**CITY OF ELGIN**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**2024 APPLICATION COVERSHEET/CHECKLIST**

|  |
| --- |
| **Homeless and Supportive Service Projects** |
| **APPLICANT/AGENCY NAME:**       |
| **Instructions:** This form must be completed by the applicant and submitted as a coversheet. If an agency is submitting more than one funding proposal, separate application forms (and copies) must be submitted. |
| **SECTION 1: Application Form** |
| Application Coversheet/Checklist page (this page) | [ ]  |
| Application Form pages | [ ]  |
| Beneficiary Report Table form | [ ]  |
| CDBG Schedule form | [ ]  |
| Program Sources of Funds form | [ ]  |
| Program Budget form (Use of Funds) | [ ]  |
| Applicant Certification form | [ ]  |
| **SECTION 2**: **Supporting Documentation** **Documents must be clearly labeled (as Exhibit A, B, C, etc.) at the top right corner on the first page of each Exhibit.** |
| 1. Letter from Agency’s governing Board authorizing application for CDBG funds
 | [ ]  |
| 1. List of Board Members
 | [ ]  |
| 1. Minutes from two most recent Board meetings
 | [ ]  |
| 1. Background/Overview of Programs and Services Provided by Agency
 | [ ]  |
| 1. Articles of Incorporation/Bylaws
 | [ ]  |
| 1. State Tax Exemption Determination Letter
 | [ ]  |
| 1. Federal Tax Exemption Determination Letter
 | [ ]  |
| 1. Annual Financial Statement – year to date (tax returns are not acceptable)
 | [ ]  |
| 1. Annual Financial Statement – last three years (audited) (tax returns are not acceptable)
 | [ ]  |
| 1. Chart of Accounts (showing agency has a separate method of tracking grant funds)
 | [ ]  |
| 1. Copy of Financial Policies and Procedures (written procedure manual for financial management)
 | [ ]  |
| 1. Single Audit from most recent fiscal year (*[ ]*  **N/A** - Agency was not required to conduct a Single Audit)
 | [ ]  |
| 1. If you answered N/A to the submission of a Single Audit, provide a certification statement from the Agency’s chief financial officer documenting that Agency is not required to conduct a Single Audit
 | [ ]  |
| 1. Job Description for chief administrative staff person
 | [ ]  |
| 1. Job Description for chief financial staff person
 | [ ]  |
| 1. Job Description for CDBG grant mgmt. staff person (if it is chief administrator or financial staff, mark “N/A”)[ ]  **N/A**
 | [ ]  |
| 1. Organizational Chart
 | [ ]  |
| 1. Current Demographic and Income information client “intake” form
 | [ ]  |
| 1. Agency policy/procedures for completing/using/retaining demographic and client income “intake” form documentation
 | [ ]  |
| 1. If external funding sources for your proposed activity are pending, provide written documentation of their status.
 | [ ]  |

By signing this checklist, I attest that I have included the documents indicated above as part of my application. I further attest that I am providing complete and accurate information to the City of Elgin in support of this funding request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature, Executive Director/CEO Date

**CITY OF ELGIN**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**2024 APPLICATION FORM**

**Homeless and Supportive Service Projects**

**ANSWERS MUST BE TYPED IN THE SPACES PROVIDED.**

**PLEASE Do not ADD extra sheets.**

|  |  |
| --- | --- |
| **Agency Name:** |  |
| **Executive Director/CEO:** |       |
| **Name of Program:** |       |
| **Program Location/Address:***(Include City, State, Zip)* |       |
| **Agency Address:***(Include City, State, Zip)* |       |
| UEI #:      | [CCR/CAGE](https://fsd.gov/fsd-gov/answer.do?sysparm_kbid=cad02a7e6f585100211956532e3ee421&sysparm_search=ccr):      | FEIN/Tax ID #:      |
| **Contact Name:      , Contact Title:**      *(This person is the agency representative authorized to discuss this application during the review process.)* |
| **Contact Address:***(Include City, State, Zip)* |       |
| **Contact Phone #:** (   )   -     | **Contact E-mail:**       |

