THE CITY OF MISHAWAKA

Application for

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

2015 FUNDING

APPLICATION DEADLINE:

Friday, August 22, 2014
No Later than 4:30 p.m.

SUBMIT Original & One (1) Copy to:

Community Development
600 E. Third Street
Mishawaka, IN 46544

Attached is the application for Program Year (PY) 2015 funding for:
City of Mishawaka Community Development Block Grant (CDBG)

Also available online at:
www.mishawaka.in.gov

If TECHNICAL ASSISTANCE is needed, please contact:

David Thomas, (574) 258-1668
City of Mishawaka, Community Development Department
600 E. Third St.
Mishawaka, IN 46544 or email: dthomas@mishawaka.in.gov

Please read the instructions and review the application carefully before completion and submission. Some items have changed. Submission of an incomplete application will result in the application being returned for re-submission. Submission of an initial application after the deadline date/time may result in the proposal being disqualified.

PRINT RESET

Instructions for CDBG Application for Funding - PY 2015

Please submit one (1) original application and one (1) copy, both stapled, to:

Department of Community Development
Mishawaka City Hall
600 E. Third Street
Mishawaka, IN 46544

no later than **4:30 p.m. Friday, August 22, 2015.**

PLEASE NOTE: Any applications submitted with incomplete or missing information will be returned to the applicant to correct and re-submit.

All pages of the application and required supplemental materials are to be submitted together. If an item is not applicable, please indicate "N/A."

1. **Project/Program Title**: Fill in project/program title, and applicant organization name and address. Contact person should be whoever can answer questions about the application. Include a phone number and email address for the contact person. The organization's DUNS and Federal I.D. numbers are required.

2. **Funding Requested**: Fill in the amount of funding requested. Indicate whether the request is for a grant or a loan.

3. **Outcome Performance Measurement:** Check one box under "A. Objectives" and one box under "B. Outcomes" that is most appropriate for the project/program. The Outcome Performance Measurement Statement should describe the need that will be met and the benefits expected from the proposed project/program.

4. **Project/Program Description:**
   A. Describe the proposed project/program in detail.

   B. Indicate the geography to be served - be specific with street boundaries and census tract(s).

   C. Specify the beneficiaries - those who will benefit from the project/program.

   D. State the method that will be used to verify a participant is income eligible for the project/program.

   E. Chronicle from start to finish a projected timetable with actions and dates.

   F. Describe the evaluation method that will document success of the project/program.

5. **Budget:**
   A. Complete the budget form. Fill in amount requested in the 1st column on the line(s) most appropriate for the project/program. Other sources and funds should be listed in the next column. Match funds and sources should be listed in the "Proposed Other Funds & Sources" column. The match is expected to be used for the same project for which you are submitting (i.e., do not show match of $50,000 to hire a staff member if the project is a building rehab).

   B. Show calculation of total project cost per unit IF requesting funding for a housing project

C. Explain how the project/program will be sustained and whether CDBG funding will be required in the future.

D. Discuss in detail if combining funds from more than one source for project/program.

E. Describe previous public funding received for project/program.

6. Other Information

A. Self-explanatory

B. Applies to rental housing projects only - self-explanatory.

C. Self-explanatory

D. Rehabilitation projects/programs must address Title X requirements for Lead Hazard Reduction.

E. Self-explanatory

F. Copies of all documents noted are REQUIRED; failure to submit required documents will disqualify the application.

Certification: The Certification must be signed by an authorized individual of the organization

Sub-recipient Pre-Award Assessment: This is required for a new applicant or for applicants that have not received public funding from the City of Mishawaka within the last five (5) years.

PRINT RESET

Received By: _____

Date: _____

THE CITY OF MISHAWAKA
APPLICATION FOR 2015 FUNDING
Community Development Block Grant (CDBG)

1. PROJECT/PROGRAM TITLE: _____

Applicant: _____

Address: _____

Contact Person: _____

Phone: (____) _____

E-mail: _____

DUNS # _____ Federal ID # _____

2. FUNDING REQUESTED

Funding Source	Amount	Grant OR Loan
MISHAWAKA CDBG		

If requesting a loan, what interest rate and payment terms are expected?

3. OUTCOME PERFORMANCE MEASUREMENT

Recipients of federal funding are required to assess the outcomes of projects/programs by establishing and tracking measurable goals and objectives. All approved applicants will be required to comply with the Performance Measurement System.

A. OBJECTIVES: Select ONE (1) objective that the proposed project/program meets.

☐ **Creates a suitable living environment**

This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues

such as crime prevention, child care, literacy or elderly health services.

