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



# CDBG Application: Public Services

#### **Important Considerations:**

- o Fill out this application in its entirety. Incomplete applications will not be accepted.
- o Please limit narrative responses to 250 words or less.
- o If more space is needed than what is available on this application, attachments can be included. Please reference the applicable section number for all attachments.
- A representative of your organization must attend a mandatory Application Workshop Training session. Refer to the CDBG Application Handbook for more information.
- o This application must be signed by an executive director of the organization applying for funds.
- O Completed applications are due Friday, October 10, 2014, by 4:00 p.m.

# PART I: GENERAL INFORMATION A. FUNDING REQUEST **Program Title: Funding Request: B. AGENCY INFORMATION Agency Legal Name: Tax ID Number: DUNS Number:** Type of Agency: Community council Gov't./public Other: Private non-profit Private for-profit **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:**

### 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:

| PRIORITY:   | GOAL.   |
|---|---|
| □ <b>HOUSING</b> To provide housing options for all economic and demographic segments of Salt Lake City's population while diversifying the housing stock within neighborhoods. | <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> |
| □ <b>EDUCATION</b> To promote educational opportunities, with focus on reducing intergenerational poverty.  | <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>  |
| □ <b>HEALTH</b> To promote access to affordable healthcare, fresh foods, and safe living environments.  | <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         To promote access to public transportation 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>   |
| □ <b>ECONOMIC DEVELOPMENT</b> To expand access to economic mobility and commercial facilities.  | <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 <i>Priorities</i> and <i>Goals</i> selected on the previous page, describe the need or problem to be addressed. Include quantifiable data to demonstrate need.   |
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| Activities to Address Needs:  |
| Based on the <i>Priorities</i> and <i>Goals</i> 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.  |
| process, and a second control of the second |
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| 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.  |
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## **B. PUBLIC SERVICE FOCUS**

A maximum of 15% of Salt Lake City's annual CDBG allocation can be utilized for Public Service programs as per federal regulations. In an effort to target funding to build *Neighborhoods of Opportunity*, Consolidated Plan Public Service funding is prioritized for persons experiencing homelessness, early childhood education, transportation, and job training.

| Does the proposed project/pr                         | rogram align with the Co      | onsolidated Plan Public Service Focus?                                     |
|--|-------------------------------|--|
|  | Yes                           | □ No   |
| If Yes, select the Public S                          | Service Focus area:           |  |
| □ Homelessness                                       |                               |  |
| □ Early Childhood                                    | Education                     |  |
| ☐ Transportation                                     |                               |  |
| □ Job Training<br>*Note: Pro                         | ograms that do not align with | a public service focus area are still eligible to receive funding.         |
| C. NATIONAL OBJECT                                   |                               | u public sel vice rocus area are sum engine to receive randing.            |
|  | I V Elo                       |  |
| Benefit Categories:  To be eligible for CDRG funding | eg a project/program m        | ust provide a benefit to low and moderate income (LMI) persons in          |
|  |                               | nat best applies to your project/program.                                  |
| ☐ <b>1. Area:</b> At least 51%                       | of residents within the       | targeted service area are LMI.   |
|  |                               | sing the project/program:  |
|  |                               |  |
|  |                               |  |
|  |                               |  |
| • List the cens                                      | sus tract(s) of project/pro   | cogram location(s).  |
| - LIST THE SENS                                      | sus tract(s) or project, pr   | ogram location(s).   |
|  |                               |  |
| ☐ <b>2. Client:</b> Select <b>one</b>                | of the following subpart      |  |
| 2. Client. Select one                                |                               |  |
|  | □ Abused child                |  |
|  | ☐ Battered spo                |  |
|  | ☐ Elderly perso               |  |
|  | ☐ Severely disa               |  |
|  | ☐ Homeless pe                 |  |
|  | ☐ Illiterate adu              |  |
|  | ☐ Persons living              |  |
|  | ☐ Migrant farm                | _  |
| П  | 51% of clientele are do       |  |
| _  |                               | n Income (AMI) percentages of the program/project's service clients:       |
|  | ,                             | % ≤ 30% AMI  |
|  |                               | % 31% to 50% AMI   |
|  |                               | % 51% to 80% AMI   |
|  |                               |  |
|  |                               | f activity is such that it can be concluded clientele is LMI.              |
|  |                               | ss for determining that the nature and location of the facility/service is |
|  | such that it can be pre       | sumed to benefit LMI:  |
|  |                               |  |
|  |                               |  |
|  |                               |  |

