Human Resources Commission
City of Peoria – 2017 Community Development Block Grant (CDBG) Application

Application for 2017 CDBG Program Funding
*See Application Materials Packet for Instructions

SECTION I – General Information

Agency Name: _____

Full Address: _____

Program Name: _____

Contact Person: _____ **Phone #** _____

E-mail: _____ **DUNS #** _____

Issue Area (Check One)

05A Senior Services – Services for the elderly, age 62 and above.

05D Youth Services – This is for services for teenagers ages 13-19. Use 05N for abused and neglected teenaged children.

05G Services for Battered and Abused Spouses - Services for battered and abused spouses and their families.

05H Employment & Training - Assistance to increase self-sufficiency, including literacy, independent living skills, and job training.

05L Child Care Services – This is for services for children age 12 and under, including parenting skills classes.

05N Abused & Neglected Children – This service is exclusively for abused and neglected children, which can include daycare and other related services.

05O Mental Health Services – This service is for addressing the mental health needs of residents of the community.

2017 Amount Requested _____ **2016 CDBG Allocation** _____

1/1/2017-12/31/2017   Enter $0 if not awarded in 2016

*The maximum CDBG grant request is $30,000 and the minimum grant request is $15,000. Minimum award will be $7,000.

NOTES:

- **Applications are due by 5 p.m. on Friday, September 23, 2016.**
- **The MANDATORY application training session will be held on Tuesday, August 23 at 10 a.m. and Wednesday, August 31 at 2 p.m.** One representative per applicant must attend one session.
- **The MANDATORY clarification meeting will be held on Friday, November 4, 2016. See application instructions for more information.**

CERTIFICATION: I certify that the information contained in this application is complete, true, and correct and the application has been approved by the organization's governing board. I acknowledge that the organization will obtain the required beneficiary information, including household information, for all persons receiving direct services. This information will be on forms provided by the City of Peoria and that all services provided with any CDBG funds benefit only income eligible Peoria residents. The service being provided is either a new service or will increase the number of persons served and/or the benefits to those served to an existing service. A knowledgeable representative from the organization will attend the clarification meeting on November 4 in order to receive funding.

Signature for Approval of Application Submission and above Certification

_____   Date: _____
Board President or Board Officer

_____   Date: _____
CEO/Executive Director

1. **Briefly explain how the funds will be used for this program. Indicate whether CDBG funds will be used as a match to receive other funds.**

2. **Explain how this proposed activity for 2017 is either a (1) new or (2) an expanded service serving more people or providing additional services from what has been provided in the past 12 months.**

3. **Please report on goals/projections and the outcomes/results from providing this service in the past 12 months.**

4. **Explain specifically how this activity addresses an Issue Area the City Council designated as a 2017 CDBG priority as defined and marked on page one (1).**

SECTION II – Program/Financial Information (Limit responses to space provided.)

1. **How long has your organization been serving the community?**

2. **What is the organization's mission statement and how is the proposed activity tied to it?**

3. **Specifically, what is the need for the program, what does the program do, and who does it serve? Please use data and facts for the need and provide sources for the data.**

4. **How long has your program been in operation?**

5. **What geographic area does the program serve? (List Census Tracts or City-Wide.)**

6. **Is there a prevention component within the activity?**   Yes   No
If yes, explain.

7. **Do you collaborate with other organizations for this program? Yes   No**

   If yes, list no more than 2 of your major collaborators, briefly describe the collaboration.
   (Example – share space, staff, funding, transportation, etc.)

   If no, why don't you collaborate?

8. **Does your program use volunteers/in-kind service?**   Yes   No
If yes, explain.

9. **How many total people are employed by this program?**
   _____ (Full-time equivalents)

10. **How many total people will be funded with the requested CDBG funding?**
    _____ (Full-time equivalents)

11. **List key program staff, titles and qualifications. Please include titles and qualifications for staff to be paid with CDBG funds. (Use space below.)**

12. **Is the program certified or monitored by an outside agency? Yes   No**

    If yes, what agency?

