**APPLICATION FOR CITY OF BELLEVUE**

**PROGRAM YEAR 2023 COMMUNITY DEVELOPMENT BLOCK GRANT**

**THROUGH THE U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT (HUD)**

❖ Limit your answers to the space provided, using a minimum font size of 11 points.

|  |
| --- |
| Agency Information |
| 1. Agency Name and Address: | 1a. Contact Person: |
| Name:  |  | Name: |  |
|  | Phone:  |  |
| Address:  |  | Email: |  |
|  | Website: |  |
|  |
| 2. Agency Budget | Approved 2022 | $ | Proposed 2023 | $ |  |
|  |
| **3. Agency Mission** (If your mission is > 180 characters with spaces, please provide a WWW link to your mission instead.) |
|  |

|  |  |
| --- | --- |
| **3a.** Is your agency a women’s business enterprise as defined in [Executive Order 12138](http://www.archives.gov/federal-register/codification/executive-order/12138.html)? Type yes/no 🡪 |  |
| **3b.** Is your agency a minority-owned business as defined by in [Executive Order 11625](http://www.archives.gov/federal-register/codification/executive-order/11625.html)? Type yes/no 🡪 |  |

|  |
| --- |
| Project Summary |
| 4. Title of Proposed Project |
|  |
|  |
| 5. Project Cost CDBG funds requested | $ | Total Project Cost | $ |  |
| Has this project been funded with CDBG in prior years? [ ]  Yes [ ]  No |
| 6. Project Location (if different from Agency Address) |
|  |

|  |
| --- |
| 7. Proposed Use of CDBG Funds: Summarize in one sentence how CDBG funds will be used. |
|  |
| 7a. 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* |
| 7b. 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* |

|  |
| --- |
| Project Management Capacity |
| 8. Describe the capacity and history of your organization in administering funds from US HUD and specifically CDBG. Describe the capacity of your organization to manage a project of the magnitude that you are applying for. Discuss any previous project management experience of the agency. Discuss how consultants are assisting in project management or other aspects.  |
|  |

|  |
| --- |
| 9. Describe the agency staff (or consultant) that will manage the project or that will provide the service in question. Detail your procurement/bidding procedure and timeline by describing your plan for publishing and collecting bids in order to select a qualified contractor to provide the services in question if applicable (e.g., construction, architectural design, etc.). |
|  |

|  |
| --- |
| 10. Is the agency regularly audited by an independent accounting firm? [ ]  Yes [ ]  NoDoes this audit meet the standards of OMB Super Circular 2 CFR 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 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 www.whitehouse.gov/omb. If the agency has not had a financial audit, please provide the reason below. |
|  |

|  |
| --- |
| 11. Does the agency certify that no public funds will be used for lobbying? [ ]  Yes [ ]  No |
| 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 2022 Actual Operating Budget and the 2023 Projected 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. Attach minutes from a recent board meeting with action approving submittal of this application.
5. Applicants NOT previously funded by the City:-- Attach proof of non-profit status (typically a IRS letter certifying 501(c)3 filing status).-- Provide the date of the organization’s incorporation.
 |

|  |
| --- |
| Project Details |
| 12. Describe the magnitude of the problem or need your project is designed to address. Quantify this need using local data. Give a brief description of the existing circumstances which make this a needed project. If this is an acquisition or public facilities project, please describe the need for the project in two distinct areas. First, the human service needs of the population benefiting from the project. Second, the capital needs for the facility in question. *Example: Children of low/moderate income families in Bellevue need an affordable place for after school care. The Boys & Girls Club needs a larger facility to meet these needs.* Give local, specific statistics or documentation which confirm the situation.  |
|  |

|  |
| --- |
| 13. Project Description: Describe the project for which funding is requested. Explain which aspect of the project the City’s dollars will fund (e.g., describe the architectural services that will be undertaken, or the classes that will be offered to microenterprise business owners). First, describe the overall project and how it will address the problem/need described above. Then, focus specifically on what these grant funds will be used for. If project has been funded before, explain what the City’s new funds would add to the project.  |
|  |

