

CITY OF YOUNGSTOWN



38th YEAR COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)/HOME PROGRAM **GRANT APPLICATION**

Fiscal Year 2012- 2013 (July 1, 2012 – June 30, 2013)

Application Certification: To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if applicant is approved to receive funding.

Project Title: _____

Applicant Organization: _____

Organization's Authorized Signatory (print): _____

Signature/Date: _____

**38th Year Application/Proposal: Due February 27, 2012 - 2:00 P.M.
All applicants must complete Parts I through IX**

CDBG/HOME Application Table of Contents
****All applicants must complete Parts I through IX****

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***X Economic Development Project**

****NOTE:** Complete this section only if you are proposing an Economic Development project.

***XI Housing, Public Facility, Infrastructure, or Planning Project**

****NOTE:** Complete this section only if you are proposing a Housing, Public Facility, Infrastructure, or Planning project.

***XII Public Service Project: Youth, Senior, Fair Housing or Anti-crime**

****NOTE:** Complete this section only if you are proposing a Public Service project.

38th Year Application/Proposal: Due February 27, 2012 - 2:00 P.M.

****All applicants must complete Parts I through IX****

CDA Staff Only: Timely /all forms sections are included/complete

Yes

No

Submission Date:

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Part I –General information—(Limit information to the space provided—attach additional information only where requested) (20 points)

1. Applicant Organization:		
2. Project Title:		3. Amt of CDBG Request(\$):
4. Project Funding (Select One) <input type="checkbox"/> HOME <input type="checkbox"/> CDBG	5. New Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, list original start date:
6. Projected Annual Units of Service:	7. Total Project Budget:	8. Funds Committed Amount (attach written proof):
9. Cost per Unit (=Total Project Budget/Projected Units of Service):		
10. Project Site Address (City, State, 9 digit Zip Code):		
11. Project Administrator:		12. Job Title:
13. Project Administrator's Phone, Fax, and Email:		
14. Agency DUNS Number:		15. Agency Federal ID Number:
16. Year Incorporated:	17. 501(c) 3? <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Faith-Based? <input type="checkbox"/> Yes <input type="checkbox"/> No
19. Agency Contact (Executive Director):		
20. Agency Contact's Phone, Fax, and Email:		
21. Agency Mailing Address: City, State, Zip Code—9 digit *REQUIRED*:		

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Part II –National Objective and Consolidated Plan Priorities (50 Points)

1. Answer A, B, C, and D

The proposed project must comply with all applicable regulations and give maximum priority to activities that meet one or more of the following National Objectives:

- Benefit a majority ($\geq 51\%$) of low to moderate income (LMI) persons, who earn at or below 80% of the area median income (AMI), adjusted by household family size
- Activities to eliminate or prevent slum and blight
- Provide Services to address an urgent threat to the health and welfare of the community

(A) Check the box that indicates under which National Objective eligibility category the service you propose to provide qualifies:

LOW/MOD INCOME PERSONS (Select ONE)			
<input type="checkbox"/> Area Benefit	<input type="checkbox"/> Limited Clientele	<input type="checkbox"/> Housing	<input type="checkbox"/> Jobs

SLUM BLIGHT (Select ONE)		
<input type="checkbox"/> Area Basis	<input type="checkbox"/> Spot Basis	<input type="checkbox"/> Urban Renewal

(B) Attach a Youngstown census tract map, highlighting the area(s) that will be served by the proposed project.

(C) Indicate the Consolidated Plan Priority under which your project activities will qualify. (Select ONE):

FIVE-YEAR CONSOLIDATED PLAN PRIORITIES (Select ONE)			
<input type="checkbox"/> Housing	<input type="checkbox"/> Public Facilities	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Public Services
<input type="checkbox"/> Clearance and Demolition	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Acquisition of Real Property	
<input type="checkbox"/> Economic Development		<input type="checkbox"/> Planning	

(D) Mark the performance indicator upon which your project activities will be based. (Select ONE):

PERFORMANCE UNIT MEASUREMENT (Select ONE)			
<input type="checkbox"/> People	<input type="checkbox"/> Households	<input type="checkbox"/> Jobs	<input type="checkbox"/> Businesses
<input type="checkbox"/> Organizations		<input type="checkbox"/> Housing Units	

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Part II –National Objective and Consolidated Plan Priorities (Continued)

2. Answer A and B

(A) Indicate the Project Objective (What is the purpose of the project?)