    Were there any program monitoring findings in the past 2 years? Yes   No

    If yes, please detail these findings and corrective actions below.
    (Submit additional letter if needed.)

13. **Is there a waiting list for this program?   Yes   No**

    If yes, how many are on the waiting list? _____

14. **Are there any program memberships or fees charged to the participant in the proposed program?**   Yes   No

    If yes, please list fee schedule and explain how the participant fees support the program.

15. **If full funding is not received from this application, will the program still be offered?**
Yes   No   **If yes, what adjustments would be made?**

16. **Will CDBG funds be used to substitute any local (non-Federal) or State funds granted within the past 12 months?**   Yes   No

    If yes, please list the funding source and amount awarded to the proposed program.

17. **As a part of application submission, your agency must submit its most recent audit.**
In the most recent audit, were any findings issued?   Yes   No

If yes, please explain all findings and corrective action taken to address the issues.
(Submit additional letter if necessary.)

18. **Is your agency required to complete a Single Audit?   Yes   No**

If yes, please include a copy of your Single Audit with the application.
In your agency's most recent Single Audit, were any findings issued? Yes   No

If yes, please explain all findings and corrective actions taken.
(Submit additional letter if necessary.)

19. **Is there any additional information you want to mention? Use** <u>bullet style</u> **for each item in the space provided.**

Table A – Client Demographics for January 1, 2017 – December 31, 2017.

Total Clients to be Served by the Entire Program January 1, 2017 – December 31, 2017	
Total Unduplicated Clients All section totals below must match this total.	
Program Demographics by Age:	
0-4 years	
5-12 years	
13-19 years	
20-61 years	
62 plus years	
Total For Age	
Demographics by Gender:	
Male	
Female	
Total for Gender	
Demographics by Race:	
White	
Black/African American	
Asian	
Native American/Alaskan Native	
Native Hawaiian/Other Pacific Islander	
White & Black/African American	
Amer. Indian/Alaskan Native & Black/ African American	
Other Multi-Racial	
Total for Race	
Demographics by Ethnicity:	
Non-Hispanic	
Hispanic	
Total for Ethnicity	

Table B – Cost of Service

Cost of Service Breakdown		
Total Program Cost This is the cost of the entire program, for both CDBG and non-CDBG funded participants.	$	
Grant Application Year **1/1/2017 – 12/31/2017**	**($) Dollars**	**(%) Percentage**
Total CDBG Portion of Program Costs CDBG Public Service Funding cannot exceed 50% of total program cost. Maximum request $30,000.	$ The amount requested in this grant application**.**	% This amount requested divided by the total program costs.
Administrative CDBG Portion of Program Costs (Only 5% of the CDBG request may be for non-direct service salaries and benefits)	$ The amount in administrative salaries included in CDBG request**.**	% This amount in administrative salaries divided by the total grant request. (May not exceed 5%)
Total Unit of Service Hours (Projected) A unit of service is defined as one person served for one hour. Direct service hours and indirect service hours are included here.		
Cost per Unit of Service Divide the Total Program Cost by Unit of Service Hours projected.	$	
Total Unduplicated Clients (Projected) This should match total clients provided in Table A.		
Cost per Unduplicated Client Divide the total program cost by the Total Unduplicated Clients to be served.	$	
CDBG Unduplicated Clients (Projected) Total number of unduplicated CDBG eligible clients estimated to be served with grant amount requested.		

