



**City of Frederick**  
**Community Development Block Grant (CDBG)**  
**Non Public Services Application**

**GY 14 APPLICATION**

The Community Development Block Grant (CDBG) program is designed to fund activities that primarily benefit low and moderate-income residents of The of City of Frederick. Eligible activities include, but are not limited to programming or projects that address local housing, housing related supportive services, crime prevention, mental health, welfare, neighborhood revitalization, or recreation needs for capital projects benefitting low and moderate-income neighborhoods. The project could be something that an organization does on its own or in partnership with The City of Frederick. Funds would be available in late summer of 2014.

For Grant Year 2013 (July 1, 2013- June 30, 2014), the City was awarded \$306,500 through the CDBG program. At this writing, we are unsure how much funding there will be for the GY 2014 awards. Over the past two years, CDBG funding for the City has been reduced by 30 percent and there is always the possibility of additional cuts. The amount of funding awarded for 2014 will be reduced in proportion to any additional cuts we receive.

To determine if your project might be eligible for CDBG funding and to learn more about the contractual requirements of the program, please review the accompanying "The City of Frederick CDBG Program Guidelines."

**APPLICATION DEADLINE**

2:00 p.m. on Wednesday January 8, 2014

An original, five (5) copies of your application and an electronic must be submitted to:

The City of Frederick  
Municipal Office Annex  
Department of Planning/Community Development  
140 W. Patrick Street  
Frederick, Maryland 21701

The City of Frederick Maryland  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

**GY14 APPLICATION**

**SUMMARY INFORMATION**

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

Legal Name of Submitting  
Organization: \_\_\_\_\_

Amount of Funds Requested for this Project: \$ \_\_\_\_\_

Amount of Total Project Budget: \$ \_\_\_\_\_

Total Number of Persons Who Will Directly Benefit From This Project: \_\_\_\_\_

Have you received CDBG funding for this program or activity before?      Yes      No  
s      Other

Type of Organization:      Non-profit      Government      Other

**If yes, please explain:**

In the space below, provide a very brief descriptive summary of how the requested funds are to be used:  
(75 words or less)

**ORGANIZATION CONTACTS AND CERTIFICATION**

**ORGANIZATION MAILING ADDRESS:** (name, street, city, zip code)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
S: \_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: \_\_\_\_\_ State Corporation Number: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_

Contact Person for this Application: \_\_\_\_\_  
(Name and Title) \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Authorized Representative of Submitting Organization: \_\_\_\_\_  
(Name and Title) \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Certification :**

“I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true. I also certify that I am officially authorized to represent the submitting organization by its governing board in the filing of this application.”

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

**Executive Summary**

In the box below, provide a brief summary of your project (75 words or less)

Describe WHAT you do, WHOM you will serve, WHY the project is needed, WHERE you will do it, and WHAT you will fund with CDBG funds. (NOTE: More information is requested later; this space is for a brief overview of your project.)

**Project Need**

Activities should provide new or expanded services that respond to critical, identical unmet needs.

What unmet community need(s) will your project address, how did you determine that this need(s) exist, and how will your project address this need(s)? Is it an identified need in the 2010-2015 Consolidated Plan?

**PROJECT DESCRIPTION** (No more than one page)

Describe in detail the project for which these funds will be used. Indicate how these funds will be used in collaboration with other agencies, if appropriate and provide answers to the following questions in your response:

1. What is your service area? (e.g. Citywide; focused on youth attending specific schools; focused in certain areas of the City)
2. What unique or innovative features, if any, are associated with this project?
3. Will your project foster self sufficiency of the client population services?
4. Describe any factors that make your proposal unique or innovative.
5. Please cite the Eligible Activity as described in HUD regulations at 24 CFR 570.201-206 to be undertaken.

**Location of Project:**

1. Please provide the actual street address (es) where the staff implementing this project will be physically located, locality map, census tract and digital photos (no more than five) of the property at the end of the application.

2. Please describe the primary service area(s) for this project; that is, the geographic area from which most of the clients will come (e. by streets, neighborhood, communities, or census tracts.)

If the service/activity is citywide, please state that, but if the beneficiaries tend to come from certain neighborhoods, areas or parts of the city, please identify those areas.

3. CDBG funds must be spent entirely within The City of Frederick, and all of the people directly served with CDBG funds must be City residents. Will any people living outside of the City be directly served under this project?

Yes\_\_\_\_\_ No\_\_\_\_\_ ( If “yes”, what other funds will be used to serve these people?):

4. **Project Goals:**

The activity should have clearly stated goals and evaluation criteria that are specific, measurable and realistic.

