CITY OF MILFORD

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

PROGRAM 46

FY20 Application for Funding

1. Applicant Information

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Organization (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID (EIN)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DUNS Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered in System for Awards Management (SAM) Yes \_\_\_\_ or No \_\_\_\_\_

SAM Cage Code?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Program/Project Information

Program/project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program/project Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant program/project total cost? $ \_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant contribution to the program/project total cost? $ \_\_\_\_\_\_\_\_\_\_\_

Applicant CDBG funding request? $ \_\_\_\_\_\_\_\_\_\_\_\_

How many people will directly benefit from the program/project? \_\_\_\_\_\_\_\_

How many total people does the organization assist on an annual basis? \_\_\_\_\_\_\_

Is the program/project open and available to the public during regular business hours? Yes \_\_\_ No \_\_\_

If no, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does the organization or program require a membership fee? Yes \_\_\_ No \_\_\_ If yes, please explain.

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Describe how the program/project meets one or more of the *FY2020-2025 Five-Year Strategic Consolidated Goals and Objectives.* See Goals and Objectives listed in the Program Guidelines.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe the program/project and how it will benefit the participant and the overall public. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How will the applicant market/advertise the program/project to the community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Grant Eligibility

A CDBG allocation is based on meeting a five-year goal and objective, and eligibility of the activity and the national objective it serves. At least 70% of the program participant(s) must meet the HUD 80% median income guidelines for Milford or fall under a “Presumed Benefit” category.

Activity Category

Will the program/project meet one of these activity eligibility categories? (check one)

\_\_Public Service \_\_\_ Public Facility \_\_\_\_ Public Housing \_\_\_ Housing \_\_Homelessness \_\_ Mental Health \_\_ Acquisition \_\_ Infrastructure \_\_ Economic/Business Development Assist small businesses \_\_\_

 \_\_ Planning \_\_ Other, Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Objective

Which Direct or Area Benefit National Objective does the program/project meet? (check one)

 \_\_\_ Person/Household assisted through public service, public facility, and housing activities.

 OR

 \_\_\_ “Presumed Benefit” persons assumed to be income eligible through participation in a activity category

 (check one). \_\_ homelessness, \_\_ elderly persons (62 + years), \_\_ severely disabled adults \_\_ illiterate

 adults, \_\_ person(s)with AIDS. *\_\_*abused children, \_\_battered spouses, or \_\_ immigrant farm workers.

 *\_\_* Jobs category: \_\_\_ create new job(s) or \_\_\_ retain existing job(s)

*\_\_* Area category: Benefits households living in eligible census tract(s) or a service area*.*

*\_\_*Prevent or eliminate slum and blight – Improve, clear and/or convert derelict property to meet a goal and objective.

\_\_Urgent Need – Meet an immediate threat to health or welfare of the community whereby other financial resources are not available or with an immediate public catastrophe such as a flooding and damage from due to a hurricane.

Direct Benefit - Will at least 70% of the program/project participant(s) meet the HUD 80% median income guidelines for Milford or fall under a “Presumed Benefit” category?

In (A), enter the approximate total number of person(s) served by the program/project.

In (B), enter the approximate number of low- and moderate-income person(s) served by the program/project.

*If program/project serves a presumed benefit category, enter the total participants in column (A) and (B). The total served will equal 100%.*

|  |  |
| --- | --- |
| (A) Participants | (B) Participants |
| Total Person(s)Served | Total L/M Income Person(s) Served |
| 1. \_\_\_\_\_\_\_\_
 | 1. \_\_\_\_\_\_\_\_\_
 |

*Calculate:* Divide (B) by (A) and enter the percentage of L/M income persons the expected to benefit. \_\_\_\_\_\_\_\_\_\_\_\_\_%.

Area Benefit - Is the program/project located in a L/M Area?

Area by Census Data

Projects benefiting person’s living in L/M census tracts or a service area. HUD formula and Census Track and Block Group data establish L/M income areas in each town. A Milford L/M Census map can be found on the ECD/CDBG webpage. Milford’s total L/M household percentage is 35.37%.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | (A) | (B) |
| Census Tract #1501-1512 | Block Group # | Total Persons in Census Tract and/or Block Group | # of Low /Moderate Income Persons in  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Total  | (A)  | (B)  |

 *Calculate:* Divide (B) by (A) and enter the percentage of low- and moderate-income persons the project

expects to serve\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%.

Area by Service Area Boundary

If the program/project is not located in a L/M Area Census Track and Block Group eligibility might be determined by its service area boundaries. Please provide an address list of the program/project participant(s) to determine a service area. The CDBG staff will have the City office of Information System enter it into a GIS program to produce a map.

Eligible by Survey Method

A special survey of residents in the area may be allowed to ascertain the percentage of L/M persons show that the Census information does not reflect current relative income levels in the area or the service area does coincide with Milford L/M area percentage according to the Census Bureau American Community Survey and HUD.

*The survey itself requires HUD approval prior to use.*

4. Compliance & Management

Program Compliance

Subrecipients are expected to require program participant(s) to complete and sign a Household Certification form once during the program year. HUD requires the City to report demographic, household and income data, when applicable. *\*Program/projects that fall under a “presumed benefit” category or a low/moderate area benefit are not required to fill in the income section on the Household Certification form and the Activity Report.*

Are program participants required to fill out program application or intake form? Yes \_\_\_ No \_\_\_

 If no, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Program Management

Requests for funds to support existing City employment position or indirect program operating costs such as organizational staff salary or office space costs are ineligible activities 570.207 (b)(2).

Does the Organization have the resources to fill a financial gap in a program/project budget if the *actual* CDBG award is less than requested? Yes \_\_\_ No \_\_\_

*If no, please explain. (List all other resources on the CDBG Budget form)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the budget is fully financed, what other program/project details remain to be coordinated?

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Funding towards a public facility project requires an organization to commit to its own project management to ensure the timely and correct completion of the project. If the organization hires a qualified project manager to prepare a scope of work and oversee the project on behalf of the organization then CDBG funds will be available to reimburse this cost up to $1,000. Prior approval is required. The ECD staff will continue to manage the procurement process and offer guidance to complete project.

Does the organization accept this requirement to ensure a facility project is completed correctly and in a timely manner? Yes \_\_\_ No \_\_\_

What is the anticipated program/project Start Date? \_\_\_\_\_\_\_\_\_\_ Completion Date? \_\_\_\_\_\_\_\_\_\_

Provide the name and contact information for the program coordinator or project manager. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Accounting Compliance

Did the Organization file a A-133 Single Federal Audit because it received $750,000, or more, in federal funds last fiscal year? Yes \_\_\_ No \_\_\_

6. Outcome Measurement

 There are five performance components to the outcomes measurement model. Please explain

how the proposed project relates to each component. Please refer to the application instructions for guidance

with this section.

 Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Inputs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Outputs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Outcomes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Application Signature

Please review the FY20 Application & Program Guideline for instructions to submit a complete application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name