



Union County

Community Development Block Grant Program

Application for FY 2022-2023 Funding

DEADLINE SUBMISSION DATE
Friday April 22, 2022 at 12:00PM
<p>Mail to: Attn: Zsuzsanna Kadar Office of Community & Economic Development Re: Union County CDBG Program 9815 David Taylor Drive Charlotte, NC 28262 or Email to: zkadar@centralina.org Subject: Union County CDBG Program</p> <p>(Incomplete or late applications will not be considered for funding)</p>

Section I

Application Information

APPLICATION SUMMARY	
Full Legal Name of Applicant:	
Program/Project Name:	
Street Address:	
City, State, Zip Code:	
Contact Person:	
Title:	
Phone:	Email:
Is this Project/Program: <input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Pilot Program	LEGAL STATUS <input type="checkbox"/> Municipality <input type="checkbox"/> Non-Profit <input type="checkbox"/> Community-Based Development Organization Federal EIN: _____ UEI #: _____
<p><i>To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.</i></p> <p>Certifying Official: _____ Title: _____</p> <p>Date: _____</p>	

[*How to update and renew your UEI # in SAM.gov*](#)

Funds Requested: Please list below the amount of CDBG funding for which you are applying.
 \$ _____

Past CDBG Awards

What is the amount of CDBG/HOME funds your agency has received in the past four years?

	FY 21- 22	FY 20-21	FY 19-20	FY 18-19
CDBG	\$ _____	\$ _____	\$ _____	\$ _____

Note: Applicants should not change the formatting of the application. Please provide your responses in the space provided directly following each question.

Section II

Project Need & Description

Project Description

1. **Provide a title for the project (10 word max).**

2. **Provide a brief summary of the community need for the project/program. (250 word max).**

3. **Provide a detailed description of the project/program (500 word max).**
 - a. Include the physical location of where project activities will occur.
 - b. The description should identify all activities, tasks, services and denote which will be support with CDBG funds.
 - c. Please include specific, quantified project goals and objectives. For example: project will assist 25 seniors living in Cornelius with housing ADA modifications. Project will provide access to new sidewalks for 15 low-income households.
 - d. Please include maps identifying the project location (for construction projects only) or other supporting materials that provide context for project activities as attachments.

4. Is your project located in an Opportunity Zone? If you are unsure, please follow this link to search if your project is in an Opportunity Zone:
<https://public.nccommerce.com/oz/#section-zones>

☐ Yes, the project's physical address is: _____

☐ No, the project is not located in an Opportunity Zone.

5. What type of CDBG activity is your project? (Choose one) Please see 24 CFR 570 for more details on categorizing your project appropriately.

☐ Public Service §570.201 (e)

☐ Economic Development §570.203

☐ Acquisition of Real Property §570.201 (a)

☐ Relocation §570.606

☐ Clearance and Remediation Activities
§570.201 (d)

☐ Rehabilitation of Residential and Non-
Residential Structures §570.202

☐ Public Facilities and Improvements
§570.201 (c)

☐ Other _____

- 3.a. If you checked Public Service above is this a new service provided by your organization?

- 3.b. If the service is not new, will the existing public service activity level be substantially increased or improved? Provide details of how it will be improved. For increase in service provide data on the past three years illustrating service level and provides estimate for increase in service.

6. Explain why the program activities are the right strategies to use to achieve the intended outcome?

7. How will your organization use community and/or participant input in planning the program design and/or activities?

Project Benefit

8. Who is the project/program designed to benefit? Describe the project/program's target population, citing (if relevant) specific age, gender, income, community location or other characteristic of the population this project/program intends to serve.

