

Application

2010 Community Development Block Grant (CDBG)

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

**Application Due Date
May 15, 2009
5:00 P.M.**



Burrell Ellis, CEO

**BOARD OF COMMISSIONERS: Elaine Boyer, District 1; Jeff Rader, District 2;
Larry Johnson, District 3; Sharon Barnes Sutton, District 4; Lee May, District 5;
Kathie Gannon, District 6; Connie Stokes, District 7**

www.co.dekalb.ga.us

**Administered By: DeKalb County Community Development Department
Chris H. Morris, Director
1807 Candler Road, Decatur, Georgia 30032
Telephone: (404) 286-3308 / Facsimile: (404) 286-3337**

I. BASIC APPLICATION

Please thoroughly read the Application Guidelines prior to completing the application.

Please provide your responses in the column on the right. It will expand as you type, and you may use as much space as you need.

All application documents must be typed using no larger than 12 point font.

This section is to be completed by all applicants.

A. General Information	
1. Official Name of Agency/Organization	
2. Name of Executive Director/President (please specify correct title)	
3. Mailing Address	
4. City, State, Zip Code	
5. Telephone Number	
6. Facsimile Number	
7. Executive Director's E-mail Address	
8. Agency Website Address (if applicable)	
9. Contact person other than the Executive Director or President that is able to act on behalf of the Agency (name, title, telephone, and email address)	
10. Current Board President or Chairperson (please specify title)	
11. Current Board Secretary	
12. Please check the DeKalb County Commission District(s) in which your services are provided:	<input type="checkbox"/> Elaine Boyer, District 1 <input type="checkbox"/> Jeff Rader, District 2 <input type="checkbox"/> Larry Johnson, District 3 <input type="checkbox"/> Sharon Barnes Sutton, District 4 <input type="checkbox"/> Lee May, District 5 <input type="checkbox"/> Kathie Gannon, District 6 <input type="checkbox"/> Connie Stokes, District 7
13. What are the Agency's Mission, Goals and Objectives?	
14. Please provide a narrative on recent accomplishments and achievements based on your established performance objectives.	
15. Type of Project	<input type="checkbox"/> Public Service <input type="checkbox"/> CIP <input type="checkbox"/> Economic Development <input type="checkbox"/> Housing <input type="checkbox"/> Other
16. Amount of funds requested	\$ _____
17. Is your agency also applying for ESG funds? <i>Note: There is a separate application for ESG Funding.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. What is your fiscal year?	

B. Project Description

1. Describe in detail the proposed project or activity and the specific use of requested funds.	
2. Based on the major objective of your proposed Project/Activity how is your proposed Project or Activity aligned with the Goals and Objectives in the 2008-2012 Consolidated Plan? (Please see Consolidated Plan Goals and Objectives in Application Guidelines.)	
3. Project Site(s): Enter address(s) of project or activity. Does the Agency own the facility where the program will be held? Attach a copy of the lease or documentation of ownership.	
4. Service Area	<input type="checkbox"/> Countywide <input type="checkbox"/> All low- to moderate-income Neighborhoods <input type="checkbox"/> Partial Service area within DeKalb County. Explain below and include the number of persons to be served in the County.

C. Programmatic Design

If this is a Public Service Activity, please check the most appropriate box to describe your proposed Project: <input type="checkbox"/> Abused or Neglected Children <input type="checkbox"/> Battered and Abused Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Crime Awareness <input type="checkbox"/> Disabled Services <input type="checkbox"/> Employment Training <input type="checkbox"/> Health Services	<input type="checkbox"/> Homeownership Assistance (Not Direct) <input type="checkbox"/> Legal Services <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Screening for Lead Based paint/lead Hazards Poison <input type="checkbox"/> Senior Services <input type="checkbox"/> Services or Facilities for homeless persons <input type="checkbox"/> Services or Facilities for persons at-risk <input type="checkbox"/> Subsistence Payments <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Transportation Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Other _____
If this is a Housing Related Service, please check the most appropriate box that describes your proposed Project:	<input type="checkbox"/> Affordable Housing Development <input type="checkbox"/> Fair Housing Activities <input type="checkbox"/> Tenant/Landlord Counseling <input type="checkbox"/> Predatory Lending/ Foreclosure Prevention <input type="checkbox"/> Other _____
If this is an Economic Development Opportunities project, please check the most appropriate box that describes your proposed Project:	<input type="checkbox"/> Revolving loan Fund Activities <input type="checkbox"/> Micro Enterprise Business Development <input type="checkbox"/> Job Creation <input type="checkbox"/> Other _____ <input type="checkbox"/> Technical Assistance for economic development or small business development
What National Objective does your proposed Project meet? (Please check the most appropriate box).	<input type="checkbox"/> Benefit low- and moderate-income persons. <input type="checkbox"/> Prevention or elimination slums or blighted areas <input type="checkbox"/> Meet an urgent need (Declared by President of the U.S.)

