## 2015-2016 Community Development Block Grant (CDBG) Program *Application for Funding*



# CDBG Application: Housing

| Important Considera  | tions:  |  |  |
|--|---|--|--|
| <ul> <li>Fill out this application</li> </ul>                      | in its entirety. Incomplete applications will not be accepted.                |  |  |
| <ul> <li>Please limit narrative re</li> </ul>                      | esponses to 250 words or less.  |  |  |
| <ul> <li>If more space is needed</li> </ul>                        | d than what is available on this application, attachments can be included.    |  |  |
| Please reference the a   | applicable section number for all attachments.                                |  |  |
| <ul> <li>A representative of you</li> </ul>                        | r organization must attend a mandatory Application Workshop Training session. |  |  |
| Refer to the CDBG Ap   | oplication Handbook for more information.                                     |  |  |
| <ul> <li>This application must b</li> </ul>                        | be signed by an executive director of the organization applying for funds.    |  |  |
| <ul> <li>Completed applications</li> </ul>                         | s are due Friday, October 10, 2014, by 4:00 p.m.                              |  |  |
|  |   |  |  |
|  | PART I: GENERAL INFORMATION   |  |  |
| A. FUNDING REQU  | EST   |  |  |
| Program Title:   |   |  |  |
| Funding Request:   | \$  |  |  |
|  |   |  |  |
| <b>B. AGENCY INFORM</b>  | AATION  |  |  |
| Agency Legal Name:   |   |  |  |
| Tax ID Number:   | DUNS Number:  |  |  |
| Type of Agency:  | Community council Goy't./public   |  |  |
| . /  | Private non-profit     Private for-profit     Other:                          |  |  |
|  | · · · · · · · · · · · · · · · · · · ·   |  |  |
| Agency Director:   | Title:  |  |  |
| Phone Number:  | Fax Number:   |  |  |
| Street Address:  |   |  |  |
| Email Address:   |   |  |  |
| Required Documentation   | for Non-profit organizations:   |  |  |
| □ An IRS 501(c)3 status letter must be provided as an attachment.  |   |  |  |
| A list of current board members must be provided as an attachment. |   |  |  |
| Mission Statement:   |   |  |  |
|  |   |  |  |

## **PART II: ELIGIBILITY**

## A. LOCAL GOALS & PRIORITIES

Salt Lake City's 2015-2020 Consolidated Plan is a strategic plan focused on building **Neighborhoods of Opportunity** to promote capacity in neighborhoods with concentrated poverty and to support the City's most vulnerable populations. The five-year plan provides a strategy for maximizing and leveraging the City's block grant allocations to build healthy and sustainable communities that connect and expand opportunities for housing, education, transportation, services and economic development.

Projects funded through Salt Lake City's CDBG program must align with the goals and priorities outlined in the 2015-2020 Consolidated Plan.



#### Select the Consolidated Plan Priorities and Goals that apply to your program/project. Check all that apply.

| PRIORITY:   | GOAL:   |
|---|---|
| <ul> <li>HOUSING         To provide housing options for all economic<br/>and demographic segments of Salt Lake<br/>City's population while diversifying the<br/>housing stock within neighborhoods.     </li> </ul> | <ul> <li>Expand housing options for extremely low-income (ELI) individuals and special needs populations.</li> <li>Support affordable housing development in high opportunity areas.</li> <li>Improve and rehabilitate the housing stock in concentrated areas of poverty.</li> <li>Expand affordable housing opportunities within walking distance of transit stations.</li> <li>Develop healthy and sustainable housing that utilizes energy conservation and green building technologies.</li> <li>Provide housing opportunities to emphasize stable housing as a primary strategy to end homelessness.</li> </ul> |
| <ul> <li>EDUCATION</li> <li>To promote educational opportunities, with focus on reducing intergenerational poverty.</li> </ul>  | <ul> <li>Address the digital divide by promoting digital inclusion through access to communication technologies.</li> <li>Expand access to affordable early childhood education to set the stage for academic achievement and social development.</li> </ul>  |
| <ul> <li>HEALTH<br/>To promote access to affordable healthcare,<br/>fresh foods, and safe living environments.</li> </ul>   | <ul> <li>Improve the condition of housing and capital infrastructure in distressed neighborhoods.</li> <li>Support access to supportive services for persons experiencing homelessness.</li> <li>Expand access to healthy, fresh foods for children living in poverty.</li> <li>Support access to healthcare for the City's most vulnerable populations.</li> <li>Improve and expand green infrastructure in distressed neighborhoods.</li> </ul>   |
| <ul> <li>TRANSPORTATION</li> <li>To promote access to public transportation<br/>for all Salt Lake City residents.</li> </ul>  | <ul> <li>Support access to public transportation for vulnerable populations.</li> <li>Increase the accessibility of public transit in distressed neighborhoods.</li> <li>Expand and improve multimodal transportation infrastructure .</li> </ul>   |
| <ul> <li>ECONOMIC DEVELOPMENT</li> <li>To expand access to economic mobility and<br/>commercial facilities.</li> </ul>  | <ul> <li>Provide job training programs for vulnerable populations, including chronically homeless, refugees and persons with disabilities.</li> <li>Expand and improve commercial infrastructure in distressed neighborhoods.</li> <li>Expand economic opportunities for low-income residents.</li> </ul>   |

