

# **CDBG-CV APPLICATION**

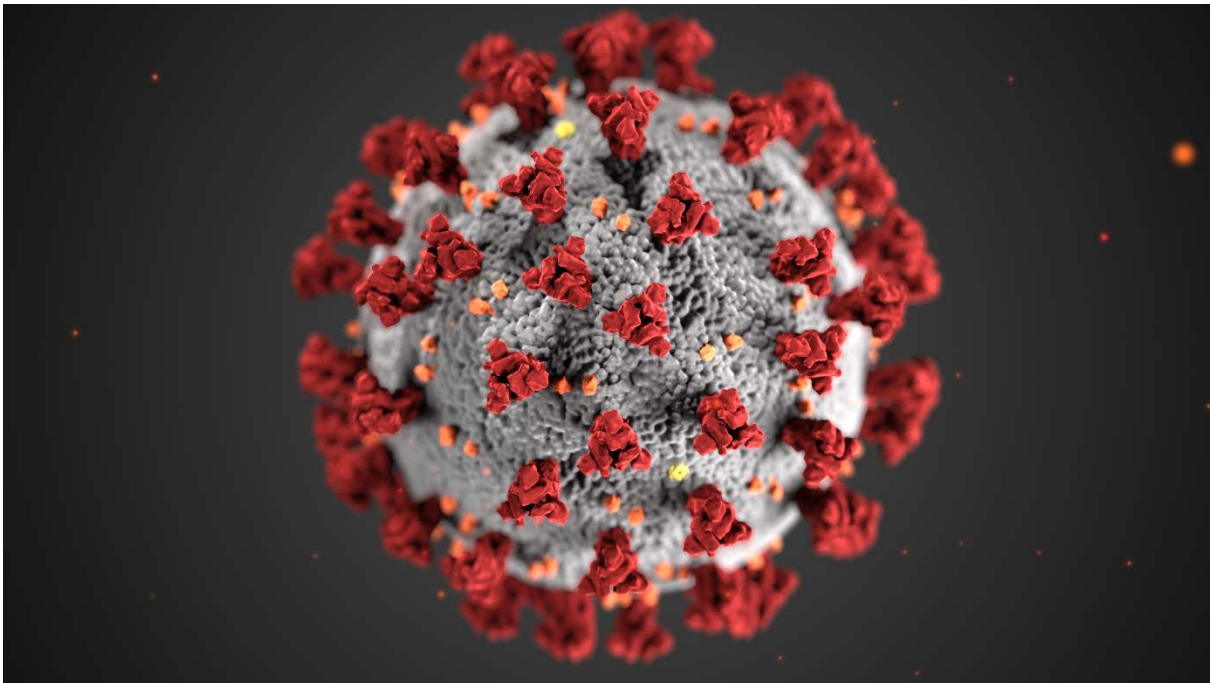


## **ACC Housing & Community Development Department**

### **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

### **CDBG-CV APPLICATION (COVID-19 Response)**

**FISCAL YEAR 2022**



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

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## 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:

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

Direct Service Staff Salaries/Fringe Costs: \$

CDBG Funding Request: \$

Total Project Cost: \$

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

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## 1. CDBG-CV Goals and Objectives

CDBG-CV Type:

- Prevention of the Coronavirus
- Preparation for the Coronavirus
- Response to the Coronavirus

## 2. 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)

- Financial Assistance       Homeless Assistance       Health Care
- 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)

- Abused children       Non-English speakers       Young children
- Adults (under 65)       People with disabilities       Youth
- Domestic violence victims       People with HIV/AIDS       Other:
- Homeless       Senior citizens

## 3. 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

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## 4. Project Narrative

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

- b. Please describe how the proposed program will prevent, prepare for, and respond to Coronavirus and explain how the program activities will support this chosen goal. *(Limit 1000 characters)*

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

d. 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)*

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- e. 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)*

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## 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.







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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)*

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**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**

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## 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. Organization verifies on-hand funding sources that will allow the program to operate successfully on a reimbursement basis:  Yes  No
2. What funds, other than CDBG-CV, will 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. **Attach documentation of secured supportive funds.** (Limit 1000 characters)
3. Describe funds the agency has received to support Coronavirus response activities since March 1, 2020. Please include: CARES Act funding, Indigent Services/Resiliency Package funding, Joint Development Authority grants/loans, Paycheck Protection Program (PPP) funding, and any other government or private funding. (Limit 1000 characters)
4. Describe use of donated goods and services. Indicate the source and estimate the value of these services. (Limit 1000 characters)

**NOTE:** CDBG-CV funds will be administered on a reimbursement basis. It is therefore important that applicants identify other resources for their programs and/or projects.

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

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## 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

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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: \_\_\_\_\_





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## CHECKLIST

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

Proposal Cover Sheet	Yes
Timeliness Form	Yes
Con Plan Goals and Objectives (1-3)	Yes
Project Narrative (6a-f)	Yes
Outcomes and Performance Measurements Form <b>(May also include Attachment)</b>	Yes
Community Involvement and Collaboration (7a-b)	Yes
MOUs/MOAs and/or letters of support <b>(Attachment)</b>	Yes
Organizational and Staff Ability (8a-c)	Yes
Financial Ability (9a-e)	Yes
IRS Form 990 <b>(Attachment)</b>	Yes
Federal Tax Exemption Determination Letter <b>(Attachment)</b>	Yes
Budget Form	Yes
Supplemental Budget Form	Yes
Supportive Funds Documentation <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
Housing Counseling Supplemental Application	Yes N/A

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