City of North Charleston
Planning Department
Community Development
2500 City Hall Lane
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Community Development Block Grant
~OR~
HOME Investment Partnership Program
Funding Application Form
Fiscal Year 2012 – 2013

Section I - Applicant Information

Agency Name	Executive Officer (Name/Title)	
Agency Physical Address	Agency Mailing Address	
City, State, ZIP	Telephone	Fax
Contact Person (Name/Title)	E-mail Address	

Project Information

Project Name		Total Estimated Project Cost $
Amount of **CDBG** Funds Requested $	**~OR~**	Amount of **HOME** Funds Requested $
Source of Other Funds 1. 2. 3.		Other Funds 1. $ 2. $ 3. $
Brief Description of Service to be Provided		
Expected Timeline of Project **Start Date:**	**End Date:**	
What is the Target Population?		Estimated Number of Participants to be Served

Project Meets Which Common Indicator (National Objective)

☐ Low/Mod Housing ☐ Low/Mod Area ☐ Low/Mod Client
☐ Slum and Blight ☐ Economic Development

Organization Information

Is your organization a 501(c)(3) non-profit? ☐ Yes* ☐ No
*If yes, please provide a copy of the State and Federal Tax Exemption Letters with your application

Is your organization a governmental agency? ☐ Yes ☐ No

Does your agency owe any taxes or other debts due to the City of North Charleston? ☐ Yes ☐ No
If yes, describe debt owed and amount:

I hereby certify all information and documentation submitted as part of this proposal to be correct and true to the best of my information, knowledge and belief.

Dated:

Signature
Name and Title:

Section II – Program Description

Program Location (be as specific as possible):

City funds must be spent entirely within the City, and all people directly served with City CDBG/HOME funds must be City residents. Will any people living outside the City of North Charleston be directly served under this project? ☐ Yes ☐ No

If yes, what other funds will be used to serve these people?

Program Purpose – State the purpose of the program and specifically explain how your program meets the National Objective selected on page one.

Program Justification – Who are the targeted clients? What are their needs?

Is this a public service program which is currently funded or has previously been funded by the City's CDBG program? ☐ Yes ☐ No

If **yes,** provide year(s) received and amount granted:

If prior funding will not be expended by the end of the current program year, explain why:

If **no**,

a) Briefly describe any other similar programs in the City of North Charleston and demonstrate there is a gap in services provided. How did you determine this need exists?

b) Explain how CDBG/HOME funding will enable you to provide new or expanded services (be qualitative).

c) Was the proposed service/project provided previously by your agency? If so, how was it funded?

Program Operation – Explain simply and clearly how your program works. Concentrate on practical details – what, where, when, who, and how – rather than program philosophy or purpose. Describe the steps by which a client progresses through the program. Include how clients access the program, how much time they spend with staff on different activities, and how your collaboration with other agencies helps them.

Evidence – Please explain how your clients will provide evidence and verification of their eligibility and income.

Staffing – List the key positions in the program and indicate their roles, specific responsibilities, and qualifications. Positions should be consistently titled here, on the agency organizational chart, and in the salary table of the budget.

Timetable – Identify the key implementing steps and target dates for the use of the CDBG/HOME funds.

Action	Target Date for Completion

Client Demographics – Please complete the following tables to the best of your ability. Show number of clients (not percentages) in each category. Current income limits are on the Detailed Application Instructions Page.

Number of Persons or Households Served, by Income Group

Check whether counting:

☐ **Persons** or ☐ **Households**

Year	**Extremely Low** Income level < 30% of median	**Very Low** Income level < 50% of median	**Low** Income level < 80% of median	**At or Above** Income level at or above 80% of median	Total
2012 Target					

Special Needs Beneficiaries (if applicable)

Category	Number
Elderly (over 62)	
Disabled (not elderly)	
Homeless	
People with HIV/AIDS	

Program Outcomes – How will you identify and measure the changes and impacts brought about by your program? It is important to identify outcomes, indicators and measurement tools that can be reasonably measured and carried out by your program. One outcome is enough, but you may specify more if you wish.

Outcome (Expected change in client's conditions, skills, behavior, etc.)	**Indicator** (How will you know an outcome has been achieved? Include a target number and percentage)	**Measurement Tool** (Survey, interviews, tests, assessments, document review, etc.)

Section III - Performance Measurements

A. Goals. The proposed activity meets which of the following goals (select only one):

☐ **Create Suitable Living Environment**
Activities designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) or social issues such as crime prevention, literacy, or elderly health services.

☐ **Provide Decent Affordable Housing**
Housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

☐ **Create Economic Opportunities**
Activities related to economic development, commercial revitalization, and job creation.

B. Objectives. Select the most appropriate objective for the proposed activity (select only one):

☐ **Availability/Accessibility**
Activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low- and moderate-income people where they live.

