



The City of Frederick  
Community Development Block Grant (CDBG)  
**Public Services Application**  
**GY 2020 APPLICATIONS**

The Community Development Block Grant (CDBG) program is designed to fund activities that primarily benefit low and moderate-income residents of the 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 or staffing benefitting low and moderate-income neighborhoods. The project could be something an organization undertakes on its own or in partnership with The City of Frederick. Funds would be available in late summer of 2020

Public Services funds are capped at 15% of the annual award plus 15% of program income; agencies receiving public service funds are required to include with their request for reimbursement evidence of hours worked, copies of payrolls/payment, documentation for income eligible beneficiaries served and completion of forms necessary for the CDBG program. Funds will be provided to successful applicants in the form of a grant.

Funding for projects typically becomes available late August/early September once written approval from the office of Community Development has been received. Projects must be completed by April 30<sup>th</sup> of the following year to meet the CDBG timeliness test. At this writing, we are unsure of funding available for the GY 2020 awards but it is estimated to be approximately \$350,000. The amount of funding awarded for GY 2020 will be reduced or increased in proportion to any changes in allocation amounts. Please contact CDBG Program Administrator, Eileen Barnhard at 301-600-2842 or by email at [ebarnhard@cityoffrederick.com](mailto:ebarnhard@cityoffrederick.com) for questions.

**APPLICATION DEADLINE\*** 12:00 p.m. on Wednesday January 8, 2020

One signed original, four (4) copies- three (3) hole punched of your application, and one (1) electronic copy 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

**\*If applying for more than one (1) activity a complete application must be submitted for each activity.**

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
FUNDING APPLICATION FOR FEDERAL FISCAL YEAR 2020  
PUBLIC SERVICES APPLICATION

Date of Application: \_\_\_\_\_

**Applicant Information: ORGANIZATION CONTACTS AND CERTIFICATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

State of Incorporation: \_\_\_\_\_ State Corporation Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_ DUNS 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

**FOR PROGRAM STAFF USE ONLY**

Date Received: \_\_\_\_\_ Application Complete:  Incomplete:

Received by: \_\_\_\_\_

Method:  Mail  Hand Delivery  Electronic

**ORGANIZATION INFORMATION**

*Please state the mission of your organization and the major program/services provided in support of the mission. Detail activities or accomplishments completed in the past year that detail accomplishments.*

- *How long has your organization been providing services to City of Frederick residents?*  
\_\_\_\_\_ Years
  - *Currently, what percentage of persons served are residents of the City of Frederick?* \_\_\_\_\_%
  - *What is the organization's current annual operating budget?* \$\_\_\_\_\_
- What are the organization's major sources of funding specified as a percentage of the total budget? (e.g. private donations 50%; government contracts 30%; foundation support 20%)*

- *How many paid staff in your organization?* Full-time \_\_\_\_\_ Part-time \_\_\_\_\_
- *How many new staff will be hired for the project if funded?* Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**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:*

*Note- If submitting for more than one activity a complete separate application must be submitted.*

- 1. What unmet community need(s) will your project address?*
- 2. How did you determine that the need(s) exist and how are they quantified?*
- 3. What is your service area? (e.g. Citywide; focused on youth attending specific schools; focused in certain areas of the City.)*
- 4. What unique or innovative features, if any, are associated with this project?*
- 5. Please identify the goal from the 2020-2024 Consolidated Plan will be addressed by this activity?*

**PROJECT GOALS / PERFORMANCE MEASURES**

*List project GOALS and how they will be accomplished including detailed activities with the specific, verifiable and quantitative performance measures you will use to determine if your goals have been achieved for each activity.*

<b><u>GOALS</u></b>	<b><u>SERVICE DELIVERY ACTIVITIES</u></b>	<b><u>PERFORMANCE MEASURES</u></b>
<p><i>“What do you want to achieve?”</i></p> <p>ex: Improve reading skills</p>	<p><i>“Specifically how will you achieve it?”</i></p> <p><i>(please QUANTIFY)</i></p> <p>ex: provide 2 12-week semesters of classes meeting 5 times per week for 2 hours serving 20 students each</p>	<p><i>“How will you verify success?”</i></p> <p>ex: pre- and post test, pre- and post school grades, etc.</p>

**BENEFICIARIES**

Please provide the following information about those persons who will directly benefit from this project.

**Total number direct beneficiaries:** \_\_\_\_\_ (provided in summary on page 1 of this application)

- Number of total estimated beneficiaries to be at or below “low-income” (see chart below):

\_\_\_\_\_

- Number of total estimated to be at or below “moderate-income”(see chart below):

\_\_\_\_\_

**HUD Income Limits: Effective July 1, 2019**

Income Limits	1 person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30% Extremely Low	25,250	29,150	32,800	36,400	39,350	42,250	45,150	48,050
50% Very Low	42,500	48,550	54,600	60,650	65,550	70400	75,250	80,100
80% Mod	54,350	62,100	69,850	77,600	83,850	90,050	96,250	102,450

*Describe the beneficiaries in more detail, especially in terms of “special needs” (e.g. homeless, persons with disabilities, frail elderly, at –risk youth, unaccompanied youth, and immigrants with limited English proficiency.) Do not exceed this space.*

**FY 2020 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 IV.

NOTE: Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the CDBG Program Administrator at 301-600-2842.

Remember funds will not be available until the late-Summer of 2019.

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

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

**FY 2019 CDBG BUDGET (continued)**

<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>GRAND TOTAL</b>	\$	\$

- 1) Funding recipients must provide recent audit prepared by an independent accounting firm.
- 2) Funding recipients may NOT purchase equipment with Federal funds.
- 3) Funding recipients are required to meet The City of Frederick's general insurance requirements (see fact sheet.) Federal funds may be used to pay any increased insurance premium costs.

<b>Additional Budget information if required:</b>
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**City of Frederick Maryland  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
Public Services**

**GY20APPLICATION**

**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 \_\_\_\_\_

***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)*

## ATTACHMENT CHECKLIST

Please complete and submit this checklist with a copy of the following attachments, please organize them in the same order as below at the end of the application package:

On the checklist, indicate by an "X" if the document is attached.

1. \_\_\_\_\_ Internal Revenue Service letter granting tax exempt nonprofit status 501(c) (3).
  
2. \_\_\_\_\_ Board of Director's listing including names, titles, terms of office (if any), and addresses of all members.
  
3. \_\_\_\_\_ Organizational chart or organizational structure.
  
4. \_\_\_\_\_ Organization's total fiscal budget (current year)
  
5. \_\_\_\_\_ Last year's audit.
  
6. \_\_\_\_\_ Certificate of Good Standing (must be current) from the State of Maryland (For Maryland corporations, you can obtain documentation of Good Standing at no charge by going on line to [http://sdatcert3.resiusa.org/UCC-Charter/CharterSearch\\_f.aspx](http://sdatcert3.resiusa.org/UCC-Charter/CharterSearch_f.aspx), entering your corporate name in the "Name Search" box, clicking on the "General Info" tab for your organization, and printing out the screen showing Good Standing as Yes". Include this page with your application.)
  
7. \_\_\_\_\_ Resumes of chief administrative and chief financial officer's, and key staff who will work on the proposed project.
  
8. \_\_\_\_\_ Two (2) letters of community support from other organizations or residents of the community.

**IMPORTANT:** Check your application for completeness regarding project description, goals, performance measures, beneficiary description and budget.

**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.