☐ **Decent housing**
This objective focuses on housing programs possible under HOME or CDBG where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

☐ **Creates economic opportunities**
This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

B. OUTCOMES: Select the most appropriate outcome for the proposed activity.

☐ **Improve availability/accessibility**
This outcome applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.

☐ **Improve affordability**
This outcome applies to activities that provide affordability in a variety of ways in the lives of low/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.

☐ **Improve sustainability: Promoting Livable or Viable Communities**
This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

C. OUTCOME PERFORMANCE MEASUREMENT STATEMENT

What are the **measurable objectives** of the project? (*BE SPECIFIC*: i.e., 14 houses will be rehabilitated, 25 children will receive subsidized child care, 50 individuals will be counseled, 10 families will become first-time homebuyers, etc.)

Combine the elements from the categories above to summarize why the proposed project/program is needed and what outcomes will be achieved from the proposed project/program. Outcomes are the changes expected to occur in clients' lives and/or the community as a result of the proposed project/program. A complete statement includes output (quantified) + outcome (from categories above).

Examples: 52 households will have new access to public sewer for the purpose of creating a suitable living environment; 7 households will have affordable housing through a down payment assistance

program for the purpose of creating decent affordable housing.

4. PROJECT/PROGRAM DESCRIPTION:

A. Describe the project/program. Is this project/program a continuation of an existing program? If applicable, please include exact street address where activity will take place. (For Example: address for rehab of public facility).

B. Service Area: Describe the boundaries of where the service will be provided for Mishawaka, using street boundaries, census tract(s), block group(s) if applicable and any other descriptive explanation. **Attach a map of the service area**.

C. Who are the primary beneficiaries? Describe the population the project/program proposes to serve. Include data by race, income level, gender, age, etc. Note the source of the data.

D. Income Verification. Which standard HUD approved method will be used to verify the income eligibility of the project/program participants. (Note: See attached current income limits.)

E. What is the timetable? Detail the chronological order of the major phases of your project / program. Include expected start date and end date. Though this is only a projection, be as accurate as possible. **If acquisition is a part of your proposed project, discuss status of acquisition (i.e., owner has been contacted, owner has offered property to agency, etc.)** Additional information may be required.

F. How will you know if your project is successful? Briefly describe your method for evaluating (measuring) the success of your project.

5. **BUDGET: List *ALL* anticipated sources and *ALL* uses of funds, rounded to the dollar.**

A. BUDGET SUMMARY			
COST CATEGORY	CDBG or HOME Funds Requested	Proposed Other Funds & Source of Funds (name each source and amount)	TOTAL
Acquisition of Real Property			
Demolition			
Relocation			
Rehab			
Lead-based Paint: Evaluation/Reduction			
Architectural/Engineering			
Homeownership Assistance			
Public Facilities: Const or Rehab			
Public Works (curbs, sidewalks, etc.)			
Technical Assist to Nonprofits			
Admin/Planning			
Developer Fee			
Activity Delivery Fee			
Public Services: Salaries/Fringes			
Public Services: Other			
Other (specify)			
TOTAL PROJECT COST (TPC)			
% of TPC funded by CDBG			

B. For <u>Housing Projects only</u> show calculation of total project cost per unit.

C. Long Term Funding Needs

1. What are the long term funding needs of this project/program? Is it expected that CDBG funding will be needed/requested in future years? Explain.

2. Has the applicant organization applied for funding from other sources for this project/program?
   If yes, list to whom, dollar amount of request and status.
   If no, explain why other funding sources have not been sought.

Source	Amount	Yet to Apply	Approved	Pending	Denied
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐
		☐	☐	☐	☐

D. Subsidy Layering. Explain if a combination of HOME, CDBG or other federal tax credits (LIHTC) funds will be used to develop the project. Make sure this information is included in the budget summary in Section 5A. Please discuss anticipated mortgage subsidies when rehabbed homes are sold.

E. Public Funding History

Has the applicant organization received CDBG funding from Mishawaka in prior years? If so, please provide the following information for the past three (3) funding years.

Funder/Year /Project/Program Name	Grant Amount	Amount Spent	Balance

6. OTHER INFORMATION

Displacement Activities: Check all items involved in the proposed project.

- ☐ Real property acquisition
- ☐ Rehab of residential or commercial structures to other uses
- ☐ Demolition of residential or commercial structures
- ☐ Permanent relocation of tenants
- ☐ Conversion of residential structures
- ☐ Temporary relocation of tenants

Rental housing projects only: Please attach a 10 year pro forma for the project, including: sources and uses of funds as outlined earlier; projected rents for all units, as well as anticipated increases; vacancy rate; annual operating expenses, as well as anticipated increases; debt service requirements for all loans; annual cash flow; annual cash and tax benefits to owner; etc. If the project is not yet specific

to a particular property, identify the maximum/minimum parameters which would have to be met before individual properties would be approved.

