



**CITY OF NIAGARA FALLS, NEW YORK  
2013 CONSOLIDATED PLAN & STRATEGY  
FUNDING APPLICATION HANDBOOK**

**PAUL A. DYSTER, MAYOR**

**SETH PICCIRILLO, DIRECTOR  
COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department  
The Carnegie Building – 1022 Main Street ♦ P.O. Box 69  
Niagara Falls, New York 14302

# TABLE OF CONTENTS

	PAGE #
<b>I. INTRODUCTION</b>	
<b>Community Development Block Grant.....</b>	<b>1</b>
<b>II. CDBG ACTIVITIES</b>	
<b>CDBG Eligible Activities.....</b>	<b>1-2</b>
<b>CDBG Ineligible Activities.....</b>	<b>2-3</b>
<b>III. PROJECT REQUIREMENTS</b>	
<b>National Objectives.....</b>	<b>3-4</b>
<b>Income Limits.....</b>	<b>4</b>
<b>IV. 2013 CONSOLIDATED PLAN SCHEDULE.....</b>	<b>5</b>
<b>V. APPLICATION SUBMISSION INFORMATION.....</b>	<b>5</b>
<b>VI. 2013 COMMUNITY DEV BLOCK GRANT APPLICATION...6-14</b>	
<b>VII. 2013 HOME APPLICATION.....15-24</b>	
<b>VIII. 2013 EMERGENCY SOLUTIONS GRANT APPLICATION...25-31</b>	

# COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

## I. INTRODUCTION

### Community Development Block Grant (CDBG):

This guideline provides background and application processing information on the CDBG program. This block grant represents an annual entitlement received from the U.S. Department of Housing and Urban Development. CDBG funds must be used to meet one of the following national objectives:

1. benefit low and moderate-income persons; or,
2. eliminate slums or blight; or,
3. meet an urgent need.

The City of Niagara Falls, through its Citizen Participation process, has developed a Consolidated Plan that lists and prioritizes local housing and non-housing community development needs. Projects that address these priorities will be considered for funding. A copy of the City's 5-Year Plan and the current Annual Plan are available for review in the offices of the Department of Community Development, located at 1022 Main Street, Niagara Falls, NY 14302.

## II. CDBG ACTIVITIES

### Basic Eligible Activities

This list is not all-inclusive. A complete list is available in the code of federal regulations (CFR), Part 24, Section 570.201.

1. Acquisition of Real Property (570.201) (a) - acquisition of real property by purchase or long-term lease. A permanent interest must be obtained.
2. Disposition of Real Property (501.201) (b) - costs incidental to disposing of real property acquired with CDBG funds. Disposal must meet a national objective.
3. Public Facilities and Improvements (570.201) (c) including acquisition, construction, or rehabilitation of  
Streets, street accessories, landscaping and sidewalks;  
Water and sanitary sewer facilities;  
Park and recreation facilities;  
Flood and storm drainage facilities;  
Centers for the handicapped or neighborhood facilities; or  
Senior centers;  
Does not include operating or maintenance expenses as listed on 570.207
4. Clearance(570.201) (d) clearance, demolition, and removal of buildings and improvements.
5. Public Services(570.201) (e)including labor, supplies, and materials. There is a 15% limitation on the amount of funds that can be obligated to public services. Proposed public service projects must be either: a new or a quantifiable increase in the level of a service. Public services include, but are not limited to: child care, health care, job training,

recreation programs, education programs, crime prevention, fair housing counseling, services for senior citizens, services for homeless persons, drug abuse counseling and treatment, energy conservation counseling and testing, homebuyer down payment assistance, etc.

6. Relocation (570.606) relocation payments and assistance to displaced persons.
7. Rehabilitation and Preservation Activities (570.202) including the following:
  - Rehabilitation of private residential and non-residential property;
  - Public housing modernization;
  - Removal of architectural barriers;
  - Code enforcement; or
  - Historic preservation.
  - (Rehabilitation does not include maintenance type work)
8. Special Economic Development Activities (570.203) by public or private non-profit organizations and private for-profit entities, when the assistance is necessary or appropriate to carry out an economic development project to stimulate private investment, community revitalization, and to expand employment opportunities for low and moderate income persons.
9. Code Enforcement (570.202) (c) salaries and overhead costs directly related to enforcement of local/state codes.
10. Micro-Enterprise Assistance (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).
11. Planning Activities (570.205) Note: There is a 20% limitation on the amount of funds that can be obligated to planning and administrative activities.

