



CITY OF NIAGARA FALLS, NEW YORK

PAUL A. DYSTER, MAYOR

**2011 CONSOLIDATED PLAN & STRATEGY
FUNDING APPLICATION HANDBOOK**

**COMMUNITY DEVELOPMENT BLOCK GRANT
HOME INVESTMENT PARTNERSHIP PROGRAM
EMERGENCY SHELTER GRANT**

**DEPARTMENT OF COMMUNITY DEVELOPMENT
ROBERT J. ANTONUCCI, DIRECTOR
1022 MAIN STREET - PO BOX 69
NIAGARA FALLS, NEW YORK 14302**

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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 (or project) 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 census definition of severely disabled persons
- 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.

2009 Income Limits (80% MFI)

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
\$35,550	\$40,650	\$45,700	\$50,800	\$54,850	\$58,950	\$63,000	\$67,050

IV. 2011- CONSOLIDATED PLAN

Application Process

May 3, 2010	Applications Available
June 30, 2010	Application Submission Deadline

Tentative 2011 Consolidated Plan Schedule -

June 1- June 30	Neighborhood Meetings
July 1 – July 30	Review Applications & Input from Meetings
August 31	Public Hearing
September 1 – September 30	30-Day Public Comment Period
October 18	Submit Plan to City Council for Approval
November 15	Submit Consolidated Plan to HUD
November 15 - December 31	HUD 45–Day Review Period
January 1	2011 Program Year Start

V. APPLICATION FORMS

1. Submit one application for each project.
2. Submit backup documentation regarding project eligibility (client income levels and method of verification of income).
3. All applicants must submit a project budget indicating sources and uses of all funds. (sample format included).
4. **Non-profit applicants must submit certificate of incorporation, IRS Tax Exempt Determination Letter, board of directors list, audited financial statement, and agency brochure**
5. HOME applications are for housing projects only
6. ESG applications are for non profit agencies providing emergency shelter services to homeless persons. Matching funds must be identified.
7. Applicants applying for CDBG public service grants will be considered for funding on an annual basis with a maximum three (3) year funding period.

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 JUNE 30, 2010

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. 2011 CDBG FUNDING APPLICATION

Project Name

1. Estimated Project Costs:

Community Development Funding	Amount	\$
Other Funding	Amount	\$
<u>Other Funding</u>	<u>Amount</u>	<u>\$</u>
Total Project Cost	Amount	\$

2. Applicant(s) Organization

Name:
Employer Identification #/Taxpayer ID #
DUNS#

3. Chief Official of Applicant

Name: Title:
Address:
City & Zip:
Phone #

4. Contact Person

Name: Title
Address:
City & zip:
Phone #:

5. Type of Organization

Non-profit
For-Profit
Public

a) Required Attachments for Non-Profits

- Certificate of Incorporation
- IRS Tax Exempt Determination Letter
- Board of Directors list
- Most Recent Audited Financial Statement
- Agency brochure

6. **Project Description** (attach additional sheets if necessary)

b. Project Objectives – Rationale for the project. Why is this project needed? What community needs are being addressed?

c. Service Delivery – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.)

7. **List Specific Project Goals**

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 mos.(names may be obscured) include household income level, family size and address*

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>	<u>5 Person</u>	<u>6 Person</u>	<u>7 Person</u>	<u>8 Person</u>
\$35,550	\$40,650	\$45,700	\$50,800	\$54,850	\$58,950	\$63,000	\$67,050

- 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.

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)

		CDBG	OTHER*	OTHER*
	USES	SOURCES	SOURCES	SOURCES
.	A. PERSONAL SERVICES 1. Personnel 2. Fringe Benefits 3. Total (1+2)			
	B. NON-PERSONAL SERVICES 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)			
	C. OTHER EXPENSES 15 Rent 16. Utilities 17. Maintenance 18. Training 19. Other 20. 21. 22. 23. Total (lines 15 thru 22)			
	PROJECT TOTAL (A+B+C)			

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.

a. Capacity:

What services/activities are you currently providing to what type of clientele?

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?

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?

Describe your organization's experience with CDBG or other Federal grant programs

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

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

VII. 2011 HOME FUNDING APPLICATION

Project Name

1. Estimated Project Costs:

Community Development Funding	Amount	\$
Other Funding	Amount	\$
<u>Other Funding</u>	<u>Amount</u>	<u>\$</u>
Total Project Cost		\$

2. Applicant(s) Organization

Name:
Employer Identification #/Taxpayer ID #
DUNS#

3. Chief Official of Applicant

Name: Title:
Address:
City & Zip:
Phone #

4. Contact Person

Name: Title
Address:
City & zip:
Phone #:

5. Type of Organization

Non-profit
For-Profit
Public

a) Required Attachments for Non-Profits

- Certificate of Incorporation
- IRS Tax Exempt Determination Letter
- Board of Directors list
- Most Recent Audited Financial Statement
- Agency brochure

b) CHDO's – submit certification that no organizational changes have been made that would negatively affect CHDO status

6. Geographic Area to be Served or Address of Project:

7. Project Description (attach additional sheets if necessary)

c. Service Delivery – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.)

8. List Specific Project Goals

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

- a. Total number of persons this project will serve
- b. Total number of L/M persons this project will serve
- c. Estimated % of L/M persons this project will serve

d. Housing projects, list tenure type and #

RACIAL/ETHNIC CHARACTERISTICS

	# Total	#Hispanic
White		
Black/African American		
Black/African. Amer & White		
Asian & White Asian		
Amer Indian/Alaska Native & Black		
American Indian		
Native Hawaiian.		
Amer Indian/Alaska Native & White		
Other Multi-Racial		

Total #

10. Accomplishments/Outcomes – indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments.

11. Project Timeframe: Start Date
End Date

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. Rental Projects - 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:

\$ Amount Applied For
(attach request for funding)

\$ Amount Awarded
(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)

		HOME	OTHER*	OTHER*
	USES	SOURCES	SOURCES	SOURCES
	A. PERSONAL SERVICES 1. Personnel 2. Fringe Benefits 3. Total (1+2)			
	B. NON-PERSONAL SERVICES 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)			
	C. OTHER EXPENSES 15. Rent 16. Utilities 17. Maintenance 18. Training 19. Other 20. 21. 22. 23. Total (lines 15 thru 22)			
	PROJECT TOTAL (A+B+C)			

* 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

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

VIII. 2011 EMERGENCY SHELTER GRANT APPLICATION

1. AGENCY NAME

2. ADDRESS

3. PHONE NO.

4. CONTACT PERSON

5. FEDERAL ID#

6. DUNS#

7. MEMBER OF CONTINUUM OF CARE Yes No

8. EMERGENCY SHELTER SERVICES PROVIDED BY YOUR ORGANIZATION:

Current # of Beds
Average # of Persons Served Daily
Average # of Persons Served Yearly
(count individuals once only)

List Services Provided:

9. PROPOSED BENEFICIARIES - (please indicate the number of individuals estimated to be assisted by race/ethnicity in 2011):

A. RACIAL/ETHNIC CHARACTERISTICS (Number Count)
and Hispanic

White
Black/African American
Black/African. Amer & White
Asian & White Asian
Amer Indian/Alaska Native & Black
American Indian
Native Hawaiian.
Amer Indian/Alaska Native & White
Other Multi-Racial

Total #

B. RESIDENTIAL SERVICES –yearly average (Number Count)

Unaccompanied Males
Unaccompanied Females

Families with Children:
Male Head
Female Head
Two Parent

Total #

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

Runaway/Throwaway Youth:
Chronically Mentally Ill:
Developmentally Disabled:
HIV/AIDS:
Alcohol Dependent Individuals:
Drug Dependent Individuals:
Elderly:
Veterans:
Physically Disabled:
Other:

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?)

12. FUNDING LEVEL REQUESTED:

Activity Type: (check those that apply)

Rehabilitation - (renovation, rehabilitation or conversion of bldg. to be used as an emergency shelter
\$Amount Requested

Essential Services – professional services provided such as employment, nutritional substance abuse counseling, assistance in obtaining permanent housing, child care, job placement & training
\$Amount Requested

Operations – payment made for shelter maintenance, operation, rent, repair, security, food, fuel utilities etc. \$Amount Requested

Homeless Prevention – short term financial assistance to families to prevent homelessness
\$Amount Requested

13. MATCHING FUNDS:

- Cash Contribution \$Amount
- In-Kind Services (attach list) \$Amount
- Donations (attach list) \$Amount
- Volunteer Labor @ \$5 hr (attach list) \$Amount

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

14. PROJECT DESCRIPTION:

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

Required Attachments for ESG Non-Profits

- Certificate of Incorporation
- IRS Tax Exempt Determination Letter
- Board of Directors list
- Most Recent Audited Financial Statement
- Agency brochure

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