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| Town of Apple Valley  Community Development Block Grant (CDBG) Program  PY 24-25 Application  December 2023 |

Town of Apple Valley

Housing and Community Development Department

14955 Dale Evans Parkway

Apple Valley, CA, 92307

**CDBG Application**

All agencies wishing to apply for Community Development Block Grant (CDBG) funding must complete all sections of the CDBG Application (“Application”) to be considered. Applications are recommended to be filled in using the enclosed Microsoft Word fillable form or in PDF format. Applications that are incomplete, have content deficiencies, that are missing required documentation, or that are submitted after the deadline may be rejected. If the question does not apply to your agency, indicate by responding with “N/A” or “Not Applicable”. Agencies are advised that this form contains fillable form fields, screen tips (tips available by holding the “Ctrl” button and clicking on “?” symbol) and was intentionally designed to ensure responses only include pertinent information. Before submitting your application, use the “Required Documents Checklist” and check off each item that is being submitted. If an item is not checked off, your application is incomplete.

**SUBMISSION REQUIREMENTS**

The completed application package shall be submitted as instructed above. The application package shall include the items listed below and as contained in the “Required Documents Checklist”, as applicable. Label supporting documents as noted in red.

***All Agencies (including Town Departments)***

Submit the following documents:

1. A cover letter that introduces your agency and provides a summary of the proposed activity including (*label file as “0. Cover Letter-Subrecipient Name-Activity Name”*):
   * Who will be directly implementing the activity
   * How the activity will be implemented
   * Where the services for the activity will be provided
   * Describe any funds that will be leveraged for the activity
   * How the funds will be utilized (salaries, materials, consultants, etc.)
   * Describe any consultants/contractors being utilized in the implementation of the activity
2. A complete application (*label file as “1. Application-Subrecipient Name-Activity Name”*);
3. A history or corporate profile of the agency. This is an opportunity for your agency to educate the Town on the establishment of your agency and all efforts completed agency wide (*label file as “2. History-Corp. Profile-Subrecipient Name-Activity Name”*);
4. A signed “Applicant Agency Acknowledgement” form as contained in this application (*label file as “3. Agency Acknowledgement-Subrecipient Name-Activity Name”*);
5. A current list of your agency’s Board of Directors (*label file as “4. Board of Directors-Subrecipient Name-Activity Name”*);
6. A current Organization Chart for the agency as a whole and the proposed activity (*label file as “5. Org. Chart Agency-Subrecipient Name-Activity Name” and “6. Org. Chart Activity-Subrecipient Name-Activity Name”*);
7. A copy of job descriptions for each position utilized under the proposed activity (*label file as “7. Job Descriptions-Subrecipient Name-Activity Name”*); and
8. Any additional information pertinent to your agency’s proposal not conveyed in the application (i.e., brochures, etc.). Such materials shall not exceed 8 pages and shall be on single sided 8.5” x 11” paper (*label file as “8. Additional Information-Subrecipient Name-Activity Name”*).

***All Nonprofit Organizations***

In addition to documents 1-8 above, submit:

1. A copy of résumés of Chief Administration and Chief Fiscal Officers (*label file as “9. Resumes-Subrecipient Name-Activity Name”*);
2. A copy of your agency’s Certificate of Good Standing with the State of California (*label file as “10. Cert. Good Standing-Subrecipient Name-Activity Name”*);
3. A copy of your agency’s Corporate Resolution for Authorization to Request CDBG Funds for the applicable program year (*label file as “11. Certificate of Resolution Req. Funds-Subrecipient Name-Activity Name”*);
4. A copy of your agency’s Corporate Resolution of Authorized Officials, authorizing specific officials of the agency to sign on behalf of the agency, the application, agreement with the Town, requests for reimbursements, and all other pertinent documents required of the Town for the CDBG activity (*label file as “12. Certificate of Resolution Authorized Official-Subrecipient Name-Activity Name”*);
5. Most recently filed IRS-990 (*label file as “13. IRS-990-Subrecipient Name-Activity Name”*);
6. Most recent audited Financial Statement (*label file as “14. Financial Statement Rept.-Subrecipient Name-Activity Name”*); and
7. Most recent audited Single Audit (*label file as “15. Single Audit-Subrecipient Name-Activity Name”*).

