County of Lexington
Community Development Block Grant Program
CDBG-CV Application for Assistance
2020-2021 Program Year

(Please refer to the Application Instructions and Handbook for assistance in completing the application)

1. General Information

Locality/Organization Name	**Authorized Official Name/Title**
Address	**Telephone** **Fax**
City, State, Zip	**DUNS Number**
Contact Person Name/Title	**Contact Person Email**

2. Project Information

Project Title

Location of the Project *(Attach maps showing the general and specific location of the project)*

Total Estimated Project Cost	**Total CDBG-CV Funds Requested**

Project Description *(Briefly describe the use of CDBG-CV for the project)*

(A complete description of the project will be given in response to the narrative questions)

Project Schedule/Timeline
Start Date: **End Date:**

3. Grant Administration

A. Will your organization be responsible for administering the grant and ensuring all compliance requirements? If not, please provide the point of contact.

B. What experience do they have in administering CDBG projects?

4. Select the Eligible Activity (See Application Handbook - Section 3)

☐ Acquisition	☐ Economic Development	☐ Public Services
☐ Clearance/Demolition	☐ Housing	☐ Relocation
☐ Code Enforcement	☐ Public Facilities & Improvements	☐ Other- List

5. Select the National Objective the Project Will Meet (See Application Handbook - Section 3)

Benefit to low- and moderate-income persons *(Select one criterion below)*
☐ Area Benefit   ☐ Limited Clientele   ☐ Jobs   ☐ Housing
Aid in the prevention or elimination of slum or blight *(Select one criterion below)*
☐ Area Basis   ☐ Spot Basis

6. Documentation of the National Objective

A. How will you document the benefit to low- and moderate-income persons? *(Select only one)*
☐ Income verification documentation (tax returns, pay stubs, etc.)

☐ Income survey verifying at least 51%, by using
   ☐ Participant Survey   ☐ Local Income Survey (Area Benefit and Water/Sewer Connection Projects)

☐ Serving 100% of clientele that meet one of the following presumed benefit categories
   ☐ Abused Children   ☐ Illiterate Adults   ☐ Homeless Persons
   ☐ Battered Spouses   ☐ Migrant Farm Workers   ☐ Severely Disabled
   ☐ Elderly Persons (62+)   ☐ Persons with AIDS

☐ Census Tract / Block Group Data (Contact Grant Programs staff for guidance)
   % of LMI Persons in Area:
   List ALL Census Tract(s) and Block Group(s) Numbers to Benefit:

B. How will you document slum and blight? *(Select only one)*
☐ Area – substantial number of deteriorated buildings or public improvements in an area. Documentation is attached   on the boundaries of the area and the conditions that qualified the area at the time of designation.

☐ Spot – spot designation and project qualifies for acquisition, clearance, relocation, historic preservation or building rehabilitation (limited to the extent necessary to eliminate a specific condition detrimental to public health and safety).

7. Beneficiary Data (See Application Handbook Section 2)

A. How many people will benefit from the project?
B. Of those, how many are low- to moderate-income?

8. Performance Measurement (See Application Handbook Section 2)

A. The primary purpose of the project is to meet which of the following objective *(Select only one)*:
   ☐ Create a suitable living environment
   ☐ Provide decent housing
   ☐ Provide economic opportunity

B. The project is expected to achieve the following outcome *(Select only one)*:
   ☐ Improved availability / accessibility (makes basics available to LMI persons)
   ☐ Improved affordability (makes an activity more affordable for LMI persons)
   ☐ Improved sustainability (using resources in a targeted area to help make it more viable)

9. Lexington County Priority Needs

A. Choose one of the following priority needs the project will promote:

☐ Ensure adequate and dependable public facilities are available to provide for basic and essential needs and services.

☐ Ensure adequate and safe infrastructure to meet basic needs of residents.

☐ Establish or support programs that provide needed public services and/or increase the level of service provided by existing programs.

☐ Support and provide assistance to nonprofit and for-profit entities that promote Fair Housing Practices.

☐ Provide and/or support adequate, safe, and affordable housing for all populations, including special needs and homeless.

☐ Provide mechanisms and forums for collaboration, coordination, and capacity building.

☐

10. Narrative Questions (Attach additional sheets if necessary)

A. Provide a detailed description of the proposed project for which funds are being requested. The narrative should include how your agency will assist in preventing, preparing for, and responding to the coronavirus (COVID-19) and the population to be served or the area to benefit. Provide evidence that this need is not being met. Also, described the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approval, capacity to carry out this activity (staff experience and expertise and financial) and the implementation schedule.

B. What will you accomplish with CDBG-CV funding?

C. What will happen if CDBG-CV funds are not provided for the project?

D. Explain the organization's administrative capacity to carry out the project successfully, e.g., prior CDBG experience with CDBG projects.

