|  |  |
| --- | --- |
| Community Development Block Grant Proposal Form   |  | | --- | | 2020 Proposal Form |   Department of Metropolitan Development  City of Evansville, Indiana |

|  |
| --- |
|  |
| general Information |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** **Applying Organization Information:** | | | | | | |
|  | | | | | | |
| Organization Name | | | | | | |
|  | |  | | |  | |
| Organization Address | | Phone Number | | | E-Mail | |
| City |  | State |  | Zip +4 | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** Contact Person Information: (This person will receive all notices concerning CDBG funds and must be able to answer questions regarding this proposal). | | | |
| Name (last, first) |  | Title |  |
| Mailing Address |  | Phone |  |
| City |  | E-mail |  |
| State |  | DUNS# |  |
| Zip +4 |  | EIN# |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.** Is the applicant organization a 501(c) (3) or 501(c) (4)? If YES, submit IRS Determination Letter and Federal I.D. Number, or the State Entity Annual Report stating the applicant is currently a 501(c) (3) or (4). | | | | | | |
| **Yes** |  | **No** |  | **Pending** | |  |
| **3-a.** Is your agency a Community Based Development Organization (CBDO)? **If so provide most recent letter of certification.** | | | | | | |
| **Yes** |  | | **No** | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.**  Is your agency currently registered with System for Award Management (SAM)? (SAM.gov) | | | |
| **Yes** |  | **No** |  |

|  |  |
| --- | --- |
| **5.** How many years has this **organization** been in existence? |  |
| **5-a.** How many years has this **project** been in existence? |  |

|  |  |  |
| --- | --- | --- |
| **6.** Project Name: |  | |
| **6-a.** Project Location: (Street Address, City, State, Zip) | |  |

|  |  |
| --- | --- |
| **7.** CDBG Amount Requested for this project: | **$** |
| **7-a.** CDBG Percentage of total project costs: | **%** |

|  |
| --- |
| FOR ADMIN USE ONLY |
|  |
| PERFORMANCE OBJECTIVE: |
| PERFORMANCE OUTCOME: |

|  |
| --- |
| Project Information |

|  |
| --- |
|  |

|  |
| --- |
| **8.** Specific Use of Funds to CDBG Eligible Activities: (i.e. project operating costs, rent payments, etc.) |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **9.** Need and Priority – We are in the process of creating the 2020-2024 Consolidated Plan and have not created the Needs and Priority Survey to date. Please indicate your **anticipated** need and priority level for this project for the 2020 program year. | | | | | | |
| Need: |  | | | | | |
| Priority Level: |  | **High** |  | **Medium** |  | **Low** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10.** If your Project is operating in 2019, provide year to date, unduplicated, LMI individuals served. If this project is a **NEW** project, provide data for the 2019 project year. | | | | |
| Total Served to Date: |  | Unduplicated Served: | |  |
| Low-moderate income individuals benefited to date: | | |  | |

|  |
| --- |
| **11.** Project Summary - **Briefly** describe the proposed project: |
|  |
| **11-a** How is income verification determined to qualify for participation in the program? |
|  |

|  |
| --- |
| Project Information continued |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **12.** In the table below list the **PROJECTED** outputs (accomplishments for 12 Months) and CDBG expenditures per month for this project in 2020-21. Be specific, supply the total number of individuals projected to benefit. | | | |
| CDBG Expected Outputs (Accomplishments) | |  | CDBG Anticipated Expenditures |
| **July 2020** |  |  |  |
| **August 2020** |  |  |  |
| **September 2020** |  |  |  |
| **October 2020** |  |  |  |
| **November 2020** |  |  |  |
| **December 2020** |  |  |  |
| **January 2021** |  |  |  |
| **February 2021** |  |  |  |
| **March 2021** |  |  |  |
| **April 2021** |  |  |  |
| **May 2021** |  |  |  |
| **June 2021** |  |  |  |
| ***CDBG*** *Total Outputs*  *(Accomplishments)* |  | ***CDBG*** *Total Anticipated Expenditures* |  |

|  |
| --- |
| Financial |

|  |
| --- |
|  |

|  |
| --- |
| **13.** Describe what financial system your organization uses to track Project activity and grant usage. |
|  |

|  |
| --- |
| **14.** Please list and provide copies of any certifications or licenses applicable to this project. |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **15.** Will your organization spend more than $750,000 of Federal Funds in 2020? This information is required to maintain grant funding with the Indiana State Board of Accounts and the City of Evansville. | | | |
| **Yes** |  | **No** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **16.** What was the date of the organization’s last audit? **Please provide a copy of the most recent full audit report**. |  | | | |
| Were there any material defects? | **Yes** |  | **No** |  |
| If **yes**, please explain: | | | | |
|  | | | | |

|  |  |
| --- | --- |
| **17.** How many years has your organization been receiving CDBG funds? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **18.** Has your agency received CDBG funds for this specific project in the past? | | | |
| **Yes** |  | **No** |  |

|  |
| --- |
| Financial continued |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **19.** Provide the 2020 budget total for this **project** from all sources | | | | | $ | |
| List all funds received through the City of Evansville which are still open (i.e. COIT, Housing Trust Fund, CDBG, HOME etc.). | | | | | | |
| **Project** | **Year Received** | **Source of Funds** | **Amount Received** | **Outcome/Project Status** | | **$ Funds Remaining** |
|  |  |  |  |  | | $ |
|  |  |  |  |  | | $ |
|  |  |  |  |  | | $ |