**PROGRAM FUNDING SUMMARY**

(SPECIAL NOTE: THE CDBG PROGRAM OPERATES ON A REIMBURSEMENT BASIS AND ACTIVITIES THAT OCCUR PRIOR TO A SIGNED SUBRECIPIENT AGREEMENT WITH THE CITY CANNOT BE REIMBURSED.)

|  |  |
| --- | --- |
| **What is the total cost of your project or proposal?***This figure should match the total costs you identify in the Project Budget form.*  | $      |
|  |  |
| **When added together, the amounts below should equal the total cost of your project.***Please double check that these add up before submitting your proposal.* |
| **How much funding from Elgin CDBG are you requesting?** | $ |
| What is the total amount of funds you currently have secured/available for the project? | $      |
| What is the total amount of funds still to be secured from other sources? | $      |

**ACTIVITY SUMMARY**

1. **Brief Project Summary:** (Please provide a **two** sentence summary of your project.)

1. **Population Served:** Describe the clients served by your project. Note in particular whether specific subpopulations, such as the homeless, the elderly (at least 62 years of age), etc. are served. Describe any client eligibility requirements. (1,500 character max.)

**SERVICE AREA**

1. Is the proposed project exclusively available to City of Elgin residents? [ ]  Yes [ ]  No
2. Has your agency requested CDBG funding for this program from other jurisdictions? [ ]  Yes [ ]  No

If yes, which jurisdictions?

1. Will your proposed service offer *(select only one of the following two options)*:

[ ]  **NEW** OR [ ]   **IMPROVED** service(s) or benefits(s) to Elgin residents.\*

Please explain. (500 character max.)

*\*Where a service did not exist, the assistance to be provided results in “****new****” access to that service. Where a service was limited in size or capacity, and the assistance will expand the existing service, the result would be* ***improved*** *access*.

**AGENCY CAPACITY**

1. **Capacity of the Organization:** Briefly describe the capacity of the agency to complete this project within the time frame provided as part of this application. Please identify and describe the qualifications of staff member(s) that will be involved in the administrative aspects of the project such as reporting, record keeping, and preparing reimbursement requests. Also identify the roles (such as preparing project specifications, managing bidding, and overseeing construction) that will be assumed by outside professionals. (1,500 character max.)

1. **Collaboration:** Does your agency duplicate other programs offered in the City?[ ] Yes [ ]  No

If YES, please describe your agency’s efforts to reduce the duplication and any challenges that have impacted this effort. If NO,describe how your agency works with other area agencies to reduce the duplication of services (1,500 character max.)

If NO,describe how your agency works with other area agencies to reduce the duplication of services (1,500 character max.)

1. **Past Performance:** Describe your agency’s past performance managing grant funds, including CDBG and other government awards (including local, state, and federal).

1. If your agency administered CDBG grants in prior years and was monitored by the City, please provide information as to the year(s) your agency was monitored, the monitoring results, and efforts made by your organization to resolve any concerns or findings. (1,500 character max.)

1. If your agency is a prior CDBG recipient, have project funds been recaptured?

[ ]  Yes [ ]  No [ ]  Not applicable (New CDBG applicant)

If “yes”, provide information on the year(s) funds were recaptured, and explain the reasons why the Agency was not able to fulfill funding commitments. (1,500 character max)

1. **Financial Record Keeping:** The CDBG Program operates on a reimbursement basis and retroactive payments for activities that occur prior to the execution of a funding agreement are not permitted. Briefly describe your agency’s accounting system, and your payment/disbursement procedures, with relevance to the proposed project. (1,500 character max.)

1. Based upon your most recent financial audit, were there any outcomes or findings that changed the way your organization does business?**[ ]** Yes [ ]  No

If yes, please explain the changes.

1. Provide a detailed explanation as to the current status of any unresolved issues and corrective actions that have yet to be implemented. If the audit report is still open, please provide a timeline for when it will be closed. (1,500 character max.)

1. Provide a list of all outstanding mortgages including outstanding principal and monthly payment amounts.

1. Is there any financial restructuring anticipated by the organization to address situations such as financial shortfalls, debt reconstruction, working capital, in the next year? [ ]  Yes [ ]  No

If yes, please explain. (1,500 character max.)