### **Ineligible Activities**

The following are activities which **may not** be assisted with CDBG funding (570.207):

1. Buildings or portions thereof used for the general conduct of government This does not include, however, the removal of architectural barriers.
2. General Government Expenses Expenses required carrying out the regular responsibilities of the unit of general local government. Title I of the Housing and Community Development Act of 1974, as amended (through 10-29-92), Section 101, last paragraph: It is the intent of Congress that the Federal assistance made available under this title not be utilized to reduce substantially the amount of local financial support for community development activities below the level of such support prior to the availability of such assistance.
3. Political Activities Shall not be used to finance the use of facilities or equipment for political purposes or to engage in other partisan political activities, such as candidate forums, voter transportation, or registration.

4. Equipment and Furnishings Is generally ineligible unless such item constitutes all or part of a public service and is required to carry out a CDBG assisted activity or is an integral structural fixture.
5. Operating and Maintenance Expenses The general rule is that any expense associated with repairing, operating, or maintaining public facilities, improvements and service is ineligible. Also ineligible are payment of salary for staff, utility costs and similar expenses necessary for the operation of public works and facilities. Please reference CFR 570.207(b) (2) for exceptions and more detail.
6. New Housing Construction Except as provided under the last resort housing provision set forth in 24 CFR part 42; as authorized under Sec. 570.201(m); or when carried out by an entity pursuant to 570.204(a).
7. Income Payments Examples of ineligible income payments include: payments of income maintenance, housing allowances and mortgage subsidies.

### III. PROJECT REQUIREMENTS

**National Objectives Requirements** An activity must also meet one of three National Objectives:

1. Benefit to Low and Moderate Income Persons; or
2. Prevention or Elimination of Slums or Blighted areas; or
3. Other Urgent Needs

#### 1. **Benefits to Low and Moderate Income Persons**

Activities benefiting low and moderate-income persons that meet HUD's income criteria will be considered to benefit low and moderate-income persons. Please reference CFR regulations 570.208 for more detailed information.

##### a. **Area Benefit Activities (LMA)**

Benefits are available to all residents of a particular area that is primarily residential in character. To qualify you must, delineate boundaries of the service area and demonstrate that at least 51% of the residents of the designated area are low/moderate income persons using officially recognized data, such as HUD Census Data

##### b. **Limited Clientele Activities (LMC)**

Benefits are for a limited clientele, at least 51% of whom are low or moderate-income persons. To qualify under this requirement, the activity must meet one of the following:

- information on family size and income to document that at least 51% of clientele are persons whose family income does not exceed HUD's low and moderate income criteria;
- the activity has income eligibility requirements which limit the activity exclusively to low and moderate income persons
- Be of such a nature and such location that it may be concluded that the activity's clientele will primarily be low and moderate-income persons.

The following groups are presumed by HUD to be principally low/ mod income:

- |                         |   |
|-------------------------|---|
| 1) abused children      | 2) battered spouses                               |
| 3) elderly persons      | 4) adults meeting definition of severely disabled |
| 5) homeless persons     | 6) illiterate persons                             |
| 7) migrant farm workers | 8) persons living with AIDS                       |

**c. Low/Mod Housing (LMH)**

An activity which assists in the acquisition, construction, or improvement of permanent, residential structures may qualify as benefiting L/M income persons to the extent that the housing is occupied by L/M income households. Occupancy of the assisted housing by L/M income households is determined using the following rules:

- All single unit structures must be occupied by L/M income households
- An assisted two-unit structure (duplex) must have at least one unit occupied by a L/M income household, and
- An assisted structure containing more than two units must have at least 51% of the units occupied by L/M income households.

**d. L/M Income Jobs (LMJ)**

A L/M income jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full-time equivalent (FTE) basis, are either held by L/M income persons or considered to be available to L/M income persons. Income status is determined by household income. In order to consider jobs retained as a result of CDBG assistance, there must be clear evidence that permanent jobs will be lost without CDBG assistance.

**2. Prevention or Elimination of Slums or Blight**

The activity is located in a slums/blight area as defined by the locality and addresses one of the conditions that qualify the area as a slum or blighted area. The activity eliminates a specific condition of blight or physical decay and is limited to one of the following: acquisition, clearance, relocation, historic preservation; or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.

Note: HUD Census Data and City data is available for viewing at the City's Office of Community Development, 1022 Main Street, Niagara Falls, NY 14302.

**HUD INCOME LIMITS**

The following are income limits that represent 80% of the area median income by family size. These income limits are used to determine client eligibility for many Community Development projects. They should be used as a guide in determining if the clients that you serve are from low/moderate income families.

