

**APPLICATION FOR CITY OF BELLEVUE
PROGRAM YEAR 2025 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: Name: Address:	1a. Contact Person: Name: Phone: Email: Website:
1b. Active registration with SAM.gov? Yes No Exp. Date:	Agency UEI #
2. Agency Budget Approved 2024 _____ Proposed 2025	
3. Agency Mission (If your mission is > 180 characters with spaces, please provide a WWW link to your mission instead.) <div style="background-color: yellow; height: 40px; margin-top: 5px;"></div>	
3a. Is your agency a women’s business enterprise as defined in Executive Order 12138 ?	
3b. Is your agency a minority-owned business as defined by in Executive Order 11625 ?	

PROJECT SUMMARY
4. Title of Proposed Project <div style="background-color: yellow; height: 40px; margin-top: 5px;"></div>
5. Project Cost CDBG funds requested <input style="width: 100px;" type="text"/> Total Project Cost <input style="width: 100px;" type="text"/> Has this project been funded with CDBG in prior years? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Project Location (if different from Agency Address) <div style="background-color: yellow; height: 40px; margin-top: 5px;"></div>

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.

	CITY STAFF USE ONLY
	<i>Does City of Bellevue staff concur? Yes No</i>

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.

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	<i>Does City of Bellevue staff concur? Yes No</i>

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 your organization’s previous project management experience with HUD or other federal funding. 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.













a. Detail your procurement/bidding procedure and timeline by describing your plan for publishing and collecting bids 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 No
Does 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

-  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.
-  Attach a copy of the agency's articles of incorporation/bylaws.
-  Attach a copy of the agency's certificate of good standing with the state.
-  Attach a copy of the agency's state and federal tax exemption determination letters.
-  Attach the agency's 2024 Actual Operating Budget and the 2025 Projected Operating Budget.
-  Attach a copy of the agency's Conflict of Interest Policy.
-  Attach a copy of the agency's intake form that will be used for the program if serving low- and moderate-income Bellevue residents (microenterprise assistance, home rehabilitation, etc.).
-  Attach a list of current board members (include name, position/title, city of residence, length of time on the Board and expiration of term).
-  Attach a copy of the agency's organizational chart and designation of authorized official(s) who have authority to sign for the agency and designated person(s) who will be authorized to sign off on a reimbursement request.
-  Attach a copy of the resumes for the Program Administrator and Fiscal Officer
-  Attach minutes from a recent board meeting with action approving submittal of this application.
-  Applicants NOT previously funded by the City:
 - Attach proof of non-profit status (typically a IRS letter certifying 501(c)3 filing status).

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 (write N/A for economic development projects, or if otherwise not applicable).

⊕ 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

<i>Structure</i>	<i>Size (sq ft)</i>	<i>Year Built</i>	<i>Current Use</i>	<i>Proposed Use</i>

Is there additional pertinent information regarding the site?

15. Project Timeline: Enter a projected completion date for each milestone that applies to your project. Each milestone must have a target completion date. 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 (not applicable to economic development or single-family rehabilitation projects).

Construction Projects:

Projected Date

Design begun	
Design complete	
Environmental review complete	
Bid specs prepared	
Bid opening	
Pre-construction conference	
Notice to proceed	
Project 50% complete	
Construction complete	
Accept project and release retainage	

Acquisition Projects:

Projected Date

Environmental Review complete	
Purchase and Sale Agreement executed	
Appraisal complete	
Building Inspection complete	
Hazardous Material Assessment complete	
Closing	

Other, Including 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

This section is designed to provide an overall picture and details of the total expenses and revenues for your project. It explains what the funds requested from the City will be used for and who else is contributing money to the project. It will form the basis of contract reimbursement should your project receive City funding.

Revenue Source	2024 Program Revenue	2025 Program Revenue Projected	Expenses	2024 Program Expenditures	2025 Program Expenditures	2025 Bellevue CDBG Requested Amount
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: In-kind space			Total Operating Supplies			
TOTAL REVENUE			TOTAL EXPENSES			
			NET PROFIT (LOSS) (revenue - expenses) =			

 In addition, attach detailed project budget, if prepared.

