

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

1. Clearance – (570.201) (d) clearance, demolition, and removal of buildings and improvements.
2. 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.
3. Relocation – (570.606) relocation payments and assistance to displaced persons.
4. 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)

1. 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.
2. Code Enforcement – (570.202) (c) salaries and overhead costs directly related to enforcement of local/state codes.
3. Micro-Enterprise Assistance – (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).
4. 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)

##### 1 Person 2 Person 3 Person 4 Person 5 Person 6 Person 7 Person 8 Person

$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** Click here to enter text.

1. **Estimated Project Costs:**

Community Development Funding Amount $ Click here to enter text.

Other Funding Amount $ Click here to enter text.

Other Funding Amount $ Click here to enter text. Total Project Cost $ Click here to enter text.

1. **Applicant(s) Organization**

Name: Click here to enter text.

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

DUNS# Click here to enter text.

1. **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.

1. **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.

1. **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

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

##### 1 Person 2 Person 3 Person 4 Person 5 Person 6 Person 7 Person 8 Person

$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.

**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

 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. Click here to enter text.

**11. Project Timeframe**: Start Date Click here to enter text.

End Date Click here to enter text.

1. **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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | CDBG | OTHER\* | OTHER\* |
|  | USES | **SOURCES** | **SOURCES** | SOURCES |
|  . | A. PERSONAL SERVICES1. Personnel
2. Fringe Benefits
3. Total (1+2)
 |       |       |       |
|  | **B. NON-PERSONAL SERVICES**4. Consultant5. Travel6. Equipment7. Office supplies8. Contractual Services9. Other Non-Personal10.11.12.13.14. Total (lines 4 thru 13) |                                     |                                     |                                          |
|  | **C. OTHER EXPENSES**15 Rent16. Utilities17. Maintenance18. Training19. Other20. 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? 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.

 [ ] Audit System [ ] Formal Personnel System [ ] Client Eligibility [ ] Fund Raising

 [ ] Conflict of Interest Policies [ ] Insurance Coverage [ ] Financial System [ ] 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.

 Click here to enter text. Click here to enter text.

 Signature, Chief Official Title

 Click here to enter text. Click here to enter text.

 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** Click here to enter text.

1. **Estimated Project Costs:**

Community Development Funding Amount $ Click here to enter text.

Other Funding Amount $ Click here to enter text.

Other Funding Amount $ Click here to enter text. Total Project Cost $ Click here to enter text.

1. **Applicant(s) Organization**

Name: Click here to enter text.

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

DUNS# Click here to enter text.

1. **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.

1. **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.

1. **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

1. **. 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

 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. Click here to enter text.

**11. Project Timeframe**: Start Date Click here to enter text.

End Date Click here to enter text.

**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

1. **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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | HOME | OTHER\* | OTHER\* |
|  | USES | **SOURCES** | **SOURCES** | SOURCES |
|  . | A. PERSONAL SERVICES1. Personnel
2. Fringe Benefits
3. Total (1+2)
 |       |       |       |
|  | **B. NON-PERSONAL SERVICES**4. Consultant5. Travel6. Equipment7. Office supplies8. Contractual Services9. Other Non-Personal10.11.12.13.14. Total (lines 4 thru 13) |                                     |                                     |                                          |
|  | **C. OTHER EXPENSES**15 Rent16. Utilities17. Maintenance18. Training19. Other20. 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.

 Click here to enter text. Click here to enter text.

 Signature, Chief Official Title

 Click here to enter text. Click here to enter text.

 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** 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 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: Click here to enter text.

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

* + 1. 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)**

[ ] barracks/dormitory [ ] group home/large home [ ]  scattered site apartments

[ ] single-family house [ ] single room occupancy [ ] congregate housing

[ ] single site apartment [ ] 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:

1. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
2. 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

Click here to enter text.

**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)

**[ ] 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 homelessnes $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)

Click here to enter text.

**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.

 Click here to enter text. Click here to enter text.

 Signature, Chief Official Title

 Click here to enter text. Click here to enter text.

 Name (Typed or Printed) Date