# County of Henrico, Virginia Department of Community Revitalization

## Application for the Use of CARES Act CDBG Funds

## Special Application - Issue Date January 29, 2021

**INSTRUCTIONS:**

1. Provide an **electronic copy** of the application and a separate electronic copy of the attachments.

### Provide one (1) signed original copy of the **Application Authorization** page.

1. Supporting documentation such as photographs, letters of support, and other information deemed appropriate may be attached.
2. Each program/project requesting funding must have a separate application.
3. Submissions must contain all of the information requested in the attached application. Incomplete submissions may not be considered.
4. 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

## February 16, 2021 at 11:59 PM.

The **signature page** of the application should be mailed to: PO Box 90775, Henrico, VA 23273, within **five days** of submitting the application.

Electronic copies may be delivered/mailed on USB flash drive, CD or emailed to revitilization@henrico.us

**APPLICATION EVALUATION:**

Criteria used to evaluate applications:

1. Conformity with CDBG regulations. Funds may only be used for activities that meet eligibility requirements and which carry out one of the three national objectives (CDBG).
2. **These funds can only used to “prevent, prepare for, and respond to Coronavirus.”**
3. Projects and programs to serve low- and moderate-income citizens of Henrico County.
4. Consistency with 2020-2025 Five Year Consolidated Community Development Plan (The County’s priorities from this plan are included in Attachment A).
5. Capability of agency and staff to undertake and complete the proposed project in a timely manner.
6. Clarity of proposals.
7. Cost effectiveness.
8. Ability to spend the funds and implement the program in a timely manner

For assistance or questions, please contact Geleene Goffena, 501-7613 or gof@henrico.us (CDBG Program).

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

**APPLICANT INFORMATION**

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

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

Type and amount of funds requested: CDBG-CV $ 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.

Is this person an employee of the applicant organization? [ ]  Yes [ ]  No

 If No, please explain: Click here to enter text.

**Other persons to be notified regarding the status of this application:** 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.

**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.

**PROGRAM/PROJECT INFORMATION:**

Please succinctly describe the project or activities to be implemented using CARES Act funds and how the project is a response to the COVID-19 crisis and meets the CARES Act criteria of “prevent, prepare for, and respond to Coronavirus.” 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 program operates.

Click here to enter text.

**Eligible Activity that best matches your proposed project/program.**

[ ]  Demolition activities or elimination of deterioration or blight

[ ]  Improvement or development of neighborhood or public facility (including homeless shelters)

[ ]  Infrastructure improvements (streets, sidewalks, etc.)

[ ]  Initiatives to increase affordable housing or special needs housing opportunities

[ ]  Public Services (i.e. child care, services to persons with disabilities, job training, homelessness prevention, etc.)

[ ]  Rehabilitation of existing owner-occupied housing for low- and moderate-income households

[ ]  Economic Development activities including business assistance or job creation/retention

**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.

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? Please specify whether they are persons or households. Click here to enter text.

Please explain the period of time for which the requested funds are expected to cover costs:

Begin Date: Click here to enter text. End Date: Click here to enter text.

Please describe the service area for this program.

Click here to enter text.

**Please describe how clients who are served by this program are identified, selected, and, if applicable, prioritized for service.**

Click here to enter text.

**If any third party or partner agency will be subcontracted with, serve as a fiscal agent, or provide services on behalf of your agency in providing the services identified in this application, please provide a description here.**

Click here to enter text.

**Other Federal CARES Act support:** If your agency/organization has applied for and/or received any other federal funds through CARES Act programs (including Payroll Protection Program), please list those funds and the dollar amounts received or applied for.

Click here to enter text.

##

## PROJECT/PROGRAM BUDGET

**Complete the table below with information about the budget for this project/program for the period of the program specified on Page 3. Add rows to the table as needed to include all sources and uses of funds for the program or other relevant information. Indicate all revenue sources for the program, providing notes indicating the status of revenue sources (committed, to be applied for, etc.). For expenses, provide sufficient specificity to adequately convey the categories of costs for the program.**

**Please make sure the budget provided is for this particular program. 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, and not as part of the attachments document. It may not be submitted as a separate attachment or separate file.**

|  |  |
| --- | --- |
| **Program/Project Budget**  |  |
| **Revenues** | **Amount** | **Source of Funding** | **Status of funding source (applied for, committed, etc.)** |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
|   | $0.00 |   |  |
|   | $0.00 |   |  |
| **Total Revenues** |  |   |  |

**Please include sufficient information to describe the expense in full.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Uses/Expenses** | **Amount** |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
|  | $0.00 |  |  |
|   | $0.00 |   |  |
| **Total Expenses** |   |   |  |

**Please describe which of the expenses above Henrico CDBG-CV funds will be assigned to. For personnel costs, please specify position and percentage of position cost to be covered. Please make sure costs coincide with the period of time provided on page 2.**

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) Click here to enter text. Businesses Click here to enter text.

Households/Families Click here to enter text. Public Facilities Click here to enter text.

Please provide any other relevant information regarding the persons, households, or businesses to be served. Also indicate the service area for this program.

Click here to enter text.

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

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

**Provide the name and title of the person(s) responsible for ensuring all federal regulations and guidelines pertaining to the use of CDBG CARES Act funds are met.**

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

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

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

**Provide the street address where documents and records pertaining to this program will be kept.**

 Click here to enter text.

Please describe this program’s measurable 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-CV funds are met and describe that persons 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:** 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.

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

**If No, how long has this service been operating in the community?**

Click here to enter text.

**AGENCY INFORMATION**

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.

## 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 federal laws and regulations which govern the Community Development Block Grant (CSBG) and the requirements of the Coronavirus Aid, Relief, and Economic Security Act, as well as all requirements of the County of Henrico.

**Name of Certifying Representative:** Click here to enter text.

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

**Signature:**

**Date Signed:**

**Note: A hard copy of this page with an original signature must be provided within five days of email submission of this application to:**

**Department of Community Revitalization**

**P.O. Box 90775**

**Henrico, VA 23273**

**Attn: Susie Armstrong**

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

Please include the following documents in a separate document from the base application:

[ ]  Most recent financial audit [ ]  Henrico County Community Revitalization already has our most recent audit.

[ ]  List of Board members and executive officers

[ ]  Articles of Incorporation

[ ]  Agency bylaws

[ ]  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.

Please check boxes for all included items. If an item is not included or will be provided at a later date, please explain:

 Click here to enter text.