COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Section 1:

Project Name: _____
Name of Agency or Municipality: _____
Address of Project Site: _____
Type of agency: ☐501(c)(3) ☐Gov't./Public ☐For Profit ☐Faith-Based ☐Other
Federal Tax ID # (FEIN): _____
DUNS #: _____
SAM (System for Award Management) Renewal Date: _____

Chief Official's Name and Title:
(This is the person who will sign the subrecipient agreement): _____
Address 1: _____
Address 2: _____
Phone: _____
Email: _____

Contact Person's Name and Title:
(This person will be the main contact for project delivery): _____
Address 1: _____
Address 2: _____
Phone: _____
Email: _____

Funding Request:

Total CDBG-CV funding requested (column B on budget form): $ _____

Funds committed to project from other sources (column C on budget form): $ _____

Total project cost (column E on budget form): $ _____

Project Summary: Please provide a two-sentence description of the project.

Public Service Project Worksheet:

Agencies applying for a public service project shall complete the following questionnaire. This page is not applicable to construction projects.

1. Was this project funded via a previous round of CDBG-CV?
   - ☐ Yes – go to Question 2.
   - ☐ No – go to Question 3.

2. Are you requesting the same amount (or less than) the amount awarded via a previous round of CDBG-CV?
   - ☐ Yes – skip the rest of this Public Service Project Worksheet section. (The Public Service eligibility requirements have been met.)
   - ☐ No – go to question 3.

3. Is this a new project being offered by your agency?
   - ☐ Yes - skip the rest of this Public Service Project Worksheet section. (The Public Service eligibility requirements have been met.)
   - ☐ No – go to question 4.

4. Are you able to prove a quantifiable increase in need over the past 12 months, enabling the proposed project to be funded?
   - ☐ Yes – go to question 5.
   - ☐ No – If the project was previously funded with CDBG-CV, the project can only request the same amount as previously awarded. If this is a new project or one that wasn't previously funded with CDBG-CV, then the project is ineligible. (Stop here – and do not submit an application.)

5. Please describe the need for the project 12 months ago vs. the current need. Also, describe how the quantifiable data was collected. Qualitative support will not be accepted. If only qualitative support exists, stop here and do not submit an application.

Section 2:

Project Narrative: Provide a detailed narrative describing the project in a separate, Word document. See Checklist of Required Documents for required components of the narrative.

Eligibility Determination - All projects must meet one (1) national objective.

A. Under which national objective will your project qualify? *Choose only one:*

☐ Benefits residents with low or moderate incomes (LMI);

☐ Aids in the elimination of slums and blight; or

☐ Meets community needs having a particular urgency because conditions pose an immediate threat to public health or welfare *(Use only in consultation with Lehigh County).*

B. If qualifying your project under the LMI national objective, how will you determine benefit to low- and moderate-income residents? *Choose only one:*

☐ The project will exclusively serve a group of persons who are presumed to be LMI because they are in one of the following categories: seniors, severely disabled adults, homeless, battered spouses, abused/neglected children and youth, illiterate adults, migrant farm workers, or persons with HIV/AIDS.

☐ Income surveys will be collected from participating households, proving that at least 51% of the households are LMI. (100% of the households must live outside of Allentown, Bethlehem, and Lower Milford Township.)

☐ The project will serve specific persons or households (i.e., housing assistance). Lehigh County will verify the incomes of individuals or households before approving their participation.

☐ Project activities will occur exclusively within, or by households living within, entire census block group in which 37.58% or more of residents have low or moderate incomes.
List census tract: _____ and block group: ___.
Total population in this block group: _____
Total low- to moderate-income population in this block group: _____
Percent of population is low- to moderate-income: _____%

☐ The project benefits multiple census block groups in which the average number of low- to moderate-income residents is 37.58% or more. Provide the following information within the project narrative: applicable census block group(s), universe population for each block group, and LMI population for each block group.