***All Nonprofit Organizations that are not currently receiving CDBG funds from the Town***

In addition to documents 1-15 above, submit:

1. Copy of IRS letter confirming 501(c)(3) non-profit status (*label file as “16. IRS 501(c)(3)-Subrecipient Name-Activity Name”*);
2. Copy of your Articles of Incorporation, and amendments to (*label file as “17. Articles of Inc.-Subrecipient Name-Activity Name”*); and
3. Copy of your Bylaws, and amendments to (*label file as “18. By Laws-Subrecipient Name-Activity Name”*).

**CDBG APPLICATION INSTRUCTIONS**

The application is a Microsoft Word document containing fillable form fields. Use the tab key or mouse to navigate the form fields. When filling in the application, do not exceed the space provided. Agencies are advised that this form was intentionally designed to limit the length of each response. Responses should be brief and should include the most pertinent information.

The following sections provide information on each of the fields of the application.

***Agency Information*** *(Page 1)*

1. Agency Name: Provide the name of your agency.
2. Agency Type: Select from the following:
   1. “Nonprofit” if your agency is a nonprofit organization recognized by the Internal Revenue Service (IRS).
   2. “For-profit” if your agency is a corporation, sole proprietorship or other type of for-profit agency.
   3. “Public” if your agency is a government agency (i.e., City, County, Special District, etc.).
   4. “Quasi Public” if your agency is a publicly charted body that provides a public service and are overseen by an appointed board, commission, or committee.
   5. “Faith Based Non-Profit” if your agency is a charitable organization or nonprofit affiliated with a religious group or inspired by religious beliefs.
3. Agency Address:
   1. Insert the Number and Street name for your agency’s principal place of business. This is the address where all correspondence will be sent.
   2. Insert the City, State, and Zip Code for your agency. This is the address where all correspondence will be sent.
4. Insert your agency’s nine-digit Employer Identification Number (EIN), also known as Federal Tax Identification Number, which is used to identify your agency by the IRS, formatted as “XX-XXXXXXX”.
5. Insert your agency’s seven-digit California Corporation Entity number, formatted as “CXXXXXXX”. This is the number assigned to your agency by the California Secretary of State at the time of registration. The seven-digit number will be preceded by the letter “C”.
6. Insert your agency’s 12-character Unique Entity Identifier (UEI) number, formatted as “XXXXXXXXXXXX”. Beginning April 4, 2022, the Unique Entity ID from [www.sam.gov](http://www.sam.gov) is the authoritative identifier. The DUNS number is no longer valid for federal award identification. For more information on how to obtain a UEI number if your agency does not already have one, visit: [www.sam.gov](http://www.sam.gov).

***Activity Information*** *(Page 1)*

1. Insert the name of your agency’s proposed activity. The name should be no more than six (6) words in length and describe the activity (i.e., Senior Center Facility Construction, Meals on Wheels, etc.).
2. Activity Address:
   1. Insert the Number and Street name for the location of the proposed activity. For public right-of-way activities, attach a map with the locations where the work will take place.
   2. Insert the City, State, and Zip Code for the location of the proposed activity.
3. Input the amount of CDBG funding being requested for the proposed activity. Note that you do not need to insert the “$” sign while inputting the information. The “$”will automatically be inserted for you. All other punctuation will need to be entered by the agency.
4. Insert the total number of unduplicated beneficiaries that your activity proposes to serve during the applicable program year, should your agency be funded for its requested amount reported under line item 3 in this section. Please note, your agency’s proposed goal will be proportionally reduced, relative to the amount of funds awarded through this NOFA process, if awarded.

***Agency Contact Information*** *(Page 1)*

*Contact Person for Application*

1. Provide the name of the person in your agency that the Town should contact, with any questions regarding the application.
2. Insert the title for the contact person listed in this section.
3. Insert the telephone number for the contact person listed in this section. Please include the area code followed by the phone number. Necessary punctuation will need to be enter by the agency.
4. Insert the email address for the contact person listed in this section.

*Contact Person for Activity Implementation*

1. Provide the name of the person in your agency that the Town should contact, with any questions regarding the implementation of the proposed activity.
2. Insert the title for the contact person listed in this section.
3. Insert the telephone number for the contact person listed in this section. Please include the area code followed by the phone number. Necessary punctuation will need to be enter by the agency.
4. Insert the email address for the contact person listed in this section.