☐ **Affordability**

☐ **Sustainability**
Activities aimed at improving communities or neighborhoods, helping to make them livable or viable by providing Benefit to persons of low- and moderate-income, by removing or eliminating slums or blighted areas through Multiple activities, or services that sustain communities or neighborhoods.

C. Performance Measurement Outcome Statement. Outcomes are the changes you expect to occur in clients' lives and/or the community as a result of the proposed activity. A complete statement includes output (quantified) + outcome (from categories above) + activity (description) + objective.

Examples: 7 households have affordable housing through a down payment assistance program for the purpose of creating decent affordable housing.

54 homeless females will be provided temporary housing through an emergency shelter program for the purpose of creating a suitable living environment.

Response:

Section IV - Budget

Program Operating Budget – Please provide the Project Budget for which you are requesting CDBG/HOME funds. The table below **MUST** be used. Please refer to the example contained in the Funding Application Instructions.

Budget Category	☐ CDBG ☐ HOME Funds Only	Other Funds	Total (CDBG/HOME + Other)
Personnel			
Salaries and Wages (see Staff Costs * below for breakdown)			
Fringe Benefits			
Subtotal Personnel			
Contractual Services			
Subtotal Contractual Services			
Supplies/Materials			
Subtotal Supplies/Materials			
Administrative/Overhead Expenses			
Subtotal Administrative/Overhead Expenses			
Other Expenses			
Subtotal Other Expenses			
Total Project Cost			

***CDBG/HOME Staff Costs –** If the application includes CDBG funding for salaries or fringe benefits, please complete this table:

Position Title	Total Annual Salary	% of Salary to be Paid with Grant Funds	CDBG/HOME Salary Request
Total:			

Fee Schedule. Does your agency have a fee schedule for this particular service?

Contingency Plan – What is your organization's contingency plan if your agency does not receive the requested CDBG/HOME funding, or receives less than the amount requested?

Coordination of Services – Provide a plan for coordinating services with other agencies.

Operating Budget – What is the amount of your current annual operating budget? $

List your major sources of funding along with the dollar amount:

Source	Amount
1.	1. $
2.	2. $
3.	3. $

Have you applied for funding from other sources for this project? ☐ Yes ☐ No

If No, why not?

If yes, to who have you applied? For approved funds, please provide a copy of the commitment letter. For pending funds, please provide the name and telephone number of a contact person at that funding source:

	Approved	Pending	Denied
Source:	☐	☐	☐
Contact Person:	**Telephone No.:**		
Source:	☐	☐	☐
Contact Person:	**Telephone No.:**		
Source:	☐	☐	☐
Contact Person:	**Telephone No.:**		

****Attach Commitment Letters from Other Funding Sources****

Section VI – Agency Management

Organization

Name of Fiscal Officer	Telephone No.
Federal ID No.	DUNS No.

What is your organization's mission statement?

Incorporation Date (month/year)	Estimated Agency Budget for FY 2012
Number of Staff Employed (full time equivalents)	

Does your organization have any of the following written management policies?

Personnel policy?	☐ Yes	☐ No
Job descriptions?	☐ Yes	☐ No
Purchasing policy?	☐ Yes	☐ No
Code of Conduct?	☐ Yes	☐ No
ADA Policy?	☐ Yes	☐ No

Agency Track Record: Please describe what makes your agency particularly qualified to carry out the program described in Section II.

Board Involvement – Describe the functions of the agency's Board of Directors and how it was involved in the development and submission of this proposal.

For Previous Recipient Funding Requests Only – If you received prior CDBG/HOME funding allocations, please complete questions 1 through 3:

1. What steps have you taken to secure other sources of funds for this project and to ensure the continuation of this project once City funds are no longer available?

2. If applicable, please describe any modifications in the scope of activities from what was previously funded.

3. Provide a self-evaluation of previous experience in providing the services proposed. This evaluation should include how long the agency has been providing services, how many clients have been served, how successful the program has been, how success was determined, what kind of follow-up plan was used and documentation of the support of local community organizations.

Application Checklist

You must provide a copy of the following sections in the order listed:

- ☐ **Application and all pertaining information -** complete and sign the application.
- ☐ **Non-profit status verification** – include your proof of non-profit status with an official document (copy) from the Internal Revenue Service (IRS).
- ☐ **Board of Directors** – Provide a list of the Board of Directors or equivalent and their respective contact information (telephone numbers and addresses).
- ☐ **Bylaws** – provide a copy of the organization's current bylaws or equivalent.
- ☐ **Organizational Chart or Organization Structure.**
- ☐ **Organization's total fiscal budget (current year) and most recent audit.**
- ☐ **Certificate of Incorporation.**
- ☐ **Resolution.** An original signed copy of the Resolution authorizing the submission of application and the authorized official for signature.
- ☐ **Additional information –** if you feel the questions or information required by the application are not sufficient to describe your project completely, feel free to submit additional information.