



PROPOSAL FOR CDBG FUNDING
The Lawrence Community Development Block Grant (CDBG)
Entitlement Program

◆
FISCAL YEAR 2023
JULY 1, 2022 THROUGH JUNE 30, 2023

Organization Name:

Project Name:

Project Address:

Applicant Address:

Contact Email:

Telephone :

Fax:

Amount of CDBG Request:

Website *(if applicable)*:

Employer (IRS) ID:

DUNS #:

Contact Name:

Title:

Contact Telephone:

Fax:

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 (unless a department of the City), and the applicant will comply with all regulations applicable to the City of Lawrence Community Development Block Grant program. **An original and one copy of this application and all attachments are being submitted.** Please do not reformat this form – no additional attachments except for those specifically requested in this RFP. **The following documents must be attached to the original application and the copy** (Except City departments):

1. Articles of Incorporation/Bylaws
2. Schedule of when Agency is due to file State and Financial reports below # 3, # 4, # 5, and #6 (Provide on letterhead)
3. Evidence of current annual report filed with Secretary of Commonwealth
4. Evidence of current annual report filed with Attorney General of Commonwealth
5. Evidence of current filing of IRS 990
6. One of the three types of Financial Statements (a. or b. for past recipients)
 - a. Copy of OMB A-133 Audit (Required if \$750,000 or more in aggregate Federal funds expended), or
 - b. Financial statements compiled by a CPA (if not bound by the requirements of OMB A-133), or
 - c. Most recent Profit and Loss Statement (only first time applicants may submit)
7. Current List of Board of Directors with Addresses and organizational chart.
8. IRS 501(c)(3) Designation Letter, unless a department of the City
9. Proof of SAM.GOV registration (copy of screen shot)
10. Signed CDBG CONFLICT OF INTEREST QUESTIONNAIRE AND AFFIDAVIT form (Separate attachment)

PLEASE COMPLETE AND SIGN SUBMISSION CHECKLIST AND INCLUDE WITH YOUR PROPOSAL PACKET.

1. BRIEF PROJECT DESCRIPTION: (5 points)

Please provide a one sentence statement describing your project - not your organization. (300 character limit)

2. FINANCIAL Section (Please note CDBG funds are paid out on a reimbursement basis for actual costs expended. We will not make advance payments.) (10 points)

A. Complete the Budget Summary chart below. More detailed budgets may be attached (and are strongly recommended) in support of the proposal. **(5 points)**

B. Identify sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, grants applied for, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support. **(5 points)**

BUDGET SUMMARY

Category Breakdown	CDBG	Leveraged Funds	Source of Leveraged Funds	Total Funds
Total CDBG Request				
Total Leveraged Funds				
Grand Total				\$

(Note: this is a fillable form and each question should have enough space for your response. No attachments)

3. PROJECT IMPACT (25 points)

A. Why is this project needed by Lawrence residents? *(1,000 character limit)*

B. How will it meet a Consolidated Plan Priority Need and Objective? *(1,000 character limit)*

C. How will it meet the need you identify? *(1,000 character limit)*

D. Is your organization faith-based? Yes No

(If you checked "Yes", briefly explain how your agency will demonstrate compliance with HUD's 24 CFR 570.200(j) which prohibits inherently religious activities) (500 character limit)

4. ACTIVITY DESCRIPTION (20 points)

Please answer the following questions in the space provided

A. Provide a detailed description of the proposed activity including how the activity will address the community need you have indicated. Identify whether the activity is new, ongoing, or expanded from previous years. *(2,000 character limit)*

B. Identify who will benefit from the proposed activity *(e.g. homeless, youth, seniors, disabled, etc.)*. Describe the process you will use to identify low and moderate income (LMI) persons and ensure that the activity benefits LMI persons. *(An LMI certification form, if required, will be provided as part of your contract)*. *(2,000 character limit)*

C. Provide an activity schedule (include start, completion dates, and other significant stages).

(1,500 character limit)

5. PROJECT Beneficiaries/National Objectives (25 points)

A. This project is located in or serves residents in the following Census Tract(s) (See included map):

(150 character limit)

B. Check statement that best describes how this project or activity meets the Benefit to Low and Moderate Income Persons National Objective:

L/M Area Benefit: my project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. *Examples:* street improvements, water/sewer lines, neighborhood facilities, facade improvements in neighborhood commercial districts.

L/M Limited Clientele (Presumed Benefit): my project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are currently presumed by HUD to be made up principally of LMI persons: abused children, elderly persons, battered spouses, homeless persons, adults meeting Bureau of Census' definition of severely disabled, illiterate adults, persons living with the disease AIDs, and migrant farm workers. *Examples:* construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

L/M Limited Clientele (Income Verification): my project will provide a service to populations other than listed above, and I will verify the income of each participant/individual served. (The City of Lawrence will provide a HUD approved income verification form.)

6. PROPOSED PROJECT ACCOMPLISHMENTS (10 points)

Identify the accomplishments you intend to achieve with this activity. *(Accomplishments must be described in terms of households served, people served, businesses created, housing units created, jobs created or public facilities undertaken. Example: This program will serve 485 LMI individuals; this program will create 25 jobs, etc. Please remember that there is a maximum of \$1,000.00 per LMI Person served. (14 people would mean a maximum of \$14,000.00 allocation.)*

Please answer the following questions:

A. What is the total estimated number of persons to be served by this project? *(300 character limit)*

B. What is the total estimated number of LMI persons to be served by this project? *(300 character limit)*

7. ORGANIZATIONAL CAPACITY (10 points)

Please answer the following questions in the space provided. **Also submit an organizational chart.**

A. Provide an overview of your organization including length of time in existence. *(1,000 character limit)*

B. Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success. *(2,000 character limit)*

C. Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award. *(1,000 character limit)*

D. Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners. *(1,000 character limit)*

E. Explain how the proposed activity is financially feasible and can be implemented in a timely cost effective manner within the proposed program year. *(1,000 character limit)*

F. Describe the organization's experience in hiring and employing Lawrence residents, and hiring plans with this funding if applicable. *(2,000 character limit)*

REQUIRED STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That the City of Lawrence may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interviews for project assessment and cooperatively assist in the review process.
3. That, if the project(s) is recommended and approved by the Mayor and City Council, the City reserves the right to reduce and/or cancel the allocation if federal funds are cancelled, reduced, or rescinded.
4. The City of Lawrence reserves the right to reject any submittals received.
5. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
6. That, if the project(s) is funded, the organization agrees to abide by the City’s locally established policies and guidelines.
7. That past program and financial performance will be considered in reviewing this application.
8. That, if the project(s) is funded, the City (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.
9. That, if project(s) is funded, the City will perform an environmental review prior to the obligation of funds, and the applicant will not begin the activity until notification from the City that the environmental review process has been completed.
10. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
11. That the applicant agrees to abide by the City of Lawrence’s Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members’ families serving on the Board of Directors, staff or Board members receiving benefits from the program, and other matters that may give the appearance of a conflict of interest.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT
U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name on this ____ day of _____, 2022.

Name of Organization

Type or Print Name: _____

Signature of Executive Director: _____