



CITY OF COMMERCE CITY, COLORADO
COMMUNITY DEVELOPMENT
CDBG OFFICE

City of Commerce City Colorado

Community Development Block Grant
Program (CDBG)

2018 Application Form

Completed applications are due on:

March 14, 2018 by 11:59 p.m. (MST)

2018 Community Development Block Grant (CDBG) Application

Revised 2/7/18

Applications are due on March 14, 2018 by 12:00 a.m. (MST)

Overview & Instructions

The City of Commerce City (City) annually applies for grant funding from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) Program. These funds help the City provide decent housing, a suitable living environment, and expand economic opportunities for low- to moderate-income (LMI) persons.

The City is currently seeking applications for funding from the next CDBG grant cycle. These applications are competitive and can be submitted by community and faith-based organizations, non-profits, businesses, City departments, and citizens.

The City's five-year Consolidated Plan (ConPlan) goals for the CDBG funding include:

1. Neighborhood Revitalization
2. Economic Development through job training, revolving loan funds, and/or a business incubator
3. Homeowner Home Rehabilitation
4. Fair Housing Education
5. Public Services for City Residents

The majority of applications received are for public services and are highly competitive. HUD restricts the allotted funding for public service projects to 15% of the total CDBG award amount. This is approximately \$60,000 for the next application cycle.

In addition to the meeting CDBG requirements, applications will be reviewed on the following criteria:

1. Overall consistency with the ConPlan (see above and www.c3gov.com/CDBG)
2. Overall benefit and impact on the broader community
3. The organization's experience and ability in administering federal, state and local grants
4. Total benefit to low- to moderate-income residents/households and neighborhoods
5. Supplementary funding and leveraging collaborations within the City
6. If the proposed project in an adopted City or regional plan
7. Timely and thorough completion of all aspects of the funding application

The City also recommends the applicant visit the HUD Exchange website and the Commerce City website to familiarize themselves with CDBG Sub-recipient requirements. Specifically, some helpful links are:

1. <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>
2. <https://www.hudexchange.info/resource/19/basically-cdbg-training-guidebook-and-slides/>
3. <https://www.hudexchange.info/resource/5334/cdbg-income-limits/> - search for Denver-Aurora-Lakewood, CO MSA
4. <https://www.hudexchange.info/programs/cdbg/>
5. www.c3gov.com/CDBG

Application Directions

Answer all questions applicable to your project concisely and in the space provided. Include attachments as requested. If you have any questions call 303-289-8168 to speak with the CDBG Office about your project and the application.

Applications must be typed or completed on a computer. Incomplete or late applications will not be considered. To be considered for funding, the application's questions must be fully complete and include all requested attachments.

By the deadline stated above, submit:

1. one hardcopy application, with attachments, dated, and with an original signature, **and**
2. one electronic application - complete with attachments.

Mail the application to:

City of Commerce City
Community Development - CDBG Office
7887 East 60th Avenue
Commerce City, Co 80022-4199

Or hand-deliver the application to:

Commerce City Civic Center
7887 East 60th Avenue
Building Department Front Counter
Attn: CDBG Office

Or submit the application by email to:

csteinberg@c3gov.com

Please confirm with the CDBG coordinator that the City's received the applications by the deadline.

2018 Community Development Block Grant (CDBG) Application

Basic Information

Applicant/Organization Name:

Project/Program Name:

Project/Program Location:

Amount Requested:

DUNS #:

Tax ID Number:

Authorized Representative:

Authorized Representative's Title:

Mailing Address:

City, State, Zip Code:

Phone:

E-mail:

Contact Person for this Application:

Title:

Mailing Address:

City, State, Zip Code:

Office Phone:

E-mail:

Mobile Phone:

Fax:

Agency Status: (Select One)

- ☐ City Department/Division
- ☐ Non-profit¹
- ☐ Non-profit – In Process
- ☐ For Profit (Economic Development Projects Only)
- ☐ Housing Authority
- ☐ Quasi-Government Agency
- ☐ Community Based Development Organization (CBDO)

How did you hear about Commerce City's CDBG Program?

For City of Commerce City Staff Only	
Matrix Code:	National Objective:
Accomplishment Type:	Type of ERR:
SAM Clearance:	

¹ If a non-profit agency expends \$750,000 or more in federal awards during the Agency's fiscal year they shall have a single audit conducted for that year in accordance with the provisions of 2 CFR200 – *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*; *Super Circular*; and must submit a copy of the most recent audit to the City in accordance with the requirements.