## **Community Needs:**

Based on the *Priorities* and *Goals* selected on the previous page, describe the need or problem to be addressed. Include quantifiable data to demonstrate need.

## Activities to Address Needs:

Based on the *Priorities* and *Goals* selected on the previous page, how will the proposed project address the identified problem/needs. Include a discussion on the services or activities used to carry out the project/program.

#### **Anticipated Outputs:**

Briefly describe measurements of the anticipated outputs. Examples would include the number of low/moderate income clients served, the number of households served, or number of units constructed.

## C. NATIONAL OBJECTIVES

#### Low and Moderate-Income Housing Activities

In order to meet the CDBG housing LMI national objective for housing activities, units assisted must be primarily occupied by LMI households. Structures with one unit must be occupied by a LMI household. If the structure contains two units, at least one unit must be LMI occupied. Structures with three or more units must have at least 51% occupied by LMI households. Structures must be located within Salt Lake City boundaries.

#### Identify Area Median Income (AMI) percentages of the program/project's service clients:

| % | <u>&lt;</u> 30% AMI |
|---|---------------------|
| % | 31% to 50% AMI      |
| % | 51% to 80% AMI      |

#### Describe how your agency verifies incomes of households assisted:

## PART III: PROGRAM/PROJECT INFORMATION

#### A. PROJECT DESCRIPTION

Provide a concise description of the proposed program:

Describe how you would use the CDBG funds from Salt Lake City, if awarded:

## List an address for each project location:

| 0) |  |
|----|--|

| Is this an ongoing program or project?                                  | □ Yes             | □ No                            |
|---|-------------------|---------------------------------|
| <ul> <li>If ongoing, how long have you operated this program</li> </ul> | ram/project?:     |                                 |
| <ul> <li>If ongoing, do you anticipate any changes to the p</li> </ul>  | rogram/project du | uring the 2015-16 program year? |
|   | Yes               | □ No                            |
| If Yes, describe the anticipated changes                                | :                 |                                 |
|   |                   |                                 |
|   |                   |                                 |
|   |                   |                                 |
|   |                   |                                 |
| If this is a new program/project:                                       |                   |                                 |

 If this is a new program/project: Project start date:

Anticipated end date:

## **B. PERFORMANCE MEASUREMENTS**

#### **Objectives:**

Select **one** of the following three possible objectives for your program/project:

- □ **Create Suitable Living Environments:** Activities designed to benefit communities, families or individuals by addressing issues in their living environment.
- □ **Provide Decent Housing:** Covers a wide range of housing activities whose purpose meets individual or family needs.
- □ **Create Economic Opportunities:** Activities in economic development, commercial revitalization or job creation.

#### Outcomes:

Outcomes are benefits that result from the activity or program for individuals or community. There are only three possible outcomes; please select **one** below that best fits your program/project:

- Availability/Accessibility: Activities that make services, infrastructure, public facilities, housing or shelter available or accessible to LMI persons. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income persons where they live.
- Affordability: Activities that provide affordability in a variety of ways in the lives of LMI persons. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is an appropriate outcome whenever an activity is lowering the cost, improving the quality or increasing the affordability of a product or service to benefit a LMI household.
- Sustainability: Activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low and moderate-income persons. This outcome is designed to promote livable or viable communities and neighborhoods and not for assistance to individual households.