Please check the most appropriate box that describes specifically what the benefit of the proposed Project will be:

The purpose of the Project is to remove a slum or blighted condition.

Individual low- and moderate-income clients are to be served (Income verification will be required for all beneficiaries.)

Service is directed to all residents of a geographical area.

D. Performance Measurements

The Department of Housing and Urban Development (HUD) has developed an outcome performance measurements system for key HUD Housing and Community Development Programs. This system describes Performance Measurements as specific objectives and outcomes. The objectives, outcomes and the definitions provided by HUD are listed below. Please refer to HUD's website for more information on HUD's requirements for Performance Measurements at <http://www.hud.gov/offices/cpd/about/preformance>.

If your Agency currently has Performance Measurements reports, please attach a copy.

Objectives

- A. Decent Housing: This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.
- B. Create Suitable Living Environment: This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environments.
- C. Creating Economic Opportunities: This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

1. From the three (3) objectives listed above, choose the one which best reflects the anticipated objective of your Project or Activity. Explain how you plan to achieve this objective.

Outcomes

- A. Availability/Accessibility: This outcome applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to individuals, residents or beneficiaries.

<p>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.</p> <p>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.</p>	
2. From the three (3) listed outcomes, choose the one which best reflects the anticipated outcome of your Project or Activity. Explain how you plan to achieve this outcome.	
3. Describe the outcome measurements (evaluation tools, methods, and benchmarks) your Agency will use to measure the achievement of this outcome. Include proposed timeline for outcome measurement evaluations.	
E. Collaboration With Other Stakeholders	
1. Describe how your agency plans to work with affected neighborhood(s) to address issues and resolve any potential problems with your Project and/or Activity.	
2. Describe your key constituents.	
3. Who are your strategic partners?	
4. Who will you collaborate with on this Project or Activity?	
5. How will your proposed services enhance or differ from existing services now being provided by other agencies in your targeted area or population?	
6. If you are a homeless provider, are you currently participating in the Pathways Community Network?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
F. Organizational Management/Administrative Capacity	
<p>1. <u>Required Documentation</u> - Check below and attach the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bylaws <input type="checkbox"/> Operational procedures <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Copy of Non-profit designation from the IRS <input type="checkbox"/> Audit with Management Letter (No older than 18 months) <input type="checkbox"/> 2 Years of Most Recent Financial Statements <input type="checkbox"/> IRS Form 990 (No older than 18 months) <input type="checkbox"/> Last Four (4) Board of Directors minutes <input type="checkbox"/> Conflict of Interest Statement <input type="checkbox"/> Copy of written financial procedures and responsibilities <input type="checkbox"/> Listing of Board of Directors (names, addresses, telephone, terms, officers) 	

<input type="checkbox"/> Job descriptions and Resumes for staff positions involved with the proposed activity <input type="checkbox"/> Provide a current organizational chart <input type="checkbox"/> Copy of approved Agency budget for current fiscal year.	
2. Describe any training on roles and responsibilities attended by the Agency Board of Directors within the last 12 months.	
3. Please provide the dates of the last four (4) Board Meetings.	
4. Do any family relationships by blood or marriage exist between staff and/or Board members? If yes, please explain in detail.	
5. Are any staff or Board members beneficiaries of any Agency funds? If yes, please explain in detail.	
G. Employment and Section 3	
1. Non-Discrimination: In your hiring practices, do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices? Describe the notification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Section 3: If new jobs are created by funding, will you be willing to adopt a hiring policy giving preference to low- and moderate-income residents? Indicate what you will use to document that candidates for open positions are low-moderate income residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Agency Finances - THIS SECTION IS TO BE COMPLETED BY ALL APPLICANTS

1. Income and Expense Summary

	Prior Fiscal Year				Current Fiscal Year				Upcoming Fiscal Year			
	From	Mo	Yr	To	From	Mo	Yr	To	From	Mo	Yr	To
Revenue												
CBDG												
ESG												
HOME												
Other												
Total Revenue												
Expenses												
Salaries/Benefits												
Other												
Total Expenses												
Net Operating Income												

