CITY OF BURLINGTON
COMMUNITY DEVELOPMENT BLOCK GRANT - 2022 APPLICATION
Application must be no more than 12 total pages (<u>including cover page</u>) with 12-point font.
Refer to NOFA for required information for each question.

Project Name: _____

Project Location / Address: _____

Applicant Organization / Agency: _____

Mailing Address: _____

Physical Address: _____

Contact: _____ Title: _____ Phone #: _____

Web Address: _____ E-mail: _____

EIN #: _____ DUNS #: _____

CDBG Funding Request: $_____

Total Estimated Program/Project Cost: $_____

Project start date: *(choose one) July 1st, 2022 or ____ before July 1st, 2022, if before please indicate the desired start date: _____*

Development: *(choose one) ___ Economic Development ___Affordable Housing*
___Public Facilities/Improvements

Public Service: *(choose one) ___ Early Childhood Ed/Childcare ___Youth Services ___Health ___ Covid response ___ Economic Opportunity _____Housing and Homelessness*

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1. **Type of Organization**
   ____ Local Government   ____ Non-Profit Organization (<u>please provide copy of your</u>
   ____ For-Profit Organization   <u>IRS 501(c)(3) tax exemption letter</u>)
   ____ Faith-Based Organization   ____ Institution of Higher Education

Certification
To the best of my knowledge and belief, data in this proposal are true and correct.
I have been duly authorized to apply for this funding on behalf of this agency.
I understand that this grant funding is conditioned upon compliance with federal CDBG regulations.

I further certify that no contracts have been awarded, funds committed or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

_____   _____
Signature of Authorized Official   Name of Authorized Official

_____   _____
Title   Date

Questions with an asterisk (*) are collaborative questions that may be found on funding applications for the United Way of Northwest Vermont.

I. *Demonstrated Need*

1. **What is the need/opportunity being addressed by this program/project and how does that contribute to CDBG's national objectives?***

II. *Program/Project Design*

1. **Give us a short summary (2 sentences) that describe the program/project.**

2. **Explain why the program activities are the right strategies to use to achieve the intended outcomes. Why is the program designed the way it is? (cite evidence, best practices, or community input)***

3. **How will this program/project contribute to the City's anti-poverty strategy? If this activity is to respond to COVID-19, please also describe how this activity prepares or responds to the impacts of the COVID-19 pandemic.**

4. **How do you use community and/or participant input in planning the program design and activities?***

III. Proposed Outcomes

1. **What are the intended outcomes for this project/program? How are people meant to be better off as a result of participating?**

2. **List your goals/objectives, activities to implement and expected outcomes (# of units, # of individuals, etc.)**

IV. Impact / Evaluation

1. **How do you assess whether/how program participants are better off? Describe how you assess project/program outcomes; your description should include: what type of data, the method/tool for collecting the data, from whom you collect data, and when it is collected.***

2. **How successful has the project/program been during the most recent reporting year for your CDBG project? Report the number of beneficiaries you intended to serve with which activities (as noted in your last Attachment A) and your final outcomes (as noted on your Attachment C) from June 2021 (or June 2020). For non-CDBG participants – report on your achievements from the previous year.**

V. Experience / Organizational Capacity

1.   **What is your agency's mission, and how do the proposed activities fit with your mission?**

2.   **Explain how your agency has the capacity to carry out the proposed activity (i.e. staff qualifications, years of experience related to this type of activity, etc.)***

3.   **What steps has your organization/board taken in the past year to address racial equity, inclusion, and belonging internally? What new commitments have been made to address racial equity, inclusion, and belonging internally in the year ahead?**

4.   **Have you received Federal or State grant funds in the past three years?   ___Yes   ___No**

5.   **Were the activities funded by these sources successfully completed?   ___Yes   ___No ___N/A**
     If No, please explain:

VI. Proposed Low & Moderate Income Beneficiaries

1. **Will the program solely serve a specific group of people? If so, check <u>ONE</u> below:**

_____ Abused Children _____ Elderly (62 years +) _____ People with AIDS
_____ Battered Spouses _____ Homeless Persons _____ Illiterate Adults
_____ People with Severe Disabilities

