**PUBLIC SERVICES APPLICATION FOR CITY OF BELLEVUE**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG-CV)**

**PREVENT, PREPARE FOR AND RESPOND TO THE CORONAVIRUS**

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| Agency Information | | | | | | | | |
| 1. Agency Name and Address: | | | | 1a. Contact Person: | | | | |
| Name: |  | | | Name: | |  | | |
|  | Phone: | |  | | |
| Address: |  | | | Email: | |  | | |
|  | Website: | |  | | |
|  | | | | | | | | |
| 2. Agency Budget | | Approved 2021 | $ | |  | |  |  |
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| **3. Agency Mission** (If your mission is > 180 characters with spaces, please provide a WWW link to your mission instead.) | | | | | | | | |
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| Project Summary | | | | |
| 4. Title of Proposed Project | | | | |
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| 5. CDBG funds requested | $ |  |  |  |
| Has this project been funded with CDBG in prior years?  Yes  No | | | | |
| 6. Project Location (if different from Agency Address) | | | | |
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| 7. Proposed Use of CDBG Funds: Summarize briefly how CDBG funds will be used in the project. The funds must be used to prevent, prepare for, or respond to the coronavirus. | |
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| 7a. NATIONAL OBJECTIVE. Per 24 CFR 570.208, CDBG awards are subject to compliance in achieving a CDBG National Objective. Click on “Select Nat’l Objective” below to show the drop-down box. Select the appropriate subcategory, both of which are under the National Objective of “Activities Benefiting L/M Income Persons”. These are the objectives which the City of Bellevue is currently willing to fund using CDBG. Contact City staff if you have questions about National Objectives. | |
| *Select Subcategory under Nat’l Objective.* | *CITY STAFF USE ONLY*  *Does City of Bellevue staff concur? Yes/No* |

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| **➋ How will your project meet the National Objective?** | | | | | | | | | | | |
| **A** | | If you selected Activities Benefiting Low- and Moderate-Income Persons, select *one* of three below: | | | | | | | | | |
|  | |  | **1. Limited Clientele:** The project must be limited to serving a predominantly low- and moderate-income clientele (choose *one* of a, b, c or d) | | | | | | | | |
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|  | | | |  | (a) Agency Maintains Client Information Verifying at least 51% Low/Moderate Benefit | | | | | | |
|  | | | | | | * Attach a copy of intake form used to verify client income and household size | | | | | |
|  | | | | | | What is the annual percentage of low/moderate income persons served? | | | |  | % |
|  | | | |  | (b) Presumed Benefit: The facility will *exclusively* serve: | | | | | | |
|  | | | | | |  | elderly persons (over age 62) |  | battered spouses | | |
|  | illiterate adults (not ESL) |  | persons living with AIDS | | |
|  | homeless persons |  | migrant farm workers | | |
|  | abused children |  | severely disabled adults | | |
|  | | |  | | |
|  | | | |  | (c) Nature/Location: Facilities which due to their nature or location can reasonably be assumed to serve predominantly low- and moderate-income persons (i.e. food banks, clothing bank, facilities serving residents of public housing) | | | | | | |
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|  | | | |  | (d) Barrier Removal (outside of Area Benefit (1) areas): Projects which reconstruct or rehabilitate existing facilities or public infrastructure in order to remove material or architectural barriers to the mobility of seniors or severely disabled adults. | | | | | | |
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| **7b. ELIGIBLE ACTIVITIES. Per 24 CFR 570.201 – 570.207**, CDBG awards are subject to compliance as an Eligible Activity. Click on “Select Activity” below to show the drop-down box. Select the appropriate Eligible Activity. These are the eligible activities which the City of Bellevue is currently willing to fund using CDBG. Contact City staff if you have questions about Eligible Activities. | |
| *Select activity.* | *CITY STAFF USE ONLY*  *Does City of Bellevue staff concur? Yes/No* |

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| 8. Project Description: Describe the project for which funding is requested and the need that your project will address. Explain specifically what the CDBG-CV funds will be used for. Funding must be used to prevent, prepare for, or respond to the coronavirus. Please make clear in the project description how you are doing this. |
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| 9. Previous Experience: Describe the capacity and history of your organization in administering CDBG funds. |
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| 10. Describe the client base or population that will directly benefit from this project; be specific. Describe who will primarily benefit from the project. For example, while a shelter may serve clients who are also victims of domestic violence, the primary beneficiaries of the shelter would be homeless families. |
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| 11. Describe how the project is accessible or is working toward full accessibility in terms of: |
| »physical accessibility |
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| »affordability (scholarships, rent levels, access fees, etc.) |
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| »transportation (proximity to public transportation, special transportation programs, vouchers, etc.) |
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| »cultural & linguistic access (translated documents, interpreters provided for clients, ethnicity and language capacity of program staff, diversity training, etc.). Please be specific. |
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| »immediacy of services (how soon will this project’s services become available, waiting lists, etc.) |
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| 12. Is the agency regularly audited by an independent accounting firm?  Yes  No  Does this audit meet the standards of OMB Super Circular 2 CFR Part 200  (single audit)?  Yes  No  (required for agencies annually receiving over $750,000 in federal funds)  Agencies that spend $750,000 or more in federal funds in a given year must meet federal financial single auditing requirements, as documented in Super Circular 2 CFR 200 from the federal Office of Management and Budget. Super Circular 2 CFR 200 can be found at <https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl>. If the agency has not had a financial audit, please provide the reason below. |
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| 13. Project Budget. Complete the project budget summary below. |

