

**Housing and Community Development Application For Funding B P.Y. 2011**  
Cities of South Bend and Mishawaka, and St. Joseph County Housing Consortium

**Community Development Block  
Grant  
Emergency Shelter Grant  
HOME Program**

**REQUIRED SUBMISSION: One (1) original and three (3) copies**  
**Deadline: 5:00pm, Friday, July 16, 2010**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

**I PROJECT TITLE:** \_\_\_\_\_

Applicant: \_\_\_\_\_

DUNS number \_\_\_\_\_ Fed. I.D. number \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**II FUNDING REQUESTED (Include amounts requested):**

SB CDBG \_\_\_\_\_ MISH CDBG \_\_\_\_\_ ESG \_\_\_\_\_ HOME \_\_\_\_\_

Is request for:  grant or  loan?

If loan, what interest rate and payment terms are expected? \_\_\_\_\_

**Match source and amount (required for ESG & HOME funding):** Amount \$ \_\_\_\_\_

Source: \_\_\_\_\_

Required 25% match for HOME funds and required 100% match for ESG funds.

## GENERAL INSTRUCTIONS

Application is available on line @ <http://www.southbendin.gov>

Please read the General Instructions Section thoroughly before completing this Community Development Block Grant (CDBG), HOME, or Emergency Shelter Grant Application.

**Deadline for submissions of all proposals to the address below is 5 p.m. July 16, 2010. Program Year 2011 funding begins January 1, 2011 through December 31, 2011**

**PROPOSALS:** The original complete application and three (3) copies of the application must be submitted to either address below by **5 p.m. July 16, 2010**.

Failure to submit a complete proposal and the required copies by the deadline may result in the proposal being disqualified.

**Performance Measurement System** – HUD is now requiring recipients of federal funding to assess the outcomes of the program in question. A new Performance Measurement System has been designed to establish and track measurable goals and objectives for the CDBG, HOME, ADDI and ESG programs. All approved applicants will be required to comply with the Performance Measurement System.

## TECHNICAL ASSISTANCE

If additional technical assistance is required, please contact:

Judy Rosheck, (CDBG) – (574) 235-5841 or email: [jrosheck@southbendin.gov](mailto:jrosheck@southbendin.gov)

or

City of South Bend, Division of Community Development  
227 W. Jefferson Blvd. 12<sup>th</sup>. Floor  
South Bend, IN 46601

Or

City of Mishawaka, Department of Community Development  
600 East Third Street  
Mishawaka, IN 46544

### III. OUTCOME PERFORMANCE MEASUREMENT SECTION

**This section must be completed in order to be considered for funding.**

**HUD is now requiring recipients of federal funding to assess the outcomes of the program in question. Since 2008, St Joseph Housing Consortium has employed a new Performance Measurement System to establish and track measurable goals and objectives for the CDBG, HOME, ADDI and ESG programs. All approved applicants will be required to comply with the Performance Measurement Section.**

#### A. OBJECTIVES

The proposed activity meets which of the following objectives: (Select only one)

**# 1 – 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.

**# 2 – Decent housing**

This objective focuses on housing programs possible under HOME, CDBG, or ESG. 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.

**# 3 – 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. PERFORMANCE MEASUREMENT OUTCOME STATEMENT**

Combine the elements from the categories above to summarize why the proposed activity is needed and what outcomes will be achieved from the proposed project or program. Outcomes are the changes you expect to occur in clients' lives and/or the community as a result of the proposed activity. 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 have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing.

50 persons have access to new jobs through extension of a water line to a business for the purpose of creating economic development.

If you have any questions regarding this section, please call (574) 235-5841.

#### IV PROJECT SUMMARY:

**A. Description**, of the project/program. Is this project/program a continuation of an existing program? Explain. Please include exact street address where activity will take place if applicable. (For Example: address for rehab of public facility). Census tracts and block group number must be included for curb and sidewalk projects. If you are proposing a rehab project please describe the entire project & include a timeline with major accomplishments noted. If other funds will be used in the project please list them on the budget summary page and note the source.

