APPLICATION

for

2022 Community Development Block Grant (CDBG)

**This program is funded by the
United States Department of Housing and Urban Development (HUD)**

Application Due Date
April 15, 2022
1:00 P.M.

Applications will not be accepted after the deadline

Michael Thurmond
Chief Executive Officer

BOARD OF COMMISSIONERS
Robert Patrick, District 1; Jeff Rader, District 2;

Larry Johnson, District 3; Steve Bradshaw, District 4; Mereda Davis Johnson, District 5;

Ted Terry, District 6; Lorraine Cochran-Johnson, District 7

Administered by: DeKalb County Community Development Department
Allen Mitchell, Director
Byron K. Campbell, Grants & Administrative Manager
Melvia Richards, Housing Manager
Braunwin Camp, Planning & Neighborhood Services Manager
178 Sams Street, 4th Floor, Decatur, Georgia 30030
Telephone: (404) 371-2727

www.dekalbcountyga.gov

TABLE OF CONTENTS

SECTION I

Please thoroughly read the Application Guidelines, a separate document, prior to completing the application.

A.   *General Information*

Please complete each item in as much detail as possible.
(If needed, attach additional pages; include the question number being addressed)

1. Agency Name _____ Tax ID (EIN)# _____
   This should be the legal name as stated on agency's seal or charter.)   DUNS # _____

2. ☐ New Program   ☐ Returning Program (Funded in 2018 by DeKalb County Community Development /CDBG Grant)

3. Date of Agency Incorporation _____ Agency's Fiscal Year: _____

4. Previous Agency Name (if changed since last fiscal year): _____

5. Address**
   Street, City, State & Zip Code

      ** *Should street address remain* **CONFIDENTIAL?** ☐ *Yes* ☐ *No*

6. Mailing Address**
   (If different from street address)

7. Agency Phone: _____ FAX: _____

8. Website: _____

9. Agency Director's Name: _____ Title: _____

10. Director's Phone Number: _____ Email: _____

11. Agency Contact Person Name: _____ Title: _____

          Phone: _____ Email: _____

12. Please check the DeKalb County Commission District (s) in which your services will be provided:

      ☐ Robert Patrick, District 1   ☐ Mereda Davis Johnson, District 5

      ☐ Jeff Rader, District 2   ☐ Ted Terry, District 6

      ☐ Larry Johnson, District 3   ☐ Lorraine Cochran-Johnson, District 7

      ☐ Steve Bradshaw, District 4

B.   *Agency Information*

1. Please state your Agency's Mission Statement, Goals & Objectives.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. Provide an overview of your organization, including a brief history and include recent accomplishments and achievements based on your objectives. Provide as **Exhibit A.**

3. Provide an organizational chart showing how the proposed program and staff fit into the organization. Also provide job descriptions and resumes for staff positions involved with the proposed activity. Provide as **Exhibit B.**

4. Provide a complete listing of CURRENT members of the Board of Directors. Listing must include name, address, phone number, office held, term of office and business/community affiliation. Provide as **Exhibit C.**

5. Is any staff or Board members the beneficiaries of any Agency funds/services? ☐ Yes ☐ No

   If yes, please explain in detail below.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

6. Do any family relationships by blood or marriage exist between staff and/or Board? members? ☐ Yes ☐ No   If yes, please explain in detail below.

   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

7. As part of your fundraising strategy: (1) describe how the Board of Directors participate in fundraising activities and the percentage of the Board that gives financially to the Agency, (2) describe any training on roles and responsibilities attended by the Agency Board of Directors within the last 12 months and, (3) provide minutes of the last four (4) Board meeting. Provide as **Exhibit D.**

8. Annually, how many DeKalb County residents does your Agency serve? _____

9. Are there any Federal, State, or Local Government licensing requirements or operating permits that the agency must adhere to or any inspections that the agency must pass to operate?   ☐ Yes ☐ No
   If yes, provide a copy of license/permit as **Exhibit E.**

10. Is your Agency operating in compliance with applicable Local Government Codes and Ordinances (e.g. zoning, land use, safety, fire, or other requirements)? ☐ Yes ☐ No   If No, please explain.