2012 Income Limits (80%MFI – Published by HUD)

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$37,050	\$42,350	\$47,650	\$52,900	\$57,150	\$61,400	\$65,600	\$69,850

#### IV. 2013- CONSOLIDATED PLAN

##### Application Process

June 1, 2012	Applications Available
July 31, 2012	Application Submission Deadline

##### Tentative 2013 Consolidated Plan Schedule

June 12- June 19	Neighborhood Meetings
August 1 – August 30	Review Applications & Input from Meetings
August 31	2013 Draft CPS Available for Review
September 6	Public Hearing – Draft CPS
Sept. 6 – October 6	30-Day Public Comment Period
October/November	City Council Approval
November 15	Submit Consolidated Plan to HUD
November 15 – Dec. 30	HUD 45–Day Review Period
January 1	2013 Program Year Start

#### V. APPLICATION FORMS

Submit one application for each project.

Non-profit applicants must submit:

- **Certificate of Incorporation**
- **IRS 501C-3 Tax Exempt Determination Letter**
- **Board of Directors membership list**
- **Certification of Compliance with 24CFR Part 84.21 (Appendix A)**
- **Most Recent Audited Financial Statement**
- **Board Minutes from previous 3 months**

HOME applications are for housing projects only

ESG applications are for non-profit agencies providing emergency shelter services to homeless persons. Matching funds must be identified.

*Please submit applications to:*

Department of Community Development

1022 Main Street - PO Box 69, Niagara Falls, NY 14302

**APPLICATIONS MUST BE RECEIVED or POSTMARKED BY JULY 31, 2012**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CITY OF NIAGARA FALLS, NEW YORK  
COMMUNITY DEVELOPMENT DEPARTMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

**VI. 2013 CDBG FUNDING APPLICATION**

**Project Name**

**1. Estimated Project Costs:**

Community Development Funds	Amount	\$ Click here to enter text.
Other Funds	Amount	\$ Click here to enter text.
Other Funds	Amount	\$Click here to enter text.
<hr/>		
Total Project Cost	Amount	\$ Click here to enter text.

**2. Applicant(s) Organization**

Name: Click here to enter text.

Employer Identification #/Taxpayer ID # Click here to enter text.  
XX-XXXXXXX

DUNS# Click here to enter text.  
XX-XXX-XXXX

**3. Chief Official of Applicant**

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

City & Zip: Click here to enter text.

Phone # Click here to enter text.

**4. Contact Person**

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

City & zip: Click here to enter text.

Phone #: Click here to enter text.

**5. Type of Organization**

- Non-profit
- For-Profit
- Public



6. **Project Description** (attach additional sheets if necessary) [Click here to enter text.](#)

**b. Project Objectives** – Rationale for the project. Why is this project needed? What community needs are being addressed? [Click here to enter text.](#)

**c. Service Delivery** – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) [Click here to enter text.](#)

7. **List Specific Project Goals** [Click here to enter text.](#)

**8. Eligibility:**

The activity you are proposing, must meet one of the following eligibility criteria. Please indicate that which applies to your project:

**LOW/MOD INCOME AREA BENEFIT**

- The activity is available for the benefit of all residents of an area that is primarily residential. At least 51% of the residents of the area must be low and moderate income households. *Provide a geographic description of the service area for your proposed activity. The City may require that you conduct a survey to determine where the beneficiaries of the activity reside.*

**LOW/MOD INCOME LIMITED CLIENTELE**

- The activity provides benefits to a specific group of persons rather than everyone in the area. At least 51% of the persons participating in the activity must have household income at or below 80% of median area income as provided below. Household income must be verified and records maintained by applicant. *Provide a list of clients served in the previous 12 months. Include household income level, family size and address*

2012 Income Limits (80%MFI – Published by HUD)

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$37,050	\$42,350	\$47,650	\$52,900	\$57,150	\$61,400	\$65,600	\$69,850

- The activity exclusively benefits persons from one of the following categories:
  - Abused children
  - Elderly persons
  - Battered spouses
  - Homeless persons
  - Disabled persons
  - Persons living with AIDS
  - Migrant workers
- The activity is of such nature and in such location that it is evident that at least 51% of the beneficiaries are low and moderate income persons. **Applicant must attach a description of the activity, where it is conducted, and what presumption is used that the beneficiaries are low/mod income.**

**LOW/MOD HOUSING**

- The activity will involve the construction or rehabilitation of permanent residential housing, to the extent that the housing is occupied by low/mod income households upon completion.

