



## 2021 CDBG APPLICATION

### Public Service Projects



# 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: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person's Name and Title: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Funding Request:

Total CDBG 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): \$ \_\_\_\_\_

Has this project previously received Lehigh County CDBG funds? ☐ Yes ☐ No Amount: \$ \_\_\_\_\_ **OR**

Is your agency applying for CDBG funding for the first time to support a public service? ☐ Yes ☐ No

Is your agency applying for CDBG funding for a new program or to afford a quantifiable increase in the program's service of at least 40%? ☐ Yes ☐ No (CDBG funding may not be used to replace other lost government funding).

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



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## 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 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 serves an entire census block group in which 39.01% 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 serves multiple census block groups in which the average number of low- to moderate-income residents is 39.01% or more. Provide include 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.
- ☐ The project serves an area that is smaller than a census block group. We have conducted a survey of residents in order to demonstrate that 51% or more of residents have low or moderate incomes. (Please include survey as *Attachment A*).
- ☐ The project will serve a group of persons who are presumed eligible for assistance 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; persons with HIV/AIDS; and persons who use food banks or meals programs.
- ☐ The project will serve specific persons or households (i.e.: housing assistance). We will verify the incomes of individuals or households before approving their participation.



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#### Project Beneficiaries

Provide the number of people who will benefit from the project:

For infrastructure/construction projects, list *total number of individuals* who will benefit (number of residents in census tract/block group or specific neighborhood to be served) \_\_\_\_\_

For public service projects, list *total number of individuals* who will be served \_\_\_\_\_

For economic development projects, list *number of businesses* expected to be served \_\_\_\_\_

and *number of jobs expected to be created/retained*, if applicable \_\_\_\_\_

Will the project primarily benefit residents described as:

- |  |  |
|--|--|
| <input type="checkbox"/> Extremely low incomes (30% of area median income [AMI] or less) |  |
| <input type="checkbox"/> Very low incomes (50% of AMI or less)                           |  |
| <input type="checkbox"/> Low/moderate incomes (80% of AMI or less)                       |  |
| <input type="checkbox"/> Belonging to a Minority Group                                   | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Persons with Disabilities                                       | <input type="checkbox"/> Veterans        |
| <input type="checkbox"/> Other Underserved Constituency (describe): _____                |  |

Does your project affirmatively further fair housing choice (to take meaningful actions to overcome historic patterns of segregation, promote fair housing choice, and foster inclusive communities that are free from discrimination)?

☐ Yes ☐ No If yes, describe how:



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#### 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.*

Include fiscal oversight policies and agency 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. Use additional sheets if necessary.





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## 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 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.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title





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## 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 Signature**

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**Date**





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## EXHIBIT C – Certification of Non-Delinquency to Lehigh County

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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.

**Signature:**

\_\_\_\_\_  
**Organization Signature**

\_\_\_\_\_  
**Date**







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### Checklist of Required Documents

All applicants must include:

1. ☐ Application cover sheet - 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
- ☐ 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. ☐ Line Item Budget Form
4. ☐ Budget Narrative

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
6. ☐ EXHIBIT B – Fair Housing Statement
7. ☐ EXHIBIT C – Certification to Pay Taxes and Other Obligations to Lehigh County
8. ☐ A copy of all in-take documentation and procedures used to determine client income
9. ☐ Job descriptions of requested staff positions, if any. Identify eligible duties.

Submit the application via the portal on Lehigh County's website. Alternatively, applications can be emailed to [cyndiking@lehighcounty.org](mailto:cyndiking@lehighcounty.org). Hard copy applications shall not be submitted in lieu of uploaded or emailed applications.



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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