| Describe how your agency tracks incomes and residency of y                 | our clients:                          |  |  |  |  |
|--|---------------------------------------|--|--|--|--|
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| What percentage of the proposed project's clients are reside               | nts of                                |  |  |  |  |
| Incorporated Salt Lake City:   | %                                     |  |  |  |  |
|  | %                                     |  |  |  |  |
| Other locations:   | /6                                    |  |  |  |  |
|  | DART III. DROCDAM/DROJECT INFORMATION |  |  |  |  |
|  | PART III: PROGRAM/PROJECT INFORMATION |  |  |  |  |
| A. PROJECT DESCRIPTION   |                                       |  |  |  |  |
| Provide a concise description of the proposed program:                     |                                       |  |  |  |  |
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| Describe how you would use the CDBG funds from Salt Lake City, if awarded: |                                       |  |  |  |  |
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| List an address for each project location:                                 |                                       |  |  |  |  |
| 1)   |                                       |  |  |  |  |
| 2)   |                                       |  |  |  |  |
| 3)   |                                       |  |  |  |  |
| 4)   |                                       |  |  |  |  |
| 5)   |                                       |  |  |  |  |
| 6)   |                                       |  |  |  |  |
| 7)   |                                       |  |  |  |  |
| 8)   |                                       |  |  |  |  |
| 9)   |                                       |  |  |  |  |
| ار ت   |                                       |  |  |  |  |

| Is this an ongoing program                | - · ·  |
|---|--|
|   | g have you operated this program/project?:   |
| <ul> <li>If ongoing, do you a</li> </ul>  | nticipate any changes to the program/project during the 2015-16 program year?  |
| 16.17                                     | □ Yes □ No   |
| If Yes, de                                | scribe the anticipated changes:  |
|   |  |
|   |  |
|   |  |
|   |  |
| <ul> <li>If this is a new prog</li> </ul> |  |
| Project start date                        | : Anticipated end date:  |
| B. PERFORMANCE                            | MEASUREMENTS   |
| Objectives:                               |  |
|   | 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   |
| Outcomes:                                 | or job creation.   |
|   | t result from the activity or program for individuals or community. There are only three possible  |
|   | ne 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.  |
|   | <b>Affordability:</b> 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.  |
|   |  |
|   | <b>Sustainability:</b> 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 POPULA                          | ATION  |
|   |  |
| Historical Populations Ser                |  |
| Number of unduplica                       | ited LMI persons served during the last completed program year:  |
|   | Total persons served:  |
|   | Persons served with CDBG funding received from Salt Lake City:   |
| 2015 16 Townst Barrylation                |  |
| 2015-16 Target Population                 |  |
|   | ited LMI persons 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       |                 |
|  |                |                |                 |
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|  |                |                |                 |
|  |                |                |                 |
| Total Persor   | nnel Expenses: | \$             | \$              |
|  |                |                |                 |
| Operating Costs  |                | Salt Lake City |                 |

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

| E: LEVERAGING  |                 |              |
|--|-----------------|--------------|
| Community Leveraging:  Does the program/project collaborate with other programs/service providers in the com  ☐ Yes ☐ No | nmunity?        |              |
| If Yes, provide a brief description:   |                 |              |
|  |                 |              |
| Fund Leveraging:   |                 |              |
| Amount of funds requested in this application:   | 5               |              |
| Amount of non-CDBG funds secured for this program/project:   | 5               |              |
| Amount of other funds earmarked for the program/project:   | <b>S</b>        |              |
| Total amount needed to complete program/project:   | \$              |              |
| Funding Source   | cy funds:       | Amount       |
|  | Requested       | Secured      |
| Salt Lake City CDBG \$   |                 | \$           |
| \$<br>\$   |                 | \$           |
| \$   |                 | \$           |
| \$   |                 | \$           |
| \$<br>\$   |                 | \$           |
| Ş  |                 | \$           |
| \$   |                 | \$           |
| \$   |                 | \$           |
| Total: \$  |                 | \$           |
| Describe your contingency plan in the event your CDBG request is not fully funded, or funde                              | ed at all by Sa | t Lake City: |

