

CITY OF MIDDLETOWN, OHIO  
Community Revitalization Department  
One Donham Plaza, 3<sup>rd</sup> Floor  
Middletown, Ohio 45042  
(513) 425-7939 or (513) 425-7921 fax

## **PY 2018 CDBG Program Funding Application**

This page must be used as the cover page for all applications. You may retype the page. Applications must be submitted in the outline form presented in order to be considered for funding. ***Requests for funds will be accepted for review until 5:00 P.M. Eastern Standard Time on Friday, January 19, 2018.***

### **Applicant Information**

Organization's Legal Name: \_\_\_\_\_  
Street Address/City/State/Zip: \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### **Project Information**

Amount of CDBG Funding Requested: PY 2018 \$ \_\_\_\_\_

Proposed Project Name: \_\_\_\_\_

Proposed Project's Street Address, City, Zip Code: \_\_\_\_\_  
\_\_\_\_\_

### **SECTION I SCOPE OF SERVICES**

#### **PART I - PROJECT NARRATIVE**

Please provide a brief, clear and concise narrative description for each item listed below.

A. Statement of Problem/Need:

Describe the problem or need the proposed project is intended to address.

B. Target Population:

Describe the characteristics of the population to be served (e.g. homeless, youth, seniors, disabled, etc.) or the area to be benefited.

C. Project Description:

1. Describe the work to be performed, activities to be undertaken or the services to be provided.
2. Indicate the number of unduplicated City of Middletown residents who will be clients and the number who are low-moderate income.
3. Describe the project location including street address. Indicate days and hours of operation.
4. Describe procedures for documenting program participation including ethnic and income characteristics of participants (client participation records). HUD has 10 race categories and a Hispanic ethnicity category; therefore all subrecipients must track this information.
5. Describe the relationship (collaboration) of the proposed activity to other services and community facilities addressing the same or similar problem. Discuss what agencies other than the applicant who will be involved with the project. If applicable, attach letters of intent from each participating agency specifying the agency's role and contribution to the project.

D. Previous Accomplishments:

For those agencies that have previously received City of Middletown CDBG funding describe the accomplishments achieved. Include the degree to which the objectives were met. If there were difficulties in achieving the objectives, describe how that will be overcome in the future. If the project has not previously received City of Middletown funding, describe the accomplishments achieved through other funding sources. **Please be descriptive and include the number of clients served for the past three (3) years.**

## **PART II – AGENCY NARRATIVE:**

Provide a brief, clear and concise description for each question.

A. Background

1. Describe the purpose of the agency as written in the charter or mission statement.
2. Indicate the length of time the agency has been in operation including the date of incorporation.
3. Describe the type of services currently being provided by the agency including the number and characteristics of clients served.

B. Qualifications

1. Discuss the agency's ability to develop, implement and administer the proposed project.
2. Discuss the agency's existing staff positions and qualifications, by name.  
Example: Jane Doe, Director, list qualifications such as number of years with agency and experience with working federal grants, etc.

C. Fiscal Management

Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audits performed. Describe financial oversight by the Board of Directors. If

there is an accountant or bookkeeping service, please list. Identify and describe any audit findings, liens, investigations or probation by any supervising agency in the past five (5) years.

### **PART III – PROGRAM FINANCIAL NARRATIVE:**

Provide a brief, clear and concise description for each item described below.

The City of Middletown encourages CDBG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging is very important to the application process.

1. Leveraging – Leveraging may include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind match provided by volunteers. Discuss the agency's leveraged funds with appropriate dollar amounts if known.
2. Fund Raising – Describe fund raising activities for this program. How many fund raising activities will be held during the year?
3. Fee Structure – It is acceptable to charge a reasonable fee for services. Sliding scale fees are encouraged. Submit a statement indicating whether or not fees are charged for any services delivered in conjunction with the program or project for which Federal funds are being requested. If fees are charged, attach a copy of the fee structure and a certification that fees do not exceed the cost of delivery of services.
4. Recaptured Funds – Has the agency ever had any funds recaptured (returned) or removed including CDBG, HOME, State, other Federal or other funds? If yes, please explain.
5. Extensions – Has the agency ever requested an extension to utilize funds? If yes, please explain.