|  |
| --- |
| 14. Existing Property Description (Only applicable for property acquisition projects).✪ COMPLETE ONLY if project site is currently owned, leased, or controlled by your agency |
| tax parcel number |  |  |
| property owner |  |  |
| lease term (if applicable) |  | years from |  | (date) to |  | (date) |  |
| property size |  | zoning classification |  |  |
| deed restrictions or covenants (if applicable) |  |  |
| existing debt (if applicable) |  |  |
| landmark designation (if applicable) |  |  |
| Is the property within 300 feet of any body of water (including creeks)? [ ]  Yes [ ]  No |
| Please complete the following table for each building |
|  | *Structure* | *Size(sq ft)* | *YearBuilt* | *CurrentUse* | *ProposedUse* |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Is there additional pertinent information regarding the site? |
|  |

|  |
| --- |
| 15. Project Timeline (only applicable to Acquisition and Architectural/Engineering projects): Enter a projected completion date for each milestone that applies to your project. If any of the steps have already been completed, that should be indicated. If your project is funded, you will be expected to report regularly on your progress towards these milestones. Normally, CDBG funds should be spent during the program year |
|  |  |  |
| **Acquisition Projects:** | **Projected Date** |  |
| Environmental Review complete |  |  |
| Purchase and Sale Agreement executed |  |  |
| Appraisal complete |  |  |
| Building Inspection complete |  |  |
| Hazardous Material Assessment complete |  |  |
| Closing |  |  |
|  |  |  |
| **Architectural/Engineering:** | **Projected Date** |  |
| Design begun |  |  |
| Design complete |  |  |
| Construction begins  |  |  |
| Other critical dates (please specify activity below) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| Project Budget |
| 16. Complete the project budget summary below |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Revenue Source** | **2022 Program Revenue** | **2023 Program Revenue Projected** | **Expenses** | **2022****Program Expenditures** | **2023****Program Expenditures** | **2023 Expenditures Paid With CDBG Funds** |
| Federal (list Agency/ Program) |  |  | **PERSONNEL COSTS** |  |  |  |
| Bellevue CDBG |  |  | Salaries |  |  |  |
|  |  |  | Benefits |  |  |  |
| State |  |  | Total Personnel |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  | **OPERATING SUPPLIES** |  |  |  |
| County |  |  | Administrative/ indirect costs |  |  |  |
|  |  |  | Direct assistance to individuals |  |  |  |
|  |  |  | Dues and fees |  |  |  |
| Cities (indicate city name below) |  |  | Equipment |  |  |  |
|  |  |  | In-kind contributions |  |  |  |
|  |  |  | Insurance |  |  |  |
|  |  |  | Office supplies |  |  |  |
|  |  |  | Postage/shipping |  |  |  |
|  |  |  | Printing/advertising |  |  |  |
|  |  |  | Professional services |  |  |  |
|  |  |  | Rent/utilities |  |  |  |
|  |  |  | Repair/maintenance |  |  |  |
|  |  |  | Telecommunications |  |  |  |
|  |  |  | Travel and training |  |  |  |
| Foundations |  |  | Other: |  |  |  |
| United Way |  |  | --Legal Notices |  |  |  |
| Service Fees |  |  | --Mortgage Fees |  |  |  |
| Other: |  |  |  |  |  |  |
| **TOTAL REVENUE** |  |  | **TOTAL EXPENSES** |  |  |  |
|  |  |  | NET PROFIT (LOSS)(revenue - expenses) = |  |  |  |

|  |
| --- |
| 17. Project Phasing or Reduction Options |
| A. Even if the project is awarded funding, it may be at a reduced level. What is the minimum CDBG award level your organization is willing to accept? | $ |  |
| B. Describe how the project will be implemented at this reduced award level. |
|  |

