# County of Henrico, Virginia Department of Community Revitalization

## 2015-2016 application for the use of CDBG, HOME, or ESG program funds

**INSTRUCTIONS:**

### Please provide one (1) signed original and two (2) copies of the application.

1. Please also provide an electronic copy of the application and all attachments.
2. For the required attachments, only one (1) hard copy is necessary.
3. Do not use binders or folders. Submitted applications should be stapled in the left corner or attached with a binder clip.
4. Supporting documentation such as photographs, letters of support, and other information deemed appropriate may be attached.
5. Each program/project proposed should be in a separate application.
6. Submissions must contain all of the information requested in the attached application. Incomplete submissions may not be considered.
7. If completing this application in Microsoft Word, please do not remove page breaks.

**ALL APPLICATIONS ARE DUE** to the County of Henrico, Department of Community Revitalization no later than

## March 13, 2015 at 4:30 PM, EDT.

**ALL APPLICATIONS SHOULD BE DELIVERED TO:**

### County of Henrico Department of Community Revitalization 4062 Crockett Street

Richmond, Virginia, 23228 Applications mailed should be sent to: PO Box 90775, Henrico, VA 23273

Digital copies may be delivered/mailed on compact disc or emailed to [sac01@henrico.us](mailto:sac01@henrico.us)

**APPLICATION EVALUATION:**

Criteria used to evaluate applications:

1. Conformity with CDBG, HOME, and/or ESG regulations. Funds may only be used for activities that meet eligibility requirements and which carry out one of the three national objectives (CDBG).
2. Projects and programs to serve low- and moderate-income citizens of Henrico County.
3. Capability of agency and staff to undertake and complete the proposed project in a timely manner.
4. Clarity of proposals.
5. Cost effectiveness.
6. Ability to provide matching funds.

**Henrico County estimates that approximately $1,575,820 of CDBG, $599,842 of HOME, and $139,425 of ESG will be available for Program Year 2015-16. The Program Year is October 1, 2015 through September 30, 2016.**

For assistance or questions, please contact Geleene Goffena, 501-7613 (CDBG Program), or Scott Carter, 501- 7612 (HOME & ESG Programs). A pre-application meeting with staff is recommended.

# County of Henrico, Virginia Department of Community Revitalization

## Annual application for the use of 2015-2016 CDBG, HOME, or ESG program funds

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

Type of funds requested:  CDBG  HOME  ESG

Please provide a brief (one sentence) description of the project/program: Click here to enter text.

**APPLICANT INFORMATION**

**Applicant/Organization Name:** **Click here to enter text.**

**Applicant Address:** **Click here to enter text.**

**Contact Person Name and Title**: **Click here to enter text.**

**Telephone**: **Click here to enter text.**  **E-mail:**  **Click here to enter text.**

Federal Tax Identification Number (EIN): Click here to enter text.

**DUNS Number:** **Click here to enter text.**

(Dun & Bradstreet, Inc. provides this number at no charge and is required for federal funding recipients. DUNS number can be obtained at www.dnb.com)

**Legal Status:** **Click here to enter text.**

*(Private for-profit corporation, private non-profit corporation, government agency, other).*

**PAST CDBG OR HOME SUPPORT**

Is this project a continuation of a previous activity?  Yes  No

Please complete for all CDBG and/or HOME awards that your agency has received for the years listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Year Awarded** | **Project/ Program Name** | **Award Amount and Type (CDBG or HOME)** | **Date Project/ Program Completed** | **Amount Spent** |
| **2014-2015** |  |  |  |  |
| **2013-2014** |  |  |  |  |

Were your previously funded projects/programs completed on time and on budget? If not, explain why.

**Click here to enter text.**

## PROJECT/PROGRAM DETAILS

**Project/Program Name:** **Click here to enter text.**

Type and amount of funds requested:

**CDBG** **$** **Click here to enter text.** **ESG** **$** **Click here to enter text.**

**HOME**  **$** **Click here to enter text.** **CHDO $** **Click here to enter text.**

**Total Project/Program Budget: $ Click here to enter text.**

**Eligible Activity that best matches your proposed project/program. (For CDBG-funded activities)**

Demolition activities or elimination of deterioration or blight

Historic preservation

Improvement or development of neighborhood or public facility (including parks & recreation facility)

Infrastructure improvements (streets, sidewalks, etc.)

Initiatives to increase affordable housing or special needs housing opportunities

Job training or expansion of job opportunities for low- and moderate-income individuals

Public Services (i.e. child care, services to persons with disabilities, job training, crime or drug prevention, etc.)

Rehabilitation of existing owner-occupied housing for low- and moderate-income families

**Broad National Objective(s) to be addressed: (For CDBG-funded activities)**

Benefit to low- and moderate-income residents/areas

Aid in prevention of slums and blight

Urgent need due to serious or immediate threat to health or welfare of community and no other funds are available.

Eligible program component(s) that best matches your proposed project/program. (For ESG-funded activities)

Emergency shelter  Homelessness prevention  Street outreach

Rapid re-housing  Data collection/HMIS

Approximately how many persons or households does your agency expect to serve with this project/program?

Persons Households

How many of those to be served are Henrico County residents?

Timeline for project/program completion: BEGIN COMPLETED BY

Please describe the project or activities to be implemented using CDBG, HOME, or ESG funds. If your agency is applying for funds for more than one project, a separate application is required. Please provide activity objectives, purposes, and scope of activity.