2. a.For your proposed project, please estimate how the <u>Burlington residents</u> will break out into the following income categories during the total grant period. Use the Income Table at
https://www.burlingtonvt.gov/CEDO/2021-HUD-Income-Limits

Service / Activity	Unduplicated Total # of Burlington HH / Persons to be Served	# Extremely Low-Income (30% median)	# Very Low-Income (50% median)	# Low-Income (80% median)	# Above Income Limits (above 80% median)

b. All CDBG grantees serving limited clientele will be required to use CEDO's *CDBG Beneficiary Self-Certification* form to collect beneficiary data including race, ethnicity, annual income, and family size. Is your organization willing and prepared to add this documentation to the intake process for your CDBG funded program by July 1, 2022?
___Yes _____ NO _____ Not Serving Limited Clientele

VII. Commitment to Equity, Inclusion and Belonging

1. **Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community/location, race or ethnicity, or other characteristic of the people this program is intended to serve. How do you select and reach your target population?**

2. **Describe the steps you take to ensure the project/program is accessible, inclusive, addressing racially equity, and culturally appropriate for the target population. ***

VIII. Budget / Financial Feasibility

1. **Budget Narrative: Provide a clear description of what you will do with CDBG's investment in the project/program. How will you spend the money? Give specific details.**

2. **If you plan to pay for staff with CDBG funding, describe what they do in relation to the specific service(s) / activity(ies) in your Project/Program Design.**

a.

Specific Service / Activity	Position/Title	Work Related to CDBG-Funded Activity	# of Hours per Week spent on this Specific Service / Activity	% of Hours per Week spent on this Specific Service / Activity to be paid with CDBG

b. **All CDBG grantees that use CDBG funds for salaries must submit timesheets that capture total time and effort of staff members funded with CDBG. These timesheets must record hours worked on CDBG-funded programs, hours worked on non-CDBG funded programs and the corresponding program name/funding source(s). Timecards must include a narrative for all CDBG and non-CDBG funded activities, and must be signed by the employee and supervisor. Does your organization have the ability to implement a timekeeping system for CDBG funded staff that meets these requirements by July 1, 2022? ___Yes ___No ___ Not funding salaries**

3. **Program/Project Budget**

Line Item	CDBG Funds	Other	Total
	$	$	$
	$	$	$
	$	$	$
	$	$	$

4. Funding Sources	Program/Project		Agency	
	Current	Projected	Current	Projected
CDBG	$	$	$	$
State (specify)				
Federal (specify)				
United Way				
Private (specify)				
Program Income				
Other (**specify**)				
Total	$	$	$	$

5. Of the total program/project cost, what percentage will be financed with CDBG?

$_____ ÷ $_____ = _____%
　　CDBG Funding　　　　　Total Program/Project Costs　Percentage

6. Of the total program/project cost, what would be the total cost per person?

$_____ ÷ _____ = $_____
Total Program/Project Cost　# Total Proposed Beneficiaries　Cost Per Person

$_____ ÷ _____ = $_____
Total Amount of CDBG Funding　# Total Proposed CDBG Beneficiaries　Cost Per Person <u>CDBG</u> Investment

7. Why should CDBG resources, as opposed to other sources of funding, be used for this project?

8. Describe your use of community resources, including volunteers. Include any resources not listed in your budget. Will CDBG be used to leverage other resources?*

IX. Collaboration/Efficiency

1. **Give 1 or 2 examples of key successful collaboration(s) between your program/project and another agency/program/group to address the needs of the people you serve.**

2. **Do identical or similar community programs exist? How does this program complement or collaborate rather than duplicate services? What makes this program unique?**

3. **Provide 1 example of how your agency has become more efficient in achieving your outcomes or managing your project/program.**

X. Sustainability

1. **How will this project have a long-term benefit to the City of Burlington? If this program/project ends, how will that benefit continue?**

2. **CDBG funding is intended for new or expanded services. If CDBG funding ends, will the project be able to continue?**

3. **How will you prioritize the proposed project activities if you do not receive the full amount requested?**