Table C – Detailed Program Revenue

Other Grants for Program (Non-Government) – Line 4 of Revenue		
Source	Amount	Start and End Date of Grant
Total		

Other Government Grants for Program - Line 5 of Revenue		
Source (Federal, State, County, Fees, etc.)	Amount	Start and End Date of Grant
Total		

In-Kind Support for Program (If listed in audit, please include here) - Line 6 of Revenue	
Source	Estimated Value
Total	

Other Revenue for Program – Line 9 of Revenue	
Source	Amount
Total	

Table D – Detailed Program Salaries

Salaries of Employees to be Paid by CDBG Request									
Direct Service Salaries for Program									
	Total Program				**CDBG Portion – Line 12 and 13 Expenses**				
Job Title	**Annual Hours for Program**	**Hourly Wage**	**Total Salary for Program**	**Program Portion of Benefits/ Taxes**	**Annual CDBG Hours**	**Hourly CDBG Wage**	**Total Salary for Program**	**CDBG Benefits/ Taxes**	**Total CDBG Expenses**
Total CDBG Direct Service Benefits/Salaries									

Salaries of Employees to be Paid by CDBG Request									
Administrative Service Salaries for Program*									
	Total Program				**CDBG Portion – Line 10 and 11 Expenses**				
Job Title	**Annual Hours for Program**	**Hourly Wage**	**Total Salary for Program**	**Program Portion of Benefits/ Taxes**	**Annual CDBG Hours**	**Hourly CDBG Wage**	**Total Salary for Program**	**CDBG Benefits/ Taxes**	**Total CDBG Expenses**
Total CDBG Administrative Benefits/Salaries									

*Note: Administrative Service salaries cannot be more than 5% of total CDBG request.

Table E – Other Expenses for Total Program

Other Expenses for Total Program – Line 19 of Expenses (List expenses By Type over $500)	
Source	**Amount**
Total	

*****************NOTE****************
For the FY2017 CDBG application, the total amount requested can be no more than $30,000 and no less than $15,000. Any application submitted with a request of more than $30,000 or less than $15,000 will not be considered for funding. The HRC has set *a threshold award* of no less than $7,000.

**ATTENDANCE AT THE CLARIFICATION MEETING BY KNOWLEDGEABLE APPLICANT REPRESENTATIVE(S) CAPABLE OF ANSWERING ALL PROGRAM AND FISCAL QUESTIONS IS REQUIRED. APPLICANTS THAT FAIL TO ATTEND WILL NOT BE FUNDED!!!
THE MEETING WILL BE ON NOVEMBER 4, 2016.**

Table F – Program Revenues and Expenses for January 1, 2017 – December 31, 2017

Proposed Grant Request Year January 1, 2017 – December 31, 2017			
Revenue		**Total Program**	
1. CDBG Grant Request (Filled in From Table B)	$		
2. Heart of IL United Way Allocation	$		
3. Other United Way Allocations	$		
4. Grants (Filled in From Table C)	$		
5. Government Support (Filled in From Table C)	$		
6. In-Kind Support (Filled in From Table C)*	$		
7. Program Fees (paid by participants)	$		
8. Contributions	$		
9. Other Revenues (Filled in From Table C)	$		
Total Program Revenue	$		
Expenses		**Total Program**	**CDBG Only**
10. Administrative Salaries** (Filled in From Table D)	$		
11. Administrative Benefits/Taxes**(Filled in From Table D)	$		
12. Direct Service Salaries (Filled in From Table D)	$		
13. Direct Services Benefits/Taxes (Filled in From Table D)	$		
14. Professional Fees	$		
15. Supplies	$		
16. Occupancy (Utilities, Maintenance, Phone)	$		
17. Major Property or Equipment Acquisition	$		
18. Travel/Transportation/Mileage	$		
19. Other Expenses (Filled in From Table E)	$		
Total Program Expenses	$		

NOTES:
Total Program Revenues must equal Total Program Expenses.
***In-Kind Support must be listed separately if included in agency audit.**
****CDBG expenses for these two items combined cannot exceed 5% of the total CDBG budget.**
The maximum CDBG request is $30,000 and the minimum request is $15,000.

