



**CUMBERLAND COUNTY COMMUNITY DEVELOPMENT (CCCD)
COMMUNITY DEVELOPMENT BLOCK (CDBG) PROJECT APPLICATION
PART II.A - PUBLIC SERVICES**



PROJECT NAME: _____

Please complete Sections A through L.

A. PROJECT FUNDING REQUEST

Indicate the amount of CDBG funds your agency is requesting for the program. The maximum CDBG funding available for Public Services is \$15,000 per program application. In addition to CDBG funds, indicate the amount of other funding sources that will be used towards this program.

Total CDBG Funds: _____
 Applicant's funds: _____
 Other funds: _____
 CDBG Program Income: _____
Total Program Costs: _____

B. PROJECT INFORMATION

1. Type of Project (check one):

New (never before funded)

Continuation (previously funded project)

Note: Must show quantifiable increase in the level of service

2. Location of Project:

Street Address: _____

City: _____

State: _____

Zip: _____

Attach project map showing the service area boundaries. Projects must be located within the County's participating jurisdiction (Refer to Section I of the application guidelines for a description of the participating jurisdiction). If your project is located within the city limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County.

C. AGENCY PROGRAM EXPERIENCE

Provide a brief history and summary of your organization's provision of public/human services in Cumberland County (attach additional pages if needed).

How do you determine eligibility (income screening, location of residence, and eligibility in other government programs)? Are you familiar with current CDBG income screening requirements? Provide a copy of the tool used during the client intake process as an attachment.

Describe the process your agency uses to a) assess community needs, b) obtain input from clients on service delivery and c) ensure the services are delivered by culturally competent staff in a culturally competent manner. How often is this completed?

D. PROJECT NEED AND SERVICE DELIVERY (Attach Additional Sheets If Necessary)

In the space below discuss the need for the type of service this proposal will address and how it relates to Cumberland County Community Development's 2015-2020 Consolidated Plan Goals and Objectives. (Refer to the CDBG – Public Services Application Guidelines for a list of Consolidated Plan Goals). In your narrative be sure to address the services your agency will provide; the population group to be served; the need for the service proposed; what is the existing level of service for the population group; how has this need been met over the past two to three years; has the need changed over the past two to three years, and what are the gaps in providing the proposed services. (Attach additional sheets if necessary).

Explain how the proposed public service project is not a duplication of an existing service in Cumberland County or how the proposed public service project would better service the community.

What outreach methods will be used to make the proposed project services known and available to eligible Consortium residents, including persons residing in rural and isolated areas?

Will the project provide a new service or a quantifiable increase in the current level of service? *If the proposed project is a new project or a continuing project that is requesting an increase in funding, 1.) state what your current level of service is; 2.) state what your current CDBG funding amount for this project is, if any; and 3.) indicate in quantitative terms how the new or increased CDBG funding will be used to provide a new service or quantifiable increase in the current level of service. Projects must demonstrate that new or increased funding does not merely replace other state or local government funding for an existing service in order to be eligible for funding. Continuing projects that were originally funded for a new or increased level of service are eligible for continued funding at the same or lower level; increased requests for funding must be tied to a cost of living increase or to new or increased levels of service.*

What are the specific output goals for the proposed project?

Persons Served In Cumberland County. Indicate the number of unduplicated persons to be assisted in total and the number of unduplicated persons to be assisted with CDBG funds for each year of funding requested. Unduplicated means that each person served by the project is counted only once during the program year. Estimate the number of families/households in Cumberland County to be assisted with CDBG funds (subset of the number of persons to be assisted with CDBG funds).

	Projected	If Funded w/CDBG funds in Previous Years	
	2018	2017	2016
1. Total persons receiving assistance in the proposed project/program	_____	_____	_____
2. Total low to moderate-income persons receiving assistance in the proposed project/program	_____	_____	_____
3. Total families / Households receiving assistance in the proposed project/program (subset of Q1.)	_____	_____	_____
4. Total low to moderate-income families / households receiving assistance in the proposed project/program (subset of Q2.)	_____	_____	_____
Do you plan to exclusively serve any of the following (check the appropriate box):			
Homeless Families/Individuals	<input type="checkbox"/>		
Senior Citizens (62 and older)	<input type="checkbox"/>		
Youth	<input type="checkbox"/>		
Battered Persons	<input type="checkbox"/>		
Mentally / Physically Disabled	<input type="checkbox"/>		
Other (specify): _____	<input type="checkbox"/>		

E. NATIONAL OBJECTIVE

If applying for CDBG funds, the project must meet one of three national objectives (Refer to application guidelines for details):

1. Benefit low- and moderate-income (LMI) persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Please indicate which national objective your project/program will meet by selecting one of the three categories listed. Under the selected category, provide the information needed for that category.