(Select ONE)

PROGRAM OBJECTIVES (Select ONE)	
<input type="checkbox"/>	Creating Suitable Living Environment: Activities that will benefit communities, families, or individuals by addressing issues in their living environment.
<input type="checkbox"/>	Providing Decent Housing: Activities that are focused on housing activities whose purpose is to meet individual or community housing needs.
<input type="checkbox"/>	Creating Economic Opportunities: Activities that are related to economic development, commercial revitalization, or job creation.

(B) Indicate the Program Outcomes (What type of change or result are you seeking?)

(Select ONE)

PROGRAM OUTCOMES (Select ONE)	
<input type="checkbox"/>	Availability/Accessibility: Activities that will make services, facilities, housing, or shelter available or accessible to people.
<input type="checkbox"/>	Affordability: Activities that provide affordability in a variety of ways to include lowering the cost or improving the quality of a service or product.
<input type="checkbox"/>	Sustainability: Activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to people or by removing or eliminating slums or blighted areas.

3. Has your agency ever received funding from the City of Youngstown?

If yes, list the last five (5) years funding was received (in descending order) and the respective amounts. In addition, list the number of service units projected and number of units actually provided for each of the five (5) years.

Year Funded	\$ Amount Received	Units Projected	Actual Units Provided

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Part II –National Objective and Consolidated Plan Priorities (Continued)

- 4. If your organization received CDBG funds in the past, explain how you are able to document that you accomplished the goals, objectives, and outcomes for the years in which you used the funds that were awarded to you:**

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PART III – Organizational Capacity and Experience (75 points)

- 5. Give a brief background of your agency including for profit or nonprofit status;**
 - a. Present the history, mission, and services provided by the organization;**
 - b. Describe direct experience with program activities offered in this proposal; and**
 - c. Give a description of program staff experience; attach resumes for all program staff:**

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PART III – Organizational Capacity and Experience (Continued)

- 6. List all state grants received by your organization in the past three (3) years;
 - a. Give a brief description of the projects funded by state grants during this three (3) year period;
 - b. Indicate results of audits and monitoring; and
 - c. List a point of contact for references regarding such audits and/or monitoring:

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PART III – Organizational Capacity and Experience (Continued)

- 7. List all : ederal grants received by your organization in the past three (3) years.**
 - a. Give a brief description of the projects funded by : ederal grants during this three (3) year period;**
 - b. Indicate results of audits and monitoring; and**
 - c. List a point of contact for references regarding such audits and/or monitoring;**

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PART III – Organizational Capacity and Experience (Continued)

8. Does your organization have policies and procedures in place to comply with Federal Equal Opportunity and Fair Labor Laws? If no, explain:

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PART III – Organizational Capacity and Experience (Continued)

- 9. Does your organization utilize volunteers to carry out activities proposed in this project?
 - a. If yes, what type of work do the volunteers perform?
 - b. If no, explain.

10. Present the following information as an ATTACHMENT to this proposal:

Provide (attach) a project-specific staffing and organizational chart; in this chart you must:

- a. Include all employees that contribute time toward this project, whether funded by CDBG, HOME, or some other source(s);
- b. Identify all staff whose positions you propose to fund with CDBG or HOME funds. Include name of employee, title, a brief description of the duties associated with each position, and years of experience with this program;
- c. Indicate respective salaries needed to carry out this project; ~~UbX~~
- d. Indicate who is primarily responsible for the day-to-day management of CDBG or HOME funds; what are his or her credentials?

