



Community Development Block Grant

APPLICATION FOR FUNDING

PUBLIC SERVICES PROJECTS

For

Fiscal Year 2016-2017

DETAILED SUBMISSION REQUIREMENTS

- Deadline for receipt of the application by the City of New Bern is **5:00 p.m., Friday, February 19, 2016**. Late applications may not be considered for funding.

The application may be mailed or hand delivered to:

City of New Bern
Community & Economic Development Division
Post Office Box 1129
303 First Street
New Bern, NC 28563-1129
(252) 639-7580

- **Please complete each question directly on the application form.** Attachments should only be used to provide supplemental information and should be attached to the back of the application in the order in which they are referenced in the text.
- Application should be fastened with a paper clip or other fastening that can be easily undone for copying and scanning. Please do not use binders, covers, or staples.
- Applications should start at Page 1 (Application Information). Do **not** include a cover letter or the instruction pages; all covers will be discarded.
- The required attachments, listed on the "Checklist and Required Signatures," should be attached at the back of the application in the order listed.
- Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to.
- Narrative responses should in a typeface no smaller than 11-point.
- Applications exceeding 20 pages (excluding required attachments) and pages larger than 11x17 or in color are strongly discouraged.
- Please read all questions and instructions carefully. **The care that goes into accurately and informatively completing this application is an indication of your agency's ability to manage the complexities of CDBG Project requirements.**

Invalid Applications: Applications may be rejected without evaluation for the following reasons:

- Application is submitted past deadline.
- Project is not clearly eligible according to CDBG regulations.
- Applicant fails to provide audited financial statements or other required information.

The City may request clarification or additional information from the applicant at any point during the application process. Staff in the City's Community Development Division will be happy to answer questions about the CDBG Project and the application process. (Tel. 252-639-7580 or e-mail: blotc@newbern-nc.org)

Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested.

GENERAL INSTRUCTIONS

- Purpose** This is an application for Community Development Block Grant (CDBG) for non-construction projects that address:
- Public Services
- Grant Period** The funding period starts July 1, 2016, and ends June 30, 2017. Costs incurred before July 1, 2016, **CANNOT** be reimbursed..
- Financial Review** Applicants receiving funding are required to submit an annual certified audit or financial review. This audit or financial review must be conducted by a Certified Public Accountant (CPA) in accordance with standards established by the American Institute of Certified Public Accountants (AICPA). At a minimum all applicants must submit a financial review in accordance with standards established by the American Institute of Certified Public Accountants (AICPA). All audits and reviews must be submitted to the City within 120 days after the applicant's budget year end.
- Evaluation** Applications will be evaluated by a review team and assigned scores according to criteria based on the priorities in the Five-Year Consolidated Plan for 2014-2019, the feasibility of the project and the capacity of the agency to carryout and complete the project. These scores will be used as a guide in allocating funds, but will not be the sole factor in determining whether a Project will be funded or how much funding it will receive.
- After the initial evaluation, City staff will present their allocation recommendations to the City Manager, and subsequently, to the City Council in the form of an Action Plan for the CDBG Project. In addition, the City will seek citizen input on the Plan through public hearings. The planning schedule is on page VIII.
- Target Areas** The target area is the City Limits of the City of New Bern.
- Eligibility** All services must benefit low income persons. All such individuals/households are considered to be very-low income. **Third-party verification and source documentation of your client's income is required for all recipients.** Failure to document client income will result in loss of funding and return of funds already expended.
- CDBG Recipients must be:**
- Nonprofit agencies with a 501(c)(3) tax exemption from the IRS.
 - **All applicants** must demonstrate a track record of two (2) years of continuous and active operating experience.
 - Currently registered with **CCR** and have a **DUNS** number.

Evaluation Criteria Non -Construction Projects

All applications will be scored and ranked based on the following factors: 1) applicant capacity; 2) quality of proposed program; 3) cost effectiveness; and 4) leveraging ability.