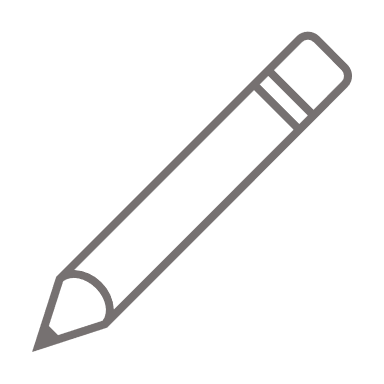
*Official Authorized to Execute Contracts*

1. Provide the name of the person who is authorized to sign contracts on behalf of your agency. If your agency is selected to receive CDBG funds, this name will appear as the person signing the agreement between the Town and your agency.
2. Insert the title for the contact person listed in this section.
3. Insert the telephone number for the contact person listed in this section. Please include the area code followed by the phone number. Necessary punctuation will need to be enter by the agency.
4. Insert the email address for the contact person listed in this section.

***Applicant Agency Acknowledgement*** *(Page 2)*

After reviewing the enclosed Applicant Agency Acknowledgement Form, have your agency’s Official Authorized to Execute Contracts sign at the bottom of the form acknowledging receipt of and the agency’s understanding the acknowledgement form.

***Activity Description / Capacity and Compliance Narrative Questions*** *(Pages 3 and 4)*

Provide a response to each of the narrative questions. Do not exceed the allotted space in response to these questions. Edit these areas by typing your agency’s responses directly into the form fields provided. The document will not expand to accommodate your narrative entries, so please be brief and include the most pertinent information first. In addition, sample responses are provided for each narrative question by holding the “Ctrl” button and clicking on the “[](https://mdgassociates.sharepoint.com/sites/LancasterCPD/Shared%20Documents/0.Working/1.2Internal%20Resources/5.%20Application%20Process/Response%201.jpg)” symbol.

***Proposed Activity Budget (by column)*** *(Page 5)*

1. Access the Excel table embedded within the application by double clicking anywhere on the table or by right clicking on the table, then selecting “Object” and then selecting “Edit”.
2. If the requested amount is $0 for any cell, report “$0” to remove the yellow highlight. The table must not have any yellow cells when completed.

CDBG Funds Requested

1. Insert the amount of CDBG funds requested for personnel costs, including staff salaries and benefits.
2. Insert the amount CDBG funds requested for non-personnel costs, including expenses such as supplies, consultants or other operating expenses.
3. Insert the amount of CDBG funds requested for direct beneficiary assistance paid on behalf of the beneficiary, including expenses such as housing assistance (rent, utility, and security deposit), day care assistance, scholarships, etc.
4. For capital improvement activity only, insert the amount of CDBG funds requested for expenses such as acquisition, demolition, design, construction, etc. for a public facility or infrastructure activity or for construction/rehabilitation contract costs for a rehabilitation activity. If the application is for a non-capital improvement activity, report “$0” to remove the yellow highlight.

Leveraged Funds

Leveraged funds are not required for activities but will enhance your agency’s application. Leveraged funds are the other non-CDBG funds that will be used in conjunction with CDBG funds to implement the activity. Leveraged funds include, but are not limited to cash, gifts, in-kind gifts, or volunteer labor. These funds must be firmly committed to the activity and immediately available.

1. Insert the amount of leveraged funds for personnel costs for the activity.
2. Insert the amount of leveraged funds for non-personnel costs for the activity.
3. Insert the amount of leveraged funds for direct beneficiary assistance paid on behalf of the beneficiary.
4. Insert the amount of leveraged funds for capital improvement costs for the activity.

Total Activity Budget

In this column, the totals will auto-calculate based on the amounts entered in the prior two (2) columns. Once you have entered the amounts in the first two (2) columns and all yellow highlights have been removed, click anywhere on the document to exit the Excel table.