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PART III – Organizational Capacity and Experience (Continued)

Describe the following items in a brief narrative:

11. Will your organization have to hire additional staff, or are all the afore-mentioned positions filled?

12. If you intend to hire, will you hire low-to-moderate income persons?

13. If all the positions are currently filled, explain how these positions are presently funded.

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PART IV – Proposal Narratives (105 points)

14. Problem and Need Identification:

- a. Describe the specific community development need that will be met by your proposal;**
- b. Describe the specific conditions or problems which need to be addressed in providing services to low and moderate income residents or describe the blighting influence that is the cause of, or may lead to slum and blight**
- c. Clearly identify the National Objective under which your proposal will qualify:**

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PART IV – Proposal Narratives (Continued)

14. (Continued)

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PART IV – Proposal Narratives (Continued)

- 15. Project Description and Strategy Statement: Provide a brief, but specific description of how this request for funds will address the need you identified above. You should:**
- a. Provide a detailed description of all proposed activities; specifically describe and quantify the services (outputs) to be provided with Federal CDBG or HOME funds;**
 - b. List the areas of the City of Youngstown in which project activities will take place (be specific; list street names, names of neighborhoods, names of parks, etc.);**
 - c. List the Census Tracts of your proposed services area. Refer to Youngstown census tract map;**
 - d. List specific and measurable outcomes (type of results that you seek). If your strategy references established best practices, provide a list of citations;**
 - e. Is the proposed project a continuation of an existing program, or is it a new project; is it at a new location?**

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PART IV – Proposal Narratives (Continued)

15. (Continued)



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PART IV – Proposal Narratives (Continued)

15. Project Description and Strategy Statement (Continued)

Use the table below to assist you in responding to the following items:

f 1. and f 2. If the proposed project is a continuation of an existing program, state how the program has developed, grown, changed, or progressed since last supported by CDBG or HOME funds. In the chart below, provide the number of unduplicated persons, household, or units, whichever is applicable, served during the period July 1, 2011 through December 31, 2011;

g. Enter the % of change; if your units of service in f1 have increased or decreased by more than 10% over the previous period (July 1, 2010 through December 31, 2010), explain this change;

h. Indicate the number of units that you project you will serve during the year for which you are applying for CDBG or HOME funds (July 1, 2012 through June 30, 2013). Refer to the application instructions for a detailed explanation of “units of service”:

Define Service Measure	f 1. Actual July 2011- Dec 2011	f 2. Actual July 2010- Dec 2010	g.% Change between items f1. and f2.	h. Projected July 2012-June 2013

i. How many of the persons served by your project during the period July 1, 2011 through December 31, 2011 were low to moderate income? How can you document this?

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PART IV – Proposal Narratives (Continued)

15. Project Description and Strategy Statement (Continued)

j. How many of these persons were residents of the City of Youngstown? How can you document this?

k. Describe (be specific) how your agency will modify the proposed project if you do not receive CDBG or HOME funds:

l. Do proposed project activities produce any income? If yes, explain how said income is produced and the amount that you foresee will be produced:

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PART IV – Proposal Narratives (Continued)

16. Evaluation

- a. Describe how the project activities accommodate the explicit objectives articulated by the City of Youngstown Five Year Consolidated Plan for FY 2010 – 2014;**
- b. List what measures/instruments you will use to evaluate the achievement of intended outcomes;**
- c. Provide a schedule of actions you will take to measure outcomes; ~~UbX~~**
- d. Explain the process for modifying the program should such action be necessary because the project/activity is less effective than anticipated?**

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PART V – Anticipated Benefits, Timetable, and Scope of Services
(35 points)

17. What is the current status of the proposed project?

18. When will project activities begin?

19. When will project activities end?

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**PART V – Anticipated Benefits, Timetable, and Scope of Services
(Continued)**

20. In the table below, indicate the amount of CDBG funds projected to be expended each quarter during the period July 1, 2012 through June 30, 2013.

Indicate below the amount of CDA funds projected to be expended each quarter. (CDA/CDBG Contract year begins July 1, 2012 and ends June 30, 2013)			
(2012) July, Aug, Sep	(2012) Oct, Nov, Dec	(2013) Jan, Feb, Mar	(2013) Apr, May, June

21. Describe the specific client target population for the project. You should:
- a. Specify the total number of persons to be served by the project activities;
 - b. Describe the geographic service boundaries; and
 - c. State how the persons are selected to participate in your project activities:

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PART VI – Budget Forms and Attachments (10 points)

- 22. Complete the Program Budget Worksheet Attachment reflecting the project for which you are requesting CDBG funds. Include all costs that are necessary to complete the project activities, including such costs as architectural fees, architectural services, and other required expenses.
- 23. You must submit copies of commitment and award letters from all other funding sources to support the non-CDBG amounts listed in your budget. Attach documentation that shows your efforts to secure funding for this proposed project.

