PURPOSE OF THE COMMUNITY DEVELOPMENT BLOCK GRANT PROPOSAL SUBMISSION FORM FY 2004/2005

When completed, this CDBG proposal submission will provide a specific description of the activity for which you are seeking funds and allow our office to determine whether or not programs being considered for funding will use CDBG funds for eligible activities only. The proper classification of activities is also important because the CDBG program statutes and regulations place specific requirements on certain activities and not on others. For example, there is a statutory and regulatory limitation on the amount of CDBG funds which may be used for public services. There is a similar limitation on the amount of CDBG funds which may be used for planning and administrative costs.

The statutes and regulations also place special requirements on such activities as code enforcement and assistance to for-profit business for economic development projects. An improperly classified activity may be unnecessarily subject to an inapplicable requirement or, conversely, it may be carried out in a manner contrary to the intent of the law.

This proposal undertakes to define the scope of your program within the eligibility of the Community Development Block Grant. Six steps are involved in the program review of your responses to the application questions.

The first step is to determine if the activity is included within the listing of eligible activities in the CDBG regulations, as modified by statutory amendments. Eligible activity categories follow this narrative.

The second step is to determine if the proposed activity falls within a category of explicitly ineligible activities, despite its apparent inclusion within the listing of eligible activities. For example, while many public facilities are eligible for assistance, there is an explicit statutory and regulatory bar to providing assistance to "buildings for the general conduct of government".

The third and probably most important step is a determination if the proposed program meets one of the national objectives of the CDBG program:

- Benefiting low and moderate (L/M) income persons
- Addressing slums or blight
- Meeting a particularly urgent community development need

The fourth step is to ensure that carrying out the activity with CDBG funds will not result in the award violating the City's certification that at least 70% of the CDBG funds will benefit L/M income persons over the fiscal year July 1 through June 30.

The fifth step is to review proposed costs of the activity to determine if they appear to be necessary and reasonable and will otherwise conform with OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations”. If a non-profit organization or educational institution is involved, then review of the program in the context of OMB No. A122, "Cost Principles for Nonprofit Organizations" and/or OMB A-110, “Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations” is required as applicable.

The sixth step is to determine whether the proposed program meets local community priorities, including, but not limited to, those described in the Consolidated Plan.

ELIGIBLE CDBG ACTIVITY CATEGORIES

Acquisition of Real Property

Assistance to For Profit Businesses (for the creation of jobs for low and moderate income people)

Clearance

Code Enforcement

Commercial or Industrial Rehabilitation

Disposition (disposal of real property)

Historic Preservation

Housing Rehabilitation

Housing Services

Interim Assistance (usually limited improvements as a prelude to permanent improvements)

Lead Based Paint Hazard Removal

Loans to Subrecipients

Loss of Rental Income (normally in association with relocation of persons)

New Housing Construction

Planning and Capacity Building (generally studies, data gathering, preparation of plans and identification of actions that will implement plans)

Privately Owned Utilities (acquisition, rehabilitation, installation)

Program Administration Costs (generally reserved for the City exclusively)

Public Facilities and Improvements

Public Services

Relocation

Removal of Architectural Barriers

Special Activities by Subrecipients

Special Economic Development

Use for Micro Enterprises

ADDITIONAL GUIDANCE

Considering the broad range of activities which may be carried out with CDBG funds and the need for interpretation of the applicability of requirements to many differing factual situations, we cannot hope to provide answers to all questions about activity eligibility in this brief summary.

To avoid potential problems, applicants are encouraged to contact the City Community Assistance Office at (480) 312-7647 for further clarification when requirements appear unclear.

To be considered for funding during the 2004-2005 fiscal year, an original and five (5) copies of this proposal as well as one (1) copy of the most recent audited financial statement and management letter must be completed and submitted to the Community Assistance Office prior to 5:00 p.m. Monday, November 24, 2003. Proposals postmarked on the due date but not received by Community Assistance staff by such time will not be considered submitted on time.

You may download this form from the Related Links section of the Community Assistance Office's Internet Funding site:

www.scottsdaleaz.gov/Assistance/funding.asp

- Electronic or faxed submissions will not be accepted.
- All material submitted **must** be on standard white 8½ x 11 paper.
- The **original application** is not to be permanently bound in any way. Each **copy** should be stapled.
- Do **not** include extraneous material, unnecessary packaging or a letter of transmittal.

SUBMISSIONS MAY BE MAILED OR HAND DELIVERED TO:

City of Scottsdale, Community Assistance Office
Attn: Proposal Submissions
7522 East 1st Street
Scottsdale, Arizona 85251

PROPOSAL SUMMARY INSTRUCTIONS

1. **AGENCY REQUESTING FUNDING.** Insert the name of your organization. This should be the same as the answer to question 1 in the complete proposal.