|  |
| --- |
| 18. Operating Funds: Describe your operation plan for capital improvement. Describe how the improvement will be maintained and how this will be paid for (write N/A if not a capital improvement project). |
|  |

|  |
| --- |
| 19. Discuss how CDBG funds will be used to leverage capital and/or operating resources: Be clear in describing how these CDBG funds will separately leverage capital and/or operating expenses. (for example: volunteer resources, in-kind contributions, other public and private funding or financing resources)  |
|  |

|  |
| --- |
| PROJECT BENEFIT |
| 20. 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 families experiencing homelessness.  |
|  |

|  |
| --- |
| 21. How many persons will benefit from the project on an annual basis? |
|  | *Jurisdiction* | *No. of Clients Benefiting* | *Percent of Total* |  |
|  | Bellevue |  |  |  |
|  | Bothell |  |  |  |
|  | Carnation |  |  |  |
|  | Duvall |  |  |  |
|  | Issaquah |  |  |  |
|  | Kenmore |  |  |  |
|  | King County (unincorporated) |  |  |  |
|  | Kirkland |  |  |  |
|  | Lake Forest Park |  |  |  |
|  | Mercer Island |  |  |  |
|  | Newcastle |  |  |  |
|  | North Bend |  |  |  |
|  | Redmond |  |  |  |
|  | Sammamish |  |  |  |
|  | Seattle |  |  |  |
|  | Shoreline |  |  |  |
|  | Snoqualmie |  |  |  |
|  | Woodinville |  |  |  |
|  | Snohomish County |  |  |  |
|  | Other  |  |  |  |
|  | Unknown |  |  |  |
|  | TOTAL |  | **100%** |  |
|  |  |  |  |  |

|  |
| --- |
| 22. Describe how the data in the Project Benefit section were derived. Describe the process that determined the client benefit information.  |
|  |

|  |
| --- |
| 23. Describe how the project is accessible or is working toward full accessibility in terms of: |
| »Physical accessibility |
|  |
| »Affordability (scholarships, rent levels, access fees, etc.) |
|  |
| »Transportation (proximity to public transportation, special transportation programs, vouchers, etc.) |
|  |
| »Cultural & linguistic access (ethnicity and language capacity of program staff, diversity training, etc.) |
|  |
| »Immediacy of services (how soon will this project’s services become available, waiting lists, etc.) |
|  |

|  |
| --- |
| 24. To implement this project, will it be necessary to relocate any person or businesses?[ ]  Yes [ ]  NoIf yes, will the relocation be: [ ]  Permanent [ ]  TemporaryAgencies should note that the City will require submission and approval of a relocation plan before releasing funds for projects that involve relocation activities. In addition, if any low- and moderate-income housing is lost due to the project, a replacement housing plan will need to be submitted and approved. The City does not usually fund projects that involve relocation.*Applicants contemplating projects that will involve relocation* ***must*** *contact the City before completing the application forms*. |

|  |
| --- |
| 25. Describe any actions undertaken to assure equal employment opportunities to all persons regardless of race, color, national origin, sex or disability in your agency. What percentage of your Board of Directors identifies as black, indigenous or people of color (BIPOC)? What percentage of your agency leadership identifies as black, indigenous, or people of color (BIPOC)? |
|  |

|  |
| --- |
| 26. How is your organization working to address disparities based on race, gender, income, and other factors within your organization and in the services you provide? What relevant training is provided to board and staff members? What changes or impacts have you seen because of your efforts? |
|  |

|  |
| --- |
| **Authorization** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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:** |  |

 |

**DEADLINE FOR SUBMISSION:**

**June 20th, 2022 at 4:00 p.m. Pacific Time**

Late applications will not be accepted.

**Applications shall be emailed to:**

dadair@bellevuewa.gov

Subject Line: [*Insert Your Agency’s Name*] CDBG 2023 Application