9. How will you reach the targeted population?

10. Beneficiary Type, please choose either subcategory a, b, c, or d.
 - a. ☐ Area Benefit: The project or facility is available to all persons located within an area where at least 51% of the residents are low/moderate income. Please provide a map of the project area and documentation showing the census tract number and universal LMI percentage for the defined project area.
 - b. ☐ Limited Clientele: The project serves a specific population (e.g., services for seniors, homeless, severely disabled adults, homeless persons, illiterate adults, migrant farm workers, abused children, persons with AIDS or battered spouses); where at least 51% of clients served are LMI.
 - c. ☐ Housing Benefit: Housing structures must be occupied by LMI households.
 - d. ☐ Jobs Benefit: Activities must create or retain permanent jobs and 51% of the jobs created/retained must be available to or held by LMI persons.
11. Benefit to low and moderate-income persons must be documented. How will your organization document the benefit chosen above? (check only one box - a, b, c or d)
 - a. ☐ You will receive income data verification from each participant in the program. Please attach sample documentation of how you will document, income, race and ethnicity of clientele, i.e. worksheets, intake forms, etc.
 - b. ☐ Your project/activity serves only a limited area (Area Benefit) which is proven by most recent American Community Survey data.

- Census Tract # _____ Block Groups# _____
- c. ☐ Your project/activity serves only a limited area (Area Benefit) which is proven by a HUD approved survey instrument. All surveys must be approved by HUD prior to implementing the survey, attach a copy of the survey instrument.

Proposed Outcomes

12. What are the intended outcomes for this project/program?
13. How will beneficiaries benefit as a result of participation?
14. List your goals/objectives and activities that will take place to implement the project/program and the associated proposed outcomes.
15. Provide the project/program benchmarks you hope to achieve in FY 22-23.
For example, how many unduplicated persons will be served, how many homes assisted, how many jobs created or retained, how many linear feet of sidewalks constructed, etc. How will you measure and evaluate the success of the project/program to meet the goals/objectives (measures should be both qualitative and quantitative)? *Do not inflate your estimates - the numbers provided will be used to assess your proposed project's success.*
16. Will this project have a long-term benefit for program participants/beneficiaries? Please explain.

Workplan, Timeline and Milestones

17. Provide a work plan detailing how the project will be organized, implemented and administered. Include a timeline and milestones from initiation through project completion.

Staff Roles and Responsibilities

18. Description of the management of your program/project, include name, job title, job description and qualifications. Attach any supporting documentation if necessary.

Name	Job Title	Job Description	Qualifications

Income Eligibility

19. Discuss how the project directly benefits low and moderate-income residents.

20. For the project/program, please provide an estimate on how beneficiaries will breakout into the income categories listed in the table below, during the total grant period. See attached income limits chart.

Income Group	Number of Beneficiaries
< 30% of AMI	
31-50% AMI	
51-80% AMI	
> 80% AMI	
Total	

PLEASE NOTE: CDBG funds can only be used to reimburse for services to low- and moderate-income residents within the Union County CDBG Program Area. An eligible program may assist persons over 80% median incomes, but at least 70% overall must be below the 80% median income to be eligible for CDBG funding. **Income documentation must be retained and reported for all served in order to determine the percent of low/moderate income. Income documentation must be made available to Union County and its agents in order to verify program eligibility.**

Organizational Capacity

21. Describe your organization's experience in managing and operating projects or activities funded by CDBG or other Federal sources. Include within the description a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program.

22. For what period of time has this organization provided the proposed services?

23. What services, other than those proposed in this proposal does the organization provide?

24. If the organization does not have experience in providing the proposed service, what experience and success has the organization had in carrying out similar projects/programs?

Section III

Project Budget & Funding

BUDGET

1. Provide a clear description of what you will do with the CDBG investment in the project/program. How will you spend the funds, provide specific details? If the CDBG funded activity will start on a date other than July 1, 2022 please indicate the start date.
2. Show Program/Project detailed fiscal budget (not entire agency), add expense categories that apply to your project/program (operations, construction, environmental review, architecture).

Expense	Requested CDBG Funds	Other Funds	Source of Other Funds	TOTAL BUDGET
Total Expenditures				

3. What are the other funding sources? Are those funds secured?
4. If you do not receive the requested funds or only receive a portion of what you requested, how will that impact the project/program?
5. If your request includes recurring costs, what are your plans to secure funds for these needs in the future?