2. Revenue

Sources of Revenues	Prior Fiscal Year				Current Fiscal Year				Upcoming Fiscal Year			
	From		To		From		To		From		To	
	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr	Mo	Yr
DeKalb County Community Development				%				%				%
DeKalb County General Fund				%				%				%
DeKalb County ESG Funds				%				%				%
DeKalb County HOME Funds				%				%				%
Federal Governmental Agency				%				%				%
State Governmental Agency				%				%				%
Georgia Housing Fin. Authority ESG				%				%				%
Georgia Housing Fin. Authority - Other				%				%				%
Private Donations				%				%				%
Board of Directors Contributions				%				%				%
United Way				%				%				%
Foundations				%				%				%
Fees				%				%				%
Other (List)				%				%				%
				%				%				%
Total Revenue				100%				100%				100%

Note: If the total revenue is not the same amount as the budget for any fiscal year, please attach a sheet to this Form and explain the deficit or surplus.

3. Expense Budget

Expenditure Category	Prior Fiscal Year				Current Fiscal Year				Upcoming Fiscal Year			
	From	Mo	Yr	To	From	Mo	Yr	To	From	Mo	Yr	To
Salaries												
Employer F.I.C.A.												
Unemployment Comp.												
Worker Comp.												
Insurance (Employee)												
Other Employee Benefits												
Sub Total				%				%				%
Rent												
Telephone												
Utilities												
Supplies												
Maintenance												
New Equipment												
Insurance/Bonds												
Sub Total				%				%				%
Accounting Services												
Legal Services												
Audit												
Other Professional Services												
Sub Total				%				%				%
Other (list)												
Sub Total				%				%				%
Total Expense				100%				100%				100%

4. BUDGET SHEET WHICH PROVIDES MORE DETAILS ON PROPOSED USE OF FUNDS
Upcoming Fiscal Year 2010

Expenditure Category	Total Budget	Requested CBDG Funds	Requested ESG Funds	HOME Funds	Other
Salaries					
Employer F.I.C.A.					
Unemployment Comp.					
Worker Comp.					
Insurance (Employee)					
Other Employee Benefits					
SUBTOTAL					
Rent					
Telephone					
Supplies					
Utilities					
Maintenance					
New Equipment					
Insurance/Bonds					
SUBTOTAL					
Accounting Services					
Legal Services					
Audit					
Other Professional Services					
SUBTOTAL					
Other(List)					
SUBTOTAL					
GRAND TOTAL					

II. Signature Page: This Page Must Be Submitted With The Application

I certify that I have completed the application for CDBG funds. All of the information contained in this submission has been completed as thoroughly and as accurately as possible.

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 _____/_____/_____

For Office Use Only

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

III. CAPITAL IMPROVEMENT PROJECTS (CIP) SUPPLEMENT

Capital Improvement Projects include all improvements and facilities that are either publicly owned or that are traditionally provided by the government, or owned by a nonprofit, and operated in a manner that is open to the general public.

Eligible Activities include:

The acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements are eligible activities under CDBG and can be carried out by a grantee, sub-recipient, or other nonprofit. Public facilities may only be owned by these types of entities.

Eligible types of facilities and improvements include:

Infrastructure improvements (construction or installation) including, but not limited to streets, curbs, and water and sewer lines;

Neighborhood facilities including, but not limited to public schools, libraries, recreational facilities, parks, playgrounds; and

Facilities for persons with special needs such as facilities for the homeless or domestic violence shelters, nursing homes, or group homes for the disabled.

Eligible costs associated with eligible activities may include:

Energy efficiency improvements;

Handicapped accessibility improvements (including improvements to buildings used for general conduct of government); and

Architectural design features and other treatments aimed at improving aesthetic quality (e.g., sculptures, fountains).

If the assisted facility is owned by a nonprofit, the CDBG regulations stipulate that the facility must be open to the public during normal working hours.

CAPITAL IMPROVEMENT PROJECTS (CIP) SUPPLEMENT

Please complete the questionnaire in its entirety only if you are requesting CIP funds. If any item does not apply, please type in "N/A".