Project Beneficiaries

Estimated total number of individuals to be served by this project? _____

Is the project intended to primarily benefit residents described as:

☐ Extremely low incomes (30% of area median income [AMI] or less)
☐ Very low incomes (50% of AMI or less)
☐ Low/moderate incomes (80% of AMI or less)
☐ Belonging to a Minority Group   ☐ Senior Citizens
☐ Persons with Disabilities   ☐ Veterans
☐ Other Underserved Constituency (describe): _____

Section 3: Agency Capacity		
Who will be the person responsible for the overall oversight of the proposed project?		
Name:		
Title:		
Telephone Number:		*Email Address:*
Who will be the alternate person responsible for the overall oversight of the proposed project?		
Name:		
Title:		
Telephone Number:		*Email Address:*
Who will be the person responsible for the day-to-day operations and management of the proposed project?		
Name:		
Title:		
Telephone Number:		*Email Address:*
Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?		
Name:		
Title:		
Telephone Number:		*Email Address:*
List the evaluation tools your agency plans to employ to track and monitor the progress of the project.		

LINE-ITEM BUDGET FORM –
CDBG-CV PROJECTS

Name of Agency/Municipality:	Project Name:

Instructions: Please use the following format to present your proposed line-item budget. In Column A, list all expense categories associated with the project. In Column B, provide the CDBG amount associated with the expense category. In Column C, provide the amount of match associated with the expense category. In Column D, name the source of the match dollars. In Column E, sum the amount of dollars associated with each expense category. Be sure to also sum the totals of column B, C & E.

A	B	C	D	E
CATEGORY	CDBG REQUEST	MATCH	MATCH SOURCE	TOTAL
TOTAL	$	$	N/A	$

Please note, CDBG reimbursed materials and supplies must be procured according to your organization's formal, written procurement guidelines. If guidelines are informal, Lehigh County procurement guidelines must be followed.

Nonprofits that have a negotiated federal indirect cost rate may include those costs in the CDBG request. Alternatively, the de minimis rate of 10 percent of the modified total direct costs (MTDC) can be included.

Budget narrative shall be provided in a separate, Word document.
See checklist of required documents for required components of the narrative.

EXHIBIT A - NON-PROFIT CERTIFICATION

This certification shall be signed digitally (with digital time stamp) to be accepted by Lehigh County. If signed electronically, Lehigh County requires a copy with original signature to be mailed to Cyndi King, and received within 1 week of application submittal, to be considered for an award.

I, _____, hereby certify that all parts of this application and all required attached documents are accurate to the best of my knowledge. I am also certifying that:

- The proposed project is necessary to prepare for, prevent, and/or respond to COVID-19.

- I understand that CDBG-CV is gap filler funding. It is not to be used to pay costs if another source of financial assistance is available to pay that cost (special attention to FEMA assistance, SBA loans, other CARES Act funding, and Emergency Rental Assistance Program). I also understand that I will need to verify non-duplication of benefits if my program provides direct assistance to households.

- I understand that CDBG-CV cannot supplant local government funding. CDBG-CV funds are not able to cover costs that were previously budgeted, or to be paid, by other government funds.

- The proposed project will not result in permanent involuntary displacement of any family, individual, business, non-profit organization or farm, or any of their personal property.

- If selected to receive Community Development Block Grant (CDBG) funding, the project will be operated in accordance with all applicable laws and regulations, including the CDBG Entitlement Grant Regulations at 24 CFR Part 570, Civil Rights Acts, the Fair Housing Act and the Americans with Disabilities Act.

- I am authorized by the municipality or organization identified within to submit this application.

- Reimbursement of Funds – The applicant agrees to reimburse the County of Lehigh for any expenditures paid to the applicant that are found to be ineligible under the CDBG program guidelines.

- Allocations – The applicant agrees that all projections of funds assume the continuation of the federal CDBG program and that the County is not responsible for costs incurred should the program be discontinued.

