



ACC Housing & Community Development Department

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

PUBLIC SERVICES 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:	

Public Services Application

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
- Goal 3: Education and Enrichment
- Goal 4: Homeless Services
- Goal 5: Special Populations

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 will you provide: Tip: Double click on the box and select "checked" option.

(Choose a maximum of the program's top three service options)

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult education | <input type="checkbox"/> Financial literacy | <input type="checkbox"/> Recreational services |
| <input type="checkbox"/> Budget counseling | <input type="checkbox"/> Homebuyer training | <input type="checkbox"/> Services for homeless |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Follow-up | <input type="checkbox"/> Services for Seniors |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Health care | <input type="checkbox"/> Small business assistance |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Housing counseling | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Crime prevention | <input type="checkbox"/> Job training | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Outreach | <input type="checkbox"/> Youth enrichment |
| <input type="checkbox"/> Language Training (ESL) | <input type="checkbox"/> Prescriptions | <input type="checkbox"/> Youth tutoring |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Public education | <input type="checkbox"/> Other: |

Identify the program's target population? Tip: Double click on the box and select "checked" option.

(Choose a **maximum** of the program's top two options)

- | | | |
|--|---|---|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Non-English speakers | <input type="checkbox"/> Young children |
| <input type="checkbox"/> Adults (under 65) | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Domestic violence victims | <input type="checkbox"/> People with HIV/AIDS | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Senior citizens | |

4. You must provide an increase in the level of services or provide a new service in addition to your current services to be eligible for CDBG funds. (Contact HCD with any questions regarding service levels)

Your project is a new service. Describe: (Limit 500 characters)

Your project is an increase in the level of current services (e.g. an increase in the number of clients served). Describe: (Limit 500 characters)

5. National Objectives

Area Benefit (consult with HCD Department before submitting your application)

Limited Clientele: Benefiting LMI clients

Limited Clientele: Presumed Benefit (check applicable categories below)
(Options are predetermined by HUD and cannot be altered)

Abused Children	Homeless
Domestic Violence Victims	Illiterate Adults
Severely Disabled	Elderly

6. 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, internal organization data, etc.). *(Limit 2000 characters)*

- b. Where will the program/activity be completed or carried out? *(Limit 1500 characters)*

c. 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)*

d. 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 target population who will benefit from the program/project. *(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 Measurements* for goals that don't fit on this page.

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

7. Community Involvement and Collaboration

- a. If awarded, briefly describe how your agency will partner with other local agencies to specifically support your proposed CDBG funded program/project. **Attach MOUs/MOAs or letters of support from these 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)*

8. 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 program 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 program activity. Detail their experience and expertise as it relates directly to the proposed program's implementation. *(Limit 1000 characters)*

9. Financial Ability: (Please reference Application Instructions, Section 1, Subsection 10 (page 5) for full contracting requirements)

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
If no, please explain:

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

BUDGET

.....
Name of Organization

.....
Name of Proposed Project

LINE ITEM BUDGET FORM – BUDGET NARRATIVE
Administrative Costs may not exceed 20% of the total budget

A Budget Item	B Calculation	C Total amount of CDBG requested	D % of Budget	E Total Match Required or Leveraging Dollars	F Total Program/Project Budget
<i>Example: Full time case manager</i>	<i>\$19.23 x 20 hours x 52 weeks</i>	<i>\$ 20,000</i>	<i>100%</i>	<i>\$10,000</i>	<i>\$30,000</i>
					\$
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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)*

10. Cash Match

Attach letters of commitment for grants, donations or bank statements demonstrating match available for this grant.

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:

- 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:

- 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:

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 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: _____

BOARD OF DIRECTORS LIST

Name	Board Position	Address and Telephone	Professional Affiliations	Service Term		Membership Category
				Start Date	End Date	Example: Private/Community Sector, Public Sector/Public Official, Low Income Sector

CHECKLIST

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

Proposal Cover Sheet	Yes
Timeliness Form	Yes
Con Plan Goals and Objectives (1-5)	Yes
Project Narrative (6a-e)	Yes
Outcomes and Performance Measurements Form (May also include Attachment)	Yes
Community Involvement and Collaboration (7a-b)	Yes
MOUs/MOAs and/or letters of support (Attachment)	Yes
Organizational and Staff Ability (8a-c)	Yes
Financial Ability (9a-e)	Yes
IRS Form 990 (Attachment)	Yes
Federal Tax Exemption Determination Letter (Attachment)	Yes
Budget Form	Yes
Supplemental Budget Form	Yes
Cash Match Documentation (10) (Attachment)	Yes
Conflict of Interest Questionnaire	Yes
Applicant Certifications	Yes
Board of Directors List	Yes
Financial Statement of Most Recent Audit (Attachment)	Yes
Housing Counseling Supplemental Application	Yes N/A

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