Americans with Disabilities Act (ADA)

1. If your project involves rehabilitating, renovating, converting or constructing a structure for any public use, is or will that structure be readily accessible to, and usable by, individuals with disabilities as required by the ADA?

   ☐ Yes ☐ No ☐ N/A

2. Similarly for agencies providing a public service: is the building where the service is provided readily accessible to and usable by individuals with disabilities?

   ☐ Yes ☐ No ☐ N/A

3. If the answer is "No" for either 1 or 2, what plan have you developed for handling situations where a client or employee with disabilities is involved?

Title X Requirements for Rehabilitation and Lead Hazard Reduction

List abatement procedures/risk assessment/work practice standards in place to comply with lead based paint reduction requirements:

E. Minority and Women Businesses / Section 3 Resident and Business Concern

Describe the process to be used **to encourage minority and women owned businesses (M/WBE) and Section 3 residents and business concerns to submit bids** if the project/program includes construction or rehabilitation work (residential, commercial, or infrastructure). M/WBE information is available online at www.in.gov/idoa/mwbe. Section 3 information can be searched at HUD.gov.

F. Required Attachments

Current list of **Board of Directors**;
Copy of the **IRS letter certification of non-profit status**
Copy of **most recent audit or financial statement**
Copy of **most recent tax return including form 990**

If your organization does not have an audit or financial statement, please explain why.

The City, as administrator of the CDBG Program, complies with equal opportunity requirements which provide that no person in the U.S. shall on the ground of race, creed, color, national origin, sex, age, religion, handicap, or familial status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS:

A person who is debarred or suspended shall be excluded from Federal financial and nonfinancial assistance and benefits under Federal programs and activities. The undersigned representative of the Agency certifies, to the best of his or her knowledge and belief, that:

a. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract; and

b. It will include the following clause without modification, in all proposals, agreements, contracts, proposals, or other lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transaction

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFYING AGENCY REPRESENTATIVE:

By: _____
(Print name)

_____
(Signature)

Title: _____

Date: _____

Sub-recipient Pre-Award Assessment Section

(For new applicants or applicants not funded within the last five years.)

This section of the application must be completed in order to assess the capabilities of prospective sub-recipients prior to awarding Grant Funds, as well as a beginning point for identifying training and technical assistance requirements.

The City of Mishawaka reserves the right to request additional documentation to address any issues or concerns with an applicant's status in the following areas.

Applicant organizations must submit the following documentation: (check if attached)

- ☐ Tax Status Certifications [501(c) (3)] (non-profits only)
- ☐ Board of Directors list
- ☐ Most current audit
- ☐ Organization brochure or narrative outlining services available

Capacity:

1. What services/activities is the applicant organization currently providing to what type of clientele?

2. Describe the applicant organization's current capacity and staff qualifications in carrying out the proposed activity.

3. Describe the applicant organization's administrative systems including but not limited to the following list. Check each item that exists within your organization's capacity.

   - ☐ **Audit System**
   - ☐ **Record Keeping Systems**
   - ☐ **Procurement System – Are formal written procedures in place? (For construction projects only.)**
   - ☐ **Staff Time/Cost Tracking**
   - ☐ **Client eligibility and demographic data collection and reporting**
   - ☐ **Conflict of interest policies**
   - ☐ **Formal Personnel System – Are written procedures in place?**
   - ☐ **Fund Raising/Development**
   - ☐ **Revenue Generation**

4. If any gaps exist in the applicant organization's administrative systems, how will they be addressed?

B. Experience

1. Has the applicant organization ever conducted this type of activity before?
   ☐ yes ☐ no If "yes", explain.

2. Describe the applicant organization's experience with CDBG or other Federal grant programs.

3. Is the applicant organization working with other organizations/agencies that perform similar services?
   ☐ yes ☐ no

   If "yes", identify those organizations/agencies.

CHECK APPROPRIATE ITEM:

☐ Applicant organization currently serves clients.
☐ Proposed activity is new and currently does not serve clients.

NATURE OF PROBLEM / REMEDY: If the project/program is proposed to remedy a problem, provide a detailed description of the nature of the problem and indicate how the proposed work will correct the situation.

CONSTRUCTION PROJECT INFORMATION

Describe the applicant organization's familiarity with Davis-Bacon prevailing wage requirements (Labor Standards Provisions for other than home rehab construction projects)

Describe the applicant organization's familiarity with oversight of construction projects.

If the applicant organization currently does not have the construction capacity or has identified a weakness in its capacity, how will this be remedied?

PRINT RESET