## C. TARGET POPULATION

#### **Historical Populations Served:**

Number of unduplicated LMI households served during the last completed program year:
Total persons served:
Persons served with CDBG funding received from Salt Lake City:

#### 2015-16 Target Populations:

Number of unduplicated LMI households expected to be served during the 2015-2016 program year at the requested funding level:

Total persons expected to be served: Persons expected to be served with CDBG funding received from Salt Lake City:

#### **D: PROPOSED BUDGET**

List the total project costs, including those requested to be funded by CDBG funds, in the personnel, operating and/or construction budget categories.

| Personnel Costs  | Salt Lake City |                 |
|--|----------------|-----------------|
| List salaries for all requested positions. Taxes and benefits should be included in individual | CDBG portion   | Total operating |
| salary line items, not as separate line items.   | of operating   | expenses        |
|  | expenses       |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
|  |                |                 |
| Total Personnel Expenses:  | \$             | \$              |
|  |                |                 |

| Operating Costs/Capital Costs   | Salt Lake City |                 |
|---|----------------|-----------------|
| List operating expenses. Examples include supplies, utilities, insurance, equipment,        | CDBG portion   | Total operating |
| professional services, capital supplies, etc. To minimize the amount of billings, items may | of operating   | expenses        |
| be grouped into larger categories, i.e. utilities rather than gas, electricity, etc.        | expenses       |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
|   |                |                 |
| Total Operating Expenses:   | \$             | \$              |
| TOTAL ALL EXPENSES:   | \$             | \$              |

| E: LEVERAGING | E: | LE | VER | AG | ING |
|---------------|----|----|-----|----|-----|
|---------------|----|----|-----|----|-----|

| Community | Leveraging: |
|-----------|-------------|
|-----------|-------------|

Does the program/project coordinate with other efforts in the community?

If Yes, provide a brief description:

#### **Fund Leveraging:**

Amount of funds requested in this application:

Amount of non-CDBG funds secured for this program/project:

Amount of other funds earmarked for the program/project:

Total amount needed to complete program/project:

| \$ |  |  |
|----|--|--|
| \$ |  |  |
| \$ |  |  |
| \$ |  |  |
|    |  |  |

List all funding sources requested and secured for your program/project. Include Salt Lake City CDBG, other CDBG programs, other federal programs, private funds, foundation funds, and your own agency funds:

| Funding Source      | Amount    | Amount  |  |
|---------------------|-----------|---------|--|
|                     | Requested | Secured |  |
| Salt Lake City CDBG | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
|                     | \$        | \$      |  |
| Total:              | \$        | \$      |  |

Describe your contingency plan in the event your CDBG request is not fully funded, or funded at all by Salt Lake City:

If funded, how would you continue to implement the project/program if CDBG funds are not available in future years?:

## PART IV: AGENCY CAPACITY

| Person responsible for general project oversight:   |  |             |  |  |  |
|---|--|-------------|--|--|--|
| Name:   |  | Title:      |  |  |  |
| Phone Number:                                       |  | Fax Number: |  |  |  |
| Street Address:                                     |  |             |  |  |  |
| Email address:                                      |  |             |  |  |  |
| Person responsible for financial project oversight: |  |             |  |  |  |
| Name:   |  | Title:      |  |  |  |

| Phone Number:   | Fax Number: |  |
|-----------------|-------------|--|
| Street Address: |             |  |
| Email address:  |             |  |
|                 |             |  |

Describe the processes your agency will use to track and monitor project progress:

Describe your agency's record keeping procedures, with regards to the proposed project:

Describe the procedures your agency will use to segregate and track CDBG funds from other agency funds:

Describe your agency's internal controls for waste and fraud prevention:

Does your agency have a Language Access Plan (LAP) to provide Services to limited English proficiency persons?

#### **A: SUBMITTAL INSTRUCTIONS**

Did a representative of your organization attend a mandatory Application Training session?

## Completed applications are due Friday, October 10, 2014, by 4:00 PM

#### Two applications must be submitted, as follows:

#### 1) HAND-DELIVERED SUBMITTAL

#### Hand-deliver one (1) printed copy to:

Salt Lake City Corporation Housing & Neighborhood Development Division City & County Building 451 South State Street, Room 445 Salt Lake City, Utah 84114

<u>\*This is your official application with original signature. Applications must be received by October 10, 2014</u> at 4:00 pm to be eligible.

\* Print applications should be paper clipped together, not stapled. Place applications in a 9"x12" envelope with your organization's name on the front.

## 2) ELECTRONIC SUBMITTAL

#### Submit one (1) electronic copy via either DropBox or email, as follows:

Email: SLCFederalGrants@slcgov.com

**DropBox:** Contact Tammy Hunsaker at tammy.hunsaker@slcgov.com for DropBox submittal instructions.

\*The PDF submittal is for administrative purposes and does not require a signature.

The printed application is the official copy and must be delivered to the Housing and Neighborhood Development office by 4:00 pm on Friday, October 10, 2014 to be eligible.

Printed applications must be hand-delivered. Mailed, faxed, or late applications will not be accepted by Salt Lake City.

#### **B: APPLICANT CERTIFICATION**

Organization:

Name of Project:

Authorized Official:

Name

Title

Signature

Date