City of Newport News

Community Development Block Grant (CDBG) Program Application

**2020-2021**

**Completed**

**Application/ Proposal**

**Due Date is**

**January 13, 2020**

**City of Newport News**

**Community Development Block Grant Program (CDBG) Application**

**2020-2021**

FISCAL YEAR 2020-2021

**COMMUNITY DEVELOPMENT BLOCK GRANT**

**PROPOSAL SUBMISSION REQUIREMENTS**

1. All proposals must be submitted on forms obtained from the Newport News Redevelopment and Housing Authority. All responses should be contained in the space provided. Attachments, unless requested, are discouraged.
2. One (1) original and eight (8) copies of each proposal must be submitted.
3. **One** copy of the organization’s **By-Laws** and **Articles of Incorporation** must be attached to the original application according to the following guidelines:

(a) All applicants who have previously received CDBG funding need not resubmit the above items unless changes have occurred in the documents.

(b) All other applicants must submit one copy of each of the above required documents.

1. All non-profit applicants, **please** read the bold section on page one (1) of the application form.
2. All proposals are **due** and must be received by **5:00 p.m. on Monday, January 13, 2020**. Proposals may be hand delivered or mailed to the following locations:

|  |  |  |
| --- | --- | --- |
| Hand Delivered: | Community Development Department  Newport News Redevelopment and Housing Authority  Third Floor  227-27th Street  Newport News, VA 23607  ***Deliver between 8:00 a.m. - 5:00 p.m.*** | Department of Development  City of Newport News  Third Floor  2400 Washington Avenue  Newport News, VA 23607 |
|  | **OR** | **OR** |
| Mail To: | Community Development Department  Newport News Redevelopment and Housing Authority  P. O. Box 797  Newport News, VA 23607 | Department of Development  City of Newport News  Third Floor  2400 Washington Avenue  Newport News VA 23607 |

*.*

**The City of Newport News**



**Department of Development**

**2400 Washington Avenue, 3rd Floor**

**Newport News, Virginia 23607**

**www.nnva.gov**

**COMMUNITY DEVELOPMENT BLOCK GRANT**

**APPLICATION FOR ASSISTANCE: 2020-2021**

**ELIGIBLE APPLICANTS: ONLY PUBLIC OR NONPROFIT ORGANIZATIONS MAY APPLY FOR LOCAL COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS.**

**NONPROFITS: TO BE ELIGIBLE FOR DIRECT FUNDING AS A NONPROFIT, APPLICANT MUST BE INCORPORATED AS A NON-PROFIT UNDER STATE LAW. ELIGIBLE NON-PROFIT MUST SUBMIT A COPY OF MOST RECENT STATE CORPORATION COMMISSION FILING AND IRS FORM 990 IF ALSO A 501(C)3 ORGANIZATION. ALSO ATTACH ONE COPY OF THE ORGANIZATION’S BYLAWS AND ARTICLES OF INCORPORATION.**

|  |  |  |  |
| --- | --- | --- | --- |
| General Information | | | |
| Organization Name |  | Authorized Official Name/Title |  |
| Address |  | Telephone |  |
| City, State, Zip |  | DUNS Number |  |
| Contact Person Name/Title |  | Contact Person Email |  |

|  |
| --- |
| Project Information |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title | |  | |
| Location of the Project | |  | |
| Total CDBG Funds Requested | |  | |
| Project Overview (Briefly describe the use of CDBG for the project) (**maximum characters: 800)** | | | |
|  | | | |
| Project Schedule/Timeline Click here to enter text. | | | |
| Start Date: | 7/1/2020 | End Date | 6/30/2021 |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Select the Eligible Activity** | | | |
| Acquisition | Economic Development | Public Services |
| Clearance/Demolition | Housing | Relocation |
| Code Enforcement | Public Facilities & Improvement | Other |

|  |
| --- |
| 1. **Select the National Objective the Project will meet**   **(Select *one* criterion below)** |

|  |
| --- |
| **Criteria #1**: Benefit to low and moderate-income persons  Area Benefit  Limited Clientele  Jobs  Housing |
| **Criteria #2**: Aid in the prevention or elimination of slum or blight  Area Basis  Spot Basis |
| **Criteria #3**: Meet an URGENT need? (i.e., local disaster such as hurricane, flood, etc.)  Yes  No |

|  |
| --- |
| 1. **Beneficiary Data** |

|  |  |
| --- | --- |
| Estimated Number of Persons DIRECTLY Benefiting: |  |
| Of those, how many are low-to moderate income? |  |

|  |
| --- |
| 1. **Please describe the service area for your proposed activity or area of operation**   *(Area from which your clients are drawn.) You may use a geographical description (street boundaries), list by census tract or describe neighborhoods. (***maximum characters: 650)** |
|  |