CDBG public service funding cannot exceed 50% of the funding of the CDBG proposed activity

Organization's Name:							Program Name:	
Strategic Goals	Policy Priorities	Problem, Need, Situation	Service or Activity Components	Benchmarks		Outcomes		Measurement Reporting Tools	Evaluation Process
				Output Goal	Output Result	Achievement Outcome Goals	End Results		
1	2	3	4	5	6	7	8	9

Policy		Planning		Intervention		Impact		Accountability
				Short Term for This Quarter				a. b. c. d. e.
				Intermediate Term is Year to Date				a. b. c. d. e.

Name of Person Completing Report: _____

Contact Email: _____   Contact Phone #:_____

Signature: Program Director:_____ Date: _____

Executive Director: _____ Date: _____

HUD Strategic Goals:
1. Increase homeownership opportunities.
2. Promote decent affordable housing.
3. Strengthen communities.
4. Ensure equal opportunity in housing.
5. Embrace high standards of ethics, management, and accountability.
6. Promote participation of grass-roots faith-based and other community-based organizations

Policy Priorities
1. Provide Increased Homeownership and Rental Opportunities for Low- and Moderate-Income Persons, Persons with Disabilities, the Elderly, Minorities, and Families with Limited English Proficiency.
2. Improving the Quality of Life in our Nation's Communities.
3. Encouraging Accessible Design Features.
4. Providing Full and Equal Access to Grass-Roots Faith-Based and Other Community-Based Organization in HUD Program Implementation.
5. Participation of Minority-Serving Institutions in HUD Programs
6. Ending Chronic Homelessness within Ten Years.
7. Removal of Barriers to Affordable Housing.

APPLICATION INSTRUCTIONS
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
CITY OF PEORIA 2017 FUNDING Year

I.   INTRODUCTION

The 2017 CDBG Human Resources Commission (HRC) funding application has been developed to help agencies present their programs in a concise format. The application information is based on one calendar year of service with the second year contingent on upon acceptable performance. The Application Materials packet contains the following sections:

I.   INTRODUCTION
II.   APPLICATION DIRECTIONS
III.   APPLICATION CRITERIA/DEFINITIONS
IV.   APPLICATION SCHEDULE
V.   APPLICATION CHECKLIST

Please review all sections carefully. The information provided will be used by the HRC to assess needs, determine levels of service, recommend funding levels, evaluate programs, and build a campaign story for proposals that serve persons in low-income households in the City of Peoria. If you have questions or need help completing the forms, contact Kathryn Murphy, Grants Coordinator, at (309) 494-8607 or kmurphy@peoriagov.org.

CRITERIA FOR A COMPLETE APPLICATION

All applications must satisfy all of the following seven criteria to be considered complete and eligible for review by the Human Resources Commission (HRC). All applications:

1. Must attend one of two **MANDATORY** application training sessions: **Tuesday, August 23 at 10 a.m.** or **Wednesday, August 31 at 2 p.m**. One representative per applicant must attend.
2. Must be submitted to the Grants Management Division at **419 Fulton Street, Room 300** Peoria, Illinois 61602 **no later than 5:00 pm on Friday, September 23, 2016.**
3. Must include **one original** signed and dated, with **13 copies**. Applications should be delivered to:

    City of Peoria – Community Development Department
    Attn: Kathryn Murphy
    419 Fulton Street, Room 300
    Peoria, IL 61602

4. Must include one (1) copy of your organization's most recent audit and single audit if applicable.
5. Must acknowledge that the organization will obtain required beneficiary information, including household income, for all persons receiving direct services on forms provided by the City of Peoria, by signing page 1, and
6. Acknowledge that all activity services provided with CDBG funds benefit only income eligible Peoria residents and the service being provided is either (1) a new service or (2) will increase the number of persons served and/or increase the benefit to those served in an existing service.
7. Must complete all questions, program information, budget tables and Logic Model form.
8. CDBG funding cannot exceed 50% of the funding of the CDBG proposed activity.
9. Must attend **MANDATORY** clarification meeting with the Human Resources Commission on Friday, **November 4, 2016.**

> Please submit 1 original and 13 copies (stapled) of the completed forms to the Grants Division by 5:00 pm, on Friday, <u>September 23, 2016</u>. <u>Do not use covers or include cover letters.</u> Applications must be on the 2017 application forms. Handwritten applications will not be accepted. ALL APPLICANTS MUST ATTEND THE CLARIFICATION MEETING ON NOVEMBER 4, 2016 IN ORDER TO BE FUNDED.