***Indirect Cost Selection (Page 5)***

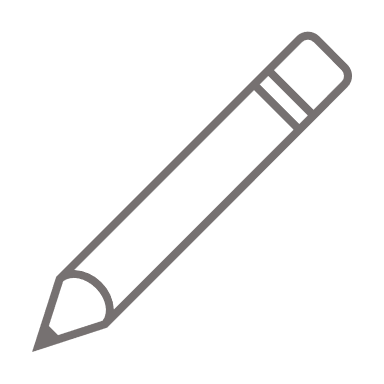
1. Type of Indirect Cost Rate Applicable to this Application, select from the following:
   1. “Decline Indirect Cost Rate” if your agency has elected to decline reimbursement for indirect costs during the applicable program year.
   2. “Federal Negotiated Indirect Cost Rate” if your agency currently has an approved indirect cost rate with a Federal (Cognizant) Agency.
   3. “Federally Accepted De Minimis Rate 10%” if your agency does not have a current negotiated (including provisional) rate and does not receive more than $35 million in Federal funding, is requesting as a condition of the grant award, to charge a flat de minimis indirect cost rate of 10 percent of Modified Total Indirect Costs (MTDCs).
   4. “Negotiated Indirect Cost Rate” if your agency does not currently plan to obtain a federally negotiated indirect cost rate and would like to negotiate an indirect cost rate of Modified Total Direct Costs (MTDCs) with the Town.

***Sources of Funding (Page 5)***

List all the sources of funding you anticipate using to implement the activity by source, amount and status. The amount of CDBG funding you are seeking in this application is listed in the first row. Fill in the remaining rows to indicate all other leveraged funds for the activity. The total of all sources listed in this table should equal the Total Activity Budget in the Proposed Activity Budget table. Access the Excel table embedded in the application by double clicking anywhere on the table or by right clicking on the table, then selecting “Object” and then selecting “Edit”.

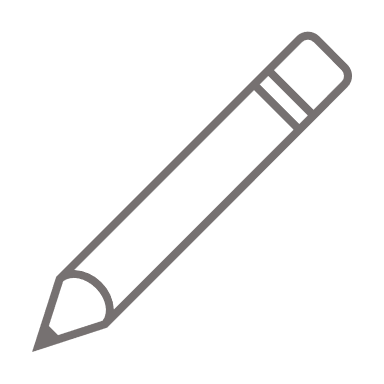
***Capital Improvement Activity Implementation Schedule (Page 6)***

*(Only complete this section if your application is for a Capital Improvement Activity)*

1. Start Date: Select the starting date for each milestone listed.
2. End Date: Select the ending date for each milestone listed.
3. Narrative questions: Provide a response to each of the narrative questions. Do not exceed the allotted space in response to these questions. Edit these areas by typing your agency’s responses directly into the form fields provided. The document will not expand to accommodate your narrative entries, so please be brief and include the most pertinent information first. In addition, sample responses are provided for each narrative question by holding the “Ctrl” button and clicking on the “[](https://mdgassociates.sharepoint.com/sites/LancasterCPD/Shared%20Documents/0.Working/1.2Internal%20Resources/5.%20Application%20Process/Response%201.jpg)” symbol.

***Capital Improvement Activity Special Requirements (Page 7)***

*(Only complete this section if your application is for a Capital Improvement Activity)*

1. Select “Yes” if your agency has successfully implemented an activity during the last five (5) years involving the procurement and contracting requirements of 2 CFR Part 200.
2. Select “Yes” if your agency has successfully implemented an activity during the last five (5) years involving the prevailing wage requirements of the Davis-Bacon and Related Acts.
3. Select “Yes” if your agency has successfully implemented an activity during the last five (5) years that was subject to the Equal Employment Opportunity and Women’s/Minority Owned Business Requirements (W/MBE).
4. Select “Yes” if your agency has successfully implemented a project during the last five (5) years that was subject to the contracting, employment and training requirements of Section 3 of the Housing and Urban Development Act of 1968 subject to 24 CFR Part 135.
5. Select “Yes” if your agency has successfully implemented a project during the last five (5) years that was subject to the contracting, employment and training requirements of Section 3 of the Housing and Urban Development Act of 1968 subject to 24 CFR Part 75 (effective November 30, 2020).
6. Select “Yes” if your agency has successfully implemented a project during the last five (5) years that was subject to the Build America, Buy America Act (BABA) and Buy America Preference (BAP) (effective November 15, 2022).
7. Narrative questions: Provide a response to each of the narrative questions. Do not exceed the allotted space in response to these questions. Edit these areas by typing your agency’s responses directly into the form fields provided. The document will not expand to accommodate your narrative entries, so please be brief and include the most pertinent information first. In addition, sample responses are provided for each narrative question by holding the “Ctrl” button and clicking on the “[](https://mdgassociates.sharepoint.com/sites/LancasterCPD/Shared%20Documents/0.Working/1.2Internal%20Resources/5.%20Application%20Process/Response%201.jpg)” symbol.