|  |  |
| --- | --- |
| **20.** Provide the 2020 budget total for this **organization** from all sources: | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **21.** Are there any fees associated with any services provided under this project? | | | |
| **Yes** |  | **No** |  |
| If **yes**, please explain: | | | |
|  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22.** List all positions and salaries for your project, regardless of funding source. (Project Manager, or anyone employed by the agency who will be working on the project.) | | | | |
| **Position Title** | **# of Positions** | **Duties/Responsibilities for Projects** | **Total Annual Salary** | **CDBG Portion of Salary** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Attach copies of resumes for employees at time of submission.** | | | | |

|  |
| --- |
| Financial continued |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **23. CDBG Sources Statement** | | | | | | |
| **SOURCES** | | | | | | |
| **Source** | **2019 Amounts** | **2020 Amounts** | **Pending?** | **Secured?** | **Date Applied** | **Date Secured** |
| **CDBG** |  |  |  |  |  |  |
| **United Way** |  |  |  |  |  |  |
| **Membership Dues** |  |  |  |  |  |  |
| **State Government** |  |  |  |  |  |  |
| **Fund-Raising/Donation**  **Documentation required** |  |  |  |  |  |  |
| **Grants**  **Documentation required** |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |
| **Total (s)** |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **24. CDBG Uses Statement** | | | |
| **USES** | | | |
| **DO NOT CHANGE LISTED ITEMS BELOW**  **Added items must be approved by DMD** | **2019 CDBG BUDGET** | **2020 CDBG BUDGET REQUEST** | **2020**  **FULL PROJECT** |
| **Salaries-Full and Part Time** |  |  |  |
| **FICA/Insurance/Benefits (employee)** |  |  |  |
| **Insurance (attach hard copy of policy)** |  |  |  |
| **Printing and Postage** |  |  |  |
| **Supplies and Materials** |  |  |  |
| **Rent** |  |  |  |
| **Utilities** |  |  |  |
| **Travel/Training** |  |  |  |
| **Mileage** |  |  |  |
| **Maintenance/Repair** |  |  |  |
| **Professional/Contractual Service** |  |  |  |
| **Direct Subsidy (requires DMD approval)** |  |  |  |
| **Construction/Rehabilitation** |  |  |  |
| **Developers Fee** |  |  |  |
| **Other Full Budget Expenses** |  |  |  |
| **Total (s)** |  |  |  |

|  |
| --- |
| ***The CDBG 2019 line total on the SOURCES table should match the 2019 CDBG column total on the USES table. The CDBG 2020 line total on the SOURCES table should match the 2020 CDBG column total on the USES table. The 2020 column total on the SOURCES table should match the 2020 Full Project Budget column total on the USES table.*** |

|  |
| --- |
| Financial continued |

|  |  |  |
| --- | --- | --- |
| **25.** Describe your plans to use other funds on this project. In this section only describe funds which are **secured**. Provide the source of funds, dollar amounts and how these funds will be used. | | |
| **Source of Funds** | **$ Amount** | **Use of Funds** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **26.** Describe the agency’s plans to seek new funds to supplement CDBG funding. Describe other funding sources which the agency will apply, the dollar amount sought, and the proposed use of those funds. | | | | | | |
| **Source of Funds** | **$ Amount** | **Use of Funds** | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
| **26.-a.** Are there other funding sources contingent upon the amount awarded through this proposal? | | | **Yes** |  | **No** |  |

|  |
| --- |
| AFFILIATIONS AND BOARD INFORMATION |

|  |
| --- |
|  |

|  |
| --- |
| **27.** List Fund-Raising and/or Capital Campaign activities your organization has engaged in for this project during the past twelve months. Describe the results and net proceeds amount. Explain the participation of the Board of Directors in these activities. |
|  |

|  |  |  |
| --- | --- | --- |
| **28.** Does your organization partner with other local organizations? If yes, list the organizations. **Please attach current MOUs at time of submission**. | | |
| Organization | Address | Contact Person |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| AFFILIATIONS AND BOARD INFORMATION continued |

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **29.** List the Organizations Officers of the Board of Directors and their complete mailing and email addresses and phone numbers. Do not use the organization address. Occasionally, information is sent directly to the Board. **Attach a separate list of Board Member names and positions at time of submission and a copy of the Policy and Procedures for Board Member participation.** | | | |
| **President** | | **Vice-President** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

|  |
| --- |
| President Role |
|  |

|  |
| --- |
| Vice-President Role |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Secretary** | | **Treasurer** | |
| Name |  | Name |  |
| Mailing Address |  | Mailing Address |  |
| Email |  | Email |  |
| Phone |  | Phone |  |

|  |
| --- |
| Secretary Role |
|  |

|  |
| --- |
| Treasurer Role |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **30.** Does your Board target any positions toward low-to-moderate income individuals? | **Yes** |  | **No** |  |
| If yes, what percentage? | % | | | |

|  |
| --- |
| **31.** Describe the role your Board has in directing your organization’s operation. Also describe Board attendance at meetings and percentage of Board monetary or in-kind contributions. |
|  |