    _____
    _____
    _____

_____
_____
_____
_____
_____
_____
_____
_____
_____

11. Are both Federal and State taxes current? ☐ Yes ☐ No
    If No, please explain.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

C.   *Project Description*

1. Proposed project/activity title: _____

2. In two pages or less, provide a description of the proposed project or activity by answering the following: (1) What you plan to do? (2) Who will the project impact? (3) What is the project duration? (4) Where will activities/projects occur? (5) How will project be implemented? (6) By whom the activities will be provided? (7) How many residents do you anticipate serving this year? **Provide as Exhibit F.**

3. Total 2022 CDBG funds requested $_____

4. Is your agency also applying for ESG (Emergency Shelter Grant Program)?   ☐ Yes ☐ No
   (Note: There is a separate application for ESG funds)

5. Project/activity address:
   (If needed, attach additional page for more sites, please include the question number)

   _____

   _____

   _____

6. Does the Agency own the facility where the program will be held?   ☐ Yes ☐ No
   (Provide a copy of the lease or documentation of ownership as **Exhibit G**)

7. Is there a waiting list for the proposed program? ☐ Yes   ☐ No How long is the waiting list? _____

   Will CDBG funds for the proposed program help to eliminate the waiting list? ☐ Yes   ☐ No

D.   *Consistency with 2019-2023 Consolidated Plan*

National Goals and Objectives

1. HUD CDBG funding is restricted to activities that meet one of three primary **National Goals** listed below. Based on your proposed project/activity, select the one which best reflects your objective.

   ☐ Benefit low- and moderate-income persons
   ☐ Prevention or elimination of slums or blight areas
   ☐ Meet an urgent need (Declared by President of the United States).

   HUD CDBG funding is also restricted to activities that meet one of three primary **National Objectives** listed below. Based on your proposed project/activity, select the one (1) goal which best reflects your anticipated objective.

   ☐ **Decent Housing**: This program goal focuses on housing programs where the purpose of the program is to meet individual family or community needs.

   ☐ **Create Suitable Living Environment**: This program goal relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments.

   ☐ **Creating Economic Opportunities:** This program goal applies to the types of activities related to economic development, commercial revitalization, or job creation.

Local Goals and Objectives

2. In addition to meeting a National Objective and Goal, applicants are required to develop projects/activities that align with DeKalb County's (Local) Long Term Goals and Objectives located in the 2019-2023 Consolidated Plan. Based on the objective and goal of your proposed project/activity, in two pages or less, describe which *Local* long term goal and objective align with your proposed project/activity. (See Consolidated Plan Long Term Goals and Objectives in Section II of the Application Guidelines). Also include any supporting statistics or other factual information to support the importance of addressing the need, including any increases and/or improvement to services provided. Please explain in detail below.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3. To be eligible for CDBG funding, the project must meet the following National Objective: **Benefits low- and moderate (L/M) income persons.**

In order to be considered as benefiting low- and moderate income persons, an activity must fall into one of the categories below. Please check the applicable box for your project.

☐ At least 51% of the clientele served must be low- and moderate income persons;

☐ An activity carried out for the purpose of providing or improving permanent residential structures which, upon completion, will be occupied by low- and moderate- income households;

☐ An activity designed to create or retain permanent jobs where at least 51% of the jobs, computed on a full time equivalent basis, involve the employment of low- and moderate-income persons.

Select the type of project for which you will be applying for funding

[Must select only ONE option]

Public Services

☐ Child care Services
☐ Employment Training
☐ Senior Services
☐ Subsistence Payments
☐ Transportation Services
☐ Other _____

☐ Homeownership assistance (Not Direct)
☐ Legal Services
☐ Services or facilities for homeless persons
☐ Services or facilities for persons at-risk
☐ Youth Services
☐ Employment Training

Economic Development Activity

☐ Revolving loan fund activities
☐ Microenterprise Business Development
☐ Technical Assistance for economic development or small business development
☐ Job Creation
☐ Other _____

Housing Related Activity

☐ Affordable housing
☐ Tenant/Landlord counseling
☐ Other _____

☐ Fair housing activities
☐ Predatory Lending/Foreclosure prevention

E. *Program Service/Activity, Outcomes, Output Indicators and Measurements*

The Department of Housing and Urban Development (HUD) has developed an outcome performance measurement system for key HUD Housing and Community Development Programs. This system describes Performance Measurements as specific goals, outcomes, and outputs. From the three HUD goals, outcomes and output indicators definitions listed below, please complete the following table by selecting the one (1) which best reflects your anticipated goal and outcomes. **Please refer to HUD's website for more information on HUD's requirements for Performance Measurements at**: http://www.hud.gov/offices/cpd/about/performance.