B. Provide a project/program budget summary below **NOTE: all applications for HOME funds require a 25% match and all applications for ESG funds require a 100% match.** List *ALL* anticipated sources and *ALL* uses of funds, rounded to the dollar, for the project/program for which you are requesting funds:

<b>BUDGET SUMMARY</b>			
<b>COST CATEGORY</b>	<b>HOME, ESG or CDBG Funds requested</b>	<b>Proposed Other Funds &amp; Source of funds (name each source and amount)</b>	<b>TOTAL</b>
Acquisition of Real Property			
New Construction/Rehab			
Lead-based Paint: Evaluation/Reduction			
Homeownership Assistance			
Architectural/Engineering			
Demolition			
Relocation			
Public Facilities: Const or Rehab			
Public Works (curbs, sidewalks, etc.)			
Technical Assist to Nonprofits			
Admin/Planning			
Public Services: Salaries/Fringes			
Child Care Subsidies			
Homeless Prevention (ESG only)			
Rehabilitation (ESG only)			
Essential Services (ESG only)			
Operations (ESG only)			
Developer fee/Activity Delivery			
Other (specify)			
<b>TOTAL PROJECT COST</b>			

C. Who are the **primary beneficiaries**? (Describe the population which your project proposes to serve by race / ethnicity, income levels, sex, etc.) What is the source of your information?

i. What are **the goals or hoped for outcomes** of the project?

ii. 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.)

iii. *For housing projects only*: show calculation of *total project cost per unit*.

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

E. What **cost categories** (uses of funds described in IIIA) do you want covered by the CDBG, ESG, or HOME funds? What proportion of the total project/program cost would be covered by these funds if your request is fully granted? (20 %, 50 %, etc. Please show how you arrived at the percentage.)

F. Have you applied for funding from other sources for this project?  Yes  No

i) If yes, to whom have you applied?

	Approved	Pending	Denied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ii) If no, why haven't you applied for other funding?

**G. Prior CDBG, HOME, ESG Funds:**

Have you received CDBG, HOME or ESG funding in prior years? Or, any other City or Consortium sources? If so, please provide the following information for the past three (3) funding years.

Year funded/Program Name	Grant Amount	Amount Spent	Balance

- H. Area served:**  City of Mishawaka  
 City of South Bend  
 County-wide (applies to HOME projects only)  
 Neighborhood (specify \_\_\_\_\_)

**I. What is your 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 your agency, etc.)** Additional information may be required. (We will follow up after reviewing your application.)

**J. Income Verification** What methods will be used to verify that all activities which are designed to benefit particular income groups will do so? B i.e., census information, by tract and block group; client's employer's verification of income, client=s W2 & 1040, etc.)

**K. Consistency with Housing and Community Development Plan (HCD)** Note which Priority Need or objective (if included) outlined in the draft HCD Plan your proposed project most directly addresses; housing, non housing community development, homeless, non homeless special needs. How does the project help the community meet that need? The Plan is available at all branches of St. Joseph County and Mishawaka libraries and on the city Web site at [www.southbendin.gov](http://www.southbendin.gov), click City, Departments, Community & Economic Development, Community Development, Housing & Community Development Plan. Because this is a new plan if you have any questions please call Community Development 235-9660.

**L. Subsidy Layering.** Will a combination of HOME, CDBG or other federal (Tax credits (LIHTC)) funds be used to develop the project? Is this information included on the budget summary page (6)? Please discuss anticipated mortgage subsidies when rehabbed homes are sold. HOME regulations limit HOME funding to maximum needed to provide affordable housing.

