT INFORMATION

➤ Name: _____ Phone: _____

➤ Address: _____

➤ Email: _____

Applicant/Agency Information:

➤ Agency Name: _____

➤ Mission Statement:

➤ Describe how this proposal aligns with the above Mission Statement:

➤ Describe the role of your organizations Board/Governing Body:

➤ Describe the Board's contribution to this proposal:

➤ TIN/EIN #: _____ DUNS #: _____

➤ SAM Registration (please attach a screenshot): Yes No Expiration Date: ___/___/___

➤ Experience managing public funds/grants: Yes No

Explain: _____

➤ **Changes in key organizational staff (executive, finance, program, etc.) in the past 12 months:** Yes No

If yes, Explain:

➤ **Policies and procedures for the following:**

○ Procurement: Yes No

▪ *Explain:* _____

○ Drug Free Workplace: Yes No

▪ *Explain:* _____

○ Conflict of Interest: Yes No

▪ *Explain:* _____

○ Financial Management: Yes No

▪ *Explain:* _____

○ Property/Equipment Management and Disposition: Yes No

▪ *Explain:* _____

○ Record Retention: Yes No

▪ *Explain:* _____

○ Equal/Civil Rights: Yes No

▪ *Explain:* _____

➤ **Organization/agency expended >\$750,000.00 in federal grants funds over the past 12 months:** Yes No

Explain: _____

➤ Has your organization/agency had an audit in the past 12 months: Yes No – Findings? Yes No

Explain: _____

➤ When was your agency last monitored by the City of Spokane CHHS Department: ____/____/_____

**Please attach a copy of most recent monitoring summary letter*

➤ Does your agency have an existing accounting system to segregate expenditures by funding source: Yes No

If Yes, what type of system:

➤ Does the accounting system produce a budget vs. expenditure report: Yes No

➤ Does your agency maintain central files for grants, loans, or other types of financial assistance: Yes No

➤ Does your agency have a system for tracking employee time and effort distributions specifically by cost objective/activity: Yes No

➤ Has your agency been awarded other grants, loans, or other types of financial assistance during the past 12 months: Yes No

If yes, identify awarding entity and award amount:

Project Scope (work to be performed):

➤ Project Name: _____

➤ Project Location(s): _____

➤ Who holds the title for this property: _____

➤ What actions have been taken to secure site control:

➤ Requested Amount (\$): _____

Scope of Work to be Performed:

Consolidated Plan (local) Needs and Goals:

➤ **Local Needs and Goals:**

1. Safe Affordable Housing Choice
 - a. Preserve and expand quality, safe, affordable housing choices
2. Need to reduce homelessness and provide for basic needs
 - a. Prevent and reduce homelessness
 - b. Provide opportunities to improve quality of life
3. Need for Community Development, Infrastructure and Economic Opportunities
 - a. Support vibrant neighborhoods
 - b. Expand economic opportunities

Community Development Block Grant: National Objective and Eligible Activity

Matrix Code	Activity	National Objective				
		LMA	LMC	LMH	LMJ	SBS
01	Acquisition of Real Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03A	Senior Centers		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03B	Handicapped Centers		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03C	Homeless Facilities (not operating costs)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03D	Youth Centers		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03E	Neighborhood Facilities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03F	Parks, Recreational Facilities	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
03I	Flood Drainage Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03J	Water/Sewer Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03K	Street Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03L	Sidewalks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03M	Child Care Centers		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03P	Health Facilities	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03Q	Facilities for Abused and Neglected Children		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03S	Facilities for AIDS Patients (not operating costs)		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
03	Other Public Facilities and Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Clearance and Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14A	Rehab: Single-Unit Residential			<input type="checkbox"/>		<input type="checkbox"/>
14B	Rehab: Multi-Unit Residential			<input type="checkbox"/>		<input type="checkbox"/>

