



The City of Frederick
Community Development Block Grant (CDBG)
Bricks and Mortar Application
GY 19 APPLICATIONS

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 undertakes on its own or in partnership with The City of Frederick. Funds would be available in late summer of 2019.

Applicants should consider that all construction projects trigger the Davis Bacon Act which includes weekly payrolls and prevailing wage rates. Please review the link for information on the Davis Bacon Act <https://www.dol.gov/whd/govcontracts/dbra.html> Construction projects should factor in the wage and job classification into their bids to ensure adequate funding for their project.

A 10% percent cash contribution will be required from the applicant based on the total project/activity cost.

Funding for projects typically becomes available late August/early September; while no funds can be expended or contracts entered into prior to the award, preliminary project preparation is strongly encouraged; including request for bids, project timeline, understanding permit and licensing requirements to perform work in the City. Projects must be completed by April 30th of the following year to meet the CDBG timeliness test. At this writing, we are unsure how much funding there will be for the GY 2019 awards but estimated to be about \$350,000. The amount of funding awarded for 2019 will be reduced or increased in proportion to any additional increases or decreases we receive. Please contact with questions -CDBG Program Administrator, Eileen Barnhard at 301-600-2842 or by email at ebarnhard@cityoffrederick.com.

APPLICATION DEADLINE 12:00 p.m. on Wednesday January 9, 2019

One signed original, four (4) copies- three (3) hole punched 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)
GY19 APPLICATION Bricks and Mortar**

SUMMARY INFORMATION

Project Title _____

Legal Name of Submitting Organization: _____

Organization Address _____

Phone Number _____

Email Address _____

Tax ID # _____

DUNNS # _____

Address of Project/Activity Location _____

Name and Title of Person Responsible for Project/Activity _____

Phone Number _____

Email Address _____

Census Tract _____

Amount of Funds Requested for this Project: \$ _____

10% Cash Contribution for Project/Activity: \$ _____

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

Properties to be rehabilitated must be owned or currently leased with five years of lease in effect from the date of the award of funding; please attach deed or executed lease.

Leased Facilities must include letter of approval from landlord approving work to be undertaken and include any requirements the leasee may be subject to as part of the rehabilitative undertaking.

In the space below, provide a 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: _____

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 and this organization is in good standing with the State of Maryland.”

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.
6. Will you be applying for other grant/loans in order to finance this project?

If so, please provide the details such as the organization, amount, when you anticipate response or award and if that will work in conjunction with the timing requirements of CDBG?

CONSTRUCTION PROJECT EXPERIENCE:

For construction projects, please describe in detail your organization’s past experience in project management include the scope of work, oversight of project (staff or hired project manager), budget including cost over-runs or change orders, bid process and selection; timeline of project (did you meet your timeline, if not, why not), any unanticipated obstacles, project completion, were you satisfied with the outcome? If possible, before and after photos of completed project. If you organization does not have any past construction experience, please describe in detail how you will manage your project to meet the objective for funding that is being requested. Include your plan for adherence to the Davis Bacon Act (review of weekly payrolls, classification of trades/rates, dedicated staff to monitor weekly submissions and corrective action if needed.) If additional space is needed, please add one (1) additional page and label.

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.

Please 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. Of the persons benefitting from this project/program falls into each of the following categories?

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

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:

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

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 detail all the costs associated with the project (do not include your organization's staff time as it is not an eligible expense.)

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?):

- 1) Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133.
- (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.)

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.

- 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: _____

- 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: _____

- 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		\$
		\$
		\$

LEVERAGING - Continued

4. Does this project need federal funds after GY 2017? Yes:____ No:____

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

Why is continued funding needed?

5. 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 all key staff who will work on the proposed project.
- _____ **Two (2)** letters of community support (from other organizations, former or current clients, elected officials.),
- _____ Locality Map with proposed project labeled and census tract.
- _____ Drawing or Diagram of work to be performed
- _____ Printed Digital Photos of Project Location (no more than five).
- _____ Project Specifications (Materials, List of trades, Timeframe, Permit Requirements)

NOTE: CDBG funded construction projects require three (3) competitive bids, Section 3 to help foster local economic development and individual self-sufficiency. The Section 3 program requires that recipients of certain HUD financial assistance, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low-or very-low income residents in connection with projects and activities in their neighborhoods.

Davis Bacon Wage Act Labor Standards Apply - a detailed scope of work with all trades must accompany the application.

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.