**PROGRAM INFORMATION**

1. **Program Description**: Describe in detail the program for which you are requesting funds. (1,500 character max.)

## **Why is this program needed by Elgin residents?** Describe supporting research/documentation about why/how this program will address community needs. (1,500 character max.)

1. **Program Outcomes:** Please check the box will most closely address your program’s outcome. (Check only one.)

[ ]  Availability/Accessibility: This outcome relates to projects that make services more accessible or available to low‐ or moderate income persons, including those with special needs and/or disabilities.

[ ]  Affordability: This outcome relates to projects that provide affordability to low‐ or moderate‐income persons and can include affordable housing.

[ ]  Sustainability: This outcome relates to projects that improve communities and promote viability, such as removing slums and blight, or other services that sustain communities.

1. **Outcome Performance Measures:** Provide a brief statement as to how your program will positively affect the neighborhood, the community, and its residents. (500 character max.)

List additional outcomes for your project:

1.

2.

3.

1. **Organizational Resources:** Describe the organizational resources to be used in managing and carrying out the proposed program (e.g. capacity of staff, impact to agency workload, etc.) (1,500 character max.)

1. **Impact of CDBG Funding:** How will the injection of CDBG funds lead to increased effectiveness, innovation or program improvement? (1,500 character max.)

1. **Future Funding:** If funded, how will your agency continue the proposed program if CDBG funds are not available in future years? Would the program end? (1,500 character max.)

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**Beneficiary Report Table**

**AGENCY NAME:**

**PROGRAM NAME:**

Please complete the table below as follows:

1. For the most recent two (2) years, identify the number of individuals served - list under column “1.”
2. Provide an estimate of how many individuals are expected to be served during the one (1) year period following completion of the proposed project - list under column “2.”

|  |  |  |  |
| --- | --- | --- | --- |
| **Beneficiary Report Table** | *Example:**2021* | **1.** | **2.** |
| *2021*      | *2022*      | ***Estimate:******1st year after project completed*** |
| *Insert your fiscal year dates* | *From:* | *6/1/21* |       |       |       |
| *To:* | *5/31/22* |       |  |       |
| TOTAL number of individuals served | *A* | 500 |       |       |       |
| Of the number indicated on Line A, how many from the City of Elgin? | *B* | 249 |       |       |       |
| Of the number indicated in Line B, how many from Extremely Low income households as defined by HUD? (30% AMI or below) | *C* | 75 |       |       |       |
| Of the number indicated in Line B, how many from Very Low income households as defined by HUD? (between 30% AMI and 50% AMI) | *D* | 80 |       |       |       |
| Of the number indicated in Line B, how many from Low income households as defined by HUD? (between 50% AMI and 80% AMI) | *E* | 85 |       |       |       |
| Of the number indicated in Line B, how many from Moderate income households (or above) as defined by HUD? (above 80% AMI) | *F* | 260 |       |       |       |
| Add the totals from Lines C, D, E, and F. *This should be the same number as Line A.* | *=* | 500 |       |       |       |

**CITY OF ELGIN**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**CDBG Program Schedule**

**AGENCY NAME:**

**PROGRAM NAME:**

Provide a timeline for completing your project. Include major tasks/milestones and target completion dates (month and year). Typical project tasks/milestones include items such as: **Securing various funding sources**; **acquiring real estate**; **completing drawings/specifications**; **bidding**; **awarding of contracts**; **beginning construction**; and **completing construction**. When laying out your schedule, keep in mind that **certain work may not begin prior to execution of a funding agreement with the City of Elgin**. List in your timeline an anticipated award of City of Elgin funds in November 2024. Also individually list the expected award dates for each funding source in your budget that has not yet been awarded.

