



CDBG-CV COVID-19 PUBLIC SERVICE FUNDING REQUEST SUMMARY (35-PTS)

Organization Summary (5 Points)

Organization Name	
Project Title	

Funding Amount Requested:

Total budget for this project		Other sources of funding	
Individuals/Households Served		Cost per Individual/Household	

Timeline (months) _____ Estimated Start date _____ Completion date _____

Project Summary (10 Points) - What is the activity accomplishing directly related to the prevention, preparation, and response of COVID-19? How is your organization investing the requested CDBG-CV funds? (100 words or less)

Click or tap here to enter text.

Community Need (10 Points) - Describe the community need and persons served directly related to the prevention, preparation, and response to the health and economic impacts of COVID-19 (100 words or less)

Click or tap here to enter text.

Project Outcomes (10 Points) - If awarded CDBG-CV funds, what is the intended result directly related to the prevention, preparation, and response to the health and economic impacts of COVID-19 (100 words or less)

Click or tap here to enter text.



2020 CDBG Public Service Application

PROJECT DETAILS & APPROACH (40 Points)

Provide a brief description of the proposed project by explaining the following:

- Who are you fulfilling a need for? Describe the population this program would serve
- What are you proposing to do to serve this population?
- Why is your activity necessary?

Click or tap here to enter text.

Will your organization implement this activity if CDBG funds are not awarded? No Yes

If yes, how will the implementation be achieved? What will you do to make this program sustainable without CDBG funds in future years?

Click or tap here to enter text.



TARGETED POPULATION (45 Points)

Meeting the National Objective

Federal regulations require all activities to meet one of the three national objectives:

1. Benefit to low and moderate income persons
2. Prevention or elimination of slum or blight
3. Address an urgent need (typically reserved for natural disasters).

The first objective is the "primary" objective of the CDBG program, and is therefore given more weight.

- | | |
|---|--|
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Battered and Abused Spouse Services |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Transportation Services |
| <input type="checkbox"/> Rental Housing Subsidies | <input type="checkbox"/> Senior Services (age 62 and over) |
- General Public Services (does not include: services for the disabled, legal services, youth services, substance abuse services, employment training, crime awareness/prevention, fair housing activities, tenant/landlord counseling, child care services, abused and neglected children services, screening for lead-based paint/lead hazard poisoning, subsistence payments, homeownership assistance, and security deposits.)

Will your activity meet one of the following?

- Activities where 80% to 100% of persons benefiting are Low/Mod Income will receive
- Activities where 51% to 79.99% of persons benefiting are Low/ Moderate Income will receive

Will this activity exclusively serve clientele from one of these categories?

- | | | |
|--|---|--|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Migrant Farm Workers | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Battered Spouses | <input type="checkbox"/> Persons with AIDS | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Seniors (age 62 and over) | <input type="checkbox"/> Severely Disabled (see guide for definition) | |

Will the activity be serving individual clients (IC) or households (HH): IC HH

What is the estimated total number of unduplicated persons/households to be served by activity?

Click or tap here to enter text.

What is the total number of unduplicated Low/Mod Income persons/households to be served?

Click or tap here to enter text.

What is the percentage of unduplicated Low/Mod Income persons/households to be served?

Click or tap here to enter text.



How will this activity improve economic opportunities for households located in areas of concentrated poverty?
How will this activity help eliminate or reduce areas of concentrated poverty? (1000-characters)

Click or tap here to enter text.

Describe current racial and income demographics for the assumed beneficiaries of this funding: (600-characters)

Click or tap here to enter text.

Highlight your organization's experience/accomplishments serving Low/Moderate Income persons/households. (600-characters)

Click or tap here to enter text.



How will your organization promote it to the targeted population?

Click or tap here to enter text.

How does your organization track and record client demographics? Describe the overall process for collecting data. What tools do you use to track and monitor income, race and ethnicity data?

Click or tap here to enter text.

Performance measurements apply to those served. Within the beneficiaries served, what is the proposed number to be reported as new – defined as persons/households who have never before used this program/activity?

Click or tap here to enter text.

For persons/households who are not using your program/activity for the first time, what is the estimated number to be reported as having access to an improved service due to the CDBG funding?

Click or tap here to enter text.

IF this is an existing program, describe how your existing program/activity, will be expanded. Provide a QUANTIFIABLE INCREASE in the level of existing service provided in the past 12 months:

Click or tap here to enter text.



BUDGET (40 Points)

Identify the federal, state and local leveraging resources used for **the proposed project**. This information is provided directly to HUD. Proformas can be included but will not substitute this budget form. Budgets must be:

- Specific
- Includes all things public funds will be used for. **Anything not accounted for in the budget will not be funded**

***DO NOT** include your entire operational budget.

Use of Funds	Source of Funds (Please list amount and source specifically)							
Line Item	Requested CDBG Funds	Applicant Funds	Other Federal Funds	State of MN Funds	City Funds	Non-CDBG Anoka County Funds	Private Funds	Total
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Total								



Budget Narrative & Worksheet

Consult the Application Guide for requirements on this section.

Explain project budget/funding sources including leveraged funds. How are they applied towards your activity; (600-characters)

Click or tap here to enter text.

