



# ACC Housing & Community Development Department

## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

### ECONOMIC DEVELOPMENT APPLICATION

FISCAL YEAR 2022



Athens-Clarke County Housing and Community Development Department  
375 Satula Avenue Athens, GA 30601

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### **PROPOSAL COVER SHEET**

(A separate Proposal Cover Sheet should be submitted for each program or project)

Date Submitted:

Submitted By:

Title:

Project Contact Name:

Mailing Address:

City:

Zip Code:

DUNS Number:

Telephone Number:

Fax Number:

Email:

Program or Project Name:

Address of proposed project (include a map showing the location(s) of the proposed activity:

CDBG Administrative Costs (Staff Salaries/Fringe/Operating: \$

CDBG Direct Service Staff Salaries/Fringe \$

Costs: CDBG Funding Request: \$

Total Project Cost: \$

**Brief Project Summary Description: *(Limit 750 characters)***

**Timeliness – Previous CDBG Grant Awards:**

If applicable, please indicate the status of projects funded in prior years, including expenditure rate, contract status, and project status.

What is the status of CDBG grant allocations for the prior three (3) years?

CDBG YEAR: FY18	CDBG Funds Awarded:	\$
	Expenditures:	\$
	Year-End Balance:	\$
	Monitoring Concerns or Findings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list:	

CDBG YEAR: FY19	CDBG Funds Awarded:	\$
	Expenditures:	\$
	Year-End Balance:	\$
	Monitoring Concerns or Findings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list:	

CDBG YEAR: FY20	CDBG Funds Awarded:	\$
	Expenditures:	\$
	Year-End Balance:	\$
As of June 30, 2020:	Monitoring Concerns or Findings:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
	If yes, please list:	
If not monitored in FY20, were all performance measurements and outcomes achieved?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, which goals were not achieved, and why:		

## Economic Development Application

All applicants considering the submission of an Economic Development application are required to meet with HCD Department staff to ensure the activity qualifies under this section.

**1. Consolidated Plan Goals and Objectives**

Check the Primary Goal your program addresses. Please check only one goal.

Goal 2: Economic Development and Workforce Development

**2. How will the proposed program address the chosen Consolidated Plan goal, and explain how the program activities will support this chosen goal. (Limit 1000 characters)**

**3. What type of services to will you provide?**

Applicants may apply for a wide range of eligible activities supporting economic development. Check the appropriate boxes. *Tip: Double click on the box and select "checked" option.*

Pre-development planning studies

Acquisition

Micro and small business technical assistance programs

Business technical assistance

Infrastructure and public facilities projects in support of economic development

Direct business assistance for purchase of equipment; real estate; construction

Public, or social services related to economic development in partnership with a HUD approved Community-Based Development Corporation and Neighborhood Revitalization Strategy

**4. National Objectives**

Low-Mod Benefit:

- Limited Clientele
- Area Benefit (*consult with HCD Department staff before submitting your application*)
- Job Creation or Retention

**Please note:** Job training and placement are eligible ONLY as a Public Service or Special Economic Development Activity unless the project is associated with a neighborhood Revitalization Strategy. Contact HCD for details.

**Eligible Citation**

- 24 CFR Part 570.203: Special Economic Activities (Consult with HCD and complete Public Benefit Section below)
- 24 CFR Part 570.204: Special Activities carried out by a designated CBDO
- 24 CFR Part 570.201(o): Microenterprise Assistance  
Public Benefit Analysis (*Contact HCD for assistance*)
  - a. How many jobs will your program/project create?
  - b. What is the cost per job created? \$
  - c. What is the service area for the assistance provided?
  - d. How many people will this service reach? \_\_\_\_
  - e. What is the cost per person served? \$

