



*Our budget starts with YOU.*

**CITY OF NIAGARA FALLS, NEW YORK  
2023 ANNUAL ACTION PLAN & STRATEGY**

**FUNDING APPLICATION HANDBOOK FOR:  
COMMUNITY DEVELOPMENT BLOCK GRANT  
(CDBG) PROGRAM**

**Due Date: February 6, 2023**

**ROBERT M. RESTAINO, MAYOR**

**CLIFFORD SCOTT, DIRECTOR  
COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department  
[www.nf-cd.org](http://www.nf-cd.org) [www.niagarafallsusa.org](http://www.niagarafallsusa.org)  
The Carnegie Building – 745 Main Street, P.O. Box 69  
Niagara Falls, New York 14302

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

**This application must be completed by applicants seeking CDBG assistance for activities which benefit low or moderate income individuals in any of the following categories that the City of Niagara Falls has determined to be a priority in best serving the needs of our community:**

**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. This information is also available at [www.hud.gov](http://www.hud.gov).

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. Micro-Enterprise Assistance (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).

## APPLICATION TIMELINE

Although the 2023 CDBG application is a separate document this year, it still follows the same timeline as the Community Development ESG and HOME Programs.

### 2023 – ANNUAL ACTION PLAN

#### Application Process

January 4, 2023	Applications Available
February 6, 2023 @ 4:00 p.m.	Application Submission Deadline

#### Tentative 2023 ANNUAL ACTION PLAN Schedule

February 7 <sup>th</sup> – February 14 <sup>th</sup>	Review Applications & Input from Meetings
March 1 <sup>st</sup>	2023 Draft AAP Available for Review
April 3 <sup>rd</sup>	30-Day Public Comment Period
April 10 <sup>th</sup>	Public Hearing, City Hall – Draft AAP
April 15 <sup>th</sup>	City Council Approval
May 1 <sup>st</sup>	Submit Annual Action Plan to HUD

#### 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**
- **Most Recent Audited Financial Statement**
- **Board Minutes from Previous 3 Months**

*Please submit applications to:*

Department of Community Development

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

OR [Clifford.scott@niagarafallsny.gov](mailto:Clifford.scott@niagarafallsny.gov)

**APPLICATIONS MUST BE RECEIVED or POSTMARKED BY February 6, 2023 @ 4:00 P.M.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

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

**2023 CDBG FUNDING APPLICATION**

**Project Name** [Click here to enter text.](#)

**1. Estimated Project Costs:**

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

**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.](#)

E-mail: [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**

2021 Income Limits (80%MFI – Published by HUD)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80% (mod)	\$44,200	\$50,500	\$56,800	\$63,100	\$68,150	\$73,200	\$78,250	\$83,300

- 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.](#)

**A. RACIAL/ETHNIC CHARACTERISTICS (Number Count)**

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

[Click here to enter text.](#)

[Click here to enter text.](#)



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

Source of Other funds:

[Click here to enter text.](#)

**\$ Amount Applied For**  
(attach request for funding)

[Click here to enter text.](#)

**\$ Amount Awarded**  
(attach award letter)

[Click here to enter text.](#)

**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.
	<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.

## 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.

- |  |  |
|--|--|
| <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

Click here to enter text.

Title

Click here to enter text.

Name (Typed or Printed)

Click here to enter text.

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 [Click here to enter text.](#)  
name of organization

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

[Click here to enter text.](#)

Name of Accounting Firm

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

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Print Name

[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.'