



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM YEAR 48 (2022-2023)

FUNDING APPLICATION COVERSHEET

Agency Name: _____

Project Name: _____

Point of Contact: _____

Contact Phone Numbers: _____

TOTAL AMOUNT REQUESTED \$ _____

SECTION A: AGENCY PROFILE

Please follow the mandatory format for providing project information. If the question does not apply, please write N/A.

Organization/Agency submitting request			
Physical address/location of agency office	City	State	Zip
Mailing address/location of agency of office	City	State	Zip
Agency website:			
DUNS #:			
Agency (IRS) ID#:			
Central Contractor Registration (CCR) #:			
License (s) If required by local government, do you have the necessary license to operate this program? <input type="checkbox"/> Yes <input type="checkbox"/> No (please explain)			
Type of Organization (✓ one):			
Non-Profit: <input type="checkbox"/> Community Based <input type="checkbox"/> Faith Based		If Non-Profit, has 501c3 status been acquired?	
Government: <input type="checkbox"/> City <input type="checkbox"/> Public Housing Authority		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Name:			
	Executive	Program	Finance Contact Person
Name:			
Title:			
Address: (if different from mailingaddress)			
Phone:			
Fax:			
E-Mail:			

Type of CDBG Project: (choose only one):

- Acquisition of real property consistent with Annual Plan
- Acquisition, construction, reconstruction, rehabilitation of housing
- Clearance, demolition, removal, and/or moving of buildings and improvements
- Code Enforcement
- Deposition, through sale, lease, donation or otherwise, of any real property

- Public services (includes but not limited to those concerned with services to the homeless, child care, health, youth, seniors, education, crime prevention and awareness, energy conservation, and drug abuse)
- Neighborhood-based revitalization efforts
- Public facilities and infrastructure improvements
- Rehabilitation (includes smoke detector, energy efficient improvement projects)
- Planning & Administration

Identify the primary beneficiaries of the proposed project/service (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Adults (18-60) | <input type="checkbox"/> Persons with HIV/AIDS |
| <input type="checkbox"/> Adults, Illiterate | <input type="checkbox"/> Physically Disabled |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Renters |
| <input type="checkbox"/> Domestic Violence Victims | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Elderly (60+) | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Toddlers/Children(0-13) |
| <input type="checkbox"/> Homeowners | <input type="checkbox"/> Youth (14-18) |
| <input type="checkbox"/> Housing Units | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mentally Disabled | |

Existing project/program for continuation of funding. Yes No

List total amount of CDBG Funds requested.

CDBG Funds Requested	Project Funding Amount
\$	\$

Organizational Capacity & Experience

1. Describe your organization and its mission (brief statement):

2. Indicate the length of time the agency has been in operation, including the date of incorporation.

3. List and briefly describe similar projects or past activities your organization has previously undertaken.

4. Briefly describe the organization's experience in working with federal funds, including outcomes.

5. Describe the organization's experience in working with the City of Chesapeake, and/or other local government or agency funds, including outcomes.

6. Has your organization received CDBG funding for this program before? Yes No

7. List the performance goals/outcomes for the last two completed years and the actual accomplishments.

Year	Funded Amount	Status of Project (Completed, Underway or Canceled)	Projected Goals/Outcomes	Actual Goals/Outcomes
<i>Ex: 2018</i>	<i>\$200,000</i>	<i>Completed</i>	<i>10 houses rehabbed</i>	<i>10 houses rehabbed</i>

8. Are there available funds remaining for this program from previous years? If so, list the years and the balance remaining.

9. Identify other agencies (including non-profit and government) that provide services similar to your proposed project/service. How do the programs differ? How do they overlap? Is there collaboration with the other agencies? Avoid duplication of services?

NEW APPLICANTS ONLY

1. Using projects similar to the one proposed in this application, list the proposed goals/outcomes and the actual accomplishments for each including whether the project(s) met the timetable for completion and expenditure of funds.

Program Title	Year	Funded Amount	Status of Project (Completed, Underway or Canceled)	Projected Goals/Outcomes	Actual Goals/Outcomes

SECTION B. NATIONAL OBJECTIVE REQUIREMENTS

OUTCOMES - (Results of Program) check one of the objective categories and outcomes.

OUTCOME PERFORMANCE MEASUREMENT SECTION
 This section must be completed in order to be considered for funding.