List the expected project goals and accomplishments. What specific, quantitative, and measurable performance measures will you use to determine if your expected outcomes have been achieved?

(You may attach **one (1) additional page**, if necessary; please label this page “Responses to question 4” on the top of the attached page.

<b>Project/Program Goals</b>	<b>Service Delivery Process</b>	<b>Performance Measures</b>
“What do you want to achieve”	“How will you achieve it?”	“How will you know if you are successful?”

**5. Previous Project Implementation:**

Have you, or are you aware of others who have carried out or attempted this project in The City of Frederick before? Yes \_\_\_\_\_ No \_\_\_\_\_

If “ Yes” please explain?

**6. Beneficiaries:**

1. Estimate the total number of people who will directly benefit from the project: \_\_\_\_\_
2. Estimate the total number of low-and moderate-income as defined by HUD who will directly benefit from this project: \_\_\_\_\_
3. What percentage of the total people served are expected to be low-and moderate-income: \_\_\_\_\_%

Please identify your sources

estimates: \_\_\_\_\_

Please be certain to use HUD’s definition of Low/Moderate Income persons for the Washington-Arlington-Alexandria, DC-VA-MD-WV area.

4. Describe **how you will documents that at least 51%** of your beneficiaries will have low/moderate-incomes or moderate-incomes, as defined by HUD.

5. Please identify the primary beneficiaries this project will serve, and the number under each group. More than one group may be identified:

<b>Special Needs Population</b>	<b>Number of Persons Served</b>
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons	
At-risk children and youth (Specify type of risk)	
Other (Specify type of risk)	
Persons with multiple special needs as listed above	

6. What is the estimated number of minority people/household to be served by this project? \_\_\_\_\_

7. What percentage of the persons benefitting from this project/program falls into each of the following categories?

<b>Racial Category</b>	<b>Percentage</b>
White/Caucasian	
African/American	
Hispanic	
Asian/Pacific Isander	
American Indian/Alaska Native	
<b>TOTAL</b>	<b>100%</b>

8. **Organizational Experience and Capability**

Priority will be given to activities that have a clean plan of action that is consistent with the budget, and that demonstrate that the applicant has the capability to implement the proposed plan.

**Organizational Background:**

1. Date your organization was incorporated: \_\_\_\_\_
2. Date operations began: \_\_\_\_\_
3. Number of total paid staff in your organization: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
4. Number of paid staff currently with your organization that will work on the project:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
5. Number of new staff that will be hired to work on the project, if funded:  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_
6. Will a consultant (s) or contract staff be hired to help implement the project?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If “yes” please explain the services the consultant or contract staff will offer (NOTE: if you are funded, any subcontracts entered into are subject approval by The City of Frederick and that CDBG funds are subject to Davis Bacon wages.)

7. What is the amount of your current operating budget? \$ \_\_\_\_\_

List your major source(s) of funding:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_

\$ \_\_\_\_\_

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\$ \_\_\_\_\_

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\$ \_\_\_\_\_

**ATTACH THE FOLLOWING AT THE END OF YOUR APPLICATION**

2. IRS letter granting tax exempt non-profit status 501 (3) (c)
3. Board of Director's listing names, titles, terms of office (if any), and addresses
4. Organizational chart or organizational structure
5. Annual budget for current year
1. Last year's audit

8. Organization Mission and Activities:

1. Describe your organization's mission and how your proposed project fits in with your organization's mission and current activities:

2. Describe your organization's most recent key accomplishments:

9. **Community Development and Collaboration**

The activity should be integrated with other community services and provided in collaboration with other service providers

1. Will you enter into a partnership with any other organization(s) to undertake this project?

Yes:\_\_\_\_\_ No:\_\_\_\_\_.

If “yes” please list the organization(s) and its contribution(s). If “no”, explain why not:

2. Is this proposed project coordinated with or a part of an ongoing housing or community development program? Yes: \_\_\_\_\_ No:\_\_\_\_\_. If “yes”, explain how:

3. Describe how the services of the project will be coordinated with other services in the community:

### **10. Action Plan**

The activity should have a clear plan of action that is consistent with the budget demonstrates that the applicant has the capacity to implement the proposed plan.

1. **Budget:**

PLEASE COMPLETE THE BUDGET ON THE FOLLOWING PAGES  
**YOU MUST USE THIS FORM - Do not attach a different budget form.**

2. In the past, the City has often provided partial funding for multiple projects instead of full funding for a few projects so that it could address numerous requests.

