

CITY OF EASTON
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
APPLICATION
2019

APPLICATIONS MUST BE RETURNED TO THE
REDEVELOPMENT AUTHORITY OF EASTON
BY OCTOBER 2, 2018 AT 2: 00 P.M.
123 SOUTH 3RD STREET, 3RDFLOOR
EASTON, PA 18042

PROJECT SELECTION CRITERIA

- Completeness of application
- Detailed project description
- Project eligibility
- Meets a national objective justification (i.e., low/mod benefit rationale)
- Project can be completed within a reasonable time frame
- Provides substantial community benefit

FY 2019 Schedule for CDBG

**September 6, 2018
Wednesday
Send out CDBG applications**

**October 2, 2018
Tuesday
Applications due in City Hall
2 pm**

**October 24, 2018
Wednesday
1st Public Hearing
Council Chambers
6 pm**

**December 12, 2018
Wednesday
CDBG Action Plan
Review Period Begins**

**January 9, 2019
Wednesday
2nd Public Hearing
Council Chambers
6pm**

**January 14, 2019
Monday
CDBG Action Plan
Review Period Ends**

2019 CDBG APPLICANT COVER PAGE

1.	APPLICANT NAME:	
2.	PROJECT TITLE:	

FUNDING REQUEST

3.	FUNDING REQUESTED IN THIS APPLICATION:	\$
4.	TOTAL COST TO COMPLETE PROJECT:	\$

PROJECT SUMMARY

PROJECT ADDRESS:	
TARGET CLIENTELE:	
BRIEF PROJECT DESCRIPTION:	

INSTRUCTIONS FOR THE CITY OF EASTON COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

1.	Prepare your FY 2019 CDBG application in a clear, comprehensive and concise manner. Remember to <u>complete all sections</u> and provide sufficient documentation to ensure fair consideration of your application. <u>If possible, please provide a complete electronic version of your application upon submission.</u>
2	When funds are requested for public services that include requests for funding for personnel, provide personnel and job descriptions with detailed salary and wage information
3.	All applicants must provide an <u>area map</u> noting the location of the project. Please provide enough detail to describe your service area. Note streets names and other landmarks for ease of identification.
4.	<u>Project leveraging</u> is not required but is suggested. Please complete the <u>Budget Narrative Attachment</u> , using actual or prospective funding. A written agreement means you have funding approval. Without a written agreement, funding is considered tentative or prospective.
5.	Use the budget page from the application or an equivalent form. Please be advised that the City of Easton CDBG Program funds WILL NOT pay for the following: <ul style="list-style-type: none"> • Salaries of supervisory personnel – only the salaries of direct staff involved in the project are eligible • Overhead – office space, utilities, telephone, etc. will not be paid for unless dedicated EXCLUSIVELY to the use of the CDBG funded activity. There will be no pro-rating of such expenses. • Food – Unless essential to the client services such as nutrition and food preparation classes or a food bank, no food or entertainment may be purchased with CDBG funds. • For public service activities – Facility maintenance or repair is not eligible. • Work that is contracted prior to the execution of the agreement with the City or that has not been competitively procured cannot be paid with CDBG funds. This includes construction as well as professional services. <p>All work paid for with CDBG funds must be competitively bid.</p>
6.	Please ensure that your application has been signed by the appropriate agency official. Approval by your BOARD OF DIRECTORS is required for submission of the application. Please provide a copy of the resolution.

All applications will be reviewed by the staff of the Redevelopment Authority of Easton to determine eligibility. If additional information is required, you will be contacted by a representative of the RDA.

APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Eligible CDBG: _____ <i>(See Exhibit A To Determine Eligible Activities)</i>		
3.	CDBG Funding Year: FY 2019		
4.	Name of Applicant (Municipality or Non-profit):		
5.	Address:		
6.	Telephone:	7.	Email:
8.	Federal Tax ID No.:	8a.	DUNS No.:
9.	Type of Organization: <input type="checkbox"/> Government <input type="checkbox"/> Non-profit		
10.	Name of Principal Contact Person:		
11.	Title:	12.	Email:
13.	Amount of CDBG funds requested: \$		
14.	Program funds committed from other sources: \$		
15.	Total project cost (Line 13 + Line 14): \$		
16.	Will your organization be able to complete your project should you be funded an amount less than requested? <u>Elaborate in Question 4 (page 4).</u> <input type="checkbox"/> YES <input type="checkbox"/> NO		

The applicant certifies that to the best of its knowledge and belief, the information included in this application is true and correct, and that the applicant will comply with all federal requirements should this application be approved for funding.

Signature

Date

Typed Name and Title

PROJECT DESCRIPTION

Briefly describe the proposed project. The narrative should include: 1) the need or problem to be addressed, 2) the population to be served or the area to benefit, 3) the work to be performed, including the activities to be undertaken or the services to be provided, 4) the method of approach, and 5) the implementation schedule. Attach additional sheets if necessary.

