# County of Henrico, Virginia Department of Community Revitalization

## 2019-2020 application for the use of CDBG, HOME, or ESG program funds

## Issue Date: January 25, 2019

**INSTRUCTIONS:**

### Provide one (1) signed original and two (2) copies of the application - printed single-sided.

1. 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, folders, or staples. Submitted applications should be fastened with a paper clip or binder clip.
4. Supporting documentation such as photographs, letters of support, and other information deemed appropriate may be attached.
5. Each program/project requesting funding must have 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 4, 2019 at 4:30 PM

**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

Electronic copies may be delivered/mailed on USB flash drive, CD or emailed to [revitalization@henrico.us](mailto:revitalization@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. Consistency with 2015-2020 Five Year Consolidated Community Development Plan (The County’s priorities from this plan are included in Attachment A).
3. Projects and programs to serve low- and moderate-income citizens of Henrico County.
4. Capability of agency and staff to undertake and complete the proposed project in a timely manner.
5. Clarity of proposals.
6. Cost effectiveness.
7. Ability to provide matching funds as applicable

The Program Year is October 1, 2019 through September 30, 2020. The U.S. Department of Housing and Urban Development (HUD) has not yet determined Henrico’s allocation for the three grant programs for the coming year.

For assistance or questions, please contact Geleene Goffena, 501-7613 (CDBG Program), or

Scott Carter, 501-7612 (HOME & ESG Programs).

**If this is the first time Henrico CDBG, HOME, or ESG funding has been requested for this program or project, an in-person pre-application meeting with staff is required. Please contact the appropriate person above to schedule as soon as possible.**

# County of Henrico, Virginia Department of Community Revitalization

## Application for the use of 2019-2020 CDBG, HOME, or ESG program funds

**Project/Program Name**

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

Type and amount of funds requested:

**CDBG** **$** **ESG** **$** **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.**

**APPLICANT INFORMATION**

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

**Organization Website: Click here to enter text.**

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

**Street Address if different:** **Click here to enter text.**

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

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

Contact Person for questions about this application:

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

Employee or not employee, if not explain relationship: 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).*

**Provide legal name of the organization and any other trade names (dba, etc.) that will be used and explain their use:** **Click here to enter text.**

**PAST CDBG, HOME, or ESG SUPPORT**

Is this project a continuation of an activity previously supported by Henrico County?  Yes  No

Is Henrico non-departmental funding being requested for this program for FY 2019-20?  Yes  No

Please complete for all CDBG, HOME, and ESG funding your agency has received from Henrico for the years listed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Year Awarded** | **Project/ Program** | Award Amount and Type (CDBG, HOME, or ESG)\* | Amount of awarded funds spent during the program year | **If all awarded funds were not spent – please explain why** | **Were program objectives accomplished?** |
| **2018-2019** |  |  |  |  |  |
| **2017-2018** |  |  |  |  |  |
| **2016-2017** |  |  |  |  |  |

\* if additional funds were provided mid-year, please include the amended totals

If program objectives were not accomplished for 2016-17 or 2017-18, please explain what program modifications have been put in place or will be put in place to ensure objectives can be accomplished for 2019-20.

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 households

**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: Click here to enter text. Households: Click here to enter text.

How many of those to be served are Henrico County residents? Click here to enter text.

Timeline for project/program completion: BEGIN: Click here to enter text. COMPLETED BY: Click here to enter text.

For existing programs, please provide the web site address where information about this program can be found:

**Click here to enter text.**

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. Be sure to provide all addresses (except for DV shelters) where this project/program operates and, if applicable, specific communities served.

**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. For public services explain how you’re measuring positive outcomes.**

**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, specifying any other local government funds (Henrico County) and federal funds including HUD funds. 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.)

**Please make sure a budget for this particular program is provided. Do not provide only a budget for the entire agency. Contact Henrico staff if there is any question. Budget must be included with or attached to this application form. It may not be submitted as a separate attachment or separate file.**

**Click here to enter text.**

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. (To ensure Henrico County fulfills its ESG match requirement, all ESG subrecipients will be required to provide matching contributions equal to grant award amounts.)

Click here to enter text.

## PROJECT/PROGRAM ELIGIBILITY AND OTHER REQUIREMENTS

Describe the steps your agency will take to document that clients served meet 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 describe this program’s measureable goals and objectives.

**Click here to enter text.**

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

Name and Title: Click here to enter text.

**Identify the name and title of the person(s) responsible for ensuring all federal regulations and guidelines pertaining to the use of CDBG, ESG, and/or HOME funds are met and describe that person’s experience and/or expertise in federal program compliance.**

**Click here to enter text.**

**Provide the name and title of the person responsible for providing monthly and quarterly status reports to Henrico County for this program.**

**Click here to enter text.**

**Public Service Projects:** 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 CDBG 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, or otherwise been known as.

**Click here to enter text.**

How long has the agency had its 501(c)(3) status? Click here to enter text.

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 residents and the approximate number of Henrico residents served annually.

**Click here to enter text.**

**Has your agency received an independent audit conducted by a Certified Public Accountant?**  **Yes  No**

When was your agency’s last audit completed? Click here to enter text.

What was the time period (fiscal year) reviewed? Click here to enter text.

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

Click here to enter text.

Provide a brief description of any recent (past three years) financial default or lawsuits.

Click here to enter text.

*NOTE: A copy of the agency’s most recent audited financial statements prepared by a qualified accountant or accounting firm must be attached to the application.*

## AGENCY OPERATING BUDGET

**Please attach a copy of the 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 funding.

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

Title of Representative: **Click here to enter text.**

Signature:

Date Signed:

**Checklist of Required Documents check boxes for items included**

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.)

Articles of Incorporation

Agency bylaws

Current fiscal year budget

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

Documentation of registration with Virginia State Corporation Commission

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

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.

Additional information required for requests for financial assistance for the development of multi-family housing:

Project financial analyses that document the financial viability of the project (i.e., long-term cash flow analysis, pro-forma, etc.)

Evidence of site control (If name does not exactly match that of agency submitting this application, please explain the relationship and organizational structure)

Project development schedule

Description of sources of all project funds and the status of each

Description of population served (describe any income limitations for tenants by unit)

Description of management of project once completed

Additional information required for requests for the development of, or improvements to, any building, facility, or site:

Evidence of ownership or site control (If owner name does not exactly match that of agency submitting this application, please explain the relationship and organizational structure)

If property is leased, provide a copy of the current lease

Project schedule

Description of sources of all project funds and the status of each

**Please check boxes for all included items. If an item is not included please describe why:**

Click here to enter text.

## ATTACHMENT A

**2015 – 2020 Five Year Consolidated Community Development Plan** **Summary of Priorities and Goals:**

### Affordable housing preservation and development

### Provide for the rehabilitation of existing housing

### Increase affordable homeownership opportunities

### Support housing for special needs populations

### Community economic development

### Revitalize older commercial corridors

### Increase job opportunities for low- or moderate-income individuals

### Mitigation and prevention of homelessness

### Prevent homelessness

### Assist homeless families in obtaining housing

### Support emergency shelter and supportive services

### Non-housing community development

### Support non-housing needs for special populations

### Provide improvements to low- or moderate-income areas

### Provide public services for low- or moderate-income populations