What is the CDBG Program?

The primary purpose of the Community Development Block Grant (CDBG) program is the development of viable urban communities by providing decent housing, a suitable living environment, and expanded economic opportunities, principally for persons of very low and low-income. CDBG funds are allocated to the City of Peoria through the U.S. Department of Housing and Urban Development (HUD). The Public Services portion of the City's grant allocation is dedicated to provide needed social services to low income residents.

What is the Human Resources Commission?

The Advisory Commission on Human Resources is a citizen commission of the City of Peoria where members are appointed by the Mayor and approved by the City Council.

The purpose of the Human Resource Commission (HRC) is to keep the citizens of Peoria informed of social service programs provided by the City of Peoria and social service agencies as well as provide officers and departments of the City expert advice and assistance in evaluating and coordinating social service programs.

Each year, the HRC receives numerous funding applications from entities who desire to provide needed public services to the citizens of Peoria. Members review and rank each application and collectively recommend to the City Council how to allocate the City's CDBG Public Service grant funds.

Available Funding:

The City of Peoria (City) will award CDBG Public Service funds on a competitive basis based on funding availability from HUD and approval by the City Council. The exact amount of the grant award for FY 2017 is unknown at this time, but anticipated to be approximately $224,400.

CDBG funds are provided on a reimbursement basis. **Funds are normally not available for reimbursement of cost until mid July or August of the funded year**. The City expects applicants to operate the funded activity during this period and to have adequate funding from other sources to financially support it. Eligible expenses for reimbursement will be provided for staff salaries and benefits only.

Eligible Applicants:

Not-for-profit agencies, 501(c)3 of the Internal Revenue Code of 1954.

Eligible Activities- CDBG Regulations, 24 CFR 570.201:

To be eligible for CDBG assistance, the public service must either be a (1) **new service** or a (2) **quantifiable increase in the level of an existing service or number of persons served** above that which has been provided by or on behalf of the unit of general local government (through funds raised by the unit or received by the unit from the State in which it is located) in the 12 calendar months before the submission of City of Peoria's Annual Action Plan.

2017 Funding Priorities

The Peoria City Council has approved the following public service funding priorities for FY2017:

05A Senior Services – Services for the elderly, age 62 and above.

05D Youth Services – This is for services for teenagers ages 13-19. Use 05N for abused and neglected teenaged children.

05G Services for Battered and Abused Spouses - Services for battered and abused spouses and their families.

05H Employment & Training - Assistance to increase self-sufficiency, including literacy, independent living skills, and job training.

05L Child Care Services – This is for services for children age 12 and under, including parenting skills classes.

05N Abused & Neglected Children – This service is exclusively for abused and neglected children, which can include daycare and other related services.

05O Mental Health Services – This service is for addressing the mental health needs of residents of the community

Ineligible Activities:

-Political activities
-Ongoing grants or non-emergency payments to individuals for their food, clothing, rent, utilities, or other income payments

New Applicants

To encourage new applicants for the City's Public Service grant awards, the Human Resources Commission may approve 20% of the CDBG Public Service funds for new activities.

II. Application Directions and Frequently Asked Questions

Section I – General Information

Please provide general agency and program information.

Contact Person - The contact person will be the person the City contacts for any questions regarding the application and to schedule the clarification meeting. Please list only one contact person. (Note: Another staff member may present at the mandatory clarification meeting, but the contact will be the point of contact for City staff.)