2. **CDBG FUNDS REQUESTED.** Indicate the amount you are requesting from the City of Scottsdale.

3. **TOTAL FUNDS OTHER THAN THESE TO BE EXPENDED ON THIS PROGRAM.** State the combined dollar value of all resources that will be utilized for this program.

4. **PROGRAM NAME.** This should be the same as the answer to question 12 in the complete proposal.

5. **PROGRAM OR SERVICE DESCRIPTION:** Give a brief one-sentence summary of the **specific** program or service so that it is **readily apparent** what this program or service will consist of and for what expenditures City of Scottsdale CDBG monies would be requested.

6. **TOTAL NUMBER OF UNDUPLICATED SCOTTSDALE PERSONS OR HOUSEHOLDS TO BE ASSISTED.** Calculate the number of persons/households estimated to be assisted during the funding year. **For housing related activities, please indicate the number of households assisted.** Be sure to use a number (not a percentage) and indicate with an H or P if your figure concerns households or persons (individuals).

7. **TOTAL NUMBER OF PERSONS (OF QUESTION #6) TO BE ASSISTED WHO MEET THE HUD LOW AND MODERATE INCOME DEFINITION.** Indicate with an H or P beside your number to indicate households assisted or persons (individuals) assisted. HUD Low and Moderate Income Guidelines are included in this application on page 14. For Housing Rehabilitation activities, indicate the number of households to be assisted.

8. **SERVICE LOCATION.** Define where the program/service will be offered. In the case of acquisition requests or other circumstances where exact locations are not yet known or may change, indicate the location as closely as possible. e.g. in Scottsdale, South of Indian Bend; from Vista del Camino; citywide. Domestic violence shelters should provide their office addresses, not that of their shelters. If the location is outside of Scottsdale, please indicate what types of transportation are available.

9. **a. LIST WHICH PERFORMANCE INDICATORS (OUTPUTS) YOU WILL USE TO MEASURE OUTCOMES.** List the specific items of information that will track the program's success on outcomes. They should describe observable, measurable characteristics or changes that represent achievement of an outcome.

   b. DESCRIBE SPECIFIC AND MEASURABLE OUTCOMES BY WHICH YOU WILL GAUGE THE SUCCESS OF THIS PROGRAM. Explain what benefits are anticipated for participants. Outcomes may relate to knowledge, skills, attitudes, values, behavior, condition or status. Examples of outcomes include greater knowledge of nutritional needs, improved reading skills, more effective responses to conflict, obtaining employment, or having greater financial stability.

Revised 7/2/2003 City of Scottsdale

CDBG PROPOSAL SUMMARY

The Proposal Summary must be limited to the one page provided.

1. **AGENCY REQUESTING FUNDING:**

2. **CDBG FUNDS REQUESTED:**

3. **TOTAL FUNDS OTHER THAN THESE TO BE EXPENDED ON THIS PROGRAM:**

4. **PROGRAM NAME:**

5. **PROGRAM OR SERVICE DESCRIPTION:** ***Provide a one-sentence summary of the activity for which the funds are requested.***

6. **TOTAL NUMBER OF UNDUPLICATED SCOTTSDALE PERSONS OR HOUSEHOLDS TO BE ASSISTED:**

7. **TOTAL NUMBER OF PERSONS (OF QUESTION #6) TO BE ASSISTED WHO MEET THE HUD LOW AND MODERATE INCOME DEFINITION:**

8. **SERVICE LOCATION:**

9. **a. LIST WHICH PERFORMANCE INDICATORS (OUTPUTS) YOU WILL USE TO MEASURE OUTCOMES:**

b. DESCRIBE SPECIFIC AND MEASURABLE OUTCOMES BY WHICH YOU WILL GAUGE THE SUCCESS OF THIS PROGRAM:

COMPLETED BY _____ **DATE** _____

(Signature)

PLEASE PRINT _____ **TITLE** _____

CITY OF SCOTTSDALE
COMMUNITY DEVELOPMENT BLOCK GRANT PROPOSAL SUBMISSION

1. Applicant/Agency:

Phone: **Fax:**

Agency Mailing Address:

E-mail Address:

2. Person authorized to sign contract on behalf of Agency:

Name: _____ **Title:** _____

Signature: _____

3. Indicate the person to contact for additional information regarding this application:

Name: _____ **Title:** _____

Phone: _____ **E-mail Address:** _____

QUESTIONS 4 THROUGH 11 REFER TO THE ENTIRE AGENCY, NOT THE SPECIFIC PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED.