National Objective Key: Low and Moderate Income Area Benefit (LMA): 24 CFR 570.208(a)(1), Low and Moderate Income Limited Clientele (LMC): 24 CFR 570.208(a)(2), Low and Moderate Income Housing (LMH): 24 CFR 570.208(a)(3), Low and Moderate Income Job Creation or Retention (LMJ): 24 CFR 570.208(a)(4), Slum and Blight Spot (SBS): 24 CFR 570.208(b)(2)

HUD (federal) Goal Outcome Indicators:

Goal Outcome Indicator	Unit of Measure	Total
Public Facility or Infrastructure Activities other than Low/Mod Income Housing Benefit	# of Persons Assisted	
Public Facility or Infrastructure Activities for Low/Mod Income Housing Benefit	# of Households Assisted	
Rental Units Rehabilitated	# of Household Housing Units	
Homeowner Housing Rehabilitated	# of Household Housing Units	
Homeless Person Overnight Shelter	# of Persons Assisted	
Overnight/Emergency Shelter/Transitional Housing Beds Added	# of Beds	
Jobs Created/Retained	# of Jobs	
Housing for Homeless Added	# of Household Housing Units	
Housing for People with HIV/AIDS Added	# of Household Housing Units	
Buildings Demolished	# of Buildings	

- Describe the method that will be used to track (*unduplicated*) project performance based on the appropriate unit of measure identified above:

Project Timeline:

- Anticipate Completion Date (*attach copy of project timeline*):

- Project Milestones (7/1/2017 – 12/31/2018):

- Identify lead staff person(s) and their experience managing a project of this scope:

Project Budget Narrative:

- How was the project budget developed? Identify individuals (by title) involved in the budget development:

➤ **What contingencies have been built into this budget:**

➤ **Identify other funding sources that will be used as leverage to support this project:**

➤ **What arrangements have been made to sustain/maintain this project once complete:**

➤ **What arrangements have been made to address costs that exceed the proposed budget:**

➤ **Funds are awarded on a reimbursement basis, how will this proposal address potential delays in the reimbursement process:**

➤ **Describe your agencies financial plan if this application is funded in part, or not at all:**

Line Item Budget:

Project Activity	CDBG Funds (request)	Matching Funds/Leverage	Total
Capital Improvements	\$.00	\$.00	\$.00
Public Facilities	\$.00	\$.00	\$.00
Demolition	\$.00	\$.00	\$.00
Total Project Activity	\$.00	\$.00	\$.00

Project Delivery	CDBG Funds (request)	Matching Funds/Leverage	Total
Salaries	\$.00	\$.00	\$.00
<i>Staff A</i>	\$.00	\$.00	\$.00
<i>Staff B</i>	\$.00	\$.00	\$.00
<i>Staff C</i>	\$.00	\$.00	\$.00
Other:	\$.00	\$.00	\$.00
Total Project Delivery	\$.00	\$.00	\$.00

*Professional Services	CDBG Funds (request)	Matching Funds/Leverage	Total
Architectural	\$.00	\$.00	\$.00
Engineering	\$.00	\$.00	\$.00
Legal	\$.00	\$.00	\$.00
Accounting	\$.00	\$.00	\$.00
Construction Management	\$.00	\$.00	\$.00
Other:	\$.00	\$.00	\$.00
Total Professional Services	\$.00	\$.00	\$.00

Total Project Budget (Project Activity + Project Delivery + Professional Services)	\$.00	\$.00	\$.00
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**Professional services are subject to federal procurement standards 2 CFR 200 (Subpart D)*

Required Attachments:

- Project Budget
- Project Timeline
- Organization Policies and Procedures
- Current Board of Directors listing (include affiliations with other agencies or organizations)
- Copy of most recent organization audit
- Copy of most recently approved (Board) agency budget
- Organization Chart
- Articles of Incorporation/Bylaws
- IRS Tax Exemption Determination Letter
- Washington Secretary of State letter certifying charitable organization status
- Federal Tax Form 990
- Conflict of Interest Certification
- Copy of lease agreement (if applicable), or plan to obtain site control