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| **A. Fund Sources** | **Committed Funds** | **Requested Funds (not committed)** | **Anticipated Funds to be Requested** |
| CBDG-CV FUNDS |  |  |  |
| Other Source of Funds (*please specify*): |  |  |  |
| **Total Project Sources** |  |  |  |

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| **B. Line Item Budget** | | **CDBG-CV Funds** | **Other Sources** | |
| Personnel Services (detail below) | |  |  | |
| Office or Operating Supplies | |  |  | |
| Consultant or Purchased Services | |  |  | |
| Communications | |  |  | |
| Travel and Training | |  |  | |
| Other (specify): | |  |  | |
| **Total CDBG-CV and Total Other Sources:** | |  |  | |
| **TOTAL PROJECT BUDGET (CDBG-CV and Other Sources):** | | |  | |
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| **C.Personnel Detail** |  |  | |  | |
| *Position Title* | *Position Full Time Equivalent* | *Annual Salary and Benefits* | | *CDBG-CV Funds* | |
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| **Totals:** |  |  | |  | |

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| 14a. How many unduplicated persons will benefit from the project on an annual basis? | | | | |
|  | *Jurisdiction* | *No. of Clients Benefiting* | *Percent of Total* |  |
|  | Bellevue |  |  |  |
|  | Bothell |  |  |  |
|  | Issaquah |  |  |  |
|  | Kenmore |  |  |  |
|  | King County (unincorporated) |  |  |  |
|  | Kirkland |  |  |  |
|  | Mercer Island |  |  |  |
|  | Redmond |  |  |  |
|  | Sammamish |  |  |  |
|  | Seattle |  |  |  |
|  | Shoreline |  |  |  |
|  | Unknown |  |  |  |
|  | TOTAL |  | **100%** |  |
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| **14b. Complete the demographic information table below for 2020.** | | |
|  | *Number of Clients* | *Hispanic/Latino* |
| White |  |  |
| Black/African American |  |  |
| Asian |  |  |
| American Indian/Alaskan Native |  |  |
| Native Hawaiian/Other Pacific Islander |  |  |
| American Indian/Alaskan Native & White |  |  |
| Asian & White |  |  |
| Black/African American & White |  |  |
| American Indian/Alaskan Native Black/African American |  |  |
| Race Unknown |  |  |
| Older Adults 65+ |  |  |
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| 15. Does the agency certify that no public funds will be used for lobbying?  Yes  No |

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| **16. Attachments** |
| 1. Attach a copy of the agency’s most recent independent audit, single audit and management letter, if prepared. If the agency does not have an independent audit, attach one paragraph providing the reasons. 2. Attach the agency’s 2021 Actual Operating Budget. 3. Attach a list of current board members (include name, position/title, city of residence, length of time on the Board and expiration of term). 4. Applicants NOT previously funded by the City (either CDBG or General Fund) -- Attach proof of non-profit status (typically an IRS letter certifying 501(c)(3) filing status). -- Provide the date of the organization’s incorporation. |

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| **Authorization** |

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| **SUBMITTING VIA EMAIL ONLY:**  I, the person listed in Line A below, have read and understand the terms and conditions presented in this grant application. I have the authority and hereby certify that the information contained in this application and any accompanying documents are true, that all financial statements have been reviewed for accuracy, and that the application is made with the knowledge and proper authorization of the organization. The application, if funded, may be included in a contracting process. I understand this is a government document that is subject to applicable laws regarding disclosure. In submitting this document electronically, I understand that entering my name and email address below is the same as my printed signature at this time, in terms of indicating the authority to submit this application to the City of Bellevue on behalf of the organization I represent as listed in the Agency Information section of this application.   |  |  | | --- | --- | | **A. Please type the name of the person emailing this application to the City of Bellevue:** |  | | **B. Please type the position title of the person emailing this application to the City of Bellevue:** |  | | **C. Please type the email address of the person emailing this application to the City of Bellevue:** |  | |