**V. OTHER**

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

- |                          |  |                          |  |
|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Real property acquisition                          | <input type="checkbox"/> | Permanent relocation of tenants                    |
| <input type="checkbox"/> | Rehab of residential or comm'l structures          | <input type="checkbox"/> | Conversion of residential structures to other uses |
| <input type="checkbox"/> | Demolition of residential or commercial structures | <input type="checkbox"/> | Temporary relocation of tenants                    |

**B.** Will the funds requested **directly assist in producing income** for your organization? If so, how will the income be produced by the activity and how will it be used? Please attach a 3-year proforma operating statement.

**C.** What are the **long term funding needs** of this project? *List the project=s other funding sources.* Is it expected that CDBG, ESG, and/or HOME funding will be needed in future years? Explain.

**D.** 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.

**FOR HOME APPLICANTS ONLY (E. & F ONLY)**

**E.** Tenant-based rental assistance: As required under HOME, explain why tenant-based rental assistance is necessary.

**F.** If your organization is seeking qualification as a Community Housing Development Organization (CHDO), under the HOME program, please explain how and attach copies of articles of incorporation, charter, resolutions, current list of board of directors, and/or by-laws which document the explanation.

**G.** Americans with Disabilities Act (ADA).

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

- Yes       No

(ii) Similarly for agencies providing a public service: is the building where the service is provided Areadily accessible to and usable by individuals with disabilities?@

Yes       No

(iii) If the answer is no for either (i) or (ii): what plan have you developed for handling situations where a client or employee with disabilities is involved?

**H. Title X requirements for rehabilitation and lead hazard reduction.** List abatement procedures/risk assessment/work practice standards you have in place to comply with new lead based paint reduction requirements:

**I.** Describe the process your agency will use **to encourage women and minority owned businesses to submit bids** if your project includes construction or rehabilitation work (residential, commercial, or infrastructure.)

[Note: Copies of the most recent 2005 *Directory of Minority and Women Business Owners of Greater Michiana* are available from: The City of South Bend, Division of Community Development, 227 W. Jefferson Blvd., 12<sup>th</sup>. Floor, County-City Building, phone 235-9660, or from the State Web site [www.in.gov/idoa/mwbe](http://www.in.gov/idoa/mwbe).

**J.** Please attach the following: a current list of your organization's **Board of Directors**; a copy of the **IRS certification of your not-for-profit status**; and a copy of your **most recent audit or financial statement & a copy of your most recent tax return, form 990**.. If your organization does not have an audit or financial statement, please explain why.

**K 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:

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

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

**iii** 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:

The City, as administrator of the CDBG, ESG, and HOME Programs, 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.

**THANK YOU FOR SUBMITTING THIS APPLICATION.**

**REMEMBER TO SIGN THE CERTIFICATION.**

**WE WILL BE IN TOUCH WITH YOU IF WE NEED ADDITIONAL INFORMATION.**

## **Subrecipient 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.

Agencies must submit the following documentation: (check if attached)

- Tax Status Certifications [501(c) (3)] (Non-Profits Only)
- Board of Directors List
- Most Current Audit
- Agency brochure or narrative outlining services available

### A. Capacity:

1. What services/activities are you currently providing to what type of clientele?
  
2. Describe your organization's current capacity and staff qualifications in carrying out the proposed activity.
  
3. Describe your organization's administrative systems. Check each item that exists within your organization's capacity.
  - Audit System**
  - Client eligibility and demographic data collection and reporting**
  - Conflict of interest policies**
  - Formal Personnel System – Are written procedures in place?**
  - Fund Raising**
  - Procurement System – Are formal written procedures in place? (For construction projects only.)**
  - Record Keeping Systems**
  - Revenue Generation**
  - Staff Salary Tracking**
  
4. If any gaps exist in your organization's administrative systems, how will they be addressed?

### B. Experience

1. Has agency ever done this type of activity before?  yes  no If so, explain.
  
2. Describe your organization's experience with CDBG or other Federal grant programs:

3. Is your agency working with other agencies that perform similar services?  yes  no  
If so, identify agencies.

**CHECK APPROPRIATE ITEM:**

- Agency currently serves clients.
- Proposed activity is new and currently does not serve clients.