Please note all any activity associated with your project occurring after the date of submission must meet federal regulations (specifically, procurement).

|  |  |  |
| --- | --- | --- |
| **Action/Activity** | **Estimated Date(s)** | **Length of time to complete** |
|       |       |       |
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**Program Sources of Funds**

**AGENCY NAME:**

**PROGRAM NAME:**

**Source of Funds**

Please list all funding sources that you expect to use to carry out your program. If resources include In-Kind donations, please list the value. Under “Status of Funding” indicate whether funds have been “Requested”, “Committed”, or “Received”. Provide documentation of the status of all funding amounts and indicate whether they are restricted or unrestricted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Source | Amount or Value | Status of Funding | Documentation Attached | Restricted or Unrestricted |
| 1 | City of Elgin CDBG funding | $      | Requested | Application | Restricted |
| 2 |       | $      |       |       |       |
| 3 |       | $      |       |       |       |
| 4 |       | $      |       |       |       |
| 5 |       | $      |       |       |       |
| 6 |       | $      |       |       |       |
| 7 |       | $      |       |       |       |
| 8 |       | $      |       |       |       |
| 9 |       | $      |       |       |       |
| 10 |       | $      |       |       |       |
| 11 |       | $      |       |       |       |
| 12 |       | $      |       |       |       |
| 13 |       | $      |       |       |       |
| 14 |       | $      |       |       |       |
| 15 |       | $      |       |       |       |
| **TOTAL SOURCES:** | **$** |  |  |  |

**CITY OF ELGIN**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**Program Budget (Use of Funds)**

**AGENCY NAME:**

**PROGRAM NAME:**

***Please Note:***

\**CDBG applicants who seek funding assistance for indirect costs are required to submit an indirect cost allocation plan for their CDBG funded activity with this application. APPROVAL IS REQUIRED for Indirect/Overhead Cost Allocation Plans.*

*\*\*In filling out this form, start by documenting the “TOTAL COST” for each category. The TOTAL DEVELOPMENT COST should match what you have stated the TOTAL PROJECT COST to be on the first page of this application. Then, go back to either the “CDBG” or the “OTHER SOURCES” columns to identify which sources of funds are proposed to pay for each component of the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Designated Use of Funds** | **CDBG Funds** | **+ Other Funds** | **= Total Cost** |
| **Direct Project Costs** *(Non-personnel costs only)* |
|  |       | $      | $      | $      |
|  |       | $      | $      | $      |
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|  |       | $      | $      | $      |
|  | **SUBTOTAL:** | $      | $      | $      |
| **Personnel Costs** *(Group salary/benefits together for each position title)*  |
|  |       | $      | $      | $      |
|  |       | $      | $      | $      |
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|  |       | $      | $      | $      |
| **SUBTOTAL:** | $      | $      | $      |
| **TOTAL USES:** | **$** | **$** | **$** |

**APPLICANT CERTIFICATION**

To the best of my knowledge and belief, data in this application are true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with all regulations and guidelines applicable to the City of Elgin’s CDBG program.

Applicant certifies that they have read and fully understand all application materials for the Elgin CDBG program. Applicant further certifies that that all information furnished in/with this application is true and complete to the best of Applicant’s knowledge and belief. If any information provided herein changes following the submission of this application, Applicant agrees to notify the City of Elgin immediately. Applicant acknowledges that the City of Elgin may verify any information contained in/with this application, and submission of this application shall constitute Applicant’s authorization for the City of Elgin to complete such verification as it deems necessary to determine the accuracy of this application and its suitability for funding. Applicant understands and agrees that if false or incomplete information is provided in/with this application, the City of Elgin may disqualify this application and deem Applicant ineligible to receive any funds in the future. Applicant understands that the City of Elgin retains the right to reject any and all applications, and, in its sole determination, to waive minor irregularities. Applicant acknowledges by submission of this application that the City will make such determinations with the fullest discretion allowable by law. Applicant will at all times indemnify and hold harmless the City of Elgin against all losses, costs, damages, expenses and liabilities of any nature directly or indirectly resulting from, arising out of, or relating to the City’s acceptance, consideration, approval, or disapproval of this application and the issuance or non-issuance of funds herewith. Applicant further certifies that neither they nor their principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from HUD programs; that they do not discriminate on the basis of race, religion, color, sex, age, handicap or national origin; and that they are duly authorized by board resolution to cause this document to be executed and submitted to the City of Elgin.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be executed in its name on the        day of       ,       .

Signature of Executive Director/CEO Date

Type/Print Name