**ADDITIONAL RESOURCES**

CDBG Program Regulations: 2 CFR Part 200 and 24 CFR Part 570, found at [www.ecfr.gov](http://www.ecfr.gov)

Current CDBG Income Limits: <https://www.hudexchange.info/programs/cdbg-entitlement/>

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| Required Documents Checklist | | |
|  | Document Name | PDF Name |
|  | Cover Letter | 0. Cover Letter-Subrecipient Name-Activity Name |
|  | Complete Application | 1. Application-Subrecipient Name-Activity Name |
|  | History of Agency/Corporate Profile | 2. History-Corp. Profile-Subrecipient Name-Activity Name |
|  | Executed “Applicant Agency Acknowledgement” | 3. Agency Acknowledgement-Subrecipient Name-Activity Name |
|  | Current List of Board of Directors (report effective date) | 4. Board of Directors-Subrecipient Name-Activity Name |
|  | Current Organizational Chart (report effective date) | 5. Org. Chart Agency-Subrecipient Name-Activity Name/6. Org. Chart Activity-Subrecipient Name-Activity Name |
|  | Job Descriptions | 7. Job Descriptions-Subrecipient Name-Activity Name |
|  | Additional Information | 8. Additional Info.-Subrecipient Name-Activity Name |
|  | Résumés of Chief Administration and Chief Fiscal Officers1 | 9. Résumés-Subrecipient Name-Activity Name |
|  | Certificate of Good Standing with the State | 10. Cert. Good Standing-Subrecipient Name-Activity Name |
|  | Corporate Resolution for Authorization to Request Funds1 | 11. Certificate of Resolution Req. Funds-Subrecipient Name-Activity Name |
|  | Corporate Resolution for Authorized Official 1 | 12. Certificate of Resolution Authorized Official-Subrecipient Name-Activity Name |
|  | Most recent filed IRS-9901 | 13. IRS-990-Subrecipient Name-Activity Name |
|  | Most recent audited Financial Statement1 | 14. Financial Statement Rept. -Subrecipient Name-Activity Name |
|  | Most recent audited Single Audit (if applicable)1 | 15. Single Audit-Subrecipient Name-Activity Name |
|  | IRS letter confirming your 501(c)(3) non-profit status1 | 16. 501(c)(3) -Subrecipient Name-Activity Name |
|  | Current Articles of Incorporation[[1]](#footnote-2) | 17. Articles of Inc. -Subrecipient Name-Activity Name |
|  | Current Bylaws1 | 18. By Laws-Subrecipient Name-Activity Name |

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| **Agency Information** | | | | | | |
| Agency Name: | | | Enter Agency Name | Agency Address: | | Street  City, State, Zip |
| Agency Type: | | | Choose an item. |
| Federal EIN:[Help outline](https://www.irs.gov/businesses/small-businesses-self-employed/employer-id-numbers) | | | 00-0000000 | [Help outline](https://www.sos.ca.gov/business-programs/business-entities/cbs-field-status-definitions)California Corporation Entity Number | | C0000000 |
| [Help outline](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-id-is-here)Unique Entity Identifier (UEI):  : | | | 000000000000 |
| **Activity Information** | | | | | | |
| Activity Name: | | | Enter Activity Name | Activity Address: | | Street  City, State, Zip |
| [Help outline](#Bk1)Amount Requested: | | | $ 000,000 | Number of Unduplicated Beneficiaries to be Served: | | 000 |
| **Agency Contact Information** | | | | | | |
| Contact Person for Application | | | | | | |
| Name: | | Enter Name | | Title: | Enter Title | |
| Phone: | | (000) 000-0000 | | Email: | Enter Email Address | |
| Contact Person for Activity Implementation | | | | | | |
| Name: | Enter Name | | | Title: | Enter Title | |
| Phone: | (000) 000-0000 | | | Email: | Enter Email Address | |
| [Help outline](#Bk1) Official Authorized to Execute Contracts | | | | | | |
| Name: | Enter Name | | | Title: | Enter Title | |
| Phone: | (000) 000-0000 | | | Email: | Enter Email Address | |

