

Date Received:
 Time Received:
 Initials:



COMMUNITY DEVELOPMENT BLOCK GRANT

CITY OF SAN BENITO
 COMMUNITY GRANTS & PROGRAMS

CDBG FUNDING APPLICATION

NAME OF PROJECT / PROGRAM	
LEGAL NAME OF AGENCY	
EXECUTIVE DIRECTOR	
PROJECT CONTACT PERSON	
ADDRESS	
PHONE NUMBER	
FAX NUMBER	
EMAIL OF CONTACT PERSON	
AGENCY FEDERAL IDENTIFICATION NUMBER (TAX ID#)	
AGENCY DUNS NUMBER (If you do not have a DUNS Number, go to http://fedgov.dnb.com/webform to register.)	
SAN BENITO CDBG FUNDING AMOUNT REQUESTED	

The City of San Benito does not discriminate against persons based on race, color, creed, religion, ancestry, marital status, sex, national origin, age, familial status, disability, any arbitrary basis, and status with regard to public assistance. If you need special assistance in order to read and understand the information contained herein, please call the City of San Benito Community Grants & Programs Department at (956) 361-3800.

CDBG funds are used to achieve the following national objectives:

- To benefit low and moderate income persons.
- To prevent or eliminate slums or blight.
- To meet community development needs which have a particular urgency.

All public or private non-profit agencies, organizations, or authorities are eligible to apply for CDBG funds.

All CDBG-funded projects must be accessible to persons with disabilities. Information, participation, communications, and services regarding your project must be accessible to persons with disabilities in compliance with the Americans with Disabilities Act (ADA).

Applicants must understand that this is a competitive application process for limited funding. There may be applications for projects that satisfy many of the evaluation criteria, but are not funded. Successful applications may be funded for less than the amount requested. Agencies selected for CDBG funding will be included in the draft Action Plan.

AGENCY INFORMATION

Longevity: Number of years agency has been in business.	
Number of years agency has operated as 501c3 / nonprofit.	
Has agency operated under another name?	YES / NO
If YES: List other name(s)	
Does your agency develop or explore new/other sources to generate funds such as: Fundraisers Donations Grants	YES / NO YES / NO YES / NO
Has the agency been involved in any lawsuits?	YES / NO
Are there any outstanding judgements against the agency?	YES / NO
Has agency filed a petition for bankruptcy?	YES / NO
Are any of the board members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates also: <ul style="list-style-type: none"> ➤ Current or previous employees of the City of San Benito? ➤ Members of, or closely related to, members of the City of San Benito City Commission? ➤ Current beneficiaries, or related to beneficiaries, of the project? ➤ Paid providers of goods or services to the project, or having other financial interest in the project, or related to such individuals? ➤ Paid providers of goods or services to the City of San Benito, or related to such individuals? 	YES / NO YES / NO YES / NO YES / NO YES / NO
If YES, an explanation must be provided above. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.	
Agency's mission statement	
In <u>25 words or less</u>, summarize the agency's goals.	
Has agency been required to return or forfeit Federal, State, or Local funds for lack of expenditures, or misappropriation of funds?	YES / NO
If YES: Please explain. Provide funding agency, amount of funds returned or	

forfeited, and reasoning.	
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PROJECT INFORMATION

In <u>25 words or less</u> , describe your project.	
In <u>25 words or less</u> , indicate how your project will directly benefit low and moderate income residents of the City of San Benito.	
Number of years agency has conducted the project for which funding is requested.	
Is the project NEW (never funded by the City of San Benito), or EXISTING?	NEW / EXISTING
If EXISTING: Number of years San Benito CDBG funds have been funding <u>this</u> project.	
Type of project	PUBLIC SERVICE / PUBLIC FACILITY / HOUSING
Select the ONE CLASSIFICATION that best describes your project.	<p>PUBLIC SERVICE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Senior Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Employment Training <input type="checkbox"/> Crime Awareness <input type="checkbox"/> Health Services <input type="checkbox"/> Abused / Neglected Children <input type="checkbox"/> Homeownership Assistance (indirect) <input type="checkbox"/> General Services <p>PUBLIC FACILITIES & IMPROVEMENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Senior Center <input type="checkbox"/> Neighborhood Facilities <input type="checkbox"/> Parks/Recreation Facilities <input type="checkbox"/> Water/Sewer Improvements <input type="checkbox"/> Sidewalks <input type="checkbox"/> Street Improvements <p>HOUSING</p> <ul style="list-style-type: none"> <input type="checkbox"/> Rehabilitate Single Family <input type="checkbox"/> Direct Homeownership Assistance
What is the full service area of this agency?	
What is the service area of this project?	
Are there other agencies providing similar services to residents of the City of San Benito?	YES / NO
If YES: List other agencies.	
If YES: Provide quantitative data to demonstrate the demand for more services of this type for the City of San Benito.	<p>TOTAL NEED:</p> <p>AGENCY CURRENT BENEFICIARIES:</p> <p>OTHER AGENCY CURRENT BENEFICIARIES:</p> <p>GAP IN SERVICES:</p>
How many individuals will be served by this project whose income is at, or below, median income?	<p>INDIVIDUALS:</p> <p>HOUSEHOLDS:</p> <hr/> <p><input type="checkbox"/>PUBLIC FACILITIES: AREA BENEFIT / QUANTITY OF INDIVIDUALS UNKNOWN</p>

