



The City of Frederick
Community Development Block Grant (CDBG)
BRICKS AND MORTAR
Non Public Services Application
GY 16 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 2016.

For Grant Year 2015 (July 1, 2015- June 30, 2016), the City was awarded \$372,370 through the CDBG program. At this writing, we are unsure how much funding there will be for the GY 2015 awards. At this time, the actual award amount is unknown but estimated to be about \$350,000 and there is always the possibility of additional cuts. The amount of funding awarded for 2016 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

12:00 p.m. on Wednesday January 13, 2016

One signed original, five (5) copies of your application, and
One (1) electronic must be submitted to:

Please only include in the application what is required; do not submit additional pages.

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)

GY16 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

Type of Organization: Non-profit Government Other

If yes, please briefly describe the activity or project most recently funded, amount of award, type of project, beneficiaries (number and population):

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

Comment [D1]: Project...take out the:

ORGANIZATION CONTACTS AND CERTIFICATION

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

Name: _____

Address: _____

State of Incorporation: _____ State Corporation Number: _____

Federal Tax ID Number: _____ **DUNNS 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 2015-2019 Consolidated Plan?

PROJECT DESCRIPTION (Complete in box below – do not include any additional pages)

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?):
List street address, city/town or census tract of those served outside city limits.

4. **Project Goals:**

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

On Page 7 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?

Project/Program Goals	Service Delivery Process	Performance Measures
"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:

Special Needs Population	Number of Persons Served
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?

Racial Category	Percentage
White/Caucasian	
African/American	
Hispanic	
Asian/Pacific Islander	
American Indian/Alaska Native	
TOTAL	100%

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:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ATTACH THE FOLLOWING AT THE END OF YOUR APPLICATION

1. IRS letter granting tax exempt non-profit status 501 (3) (c)
2. Board of Director's listing names, titles, terms of office (if any), and addresses
3. Organizational chart or organizational structure
4. Annual budget for current year
5. 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 2016 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 2016 CDBG BUDGET FORM

Comment [D2]: 2014

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

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

GY 2016 CDBG BUDGET (continued)

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

IV. OPERATING EXPENSES	TOTAL CDBG	OTHER FUNDS
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)	\$	\$
	\$	\$
TOTAL OPERATING COSTS	\$	\$

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

- 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/)
- (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:

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

12. Key Staff and Resumes:

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

Name	Title	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name	Years with Organization	Job Responsibilities Relevant to Project	Percentage of Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 2016? 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:

Racial Category	Number of People	Number of Households
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.