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| **Applicant Agency Acknowledgement** | | | | |
| 1. | That, by submission of this application, the Agency agrees that it will become a public document. | | | |
| 2. | That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable. | | | |
| 3. | That no revised application may be made in connection with this application once the deadline for applications has passed. | | | |
| 4. | That the Town may request or require changes in the information submitted which it deems reasonable for any and all information provided. | | | |
| 5. | That the Agency will cooperatively assist in the application review process. | | | |
| 6. | That, if the activity is recommended and approved by the Town Council, the Town reserves the right to fund less than the full amount requested. The Town also reserves the right to reduce and/or cancel allocation if federal entitlements are cancelled, reduced, or rescinded. | | | |
| 7. | That the Town reserves the right not to fund any applications received. | | | |
| 8. | By submission of this application, the Agency agrees to abide by the federal regulations applicable to this activity. | | | |
| 9. | That past program and financial performance will be considered in reviewing this application. | | | |
| 10. | That services are to be provided only to eligible Town residents at no cost during the grant period. | | | |
| 11. | That, if the activity is funded, the Town or a designated Agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for program expenditures. | | | |
| 12. | That, if the program is funded, the Town will perform an environmental review prior to the obligation of funds. | | | |
| 13. | That, if the activity is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention and reporting, local and federal requirements, and circumstances that would trigger grant suspensions and terminations. | | | |
| 14. | That an activity’s funding does not guarantee its continuation in subsequent program years. | | | |
| 15. | That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the Town, its employees and agents as additional insured) will be submitted to the Town prior to receiving funds. | | | |
| 16. | That written signature authority from the Agency’s governing body indicating who can execute contracts and amendments on its behalf will be submitted to the Town prior to receiving funds. | | | |
| 17. | That the Agency agrees to abide by HUD’s Conflict of Interest Provisions found at [2 CFR 200.317](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.317) and [200.318](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.318) the Town’s Local Conflict of Interest Policy. Items of concern would include Board of Directors or staff members families having a monetary interest in any contract made by the Town, and other matters that may give the appearance of a conflict of interest. | | | |
| 18. | The Agency understands that if the activity does not meet a national objective upon activity completion, that the activity will not be eligible and amounts paid out to Agency will be required to be paid back to the Town. | | | |
| 19. | The Agency understands and certifies compliance with the anti-lobbying statement required under [24 CFR Part 87](https://www.ecfr.gov/current/title-24/part-87/appendix-Appendix%20A%20to%20Part%2087). | | | |
| 20. | The Agency understands that the proposed activity must address at least one (1) of the Town’s Consolidated Plan goals to be considered for funding. | | | |
| 21. | The Agency understands and certifies compliance with the Build America, Buy America Act (BABA) and the Buy America Preference (BAP) which requires that all iron, steel, manufactured products, and construction materials used in infrastructure projects funded with Federal Financial Assistance (FFA), must be produced in the United States. | | | |
| By signing below, the agency acknowledges the above. [Help outline](#Bk2) | | | | |
| Name: | | Enter Name | Title: | Enter Title |
| Signature: | |  | Date: | Click or tap to enter a date. |

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| **Activity Description** | | |
| 1. | Provide a general description (do not exceed the allotted space) of the activity your agency will be implementing to address one or more of the Town’s Five-Year Consolidated Plan goals during the applicable program year. Your response must address the following:   * 1. Agency Name   2. Activity Name   3. Individuals Implementing the Activity   4. Activity Scope of Work   5. How CDBG Funds will be Used   6. Activity Need (What Problem is Being Addressed and its Ideal Outcome)   7. Location of Activity Service   8. Intended Target Population or Service Area   9. How will the Target Population/Service Are be documented   10. Activity Hours of Operation   11. Consolidated Plan Goal being addressed | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562430079/) |
| Enter Agency Name is requesting CDBG funding from the Town to implement its Enter Activity Name. Implemented by Enter Individuals Implementing the Activity , the Enter Activity Name , will provide Enter Intended Target Population or Service Area with Enter Activity Scope of Work . Enter Agency Name will use the awarded CDBG funds to pay for Enter How CDBG Funds will be Used . Beneficiary Enter Documentation of Target Population or Service Area Eligibility . In addition, beneficiaries of the Enter Activity Name will be able to receive services at Enter Activity Location during Enter Activity Hours of Operation . The Enter Activity Name will address the Town’s Enter Consolidated Plan Goal Consolidated Plan Goal. Enter the problem being addressed by the activity and its ideal outcome . | |