HUD requires recipients of federal funding to assess the outcomes of the program in question. All approved applicants will be required to comply with the Performance Measurement System. For more information, visit the U. S. Department of Housing & Urban Development website: <http://www.hud.gov/offices/cpd/about/performance>.

<i>OBJECTIVE CATEGORY (Check only one)</i>		
Goal #1 - Suitable Living Environment _	Goal #2 - Decent Affordable Housing	Goal #3 - Creating Economic Opportunities
<i>OBJECTIVE OUTCOMES (Check only one)</i>		
Availability/Accessibility ____	Affordability ____	Sustainability ____

Please indicate which eligible activity categories the program falls under

CHECK THE HUD NATIONAL OBJECTIVE LISTED BELOW THAT WILL BE MET BY YOUR PROPOSAL
(Please check only one):

- : Activities that will benefit low/moderate income individuals/households
- : Activities that aid in the prevention or elimination of slums or blight; and
- : Activities that meet needs having a particular urgency.

SECTION C: SCOPE OF SERVICES

PART 1 – Project Narrative

Please provide a complete detailed description for each question or statement.

1. Provide a detailed description of Proposed Project including the activities to take place, the services to be provided and who will benefit from those activities/services.

2. Describe your past success in meeting identified needs, any challenges and how those challenges were met.

3. Where will the proposed project activities/services take place, i.e. state specifically the census tracts, neighborhoods, and street addresses.

4. What will be the days and hours of operation?

FOR CONSTRUCTION PROJECTS:

5. Flood Zone of Proposed Project: _____

6. Has any work begun on any part on the project? Yes ___ No ___ If yes, please describe

7. Attach a timetable (schedule) for the proposed project/activity including anticipated dates.

8. Describe the relationship (collaboration) of the proposed activity to other services and community facilities addressing the same or similar problem. Discuss the proposed role of agencies other than the applicant who will be involved with the project. If applicable, attach letters of intent/commitment from each participating agency specifying the agency's role and contribution to the project (letters must document either a financial or in-kind donation).

9. Is there an ongoing need for the services you propose for CDBG funding? If so, what mechanism will exist to meet that need after CDBG funds are exhausted?

10. If CDBG funds are longer available, how will you continue this project?

SECTION C. SCOPE OF SERVICES - Cont'd

PART 2 – Performance Measurement System Form

Project Goals & Activities

ProjectName:
Name of Agency:
Problem or Needs Statement:
Project Goal:

Proposed Activity #1

Input:
Activity:
Output:
Outcome:
Outcome Measurement:
Evaluation Process:
Project Goal:

Proposed Activity #2

Input:
Activity:
Output:
Outcome:
Outcome Measurement:
Evaluation Process:

Project Goals & Activities

ProjectName:
Name of Agency:
Problem or Needs Statement:
Project Goal:
Proposed Activity #3 (if needed)
Input:
Activity:
Output:
Outcome:
Outcome Measurement:
Evaluation Process:

SECTION C. SCOPE OF SERVICES - Cont'd

PART 3 – Consolidated Planning Questions

PLEASE COMPLETE THIS PART AS IT RELATES TO YOUR PROJECT.

NEED(S)	DESCRIBE PROJECT TO MEET NEED(S)	DEMOGRAPHICS OF PERSONS TO BE SERVED						RESOURCES TO BE USED
		INCOME (choose one) 0-30% 31-50% 51-60% 61-80%	SINGLE PARENT?	ELDERLY?	HOMELESS?	SPECIAL NEEDS?	*PLANNING AREA	
EXAMPLE: Increasing number of elderly citizens who need supervised mental and social stimulation outside of the home	Mattie's Mature Day Care Program	0-80%	NO	Yes	No	Limited Mobility, Early On-set Alzheimers	City-Wide	

1. What barriers do you anticipate and how will they be addressed?
2. What will change as a result of your proposed activity(ies)?
3. How will you evaluate your performance?

SECTION D. FINANCE

Part 1 - Finance Narrative

Provide a very brief, clear and concise description for each question. (Note: Indicate questions that do not apply by answering N/A)

The City 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 in the application process.

A Agency's fiscal management:

Describe the agency's fiscal management, including who administers the bookkeeping or accounting services, financial reporting, record keeping, accounting systems, payment procedures, and audits performed. Include the financial oversight by the Board of Directors.

B Audits:

Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past 5 years.