### **SECTION II CDBG PERFORMANCE MEASURES WORKSHEET**

THREE STEPS TO MEASURING OUTCOMES OF PUBLIC SERVICE ACTIVITIES:

- 1) OBJECTIVES;
- 2) OUTCOMES; and
- 3) DATA REPORTING.

#### **I. Objectives**

Sub-grantees must determine which one of the following objectives by which the agency will be measured in PY2018. **Please check only one box.**

Suitable Living Environment:

Public service activities that benefit communities and individuals by addressing issues that impact their living environment, such as establishing an after school program for high school students to prevent or reduce crime in a target neighborhood.

Decent Housing:

Activities that assist low and moderate income individuals or households such as utility assistance, housing counseling and resolving tenant/landlord disputes.

Creating Economic Opportunities:

Activities that expand economic opportunities for low and moderate income persons, such as offering job training and placement for persons with disabilities.

## **II. Outcomes**

Sub-grantees must select one of the following three outcome categories that best describe what the agency will achieve by funding allocated to the public service activity during the 2018 program year. **Please check only one box.**

Availability/Accessibility:

Activities that make services, infrastructure, public services, housing, or shelter available or accessible to low and moderate income people. For instance, opening a day care center for students in a neighborhood high school so that educational opportunities remain available and accessible to school age young mothers.

Affordability:

Activities that provide affordability to low and moderate income persons. For instance, providing free housing counseling to low and moderate income families to enable them to obtain such assistance without charge.

Sustainability:

Activities aimed at improving communities to make them more livable or viable. For instance, establishing programs in a local community center to provide neighborhood children with structured after-school activities.

## **II. Data Reporting**

- First time subrecipients are required to report data according to #1 below, 'persons assisted category with access to a new service or increased access to an existing service'.
- Subrecipients who were ***formerly and are currently receiving CDBG Public Service funds*** are required to report data according to #2 below, 'persons assisted with improved access to a service.'
- Subrecipients categorized as receiving ***new and former/current*** CDBG Public Service allocations are required to report data according to #3 below, 'where the public service activity was used to meet a quality standard' or measurable improved quality; typically the criteria refers to housing and home services.
  1. Number of persons to be assisted with ***access to a new*** service or ***increased access*** to an existing service.

2. Number of persons assisted with **improved access** to an existing service; and
3. Where the public service activity was used to meet a **quality standard** or **measurable improved quality**.

### **SECTION III - PROGRAM BUDGET**

#### **Part I – Program Budget PY 2018**

This form may be reproduced. Additional copies are to be placed directly behind this page. ***Please round to the nearest hundred.***

Organization \_\_\_\_\_

Program/Project Title \_\_\_\_\_

Column B must equal columns C-E  
Resources other than CDBG

Expense Category (A)	Total Program Budget (B)	CDBG Portion (C)	Other Funds (D)	R/A	Other Funds (E)	R/A
<b>PERSONNEL SERVICES</b>						
Salaries						
Fringe Benefits						
<b>SUPPLIES</b>						
Office Supplies						
Postage						
<b>OPERATING</b>						
Training						
Insurance						
Other (Specify)**						
<b>PROGRAM SUPPLIES</b>						
Program Supplies						
Client Materials						
<b>EQUIPMENT</b>						
Computer/Software						
Office Equipment						
<b>TOTALS</b>						

The R/A column has been added to determine if funds have been received (R) or if application (A) has been made for each sources, list appropriately.

\*\* Liability insurance is required of all subrecipients and may be paid for from grant funds.