Minimum Eligibility Criteria

- a. Nonprofit 501(c)(3) status for at least two years
- b. Two full years of operating experience

1. Applicant's demonstrated **capacity** for carrying out the proposed program or for completing the program **(Maximum 25 points)**

Scoring Criteria

- a. Staff qualifications and experience in implementing and managing similar programs (0-15 points)
 - b. Overall financial capacity and stability in successfully carryout out these programs (0-10 points)
2. **Quality** and effectiveness of the proposed program in addressing a priority need **(Maximum 30 points)**
 - a. Is the program well defined and includes measurable outcomes that will have a positive impact on the community? (0 to 10 points)
 - b. Does the program propose to serve a significant number of participants? (0-10 points)
 3. **Cost Effectiveness** of the proposed program **(Maximum 30 points)**
 - a. Is the cost per person to the City to carry out the program reasonable and appropriate? (0 to 10 points)
 - b. Are the expenses to be charged to CDBG adequately documented and clearly delineated? (0 to 10 points)
 - c. Does the proposal include a realist budget for sustainability after receiving the City's assistance? (0-10 Points)
 4. Applicant's ability to **leverage** additional resources. City funds will not fund 100% of any program. **(Maximum 15 points)**
 - a. Must leverage resources 1:1 for the specific program (0 points)
 - b. Leverage exceeds 1:1, but less than 2:1 (5 points)
 - c. Leverage at least 2:1, but less than 3.1 (10 points)
 - d. Leverage is 3:1 or greater (15 points)

Schedule for Annual Action Plan 2015-2016

Thursday, December 17, 2015 3:00 .m. Development Services Conference Room	Funding Opportunity Workshop
January 1, 2016 – March 4, 2016	Public comments received on how CDBG funds should be allocated
Series of meeting TBD	Public Information Meeting to receive public comments on how funds should be allocated
Friday, February 19, 2016	Deadline for applications
Friday, March 4, 2016	Evaluation Committee Meeting
Friday, March 11, 2016	Draft Action Plan published for public comment
Friday, May 6, 2016	Deadline for citizen comments on draft plan
Tuesday, May 24, 2016	New Bern City Council: Public Hearing & Approval of Annual Action plan
Friday, May 27, 2016	Action Plan submitted to HUD

Agency Name:

**APPLICATION FOR FUNDING
NON- CONSTRUCTION PROJECT
FISCAL YEAR 2015-2016**

I. CHECKLIST AND REQUIRED SIGNATURES

Please be sure the following items are complete, as part of the original application:

- I. Applicant Information
 - II. Agency Information
 - III. Project Description
 - IV. Detailed Project Description
 - V. Project Budget
 - VI. Performance Measures
 - VII. Informational Questionnaire
 - VIII. Does the project address one or more priorities as identified in the Five Year Consolidated Plan for 2014-2019?
- The full Plan may be found at <http://www.newbern-nc.org/departments/development/ed/comm-dev-grant-programs/>
in the Community Development office at 303 First Street, New Bern, NC 28560.

Also, please provide ONE of each of the following documents, regardless of whether the City has this information on file:

Non-Profit Organizations:

- 1. IRS tax determination letter of 501(c)(3), Articles of Incorporation and Bylaws
- 2. List of Current Officers and Members of the Board of Directors. Include addresses, phone numbers and relevant affiliation
- 3. Most recent independent audit and **Management Letter**, month/year ending _____
- 4. If you have completed a financial year that has not been audited, please also attach your most recent **un-audited financial statement**

For-Profit Entities:

- 1. Incorporation documents and Bylaws
- 2. List of Current Officers and Members of the Board of Directors. Include addresses, phone numbers and relevant affiliation.
- 3. Three years current Tax Returns
- 4. Audited Financial Statements

To the best of my knowledge and belief, all data in this application are true and current. This application was authorized by the applicant's governing board on:

Executive Director (Please Print)	Date:
Executive Director Signature:	Date:
Board Chairman (Please Print)	Date:
Board Chairman Signature:	Date:

Agency Name:

I. APPLICANT INFORMATION

Full Legal Name of Organization:

Name of Project to be Funded:

Federal Taxpayer ID Number:

DUNS Number:

(If you do not already have a DUNS number, please visit http://www.grants.gov/applicants/request_duns_number.jsp or call 866-705-5711 to obtain one.)

Is your organization listed with the Central Contractor Registration (CCR)? Yes No

If no: please visit [www.http://www.ccr.gov/startregistration.aspx](http://www.ccr.gov/startregistration.aspx) - If approved for funding, registration will be verified.