**The purpose of CDBG funds is not to fund projects that are the general responsibility of government or to maintain the operation of a non-profit organization.*

Section IV

Conflict of Interest

Federal law (2CFR200.317 and 200.318) prohibits person who exercise or who have exercised any functions or responsibilities with respect to the above grants...or who are in a position to participate in a decision-making process or to gain inside information regarding such activities, may obtain a financial interest or benefit from an assisted activity.... either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Are any of the Board Members or employees of the agency which will be carrying out this project, or members of their immediate families, or their business associates:

- a) Employees of or closely related to employees of your agency or the member government through which this application is made?

☐ Yes

☐ No

- b) Members of or closely related to Members of City/County/Town Council or Commission of the member government through which this application is made:

☐ Yes

☐ No

- c) Current beneficiaries of the program for which funds are requested?

☐ Yes

☐ No

- d) Paid providers of goods or services to the program or having other financial interest in the program?

☐ Yes

☐ No

If you have answered YES to any question above, please attach a full explanation. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

Signature of Certifying Official

Date

Section V

501(c)3 Designation

(If you are not a 501(c)3 please disregard this section)

Name of organization: _____

Address: _____

City/State/Zip Code: _____

Telephone Number: _____

Contact Person: _____

Title: _____

Telephone Number: _____

Email Address: _____

How long have you been operating?

What is your annual budget?

How often do your Board of Directors meet?

The following information must be submitted with your application:

1. Most recent financial statement and/or audit
2. Current 501C (3) Non-Profit determination letter
3. Current names of Board of Directors and program staff members
4. Brochure or flyer of services provided

SECTION VI

(Non-profit Agencies Only)

THREE-MONTH CASH RULE TEST

The three (3)- month rule is used by the CDBG Program Office as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month period allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

Balance Sheet- Audited Financial Statements FY: _____ Page #: _____
(Documents must be attached to the Application)

Enter Agency Cash Balance _____
(Cash cannot include investments of receivables)

A. Multiply Agency Balance by 4 and enter in adjacent box.
Cash available for project(s) _____

List the amount of FY 22-23 CDBG funding applied for in this application.

List the amount of FY 22-23 CDBG funding applied for on any other application.

B. Sum all the amount for FY 22-23 CDBG funding request(s). _____

Compare Agency Cash Balance Available (Item A) with the Total FY 2023 CDBG Funding Request (Item B):

Item A: _____ **Item B:** _____ **Difference:** _____

Analyze the Results

- 1- If the difference is a positive amount or equals \$0, the Agency is eligible to apply.
- 2- If the difference is a negative amount, the Agency has the options below:

The Agency can adjust any of the FY 22-23 CDBG requested amount(s) to result in a positive or \$0 balance, as long as: A) Each project meets the minimum required amount for each of the applications, and B) cash available for projects is now greater than or equal to the total FY 22-23 CDBG funding request.

Union County 2021 CDBG Income Limits

FY2021 Income Limit Area	Median Income	Income Limit Category	1	2	3	4	5	6	7	8
Charlotte- Concord-Gastonia, NC-SC HUD Metro FMR Area	\$84,200	Very Low (50%) Income Limits (\$)	29,500	33,700	37,900	42,100	45,500	48,850	52,250	55,600
		Extremely Low (30%) Income Limits (\$)	17,700	20,200	22,750	26,500	31,040	35,580	40,120	44,660
		Low (80%) Income Limits (\$)	47,150	53,900	60,650	67,350	72,750	78,150	82,550	88,950

NOTE: Union County is part of the Charlotte-Concord-Gastonia, NC-SC HUD Metro FMR Area, so all information presented here applies to all of the Charlotte-Concord-Gastonia, NC-SC HUD Metro FMR Area. HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions of the Charlotte-Concord-Gastonia, NC-SC HUD Metro FMR Area.

The **Charlotte-Concord-Gastonia, NC-SC HUD Metro FMR Area** contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC