

CITY OF POCA TELLO
CARES Act for Community Development Block Grant Program
Coronavirus Response Grants
CDBG-CV APPLICATION FOR FUNDING
Funding Period: January 21, 2020 –January 31, 2023

NAME OF AGENCY: _____

AGENCY ADDRESS: _____

TYPE OF AGENCY*: _____

**Attach evidence of 501-C3 status, a current agency audit, a current list of governing board members, and the governing board's approval (minutes) of the activity funding request.*

CONTACT PERSON: _____ PHONE #: _____ EMAIL: _____

PROGRAM NAME: _____

ACTIVITY PROPOSED: _____

CATEGORY OF APPLICATION:

Housing Public Facilities Public Services Economic Development

I. **ACTIVITY DESCRIPTION:** Be specific and concise, and include the dates from when project began and was completed and/or the estimated time for project completion.

LOCATION: What is the address/location of project (Attach map, pictures, etc.):

TIMING: Duration of Project (must be between 1/21/20 – 1/31/2023): _____

If you are proposing rehabilitation, demolition, or conversion of any structure, is the building(s) presently occupied? Yes No

Are occupants residential or nonresidential ?

If building is occupied, what are your relocation plans? _____

If relocation is anticipated, your agency must sign and attach a copy of "Seven Things You Need to Know Now" (see HUD's handbook All the Right Moves). Also, please be advised that the City is required to send a general information notice regarding this application to all present tenants. Please provide names, mailing addresses, household size (if known), income levels (if known), and rent levels of all tenants.

II. **NATIONAL OBJECTIVES:** Identify and explain which CDBG National Objective the proposed activity will satisfy.

Benefit to Low- and Moderate-Income Persons:

- Area
- Limited Clientele (presumed benefit)
- Housing
- Jobs

Removal of slum or blight:

- Area Basis
- Spot Basis

Explain how activity meets objective selected above: _____

III. COST ESTIMATES: Attach a qualified estimate of itemized costs and budgets or receipts and invoices if expenses have been realized. Applicants for construction projects must provide assurances that the activity can be accomplished within the proposed budget and that all applicable building/zoning code compliance issues have been considered.

Total CDBG Request \$0.00

Attach a full project budget and list other committed activity funding.

Line Item	CDBG Request	Match/Leveraged Funds	Source/Committed (Y/N)
	\$0.00	\$0.00	
	\$0.00	\$0.00	
	\$0.00	\$0.00	
	\$0.00	\$0.00	

Will income or client donations result from this project? Yes No

If so, how much and for how long? _____ How will it be tracked? _____

If CDBG-initiated RLF, please indicate present portfolio balance (\$0.00) and approximate annual revenue stream (\$0.00).

IV. DESCRIPTION OF BUDGET: Please provide brief narrative description of the budget and line items. If costs have been realized and applicant is seeking retroactive reimbursement, please indicate the original funding source for the expense (regular operating budget, other federal funding source, other grant source, etc.). *NOTE: CDBG funding cannot be used in place of, or to supplant, other funds. CDBG funds cannot be used to reimburse for an item that has already received funding through another Federal program, insurance, or other source. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for*

the same purpose, and the total assistance received for that purpose is more than the total need for assistance. Please see the [HUD FAQ](#) for additional information or contact Pocatello CDBG Staff.

V. **RESPOND TO, PREPARE FOR, PREVENT COVID-19:** Describe the need for the program, particularly how it responds to, prepares for, or prevents COVID-19. There must be a nexus between the proposed program and COVID-19 in order to be eligible for CDBG-CV funding.

VI. **CONSISTENCY WITH CONSOLIDATED PLAN GOALS:** Explain how this proposal addresses one or more of the goals and objectives identified in the City of Pocatello PY2017-2021 Consolidated Plan. Projects will receive more points if multiple goals and those of higher priority are addressed.

VII. **ORGANIZATIONAL CAPACITY:** For agencies requesting non-construction funding, e.g., service delivery, explain the agency’s previous experience with activities of this type and successes achieved. Describe experience with or knowledge of project, grant, or fiscal management.

VIII. **PREVIOUS FUNDING:** Does your agency currently receive CDBG or other federal funding for this activity? Yes No

If yes, is your agency on track to spend at least 50 percent of your allocation by 10/1/21?
Yes No

IX. **PAST PERFORMANCE:** If your agency has received CDBG funding in the past, describe how you were able to use those funds in a timely manner.

Was your agency able to meet the proposed goals of that activity and why or why not?

Was your agency in compliance with all local, state, and federal regulations and requirements?

If your agency has received funding in the past, please attach a multi-program-year-analysis of CDBG-assisted performance (preferably on a cost/benefit basis split by funding sources) to Pocatello residents:_____

If your agency has not used CDBG funding in the past, describe experience with other grant funds (especially federal grants), whether the funds were used in a timely manner, if the proposed goals of the project were met, and if all local, state, and federal regulations and requirements were met.

X. COST EFFECTIVENESS/SELF-RELIANCE:

For non-public service activities:

What production units are being proposed? _____

How many unduplicated Pocatello LMI residents will benefit from this activity?

How was this estimate made? _____

How will completion be measured and documented? _____

For public service activities, a new or increased level of service must be proposed. Therefore, current threshold(s) of service to low- and moderate-income (LMI) residents must also be quantified.

Estimated number of unduplicated Pocatello LMI residents who currently benefit from this service: _____.

Estimated number of unduplicated Pocatello LMI residents who will benefit if funding is awarded: _____. How was this estimate made? _____

How will completion be measured and documented?

How will receiving CDBG-CV funding provide the individual a benefit in response to COVID-19? _____

XI. MATCH/LEVERAGING: Are other funding options available? Explain direct match dollars, as well as funds that will be leveraged by the use of CDBG-CV funds.

Delineate below (or in a separate attachment) your agency's principal funding sources for this program for 1/21/2020 to 1/31/2023 (or other specified project term). Identify and explain other funding sources that are or are not available to fund this activity: _____

XII. PARTNERING/COMPLEMENTING: Explain how your agency partners with other agencies and/or programs and why the aims of this project can or cannot be achieved by working with or through another organization. In particular, address how this activity is not a duplication of other services/programs within the community.

XIII. NEED AND VALUE TO THE COMMUNITY: Include information and sources on how the need for this activity was determined, particularly as it relates to the COVID-19 global pandemic. For example, describe waiting lists of Pocatello residents and demographic data on potential beneficiaries.

XIV. APPLICATION CERTIFICATION AND SUBMISSION:
IN THE EVENT WE RECEIVE A CDBG-CV GRANT, WE CERTIFY THAT WE COMPLY WITH THE REQUIREMENTS OF THE SUBRECIPIENT CONTRACT WHICH WE HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW. WE HAVE ALSO ATTACHED SIGNED CERTIFICATIONS ACKNOWLEDGING THAT, IF AWARDED GRANT FUNDS, WE WILL COMPLY WITH APPLICABLE STATUTES AND REGULATIONS GOVERNING THE CONSOLIDATED PLAN.

AGENCY

SIGNATURE/TITLE

DATE