

# Community Development Block Grant Program



## 2023-2024 Request for Funding Application



Planning Department  
801 Crawford Street, 4<sup>th</sup> Floor  
Portsmouth, VA 23704  
757-393-8836  
crimerj@portsmouthva.gov



*For City use, do not complete below this line*

APPLICATION NUMBER: \_\_\_\_\_  
APPLICANT: \_\_\_\_\_  
PROJECT NAME: \_\_\_\_\_  
REQUESTED AMOUNT OF CDBG FUNDING: \_\_\_\_\_

**Fiscal Year 2024 Program Application for:  
CDBG Program  
READ APPLICATION INSTRUCTIONS THOROUGHLY**

THIS APPLICATION SHALL ONLY BE USED TO APPLY FOR COMMUNITY BLOCK GRANT PROGRAM (CDBG) FUNDS. IF APPLYING FOR HOME INVESTMENT PARTNERSHIP PROGRAM FUNDS, PLEASE USE THE HOME PROGRAM APPLICATION.

**SECTION I - AGENCY INFORMATION**

<b>Organization/Agency Name:</b>		<b>Employer Federal I.D. Number:</b>			
<b>Website:</b>		<b>DUNS Number:</b>			
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>		
<b>Telephone No:</b>	<b>Fax No:</b>	<b>Type of Agency (x all that apply)</b>			
		501(c)(3) <input type="checkbox"/>	Govt / Public <input type="checkbox"/>	For Profit <input type="checkbox"/>	Faith Based <input type="checkbox"/>
<b>Has this program received funding from the City in the past?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No. If YES, identify			
<b>Funding Source:</b>					
<b>Program Year:</b>					
<b>Amount:</b>					
<b>Executive Director</b>		<b>Project Administrator</b>		<b>Finance Officer</b>	
<b>Name:</b>					
<b>Title:</b>					
<b>Address:</b>					
<b>Phone:</b>					
<b>Fax:</b>					
<b>E-Mail:</b>					

**SECTION II - PROJECT INFORMATION**

<b>Name of Project:</b>	
<b>Location of Project (Specific Street Address where funds will be expended. If more than one address, add all addresses):</b>	
<b>Census Tract(s) / Block Group(s):</b>	

**SECTION III - PROJECT FUNDING AND DESCRIPTION:** Identify all leverage. HUD expects a leverage ratio of 3 to 1 (\$3 of non-HUD funds for every \$1 of HUD funds). For all funds listed attach documentation of the commitment of the funds.

<b>REQUESTED THIS APPLICATION</b>	\$		
<b>OTHER FEDERAL</b>	\$		Source:
<b>OTHER CITY FUNDS</b>	\$		
<b>STATE FUNDS</b>	\$		Source:
<b>PRIVATE FUNDS</b>	\$		Source:
<b>OTHER</b>	\$		Source:
<b>TOTAL</b>	\$		
<b>Will the program generate program income?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
\$ _____			
If yes, indicate the projected program income to be received. The estimate should also include any PI generated by a prior year project.			

\*\*\* Do Not Exceed Space Allocated for Each Question. \*\*\*

**Provide a brief project description including:**

**1) Purpose of the project.**

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**2) Overall benefit to the City.**

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**3) Specific activities to be undertaken.**

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**SECTION IV - COMPLETION CHECKLIST**

DESCRIPTION	YES	NO	COMMENTS
1. Application Completed & Signed Certification			
2. Articles of Incorporation and Bylaws			
3. State and Federal Tax Exemption Determination Letters			
4. Federal Employment Identification Numbers			
5. List of Board of Directors, their Titles and Contact Information			
6. Board of Director's Designation of Authorized Official			
7. Most Recent Organization Chart			
8. Job Description of Each CDBG Program Salaried Position (specific to the tasks to be completed for the project for which funds are requested).			
9. Resume of Chief Fiscal Officer			
10. Financial Statement and Most Recent Audit Report			
11. Leveraging Funds Commitments Documentation			
12. List of Collaborative Partners and their role			
13. Grievance Procedure/Policy (Clients)			
14. Project Implementation Timeline showing completion of project by June 30, 2024 & Additional Outcome Objectives			

**ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED WITH YOUR APPLICATION. ONLY ONE SET OF THE DOCUMENTATION IS REQUIRED. SELECT THE APPROPRIATE RESPONSE FOR EACH DOCUMENT LISTED. IF YOU ARE SUBMITTING MORE THAN ONE APPLICATION, ONLY ONE SET OF THE DOCUMENTATION IS REQUIRED.**

**V - ELIGIBILITY AND NATIONAL OBJECTIVE (IF NOT AWARE OF CITATION, CONTACT STAFF)**

<b>a. Eligibility CDBG - provide citation:</b>	
<b>b. CDBG National Objective provide citation:</b>	

**SECTION VI - PROJECT/PROGRAM BENEFIT WORKSHEET**

All projects shall be provided in the City of Portsmouth serving persons in the City of Portsmouth unless otherwise agreed to by the City. Contact Jeffrey Crimer at 757-393-8836, ext. 4206 to discuss exceptions.