**5. Project Narrative**

- a. Describe how your proposed program will accomplish an unmet community need. Provide data that supports the need (census data, school district information, and internal organization data, etc.). (*Limit 2000 characters*)

b. Describe how the program will identify program participants (referrals, outreach, etc.) and how the agency will determine who is eligible to receive services. *(Limit 1500 characters)*

c. Describe the services/activities to be provided or completed and estimate the number of persons to be assisted. Persons to be assisted should be described in terms of age, gender, ethnicity, and income level. Include any necessary data to support the clientele who will benefit from the program/project. Describe the frequency of services, and how success will be measured in the program. *(Limit 1500 characters)*

**OUTCOMES AND PERFORMANCE MEASUREMENT FORM**

*(Refer to Application Instructions for guidance and examples)*

**Program Objective** (Please check the appropriate box which corresponds to the Objectives established by HUD)

- Creating Suitable Living Environments     
  Providing Decent Housing     
  Creating Economic Opportunities

Goals	Inputs	Activities	Outputs	Outcomes

Please use attachment form *Outreach and Performance Measurement* for goals that don't fit on this page.

d. Provide Cost per Beneficiary Information (total CDBG budget divided by number of individuals or households served). (*Limit 1000 characters*)

e. How will the program/project meet neighborhood needs and complement or support other physical development or services within the area? (*Limit 1500 characters*)

- f. If this application request is for continued CDBG funding, any request must be justified, *especially for an increase in funding over prior year's awards*. Detail your past performance outcomes (*up to three years*) and explain how continued and/or increased funding will further the goals of your program. (*Limit 1500 characters*)

**6. Community Involvement and Collaboration**

- a. If awarded, briefly describe how your agency will partner with other local agencies for your CDBG funded program/project. **Attach MOUs/MOAs and/or letters of support from the collaborative agencies.** (*Limit 1000 characters*)

- b. Describe how your agency partners and collaborates with other local agencies for non-CDBG funded programs/projects. *(Limit 1000 characters)*

**7. Organization and Staff Ability:**

- a. Provide a brief description of the organization, its prior years of experience in carrying out federally funded activities or projects, its experience in fiscal management of federal, state, or local grant funds, and its capacity to administer the proposed program, including compliance with federal and other grant funds. *(Limit 1500 characters)*

- b. Provide a description of staff that will be involved in the proposed activities, including their experience in grant administration, program management, and expertise as it directly relates to the proposed program and its implementation. Do not include employee resumes. *(Limit 1500 characters)*

Staff Name	Title	Grant Management Experience	Percentage of time allocated to CDBG activities

- c. Provide a description of consultants, tutors and volunteers, as applicable, who will be directly involved in carrying out the proposed activity. Detail their experience and expertise as it relates directly to the proposed program's implementation.  
*(Limit 1000 characters)*

**8. Financial Ability:**

a. Has your organization ever been cited for misuse of Federal, State, or Local funds?  Yes  No

If yes, have you been required to repay them?  Yes  No

If yes, please explain:

b. Is your organization able to comply with the requirements specified under Section 1, Subsection 10 in the instruction manual entitled "Contracting Requirements"?  Yes  No

If no, please explain:

c. Has your organization paid all payroll taxes and worker's compensation payments as required by federal and state laws?  Yes  No (Attach copies of the most recent IRS Form 990 as verification).

If no, does the organization have an agreement in place to address any tax liability?  Yes  No

If no, please explain:

d. Does your organization have adequate insurance, including the required coverage for liability, unemployment, and worker's compensation insurance as specified under Section I, Subsection 10 of the Application Guidance Manual?  Yes  No

Yes  No

If no, please explain:

e. **Attach Federal Tax Exemption Determination Letter**

## Supplemental Budget Form –Operating Budget

### Use of Other Resources

1. What funds, other than CDBG, support this program? In this section only describe funds that are secured. Provide the source of funds, amounts, period covered and how these funds will be used. ***Intent*** to apply for matching funds **does not** constitute a match. *(Limit 1000 characters)*
  
2. Describe plans to seek new funding to supplement CDBG funding. Describe the funding sources applied for, the amount requested and the proposed use of funds. *(Limit 1000 characters)*
  
3. Describe use of donated goods and services. Indicate the source and estimate the value of these services. *(Limit 1000 characters)*

**Please use Budget attachment document to complete a full program budget proposal.**

***NOTE:*** CDBG funds are limited. It is therefore important that applicants identify other resources for their programs and/or projects.

## CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and County law prohibits employees and public officials of the Athens-Clarke County Unified Government from participating on behalf of the County in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

- a. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application a County employee or consultant, or a member of the ACCGOV Commission?

Yes     No

If yes, please list the names(s) below:

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- b. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application a County employee, consultant, or a member of the ACCGOV Commission?

Yes     No

If yes, please list the name(s) below:

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- c. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee, consultant, or a member of the ACCGOV Commission?

Yes     No

If yes, please list the name(s) below:

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If you have answered "YES" to any of the above, the CDBG Office will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: \_\_\_\_\_

Name of Applicant's Authorized Official: \_\_\_\_\_

Authorized Official's Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_

## APPLICANT CERTIFICATIONS

### Certification of Good Standing:

I certify that \_\_\_\_\_ (Organization Name) is in good standing with all Departments of Athens-Clarke County Unified Government, including, but not limited to, the Tax Assessor, Public Utilities, Central Services and Building Inspections.

I understand that the following documentation and/or certifications are required to receive CDBG funds from the Unified Government of Athens-Clarke County:

- Non-profit determination (if applicable)
- List of Board Members
- Designation of Authorized Official(s)
- Annual Financial Statements
- Signed Anti-lobbying Certification
- Signed Drug Free Workplace Certification

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Certification of Drug Free Workplace and Anti-Lobbying:

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, I certify that \_\_\_\_\_ (Organization name):

**Drug Free Workplace** – Will begin or will continue to provide a drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
2. Establishing an ongoing drug-free awareness program to inform employees about -
  - (a) The dangers of drug abuse in the workplace;
  - (b) The grantee's policy of maintaining a drug-free workplace;
  - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (d) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph 1;
4. Notifying the employee in the statement required by paragraph 1 that, as a condition of employment under the grant, the employee will -
  - (a) Abide by the terms of the statement; and
  - (b) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
5. Notifying Athens-Clarke County in writing, within ten calendar days after receiving notice under subparagraph 4(b) from an employee or otherwise receiving actual notice of such conviction.

Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

6. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph 4(b), with respect to any employee who is so convicted -
  - (a) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (b) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1, 2, 3, 4, 5 and 6.

**Anti-Lobbying --** To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

**Section 3 --** \_\_\_\_\_ (Organization name) will comply with section 3 of the Housing and Urban Development Act of 1968, and implementing regulations at 24 CFR Part 135.

Signature (Authorized Official): \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## CHECKLIST

Please check "Yes" to indicate that the documents are attached.

Proposal Cover Sheet	Yes
Timeliness Form	Yes
Con Plan Goals and Objectives (1-4)	Yes
Project Narrative (5e-f)	Yes
Outcomes and Performance Measurements Form <b>(May also include attachment)</b>	Yes
Community Involvement and Collaboration (6a-b)	Yes
MOUs/MOAs and/or letters of support <b>(Attachment)</b>	Yes
Organizational and Staff Ability (7a-c)	Yes
Financial Ability (8a-e)	Yes
IRS Form 990 <b>(Attachment)</b>	Yes
Federal Tax Exemption Determination Letter <b>(Attachment)</b>	Yes
Supplemental Budget Form	Yes
Budget Document <b>(Attachment)</b>	Yes
Conflict of Interest Questionnaire	Yes
Applicant Certifications	Yes
Board of Directors List	Yes
Financial Statement of Most Recent Audit <b>(Attachment)</b>	Yes

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