

2019-2020 City of Troy CDBG COVID 19 Application Form

1. Project Title: _____

2. Project Summary: (Provide a BRIEF synopsis, one to five sentences. One sentence or a short bulleted list should be sufficient for most projects.)

3. Sponsoring Organization(s) (If it is a consortium, please name the main organization first):

4. Type of Applicant (check all that apply):

_____ Not-for-profit Corporation _____ Municipal Department _____ Consortium

_____ For-profit Corporation _____ Neighborhood Group/Association

5. Sponsoring Agency Federal Employer ID Number (if applicable): _____

6. Mailing Address (of main organization): _____

7. Executive Officer (of main organization): _____ Phone: _____

8. Contact Person for Application: _____ Phone: _____

9. Project Administrator: _____ Phone: _____

10. Email Address of project administrator: _____

11. Grant Request: \$ _____

12. Funding Source Preference (check all that apply): _____ CDBG (COVID-19)

13. If your project is requesting CDBG funds, what is its National Objective(s)? Check all that apply:

- LMA** - Low/Moderate Income Area Benefit (*physical improvements, public facility construction / rehabilitation*)
- LMC** - Low/Moderate Income Limited Clientele (*daycare, education, job training, services for individual clients*)
- LMH** - Low/Moderate Income Housing (*creation or renovation of housing for low/moderate income people*)
- LMJ** - Low/Moderate Income Job Creation/Retention (*job training or assistance to businesses hiring LMI people*)
- SBS** - Slum/Blight Amelioration (*demolition, environmental cleanup, especially on vacant properties*)
- Not Applicable** (*CDBG COVID 19ESG, HOME, or administrative project*)

14. Which Performance Measurement Objective best describes your project? Check all that apply:

- Suitable Living Environment/Neighborhood Improvement (*physical improvements such as parks, streets, demolition, crime reduction, etc.*)
- Decent Housing (*housing renovation, homeless self-sufficiency programs, etc.*)
- Business Grants (*Air handling System, Rent/Mortgage, Utility, technology assistance, Job creation, Anti -Viral and Antibacterial cleansing stations*)

15. Which Performance Measurement Outcome best describes your project? Check all that apply:

- Availability/Accessibility**
- Affordability**
- Sustainability**
- Urgent Need due to COVID 19**

16. Which Performance Measurement Indicator best describes your project?

- Amount of money leveraged from other Federal, State, and private sources, per activity.**
- Number of persons, households, businesses, units, or beds assisted, as appropriate.**
- Income levels of persons or households by 30%, 50%, 60%, or 80% of area median income.**
- Urgent Need due to COVID 19**

17. Project Description: Please use the following page to offer a complete description of your project. Include whatever information you feel is relevant including expected long-term results of the activity. You may, if you wish, skip information that is called for in the following questions.

*Please do not feel compelled to use the entire page if unnecessary. Projects that are easier to describe are not necessarily inferior to more complex projects, or vice versa.

Please answer the following questions using your choice of two methods: write the answer after each question (inserting space between the questions if filling out the application on your computer), or attach additional sheets of paper (put the appropriate number next to each question).

18. What is the target population of your project?

19. At what location(s) will the project take place?

20. What geographic areas of the city will benefit from the project?

- If it is a public service project, state the area(s) where your clients live, not the location of your organization. "Entire city" is a valid response, but requires an explanation. Also, note if any of your clientele lives outside of Troy.
- Also remember to locate the areas of benefit as to the exact street names and property location/ numbers.

21. Describe your organization(s)'s other previous accomplishments, in projects other than the one discussed in this application. Write "not applicable" if your organization executes no other projects.

22. Does your project or organization(s) have any attributes, which in your opinion render your project more qualified than similar projects that may be seeking funding?

23. Project Results: Ideally, what will be the results of the project? Please specify how your project will benefit the city of Troy or its residents, businesses especially low/mod residents.

24. Accomplishments: Describe all the small steps that your organization must complete in order to achieve its performance targets. Please indicate the timeframe of each accomplishment: when it is expected to occur, and/or when it is expected to be completed (unless it is a continuous action, such as "Tutor children in math", which is expected to occur every day, or nearly every day).

25. Verification Methods: How will you determine whether you have achieved your performance results, accomplishments, and/or milestones. Also indicate what documentation will be used to show how the funding will be spent.