If the project involves rehabilitation of a building, please attach a photograph of the building and surrounding structures. (Photographs in an electronic/digital format are requested along with print versions).

Check here if the structure is historic Year constructed _____

Check here if the project is located in a flood plain

CDBG ELIGIBLE ACTIVITIES

1. Place a checkmark in one or more of the following boxes that describes your proposed activity.

Public Facilities:

- | | |
|--|--|
| <input type="checkbox"/> Streets, curbs, sidewalks | <input type="checkbox"/> Community centers, senior centers |
| <input type="checkbox"/> Storm and sanitary sewers | <input type="checkbox"/> Parking lots |
| <input type="checkbox"/> Water lines | <input type="checkbox"/> Fire Stations |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Other, specify |

Public Services:

- | | |
|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Health care |
| <input type="checkbox"/> Recreation programs | <input type="checkbox"/> Education programs |
| <input type="checkbox"/> Public safety services | <input type="checkbox"/> Fair housing activities |
| <input type="checkbox"/> Services for senior citizens | <input type="checkbox"/> Services for homeless people |
| <input type="checkbox"/> Drug abuse counseling | <input type="checkbox"/> Energy conservation counseling and testing |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Other, specify |
| <input type="checkbox"/> Paying for the cost of operating and maintaining that portion of a facility in which one or more of the above services are provided | |

Other:

- | | |
|---|--|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Homeownership assistance (down payment and closing costs) |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Housing rehabilitation | <input type="checkbox"/> Economic Development |

PROJECT/PROGRAM NARRATIVE ATTACHMENT

1. Please provide a detailed description of the proposed activity including how the activity will address the community need and National Objectives. Identify whether the activity is new, ongoing, or expanded from previous years. (**Attach additional sheet if necessary**).

2. Identify who and how many persons will benefit from the proposed activity/project (e.g. homeless, youth, seniors, disabled, etc.) As one of the requirements is the project must benefit low/Moderate income persons, describe the process you will implement to identify these persons and ensure the activity meets the objective. (**Please attach a copy of your client application**)

PROJECT/PROGRAM NARRATIVE ATTACHMENT

3. Identify any other agencies/partners for this activity/project and define the roles and responsibilities of these partners.

4. Oftentimes activities/projects that receive an award of CDBG funding are actually awarded less than the amount originally requested. This requires the submission of a revised budget and a description of how the proposed activity/project will be implemented with reduced funding prior to the commitment of any award. Please indicate here whether your proposed activity/project could be undertaken with the reduced commitment of funding and if so please highlight how that would affect the scope of services you are proposing. (**Attach additional sheet if necessary**).

BUDGET FORM

Name of Applicant:

Project Name:

Instructions: Please use the following format to present your proposed line item budget. In Column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On the **Budget Narrative Attachment** provide a description of other funds and volunteer and donated services/resources to be used in the project.

A	B	C
Budget Item	Detail	CDBG Request
1.)		
2.)		
3.)		
4.)		
5.)		
6.)		
8.)		
9.)		
10.)		
11.)		
12.)		
13.)		
14.)		
15.)		
BUDGET TOTAL		

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

Project Administration

Describe the staff, volunteers, consultants, or board members who will be directly associated with this project/service and their responsibilities. Provide an organization chart, including employee names and titles, to characterize how this program/service fits into the overall organizational structure. Describe overall program delivery strategy.

Monitoring

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

CONTINUED

Financial Capacity

Describe the agency's current operating budget, itemizing revenues, and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Insurance/Bonding/Worker's Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

Please attach the following information to your application:

Application Checklist: (non-profit applicants only)

- Articles of Incorporation / Bylaws
- Non-profit determinations (tax exempt letter from IRS and/or state)
- List of Board of Directors
- Organizational chart
- Resumes of chief program administrator and chief fiscal officer
- Financial statement and audit

APPLICATION CHECKLIST PUBLIC FACILITIES PROJECTS

	Yes	No	N/A
• Application completed and certification signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Project location map attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Architect / Engineer cost estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Provide photographs in print and electronic format, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Board Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Questionnaire for Removal of Regulatory Barriers to Fair and Affordable Housing (To be Completed by Municipal entities only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EXHIBIT “A” - CDBG BASIC ELIGIBLE ACTIVITIES

The following activities may be funded by the CDBG Program, so long as they meet one or more of the National Objectives.