Issue Area – The Issue areas are the policy priority areas as voted on by the HRC and approved by City Council. Application should be within one of these issues areas.

Application Training Session – Each applicant must attend one of two MANDATORY Application Training Sessions on either Tuesday, August 23 at 10 a.m. or Wednesday, August 31 at 2 p.m. The session will review the application as well as highlight items the Commissioners will be focusing on in reviewing the 2017 applications. One representative per organization applying must attend one of the two sessions.

Clarification Meeting – The MANDATORY clarification meeting will take place on Friday, November 4, 2016. The meeting will begin at 8:30 a.m. and agencies will be contacted in order of the applications are received to schedule the presentation time. The presentation should be approximately five (5) minutes providing an overview of the program and the need for funding. (No formal PowerPoint or other materials are necessary.) Any remaining presentation time and up to five (5) additional minutes will be used for questions and from City staff and the members of the HRC. If the clarification meeting is not attended, the application will be ineligible for funding.

Signatures – The certification must be agreed to and signed by both the Board President/Officer as well as the CEO/Executive Director of the agency.

Question 1 – Briefly explain the program. (You may attach a total of **two** brochures to the application: **one** brochure that describes your organization's overall services AND **one** specific to the program/activity.)

Question 2 – In order to qualify under federal CDBG regulations, public service funding must be used for new or expanded services. Please explain how the service is a new program or how it will be expanded to include more participants or additional components using the CDBG funds.

Question 3 – Please describe the goals and projections for the program as well as the current outputs. If it is a new program, please indicate it is a new program.

Question 4 – Please detail how the program specifically addresses one of the Issue Areas checked on page one of the application. Please be sure your program meets the description provided for each Issue Area.

Section II - Program/Financial Information

Applicants should provide a detailed description of the program, how the proposed activity is tied to the applicant's mission statement, accomplishments, staffing levels, and ongoing collaborative efforts**.**

Question 3 – Please include information on the need for the program. The need for the program must be presented with factual data, statistics, or information and the source sited for this information. General statements of need do not meet this criteria.

Question 6 – Please indicate if your program has a prevention component, or stops something from happening or starting.

Question 11 – Please include qualifications (including education requirements, experience, etc) for key program staff. Please also include the qualification for the positions to be paid by CDBG funds.

Question 14 – If fees are charged for the program, please describe how these fees are used to support the same program. (CDBG has very strict rules regarding income from programs financed whole or in part by CDBG funds.)

Question 17 –The agency's audit must be an official inspection of an organization's accounts by a licenses Certified Public Accountant (CPA). Please explain any findings and the corrective actions taken to address these issues. A copy of the audit for the agency's most recent fiscal year must be included with the application. Unbound copies are preferred. If an agency does not have a financial audit, it will not be considered eligible for funding.

Question 18 – Please consult the 2 CFR 200, Uniform Administrative Requirements, Cost Principles, And Audit Requirements For Federal Awards. These audits, commonly referred to as "A-133 Audits" or "Single Audits", are required of agencies that spend over $750,000 in federal awards during a fiscal years starting on or after December 26, 2014. This audit must be conducted by the same entity that conducted the agency's audit. A copy of the Single Audit for the agency's most recent fiscal year must be included with the application. Unbound copies are preferred.

Table A – Client Demographics for January 1, 2017 – December 31, 2017

Estimate the number of total unduplicated persons to receive direct service in 2017 by this entire program by the selected category. Each person served is counted only once, regardless of how many times they are served.
NOTE: The total by age, total for gender, total for race, and total for ethnicity must all equal the total unduplicated clients.

Table B – Cost of Service

Total Program Cost – This is the total cost of the entire program for January 1 to December 31, 2017 regardless of funding source or location of clients.