**9. Proposed Beneficiaries - (Indicate the estimated number of persons to be assisted):**

- a. Total number of persons this project will serve [Click here to enter text.](#)
- b. Total number of L/M persons this project will serve [Click here to enter text.](#)
- c. Estimated % of L/M persons this project will serve [Click here to enter text.](#)
- d. Housing projects, list tenure type and # [Click here to enter text.](#)

**RACIAL/ETHNIC CHARACTERISTICS**

	# Total	#Hispanic
White	<a href="#">Click here to enter text.</a>	
Black/African American	<a href="#">Click here to enter text.</a>	
Black/African. Amer & White	<a href="#">Click here to enter text.</a>	
Asian & White Asian	<a href="#">Click here to enter text.</a>	
Amer Indian/Alaska Native & Black	<a href="#">Click here to enter text.</a>	
American Indian	<a href="#">Click here to enter text.</a>	
Native Hawaiian.	<a href="#">Click here to enter text.</a>	
Amer Indian/Alaska Native & White	<a href="#">Click here to enter text.</a>	
Other Multi-Racial	<a href="#">Click here to enter text.</a>	
<b>Total #</b>	<a href="#">Click here to enter text.</a>	

**10. Accomplishments/Outcomes - Indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments. [Click here to enter text.](#)**

- 11. Project Timeframe:**
- |            |   |
|------------|---|
| Start Date | <a href="#">Click here to enter text.</a> |
| End Date   | <a href="#">Click here to enter text.</a> |

**12. OTHER FUNDS – List other funds applied for or received for this project**

- Source of Other funds: [Click here to enter text.](#)
- \$ Amount Applied For [Click here to enter text.](#)  
(attach request for funding)
- \$ Amount Awarded [Click here to enter text.](#)  
(attach award letter)

**13. Project Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

		<b>CDBG</b>	<b>OTHER*</b>	<b>OTHER*</b>
	<b>USES</b>	<b>SOURCES</b>	<b>SOURCES</b>	<b>SOURCES</b>
	<b>A. PERSONAL SERVICES</b> 1. Personnel 2. Fringe Benefits  3. Total (1+2)	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>B. NON-PERSONAL SERVICES</b> 4. Consultant 5. Travel 6. Equipment 7. Office supplies 8. Contractual Services 9. Other Non-Personal 10. 11. 12. 13.  14. Total (lines 4 thru 13)	Click here to enter text.              Click here to enter text.	Click here to enter text.              Click here to enter text.	Click here to enter text.              Click here to enter text.
	<b>C. OTHER EXPENSES</b>  15 Rent 16. Utilities 17. Maintenance 18. Training 19. Other 20. 21. 22.  23. Total (lines 15 thru 22)	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>PROJECT TOTAL (A+B+C)</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

**14. Pre-Award Assessment**

This section of the application is for assessing the capabilities of prospective sub-recipients prior to awarding CDBG funds, as well as a beginning point for identifying training and technical assistance. Attach agency staff chart, critical job descriptions, staff experience, description of current services or functions performed, and description of agency administrative functions and systems. [Click here to enter text.](#)

**a. Capacity:**

What services/activities are you currently providing to what type of clientele? [Click here to enter text.](#)

Describe your organization's current capacity and qualifications in carrying out the proposed activity. How is this proposed project similar and/or different to current activities undertaken by your agency? [Click here to enter text.](#)

Describe your organization's administrative systems. Please check each item that exists within your organization's capacity.

- |  |  |
|--|--|
| <input type="checkbox"/> Audit System                  | <input type="checkbox"/> Formal Personnel System |
| <input type="checkbox"/> Client Eligibility            | <input type="checkbox"/> Fund Raising            |
| <input type="checkbox"/> Conflict of Interest Policies | <input type="checkbox"/> Insurance Coverage      |
| <input type="checkbox"/> Financial System              | <input type="checkbox"/> Procurement System      |

**b. Experience:**

Has your agency ever implemented this type of activity before? [Click here to enter text.](#)

Describe your organization's experience with CDBG or other Federal grant programs:  
[Click here to enter text.](#)

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Date

APPENDIX A

CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21,  
“STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS”

I have reviewed the Title 24 CFR 84.21 Uniform Administrative Requirements for Grants and Agreements and I hereby certify that \_\_\_\_\_.  
Name of organization  
meets the standards set forth in this section of the Code of Federal Regulations.

