



**City of Jefferson City, Missouri
Community Development Block Grant Program**



**APPLICATION FORM
PUBLIC SERVICE
PROGRAM YEAR 2016**

**One (1) completed grant packet with original signatures and four (4) copies must be received
by 5:00 p.m. on March 31, 2016**

~Redevelopment & Grants. City of Jefferson. 320 E. McCarty Street. Jefferson City, Missouri. 65101~

Questions? Contact Lauren Henry at (573) 634-6410.

SECTION I --- Summary

Please type and make sure all blanks are completed unless instructed otherwise.

Agency Name:		Project Title:	
Not-for-profit organization (with active 501(c) (3) status)?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Location of Service: (Check one)	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site
Faith-based organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Program Service Address:	
Agency's Street Address: (PO Box Not Acceptable without City's Consent)		Status: (Check one)	<input type="checkbox"/> New activity <input type="checkbox"/> Increase in current activity
City/State/Zip:		The Plan for 2016 is: (Check one)	<input type="checkbox"/> To create a new program <input type="checkbox"/> To expand current service above the current level
Agency's DUNS #: (Required. If your agency does not have one, apply for one)		Number of Individuals:	
Total Organization Annual Budget in FY 2016:	\$	Number of Households:	
Executive Director:		Total Estimated Cost:	\$
Telephone:	T:	Client Eligibility by CDBG Definition: (Check one)	<input type="checkbox"/> 100% L/M Income <input type="checkbox"/> Presumed Benefit (Exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers) <input type="checkbox"/> None of the Above
Email Address:		Total Program Cost:	\$
Governed by Board of Directors?	Yes <input type="checkbox"/> No <input type="checkbox"/>	CDBG Grant funds requested: (Please round to the dollar)	\$
Program Administrator/ Key Contact Person:		Agency Match (if any)	\$
Telephone:	T:	In 2016, This Service will be Paid for:	<input type="checkbox"/> With CDBG as the only funding source <input type="checkbox"/> With CDBG as a primary funding source <input type="checkbox"/> With CDBG as a secondary funding source
Email Address:			
Organization Fiscal Year:			

On a separate page, please provide an executive summary describing the following information in detail; your grant program/objective and how you plan to spend funds if received, how the need was determined, how the project/activity will be carried out, the national objectives and City of Jefferson goals met, and the agencies plan for keeping required records on client's demographics and LMI status.



SECTION II --- Program Description and Eligibility Information

Please print clearly and make sure all blanks are completed unless instructed otherwise.

<p>Does the Program Satisfy Any of These National Objective Related Qualifiers?</p>	<input type="checkbox"/> Benefiting low-to-moderate income persons <input type="checkbox"/> Benefiting all persons in a Qualified Census area* <input type="checkbox"/> Benefiting an area in which at least 51% of the population is L/M income (A clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey) <input type="checkbox"/> Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers) <input type="checkbox"/> None of the above (Program is most likely not eligible)	<p>Program Objectives: <i>(Check closest one)</i></p> <input type="checkbox"/> Providing improved and suitable living environment (such as crime prevention) <input type="checkbox"/> Providing decent housing (such as utility assistance) <input type="checkbox"/> Creating economic opportunities (such as job training for L/M income persons)
<p>If Your Agency is Submitting Multiple CDBG Funding Requests, Assign a Priority to this Request: <i>(Do not assign a same priority rating to more than one funding requests.)</i></p>	<input type="checkbox"/> 1 (Highest) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 (Lowest)	<p>Program Outcomes: <i>(Check closest one)</i></p> <input type="checkbox"/> Availability/Accessibility (Making needed services available/accessible to qualified clients who will not be able to access otherwise) <input type="checkbox"/> Affordability (Making the service, such as drug prevention counseling, affordable to qualified clients) <input type="checkbox"/> Sustainability (Making the community or neighborhood more viable)
<p>Has this project been funded with City of Jefferson CDBG Funds?</p> <p>___ Yes ___ No</p> <p>If Yes, when? _____</p>		<p>Are there any Overlapping Services Provided by Other Agencies in the Area?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not That I Know Of <input type="checkbox"/> Not Sure
<p>If this is a returning project, please explain how the capacity of the project will be increased:</p>		<p>At the Current Level of the Agency's Financial Resources (non-CDBG), What Percentage of Client Need will be Met?</p> <input type="checkbox"/> 100% or Close <input type="checkbox"/> About 70-90% <input type="checkbox"/> About 50-70% <input type="checkbox"/> Less Than 50% <input type="checkbox"/> Less Than 25% <input type="checkbox"/> Less Than 5%
<p>Explain how the program will become self-sustaining once CDBG funding is no longer available:</p>		<p>Provide Critical Justification for the Timing of this Service and Description of the Possible Consequences if the Service is not Available:</p>
		<p>Describe How Outcomes are Measured: <i>(System and methods have been/will be used.)</i></p>



SECTION IV --- Agency Capacity Assessment and Program Management System

Please print clearly and make sure all blanks are completed unless instructed otherwise.

