



### **Section 1:**

Project Name:
Name of Agency or Municipality:
Address of Project Site:
Type of agency: $\Box 501(c)(3)$ $\Box Gov't./Public$ $\Box For Profit$ $\Box Faith-Based$ $\Box Other$
Federal Tax ID #(FEIN):
DUNS #:
SAM (System for Award Management) Renewal Date:
If making multiple submissions, please prioritize this project/application:
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:
runung kequest:
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): \$
Public Service Projects - Is your agency applying for CDBG-CV 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).





### **Section 2:**

Project Narrative: On a Word document, please describe the project, and how it fulfills the CDBG-CV purpose of responding to, preparing for, and/or preventing COVID-19. Please provide detail on all required aspects as outlined on the application checklist.

<b>Project</b>	Fund	ahility	Determ	ination
IIUICCL	ı unu	ability	DCCCIII	шаиоп

delivery needs

COVID-19.

<b>Project Fundability Determination</b>	
CDBG-CV funds must benefit low-	and moderate-income persons. <i>Choose only one:</i>
the following categories: senior	up of persons who are presumed eligible for assistance because they are in one of s; severely disabled adults; homeless; battered spouses; abused/neglected lults; migrant farm workers; persons with HIV/AIDS; and persons who use food
	fic persons or households (i.e.: housing assistance). We will verify the incomes efore approving their participation.
Project Eligibility Determination	
The following project categories are eliapplicable to this application.	gible via Lehigh County's CDBG-CV program. Please designate which category is
<ul> <li>Financial and Legal Counseling – F</li> <li>Housing Stabilization – funding fo arrears, case management, emerg</li> </ul>	towards the purchase, storage, and distribution of food to banks and pantries. oreclosure, unemployment compensation, legal and Fair Housing counseling r security deposits, 6 months of rental, mortgage, and utility assistance, mortgage gency expenses, and housing search for LMI households.

Administration – funding to develop plans for municipalities and agencies to prepare, prevent, and/or respond to





### **CDBG-CV Budget Guidelines**

- CDBG-CV is gap filler funding. Subrecipients must not use CDBG-CV funds to pay a cost if another source of financial assistance is available to pay that cost (special attention to FEMA assistance, SBA loans, etc). Subrecipient must prevent duplication of benefits.
- CDBG-CV must not supplant local government funding. CDBG-CV funds are not able to cover costs that were previously budgeted, or to be paid, by the Subrecipient's general government funds.
- CDBG-CV does not require a match.
- CDBG-CV funds may pay for COVID-eligible activities regardless of the date (i.e. Subrecipients can request reimbursement for COVID costs already incurred).
- CDBG-CV 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 reimbursed by applying the organization's federally negotiated indirect cost rate. Non-profits may request up to 10% of indirect costs in lieu of a federally negotiated indirect cost rate.

### **Budget Narrative**

On a separate document, 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 there is match. If there is match, please note the source(s) and if secured at time of CDBG-CV application submittal.





LINE	ITEM	<b>BUDGET</b>	<b>FORM</b>

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



### Funding to prepare, prevent, or respond to COVID-19



#### **EXHIBIT A - CERTIFICATION**

I, do <del>cum</del>	, hereby certify that all parts of this application and all required attached tents 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.
-	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).
-	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.
	Name Date
	Title
<b>T.</b>	
If u	ploading the CDBG application via the Lehigh County website, please include a resolution and a signed version of this document via attachment.



Funding to prepare, prevent, or respond to COVID-19

### **Checklist of Required Documents**

All ap	plicants must include: (Check each as included in application)
1.	Application cover sheet - Section 1
2.	Project Narrative, Eligibility, and Beneficiaries - Section 2
3.	Budget Narrative
4.	Line Item Budget Form
5.	EXHIBIT A – Certification – <u>Signed</u>

#### **Application Submittal**

Email the application and all attachments to <a href="lauriemoyer@lehighcounty.org">lauriemoyer@lehighcounty.org</a>. A response will be remitted when the email is opened by Lehigh County. If a response is not received within 48 hours, call 610.871.1964. Applications can also be mailed to:

Laurie Moyer
County of Lehigh
Government Center
Room 519
17 South 7th Street
Allentown, PA 18101-2401