\_\_\_\_\_  
Name of Accounting Firm

\_\_\_\_\_  
Signature  
Certified Public Accountant

\_\_\_\_\_  
Date

[Code of Federal Regulations]  
[Title 24, Volume 1]  
[Revised as of April 1, 2009]  
From the U.S. Government Printing Office via GPO Access  
[CITE: 24CFR84.21]

[Page 463-464]  
TITLE 24--HOUSING AND URBAN DEVELOPMENT

PART 84 - UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH  
Subpart C - Post-Award Requirements

Sec. 84.21 - Standards for Financial Management Systems.

- (a) HUD shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following:
  - (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Sec. 84.52. If a recipient maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for their reports on the basis of an analysis of the documentation on hand.
  - (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
  - (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
  - (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
  - (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury, and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
  - (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
  - (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, HUD, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) HUD may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."



**CITY OF NIAGARA FALLS, NEW YORK  
COMMUNITY DEVELOPMENT DEPARTMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

**VII. 2013 HOME FUNDING APPLICATION**

**Project Name**    Click here to enter text.

**1. Estimated Project Costs:**

Community Development Funds	Amount	\$ Click here to enter text.
Other Funds	Amount	\$ Click here to enter text.
<u>Other Funds</u>	<u>Amount</u>	<u>\$Click here to enter text.</u>
Total Project Cost		\$ Click here to enter text.

**2. Applicant(s) Organization**

Name:    Click here to enter text.  
Employer Identification #/Taxpayer ID #    Click here to enter text.  
DUNS#    Click here to enter text.

**3. Chief Official of Applicant**

Name:    Click here to enter text.    **Title:** Click here to enter text.  
Address: Click here to enter text.  
City & Zip: Click here to enter text.  
Phone #    Click here to enter text.

**4. Contact Person**

Name: Click here to enter text.    **Title:** Click here to enter text.  
Address: Click here to enter text.  
City & zip: Click here to enter text.  
Phone #: Click here to enter text.

**5. Type of Organization**

- Non-profit
- For-Profit
- Public

**a) Required Attachments for Non-Profits**

- Certificate of Incorporation
- IRS 501c-3 Determination Letter
- Board of Directors list
- Board Minutes from previous 3 months
- Most Recent Audited Financial Statement
- Certification of Compliance with 24CFR Part 84.21 (Appendix A)

**b) Community Housing Development Organization (CHDO)**

- In addition to the above listed items to be submitted, if you are applying as a CHDO you must submit the CHDO Certification (Appendix B)

**6. Geographic Area to be Served or Address of Project:** [Click here to enter text.](#)

**7. Project Description** (attach additional sheets if necessary): [Click here to enter text.](#)

**c. Service Delivery** - Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) [Click here to enter text.](#)

**8. List Specific Project Goals** [Click here to enter text.](#)

- 9. Proposed Beneficiaries - (Indicate the estimated number of persons to be assisted):**
- a. Total number of persons this project will serve [Click here to enter text.](#)
  - b. Total number of L/M persons this project will serve [Click here to enter text.](#)
  - c. Estimated % of L/M persons this project will serve [Click here to enter text.](#)
  - d. Housing projects, list tenure type and # [Click here to enter text.](#)

**RACIAL/ETHNIC CHARACTERISTICS**

	# Total	#Hispanic
White	<a href="#">Click here to enter text.</a>	
Black/African American	<a href="#">Click here to enter text.</a>	
Black/African. Amer & White	<a href="#">Click here to enter text.</a>	
Asian & White Asian	<a href="#">Click here to enter text.</a>	
Amer Indian/Alaska Native & Black	<a href="#">Click here to enter text.</a>	
American Indian	<a href="#">Click here to enter text.</a>	
Native Hawaiian.	<a href="#">Click here to enter text.</a>	
Amer Indian/Alaska Native & White	<a href="#">Click here to enter text.</a>	
Other Multi-Racial	<a href="#">Click here to enter text.</a>	
<b>Total #</b>	<a href="#">Click here to enter text.</a>	

**10. Accomplishments/Outcomes -** Indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments. [Click here to enter text.](#)

**11. Project Timeframe:**

Start Date	<a href="#">Click here to enter text.</a>
End Date	<a href="#">Click here to enter text.</a>

**12. Client Eligibility:**

**a. Homeownership Projects -** Are clients to be served by this project of low/moderate income? (at or below 80% of median)

yes                      no

**b. RentalProjects -** Are clients low income? (at or below 50% of median)

yes                      no

**13. OTHER FUNDS - List other funds applied for or received for this project**

Source of Other funds: [Click here to enter text.](#)

\$ Amount Applied For [Click here to enter text.](#)  
(attach request for funding)

\$ Amount Awarded [Click here to enter text.](#)  
(attach award letter)

**14. Project Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

		<b>HOME</b>	<b>OTHER*</b>	<b>OTHER*</b>
	<b>USES</b>	<b>SOURCES</b>	<b>SOURCES</b>	<b>SOURCES</b>
	<b>A. PERSONAL SERVICES</b> 1. Personnel 2. Fringe Benefits  3. Total (1+2)	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>B. NON-PERSONAL SERVICES</b> 4. Consultant 5. Travel 6. Equipment 7. Office supplies 8. Contractual Services 9. Other Non-Personal 10. 11. 12. 13.  14. Total (lines 4 thru 13)	Click here to enter text.             Click here to enter text.	Click here to enter text.             Click here to enter text.	Click here to enter text.             Click here to enter text.
	<b>C. OTHER EXPENSES</b>  15. Rent 16. Utilities 17. Maintenance 18. Training 19. Other 20. 21. 22.  23. Total (lines 15 thru 22)	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>PROJECT TOTAL (A+B+C)</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

\* Identify Source of Other Funds

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Date

APPENDIX A

CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21,  
“STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS”

I have reviewed the Title 24 CFR 84.21 Uniform Administrative Requirements for Grants and Agreements and I hereby certify that \_\_\_\_\_  
(name of organization)

meets the standards set forth in this section of the Code of Federal Regulations.

\_\_\_\_\_  
Name of Accounting Firm

\_\_\_\_\_  
Signature  
Certified Public Accountant

\_\_\_\_\_  
Date

[Code of Federal Regulations]  
[Title 24, Volume 1]  
[Revised as of April 1, 2009]  
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[Page 463-464]  
TITLE 24--HOUSING AND URBAN DEVELOPMENT

PART 84 - UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH  
Subpart C - Post-Award Requirements

Sec. 84.21 - Standards for Financial Management Systems.

- (a) HUD shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following:
  - (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Sec. 84.52. If a recipient maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for their reports on the basis of an analysis of the documentation on hand.
  - (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
  - (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
  - (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
  - (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury, and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
  - (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
  - (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, HUD, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) HUD may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."

## APPENDIX B

### CHDO CERTIFICATION

The information contained in this checklist refers to the definition of Community Housing Development Organizations (CHDOs) in Subpart A, 92.2 of the HOME Rule.

#### LEGAL STATUS

A. The nonprofit organization is organized under State or local laws, as evidenced by:

- a Charter, OR
- Articles of Incorporation.

B. No part of its net earnings inure to the benefit of any member, founder, contributor, or individual, as evidenced by:

- a Charter, OR
- Articles of Incorporation.

C. Has a tax exemption ruling from the Internal Revenue Service (IRS) under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986, as evidenced by:

- a 501(c)(3) or (4) Certificate from the IRS.

OR

Is classified as a subordinate of a central organization non-profit under section 905 of the Internal Revenue code, as evidenced by:

- a group exemption letter from the IRS that includes the CHDO.

D. Has among its purposes the provision of decent housing that is affordable to low- and moderate-income people, as evidenced by a statement in the organization's:

- Charter,
- Articles of Incorporation,
- By-laws, OR
- Resolutions.

#### CAPACITY

A. Conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems", as evidenced by:

- a certification from a Certified Public Accountant, OR
- a HUD approved audit summary.



B. Has a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:

- resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, OR
- contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

C. Has a history of serving the community within which housing to be assisted with HOME funds is to be located, as evidenced by:

- a statement that documents at least one year of experience in serving the community, OR
- for newly created organizations formed by local churches, service or community organizations, a statement that documents that its parent organization has at least one year of experience in serving the community.

The CHDO or its parent organization must be able to show one year of serving the community prior to the date the participating jurisdiction provides HOME funds to the organization. In the statement, the organization must describe its history (or its parent organization's history) of serving the community by describing activities which it provided (or its parent organization provided), such as, developing new housing, rehabilitating existing stock and managing housing stock, or delivering non-housing services that have had lasting benefits for the community, such as counseling, food relief, or childcare facilities. The statement must be signed by the president or other official of the organization.

## **ORGANIZATIONAL STRUCTURE**

A. Maintains at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations as evidenced by the organization's:

- By-Laws,
- Charter, OR
- Articles of Incorporation.

Under the HOME program, for urban areas, the term "community" is defined as one or several neighborhoods, a city, county, or metropolitan area. For rural areas, "community" is defined as one or several neighborhoods, a town, village, county, or multi-county area (but not the whole state).

