City of Odessa

2015

COMMUNITY DEVELOPMENT BLOCK GRANT

FUNDING APPLICATION

Application Deadline:

Monday, March 30, 2014

4:00 p.m.

REQUIRED DOCUMENTS

The following agency documentation must be submitted with the application for CDBG funding in order for the application to be reviewed for possible funding:

◊ Articles of Incorporation/Bylaws - Articles of Incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

◊ Non-profit determination - Non-profit organizations must submit tax exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board. 501(c)(3)

◊ List of Board of Directors - A list of the current Board of Directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

◊ Authorization of Request for Funds - Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation consists of a copy of the minutes of the meeting where the governing body's resolution, motion or other official action is recorded.

◊ Authorized Official - Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

◊ Organization Chart - An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff position of shared responsibility.

◊ Financial Statement and Audit

◊ Documentation of Personnel Policy (Affirmative Action Plan/Grievance Procedure)

◊ Proof of Liability Insurance

INSTRUCTIONS

The attached Community Development Block Grant application for funding is the document that will be used to determine the eligibility of your proposed project. Please read and follow these instructions carefully.

Any agency or organization submitting an application must have a non-profit status and provide services to the citizens of Odessa. All projects should be completed within a twelve (12) month period from October 1, 2015 to September 30, 2016.

1. Any application that is not completed correctly will not be eligible for funding.
2. Any application where directions for submittal are not followed will not be accepted. (Such as not being submitted through the proper City Department.)
3. The agency must perform all research necessary to complete the application thoroughly and correctly.
4. When defining your service area please refer to Service Area maps available from the Community Development Department.
5. Be sure to read and answer all questions on the application.
6. ***All projects for City owned property (i.e., streets, sidewalks, parks, buildings, etc.) must be submitted through the appropriate City Department (i.e., Parks, Engineering Division, etc.)***
7. **If your project is allocated funds, expenditures cannot be incurred for reimbursement prior to the execution of a contract and the release of funds by HUD. The release of funds may not occur until after October 2015. Each subrecipient will receive formal written notification of the release of funds.**
8. ***ALL APPLICATIONS MUST BE TYPED.***

If you have any questions regarding this application, please call the Community Development Department at 335-4820 and speak with one of the following personnel or send an e-mail to any of the addresses listed below:

Merita Sandoval, Director of Community Development - msandova@odessa-tx.gov
Jamie Minor, Community Development and Housing Manager– jminor@odessa-tx.gov

PLEASE NOTE THAT THE DEADLINE FOR APPLICATIONS TO BE RECEIVED IN THE COMMUNITY DEVELOPMENT DEPARTMENT OFFICE IS NO LATER THAN 4:00 P.M. ON Monday, March 30, 2015.

ALL APPLICATIONS MUST BE HAND DELIVERED AND BE DATE AND TIME STAMPED PRIOR TO THE DEADLINE BY THE COMMUNITY DEVELOPMENT OFFICE IN ORDER TO BE ACCEPTED. (NO FAX OR E-MAIL APPLICATIONS WILL BE ACCEPTED).

AGENCY INFORMATION

ORGANIZATION:	***ADDRESS:***
PHONE NUMBER:	***FAX NUMBER:***
DIRECTOR:	***E-MAIL ADDRESS:***

The following agency information is requested to document compliance with requirements for the Community Development Block Grant Program.

1. Does your agency have a 501(c)(3) non-profit status? ☐ Yes ☐ No (Attach a copy of designation and federal tax identification number.)
2. How many years has the agency been in existence? _____
3. Does your agency have the capacity to administer the Community Development Block Grant funds? ☐ Yes ☐ No If yes, what accounting and administrative procedures does your agency have in place in order to successfully administer the Community Development Block Grant funds? _____
4. Has the agency had any audit findings? ☐ Yes ☐ No (Attach a copy.) If yes, please explain in detail including steps taken to resolve the problem(s): _____
   _____
   _____
5. Who will administer the project (contact person)? _____
   _____
   _____
6. Is the project manager familiar with CDBG funding requirements and information from OMB Circulars? ☐ Yes ☐ No If yes, please explain to what extent:
   _____
   _____
7. How many people are on staff at your agency? _____
8. How many of the staff will be involved with the CDBG project? _____