**Click here to enter text.**

**Problem Statement or Assessment of Need:**

**Click here to enter text.**

**Please explain how, specifically, your project/program will address the identified problem**

**Click here to enter text.**

Does your agency administer this program in any other localities? If so, please explain.

**Click here to enter text.**

## PROJECT/PROGRAM BUDGET

Please provide a budget for this project/program. Indicate all funding sources that will be used to carry out the program. Be sure to indicate how the funds are to be spent, providing budget line items with sufficient specificity. Where there are revenues expected, those should be indicated as well. Where other sources of funds are identified, please provide adequate notes indicating the status and source of those funds (committed, to be applied for, etc.)

If your agency is applying for HOME or ESG program funds, please describe how you will meet the HOME program match requirements pursuant to 24 CFR § 92.220 and § 92.221 or the ESG program match requirements pursuant to 24 CFR § 576.201. Please note that HOME requirements have changed. Pursuant to 24 CFR § 576.201(b), Henrico County will require ESG Subrecipients to make matching contributions.

Click here to enter text.

## PROJECT/PROGRAM ELIGIBILITY AND OTHER REQUIREMENTS

Describe the steps your agency will take to document that clients served meet income eligibility requirements.

**Click here to enter text.**

Select the category type your program is designed to serve. Indicate the number of clients or units of service your agency anticipates serving with the requested funds. Provide specific numbers next to the applicable category.

Type Number Served Type Number Served

People/Individuals (General) Persons with Disability

Youth Businesses

Elderly Organizations

Households/Families Public Facilities

Please list this program’s measureable goals and objectives.

**Click here to enter text.**

Please identify who will be in charge of planning, implementing, follow-up, and seeing that the project/program is completed as planned.

Name and Title:

Who will be responsible for keeping appropriate records concerning CDBG, HOME, or ESG grant funding expenditures and preparing the HUD-required monthly or quarterly reports?

Name and Title:

***Public Service Projects:*** *Please note that CDBG regulations require newly funded public service projects to either be a new service or a quantifiable expansion of service from the previous year. Keeping this in mind, please answer the two questions below. If your agency is applying for funding for a public service project, please contact Henrico County Department of Community Revitalization staff for further guidance prior to submission.*

**Is your program a new service in the community?  Yes  No**

If your program is an existing one and is requesting funding for the first time, please describe how your program will provide a quantifiable increase in the level of service over what was provided in the last fiscal year.

**Click here to enter text.**

**AGENCY INFORMATION**

What is your agency’s mission statement?

**Click here to enter text.**

What is the history and purpose of your agency?

**Click here to enter text.**

How long has the agency been in existence? List any other names your organization has operated under.

**Click here to enter text.**

How long has the agency had its 501(c)(3) status?

How many years has the agency conducted the project/program for which it is requesting funding?

**Click here to enter text.**

List all other programs managed by the agency. Please specify which programs are available to Henrico County, Virginia residents.

**Click here to enter text.**

**Has your agency received an independent audit conducted by a Certified Public Accountant?**  **Yes**

When was your agency’s last audit completed?

What was the time period (fiscal year) being reviewed?

Were there any findings or concerns identified? If so, please provide a response to those issues.

Click here to enter text.

*NOTE: A copy of audited financial statements prepared by a qualified accountant or accounting service covering the last twelve (12) months of operation must be attached to the application.*

## AGENCY OPERATING BUDGET

**Please attach a copy of current fiscal year budget for your agency.** Show all sources and amounts of funding for your entire agency. Your budget should demonstrate how federal funds will be leveraged with other funds to provide CDBG, HOME, or ESG eligible services. Please identify the sources, amounts, and duration of funding.

SELF-SUFFICIENCY

*CDBG, HOME, and ESG funds are not intended to provide ongoing support and the Department of Community Revitalization and the County of Henrico, Virginia reserve the right to limit its support.*

If this is the first time your agency is requesting CDBG, HOME, or ESG funding assistance, please describe the factors that influenced your decision to request this assistance.

**Click here to enter text.**

## APPLICATION AUTHORIZATION

The undersigned certifies that:

He/she is legally authorized to request and accept funding from the County of Henrico; and to the best of his/her knowledge, all representations that are part of this application are true and correct;

That all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and

Should the requested funding be provided, that in execution of this project/program, the applicant will comply with all assurances required by federal laws which govern the Community Development Block Grant (CDBG), Home Investment Partnerships (HOME) Programs, or Emergency Solutions Grant (ESG) (whichever may apply) and any others stipulated by the U.S. Department of Housing and Urban Development (HUD), and all assurances set forth in the Subrecipient Agreement signed with the County of Henrico.

Name of Certifying Representative;

Title of Certifying Representative:

Signature and Date Signed:

Please include the following documents:

Most recent financial audit

List of Board members and executive officers (For CHDO funding, Board list must indicate which members meet the criteria for low-income representation, including home address if using low-income residency.)

Agency by-laws

Current fiscal year budget

Documentation of 501(c)(3)or other non-profit status

Documentation of registration with Virginia State Corporation Commission

Articles of Incorporation

Organizational chart that includes names and titles of staff involved in project

Staff resumes for all staff involved in the project/program

Any additional information describing the organization or program that may be helpful in reviewing the application.

Please check boxes for all included items. If an item is not included please describe why: Click here to enter text.