<u>Goals</u>	<u>Outcomes</u>	<u>Output Indicators</u>
A. <u>Decent Housing</u>: This goal focuses on housing programs where the purpose of the program is to meet individual family or community needs. B. <u>Create Suitable Living Environment</u>: This goal relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments. C. <u>Creating Economic Opportunities</u>: This goal applies to the types of activities related to economic development, commercial revitalization, or job creation.	A. <u>Availability/Accessibility</u>: This <u>outcome</u> applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to individuals, residents or beneficiaries. B. <u>Affordability</u>: This <u>outcome</u> applies to activities that provide affordability; it can include the creation or maintenance of affordable housing, basic infrastructure, or services such as transportation or day care to persons at lower cost than market rate. C. <u>Sustainability</u>: This <u>outcome</u> applies to activities aimed at improving communities or neighborhoods, helping to make them livable or viable through multiple activities or services that sustain communities.	Output indicators tell whether an outcome will occur. Each output should relate to the intended outcome/goal of the program activity or major service objective. Output (quantified) + Outcome + Activity/Major Service (description) + Goal. Combining these components summarizes the agency's activities, intended outcomes and purpose in a manner that quantifiably measures results.

A. Major Service or Activity Provided (Performance Indicators)	B. # of DeKalb Clients Served or # of Units	C. OUTCOMES This activity will lead to the following anticipated results	D. OUTPUT INDICATORS # and % of clients/unit to achieve each outcome	E HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed
EXAMPLE: Childcare Services – Provision of free childcare for homeless families	150 Children/75 households	1. Help expedite families transition from homelessness 2. Provide a healthy, & stable learning environment for children 3. Strengthen family unit	1. 100% of families will be allowed to pursue employment opportunities 2. 75% of children grades will improve	1. Monitor families progress to transition out of homelessness 2. Evaluate children school report cards/progress reports

… (Continued) Program Service/Activity, Outcomes, Output Indicators and Measurements

A. Major Service or Activity Provided (Performance Indicators)	B. # of DeKalb Clients Served or # of Units	C. OUTCOMES This activity will lead to the following anticipated results	D. OUTPUT INDICATORS # and % of clients/unit to achieve each outcome	E HOW MEASURED This is how indicators will be measured and what/who will be evaluated /surveyed

F. *Project Sustainability & Collaborations*

1. List any linkage(s) between these proposed projects with other agencies (including other DeKalb County Departments) in which your agency coordinates services. Briefly identify the type of collaboration.

Agency and /or DeKalb County Departments	Type of Collaboration

2. Who are your strategic partners?

   _____
   _____

3. If you are a homeless provider, are you currently participating in the Pathways Community Network, the

   Continuum of Care, or the Tri-J?

   ☐ Yes   ☐ No   ☐ N/A

4. How will your proposed services enhance existing services being provided by other agencies in your targeted area or population? How will it differ?

   _____
   _____
   _____
   _____
   _____

5. **In-Kind Contributions/Volunteer time** for proposed program.

   List non-paid volunteer time and source of in-kind contributions received in 2021 and anticipated in 2022.

Year	Type of Volunteers/Contribution Source	Description	Value ($)
		In-kind Total	$

6. How would you operate if CDBG funds were not available?

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

G. *Accessibility for Persons with Physical Disabilities*

Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled, whenever feasible. Accessibility includes such things as entrance ramps; parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor. Drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including the blind and deaf.

Will the completed project meet ADA standards for accessibility by the disabled? ☐ Yes ☐ No

If No, describe accessibility problems at program/activity site and methods to address them, including funding and timetable:

_____
_____
_____
_____

H. Employment and Client Participation

1. In your hiring practices, does your agency prohibit discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, or persons with disabilities who require alternative means for communication of program information?

   Yes ☐ No ☐ If yes, how is this practice displayed to the public?