|  |
| --- |
| 1. **NARRATIVE QUESTIONS**   ***(Please answer all questions)*** |
| 1. **Provide a detailed description of the project:**   **(maximum characters: 5000)** |
|  |
| 1. **Document the need for this project. State the problem. Why is this project needed?**   ***(maximum characters: 1800)*** |
|  |
| 1. **State the general goals of the project (Impact of project on** **the issue being addressed). How can these goals be measured? (maximum characters: 5000)** |
|  |
| 1. **If your project is funded this year and is an on-going or** **multi-phased activity, explain how you anticipate supporting** **the project in the future? (maximum characters: 1200)** |
|  |
| 1. **Describe Experience of Applicant** *(if project is to be carried out or administered by applicant only; include staffing, prior experience in carrying out projects, and financial capacity; may attach resume of program administrator and/or fiscal officer):*  (**maximum characters: 5000)** |
|  |

|  |
| --- |
| 1. **Public Facilities, Building Improvements and Acquisition Projects ONLY**   **(*If non-applicable, enter N/A, then go to next section - DO NOT LEAVE BLANK)*** |
| Applicants applying for funding to assist with building improvements, public facilities or acquisition will incur ***all*** legal fees associated with the project should you be awarded in-full or in-part the requested allocation. According to federal guidelines, projects of this nature require that binding legal documents be developed between the Authority and the recipient.  A five-year forgivable loan will be developed in the form of a deed of trust and note in the amount of the allocated Community Development Block Grant funding. The recipient will provide to the Authority an annual report for five years identifying and ensuring the services provided at the facility are eligible under the Community Development Block Grant program and meet one of the three national objectives. The loan will be forgiven 20% each year and fully forgiven in five years if use provision is met. |

|  |
| --- |
| **Will the renovation and/or construction take place on public property? Explain in detail.** |
|  |

|  |
| --- |
| 1. **PUBLIC SERVICES PROJECTS ONLY**   **(*If non-applicable, enter N/A, and go to next section - DO NOT LEAVE BLANK)*** |
| 1. **Please indicate the nature of your project and describe in detail *(300 maximum characters each question)*** |
| Will the project provide a new service?    Will the project provide an increase in service?    Will this be an expansion of services from previous CDBG grant award(s)? |
| 1. **For projects requesting salaries, provide a plan demonstrating the sustainability of the created position beyond the first year of CDBG funding.**   ***(maximum character: 1550)*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT BUDGET SECTION** | | | |
|  | | | |
| 1. **NON-CONSTRUCTION PROJECTS (PUBLIC SERVICE, PLANNING, ADMINISTRATIVE)** | | | |
| **Budgeted Activities** | **CDBG** | **Other Funds** | **Total Project** |
| 1. Salaries and Wages |  |  |  |
| Professional Staff |  |  |  |
| Program Employees & Part-time Staff |  |  |  |
| Maintenance Employees |  |  |  |
| 2. Fringe Benefits |  |  |  |
| 3. Volunteer (In-kind**\***) |  |  |  |
| 4. Consultant/Contract Services |  |  |  |
| 5. Travel Costs (0.58 per mile) |  |  |  |
| 6. Rental/Lease/ Purchase of Equip. |  |  |  |
| 7. Building & Space Costs |  |  |  |
| 8. Consumable Supplies |  |  |  |
| 9. Insurance (describe types and amounts) |  |  |  |
| 10. Telephone |  |  |  |
| 11. Postage |  |  |  |
| 12. Utilities |  |  |  |
| 13. Other Costs (Please itemize) |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***\* Explain any in-kind costs in budget sources below.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Sources:** *Specify Source (State, City, Federal, Private Donations)* | **Amount of Funds** | **Committed** | **Pending** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List All Funding Received from the City of Newport News (Not including CDBG)** | **Amount of Funds** | **Committed** | **Pending** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROJECT BUDGET SECTION** | | | |
|  | | | |
| 1. **PUBLIC FACILITIES RENOVATIONS, INFRASTRUCTURE, OR DEMOLITION AND CLEARANCE PROJECTS** | | | |
| **Budgeted Activities** | **CDBG** | **Other Funds** | **Total Project** |
|  |  |  |  |
| 1. Construction/Rehabilitation Costs |  |  |  |
| 2. Off-Site Costs |  |  |  |
| 3. Design Costs |  |  |  |
| 4. Project Administration/Overhead |  |  |  |
| 5. Other Costs (Please itemize) |  |  |  |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |
|  |  |  |  |
| **Funding Sources:** *Specify Source (State, City, Federal. Private Donations)* | **Amount of Funds** | **Committed** | **Pending** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| 1. **Certification** |
| I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsification, intentional omissions, or concealment of material facts. I further certify that in the event this application is funded, I (we) agree to abide by all applicable Community Development Block Grant regulations and procedures. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Authorized Official  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |