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|  | County of Henrico, Virginia Department of Community Revitalization  Application for the Use of Special CDBG and ESG Funds Authorized by the  Coronavirus Aid, Relief, and Economic Security Act (CARES Act)  Issue Date: April 17, 2020 |

**BACKGROUND**

With the Adoption of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Henrico County was awarded $1,017,678 in supplemental Community Development Block Grant (CDBG) funds and $508,566 in Emergency Solutions Grant (ESG) funds. These funds are to be used to be used to “prevent, prepare for, and respond to the coronavirus pandemic.”

Henrico County is soliciting requests for funding from qualified and capable organizations to implement programs in Henrico County, benefitting Henrico County businesses and residents consistent with the objectives of the CARES Act. It is the intention of Henrico County to have funds available to successful applicants by late May 2020. Successful applicants must be able to demonstrate ability to successfully meet these objectives in compliance with all applicable federal and County requirements pursuant to the use of CDBG and/or ESG funds. Henrico County expects Subrecipients to expend awarded funds expeditiously. It is the intent of Henrico County to establish expenditure deadlines appropriate for each funded program consistent with HUD’s requirements.

Henrico County will reserve the right to award only a portion of the available funds during this application period if circumstances warrant.

**APPLICATION AND AWARD SCHEDULE (Subject to Change)**

April 17th Application for use of funds made available

April 27th Application deadline

May 7th Public Notification of Proposed Funding and Beginning of Five-day comment period

May 12th Board Public Hearing and Approval of funding Allocations.

May 13–22 Negotiation and execution of subrecipient agreements (contracts) with successful applicants.

Note: Funds will be available upon execution of subrecipient agreements contingent upon HUD executing a funding agreement with Henrico County in a timely manner. It is the intent of Henrico County to issue subrecipient agreements as expeditiously as possible while being in conformance with all regulatory requirements.

**ALL APPLICATIONS ARE DUE** to the County of Henrico, Department of Community Revitalization no later than **April 27, 2020 at 4:30 PM.** Submit applications via email to:[revitalization@henrico.us](mailto:revitalization@henrico.us)

**INSTRUCTIONS:**

1. Provide an electronic copy of the application and all attachments. The application must be provided in a Microsoft Word format or PDF format that includes all signature pages.
2. Each program/project requesting funding must have a separate application/submission.
3. Supporting documentation such as photographs, letters of support, and other information deemed appropriate may be included in the electronic submission but are not required.
4. Submissions must contain all of the information requested in the attached application. If there is any question if a section may be left blank, contact Henrico Community Revitalization staff for guidance.
5. If this application is being submitted on behalf of another organization or in collaboration of one or more organizations, letters of acknowledgement of participation by those organizations must be attached.
6. When completing this application in Microsoft Word, please do not remove page breaks.

**ALL APPLICATIONS SHOULD BE EMAILED TO:** [revitalization@henrico.us](mailto:revitalization@henrico.us)

**APPLICATION EVALUATION:**

Criteria used to evaluate applications:

1. Conformity with the use of the CARES Act CDBG and ESG funds.
2. Provides assistance to small and microenterprise businesses in Henrico County.
3. Prevents homelessness in Henrico County.
4. Provides housing, health, or other assistance to individuals in Henrico County impacted by the COVID-19 pandemic.
5. Addresses any other needs of low/mod individuals or communities in Henrico County in response to needs resulting from the COVID-19 pandemic.
6. Capability of agency and staff to effectively implement the program in a timely manner.
7. Demonstrated expertise within the organization to ensure compliance with the requirements for the use of federal CDBG-CV and/or ESG-CV funds.
8. Clarity of proposals.
9. Cost effectiveness.

For assistance or questions, please contact one of the following

David Sacks, Community Development Manager at 501-7611 [sac01@henrico.us](mailto:sac01@henrico.us)

Geleene Goffena, 501-7613 (CDBG Program) [gof@henrico.us](mailto:gof@henrico.us)

Scott Carter, 501-7612 (ESG Program). [car80@henrico.us](mailto:car80@henrico.us)

Questions may also be submitted to: [revitalization@henrico.us](mailto:revitalization@henrico.us)

# County of Henrico, Virginia Department of Community Revitalization

## Application for the use of CARES Act funds

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

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

Type and amount of funds requested:

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

**APPLICANT INFORMATION**

**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.

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.

**PROGRAM/PROJECT INFORMATION**

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

**Check One: Is this a:**  **New Program of the Organization**

**Existing Program of the Organization**

**Modification of an Existing Program of the Organization**

If this is an existing program, for how long has the agency conducted the project/program for which it is requesting funding? Please also summarize experience with this program and attach any relevant marketing or outreach material. Click here to enter text.

Is any other Henrico County funding being requested for this program?  Yes  No

**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.

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.

Please succinctly describe the project or activities to be implemented using CDBG or ESG funds and how the project is a response to the current COVID-19 crisis. 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.

**Explain how this program is a permitted use of CDBG funds pursuant to 24 CFR 570 or ESG funds pursuant to 24 CFR 576 and how it addresses needs of low/mod Henrico residents (CDBG) or homeless persons or persons at risk of homelessness (ESG) in response to the COVID-19 pandemic.**

Click here to enter text.