PART VII – Budget Narratives (20 points)

24. What percentage of the total agency budget is your proposed CDBG project?

25. Describe other funding sources you will use for this proposed project. Explain:
- a. Where you are in the process of securing funds for this project;
 - b. Your efforts to secure the funds for this project; and
 - c. When committed and/or awarded funds will be available for this proposed project:

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PART VII – Budget Narratives (Continued)

26. If your agency received CDBG or HOME funds during FY 2010 and FY 2011 (Years 36 and 37) and your agency did not expend 100% of its CDBG or HOME funds, you must:

- a. State the percentage of the funds your agency did expend; and**
- b. Provide a clear explanation for the unexpended allocation:**

27. If your program budget has increased or decreased by more than 5% over the previous year, provide a detailed explanation:

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**PART VIII–Insurance/Worker's Compensation/Payroll Taxes/Audits/Bankruptcy
(10 Points)**

28. If funded, your project may be responsible for one or more of the following criteria:

- General liability insurance of at least one million dollars (\$1,000,000). You may also be required to additionally carry professional liability insurance in an amount of up to one million dollars (\$1,000,000) under certain circumstances. For all insurance and bonding purposes the City of Youngstown must be named as the “additional insured”.
- Documentation that your organization pays payroll taxes, Worker’s Compensation and unemployment insurance premiums.
- Organizations receiving \$25,000 or more in Federal assistance from the City of Youngstown are required to secure an independent audit.
- Subrecipients that expend \$500,000 or more in total Federal financial assistance in a year are responsible for obtaining an independent audit in accordance with the Single Audit Act of 1984 and OMB Circular A-133 as referenced at 24 CFR 84.26 and 85.26. The computation of the total of such assistance includes all Federal funds received by the entire entity, and not just the department or division receiving the CDBG funding. For purposes of determining the amount of Federal assistance expended, all Federal assistance shall be considered, including that which is received directly from a Federal agency, or passed through a state or local government, or through non-profit organizations, or any combination thereof.
- All organizations receiving Federal (CDBG or HOME) assistance from the City of Youngstown through the Community Development Agency (CDA) are required to keep detailed financial records that are subject to CDA monitoring and review.

****Explain below how your agency will comply with the above listed requirements**
if your agency receives 38th Year CDBG or HOME funding:**

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**PART VIII—Insurance/Worker's Compensation/Payroll Taxes/Audits/Bankruptcy
(Continued)**

28. (Continued)

29. Has your agency filed a petition for bankruptcy or has a petition for bankruptcy been filed against your organization? If yes, please explain:

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PART IX – Attachment Checklist

Submit the following information with your completed application form:

ATTACHMENT CHECKLIST	
<input type="checkbox"/>	Supplemental pages for answering questions (if applicable)
<input type="checkbox"/>	Part X Economic Development Supplement (if applicable)
<input type="checkbox"/>	Part XI Housing, Public Facility, Infrastructure or Planning (if applicable)
<input type="checkbox"/>	Part XII Public Service Activity: Youth, Senior, Fair Housing, or Anti-crime (if applicable)
<input type="checkbox"/>	Budget Worksheets A, B, & C
<input type="checkbox"/>	Funding Commitment Letters
<input type="checkbox"/>	Articles of Incorporation and Bylaws
<input type="checkbox"/>	IRS Non- Profit Determination
<input type="checkbox"/>	List of Current Board Members and/or Officers (to include names, addresses, and telephone numbers (indicate President, Vice President, and Treasurer of the Board)
<input type="checkbox"/>	Letter from Board of Directors authorizing an official of the agency to administer funds
<input type="checkbox"/>	Organizational Chart
<input type="checkbox"/>	Resumes of Chief Program Administrator & Chief Fiscal Officer
<input type="checkbox"/>	Most recent audit for the organization

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PART X – Economic Development Project (15 points)
(Complete this section only if you are proposing an Economic Development Project)