Please describe, in detail, the specific changes that you will make to your project or scope of services if your project is partially funded (e.g. Could this project be undertaken on a smaller scale, with fewer people served? How? Could additional funds be obtained from other sources?):

**GY 2014 CDBG BUDGET (Use This Form ONLY)**

**INSTRUCTIONS:** The following budget information is only for the **project** for which your organization is requesting funds. You should not include your organization's total operating budget.

**In Column A** , list the titles of all positions to be funded in whole or in part with CDBG funds.

**In Column B** , for each employee shown in Column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

**In Column C** , show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title

**In Column D** , show the total CDBG budget for this line item (hourly rate times the number of CDBG hours.)

**In Column E** , show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part V.

NOTE: Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the City at 301-600-2842. Remember that funds will not be available until the late-Summer of 2014.

**GY 2014 CDBG BUDGET FORM**

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>I. PERSONNEL COSTS</b>	<b>CDBG HRS TOTAL HRS. PER WEEK</b>	<b>HOURLY RATE</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
SALARIES (List all positions to be assigned to this project)	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
<b>TOTAL SALARIES</b>			\$	\$

<b>II. FRINGE BENEFITS</b>	<b>PERCENT</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
FICA	%	\$	\$
Retirement	%	\$	\$
Insurance	%	\$	\$
Workman's Compensation	%	\$	\$
State Unemployment Insurance	%	\$	\$
Other (Specify)	%	\$	\$
<b>TOTAL FRINGE BENEFITS</b>	%	\$	\$
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$	\$

**GY 2014 CDBG BUDGET (cont inued)**

<b>III. CONSULTANTS (If any)</b>	<b>TOPIC</b>	<b>HOURLY RATE</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>TOTAL CONSULTANTS</b>			\$	\$

<b>IV. OPERATING EXPENSES</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
Office Rent	\$	\$
Audit & Accounting(1)	\$	\$
Books & Publications	\$	\$
Conference & Training	\$	\$
Insurance(3)	\$	\$
Legal	\$	\$
Local Mileage	\$	\$
Office Supplies/Materials	\$	\$
Postage	\$	\$
Printing	\$	\$
Telephone	\$	\$
Fidelity Bond Insurance	\$	\$
Utilities (List Separately)	\$	\$
	\$	\$
	\$	\$
Other (Specify)	\$	\$
	\$	\$
<b>TOTAL OPERATING COSTS</b>		\$

<b>V. DIRECT COSTS</b>	<b>TOTAL CDBG</b>	<b>OTHER FUNDS</b>
Materials	\$	\$
Permits	\$	\$
Contingency (Specify)	\$	\$
Other (Specify)	\$	\$
	\$	\$
<b>TOTAL DIRECT COSTS</b>		\$
<b>GRAND TOTAL</b>		\$

- 1) Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, [http://www.whitehouse.gov/omb/circulars\\_default/](http://www.whitehouse.gov/omb/circulars_default/))
- (2) Funding recipients may NOT purchase equipment with Federal funds.
- (3) Funding recipients are required to meet City of Frederick, MD's general insurance requirements (see fact sheet.)

**Additional Budget information if required :**

**11. Timing:**

Any CDBG funds awarded should be fully expended within a **10-month** period from the date of the contract signing. Please show how activities will be undertaken and funds spent to meet this time frame requirement:

<b>Calendar</b>	<b>Activities Undertaken and/or Results Achieved</b>	<b>Estimated CDBG \$ Drawn Down</b>	<b>Other Project Funds Drawn Down</b>
<b>First 3 Months</b>			
<b>Second 2 Months</b>			
<b>Third 3 Months</b>			
<b>Fourth 2 Months</b>			

**12. Key Staff and Resumes:**

1. Name the key people responsible for carrying out this project and provide their telephone numbers:

<b>Name</b>	<b>Title</b>	<b>Telephone #</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. For each of the staff people listed above, provide the following information:

<b>Name</b>	<b>Years with Organization</b>	<b>Job Responsibilities Relevant to Project</b>	<b>Percentage of Time</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ATTACH:** Resumes of your chief administrative and chief financial officers, and key staff who will work on project (if known) at the end of the application. This information should enable the reviewer to determine the years of applicable experience and key accomplishments in areas relevant to the proposed activity for which funds are requested.

**13. LEVERAGING**

The activity should be supported by multiple funding sources and/or have well developed plans for seeking additional funding.