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| **Capacity and Compliance** | | | | | |
| 2. | Has your agency previously received HUD or CDBG funds? | Choose an item. | | | |
| 3. | If the answer to question 2 is “No” please respond with “Not Applicable”. If the answer to question 2 is “Yes”, please list and briefly describe programs your agency has previously undertaken with HUD funds (i.e., CDBG, CDBG-CV, HOME, HOME ARP, ESG, HOPWA, WIOA, etc.). | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562679328/) | |
| Enter Narrative | | | | |
| 4. | Has your agency previously implemented this activity? | | Choose an item. | | |
| 5. | If “Yes” to question 4, was it funded with HUD or CDBG funds? | | Choose an item. | | |
| 6. | Has your agency had any audit findings, liens, investigations, lawsuits, claims, settlements, or been placed on probation by any oversight agency in the past five (5) years?. | | Choose an item. | | |
| 7. | If the answer to question 6 is “No”, please respond with “Not Applicable”. If the answer to question 6 is “Yes”, please explain. | | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562608535/) |
| Enter Narrative | | | | |

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| **[Help outline](#Bk5)Proposed Activity Budget** |
| [Help outline](#Bk5)Provide the anticipated budget for the proposed CDBG activity. The CDBG portion of the budget must reflect only those costs of serving CDBG-eligible Town residents. Indicate any leveraged funds to be used in conjunction with the CDBG funds to implement the activity. Please round to nearest whole dollar. |



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| **Indirect Cost Selection** | | |
| Type of Indirect Cost Rate applicable to this application: | Choose an item. | Enter Indirect Cost Rate %% |
| **[Help outline](#Bk6)Sources of Funding** | | |
| [Help outline](#Bk6)Please list all the sources of funding your agency anticipates using to implement the Town CDBG activity by source, amount, type and status below. The amount of CDBG funding your agency is seeking in this application is listed first. Fill in the remaining rows to indicate other leveraged funds. | | |



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| **Capital Improvement Activity Implementation Schedule**  ***(To be Completed for Capital Improvement Activity Applications Only)*** | | | | | | |
| **Project Element** | | **Start Date** | **End Date** | | | |
| Define scope of work/finish design | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Environmental Clearance | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Preparation of bid document | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Release of bid document | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Conduct Pre-Bid meeting | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Contract Award | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Finalize Contract | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Pre-Construction/Notice to Proceed | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Construction | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| Labor Compliance Clearance | | Click or tap to enter a date. | Click or tap to enter a date. | | | |
| 8. | Does the project depend on receiving 100% of your funding request? | | Choose an item. | | | |
| 9. | If your agency is not approved for 100% of your funding request, how will your agency address the shortfall? | | | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562608530/) |
| Enter Narrative | | | | | |
| **Capital Improvement Activity Special Requirements**  ***(To be Completed for Capital Improvement Activity Applications Only)*** | | | | | | |
| **Has your agency implemented an activity within the last five (5) years subject to the following requirements?** | | | | | | |
| The procurement and contracting requirements of 2 CFR Part 200 | | | Choose an item. | | | |
| The prevailing wage requirements of the Davis-Bacon and Related Acts | | | Choose an item. | | | |
| The Equal Employment Opportunity and Women’s /Minority-Owned Business Requirements (W/MBE) | | | Choose an item. | | | |
| Section 3 of the Housing and Urban Development Act of 1968 subject to 24 CFR Part 135 | | | Choose an item. | | | |
| Section 3 of the Housing and Urban Development Act of 1968 subject to 24 CFR Part 75 (effective November 30, 2020) | | | Choose an item. | | | |
| Build America, Buy America Act (BABA) as part of the Infrastructure Investment and Jobs Act (IIJA), effective November 15, 2022 | | | Choose an item. | | | |
| 10. | Please describe what steps your agency will take to ensure that efforts to hire minority (MBE) or women-owned (WBE) businesses for your activity are documented. | | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562141136/) | |
| Enter Narrative | | | | | |
| 11. | For projects requesting $200,000 or more, please describe what your agency will do to assure that employment and/or job training opportunities for low income individuals are provided, per HUD Section 3 requirements (24 CFR Part 35). | | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/52562430094/) | |
|  | Enter Narrative | | | | | |
| 12. | For projects exceeding $250,000 (from all sources), please describe what your agency will do to assure compliance with the Build America, Buy America Act (BABA) and Buy America Preference (BAP). | | | [Pencil outline](https://www.flickr.com/photos/197146472@N03/53345384046/) | | |
|  | Enter Narrative | | | | | |

1. Documents not required for Town Departments [↑](#footnote-ref-2)