4. Director:

5. Number of staff members:

6. Volunteer Coordinator:

7. Number of volunteers:

8. Primary funding source:

9. Major collaborative relationships:

10. Agency overview (describe the <u>overall</u> mission of your Agency):

11. Trends (i.e. significant demographic changes or human or community behaviors observed which have an impact on your clientele and services).

QUESTIONS 12 THROUGH 23 REFER TO THE SPECIFIC PROGRAM FOR WHICH FUNDS ARE BEING REQUESTED.

12. Program Name:

13. Eligible Activity Category: (State your program's category from the Eligible CDBG Activity Categories listed on page II.)

14. Define the need for the proposed service, supported by statistics and other valid proof specific to Scottsdale. Where possible, quantify the problem with third party statistics. Cite sources.

15. Which National Objective will this program PRIMARILY support? (Check ONE objective only.)

_____ **NATIONAL OBJECTIVE #1 - Primary Benefit of Low and Moderate Income Persons**

If your program provides assistance to low and moderate income persons, define the way in which you can/will document that the clear majority of the persons served are low and moderate income.

_____ **NATIONAL OBJECTIVE #2 - Prevention or Removal of Slum and Blight**

If your program supports removal of slums and blight you must:

- **demonstrate that the program is within a redevelopment area as designated under State statute, and,**
- **define how the activity is designed to eliminate specific conditions of blight or physical decay.**

_____ **NATIONAL OBJECTIVE #3 - Mitigation or Elimination of a Certified Emergency Condition (e.g. major catastrophes or emergencies such as floods and earthquakes).** *(Programs under this category are rarely funded as it is difficult to meet the criteria required to qualify as urgent need.)*

If your program is an urgent need you must clearly define:

- **the serious and immediate threat to the health or welfare of the community**
- **when this was identified as urgent**
- **why there are no other resources for this activity**
- **a list of the resources attempted to be obtained for this activity that were denied**

16. Will the implementation of this activity require space, staffing, grants management or in-kind contributions from another agency, a school, the city or another jurisdiction?

Yes _____ No _____

<u>If yes, a letter of commitment from the partnering agency(ies) must be submitted with this proposal.</u>

17. If the activity is to take place in a City of Scottsdale facility, does your agency have a Revocable License Agreement with that facility?

Yes _____ No _____

18. Is this activity a collaboration between your agency and another?

Yes _____ No _____

<u>If yes, a Memorandum of Understanding (MOU) regarding this specific activity must be submitted with this proposal.</u>

19. If this activity is currently funded by the City of Scottsdale, what will your agency do if your present funding remains static, is reduced or is eliminated?

20. If your program is not recommended for full funding, would you accept a lesser amount and a negotiated scope of work?

Yes _____ No _____

21. If your program is not recommended for CDBG funding, would you accept funding from another source within the city (i.e. Scottsdale Cares, General Funds or the Endowment Fund)?

Yes _____ No _____

22. Will this program be accessible for people with disabilities?

Yes _____ No _____

If yes, what provisions have been made?

Scope of Work - CDBG

Contract Exhibit A

The City of Scottsdale reserves the right to negotiate changes to the Scope of Work before contracts are signed.

1. Program Name:

2. Program Location:
If program is citywide, please indicate. If program is a service, indicate address where service is provided.

3. The program shall consist of the following specific services or products:

4. Service or product will be provided by the following steps:

a. Certification of Client Eligibility. Clients' income will be verified by:
e.g. pay stubs, bank statements, member of a limited clientele category

b. Other key tasks to be performed are:
e.g. intake, assessment, counseling, follow-up, etc.

5. Clearly identify the target clientele. List age range, gender, ethnicity, income-level, geographic area (neighborhood, zip code or census tract) and any other defining characteristics, as appropriate:

6. Describe how the service will benefit Scottsdale residents.

a. List which outputs (performance indicators) you will measure. *Note that achieving outputs is a contractual obligation. Measuring anticipated outcomes is also a contractual obligation, but achieving the anticipated impact is not.*

b. Detail the specific and measurable outcomes which you anticipate as a result of this program.

7. **Provide a <u>realistic</u> estimate of the number of Scottsdale residents who will receive assistance from the use of CDBG funds for this activity. These numbers will be monitored during the funding year.**

   Total number of persons served:

   Number of low income persons:

   Number of moderate income persons:

8. **Certain program activities (e.g. activities that take place outside of the City, activities that could result in displacing a property owner or tenant, activities that involve contracting or subcontracting of construction work and activities that involve public improvements or rehabilitation on larger multifamily projects, etc.) generate additional administrative requirements.**

   a. **Activity's areas of concern are:**

   b. **Agency intends to address these areas by:**

Program Budget - CDBG

Contract Exhibit B

The City of Scottsdale reserves the right to negotiate changes to the Program Budget before contracts are signed.