Description of Organization

Background/History:

Mission:

Goals:

Services Provided:

Personnel: (you may attach a list)

All Other Funding Sources with Amounts Received in the last fiscal year: (you may attach a list)

Community Development Block Grant (CDBG) Experience:

Names and Title of Persons Authorized to Sign Contracts or Other Legal Documents for Your Organization:

Organizational Capacity to Manage the Project or Program

State the organizational expertise in managing this or similar projects or programs.

Project Description

Give a brief description of the project or program for which you are seeking funds and how the project/program fits into the agency's mission.

Program or Project Service Levels

Are the project funds you are requesting for a new or existing program or project?

- ☐ New
- ☐ Existing
- ☐ Expansion of Existing

If funding an Existing or Expansion of an Existing public service or economic development program or project, describe in detail how the CDBG funds will support a measurable increase in that service (i.e. more families served, additional services provided, or longer service period). ***No increase or expansion of services could disqualify this application.***

Target Population

How many low-to moderate-income (LMI) City residents/households (defined as at or below 80% of the Denver-Aurora-Lakewood, CO MSA - Median Income as defined by the annual HUD program income limits) will your project or program serve with this application?

How many NON low-to moderate-income City residents/households will your project or program serve with this application?

What geographic area will be served in the City?

Which residents/households are being targeted by the project or program? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Youth | <input type="checkbox"/> All City residents/households |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Residents/households at Risk |
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> People with Special Needs | <input type="checkbox"/> N/A |

Does the project or program have any of the following primary purposes? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Prevent Homelessness | <input type="checkbox"/> Help those with HIV/AIDS |
| <input type="checkbox"/> Help the Homeless | <input type="checkbox"/> Help Persons with Special Needs |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Transitional Housing | |

What information is your agency currently collecting on your clientele? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Total Household Income |
| <input type="checkbox"/> Address | <input type="checkbox"/> Type of Income |
| <input type="checkbox"/> Age | <input type="checkbox"/> Time spent w/client |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Citizenship |
| <input type="checkbox"/> Race | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Household Size | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ethnicity | |

If any of this information is being collected, how is it being tracked, maintained and reported (spreadsheet, database, etc.)?

If any of this information is being collected, what documentation is being required for participants to support the data collected (i.e. paystubs, tax documents, photo ID's, etc.)?

If this is an existing program or project, please answer the following questions.

(For current HUD income limits you can visit:

<https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

And search for Denver-Aurora-Lakewood, CO MSA)

1. How many unduplicated Commerce City residents/households (all income levels) has the program or project served in the past fiscal year (if applicable)?
2. How many of the unduplicated Commerce City LMI residents/households were served in the past fiscal year?
3. How many unduplicated non-Commerce City residents/households were served by the program or project within the past fiscal year?
4. What is the average cost for program services per person or the anticipated cost per person/household?

Demonstrated Need for the Program or Project

Provide a brief summary of current statistical data documenting the need for the program or project. Include sources for the information.

Are any other organizations in the community currently providing similar services to your target population? If so, please identify them and describe their services to the best of your ability.

Describe any cooperative arrangements between your project or program and the organization(s) you have identified above.

Program or Project Outcomes

For each program or project goal, list how the outcomes will be achieved, measured and reported.

Goal	Outcomes	Measurement Tools	Reporting Methods	Completion Date
<i>Example: Install solar panels</i>	<i>10 homes</i>	<i>On site audit, pictures</i>	<i>Spreadsheet, copy of pictures</i>	<i>Sept. 2019</i>

What challenges/barriers have you encountered or do you anticipate encountering while implementing this program or project?

How has the applicant addressed or how does the applicant plan to address the challenges/barriers identified above?

Program or Project Development

What is the proposed month by month timeline for the program or project, if awarded the CDBG funds? If this is a construction project, include design, City review, and permitting time.

(you may attach a chart)

Conflicts of Interest

A conflict of interest arises when a person's self-interest and professional interest or public interest intersect. In this situation, there is the potential for biased professional judgment or lack of objectivity which creates a conflict where one can benefit financially or personally from actions or decisions made in the official capacity. A conflict of interest exists whether or not decisions are actually affected by a personal interest; there only needs to be the possibility of bias for a conflict. Commerce City prohibits employees from engaging in any conduct that constitutes a conflict of interest or creates the appearance of a conflict of interest or otherwise would undermine the public trust.

Organizations applying for grants awarded by the Commerce City must provide a list of their board members and staff members with grant applications. Also, executive staff or board presidents whose organizations are applying for funding are asked to sign this form and disclose any known actual or potential conflicts of interest.

If your organization knows of a possible conflict of interest with your application for funds and a City of Commerce City, Council, board or selection committee member, please disclose this information below. Names of all Council members currently serving can be found at www.c3gov.com.