A. GENERAL INFORMATION	
1. Department/Agency	
Address:	
Telephone	
Fax	
Email Address	
Contact Person/ Title	
Telephone	
Fax	
Email Address	
2. Project Title	
3. Describe the Project/Activity and the intended beneficiaries.	
4. Location of Improvements, Facilities or Activities	
5. Please provide a detailed explanation of the anticipated outcomes and accomplishments for your project.	
6. Based on the major objective of your proposed project, please review the Goals and Objectives of the 2008-2012 DeKalb County Consolidated Plan and indicate which Goal and/or Objective that your proposed project will help achieve. Please explain in detail how you project will achieve indicated Goal and/or Objective.	
B. PROJECT SITE (To be completed only if funds are requested for acquisition or rehabilitation)	
<p>1. Status of project site:</p> <p>_____ Date acquired: _____</p> <p>_____ Lease (attach lease agreement):</p> <p>Expiration Date: _____</p> <p>_____ Option to purchase. (attach contract):</p> <p>Expiration Date: _____</p> <p>Other (Explain)</p>	
2. Zoning Issue: If zoning information is not known, contact the DeKalb County Development Department or Planning Department:	
a. What is the current zoning classification of the project site?	
b. Is the project currently zoned for the proposed activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know If no, please explain efforts and time table to change zoning.
3. What is the approximate age of the existing structure? If significant renovations have occurred, please give dates, if known.	

4. If the proposal is for property acquisition funding, has an appraisal been done within the last 18 months?	<input type="checkbox"/> Yes, (please attach) <input type="checkbox"/> No																																												
5. Does the project require the relocation or moving of the current occupants of the structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																												
a. Is the structure residential ____ or commercial ____ b. How many units are currently occupied? ____ c. How many units are currently vacant? ____ d. How many of the occupied units are owner-occupied? ____																																													
6. Describe the property to be acquired (acreage, number of buildings and square footage).																																													
7. Where is the project located? <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Yes</th> <th style="width: 15%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Uncertain</th> </tr> </thead> <tbody> <tr> <td>a. In a historic building, historic district or over 50 years old?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>b. In a floodplain or wetland?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>c. In a Wetland Protection District?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>d. In an area with excessive noise?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>e. In an area of poor air quality?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>f. Near thermal or explosive hazards?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>g. Near a military or civilian airport?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>h. Adjacent to a major waterway?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>i. Adjacent to a solid waste facility?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>j. In an area with endangered wildlife?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Yes	No	Uncertain	a. In a historic building, historic district or over 50 years old?	_____	_____	_____	b. In a floodplain or wetland?	_____	_____	_____	c. In a Wetland Protection District?	_____	_____	_____	d. In an area with excessive noise?	_____	_____	_____	e. In an area of poor air quality?	_____	_____	_____	f. Near thermal or explosive hazards?	_____	_____	_____	g. Near a military or civilian airport?	_____	_____	_____	h. Adjacent to a major waterway?	_____	_____	_____	i. Adjacent to a solid waste facility?	_____	_____	_____	j. In an area with endangered wildlife?	_____	_____	_____
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8. What is the Schedule/Phasing for project implementation?																																													
9. Describe the service area boundaries.																																													
C. ACCESSIBILITY Federal regulations require that all facilities and/or services assisted with CDBG/ESGP funds being accessible to persons that are disabled, whenever feasible. Compliance with the Americans with Disabilities Act (ADA) is required.																																													
1. Physical improvement/Development Projects: Will the completed project meet ADA requirements for accessibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No. If not fully accessible, please describe the problems and explain the methods to address problems, both funding and timetable.																																												
2. For All Projects: Do you notify the public that you do not discriminate against persons with disabilities in hiring practices or provision of services?	<input type="checkbox"/> Yes <input type="checkbox"/> No. Are you willing to adopt the practice? If yes, briefly describe the manner in which you notify the public; If not willing, what are the problems with adopting such a practice?																																												

D. BUDGET FOR PHYSICAL IMPROVEMENT/DEVELOPMENT PROJECTS

Budget Summary: Complete a separate budget for each distinct proposal component

<u>Activities</u>	<u>Total Amount</u>	<u>CDBG Amount</u>	<u>Other Resources</u>
Acquisition	\$ _____	\$ _____	\$ _____
Demolition	\$ _____	\$ _____	\$ _____
Relocation	\$ _____	\$ _____	\$ _____
Studies/Master Plan	\$ _____	\$ _____	\$ _____
Construction/Rehabilitation	\$ _____	\$ _____	\$ _____
Operations	\$ _____	\$ _____	\$ _____
Administration	\$ _____	\$ _____	\$ _____
Staffing	\$ _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
GRAND TOTALS	\$ _____	\$ _____	\$ _____