If an activity is selected for funding, Direct Benefit information must be submitted for the contractual period.

**NATURE OF PROBLEM/REMEDY:** If the project 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.

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**CONSTRUCTION PROJECT INFORMATION**

- A. Describe your familiarity with Davis-Bacon prevailing wage requirements (Labor Standards Provisions for other than home rehab construction projects)

Describe your familiarity with oversight of construction projects.

If you currently do not have the construction capacity or have identified a weakness in capacity, how will this be remedied?

**CONSTRUCTION SCHEDULE**

Estimated Date Construction will commence

Estimated Completion Date

## Instructions for Housing and Community Development Application for Funding - PY - 2011

Cities of South Bend, Mishawaka and St. Joseph County Housing Consortuim

Please submit your application to the Division of Community Development, 227 W. Jefferson Street, 12<sup>th</sup>. Floor, County-City Building, South Bend, Indiana.

Your application must be received by 5:00 p.m. Friday, July 16, 2010.

This application is for organizations whose mission is to benefit low/mod income persons not for individuals.

Please submit one (1) original and three (3) copies.

Please staple the original and each copy. All pages of the application shall be submitted, if some items are not applicable to your application please indicate N/A.

Please answer all questions unless N/A.

- I Project title: fill in project title, applicant is name of organization and address of organization. Please fill in your organizations DUNS number and Federal I.D. number. Contact person should be the person who can answer questions about the application, include a phone number for the contact person.
- II Funding Requested: Fill in the amount of funding requested after the appropriate funding source. Indicate whether you are requesting a grant or a loan. If HOME or ESG funding is requested the amount and source of match **must** be listed.
- III Outcome Performance Measurement Section. There is no right or wrong answers to this section. Please check the boxes under A. Objectives and B. Outcomes that you think is the most appropriate for your project. The C. Performance Measurement Outcome Statement should describe the need that will be met and the benefits you expect from the proposed project.
- IV Project Summary
  - A. Please write a description of your proposed project or program. Include street addresses when appropriate.
  - B. Provide a budget for your project. Please fill in amount requested in the area under HOME, ESG or CDBG funds requested on the line most appropriate for your program. Other sources and funds should be listed in the next column. Remember ESG funds require a 100% match and HOME funds require a 25% match. These match funds and sources should be listed in the proposed other funds & sources of the budget summary. The match is expected to be used for the same project which you are submitting (ie. Do not show match of \$50,000 to hire a staff member if the project you=submitting is building rehab.)
  - C. Primary beneficiaries. Please answer as concisely as possible.
    - i self explanatory
    - ii self explanatory
    - iii self explanatory
  - D. How will you measure your success?
  - E. Self explanatory
  - F. Please fill in information regarding other funding you have applied for.
  - G. Please list prior grants you have received from the City or Housing Consortium.
  - H. Area of service, if neighborhood be specific.
  - I. Self explanatory
  - J. Income verification: Please indicate which of the three definitions of income you will be using. Section 8 annual (gross) income, IRS adjusted gross income, or Census long form annual income.
  - K. Please list the appropriate section in the Housing and Community Development Plan your proposed project addresses.
  - L. Subsidy Layering: If combining funds from more than one source please discuss.
- V. Other information

- A. Self explanatory
- B. Fill in information as requested regarding potential program income.
- C. Self explanatory
- D. Self explanatory - for rental housing projects only.
- E. HOME applicants only, self explanatory.
- F. HOME applicants only, self explanatory
- G. Self explanatory
- H. Rehabilitation projects must address Title X requirements lead hazard reduction.
- I. Self explanatory
- J. Self explanatory
- K. The Certification must be signed.

Please remember to include copies as required in paragraph J. If you have not been funded previously or in the past five years please fill out the Subrecipient Pre-Award Assessment Section.

If you have any questions or need assistance, please call Judy Rosheck at 574-235-5841.