	Total Project Cost	This CDBG Grant Request	Other CDBG Funds Requested	Other Public Funds	Private Funds and/or In-Kind Contributions
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Acquisition Includes purchase price, liens, closing and recording costs, extension payments etc.					
Development Includes soft costs of architect and engineering contracts, environmental assessments, surveys, studies, project management and developer fees, consultant costs, etc.					
Microenterprise Assistance Includes personnel, supplies, marketing, etc.					
Single-Family Rehabilitation Includes personnel, supplies, construction, etc.					

Total Costs:

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17. For each relevant cost item, explain the basis for the cost and when the estimate was made. Also identify who made the estimates. Please explain how the cost estimate for the aspects of your project were derived. If work was performed by a consultant, please indicate. Indicate the basis for your cost estimates, such as engineers' estimates, contract estimates, including standard engineering cost formulae or experience. Attach copies of bids or estimates.

	Total Cost	Description/Source
Acquisition	\$	
Development	\$	

20. Operating Funds: What are the funding sources for the facility's operation and long term maintenance? 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 applicable).

21. 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

22. 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.

[Empty response area for question 22]

23. How many persons will benefit from the project on an annual basis?

<i>Jurisdiction</i>	<i>No. of Clients Benefiting</i>	<i>Percent of Total</i>
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%

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

25. Describe the agency's participation in the sub-regional or Countywide service delivery system. Please discuss how your project fits into, coordinates with, or complements the existing network of services or regional efforts. Describe actions you've taken to coordinate with other organizations and groups serving the population or addressing the problem(s) your project targets. List programs you actively work with that provide similar services to the same or different populations or provide ongoing referrals or complementary services.

26. 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 access and capacity of program staff)

»diversity, equity and inclusion training provided to staff

»immediacy of services (how soon will this project's services become available, waiting lists, etc.)

27. To implement this project, will it be necessary to relocate any person or businesses?

Yes No

If yes, will the relocation be: Permanent Temporary

Agencies 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.*

28. National Objectives for the CDBG Program: Projects must meet one of two national objectives established for the CDBG Program. In Step One, check the applicable space to indicate which national objective your project meets. In Step Two, select how your project meets the objective and attach any required documents. Contact the City to which you are applying for assistance if you are not sure which national objective your proposed project meets.

SELECT ONE SUBCATEGORY UNDER THIS 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 (either Clientele or Housing), 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?

HOW WILL YOUR PROJECT MEET THE NATIONAL OBJECTIVE?

A

If you selected Activities Benefiting Low- and Moderate-Income Persons, select *one* of four 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)

(a) Agency Maintains Client Information Verifying at least 51% Low/Moderate Income

Agency must maintain income verification documentation records.

What is the annual percentage of low/moderate income persons served? %

(b) Presumed Benefit: The facility will *exclusively* serve:

- | | |
|--|---|
| <input type="checkbox"/> elderly persons (over age 62) | <input type="checkbox"/> battered spouses |
| <input type="checkbox"/> illiterate adults (not ESL) | <input type="checkbox"/> persons living with AIDS |
| <input type="checkbox"/> homeless persons | <input type="checkbox"/> migrant farm workers |
| <input type="checkbox"/> abused children | <input type="checkbox"/> 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)

(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.

2. Housing: See this document available from US HUD:

<http://www.hud.gov/offices/cpd/communitydevelopment/library/ch3tabl.pdf>

Specify below how your project will meet this subcategory in terms of the items referenced at the above URL, namely:

- Criteria
- Occupancy Rule
- Records to be Maintained

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<i>Select activity.</i>	CITY STAFF USE ONLY <i>Does City of Bellevue staff concur? Yes/No</i>
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Describe any actions undertaken to assure equal employment opportunities to all persons regardless of race, color, national origin, sex or disability in your agency.

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 17th, 2024 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 2025 Application