1. List any prior CDBG funds received for this project , or for any other CDBG project, within the last five (5) years:

Project  
Name: \_\_\_\_\_  
CDBG Funds Received \$ \_\_\_\_\_ Year prior funds received: \_\_\_\_\_

Project  
Name: \_\_\_\_\_  
CDBG Funds Received \$ \_\_\_\_\_ Year prior funds received: \_\_\_\_\_

Project  
Name: \_\_\_\_\_  
CDBG Funds Received \$ \_\_\_\_\_ Year prior funds received: \_\_\_\_\_

2. Have you applied for funding from other sources for this project?

Yes \_\_\_\_\_ No \_\_\_\_\_.

If "No", why not?

If "Yes" to whom have you applied? (For approved funds, please provide a copy of the commitment letter. For pending funds, please provide the contact name and telephone number at that funding source.)

Funding  
Source: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone  
Number: \_\_\_\_\_  
Status of Funding: Approved: \_\_\_\_\_ Pending: \_\_\_\_\_ Denied: \_\_\_\_\_

Funding  
Source: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone  
Number: \_\_\_\_\_  
Status of Funding: Approved: \_\_\_\_\_ Pending: \_\_\_\_\_ Denied: \_\_\_\_\_

Funding  
Source: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone  
Number: \_\_\_\_\_  
Status of Funding: Approved: \_\_\_\_\_ Pending: \_\_\_\_\_ Denied: \_\_\_\_\_

3. Identify the total cash funding for this project, and the form of assistance (i.e. loan, grant, contributions, etc.):

Source of Funds	Form of Assistance	Amount
CDBG Funds		\$
Other City/County Funds		\$

Other Funds		\$
		\$
		\$

4. If you will use volunteers or in-kind contributions for this project, please explain:

**LEVERAGING - Continued**

5. Does this project need federal funds after GY 2014? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If so, how much? \$ \_\_\_\_\_ For how long? \_\_\_\_\_

Why is continued funding needed?

6. Continuation of Project

Explain, in detail, how you will continue this project once CDBG funds are no longer available. (Even if this is a first year request, please provide a well thought-out fund raising plan to be undertaken once CDBG funds are no longer available- regardless of whether funds are no longer available.)

- a. What steps have you taken to secure other sources of funds for this project and to ensure the continuation of this project once CDBG funds are no longer available?

- b. If applicable, please describe any modifications in the scope of activities from what was previously funded:

- c. Evaluate the success of your project to date:

**LEVERAGING - Continued**

d. Total number of people and/or households directly served since this project began:

People \_\_\_\_\_ Households \_\_\_\_\_

Total number of low and moderate -income people and/or households directly served since project began:

(Please refer to the definition of low and moderate income.)

People \_\_\_\_\_ Households \_\_\_\_\_

e. Demographic breakout of people or household directly served since project began:

<b>Racial Category</b>	<b>Number of People</b>	<b>Number of Households</b>
White/Caucasian		
African-American		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		

## ATTACHMENT CHECKLIST

Please complete and submit this checklist with a copy of the following.

Please label documents using the document name and numerical order below. Please place all attachments at the **end** of the application. On the checklist, indicate by an "X" if the document is attached.

- \_\_\_\_\_ Internal Revenue Service letter granting tax exempt nonprofit status 501(c) (3).
- \_\_\_\_\_ Board of Director's listing including names, titles, terms of office (if any), and addresses of all members.
- \_\_\_\_\_ Organizational chart or organizational structure.
- \_\_\_\_\_ Organization's total fiscal budget (current year)
- \_\_\_\_\_ Last year's audit.
- \_\_\_\_\_ Certificate of Good Standing
- \_\_\_\_\_ Resumes of chief administrative and chief financial officer's, and key staff who will work on the proposed project.
- \_\_\_\_\_ Two (2) letters of community support (from other organizations, former or current clients, elected officials, etc.)
- \_\_\_\_\_ Locality Map with proposed project labeled and census tract.
- \_\_\_\_\_ Response to Question 4.
- \_\_\_\_\_ Printed Digital Photos of Project Location (no more than five).

**NOTE:** Organizations who projects are approved for funding will be required to enter into a contract with The City of Frederick for implementation of the funded activity. This contract will contain provisions that will ensure compliance with all federal, state, and local laws and regulations. Upon execution of the contract and depending upon the type of activity, the organization will be required to submit other documents and information including, but not limited to: personnel rules and regulations, sample agency or organization timesheet; and proof of insurance coverage.