Signatures and Certifications

The applicant certifies all information in this proposal is given for the purpose of obtaining financial assistance under the CDBG Program. The applicant certifies the information is true and complete to the best of the applicant's knowledge and belief.

The applicant agrees to comply with all regulations issued pursuant to the Community Development Block Grant (CDBG) Program.

The applicant agrees not to discriminate on the basis of race, color, sex, religion, national origin, familial or disability status, sexual orientation, ancestry, creed, or marital status in the execution of this funding application's program or project.

The applicant certifies, by submission and execution of this application, neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

I certify all information provided in this grant application is true and complete. I authorize the confirmation of any or all statements contained in this application and any other information pertinent to this application and my organization and its employees, officers and board members. I understand any false information or omission may disqualify my organization's application for grant funding. I have read, understand, and by my signature, agree with the above statements.

Authorized Representative
(Please print)

Title

Signature

Date



I have reviewed this application and agree the description, goals, impact, budget and other aspects of the described project are reasonable and accurate. I agree the program or project will be completed as presented in this application (without modification, unless approved by the Commerce City) if my agency receives CDBG funds.

Project Manager (Please print)

Title

Signature

Date

Attachments

Some of the items below are required for all applicants while others may only be applicable to certain projects or programs. Include the relevant documentation for any required or applicable items.

Organizational Information

1. Current IRS Determination 501(C)(3) Ruling – **Required for Nonprofit Organizations**

2. Provide a copy of the *original* IRS determination letter indicating status.

3. Incorporation confirmation – **Required for Nonprofit Organizations**

Include a Certificate of Good Standing from the Colorado Secretary of State Business registration.

4. List of staff that will be working on this project/program – **Required.**

The list or attachment should include each staff member's name and title. Including an organizational chart is helpful, but not required.

5. List of Current Board of Directors Members – **Required.**

The list or attachment should include all board and committee members for your organization with their names, occupations and/or community affiliations.

Financial Information

6. Financial Audit – **Required**

Provide the most current financial audit conducted on the agency and the results of the audit. If the agency is required to complete an A-133 audit, that audit must be included as well. If the audit found a deficiency or a material weakness, a response and plan of action to correct the deficiency/material weakness must be included.

The City will require either an updated clear financial audit or a formal response showing the actions taken by the agency to address the audit findings before a project can be considered for funding.

7. Past HUD Monitoring or Audits, if applicable.

Provide a copy of any audit or monitoring reports from HUD, the Office of Inspector General, cities or counties conducted in the past three years for any HUD grants received (CDBG, HOME, ESG, CSBG, NSP, etc.).

8. Year-to-Date Financial Statements – **Required**

Submit a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) for the most recent fiscal year. If your fiscal year is the calendar year, submit reports for January 2015 to October 31, 2015 as well as the annual financial reports for 2014 if not included in the audit. *Fiscal reports must be reported in accordance with Generally Accepted Accounting Principles (GAAP).*

9. Agency Budget – **Required**

Include the organization's current budget. Also attach a budget for next year (the year in which funds are being requested), if your organization has next year's budget drafted.

10. Project Budget – **Required**

Attach a project or program specific budget. **Make sure to include administrative costs if any.** If you have any anticipated sources of revenue other than the CDBG Program, list the source and amount to be received.

If the project is for facility or infrastructure improvements include any bids or quotes used to determine project budget. The budget should account for Davis Bacon wages if these are applicable to the project.

Compliance Information

11. Capital Needs Assessment, if applicable.

Capital Improvement Projects must have a Capital Needs Assessment or Plan.

12. Proof of Ownership, if applicable.

If requesting funds for a housing, facility or infrastructure improvement project provide proof of ownership.

13. Environmental Assessments or Reviews, if applicable.

If requesting funds for a housing, facility or infrastructure improvement provide copies of any environmental assessments or reviews conducted on the property in the past 5 years.

Program Information

14. Photographs/Renderings/Plans, if applicable.

If requesting funds for housing, facility or infrastructure improvement project provide concepts, photos and/or plans illustrating the requested upgrades/improvements.

15. Policies and Procedures, if applicable.

If requesting funds to expand a current program, provide the Policies and Procedures for the program.

16. Partnerships, if applicable.

If the program or project is collaborative, provide letters from partnering organizations on their letterhead verifying the partnership. Describe in detail the partner's responsibilities, accomplishment timelines, and funding obligations.

17. Brochures/Flyers - optional

You are welcome to provide relevant brochures, flyers and other materials which discuss the programs and/or individuals served.

*If you have any questions,
please contact the CDBG Office at:*

csteinberg@c3gov.com

303-289-8168

or visit c3gov.com/CDBG

Thank you for applying.