B. Provides a formal process for low-income, program beneficiaries to advise the organization in all of its decisions regarding the design, siting, development, and management of affordable housing projects, as evidenced by:

- the organization's By-laws,
- Resolutions, OR
- a written statement of operating procedures approved by the governing body.

C. A CHDO may be chartered by a State or local government, but the following restrictions apply: (1) the State or local government may not appoint more than one-third of the membership of the organization's governing body; (2) the board members appointed by the State or local government may not, in turn, appoint the remaining two-thirds of the board members; and (3) no more than one-third of the governing board members are public officials (including any employees of the PJ), as evidenced by the organization's:

- By-laws,
- Charter, OR
- Articles of Incorporation.

D. If the CHDO is sponsored or created by a for-profit entity, the for-profit entity may not appoint more than one-third of the membership of the CHDO's governing body, and the board members appointed by the for-profit entity may not, in turn, appoint the remaining two-thirds of the board members, as evidenced by the CHDO's:

- By-laws,
- Charter, OR
- Articles of Incorporation.

**RELATIONSHIP WITH FOR-PROFIT ENTITIES**

A. The CHDO is not controlled, nor receives directions from individuals, or entities seeking profit from the organization, as evidenced by:

- the organization's By-laws, OR
- a Memorandum of Understanding (MOU).

B. A Community Housing Development Organization may be sponsored or created by a for-profit entity, however:

(1) the for-profit entity's primary purpose does not include the development or management of housing, as evidenced:

- in the for-profit organization's By-laws

AND;

(2) the CHDO is free to contract for goods and services from vendor(s) of its own choosing, as evidenced in the CHDO's:

- By-laws,
- Charter, OR
- Articles of Incorporation.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Date

**CITY OF NIAGARA FALLS, NEW YORK  
COMMUNITY DEVELOPMENT DEPARTMENT  
1022 MAIN STREET - PO BOX 69  
NIAGARA FALLS, NEW YORK 14302**

**VIII. 2013 EMERGENCY SOLUTIONS GRANT APPLICATION**

1. **AGENCY NAME**                      Click here to enter text.
2. **ADDRESS**                              Click here to enter text.
3. **PHONE NO.**                            Click here to enter text.
4. **CONTACT PERSON**                  Click here to enter text.
5. **FEDERAL ID#**    Click here to enter text.                  6. **DUNS#**    Click here to enter text.
7. **MEMBER OF CONTINUUM OF CARE**    Yes                  No

**8. EMERGENCY SHELTER/SOLUTION/SERVICES PROVIDED BY YOUR ORGANIZATION:**

- Current # of Beds**                      Click here to enter text.
- Average # of Persons Served Daily**                      Click here to enter text.
- Average # of Persons Served Yearly**                      Click here to enter text.  
(count individuals once only)

**List Services Provided:**                  Click here to enter text.

**9. PROPOSED BENEFICIARIES - (Please indicate the number of individuals estimated to be assisted by race/ethnicity in 2013):**

- A. RACIAL/ETHNIC CHARACTERISTICS (Number Count)**                      and Hispanic
- White    Click here to enter text.
- Black/African American                      Click here to enter text.
- Black/African. Amer& White                      Click here to enter text.
- Asian & White Asian                              Click here to enter text.
- Amer Indian/Alaska Native & Black                      Click here to enter text.
- American Indian                                      Click here to enter text.
- Native Hawaiian.                                      Click here to enter text.
- Amer Indian/Alaska Native & White                      Click here to enter text.
- Other Multi-Racial                                      Click here to enter text.
- Total #**    Click here to enter text.

**B. RESIDENTIAL SERVICES - yearly average (Number Count)**

Unaccompanied Males	Click here to enter text.
Unaccompanied Females	Click here to enter text.
Families with Children:	Click here to enter text.
Male Head	Click here to enter text.
Female Head	Click here to enter text.
Two Parent	Click here to enter text.
<b>Total #</b>	Click here to enter text.

**C. CLIENT CHARACTERISTICS - daily average: (Number Count)**

Runaway/Throwaway Youth:	Click here to enter text.
Chronically Mentally Ill:	Click here to enter text.
Developmentally Disabled:	Click here to enter text.
HIV/AIDS:	Click here to enter text.
Alcohol Dependent Individuals:	Click here to enter text.
Drug Dependent Individuals:	Click here to enter text.
Elderly:	Click here to enter text.
Veterans:	Click here to enter text.
Physically Disabled:	Click here to enter text.
Other:	Click here to enter text.