11. Public Facilities Renovations and Infrastructure Projects Only

A. Will all renovations and/or construction take place on public property? If not, explain in detail.

12. Public Services Projects Only

A. Please indicate the nature of your project and describe in detail.

☐ **Will the project provide a new service?**

☐ **Will the project provide an increase in services?**

☐ **Will this be an expansion of services from previous CDBG grant award(s)?**

B. If the project is selected for funding, how will you continue to provide services in the future?

C. For projects requesting salaries, provide a plan demonstrating the sustainability of the created position beyond the first year of CDBG-CV funding. Please skip to question #11 if funding for salaries was not requested.

D. What will happen with regard to the project if the position is not funded after the first year?

13. Project Budget (Attach supporting documentation)

Budgeted Activities	CDBG-CV Funds	Other Funds	Total Project Cost
Administration of Grant:	$	$	$
Engineering, Architect, or other Professional Services:	$	$	$
Renovation / Construction Costs:	$	$	$
Demolition and Clearance Costs:	$	$	$
Property Acquisition (Easements, Right of Way, etc.):	$	$	$
Environmental Review:	$	$	$
Other (Be Specific):	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
Total	$	$	$

Funding Source(s) (Attach documentation verifying funds)	Amount of Funds	Committed	Pending
	$	☐	☐
	$	☐	☐
	$	☐	☐
	$	☐	☐
	$	☐	☐

List All Funding Received from the County Lexington (Not including CDBG-CV)	Amount of Funds	Committed	Pending
	$	☐	☐
	$	☐	☐

Cost Estimate Reasonableness and Accuracy

A. Who prepared the cost estimates?(attach supporting documentation)
☐ Applicant: Name of Staff Person(s):
☐ Contracted Engineer - Name of Firm:
☐ Other Contractor or Consultant - Name of Firm:

B. Was the budget cost estimate prepared within the past six months?

C. On what basis did you determine that the estimated costs were reasonable and accurate?

Budgeted Activities	CDBG-CV Funds	Other Funds	Total Project Cost
Salaries:	$	$	$
Fringe Benefits:	$	$	$
FICA:	$	$	$
Health Insurance:	$	$	$
Worker's Compensation:	$	$	$
Unemployment:	$	$	$
Rent:	$	$	$
Equipment:	$	$	$
Insurance:	$	$	$
Phone/Fax:	$	$	$
Postage:	$	$	$
Printing:	$	$	$
Supplies/Materials:	$	$	$
Travel and Expenses:	$	$	$
Other (Be Specific) :	$	$	$
:	$	$	$
Total	$	$	$

Funding Source(s) (Attach documentation verifying funds)	Amount of Funds	Committed	Pending
	$	☐	☐
	$	☐	☐
	$	☐	☐
	$	☐	☐
	$	☐	☐

List All Funding Received from Lexington County (Not including CDBG)	Amount of Funds	Committed	Pending
	$	☐	☐
	$	☐	☐

Cost Estimate Reasonableness and Accuracy

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☐ Applicant: Name of Staff Person(s):
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☐ Other Contractor or Consultant - Name of Firm:

B. Was the budget cost estimate prepared within the past six months?

C. On what basis did you determine that the estimated costs were reasonable and accurate?

14. Funding Match (Construction and Public Service Projects)

A. THERE IS NO MATCH REQUIREMENT WITH CDBG-CV.

15. Letters of Support (Attach and identify at least <u>one</u> letter of support for your project)

☐	Letter of Support From
☐	Letter of Support From
☐	Letter of Support From

16. Other Documentation (Please describe any additional documents included in the application)

☐	Other
☐	Other
☐	Other

17. Certification

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed or construction begun on the proposed project, and that none will be prior to issuance of official authorization to proceed by the Lexington County Community Development Grant Programs Division. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

_____

Signature of Authorized Official

_____

Name of Authorized Official

_____

Title

_____

Date

Please ensure the application includes the following documents:

☐   **Complete and signed application with all required information**

☐   **Project budget cost estimate documentation**

☐   **At least one letter of support – advise applicants that the letter of support doesn't come from a**
Councilmember. Rather it should be from a representative of a municipality or jurisdiction)

☐   **Map showing the general location of the project (City/County Level)**

☐   **Map showing the general location of the project (Street Level)**

Required documents from non-profit organizations

☐   **Non-profit status verification** (Copy of 501(c) (3) Internal Revenue Service tax exemption)

☐   **List of Board of Directors**

☐   **Articles of incorporation and by-laws***

☐   **Current financial statements and most recent audit**

☐   **Organizational chart listing all current employees and all job titles**

Non-profit agencies that have applied in the past three years or currently have a Lexington County CDBG grant do not need to submit the articles of incorporation and by-laws or organizational chart if they have not changed since initially submitted.