Category 1: Benefit low- and moderate-income persons [570.208(a)]

Indicate how this project/program would benefit LMI persons by selecting the appropriate subcategories (LMI Limited Clientele, LMI Housing, Job Creation, or LMI Area).

a. LMI Limited Clientele

Check the one box below that supports the method of qualification that demonstrates how your proposed activity meets the Limited Clientele national objective (presumed benefit or family size and income).

- Presumed Benefit - To qualify under this subcategory, a limited clientele activity must meet one of the following tests:

Exclusively benefit a clientele who are generally *presumed by HUD to be principally L/M income persons*. The following groups are currently presumed by HUD to be made up principally of L/M income persons:

- abused children,
- elderly persons, (defined as 62 years of age and older)
- battered spouses,
- homeless persons,
- severely disabled persons
- persons living with AIDS, and
- Immigrant farm workers.

- Require *information on family size and income* so that it is evident that *at least 51%* of the clientele are persons whose family income does not exceed the L/M income limit. (This includes the case where the activity is restricted *exclusively to L/M income persons*). *Reference: §570.208(a)(2)(i)(B) and (C)*

An example of the current HUD Income Guidelines are found in the application guidelines.

b. LMI Housing:

- Single Family (household must be 100% LMI)
- Multi-Unit (at least 51% of the units must be available to LMI tenants)

c. Job Creation

- at least 51% of the jobs created must be for LMI residents

d. Low/Moderate Income Area (LMA) Benefit

There are two ways to qualify for Area Benefit. Check the box and provide the information which supports the method of qualification that demonstrates how your proposed activity meets this national objective:

Area Benefit / Census Tract(s) \ and Block Group(s) and number of residents in Service Delivery Area. (Consult with CCCD Staff to obtain HUD formula census data.)

Census Tract / Block Group Project Information

Census Tract(s)	Block Group(s)	Total Population	Low/Mod Population	% Low Mod
Area Total				

Area Benefit / Survey of Residents in Defined Service Delivery Area

If a grantee has reason to believe that the available census data does not reflect current relative income levels in an area, or where the area does not coincide sufficiently well with census boundaries, HUD will accept information obtained by the grantee from use of a special survey of the residents of the area. The grantee must obtain HUD’s approval of the survey instrument and other methodological aspects of the survey for this purpose. HUD will approve the survey where it determines that it meets standards of statistical reliability that are comparable to that of the Decennial Census data for areas of similar size.

HUD requires documenting the following Survey Results in the Low and Moderate Income Worksheet to determine level of eligibility: Complete this table if the National Objective is determined via the Survey Instrument methodology.

	Action	Required (Assuming 95% Confidence Level)	Expected
1	Number of Families in Project Service Benefit Area		
2	Number of families interviewed (surveyed)		
3	Number of persons in the families interviewed		*
4	Number of persons in the families interviewed who are low and moderate-income persons		
5	Divide Line 4 by Line 3		
6	Multiply Line 5 by 100. This is % of LMI persons in service area	%	%

* Assuming 2.59 persons per household

Category 2: Prevention or Elimination of Slums or Blight [570.208(b)]

Slums or blight on an area basis

The designated area in which the activity occurs must meet the definition of a slum, blighted, deteriorated or deteriorating area under state or local law. Documentation must be provided (along with this application) indicating how the area meets either one of the two conditions specified below:

- Public improvements throughout the area are in a general state of deterioration; or
- At least 25 percent of the properties throughout the area exhibit one or more of the following:
 - Physical deterioration of buildings/improvements;
 - Abandonment of properties;
 - Chronic high occupancy turnover rates or chronic high vacancy rates in commercial or industrial buildings;
 - Significant declines in property values or abnormally low property values relative to other areas in the community; or
 - Known or suspected environmental contamination.

Examples of eligible activities include: assistance to commercial or industrial businesses, public facilities or improvements, and code enforcement in a blighted neighborhood.

Slums or blight on a spot basis

These are activities that eliminate specific conditions of blight or physical decay on a spot basis and are not located in a slum or blighted area.

Examples of activities under this category are acquisition, clearance, relocation, historic preservation, remediation of environmentally contaminated properties, and building rehabilitation activities.

Rehabilitation is limited to the extent necessary to eliminate a specific condition detrimental to public health and safety.

Category 3. Meets an Urgent Need [570.208(c)]

Urgent Need

An activity designed to alleviate existing conditions that have a particular urgency. Examples include reconstruction of water and sewer lines destroyed by major catastrophes or emergencies such as floods or tornadoes.