_____   _____
Signature   **Date**

_____
Title

EXHIBIT B - FAIR HOUSING STATEMENT

By signing this page, you attest that your organization has agreed to adhere to the regulations set forth by the Fair Housing Act:

Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

_____   _____
Name   **Date**

_____
Title

EXHIBIT C – CERTIFICATION OF NON-DELINQUENCY TO LEHIGH COUNTY

By signing this page, you certify that your organization is not delinquent on taxes or other obligations owed to Lehigh County. According to Ordinance 2017-131 under Tax Delinquency:

Grants shall not be given to an organization that is delinquent on any taxes due the County until taxes are paid in full.

If an organization becomes delinquent on taxes owed the County during a year when said organization is budgeted to receive a grant, the County shall withhold grant funds in lieu of taxes until taxes are paid in full.

The County shall not give grants to an organization that is also a lessee of the County until the rent due the County is paid in full as provided for in the terms of the lease agreement.

_____   _____
Name   **Date**

_____
Title

Checklist of Required Documents

All applicants must include:
1. ☐   Application cover sheet and Public Service Project Worksheet (if applicable) - Section 1
2. ☐   Project Narrative, Eligibility, and Beneficiaries – Section 2

The project narrative shall be provided in a separate Word document. The narrative shall describe the project, and address all of the following details:

☐ The need addressed by the project, and how it prepares for, prevents, and/or responds to COVID-19.

☐ The benefit to low-income residents (how will the project improve the lives of low-income residents)

☐ A description of the project service area (you may also attach a map of the service area)

☐ The activities to be undertaken, including the scope of work and timeframe/implementation schedule

☐ The goals and objectives of the program, and how they will be monitored during the activity

☐ Data to be collected in order to measure achievement of goals

☐ **Five-Year Consolidated Plan Goals:** which local priority does the project address?

3. ☐   Agency Capacity – Section 3
4. ☐   Line-Item Budget Form, Budget Narrative

The budget narrative shall be provided in a separate Word document. The narrative shall provide an explanation of how the estimated cost of each category listed on the budget form was calculated. Take into consideration recordkeeping responsibilities and other supportive services when creating the project budget. Address whether or not the matching dollars are secured at time of CDBG application submittal.

5. ☐   EXHIBIT A – Non-Profit Certification (signed original accepted via mail if digital signature is not provided)
6. ☐   EXHIBIT B – Fair Housing Statement
7. ☐   EXHIBIT C – Certification to Pay Taxes and Other Obligations to Lehigh County
8. ☐   Job descriptions of requested staff positions, if any. Identify eligible duties.

Lehigh County continues to accept applications on a rolling basis, and will do so until all funding has been allocated. Submit applications, inclusive of supporting documentation, via e-mail to cyndiking@lehighcounty.org.   Hardcopy applications can be mailed to the County in lieu of e-mailed applications. Mail to:

Lehigh County Government Center
Office of Community & Economic Development
ATTN.: Ms. Cyndi King
17 South 7th Street, Room 519
Allentown, PA 18101-2401

Additionally, **you must include ALL of the following as attachments.** These documents are required per Lehigh County's grant ordinance. Documents will be posted on Lehigh County's website soon after application submission and removed after ordinance approval:

1.☐   The current and previous fiscal year's budget, including the actual revenues and expenditures for the previous year
2.☐   Audited financial statements for the two (2) previous fiscal years
3.☐   The positions of all employees, officers and board members who receive $50,000.00 or more in annual compensation, including bonuses, from the requesting organization
4.☐   The total compensation of the organization's five (5) highest compensated individuals
5.☐   A list of all funding sources and the total amount received from each funding source for the previous year
6.☐   A list of all funding sources for the current year, and a list of all pending applications for funding, including the amount requested

If your organization is a first-time CDBG applicant, the following documents are also required:
1.☐   Certification of nonprofit status [Letter from IRS 501 (c)(3)]
2.☐   Articles of Incorporation
3.☐   By-Laws
4.☐   Annual operating budget
5.☐   Information on new program or quantifiable increase in need of existing program
6.☐   Agency information including:
- a brief history, description of mission/purpose, services provided
- a description of the staff, volunteers, consultants, and/or board members who will be directly associated with this project and their responsibilities
- a description of the overall program delivery strategy