Your activity must comply with one (only one of 1 to 5) of the sections listed below. If you need assistance to determine the correct choice or current demographic information, please contact Jeffrey Crimer at 757-393-8836, ext. 4206.

<b>1. Are you serving clients City-wide or is there a service area?</b>	<input type="checkbox"/> City-wide <input type="checkbox"/> Area
<b>a. If there is a service area(s) for this project, describe the boundaries of the service area <u>and</u> provide census tract; and block group numbers <u>and</u> a map (at least 51% of the population in the defined area must have low/moderate income). The City is responsible for approving service area.</b>	
<b>2. If the project/program will provide a direct benefit to a limited number of clients:</b>	
<b>a. Anticipated <u>unduplicated</u> number of individuals expected to benefit from the proposed project/program:</b>	
<b>b. Anticipated <u>unduplicated</u> number of individuals expected to have low/moderate incomes:</b>	
<b>3. If the project/program will benefit <u>one</u> (only one) of the following groups of people who are presumed by HUD to have low/moderate income, check the applicable category:</b>	<input type="checkbox"/> Abused Children <input type="checkbox"/> Elderly Persons <input type="checkbox"/> Handicapped Persons (Census definition) <input type="checkbox"/> Illiterate Persons <input type="checkbox"/> Migrant Farm Workers <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Battered Spouses <input type="checkbox"/> Persons Living with AIDS
<b>4. If the project/program involves providing housing (not including housing related services such as counseling), <u>unduplicated</u> number of households expected to benefit:</b>	
<b>5. Job creation: at least 1 full-time equivalent job for 1m persons per \$35,000 of CDBG funds.</b>	

**SECTION VII - 5 Year Consolidated Plan 2020 to 2024 see <http://www.portsmouthva.gov/planning/CommPlanDevPrg/>**

<b>Cite 5-Year Consolidated Plan 2020 to 2024 local priorities addressed by the project.</b>

**SECTION VIII - AGENCY NARRATIVE & PROJECT DESCRIPTION**

See the Application Instructions for more information regarding the Agency Narrative.

<b>1. Describe the proposed project need/impact and goals. Include the characteristics of the population of the area to be benefited. Provide statistics to support this need.</b>
<b>2. Describe your organization's experience and capacity to administer the proposed program. Identify any prior year funds that remain unspent. If funds remain, justify this funding request.</b>
<b>3. Provide a concise description regarding use of CDBG funds toward implementing the project. The narrative should be specific regarding tasks to be completed. Specifically how will you use the CDBG funds to implement the project?</b>
<b>4. Does your agency charge a fee for the service? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>(If applicable, attach a copy of your most recent fee for service scale.)</b>
<b>a. If Yes, what percentage of your program is funded from fees?</b>
<b>b. Describe use of the fees.</b>
<b>5. Is there another organization providing the same service in the service area? <input type="checkbox"/> Yes <input type="checkbox"/> No.</b> <b>If Yes, explain why both projects are needed in order to address the need.</b>
<b>6. Current Status of Project. Is project underway? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>
<b>a. If this project is already underway, describe what has been done so far, including the sources and amounts of financial assistance already received.</b>
<b>b. If you are requesting additional funds for a project currently receiving funding from the City, indicate the anticipated date of project completion and estimate any additional financial assistance that must still be secured, including the amount requested by this application, to complete the project.</b>

<p><b>c. If Yes, describe how project will be completed should additional CDBG funds not be available or awarded.</b></p>
<p><b>7. Is this a “development project” consisting of acquisition, construction, rehabilitation, or related activities involving housing or public, neighborhood, commercial or industrial facilities, respond to the following items. <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, answer 7a to 7e. If no, go to question 8.</b></p> <p><b>The City will negotiate a reasonable delivery fee for development projects based on the nature and complexity of the project. Delivery fees generally will be no more than 10% of the project budget. For all development projects involving acquisition, no funds including funds for project delivery will be reimbursed until the sub-recipient provides the City with documentation of completion of the acquisition. No acquisition project is complete until a national objective is met. A portion of funds awarded for development projects will be held until documentation of meeting an agreed upon national objective.</b></p>
<p><b>a. Identify location by street address of the properties involved and indicate whether you have site control or the anticipated date when you will have site control. Site control <input type="checkbox"/> Yes <input type="checkbox"/> No.</b></p>
<p><b>b. Attach your project pro-forma or other financial feasibility data and describe how this information supports the feasibility of the project.</b></p>
<p><b>c. Identify need for local and other permits and status of completion and approval.</b></p>
<p><b>d. Indicate the total cost of this project (from start to finish) and whether all financing required, other than the amount applied for in this application, is in place. (Include documentation of commitment of other funding, typically CDBG funds will not be awarded without commitments of other funds.)</b></p>
<p><b>e. Indicate the number of days following the execution of an agreement with the City until your project will begin and until it will be completed (meet a national objective).</b></p>
<p><b>8. Describe the agency's fiscal management structure, i.e. who administers the bookkeeping or accounting services, financial reporting, record keeping, accounting systems, payment procedures, and audits performed; financial oversight by the Board of Directors; identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five years.</b></p>
<p><b>9. Is the project for which funds are being requested a multi-phased activity requiring funds from future years? <input type="checkbox"/> Yes <input type="checkbox"/> No</b></p> <p><b>If Yes, identify additional amount to be requested and describe how project will be completed should additional CDBG funds not be available or awarded.</b></p>

**10. Depending on the nature of your program, please indicate the unduplicated number of households OR unduplicated number of people that will be served by your program: (Review Application Instructions for specifics on calculating.)**

<b>If Households Served:</b>	<b>New</b>	<b>Returning</b>	<b>Total</b>
<u>Unduplicated</u> Number of Households			
<u>Unduplicated</u> Number of Low-Moderate Households			
<b>If People Served:</b>	<b>New</b>	<b>Returning</b>	<b>Total</b>
<u>Unduplicated</u> Number of People			
<u>Unduplicated</u> Number of Low-Moderate People			

**11. Describe the services to be provided and who will be providing the services. Be concise in stating the resources to be dedicated or used to meet proposed objectives.**

**12. In the table below, provide an estimated FY 2024 project schedule indicating significant milestones (e.g., planning, budgeting, advertising, inspections, bidding, hiring, service delivery, discrete units of work, or project phases completed, etc.) and an anticipated completion deadline for each milestone.**

<b>Projected FY 2024 Project Timeline</b>	
<b>Milestones</b>	<b>Completion Date (00/00/0000)</b>

**13. Indicate one (only one) HUD National Objective your project/program addresses.**

- LMA** – L/M area: the service area identified for activities is primarily L/M income. (Provide verification.)
- LMC** – L/M clientele: activities which benefit a limited clientele at least 51% of which are L/M income.
- LMH** – L/M housing: activities carried out provide/improve permanent residential structures which will be occupied by L/M income households.
- LMJ** – L/M jobs: activities designed to create or retain permanent jobs, at least 51% of which are employed by L/M income persons.
- SBA** – Slum/blight area: activities that address prevention or elimination of S/B in the designated area (identify area) \_\_\_\_\_.
- SBS** – Slum/blight spot: activities that address S/B conditions on a spot basis not located in the designated area.

**14. Explain how client participation and compliance with L/M benefit will be documented for monitoring by the City and HUD. Attach a sample format of applications, intake forms, and actual material proposed to be used to document L/M benefit. All material used to document L/M benefit must be approved by the City prior to use of funds. Attachment D of the CDBG program application instructions provides further information regarding documenting compliance with the National Objective.**

**15. Will the agency collaborate with others to provide services? If so, provide evidence by attaching proof of commitments for the project.**

- Yes       No



16. OBJECTIVE CATEGORY – (check one)		
<input type="checkbox"/> Suitable Living Environment	<input type="checkbox"/> Decent Affordable Housing	<input type="checkbox"/> Creating Economic Opportunities
OUTCOMES (check one)		
Accessibility/Availability	Affordability	Sustainability/Livability Promoting Livable/Viable Communities
<input type="checkbox"/> Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/> Enhance suitable living environment through new/improved affordability	<input type="checkbox"/> Enhance suitable living environment through new/improved sustainability
<input type="checkbox"/> Create decent housing with new/improved availability	<input type="checkbox"/> Create decent housing with new/improved affordability	<input type="checkbox"/> Create decent housing with new/improved sustainability
<input type="checkbox"/> Promote economic opportunity through new/improved accessibility	<input type="checkbox"/> Promote economic opportunity through new/improved affordability	<input type="checkbox"/> Promote economic opportunity through new/improved sustainability
17. Describe the outcomes associated with the project and how you will measure them: Measure at least one outcome.		
<b>Common Outcome 1:</b>		
<b>Indicator:</b>		
<b>Target:</b>		
<b>Data Source:</b>		
<b>Data Collection Method:</b>		
<b>Common Outcome 2:</b>		
<b>Indicator:</b>		
<b>Target:</b>		
<b>Data Source:</b>		
<b>Data Collection Method:</b>		
<b>Common Outcome 3:</b>		
<b>Indicator:</b>		
<b>Target:</b>		
<b>Data Source:</b>		
<b>Data Collection Method:</b>		

**Section IX - Budget**

1. PERSONNEL			PROGRAM FUNDS			APPLICANT MATCH		
POSITION TITLES	ANNUAL SALARY	ANNUAL FRINGE BENEFITS	TOTAL ANNUAL SALARY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL
Example: Case Manager	\$ 25,000.00	\$ 5,000.00	\$ 30,000.00	\$ 20,000.00		\$ 10,000.00		\$ 30,000.00
<b>TOTAL PERSONNEL:</b>								
2. CLIENT SERVICES			CPD PROGRAM FUNDS			APPLICANT MATCH		
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL		
Example: Reading Materials	100	\$ 20.00		\$ 30.00		\$ 50.00		
<b>TOTAL CLIENT SERVICES:</b>								
3. SUPPLIES			CPD PROGRAM FUNDS			APPLICANT MATCH		TOTAL
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL		
Example: File Folders	100	\$ 500.00	\$ -	\$ -	\$ -	\$ 500.00		
<b>TOTAL SUPPLIES:</b>								
4. OPERATING			CPD PROGRAM FUNDS			APPLICANT MATCH		
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL		
Example: Telephone	12 months	\$ 1,700.00		\$ 1,700.00		\$ 3,400.00		
<b>TOTAL OPERATING:</b>								
4. EQUIPMENT			CPD PROGRAM FUNDS			APPLICANT MATCH		
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL		
Example: Computer	1	\$ 750.00		\$ 750.00		\$ 1,500.00		
<b>TOTAL EQUIPMENT:</b>								
5. PROJECT COSTS			CPD PROGRAM FUNDS			APPLICANT MATCH		
TYPE	QUANTITY	HUD REQUESTED AMOUNT	NON-HUD	CASH	IN-KIND	TOTAL		
Example: Construction Support	-	\$ 3,000.00	\$ 10,000.00	\$ 15,000.00	\$ 12,000.00	\$ 40,000.00		
<b>TOTAL PROJECT COSTS:</b>								
<b>GRAND TOTAL:</b>			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**SECTION X - FY 24 BUDGET DESCRIPTION**

**1. Identify all personnel involved in the administration and implementation of the project. (If awarded, the City may request a more detailed summary of responsibilities)**

<b>Job Title</b>	<b>Status</b>	<b>Time Devoted to Program</b>	<b>New / Existing</b>	<b>Brief Summary of Responsibilities</b>
e.g. Program Manager	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input checked="" type="checkbox"/> New <input type="checkbox"/> Existing	Oversight of budgets
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> New <input type="checkbox"/> Existing	

**2. Calculate the following Total and CDBG costs per unduplicated individuals or households served.**

Total Program Costs / Unduplicated Households Served:	\$	
Total Program Costs / Unduplicated Individuals Served:	\$	
CDBG Grant Request / Unduplicated Households Served:	\$	
CDBG Grant Request / Unduplicated Households Served:	\$	

**3. Provide a description of the leverage funds your agency will be using for the program.**

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**4. Why are program and or project costs reasonable and justifiable?**

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**SECTION XI - STATEMENT OF APPLICANT**

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The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Portsmouth may request or require changes in the information submitted, and may substitute its own figures that it deems reasonable for any or all figures provided.
4. That, if the project(s) is recommended and approved by City Council, the City reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
5. The City of Portsmouth reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines
8. That past program and financial performance will be considered in reviewing this application.
9. Those services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
10. That, if the project(s) is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. That, if the project(s) is funded, the City will perform an environmental review prior to the obligation of funds.
12. That, if the project(s) is funded, a written agreement that includes a statement of work, budget, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
13. That a project's funding does not guarantee its continuation in subsequent action plans.
14. That services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in Virginia, and in the aggregate naming the City, its employees and agents as additional insures) will be submitted to the City prior to receiving funds.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT**

U.S. Code Title 19, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature	Title	Organization