C Fee Structure:

It is acceptable to charge a reasonable fee for services. Sliding scale fees are encouraged. Please answer below as to whether or not fees are to be charged for any services delivered in conjunction with the program or project for which Federal funds are being requested. If fees are charged, provide a fee structure and certification that fees do not exceed the cost of delivery of service. **Attach a copy. Failure to submit the fee schedule for a fee-based organization will render your application non-acceptable.**

D Recaptured Funds:

Has your agency in the last 5 years, had any funds recaptured (returned), or removed from your agency? If yes, explain.

E Extension to Use Funds:

Has your agency in the last 5 years had to request a program timeline extension to utilize unspent funds? If yes, explain.

Are your agency's employees bonded?	Yes	No	If yes, materials must be available if requested
Does your agency have liability insurance?	Yes	No	If yes, certificate must be available if requested
Does your agency have theft insurance?	Yes	No	If yes, certificate must be available if requested
Does your agency have fire insurance?	Yes	No	If yes, certificate must be available if requested

SECTION D. Finance Part 2 – Budget Form

Please complete the chart below for expenses related to the proposed project. This form may be reproduced; place additional copies directly behind this page. Please round up to the nearest dollar.

Column B must equal columns C through G Cash Sources other than CDBG

(A) Expense Category	(B) Total Project Budget	(C) CDBG Requested Amount	(D) Agency's Funds	(E) Other Federal Funds	(F) State/Local Funds	(G) Foundation/Other Public Funds
PERSONNEL SERVICES						
Salaries						
Fringe Benefits (Total)						
SUPPLIES & Materials						
Office Supplies						
Operating Supplies						
Repair & Maintenance						
Other (Specify)*						
CLIENT SERVICES						
Other (Specify)*						
OTHER SERVICES & CHARGES						
Contractual Services						
Postage/Telephone						
Printing						
Rentals (cars, equipment)						
Conference & Seminars						
Travel						
Other (Specify)*						
Land Building & Equipment						
Land acquisition						
Design & inspection						
Construction improvements						
Renovations cost						
Equipment (over \$100)						
Other (Specify)*						
TOTAL	\$ 0.00					

SECTION D. FINANCE –Budget Form, Cont’d

****Liability insurance is required of all sub-recipients and may be paid from grant funds.

It is important that your budget figures are consistent with the summary you provided in Part 2 Program Budget Form. This form may be reproduced; place additional copies directly behind this page. Please round up to the nearest dollar.

Personnel Services:

Staff/Salary Breakdown: Please show all persons/positions regardless of funding source, which relate to the proposed project/activity including the amount for fringe benefits. If you are requesting funding for salary/fringe, you must attach current resumes for the persons listed. For vacant positions, attach a job description.

Name and Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% Time Spent On CDBG Project	=	Total Position Cost Requested from CDBG	
<i>Ex: Joe Smith, Case Manager</i>	<i>Current</i>	<i>\$25,000</i>	<i>\$5,000</i>	<i>\$30,000</i>	<i>x</i>	<i>40%</i>	<i>=</i>	<i>\$12,000</i>	
					X	0.00%	=		
					X	0.00%	=		
					X	0.00%	=		
					X	0.00%	=		
					X	0.00%	=		
TOTALSALARYREQUEST:								=	

Supplies & Materials (Office Supplies, operating supplies, repair & maintenance, etc.)

Eligible Activity	Total Annual Cost \$	Requested This Proposal
TOTALS		\$ 0.00

SECTION D. FINANCE - Budget Form, Cont'd

Client Services/Other

	# Months	x	Average \$ cost	=	Total Project Cost \$	Requested This Proposal
TOTALS						

Other Services & Charges (Rent/Lease (building and/or facility – specify)

Service: (Specify)	# Months	x	Average \$ cost	=	Total Project Cost \$	Requested This Proposal
TOTALS						

Other Services & Charges

Specify the name of each insurance and bond.	Total Annual Cost \$	Requested This Proposal
TOTALS		

Conferences, Seminars, Travel, and Staff Training

Type	Total Annual Cost \$	Requested This Proposal
TOTALS		

Contractual Services

Specify Services	Total Project Cost \$	Requested This Proposal
TOTALS		

SECTION D. Finance Budget Form, Cont'd

Land & Building

Describe	Total Annual Cost \$	Requested This Proposal
TOTALS		

Equipment Purchase

Type of Equipment	Total Annual Cost \$	Requested This Proposal
TOTALS		

Total Budget divided by the number of persons/households to be served: \$ _____

Cost per person/household: \$ _____

SECTION D. FINANCE Part 3 In-Kind and Leveraging Resources

List the other sources of funding and in-kind resources that will be used for this project.