1. **CDBG funds will pay for the following costs (actual costs reimbursed under the contract will be those costs directly attributable to this program):** e.g. Counselor's wages.

   Note: If Administrative costs are included in this budget, those costs must be directly applicable to this program and must be documented at the time of invoice. These costs might include time spent by the Executive Director, Account Clerk or other staff if that time is documented on a time sheet. Percentage of staff time will not be reimbursed. If Indirect Costs are claimed in this budget, you must submit, at the time of proposal submission, a letter from HUD or another Federal Agency indicating a pre-approved Indirect Cost Allocation Plan (ICAP) or a letter from your accountant describing the basis for the ICAP and all documentation supporting that allocation. **(Attachment #1 to Budget.)**

2. **Attachment #2 to Budget (see Total Program Budget Summary, page 13) should provide a detailed, specific budget outlining the usage of Scottsdale CDBG funds as well identify all anticipated resources and expenditures.** ***Identify all sources of funding for this program and whether funds are committed or tentative.***

3. **If the requested funding represents an increase in funding over prior years, what is the reason for the increase?**

4. **a. If your activity is funded by the City of Scottsdale but not by other funders, will your agency be able to provide the service?**

   b. What contingency plans have been made for a shortfall in funding?

5. **Does the most recent auditor's letter to management identify findings or administrative concerns?**

   a. **Yes** _____ **No** _____

   b. **If yes, please provide a full explanation.**

6. **Funding and/or assistance received from any department of the City of Scottsdale in 2003/2004 (specify amount and program name):**

CDBG: _____

HOME: _____

SCOTTSDALE CARES: _____

GENERAL FUNDS: _____

OFFICE SPACE (i.e. within Human Services facilities): _____

OTHER (please specify): _____

CITY OF SCOTTSDALE (COS)	TOTAL PROGRAM BUDGET SUMMARY			Attachment #2
Funding Year: 7/01/04 - 6/30/05				
Agency Name:	**Program Name:**			
	Column (A)	**Column (B)**		**Col. (A) + (B)**
Revenues	**City of Scottsdale**	**Other Sources**	**Committed - C or Tentative - T**	**Total**
TOTAL PROGRAM REVENUES				
Expenditures				
Personnel Services:				
Salaries				
ERE				
Total Personnel Services				
Contracted Services:				
Professional Services				
Telephone				
Utilities				
Rent				
Insurance				
Travel/Mileage				
Other (specify)				
Total Contracted Services				
Supplies & Miscellaneous:				
Office Supplies				
Building Materials				
Printing/Duplication				
Other (specify)				
Total Supplies & Miscellaneous				
Agency Indirect (%)				
Total Expenses				
Less Program Income				
TOTAL PROGRAM EXPENSES				

Note: Total Program Revenues should equal Total Program Expenses.
Please provide an explanation if there is a difference.

City of Scottsdale
HUD Annual Income Guidelines

Effective February 20, 2003 from the Department of Housing and Urban Development (HUD)

HOUSEHOLD SIZE (Persons)	30%	50%	80%
1	$12,250	$20,400	$32,650
2	$14,000	$23,300	$37,300
3	$15,750	$26,250	$42,000
4	$17,500	$29,150	$46,650
5	$18,900	$31,500	$50,350
6	$20,300	$33,800	$54,100
7	$21,700	$36,150	$57,850
8	$23,100	$38,500	$61,550

Median Family Income $58,300

Presumed Benefit Groups

Abused Children
Elderly Persons (62 years or older)
Battered Spouses
Homeless Persons
Severely Disabled Persons
Illiterate Adults
Migrant Farm Workers
Persons Living with AIDS

Agency Documentation

The following documentation is required from all non-profit applicants. Please label all attachments as "Agency Documentation # _____:

1. **Board of Directors**

   Occupations and/or community affiliations
   Criteria for board selection

2. **Organizational Chart**

3. **Finance**

   Agency's current annual operating budget
   Funding sources for the organization
   Anticipated future funding sources (if different from above)
   Most current audited financial statement and management letter
   List of other funding sources to which this proposal has been submitted

4. **Articles of Incorporation (most recent filing)**

5. **Copy of the original IRS determination letter indicating 501(c)3 tax exempt status**

6. **Certification of Tax Exempt Status of Grantee Organization (page 16)**

CERTIFICATION OF TAX EXEMPT STATUS OF GRANTEE ORGANIZATION

I, an Officer/Director of

_____
(Organization)

hereby certify that the organization has received a ruling from the Internal Revenue Service that it is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code and that the organization is not a private foundation as defined in Section 509 (a) of the Internal Revenue Code.

I further certify that said exemption rulings from the Internal Revenue Service are still in effect and have not been revoked or amended.

_____
Signature

_____
Title

_____
Date