**D. FACILITY TYPE: (check all that apply)**

<input type="checkbox"/> barracks/dormitory	<input type="checkbox"/> group home/large home	<input type="checkbox"/> scattered site apartments
<input type="checkbox"/> single-family house	<input type="checkbox"/> single room occupancy	<input type="checkbox"/> congregate housing
<input type="checkbox"/> single site apartment	<input type="checkbox"/> hotel/motel accommodations	

**10. STATEMENT OF NEED:**

**Identify homeless groups and "at risk" of becoming homeless that your agency serves**

**Note: To receive funding under the ESG Program, you must provide shelter or services to the homeless. HUD's definition of homeless is:**

- a. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
- b. an individual or family that has a primary nighttime residence that is
  1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations ( including welfare hotels, congregate shelters, and transitional housing for persons with mental illness
  2. an institution that provides temporary residence for individuals intended to be institutionalized; or
  3. a public or private place not designed for, or ordinarily used as regular sleeping accommodations

**11. SERVICE DELIVERY:**

(How does your agency address the needs that you have cited?) [Click here to enter text.](#)

**12. FUNDING LEVEL REQUESTED:**

**Activity Type:** (check those that apply) [Click here to enter text.](#)

**Rehabilitation** - (renovation, rehabilitation or conversion of bldg. to be used as an emergency shelter  
\$Amount Requested [Click here to enter text.](#)

**Essential Services** – professional services provided such as employment, nutritional substance abuse counseling, assistance in obtaining permanent housing, child care, job placement & training  
\$Amount Requested [Click here to enter text.](#)

**Operations** – payment made for shelter maintenance, operation, rent, repair, security, food, fuel utilities etc. \$Amount Requested [Click here to enter text.](#)

**Homeless Prevention** – short term financial assistance to families to prevent homelessness  
\$Amount Requested [Click here to enter text.](#)

**13. MATCHING FUNDS:**

- |                          |  |          |   |
|--------------------------|--|----------|---|
| <input type="checkbox"/> | Cash Contribution                      | \$Amount | <a href="#">Click here to enter text.</a> |
| <input type="checkbox"/> | In-Kind Services (attach list)         | \$Amount | <a href="#">Click here to enter text.</a> |
| <input type="checkbox"/> | Donations (attach list)                | \$Amount | <a href="#">Click here to enter text.</a> |
| <input type="checkbox"/> | Volunteer Labor @ \$5 hr (attach list) | \$Amount | <a href="#">Click here to enter text.</a> |

**14. Project Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

		<b>ESG</b>	<b>OTHER*</b>	<b>OTHER*</b>
	<b>USES</b>	<b>SOURCES</b>	<b>SOURCES</b>	<b>SOURCES</b>
	<b>A. PERSONAL SERVICES</b> 1. Personnel 2. Fringe Benefits  3. Total (1+2)	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>B. NON-PERSONAL SERVICES</b> 4. Consultant 5. Travel 6. Equipment 7. Office supplies 8. Contractual Services 9. Other Non-Personal 10. 11. 12. 13.  14. Total (lines 4 thru 13)	Click here to enter text.         Click here to enter text.	Click here to enter text.         Click here to enter text.	Click here to enter text.         Click here to enter text.
	<b>C. OTHER EXPENSES</b> 15. Rent 16. Utilities 17. Maintenance 18. Training 19. Other 20. 21. 22.  23. Total (lines 15 thru 22)	Click here to enter text.        Click here to enter text.	Click here to enter text.        Click here to enter text.	Click here to enter text.        Click here to enter text.
	<b>PROJECT TOTAL (A+B+C)</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

**Please note: the City will not reimburse expenses incurred prior to official notification of the award of funding.**

**15. PROJECT DESCRIPTION:**

(brief summary of the proposed project and description of how this project will enhance your services)

[Click here to enter text.](#)

**a) Required Attachments for Non-Profits**

- Certificate of Incorporation
- IRS 501c-3 Determination Letter
- Board of Directors list
- Board Minutes from previous 3 months
- Most Recent Audited Financial Statement
- Certification of Compliance with 24CFR Part 84.21 (Appendix A)

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

\_\_\_\_\_  
Signature, Chief Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Date

APPENDIX A

CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21,  
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(name of organization)  
.meets the standards set forth in this section of the Code of Federal Regulations.

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Name of Accounting Firm

\_\_\_\_\_  
Signature  
Certified Public Accountant

\_\_\_\_\_  
Date



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