**Please explain how, specifically, your project/program will address the identified problem. For public services explain outcomes will be measured. (eg. Number of persons or households served)**

Click here to enter text.

**If this program is to provide assistance to small businesses or microenterprises, please explain the criteria you intend to use for identifying and prioritizing businesses to be assisted.**

Click here to enter text.

Does your agency administer this program or plan on administering this program in any other localities? If so, please explain. Also, be sure to list other governmental funding sources in the Budget section below

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 (incl. 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.**

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

**Describe how the requested funds will be used, being as specific as possible.** Click here to enter text.

**Fill in the table below with information about the budget for this project/program for the period of the program specified on Page 4. Modify the table as necessary to include all sources and uses of funds for the program or other relevant information.**

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |

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

## 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) \_\_\_\_\_\_ Businesses \_\_\_\_\_\_

Households/Families Public Facilities \_\_\_\_\_\_

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.

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 or ESG-CV CARES Act 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.

**AGENCY INFORMATION**

**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.

**Complete the following six questions section only if your organization has not applied to Henrico County for federal entitlement funding in the last three program years.**

1. What is your agency’s mission statement?

Click here to enter text.

1. What is the history and purpose of your agency?

Click here to enter text.

1. 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.

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

Click here to enter text.

1. 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.

1. 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.*

## 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) and 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:

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

**Susie Armstrong**

**Department of Community Revitalization**

**P.O. Box 90775**

**Henrico, VA 23273**

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

**(Unless otherwise noted, submission of these items is NOT required if your organization has applied to Henrico County for federal entitlement funding in the last three program years). Please see notes in red below for clarification.**

Please include the following documents:

Current fiscal year budget (Required of all applicants)

Staff resumes for all staff involved in the project/program (Required of all applicants)

Any additional information describing the organization or program that may be helpful in reviewing the application. (Required of all applicants)

Most recent financial audit (Required unless your organization submitted the “2020-2021 application for the use of CDBG, HOME, or ESG program funds” in March 2020)

List of Board members and executive officers (Required unless your organization submitted the “2020-2021 application for the use of CDBG, HOME, or ESG program funds” in March 2020)

Organizational chart that includes current names and titles of staff involved in project or program (Required unless your organization submitted the “2020-2021 application for the use of CDBG, HOME, or ESG program funds” in March 2020)

Articles of Incorporation

Agency bylaws

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

Documentation of registration with Virginia State Corporation Commission

Additional information required for requests for financial assistance for any project that involves construction:

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)

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

**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.

## ATTACHMENT A

**Examples of Eligible CDBG Activities to Support Coronavirus and Other Infectious Disease Response**

**Buildings and Improvements, Including Public Facilities** *(Acquisition, construction, reconstruction, or installation of public works, facilities, and site or other improvements)*

* Construct a facility for testing, diagnosis, or treatment.
* Rehabilitate a community facility to establish an infectious disease treatment clinic.
* Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment.
* Rehabilitate a commercial building or closed school building to establish an infectious disease treatment clinic, e.g., by replacing the HVAC system.
* Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery.
* Make interim improvements to private properties to enable an individual patient to remain quarantined on a temporary basis.

**Assistance to Businesses, including Special Economic Development Assistance** *(Provision of assistance to private, for-profit entities, when appropriate to carry out an economic development project.)*

* Provide grants or loans to support new businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to infectious disease.
* Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.
* Provide technical assistance, grants, loans, and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine.

**Provision of New or Quantifiably Increased Public Services**

* Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community.
* Provide testing, diagnosis or other services at a fixed or mobile location.
* Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities.
* Provide equipment, supplies, and materials necessary to carry-out a public service.
* Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.
* Provide another public service that assists persons directly affected by COVID-19.

## ATTACHMENT B

**Henrico County General Requirements for Use of CDBG-CV Funds for Small Business or Microenterprise Assistance**

**Note: These goals and guidelines are still under review and are subject to modification.**

**Goals for Using CDBG-CV Funds for business assistance**

Sustain Henrico County’s existing small, retail business community and commercial corridors by supporting immediate business financial needs to retain small businesses, employees, good jobs, and existing wages and benefits for businesses impacted by COVID-19.

Businesses that have been awarded Payroll Protection Program (PPP) or other federal assistance are not eligible for CDBG assistance.

**Priority for Business Assistance**

* The business must be a for-profit business in Henrico County that serves the general public.
* The business must be a legal entity registered with the State Corporation Commission and possess a current Henrico County Business license.
* For microenterprises, the business must have had at least one, and no more than five employees (including the owner) prior to the issuance of the Governor’s State of Emergency Order.
  + If a sole-proprietorship, the business must be the sole or main source of income for the owner.
* The business owner must have annual income less than or equal to 80% of Area Median Income (AMI).
* The business has a physical establishment within Henrico County and has operated and conducted business within Henrico County for at least twelve months.
* The business operations are primarily retail-oriented.
* The business must be independently owned, and not a chain or franchise.
* The business was ordered to close or had to significantly reduce its business resulting directly from the COVID-19 pandemic.
* Business must have a physical location, with use of that physical location exclusively for the use of that business. Home occupations are not eligible, nor any business operating out of a residence.