***Note: Use one column for each non-city funding source to indicate resource to expense category.***

## **Part II - Priorities**

Because funding requests typically exceed funding availability, please prioritize line item budget requests. It is often not possible to fully fund some projects. Providing this information will enable the City to make a knowledgeable funding decision. ***It is very important that you prioritize line items.***

	<b>LINE ITEM CATEGORY</b>	<b>AMOUNT</b>
<b>Priority #1</b>		
<b>Priority #2</b>		
<b>Priority #3</b>		
<b>Priority #4</b>		
<b>Priority #5</b>		
<b>Priority #6</b>		
<b>Priority #7</b>		
<b>Priority #8</b>		

## **SECTION IV - PROCUREMENT**

### **Procurement**

Compliance – The Subrecipient shall comply with current City policy concerning the purchase of equipment and shall maintain an inventory of all non-expendable personal property as defined by such policy as may be procured with funds provided herein. All Program/Project assets (unexpended Program Income, property, equipment, etc.) shall revert to the City upon termination of this Agreement.

OMB Standards – The Subrecipient shall procure materials in accordance with the requirements of Attachment O of OMB Circular A-110, Procurement Standards, and shall follow Attachment N, Property Management Standards, covering utilization and disposal of property.

## **SECTION IV - CERTIFICATIONS**

### **Part I - Compliance with Civil Rights Act and Americans with Disabilities Act**

\_\_\_\_\_  
(Name of Organization requesting CDBG funds) certifies that it prohibits discrimination in accordance with title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written

documentation concerning this review and corrective actions taken (if any) are on file and available for review.

#### CERTIFICATION OF ADA AND SECTION 504 COMPLIANCE

I agree to cooperate in any compliance review and to provide reasonable access to the premises of all places of business and employment and to records, files, information and employees therein to City of Middletown for reviewing compliance with Section 504 and ADA requirements. I further agree to complete the ADA/Section 504 attachment and return it with this application.

#### CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 – Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment or placement of ineligibility status under the provisions of 24 CFR Part 24.

Further in the case of construction projects, the prime contractor certifies same for self and all subcontractors on any federally funded project.

#### **Part II - Threshold Certification**

In order for the application to be accepted, in addition to the application itself, the organization must meet and submit the following threshold items:

**All applicants must be a 501 C(3) or C(4) and a registered non-profit with the State of Ohio.**

1. FULLY COMPLETED APPLICATION

**Attachments -**

2. DOCUMENTATION OF NON-PROFIT STATUS. Copy of IRS letter showing current 501 C(3) or (4) status. **Pending status will not be accepted.**

3. BOARD OF DIRECTORS. Include a list of all persons serving on the Board of Directors.

4. AUDIT. Applicants must submit the most recent copy of one of the following with their application:

- Copy of OMB A-133 Audit (Required if \$500,000 in aggregate Federal funds are expended)

- Financial Statements – audited by a CPA (only if not qualified for a A-133)
- Certified Annual Financial statements

5. ADA/SECTION 504 CHECKLIST AND SELF EVALUATION

6. COPY OF CURRENT OPERATING BUDGET

7. FEE SCHEDULE (if applicable – this must be included if any fees are charged.)

The undersigned acknowledges and accepts the terms and conditions of the Threshold Certification, and understands that omission of any required documents shall render the application as non-acceptable.

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President/Board of Directors (or other authorized person)

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Date

**Part III - Certification of Application**

I certify that to the best of my knowledge the information provided in this application is true. I understand that if awarded a CDBG Public Service grant my agency will be responsible for significant reporting requirements. I understand all CDBG funded activities will be within the City of Middletown, OH Corporate Limits. I understand project funding is contingent on the City's receipt of funds from the Department of Housing and Urban Development through the CDBG Program.

*(name of organization requesting CDBG funds)* hereby propose to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant funds. If this application is approved and this organization receives CDBG funding from the City of Middletown, OH, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein and within compliance with all administrative and regulatory requirements established in the federal CDBG Regulation (24 CFR Part 570).\*

I further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to have signatory authority regarding this grant:

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

President/Board of Directors \_\_\_\_\_ Date \_\_\_\_\_  
(or other authorized person)