9. To what extent are they familiar with CDBG funding requirements? _____

_____

_____

10. Has your agency ever received CDBG funds before? ☐ Yes ☐ No If yes, please give year(s) and amount(s): _____

_____

_____

11. Has your agency previously received any other state or federal funds? ☐ Yes ☐ No If yes, please provide the source of funding, what the funding was used for, the year(s) and amount(s): _____

_____

_____

_____

12. Were the previous project(s) completed in a timely manner? ☐ Yes ☐ No If no, please give details as to problems: _____

_____

_____

_____

13. Did your agency have any problems in meeting the National Objective or other program requirements? ☐ Yes ☐ No If yes, please explain problems:

_____

_____

_____

14. By what method does your agency verify they are providing services to low-income citizens of Odessa? _____

_____

_____

_____

15. Please attach a copy of your agency's annual budget including but not limited to:
    a. All sources and amounts of funding received
    b. Total revenue generated NOT including city contributions_____
    c. Salary of Executive Director _____
    d. Percentage of total revenue going to administrative costs _____

e. Percentage of city funds going to administrative costs _____

f. Percentage of total revenue reaching the targeted population _____

g. Percentage of city funds reaching the targeted population _____

16. Please attach a list of the services your agency provides.

17. Are there any other agencies providing similar services to the community? ☐ Yes ☐ No If so, will there be a coordination of services? ☐ Yes ☐ No If no coordination of services, please explain why: _____

_____

_____

18. Please provide letters of support from agencies familiar with your services or those who will benefit from the services you provide.

19. How long has your agency provided the service for which you are requesting funds?

_____

20. Should your agency not receive CDBG funds, how would this affect your program operation? _____

_____

_____

_____

21. Is your agency reliant on CDBG funds for program survival? ☐ Yes ☐ No If yes, how many years do you expect your agency to be reliant on CDBG funds to support your program should your agency receive funding? _____

_____

_____

_____

22. Should your agency not receive the entire amount requested, tell us if it is practical to continue program operations and what would be your service levels at 75%, 50% and 25% of your current request: _____

_____

_____

_____

23. What percentage of your annual budget will the CDBG funds account for? _____

CITY OF ODESSA
COMMUNITY DEVELOPMENT BLOCK GRANT
FUNDING APPLICATION
2015

Project Name: _____ Amount Requested: _____

Project Manager: _____ Phone Number: _____

Proposed Location: (Agency address or specific site): _____

Citywide or Census Tract and Block Group number(s) of service area: _____

_____

_____

Will your project provide a public service or will it be an improvement to a public facility?

_____

If this project is for an improvement to a building, who owns the building? _____

_____

If this project is a construction project, is the improvement in a flood zone? _____

_____

If in a flood zone, do you have the funds available to provide flood insurance for the life of the improvements? _____

_____

Briefly describe the project and attach a breakdown of the project budget. If this project involves construction, the TOTAL COST of construction must be prepared and estimated by an Engineer/Architect. FOR ALL PROJECTS INVOLVING IMPROVEMENTS TO CITY OWNED PROPERTIES SUCH AS PARKS OR STREETS, THE REQUEST FOR FUNDS MUST BE SUBMITTED THROUGH THE APPROPRIATE CITY DEPARTMENT AND INCLUDE THE FISCAL IMPACT OF SUCH IMPROVEMENTS. _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Describe the specific purpose of the project, identifying the problems the project is intended to help solve and attach the time line for completing the project. Include the number of people or households that is proposed to directly benefit from the program and a breakdown of the number to be served each month along with the proposed monthly expenditures. _____

Provide information showing this project is consistent with meeting the five (5) year goals of the City of Odessa's Consolidated Plan. Include category and level of priority this project meets. Consult Community Development for further information concerning the 2010-2014 Consolidated Plan. _____

PERFORMANCE MEASUREMENT STANDARDS

The U. S. Department of Housing and Urban Development now requires that each project that is funded with Community Development Block Grant funds meet one of the objectives and outcomes listed below.