1. Acquisition of real property by purchase, long-term lease (15+ years), donation, or otherwise, of real property for any public purpose, subject to limitations.
2. Disposition of real property acquired with CDBG funds through a lease or donation, or otherwise; or its retention for public purposes.
3. Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements, except buildings for general conduct of government. Eligible facilities include those serving persons having special needs such as homeless shelters, convalescent homes, hospitals, nursing homes, battered spouse shelters; half-way houses for runaway children, drug offenders or parolees, group homes for mentally retarded persons; and temporary housing for disaster victims.
4. Clearance, demolition, and removal of buildings and improvements, including movement of structures to other sites.
5. Provision of public services (including labor, supplies and materials) such as those concerned with child care, health care, education, job training, public safety, fair housing counseling, recreation, senior citizens, homeless persons, drug abuse counseling and treatment, and energy conservation counseling and testing. The services must meet each of the following criteria:
 - A service must either be new or be a quantifiable increase in the level of a service above that which has been provided with state or local funds in the previous twelve calendar months; and
 - The amount obligated for public services shall not exceed 15 percent of the annual grant, plus 15% of the program income received from the previous year.
6. Removal of material and architectural barriers, which restrict the mobility and accessibility of elderly or handicapped persons to publicly owned and privately owned buildings, facilities, and improvements.
7. Rehabilitation of privately and publicly owned buildings and improvements for residential purposes.
8. Rehabilitation of publicly or privately owned commercial or industrial buildings, except that the rehabilitation of such buildings owned by a private for-profit business is limited to improvements to the exterior of the building and the correction of code violations.
9. Improvements to buildings to increase energy efficiency.
10. Rehabilitation, preservation, or restoration of historic properties.
11. Provision of credit, technical assistance, and general support (including peer support programs, counseling, child care, transportation, etc.) for the establishment, stabilization, and expansion of micro enterprises. A micro enterprise is a business with five or fewer employees, one or more of whom owns the business.
12. Provision of assistance to private for-profit business where appropriate to carry out an economic development project. Any project funded must be able to document the creation or retention of a certain number of jobs, depending on the type of project proposed.

EXHIBIT “B” - National Objectives

In order to be considered as benefiting a low or moderate-income person, an activity must fall into one of the categories below.

MEETING A NATIONAL OBJECTIVE

Section 101(c) of the authorizing statute sets forth the primary objective of the CDBG Program as the development of viable communities by the provision of decent housing and a suitable living environment and expanding economic opportunities, principally for persons of low and moderate income. The statute further states that this is to be achieved in the CDBG program by ensuring that each funded activity meets one of three named national objectives.

In order to be eligible for funding, every CDBG-funded activity must qualify as meeting one of the three national objectives of the program. National Objectives include:

- ❖ benefiting low- and moderate-income persons;
- ❖ preventing or eliminating slums or blight; and
- ❖ meeting urgent needs.

Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.

The statute also states that each grantee must ensure that at least 70% of its expenditures over a particular time period must be used for activities qualifying under the first of those national objectives (that of benefiting low- and moderate-income persons.)

EXHIBIT “C” – Income Limits Fiscal Year 2018

In order to be considered as benefiting a low or moderate-income person/household, the sub-recipient must document the client income. All clientele must be at or below 80% of median family income for the area. These limits are determined by the US Department of Housing and Urban Development and subject to change.

Northampton County, Pennsylvania HMFA

Household Size	30% MFA	50% MFA	80% MFA
1	15,700	26,150	41,800
2	17,950	29,850	47,800
3	20,780	33,600	53,750
4	25,100	37,300	59,700
5	29,420	40,300	64,500
6	33,740	43,300	69,300
7	38,060	46,300	74,050
8	42,380	49,2500	78,850

EXHIBIT “D” - RECORDKEEPING RESPONSIBILITIES FOR NON-PROFITS

Successful applicants will be required to sign a contract with the City, which will state all the requirements to be placed on the applicant. In general, the following will apply to all applicants:

1. Written records to justify all expenditures must be maintained for a period not less than four (4) years after the full amount of the grant is expended. Your records will be subject to review by City of Easton County and US HUD.
2. You will be required to maintain the County's minimum insurance standards, to be evidenced by a copy of the policy provided to City of Easton within 10 days of execution of the contract.
3. You must agree to administer the CDBG program in accordance with OMB Circular A22, “Cost Principles for Non-Profit Organizations,” and Attachment F of OMB Circular A-110.
4. In accordance with the Office of Management and Budget Circular A-133, the federal government requires that organizations expending \$500,000 or more in federal financial assistance in a fiscal year must secure an audit. Agencies requesting \$500,000 or more must choose one of the three ways of meeting this requirement and state which method they choose:
 - a. If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
 - b. If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
 - c. If your agency does not have a current audit process in place, your agency will be required to include a 10 percent set-aside in the CDBG project for the provision of an audit.
5. You will be required to provide semi-annual reports stating the total number of persons served, including their ethnic origin, and whether they are female heads of household. These figures are required to be reported by US HUD.
6. You will be required to obtain written proof of income of each person or household which you assist, unless your clients are abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, or migrant farm workers.
7. You must have a written policy designed to ensure your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
8. If any income is derived from the activities funded by CDBG, that **income must be returned to City of Easton as program income**.
9. In the event that US HUD should determine that CDBG funds were improperly spent, and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.

Exhibit "F" City of Easton Eligible Areas - 2017