F. ELIGIBILITY (PUBLIC SERVICES)

Check the main activity that you have determined your project would qualify under:

Activity	CFR Citation	HUD Matrix Code	Check Activity
Public Services			
Operating Costs of Homeless/Aids Patients Programs		03T	<input type="checkbox"/>
Public Services (General)	570.201(e)	05	<input type="checkbox"/>
Senior Services	570.201(e)	05A	<input type="checkbox"/>
Handicapped Services	570.201(e)	05B	<input type="checkbox"/>
Legal Services	570.201(e)	05C	<input type="checkbox"/>
Youth Services	570.201(e)	05D	<input type="checkbox"/>
Transportation Services	570.201(e)	05E	<input type="checkbox"/>
Substance Abuse Services	570.201(e)	05F	<input type="checkbox"/>
Battered and Abused Spouses	570.201(e)	05G	<input type="checkbox"/>
Employment Training	570.201(e)	05H	<input type="checkbox"/>
Crime Awareness	570.201(e)	05I	<input type="checkbox"/>
Fair Housing Activities	570.201(e)	05J	<input type="checkbox"/>
Tenant/Landlord Counseling	570.201(e)	05K	<input type="checkbox"/>
Child Care Services	570.201(e)	05L	<input type="checkbox"/>
Health Services	570.201(e)	05M	<input type="checkbox"/>
Abused and Neglected Children	570.201(e)	05N	<input type="checkbox"/>
Mental Health Services	570.201(e)	05O	<input type="checkbox"/>
Subsistence Payments	570.204	05Q	<input type="checkbox"/>
Homeownership Assistance (not direct)	570.204	05R	<input type="checkbox"/>
Rental Housing Subsidies	570.204	05S	<input type="checkbox"/>
Security Deposits	570.204	05T	<input type="checkbox"/>
Interim Assistance	570.201(f)	06	<input type="checkbox"/>
Other (specify):		--	<input type="checkbox"/>

*As associated with one of the activities noted above it.

Provide (in narrative) why you feel the project falls within that category.

G. PROJECT/PROGRAM BUDGET

A. Please complete the line item budget below.

Item	2018 CDBG Funds	Other Funds	Total Funds
Example: Educational / Training Books	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Project/Program Budget	\$	\$	\$

H. CDBG FUNDING REQUEST COST JUSTIFICATION

Please list line item expenditure budget for which County CDBG funds will be used. Include a narrative explanation for each line item (attach additional sheets if needed).

CDBG LINE ITEM	AMOUNT OF CDBG FUNDS	NEED/COST JUSTIFICATION
Total	\$	

I. PROJECT/PROGRAM FUNDING SOURCES

Complete the following table providing information on all funding sources you anticipate using for the proposed project/program.

Type	Source	Status*	Date of Anticipated Award Announcement	Amount
CDBG				
State				
Other Federal				
Local				
Other				
Program Income (CDBG)				
Total				\$

*Indicate the status of the funding commitment using the following choices: 1) funding secured, 2) awaiting final approval, 3) awaiting response, 4) status unknown. Attach additional sheets if necessary.

Reduction Options -- Can your project or program be funded at a reduced level if necessary?

Yes No Minimum amount of CDBG funds needed to make project viable: \$_____

In the event one or more of the line items in your program budget is not realized, discuss the effect it would have on the proposed public service?

Explain how this program (whether it is a start-up or continuation) could be maintained and operated without continued or additional CDBG funding?

J. AGENCY’S TOTAL BUDGET (PROPOSED AND PAST HISTORY)

Complete the following table providing information on the entire agency’s budget (revenues and expenditures). This includes funds that your agency plans to use for FY2018 – 2019 and have used in previous years.

Type	FY2018-2019 (Projected)		FY2017 – 2018	
	Revenues	Expenditures	Revenues	Expenditures
CDBG				
State				
Other Federal:				
Local Gov’t:				
Other:				
Total				

K. PREVIOUS SUBRECIPIENTS ONLY

This section is to be completed by applicants that are current or previous recipients of Cumberland County Community Development funds.

How many times has your agency received Cumberland County Community Development funds?

Identify specific actions that have been taken in the last 12 months to reduce your agency's dependence on Cumberland County CDBG funds?

Continued CDBG funding can be provided based on an increased level of service for an existing program. Explain below how your agency will meet this requirement.

Consider the last Fiscal Year that your agency received funds through Cumberland County Community Development. Were performance measures and timelines met? Did you serve the projected number of clients originally projected?

Please indicate percentage completed for the following:

Reports submitted accurately and timely	_____ % of the time
Percent of program budget expended	_____ %
Activity Summary Reports submitted accurately and timely	_____ % of the time
Out of the total number of clients projected to serve, indicate the percentage of clients actually served	_____ %

Please give an explanation for any of the above percentages that were below 75%.

L. CERTIFICATIONS AND ACKNOWLEDGEMENTS

The undersigned hereby makes application to Cumberland County Community Development through its Public Service Program Grants for funding in the amount of \$ _____ for the purpose of (Describe purpose of request.) _____.

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County Community Development will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County Community Development and a matter of public record.

The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief. The applicant understands that any false statement in this application may disqualify the agency/provider/firm from participation in the program.

By execution of the Application, the applicant understands and agrees that Cumberland County and Community Development will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County Community Development.

It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the County may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.

Attest (signature)

Authorized Official (signature)

Typed Name/Title

Typed Name/Title

Date

Date