26. Provide a list of other funding sources requested for this project. Indicate the status of these funds (SBA payroll protection program , COVID 19 related grants received and/or pending, etc.).

27. If funding is used for Urgent Need please be specific and describe the urgent need and how it does not fit into any other category.

Attachments: Please attach the following documents to your application.

- Appendix A (if LMC project or other project with individual clients)
- Appendix B (all projects exact location from street name to property numbers.)
- Appendix C or D (C if construction/rehabilitation project, D if non-construction project. Some projects may need both.)
- Appendix E (all projects)
- Additional budget / financial analysis of project. (OPTIONAL) Such budgets may be substituted for Appendix C or D, if they contain a sufficient level of detail, including funding sources other than Consolidated Plan.)
- Most recent annual financial statement or report of your organization (all projects)
- (Smaller agencies, which have no financial holdings, and are therefore exempt from this requirement, should submit a short (one page) statement documenting this fact.)
- If a cost analysis has been completed by an architect, engineer or other personnel, attach a copy, noting the name of the preparer and the date. (optional)
- Copies of funding commitment letters or other evidence of interest from other funding sources (all projects)

Please contact Carolin Skriptshak at 279-7150 if you have any questions.

APPLICATION APPENDIX B

Please provide exact location(s) of project. Include street names / property numbers.

APPENDIX C: DEVELOPMENT BUDGET

Project: _____

Program Year: 2019-2020

Activity	CDBG / ESG / HOME	Other Funding Sources & Amounts	Total
A. PRECONSTRUCTION			
1. Legal			
2. Architectural			
3. Permits & Fees			
4. Engineering			
5. Other			
TOTAL PRECONSTRUCTION COSTS			
B. DEVELOPMENT			
1. Site Preparation			
2. Relocation			
3. Construction			
4. Construction Finance Charges			
5. Insurance			
6. Other			
TOTAL DEVELOPMENT COSTS			
TOTAL PROJECT COSTS			

APPENDIX D: PROGRAM OPERATING BUDGET

Project: _____

Program Year: 2019-2020

Activity	CDBG / ESG / HOME	Other Funding Sources & Amounts	Total
A. PERSONNEL			
1. Salaries <i>(List positions)</i>			
2. Fringe benefits <i>(List positions & types of benefits)</i>			
TOTAL PERSONNEL COSTS			
B. NON-PERSONNEL <i>(List types of costs)</i> <i>(Consultants salaries are considered non-personnel)</i>			
TOTAL NON-PERSONNEL COSTS			
TOTAL PROJECT COSTS			

The following definitions are provided to help you prepare Appendix D.

A. Personnel Costs

1. Salaries: Salaries of staff employed under the agreement must be listed out by identifying each position that is to be partially or wholly reimbursed by Consolidated Plan funding. As noted above a Cost Allocation Plan and signed time report forms **must** be prepared for all staff positions that will be reimbursed by Consolidated Plan funds.

2. Fringe Benefits: Fringe benefits include reasonable health insurance, the employer's portion of social security, worker's compensation, unemployment, disability insurance, and other insurance programs provided by the subrecipient organization to its employees.

B. Non-Personnel Costs

1. Consultants: Individuals, institutions, and organizations external to the subrecipient organization, which have entered into agreements with the subrecipient. Stipends paid to interns also fall under this category. In accordance with OMB Circular A122, consultants and subcontractors shall be paid a specific hourly rate that includes all fringe benefits, and the applicant organization must keep written time reporting documentation. Written agreements **must** document the specific terms of this type of arrangement.

2. Equipment: Large and/or expensive physical commodities necessary for project execution. Equipment may be either purchased or leased, according to which option is more economical, in accordance with the terms of CDBG and ESG regulations.

3. Supplies: Small, inexpensive, and/or consumable physical commodities (such as standard office supplies, or refreshments for child care beneficiaries) necessary for project execution.

4. Space: Rent, utilities, mortgage, maintenance

5. Communications: Telephone, fax, Internet

6. Program Marketing/Advertising

7. Other Non-Personnel Costs: List items not included under any other category, and the quantity (if applicable) of each item.

APPENDIX E: BUDGET REQUEST JUSTIFICATION

Project: _____

Agency: _____ **Program Year:** 2019-2020

Please provide a brief narrative justification for each item for which funds are being requested, including staffing as well as non-personnel related expenditures.