Is this a faith-based organization? Yes No

Executive Director:

Physical Address:

Mailing Address:

City/State/Zip:

Telephone Number:

E-mail:

Chief Contact Person:

Title:

Telephone Number:

E-mail:

Project Site Address:

Amount of CDBG Funds Requested: \$

Agency Name:

II. AGENCY INFORMATION

This section will address the applicant’s demonstrated **capacity** for carrying out the proposed project and for completing the project (**Maximum 25 points**)

A. Organization

1. What is your organization’s mission statement?
2. Incorporation Date (Month/Year)?
3. How many years of experience does your organization have operating the type of project that is proposed for funding?
4. Total Agency Budget for current fiscal year? \$
5. Provide a copy of the **agency's** approved budget for Fiscal Year 2016-17 or most recently approved calendar year. Attach the budget directly behind **Section V.**
6. Total number of agency staff (full time equivalents)?

B. Policies: Does your organization have any of the following written management policies?

- | | | |
|------------------------|------------------------------|-----------------------------|
| Personnel Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Purchasing Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Code of Conduct/Ethics | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ADA Policy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Conflict of Interest | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

C. Board of Directors:

1. How many board members should you have according to your by-laws?
2. How many do you actually have as of this date?
3. How often does your board meet?
4. Have you failed to reach a quorum at any Board meetings in the last 12 months?
5. If so, how many times? Yes No
6. Have one-half of the board members received some form of professionally led instruction on board development, best practices, or governance of the board?
Yes No (To assist with this requirement the City provides once a year, professionally led board training conference.)

Agency Name:

D. Fundraising:

Does your agency solicit donations or hold fundraisers? Yes No

If yes, solicitation#:

E. Has the agency been involved in any lawsuits? Yes No

F. Are there any outstanding judgments against the agency? Yes No

G. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates?

- 1. Employees of or closely related to employees of the City of New Bern? Yes No
- 2. Members of or closely related to members of City Council? Yes No
- 3. Current beneficiaries of the project for which funds are requested? Yes No
- 4. Paid providers of goods or services to the Project or having other financial interest in the project? Yes No

If you answered "Yes" to any questions E-G, please attach a full explanation. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

H. Organizational Capacity:

- a. Provide the name and title of the individual (s) responsible for the oversight and management of this organization. Attach resumes.
- b. Provide the name and title of the individual (s) responsible for the day-to-day operation of the program or services to be provided, verifying and documenting income of clients served, and overall program compliance. Attach resumes.
- c. Please describe your organization’s financial and record keeping procedures for ensuring compliance with grant funds. Attach resume for fiscal staff responsible for grants management.
- d. Please describe what makes your organization particularly qualified to carry out the project as described. (This may include your past achievements in carrying out similar projects, experience of key staff, collaborative relationships with other agencies, or recent new initiatives.)
- e. Please quantify how successful your organization has been in conducting these projects, i.e., *provided after-school program for 150 youth from the ABC target area in FY 09-10 and 75% passed the end of grade test.*

I. SELF SUFFICIENCY:

- a. If this is your first time requesting CDBG assistance, please describe the factors that influenced your decision to request this assistance. Are your costs increasing as a result of any increased services? Has an important funding source ceased to provide support? Are you attempting to fill a need with a new community service?
- b. Describe your strategy for replacing CDBG funds over the next three (3) years to ensure continuation of the program.

III. PROGRAM DESCRIPTION

The following two sections will address the **Quality** and effectiveness of the proposed program in addressing a priority need (**Maximum 30 points**)

A. PROGRAM TITLE:

B. PROGRAM LOCATION:

C. TYPE OF PROGRAM (check one)

1. Public Service

- Employment Crime Prevention Child Care Health Drug Abuse
- Education Fair Housing Transportation

2. Public Service for Targeted Populations (Presumed Benefit)

- Abused Children Domestic Violence Elderly Severely Disabled
- Homeless Illiterate HIV/AIDS

3. Housing Counseling

4. Economic Development

- Micro-enterprise Assistance Training Placement

Other (specify):

D. DESCRIPTION OF PROGRAM: Provide a general overview of the program, including what services you are planning to provide, your target client group, and how you plan to carry out the program. Briefly describe how it meets the priorities of the Five-Year Consolidated Plan for 2014-2019.