Outcomes ➔ Objectives 🡻	Availability/ Accessibility	Affordability	Sustainability
Suitable Living Environment	Enhance suitable living environment through improved/ new accessibility	Enhance suitable living environment through improved/ new affordability	Enhance suitable living environment through improved/ new sustainability
Decent Housing	Create decent housing with improved/ new availability	Create decent housing with improved/ new affordability	Create decent housing with improved/ new sustainability
Economic Opportunity	Provide economic opportunity through improved/ new accessibility	Provide economic opportunity through improved/ new affordability	Provide economic opportunity through improved/ new sustainability

Should your project receive funding it will be necessary to demonstrate the impact the funding is having in reaching the objective established for the activity.

NATIONAL OBJECTIVE

To be eligible to receive CDBG funding, the project must meet one of the following three National Objectives. ***SELECT ONE AND ONLY ONE OBJECTIVE UNDER WHICH THIS PROJECT IS ELIGIBLE.***

☐ **Benefit low and moderate-income persons as defined by HUD.**

- ☐ **Area benefit activities**
- ☐ **Limited clientele activities**
- ☐ **Housing activities**
- ☐ **Job creation or retention activities**

Under this objective estimate the number of low and moderate-income persons or households to be served by this project _____. Identify whether the project will serve persons or households. What is your source for the estimate? _____

_____

For job creation or retention activities please demonstrate how you will ensure these jobs will be made available to or held by low and moderate-income persons. _____

☐ **Aid in the prevention or elimination of slum and blight.**

Describe how this project will address one or more of the slum and blight qualifying conditions. This activity must be limited to historic preservation, acquisition, clearance, relocation, or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.

Estimate the percentage of deterioration (i.e., how much of the structure and/or structures would be classified as blighted). _____

☐ **Designed to meet needs having a particular urgency - conditions that pose a serious and immediate threat, which originated within the past 18 months (i.e., tornado, chemical spill, etc.). Documentation MUST be provided.**

Please detail the conditions which pose a serious and immediate threat to the health or welfare of the community and when the urgent need originated. _____

_____

_____

_____

_____

_____

CONFLICT OF INTEREST

The AGENCY agrees to abide by the provisions of 24CFR 570.611 with respect to conflict of interest and covenants that it presently has no financial interest and shall not acquire any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under those CDBG Program Regulations. The AGENCY further covenants that in the performance of receiving CDBG funds no person having such a financial interest shall be employed by the Agency hereunder. These conflict of interest provisions apply to any person who is an employee, agent, consultant, officer or elected official of the CITY, or of any designated public agencies or subrecipients which are receiving CDBG funds.

1. Is there **ANY MEMBER** of the applicant's staff, member of the applicant's Board of Directors or officer who currently is or has/have been within one year of the date of this application a **CITY EMPLOYEE**, a member of the **COMMUNITY DEVELOPMENT ADVISORY COMMITTEE** or a member of the **CITY COUNCIL?**

   ☐ Yes
   ☐ No

   If yes, please list name(s): _____

_____

_____

2. Will the funds requested by the applicant be used to pay the salaries of any of the applicant's staff or award a subcontract to any individual who is or has been within one year of the date of this application a **CITY EMPLOYEE**, a member of the **COMMUNITY DEVELOPMENT ADVISORY COMMITTEE** or a member of the **CITY COUNCIL**?

   ☐ Yes
   ☐ No

   If yes, please list name(s): _____

_____

_____

3. Is there any member of the applicant's staff, member(s) of the Board of Directors, or officer(s) who are business partners or **IMMEDIATE FAMILY OF A CITY EMPLOYEE,** a member of the **COMMUNITY DEVELOPMENT ADVISORY COMMITTEE** or a member of the **CITY COUNCIL**?

   ☐ Yes
   ☐ No

   If yes, please list name(s): _____

_____

_____

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that the filing of the application has been duly authorized by the governing body of the applicant and that the applicant will comply with all the requirements of the grant if the application is approved.

Name: _____ Signature: _____
Title: _____ Date: _____