30. Will the project require your organization to hire any additional employees?;

- a. List the number or employees, consultants, and their specialty, and title that will be hired;
- b. Describe the type of full-time jobs (e.g. professional, management, skilled labor, etc.);
- c. Indicate the rate of pay;
- d. List the number of full-time jobs that will be created;
- e. Explain how the full-time jobs will be created and sustained;
- f. Do you intend to hire low to moderate income persons? Will the hires be from outside your organization?
- g. Will the project benefit the Central Business District (Downtown) of the City of Youngstown in any way? If yes, explain your response:

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PART XI—Housing, Public Facility, Infrastructure, or Planning Project (15 points)
(Complete this section *only* if you are proposing a Housing, Public Facility, Infrastructure, or Planning Project)

31. Provide the Census Tracts of the neighborhoods in the areas you propose to serve:

32. If the project includes construction, explain its nature, i.e., new construction, major rehabilitation, or minor repairs. Include (attach) the following:

- a. A detailed description of the scope of work to be done. Include plans, photographs, and other information that describes the work to be performed;
- b. Information regarding the architect, the architectural scope of work, and the architect's fee;
- c. A description of where you are with the development of this project; **UX**
- d. A single set of blueprints, if available:

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PART XI – Housing, Public Facility, Infrastructure, or Planning Project (Continued)
(Complete this section *only* if you are proposing a Housing, Public Facility, Infrastructure, or Planning Project)

33. Does any aspect of this project involve the acquisition of real property? If yes, please explain:

34. Will this project involve the temporary or permanent relocation of residents or businesses? If yes, please explain:

35. Provide a time line for the desired completion of construction activity. If applicable, include the time required for securing the financing necessary to complete the proposed project:

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PART XI – Housing, Public Facility, Infrastructure, or Planning Project (Continued)
(Complete this section *only* if you are proposing a Housing, Public Facility, Infrastructure, or Planning Project)

36. If the proposed project is part of a larger construction project, provide an overview of the entire project and the different phases of such:

37. Describe any Americans with Disabilities Act (ADA) compliance related to this construction project:

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**PART XII–Public Service Project: Youth, Senior, Fair housing, Anti-crime (20 points)
(Complete this section only if you are proposing a Public Service Project)**

38. Clients Served – Use unduplicated client counts for the below listed items. The requested information pertains to the project for which CDBG or HOME funds are requested, not the agency’s total client participation level. Indicate how you can attest that the information you provide is correct. *Clearly* explain in your narrative (each figure must be distinct):

During the *last full fiscal* (36th year – July 1, 2010 through June 30, 2011),

- a. Indicate the number of low to moderate (LMI) clients served only;
- b. Indicate the number of Youngstown residents served;
- c. Indicate the percentage of LMI clients to total number of clients served; and
- d. Indicate the percentage of Youngstown clients to total number of clients:

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PART XII – Public Service Project (Continued)
(Complete this section only if you are proposing a Public Service Project)

- 39. Service Information - Are there any other agencies addressing a problem/need similar to that you describe in this proposal? If yes:**
- a. List the agency or agencies that provide such services;**
 - b. List the program that is similar to the project that you propose in this application; and**
 - c. Describe your agency’s relationship with the above-mentioned agency/agencies:**

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PART XII – Public Service Activity (Continued)
(Complete this section only if you are proposing a Public Service Project)

- 40. Is your agency licensed or accredited? If yes,
 - a. List all licenses; and
 - b. List accreditation numbers along with the name of the issuing authority:

- 41. Does your agency charge fees? If yes, attach a current fee schedule.

NOTE: YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETE and SUBMITTED ON TIME AS: ONE (1) ORIGINAL, WITH ALL REQUIRED SIGNATURES, ATTACHMENTS, AND DOCUMENTATION AND THREE (3) UNBOUND COPIES (WITHOUT ATTACHMENTS)

PART XII – Public Service Activity (Continued)
(Complete this section only if you are proposing a Public Service Project)

42. Explain any significant changes in agency funding sources in the last three calendar years (2009, 2010, and 2011):

43. Express what new approaches that are being investigated and/or developed to generate additional sources of revenue. Be specific:

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Additional Space (If needed)

****PLEASE INCLUDE ITEM NUMBER YOU ARE RESPONDING TO WITH YOUR TEXT****

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Additional Space (If needed)

****PLEASE INCLUDE ITEM NUMBER YOU ARE RESPONDING TO WITH YOUR TEXT****