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency's management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency's capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD's Playing By the Rules manual (viewable and downloadable at www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/)
The City reserves the option to conduct its own assessment of your agency's capacity before making a recommendation for funding.

List all Members of Your Current Board of Directors:	Name	Telephone	Describe your Program In-take and Client Eligibility Verification and Determination Procedure: <i>(It is required that you attach to this application a copy of your program in-take form for compliance verification.)</i>		
Does Your Agency/Division Responsible for the CDBG-funded Program have: <i>(Check all that apply)</i>	<input type="checkbox"/> Non-home-based office space <input type="checkbox"/> 24-hour designated business phone line or answering service <input type="checkbox"/> Full-time program manager/administrator <input type="checkbox"/> Full-time secretarial/clerical person <input type="checkbox"/> Certified financial/accounting person on staff <input type="checkbox"/> Certified procurement/purchasing person <input type="checkbox"/> Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel) <input type="checkbox"/> Computerized client information system <input type="checkbox"/> Secured client records filing system (for client confidentiality) <input type="checkbox"/> Designated independent financial audit service <input type="checkbox"/> Annual financial audit or financial reporting <input type="checkbox"/> Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc. <input type="checkbox"/> Longer than 2 years' experience in recent years carrying out a similar program within this agency funded with Federal grant from another government entity other than the City of Jefferson		Should CDBG Funds Granted be Less than Requested, Choose One as Your Preference:	<input type="checkbox"/> Withdraw application for funding this year <input type="checkbox"/> Scale down the program resulting in less clients served <input type="checkbox"/> Make changes to the program without reducing the number of clients served <input type="checkbox"/> Make up the differences with other funds available to my agency <input type="checkbox"/> Unsure what we can do with that amount	
			Minimum Amount of CDBG Funds Needed below Which Your Program Just would not Work and Why:	Amount	Why
				\$	
			Fee Schedule for this Program, if Fees are Charged for this Service:	Fee Type	Amount
				<input type="checkbox"/> No fee for participating in this program	
			If the Requested CDBG Funds are to Pay for Employee/Contractor Salaries and Benefits, Provide Unit Rates:	Unit Type	Rate Per Unit
					\$
				\$	
		Please Indicate Your Realistic Expectations for Expending the Funds as Requested, if Granted:	Notes:		
			<input type="checkbox"/> All expended before the end of 2015 <input type="checkbox"/> All expended by the end of 18 months but the amount of expenditure will vary quarterly depending on demand for service <input type="checkbox"/> Not sure how soon and how quickly these funds may be expended		
To the Best of Your Knowledge, Select One that Best Describes Your Current Systems and Your Plan to Address Compliance Issues:	<input type="checkbox"/> Meet HUD's requirements (will be verified by the City) <input type="checkbox"/> Not sure and would need City's assessment to make that determination <input type="checkbox"/> Do not meet HUD's requirements now, but will make all necessary changes or add capacity for compliance <input type="checkbox"/> Do not and will not be able to meet HUD's requirements due to - _____ _____ <input type="checkbox"/> Have reviewed HUD's requirements, but do not understand them and need further explanation				



SECTION V --- Certifications

Please print clearly and make sure all blanks are completed unless instructed otherwise.

I certify that, to the best of my knowledge, all the information provided in this application, including all the additional information attached, is true and complete. I further certify that my agency has fully and accurately analyzed the needs and has exhausted all its resources in its effort to identify and secure other funding for this program. I understand that the City’s CDBG funding is limited and should be directed to high priority programs and projects and this application should not be considered as a guarantee that CDBG funding will be granted for this program. I further understand that CDBG funded activities must be carried out within the existing City Limits of Jefferson City, Missouri.

_____ (Name of Agency Requesting CDBG Funding) certifies that it will provide the services as described herein, if CDBG funding is granted, and agree to adhere to all relevant Federal, State and local regulations and other requirements as established by the City of Jefferson.

I certify that my agency has reviewed HUD’s *Playing By the Rules* manual (viewable and downloadable at www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/) and fully understands its responsibility for significant records tracking and reporting requirements and for all necessary adjustments to the agency’s management and operation procedures so that they are in compliance.

One (1) completed grant packet with original signatures and four (4) copies of the completed packet must be received by 5:00 p.m. on March 31, 2016.

_____	_____	_____
Signature – Person Completing the Application	Title	Date
_____	_____	_____
Signature – President/CEO of the Agency	Title	Date
_____	_____	_____
Signature – Board of Directors Chair/President	Title	Date