E. ELIGIBILITY – INCOME: CDBG assisted programs must serve low income clients (less than 80% of the area median income). For programs providing direct financial assistance, **all** clients must meet income eligibility limits. For most other CDBG funded projects at least 51% of clients must meet income limits. Certain categories of CDBG assisted clients, e.g. homeless, victims of domestic violence, may be presumed to meet income limits. Third-party verification of income is required to demonstrate benefit to a MINIMUM of 51 percent extremely low-, very low- and low-income persons. Income verification may include the following types of documentation: pay stubs, tax returns, evidence of receipt of public assistance, evidence of receipt of child support, evidence of Section 8 Certificates. **Please explain how you plan to verify income. The City must approve the method of income verification used.** Current income limits are shown below and are updated annually.

NEW BERN MSA HUD INCOME LIMITS BY HOUSEHOLD SIZE Effective 2011			
Number of Persons In Household	Maximum Annual Household Income		
	Extremely Low- Income 0-30% of AMI*	Very Low-Income 31-50% of AMI*	Low-Income 51-80% AMI*
1	10,400	17,350	27,750
2	11,900	19,800	31,700
3	13,400	22,300	35,650
4	14,850	24,750	39,600
5	16,050	26,750	42,800
6	17,250	28,750	45,950
7	18,450	30,700	49,150
8	19,650	32,700	52,300

AMI: Average Median Income.

F. CLIENT DEMOGRAPHICS: Please complete the following tables to the best of your ability. Show actual or estimated numbers of beneficiaries, not percentages, in each category. In general you should count **households** as the beneficiaries for housing programs and **persons** for non-housing programs.

Income of Beneficiaries	
Income Group	Estimated Number to Be Served
<30% of area median income (AMI)	
30-50% of AMI	
51-80% of AMI	
>80% of AMI*	

*Seek advice from Community Development staff if your program will benefit people above 80% AMI.

Special Needs Beneficiaries	
Category	Estimated Number to Be Served
Elderly (over 60)	
Disabled (not elderly)	
Homeless	
Other:	

Area Benefit Activities (Public Services)*			
Census Tract	Block Group	Total Persons	#LMI Persons/Households

*Seek advice from Community Development staff if your program will provide an area benefit.

G. PROGRAM MARKETING: Please describe your strategy for marketing this program to the target population.

H. AREA TARGETING: Priority consideration will be given to programs that provide services to low and moderate income citizens living within City approved target areas. If your program will serve a targeted area, please check below:

1. Choice Neighborhood

I. HANDICAP ACCESSIBILITY. Is the location of your program fully accessible to people with disabilities, including mobility impaired, hearing impaired and vision impaired persons?

Yes No - If "no," please explain how you meet the needs of persons with disabilities:

V. OPERATING BUDGET

This section will address the **Cost Effectiveness** of the proposed program (**Maximum 30 points**) and ability to **Leverage** financial resources (**Maximum 15 points**)

A. Please provide budget information for the CDBG eligible **program** only. This will help demonstrate how federal funds will be leveraged with others to provide CDBG eligible services. Please identify sources, amounts, and duration of funding.

Category	Amount Budgeted Fiscal Year 2016-2017 From ___ To ___	Source 1:	Source 2:	Source 3: CDBG
Salaries				
Employer FICA				
Unemployment Comp				
Worker's Compensation				
Insurance (Employee)				
Other Employee Benefits				
Subtotal				
Rent				
Telephone				
Utilities				
Supplies				
Maintenance				
New Equipment				
Insurance/Bonds				
Travel and Training				
Subtotal				
Accounting Services				
Legal				
Audit				
Other Professional Services				
(List)				
(List)				
Subtotal				
Other (list)				
Total Program Budget				

B. CURRET BUDGET: Provide a copy of the **agency's** current Actual Budget. Attach the budget directly behind the application.

C. SALARIES. If CDBG funds will be spent on personnel, complete the following chart: If approved for a funding a **timesheet** will be required to be submitted with each draw request showing amount of time spent on CDBG eligible activities. This will be required for both exempt and non-exempt personnel.

Position Title	Annual Salary	% Time to be spent on this program	% Salary to be paid by this grant	Amount to be funded from this grant
			TOTAL	

D. IN-KIND SUPPORT: If your program will receive significant non-cash support (e.g. donated goods or services, volunteer labor, funds provided directly to clients by third parties through your efforts, you should list it here (as a \$ value) so we can take into account in estimating "leverage". Volunteer labor should be valued at \$18 per hour unless you can justify a larger amount (e.g. donated professional services).

