



## 2016 CDBG PUBLIC SERVICE APPLICATION

### APPLICANT INFORMATION AND PROJECT ABSTRACT

1.	Project Name:		
2.	Eligible CDBG Activity:		
3.	National Objective Category:		
4.	Consolidated Plan Goal: <input type="checkbox"/> None Apply		
5.	Name of Non-profit Agency:		
6.	Contact Person for Project:		
7.	Title:	8.	Telephone: Fax:
9.	Address: Email Address (Mandatory):		
10.	Federal Tax ID No.:	11.	DUNS No.:
12.	Amount of CDBG funds requested (column B on budget form): \$		
13.	Funds committed to project from other sources (column C on budget form): \$		
14.	Total project cost (column E on budget form): \$		
15.	If making multiple submissions, please prioritize this project/application, as compared to others: _____		

Please provide a brief description of the project. A full project description should be provided on page 2.

## PROJECT DESCRIPTION

Describe the proposed project. The narrative MUST include: 1) the need or problem to be addressed and why the need is a priority, 2) the population to be served or the area to benefit, 3) the services to be provided, 4) specific goals and objectives for the project, 5) data proving quantifiable increase in the need for service (for projects that are NOT new), 6) if the project addresses State or federal mandates; and 7) the implementation schedule. **Attach additional sheets, as necessary.**

**LINE ITEM BUDGET FORM – PUBLIC SERVICE PROJECTS**

**Name of Applicant:**

<b>Project Name:</b>
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**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.

[illegible]

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.

Indirect costs will be funded only if an indirect cost allocation plan (ICAP) can be presented. The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.

# PUBLIC SERVICES

## BUDGET NARRATIVE

Provide an explanation of how the estimated cost of each category listed on the budget form was calculated. Please take into consideration recordkeeping responsibilities and other supportive services when creating the project budget. Please address whether or not the matching dollars are secured at time of CDBG application submittal.

Please note, when requesting CDBG for materials and supplies, those items must be procured according to your organization's formal, written **procurement guidelines** (such guidelines **must be submitted as an attachment to the budget narrative**). If guidelines are informal, Lehigh County procurement guidelines must be followed.

Also, when requesting funding for **indirect costs**, an indirect cost allocation plan (ICAP) **must be submitted as an attachment to the budget narrative**. The ICAP does not need to be approved by HUD but must be approved by the organization's Board. Plan must provide the basis for indirect cost billing for all organization's programs, not only those funded via CDBG.

# NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

## **Project Administration**

- Describe the staff, volunteers, consultants, or board members who will be directly associated with this project and their responsibilities.
- Describe overall program delivery strategy.
- Attach additional pages, as necessary.

## **Monitoring Goals & Objectives**

- Briefly describe your definition of a successful program.
- Provide a list of goals and objectives, along with how achievement of goals and objectives will be monitored both during the activity and post-activity.
- Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives.
- Name who will be responsible for monitoring progress.
- Provide a timeline for data collection and assessment of success.
- Attach additional pages, as necessary.

# NON-PROFIT APPLICANT ORGANIZATIONAL INFORMATION

## CONTINUED

### **Financial Capacity**

- Describe the agency's current operating budget, itemizing revenues and expenses.
- Identify commitments for ongoing funding.
- Identify any fund reserve, the purpose for the reserve and the reason for the level of the reserve.
- Address any findings found in previous year's audit and describe if those findings could impact the administration of the CDBG-funded project.
- Address the level of government funding provided to the agency and to the CDBG-funded project itself, and why private or other dollars are not available / attributable to the project.
- Please be sure to submit a copy of the most recent financial audit and IRS form 990 with your application.

## EXHIBIT A - NON-PROFIT CERTIFICATION

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 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 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 of Lehigh is not responsible for costs incurred should the program be discontinued.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**If uploading the CDBG application via the Lehigh County website, please include a signed version of this document via attachment.**

## EXHIBIT B - FAIR HOUSING STATEMENT

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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).

**Signature:**

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**Organization/Municipal Authority Signature**

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**Date**



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