Match, Donations, and Volunteers

Entity/Proposed Source	Type	Annual Project Value in \$	In-Kind	Cash
<i>Example: CCSchool District</i>	<i>Space Rent</i>	<i>\$5,000</i>	<i>X</i>	<i>\$2,500</i>
TOTAL DOLLAR VALUE				

Volunteer Hours List below:

Volunteer Job Title	Number of Annual Hours	x	Per Hour Rate	=	Total \$ Value
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	
		x		=	

The Independent Sector's July 20, 2020 value of a volunteer hour is \$27.20

Source: <https://independentsector.org/news-post/new-value-of-volunteer-time-2019/>

SECTION E. REQUIRED DOCUMENTS*

Agencies receiving CDBG funds must provide the required supporting documents: (Note: Some items may not apply. Please indicate by answering N/A).

1. A copy of the organization's most recent Audit/Financial Statement and a current budget indicating projected revenue sources and expenditures.
2. A list of the Organization's Board of Directors, which indicates their address, phone, neighborhood of residence, place of employment, and term of appointment.
3. Proof of incorporation and By-Laws.
4. Proof of tax-exempt status, or effort to obtain tax-exempt status prior to receipt of funding.
5. Copy of the agency's most recent personnel policy, affirmative action plan and grievance procedures or a statement indicating that such plans are not in place.
6. Organizational Chart of agency
7. Identify any potential **conflicts of interest** with this application for federal funds. Example – any City of Chesapeake Council Members or city employees who may sit on your Board of Directors may pose a conflict of interest.
8. Copies of resumes are required if requesting salary/fringes.

*Only one copy of each document is required.

SECTION F. STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That this request may be forwarded for consideration under other budget processes if it is determined that alternative sources may be appropriate.
3. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. That the City of Chesapeake may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided.
5. That, if the project(s) is recommended and approved by City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
6. The City of Chesapeake reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by HUD and other Federal State, and/or City Regulations applicable to this program.
8. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines.
9. That past program and financial performance will be considered in reviewing this application.
10. All program income (i.e.: fees, repayments, foreclosures, etc.) must be remitted to the City.
11. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
12. That, if project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local state and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
14. That, if the project is funded, reports such as Quarterly Progress, Time & Effort, Consolidated Annual Performance & Evaluation Report (CAPER) narratives, Consolidated Plan Data, Narratives & Summaries, Monitoring, Contract and Subcontract Activity Reports (HUD form #2516), Semi-Annual Labor Standards Enforcement Reports (HUD form #4710) and any other reports requested by the City must be submitted by requested deadlines or CDBG funding may be withheld.
15. That a project's funding does not guarantee its continuation in subsequent action plans.
16. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the City, its employees and agents as additional insureds) may be required by the City prior to receiving funds.
17. That proof of Fidelity Bonding, in an amount to be determined by the City of Chesapeake, with a company licensed to do business in Virginia may be required by the City prior to receiving funds.
18. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
19. Agrees to abide by the City of Chesapeake's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name on this _____ day of _____ 20____

Name of Organization

By: _____
(Signature)

(Printed Name)

(Title)

SECTION G. 2021 HUD - INCOME LIMITS

The eligibility of households for CDBG assistance varies with the nature of the funded activity. The incomes of households receiving HUD assistance must not exceed 80% of the area median. HUD publishes CDBG income limits each year.

City of Chesapeake Effective 04/1/2020

Area Median Family Income (AMFI): \$82,500 (Based on household size of four)

FY 2020 Income Limit Area	Median Income	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Chesapeake City	\$84,500	Very Low (50%) Income Limits (\$)	29,600	33,800	38,050	42,250	44,550	45,650	52,400	55,800
		Extremely Low Income Limits (\$)	17,750	20,300	22,850	26,500	31,040	35,580	40,120	44,660
		Low (80%) Income Limits (\$)	47,350	54,100	60,850	67,600	73,050	78,450	83,850	89,250

NOTE: Chesapeake city is part of the Virginia Beach-Norfolk-Newport News, VA-NC HUD Metro FMR Area, so all information presented here applies to all of the Virginia Beach-Norfolk-Newport News, VA-NC HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the Virginia Beach-Norfolk-Newport News, VA-NC HUD Metro FMR Area.

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

These income limits are effective April 1, 2021.

[FY 2021 Income Limits Documentation System -- Summary for Chesapeake city, Virginia \(huduser.gov\)](#)