Must all participants in your program meet the federal or state low income limit guidelines for project qualifications?	YES / NO
What is the estimated cost to provide services to one person?	
What is the target population? (Example: elderly, disabled, abused children, etc)	
Does the agency formally evaluate and measure the effectiveness of the project?	YES / NO
If YES: Complete the Project Effectiveness chart below.	
Will your agency comply to HUD regulations to supply the following information regarding <u>each</u> individual/household benefitting from your project? *Number of individuals in the home. *Proof of household income or presumed benefit status. *Gender of Head of Household. *Race for each member of household, including Hispanic ethnicity.	YES / NO
If NO, please explain.	
In <u>25 words or less</u> , describe the consequences if the proposed project is not funded in the next year.	

PROJECT EFFECTIVENESS
REPORTING PERIOD: _____

HUD NATIONAL OBJECTIVE	PROJECT ACTIVITY	GOALS		SPECIFIC OUTCOME INDICATORS
		OUTPUT	OUTCOME	
EXAMPLE 1 Low Mod Clientele	Deliver lunch meals to homebound elderly, Monday thru Friday for 250 days during the fiscal year at a service rate of \$4.33 per meal.	Deliver lunch meals daily to 16 elderly persons that are homebound due to physical disability or illness.	Improve access/ availability of suitable living environment by providing adequate nutrition to elderly helping them remain healthy and strong.	A) 10 Number of elderly with <u>new</u> access to service. B) 6 Number of persons with <u>improved</u> access.

PROJECT ELIGIBILITY

To be eligible for Community Development Block Grant (CDBG) federal funds, program activities must meet one of the HUD national objectives listed below. Select the ONE objective that applies to the specific program for which you are requesting funding.

BENEFIT TO LOW AND MODERATE INCOME PERSONS	
	<u>AREA BENEFIT</u> : At least 51 percent of persons served will be from low and moderate income households in the service area of San Benito (area is identified as census tract).
	<u>LMI-LIMITED CLIENTELE</u> : At least 51 percent of persons served will be from low and moderate income households. Explain how you will determine household- income
	<u>LMI-JOBS</u> : At least 51 percent of jobs created or retained will be filled by low or moderate income persons. Explain below how you will determine household income.
	<u>LMI-HOUSING</u> : All households provided with housing assistance will have low or moderate income. Explain below how you will determine household income.
Explanation of household income determination:	
ACTIVITIES TO PREVENT OR ELIMINATE SLUM OR BLIGHT	
	<u>AREA BLIGHT</u> : The program will cure conditions of slum and blight in designated blighted area. Describe the area below and attach map showing its boundaries.
	<u>SPOT BLIGHT</u> : The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low and moderate income persons.
Description of area or conditions:	
ACTIVITIES TO MEET URGENT COMMUNITY DEVELOPMENT NEED	
	<p><u>URGENT NEED</u>: Select this national objective only if a particular urgency is met, and activity must be designed to alleviate existing conditions which the local government certifies and state determines the following:</p> <ul style="list-style-type: none"> ➤ Pose a serious and immediate threat to the health or welfare of the community, ➤ Are of recent origin or recently became urgent, ➤ The state grant recipient is unable to finance the activity on its own, and ➤ Other sources of funding are not available to carry out. <p>A condition will generally be considered to be of recent origin if it is developed or became critical within 18 months preceding the state grant recipient's certification. Reference: 24 CFR 570.483(d)</p>

In 50 words or less, explain how your project addresses the national objective you selected.

BUDGET

San Benito CDBG funding requested	
Estimated PROJECT budget for funding year.	
Amount of funds received last year from the City of San Benito.	
Number of years CDBG funds received from the City of San Benito.	
Is the project dependent on other funds?	YES / NO
If the funding is unfunded, or partially funded, will the project be carried out?	YES / NO
Do you charge for your services?	YES / NO
If YES, provide your fee schedule.	

SAN BENITO CDBG FUNDING

Detail the budget item(s) the CDBG funding will be allocated to.

LINE ITEM	QUANTITY & PRICE	TOTAL
Example: Milk	100 gal @ 3.00/gal	300.00

FUNDRAISING

List fundraising events held to support the project / agency in the past year.

DATE	TYPE OF EVENT	\$ RAISED	PICK ONE: PROJECT -OR- AGENCY	PURPOSE / USE

DONATIONS

List donations received to support the project / agency in the past year.

DATE	TYPE OF EVENT	\$ DONATED	PICK ONE: PROJECT -OR- AGENCY	PURPOSE / USE

LEVERAGING

List funds solicited from other sources to fund the project / agency for the coming year.

***DO NOT enter Federal money in this category. The term "leverage" is used typically to categorize NON-FEDERAL resources that carry out or add value to a specific project. Federal money will be entered in the next category: Project Budget.