E. COST EFFECTIVENESS AND LEVERAGING: In order to determine if the cost per person to the City is reasonable and appropriate please complete the following chart:

A	B	D	E	F	G
# of Persons To Be Served	Total Agency Budget	Total Program Budget	CDBG Request	Cost Per Person $D \div A = F$	Leveraging Ratio $D \div E = G:1$
<i>Example:</i> 150	<i>Example:</i> \$300,000	<i>Example:</i> \$50,000	<i>Example:</i> \$10,000	<i>Example:</i> \$333	<i>Example:</i> 5:1

VI. PERFORMANCE MEASURES

HUD has implemented a new performance measurement system to better assess the effectiveness and impact of its programs. This system is required for all Federal programs and enables HUD and its grantees to capture program accomplishments and track national trends. Each applicant must select one objective **and** one outcome to produce what HUD describes as an outcome statement.

Please select the most appropriate **objective** for your project. In selecting the objective, consider the "purpose" of the project or program for which you are seeking Federal funding.

- Creating suitable living environment** – these activities are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy or elderly health services.

- Providing decent housing** – these activities cover a wide range of housing activities generally completed with CDBG funds. This objective focuses on activities whose purpose is to meet the individual family or community housing needs. It does not include programs where housing is an element of a larger community-wide improvement, since such programs would be more appropriately reported under suitable living environments.

- Creating economic opportunities** – applies to activities related to economic development, commercial revitalization, or job creation.

AND

Please select the most appropriate **outcome** for your project. In selecting the objective, consider "the type of change or result your project is seeking."

- Availability/Accessibility** – applies to activities that make services, infrastructure, public services, public facilities, housing or shelter available or accessible to low- and moderate-income people, including persons with disabilities. 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 people where they live.

- Affordability** – applies to activities that provide affordability in a variety of ways to low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is appropriate whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.

- Sustainability** – applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low- and

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moderate-income persons or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

These two statements combined, will produce an "outcome statement" (Objective + Outcome = Outcome Statement). For example, if the Objective selected is "Suitable Living Environment" and the Outcome selected is "Availability/Accessible," then the Outcome Statement should be *"Affordability for the purpose of creating suitable living environment. An outcome statement for your specific program might read, "In FY 2012-2013 ABC Organization will create a suitable living environment for 150 youth by providing after-school programs that are available and accessible."*

Please provide your outcome statement:

VII. Informational Questionnaire

This document is intended to be filled out by the Chairman of the Board of Directors or some other officer of the board. It is not intended to be completed by the Executive Director. These questions are for information to the City of New Bern and are not used in the consideration of funding under this agreement. Similar questions may be asked as consideration of future funding and your voluntary truthful answers will assist in the evaluation of questions to be asked in the future.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Does each member of your board have a copy of the latest 990 filed with the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this document reviewed by the organization’s Board of Directors at a regular meeting prior to the filing of the document with the IRS? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does each member of your board receive a copy of the audit or letter of compliance when compiled by an outside organization? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are members of the Board able to ask questions of the author of this annual review? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does an audit committee with some member from outside the organization review the audit or letter of compliance before it is presented to the Board of Directors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your board of directors discussed voluntary compliance with the NC Nonprofits Standards of Excellence? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does at least 75% of your board of directors attend more than 75% of your board meetings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a written policy on attendance by Board members? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your board meetings held on a regular schedule that is provided well in advance to all board members, or if changes are made, that they are communicated to all members of the board of directors. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a financial report presented in plain language provided to each member of the Board of Directors at each board meeting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are board members allowed to ask questions of the Executive Director during a portion of each board meetings? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Board have a copy or access to the Articles of Incorporation, Bylaws, Mission and Vision statements if any? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does your Board have a term limitation? |

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a limit on terms that can be served by an officer of the Board? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has each member of the Board of Directors provided a Conflict of Interest statement? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your organization adopted a Whistle Blower Policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has your organization adopted a record retention policy? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the organization in compliance with Sarbanes-Oxley? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any member of the organization’s Board of Directors ever been denied access to financial statements, minutes of the board or other material that are considered part of the transparency of governance? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the organization have a solicitation license from the State? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a procedure for grievances to be filed by volunteers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Board provide an evaluation of the impact of the organization? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Board evaluate itself annually? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Board of Directors govern with a desire for Openness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a Strategic Plan for funding? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the Board approve an annual budget by a formal vote? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a written statement of expectations for members of the Board of Directors? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does each member of the Board of Directors contribute financially to the organization? |