1. Is there a fee charged or suggested donation for your services?

No Yes *If yes, attach a copy of the fee schedule, and describe pricing methodology.

2. Are CDBG funds being used to replace any state or local funds within this activity?

No Yes *If yes, explain:

Click or tap here to enter text.

3. Are CDBG funds being used to replace any federal funds within this activity?

No Yes *If yes, explain:

Click or tap here to enter text.

4. Has your agency received CDBG or other federal funds in any of the Fiscal Years 2015 through 2019?

No Yes *If yes, explain:

Click or tap here to enter text.

5. Does your agency currently receive any funding from Anoka County?

No Yes * If yes. list amount and department providing funding

Click or tap here to enter text.

What is the estimated cost per persons/household served? How was the cost determined?

Click or tap here to enter text.

Explain how the cost per-person/household served for this activity is reasonable?

Click or tap here to enter text.



AUDITING CONTROL, QUALIFICATIONS (16 Points)

Please answer the following, making sure to address each bullet point:

- How will you segregate CDBG funds for identification, tracking, and reporting?
- Describe the organization's payment and disbursement procedures as they relate to the public service
- Describe your financial reporting system/procedures, as it relates to the public service
- Describe your organization's Auditing requirements

Click or tap here to enter text.



Data Collection

What type of income verification will be used to meet the CDBG low/moderate income documentation requirement?

- Third-party verification and documentation on 100% of beneficiaries served
- Anoka County Participant Survey (self-certification) *
- Organization intake/survey method (self-certification) *

***HUD requires a minimum 20% sample of self-certification forms be verified by third-party documentation.**

Explain the strategy and rationale for selecting the above noted plan to collect this data. How will your organization collect and verify income and demographic information?: (600-characters)

Click or tap here to enter text.

Conflict of Interest

As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials experience the following conflicts of interest:

Participate in the decision making process for the approval of this application? (i.e., an Anoka County Commissioner or HRA Trustee) No Yes

Have a financial interest or reap a financial benefit from this program/activity? No Yes

Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?

No Yes

*If you selected, "yes," to any of the above, clearly describe the conflict below.

Click or tap here to enter text.



ENVIRONMENTAL CONCERNS (5 Points)

Project site address _____

Is the project currently underway?

- Yes; If yes, contact Community Development Department prior to completing this application
- No; project **will not begin before an environmental review is completed** by Anoka County

Projected project timeline: _____ estimated start _____ estimated completion

Are other federal funds being used for this project? No Yes

If yes, list federal funding sources & amounts _____

Has a Level 1 Environmental Review been completed? No Yes, provide a copy with application

Flood Hazard Area: Is there evidence or knowledge that a portion of the proposed project is located in a 100- or 500-year flood plain?

- No
- Yes

Noise Abatement and Control:

Distance from nearest railroad: More Less than 3,000 feet Don't Know

Distance from nearest major roadway: More Less than 3,000 feet Don't Know

Distance from nearest airport: More Less than 3,000 feet Don't Know

Wetland Protection: Is there wetland associated with the proposed project?

- No
- Yes

Does the project include repair, rehabilitation, or conversion of existing building/facilities?

- No
- Yes

Does the project involve new construction, acquisition of undeveloped land or any construction that requires moving dirt, excavation or ground disturbance?

- No
- Yes

Is there any presence of lead or lead hazards within the property? No Yes Unknown

How was the presence of lead determined? _____

Does the project involve existing units that are 50 years or older? No Yes

If yes, does the property have historical significance? No Yes Unknown



REQUIRED DOCUMENTATION (5 Points)

These documents are required to be attached to the final application submission:

- State and Federal Tax Exemption Determination Letter - 501 (c)(3) Nonprofit
- List of Board of Directors/Council or Trustees
- 2018 CDBG/HOME Project Summary (separate 1 page document)

If your activity is funded, these documents are required prior to Sub-Recipient Agreement completion:

- Copy of the applicant’s previous year’s Audit, Management & Compliance Report
- Copy of applicant’s Insurance Coverage as required in the applicable contract Exhibit E – Insurance. (The Insurance Exhibit will be provided after funding is allocated.)
- **Project Applicant**

Organization/ Agency legal name:	Click or tap here to enter text.
Contact Person / Title:	Click or tap here to enter text.
Address:	Click or tap here to enter text.
Telephone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.
Program Operating Location (if different than listed above)	Click or tap here to enter text.

Applicant Agency Information

Type of agency:	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov’t/Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Date of incorporation:			Federal Tax ID number:		
Agency DUNS number:			Annual operating budget:		
Number of paid staff:			Number of volunteers:		



Certification

I hereby acknowledge by applying for CDBG funds, this activity may require compliance in the following areas:

<ul style="list-style-type: none"> • Utilization of minority and women contractors • Labor Standards Provision (Davis-Bacon) • Uniform Relocation Act Section 104(d) • Lead-Based Paint Assessment, Remediation/Abatement • Debarred, suspended and ineligible contractors 	<ul style="list-style-type: none"> • Section 3 • Environmental Regulations • Flood Insurance • Handicapped accessibility • Title VI of the Civil Rights Act, 1964 • Title VII of Civil Rights Act – Fair Housing
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I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

Signature of Authorized Official

Name of Authorized Official

Title

Date