SOURCE	PICK ONE: STATE -OR- OTHER	\$ REQUESTED	\$ AWARDED	PICK ONE: PROJECT -OR- AGENCY	PURPOSE / USE

PROJECT BUDGET

List the income and expenses to support the project for the upcoming year. An alternate format is acceptable, however it must be detailed as illustrated in the example provided below. The City of San Benito reserves the right to request an updated budget as funding sources announce approvals.

INCOME

SOURCE NAME	SOURCE CATEGORY: FEDERAL, STATE, OR OTHER	COMMITTED? YES / NO	AMOUNT
Example: San Benito CDBG	Federal	No	7,000.00

EXPENSES

LINE ITEM	AMOUNT	FUNDING SOURCE
Example: Salaries	1,000.00	San Benito CDBG
	1,000.00	United Way

AGENCY BUDGET

List the projected income and expenses to support the agency for the upcoming year. An alternate format is acceptable, however it must be detailed as illustrated in the example provided below. The City of San Benito reserves the right to request an updated budget as funding sources announce approvals.

INCOME

FUNDING SOURCE	AMOUNT	LINE ITEM ALLOCATIONS
Example: San Benito CDBG	7,000.00	Salaries, Office Supplies, Transportation (Gas)

EXPENSE

LINE ITEM	AMOUNT	FUNDING SOURCE
Example: Office supplies	500.00	San Benito CDBG
	1,500.00	Harlingen CDBG, United Way

PROJECT TIMELINE AND BENCHMARKS

Project start date	
Project end date	
Projected amount of San Benito CDBG funding to be expensed each quarter.	OCT, NOV, DEC:
	JAN, FEB, MAR:
	APR, MAY, JUN:
	JUL, AUG, SEP:
Projected amount of San Benito beneficiaries to be assisted during each quarter using <u>SAN BENITO CDBG</u> funding.	OCT, NOV, DEC:
	JAN, FEB, MAR:
	APR, MAY, JUN:
	JUL, AUG, SEP:
Projected amount of City of San Benito beneficiaries to be assisted during each quarter using <u>OTHER</u> funding.	OCT, NOV, DEC:
	JAN, FEB, MAR:
	APR, MAY, JUN:
	JUL, AUG, SEP:

SUBMISSION DOCUMENTATION

Applications must be submitted no later than 4:30 pm on Monday, August 27, 2018 to:
 San Benito Community Grants and Programs Department
 401 North Sam Houston Blvd
 San Benito, TX 78586
 ATTN: CDBG FUNDING APPLICATION

Applications received after the date and time specified above will not be accepted, and returned to the applicant unopened.

Submit ONE (1) ORIGINAL and THREE (3) COPIES of the application.
 Submit TWO (2) COPIES of supporting documentation.

The Application must contain ORIGINAL SIGNATURES in BLUE INK.

Faxed or emailed applications will not be accepted.

Applications may be rejected for the following reasons:

- Project is not clearly eligible according to CDBG regulations.
- Applicant has demonstrated poor performance in carrying out federally funded projects.
- Applicant fails to provide a complete application (no empty spaces allowed).
- Applicant fails to provide supporting documentation.
- Applicant is not in good standing with the City of San Benito.

Include the following documentation with your application. Failure to provide the requested documentation may cause the application to be considered incomplete, thus funding may be denied.

	Proof of 501c3/ nonprofit status (ie: IRS tax determination)
	If receiving \$500,000 or more of Federal funding: The agency's most recent audit report, including auditor management letter
	If receiving \$499,999 or less of Federal funding: Financial Statements, including the Income and Expense Report
	Most recent IRS tax form 990, or IRS form 8868 plus previous year 990
	Bylaws
	Articles of Incorporation
	Organizational Chart with Key personnel and their titles. Indicate those who will execute the project.
	Board of Directors, including mailing address
	Name of individual designated to execute documents on behalf of the organization. In order to designate the authorized individual, one of the following must be submitted: <ul style="list-style-type: none"> • Letter from the Board of Directors • Bylaws, indicating the individual • Board minutes illustrating discussion and approval of individual
	Fee schedule for services offered, when applicable.
	Project Budget, when not entered above
	Agency Budget, when not entered above.

Additional documentation may be requested to evaluate beyond that which is requested above.

Please contact Mrs. Rachel Siller at 956-361-3800 ext 304, or rsiller@cityofsanbenito.com for questions regarding the CDBG Funding Application.

CERTIFICATION OF AUTHORIZED INDIVIDUAL(S)

Should this request be accepted for funding, the applicant must be willing to comply with all applicable federal, state, and city requirements and enter into a funding agreement with the City of San Benito.

I understand that additional documentation will be requested should funds be awarded.

I hereby certify, under the penalty of perjury, the foregoing application for San Benito Community Development Block Grant funding is true and correct, to the best of my knowledge.

Printed name of individual authorized to execute documents on behalf of the agency

Signature

Date

Printed name of Executive Director

Signature

Date