   _____
   _____
   _____

I. *Organizational Capacity*

1. Describe your agency's administrative systems by checking each item that exists within your agency's organizational structure:

	Yes	No
☐ **Formal Personnel System -** Are written procedures in place?		
☐ **Financial Management System** - Existence of written procedure		
☐ **Staff Salary Tracking System -** Are written procedures in place?		
☐ **Audit System -** Are formal written accounting procedures in place?		
☐ **Recordkeeping System -** Separate tracking for each funding source?		
☐ **Security Systems** – Are formal written cash management practices (Includes proper Security Measures in place)?		
☐ **Filing System** – Are hard copy files and computer records system w/ security backup in place?		
☐ **Internal Monitoring/Evaluation System –** Are procedures in compliance with Sarbanes-Oxley?	▓▓▓	▓▓▓
Are written procedures in place?		
☐ **Client Eligibility Verification -** Are written procedures in place?		
☐ **Client Demographic Data Collection and Report System**		
☐ **Procurement Policy** – Are formal written procedures in place?		
☐ **Client Grievance Policies** – Are formal written procedures in place?		

2. If any gaps exist in your organization's administrative systems, describe what they are and how they will be addressed:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION II

Fiscal Management

(*This Section is to be completed by all Applicants*)

To complete Section II, Financial Information of the application go to DeKalb County website link Community Development Block Grant (CDBG) Application Fiscal Management,
https://www.dekalbcountyga.gov/community-development/sub-recipient-grant-application. **You are encouraged to provide additional pages to identify any financial facts not requested in this application that will assist Community Development in the evaluation of the application. If you need any assistance, please contact Byron Campbell at bkcampbell@dekalbcountyga.gov .**

SECTION III

Capital Improvement and Economic Development Projects

DeKalb County Community Development Department currently has a list of approved projects in various stages of implementation and development. However, we <u>will</u> consider new specific projects that have non-recurring expenditures, leverage public/private dollars, promote future sustainability, create jobs, and promptly rejuvenate, restore, and revitalize designated areas for future growth and development.

*NOTE: **Projects must have funding and are only looking for gap support and are***

*"**shovel ready" or "ready to go".***

SECTION IV

Agency Certification of Compliance for CDBG Application

The undersigned has prepared and submitted all the documents attached hereto. I certify to the best of my knowledge that all information contained is true and correct.

Executive Director Name (Print) _____

Executive Director Signature _____

Date _____

President or Secretary of the Board of Directors Name (Print) _____

President or Secretary of the Board of Directors Signature _____

Date _____

Note: If your agency is selected for funding, additional documentation may be requested. It is the responsibility of the Agency to ensure that all Federal, State and Local requirements are met

For Office Use Only

Application Number	
Date Received	
Administrative Staff Processed	
Copies	
Minimum Threshold	
Attachments/Exhibits	
Notes	
Staff Assigned	

SECTION V

Application Submittal Checklist

(Check the box below **yes**, if document is provided and attached in the following order by Exhibits, all documents required for full submittal).

Exhibit A	☐	An overview of your organization, including a brief history and include recent accomplishments and achievements based on you objectives.
Exhibit B	☐	An organizational chart showing how the proposed program and staff fit into the organization. Also provide job descriptions and resumes for staff positions involved with the proposed activity.
Exhibit C	☐	A complete listing of CURRENT membership of the Board of Directors. Listing must include name, address, phone number, office held, term of office and business/community affiliation.
Exhibit D	☐	As part of your fundraising strategy describe how the Board of Directors participates in fundraising activities and the percentage of the Board that gives financially to the Agency.
	☐	Describe any training on roles and responsibilities attended by the Agency Board or Directors within the last 12 months.
	☐	Provide minutes of the last four (4) Board meetings.
Exhibit E	☐	Copy of Federal, State, or Local Government licensing and By-Laws
Exhibit F	☐	Project/Activity description in detail
Exhibit G	☐	Provide lease agreement/documentation of facility ownership
Exhibit H	☐	Audit with Management Letter (No older than 12 months)
Exhibit I	☐	2 Years of the most recent financial statements
Exhibit J	☐	IRS Form 990 (No older than 12 months)
Exhibit K	☐	Copy of written financial procedures and responsibilities
Exhibit L	☐	Copy of approved Agency budget for current fiscal year
Exhibit M	☐	501(c) 3 Certification from IRS