| If funded, how would you continue to implement the project/program if CDBG funds are not available in future years?: |   |                          |  |  |
|--|---|--------------------------|--|--|
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|  |   | PART IV: AGENCY CAPACITY |  |  |
| Person responsible for ger   | eral project oversight:                                   |                          |  |  |
| Name:  |   | Title:                   |  |  |
| Phone Number:  | Fax N   | umber:                   |  |  |
| Street Address:  | Tuxiv   | umber.                   |  |  |
| Email address:   |   |                          |  |  |
|  |   |                          |  |  |
| Person responsible for fina  | ncial project oversight:                                  |                          |  |  |
| Name:  |   | Title:                   |  |  |
| Phone Number:  | Fax N   | umber:                   |  |  |
| Street Address:  |   |                          |  |  |
| Email address:   |   |                          |  |  |
| Describe the processes yo  | ur agency will use to track and monitor project progress: |                          |  |  |
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| Describe very agamenta re-   |   | voi och.                 |  |  |
| Describe your agency's rec   | ord keeping procedures, with regards to the proposed p    | roject:                  |  |  |
|  |   |                          |  |  |
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| Describe the procedures your agency will use to segregate and track CDBG funds from other agency funds:              |   |                          |  |  |
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| Describe your agency's int | ernal controls for waste                              | e and fraud prevention    | :                              |                   |              |
|----------------------------|---|---------------------------|--------------------------------|-------------------|--------------|
|                            |   |                           |                                |                   |              |
|                            |   |                           |                                |                   |              |
|                            |   |                           |                                |                   |              |
| Does your agency have a L  | anguage Access Plan (L                                | AP) to provide Services   | to limited English prof        | ficiency persons  | ?            |
|                            |   |                           | PART V. APPLICA                | ATION SUBM        | ITTAL        |
| A: SUBMITTAL INST          | TRUCTIONS   |                           |                                |                   |              |
| Did a representative of yo | ur organization attend                                | a mandatory Applicatio    | n Training session ?           | □ Yes             | □ No         |
| Comp                       | oleted applications                                   | are due Friday, Oct       | ober 10, 2014, by <sup>4</sup> | 1:00 PM           |              |
| Two applications must be   | submitted, as follows:                                |                           |                                |                   |              |
| 1) HAND-DELIVER            | RED SUBMITTAL   |                           |                                |                   |              |
| Hand-de                    | eliver one (1) printed co                             |                           |                                |                   |              |
|                            | Salt Lake City Corporat                               |                           |                                |                   |              |
|                            | City & County Building                                | ood Development Divisio   | on                             |                   |              |
|                            | 451 South State Street                                |                           |                                |                   |              |
|                            | Salt Lake City, Utah 84                               |                           |                                |                   |              |
| *This is                   | your official application                             | with original signature.  | Applications must be r         | eceived by Octo   | ber 10, 2014 |
| <u>at 4:00 j</u>           | om to be eligible.                                    |                           |                                |                   |              |
|                            | applications should be po<br>ar organization's name c |                           | ot stapled. Place applic       | cations in a 9"x1 | 2" envelope  |
| 2) ELECTRONIC SI           | <b>JBMITTAL</b>                                       |                           |                                |                   |              |
| Submit                     | one (1) electronic copy                               | via either DropBox or e   | mail, as follows:              |                   |              |
|                            | Email: SLCFederalGran                                 | ts@slcgov.com             |                                |                   |              |
|                            | =   | nmy Hunsaker at tammy     | .hunsaker@slcgov.com           | n for DropBox su  | bmittal      |
| ***- 00                    | instructions.   |                           |                                |                   |              |
| *Ine PD                    | F submittal is for admin                              | istrative purposes and d  | ioes not require a signo       | ature.            |              |
| The printed application is | the official copy and m                               | nust be delivered to the  | Housing and Neighbo            | rhood Developr    | ment office  |
|                            | • •   | Friday, October 10, 20    | •                              |                   |              |
| Printed applications mu    | st be hand-delivered. M                               | lailed, faxed, or late ap | plications will not be a       | ccepted by Salt   | Lake City.   |
| B: APPLICANT CER           | TIFICATION  |                           |                                |                   |              |
| Organization:              |   |                           |                                |                   |              |
| Organizations              |   |                           |                                |                   |              |
| Name of Project:           |   |                           |                                |                   |              |
| Authorized Official:       |   |                           |                                |                   |              |
|                            | Name  |                           |                                |                   |              |
|                            | Title   |                           |                                |                   |              |
|                            | Signaturo   |                           | Date                           |                   |              |
|                            | Signature   |                           | Date                           | C                 |              |