Total CDBG Portion of Costs – This is the total amount of CDBG funding requested. This amount cannot exceed 50% of the total program costs. Maximum amount is $30,000.

Administrative CDBG Portion of Costs – This is the portion of the CDBG funding request that is for administrative salaries or those salaries of people not involved in direct service. This amount cannot exceed 5% of the total amount of CDBG funding requested.

Total Unit of Service Hours (Projected) – **NOTE: A unit of service is defined as one person served for one hour**. Both direct and indirect service hours are included here. Estimate the number of service hours for the entire program.

Cost per Unit of Service – The total cost of the program divided by the Total number of service hours projected to be provided by the total program.

Total Unduplicated Clients (Projected) – Please estimate the total number of unduplicated clients to be serviced. This should match the number provided in Table A.

Cost per Unduplicated Client – Divide the total program costs by the total unduplicated clients served to estimate the cost per unduplicated client.

CDBG Unduplicated Clients (Projected) – Total number of unduplicated clients estimated to be served with the CDBG grant amount requested. This number should equal the grant amount requested divided by the cost per unduplicated client.

Table C – Detailed Program Revenue

Other Grants for Program (Non-Governmental) – Provide grant specific information for each grant include in the other grants section. Do not include United Way grants as they are entered separately in Table F. This will automatically populate in Table F.

Other Government Grants for Program – Provide grant specific information for other federal, state or local grants received for the program. This will automatically populate in Table F.

In-Kind Support for the Program – If included in agency audit, please provide detailed information for in kind support. This will automatically populate in Table F.

Other Revenue for the Program – Please list all other sources of revenue for the program. This will automatically populate in Table F.

Table D - Detailed Program Salaries

For both direct service salaries and Administrative salaries please provide detailed information for the estimated number of hour and benefits for the total program and for the CDBG portion requested.

Total Program Annual Hours – Please provide total number of hours for job title spent on entire program.

Program Hourly Wage – Please provide hourly wage of job title for program.

Total Salary for Program – Calculate Program Hours times Hourly Wage for total salary on program.

Portion of benefits/taxes – Provide the annual amount of benefits/taxes paid by the program for this job title.

CDBG Hours – Please provide the total number of hours for this job title for the CDBG portion of the grant requested.

CDBG Hourly Wage – Please provide the hourly wage of the job title for the program.

CDBG Total Salary for Program – Calculate the CDBG hours times the hourly wage for CDBG total salary.

CDBG Benefits/taxes – Provide the amount of benefits/taxes for CDBG portion of salary.

Total CDBG Expenses – These columns will automatically total the CDBG total salary for program and the CBDG benefits/taxes for each job title. This will also automatically populate in Table F.

Total CDBG Direct Service Salaries – These columns will automatically total the CDBG total salary for program and the CBDG benefits/taxes for each job title. This will also automatically populate in Table F.

Table E – Other Expenses for Total Program

Please list additional expenses by category for expenses over $500. This will automatically populate in Table F.

Table F – Program Revenue and Expenses for January 1 to December 31, 2017

This table will automatically populate from data entered in previous tables. Please complete the remaining items for program revenue and expenses for the entire program. Note: Total revenue must equal total expenses.

Logic Model Instructions <u>**(Very Important to the Application)**</u>

Program Name: Type organization name
Component Name: Type the name of the activity.
Columns: **1a**   Strategic goal is **3** (strengthen communities)

1b Policy Priority is either 2 (improve the quality of life) OR 3 (Strengthen communities) Select 2 or 3

2. Describe the need that frames a rationale for the service. Please use facts to describe the need and provide the source of the data, statistics, or information. **Be Succinct**!

3. Identify the service or activity in your work plan that addresses the priority need in 15 words or less. (ie. Provide legal representation to the homeless. OR Provide after school mentors for Peoria elementary school at risk students.)

4. Outputs are the number and type of persons served for short term (quarter) and the intermediate term which is the entire year. The entire year number should equal CDBG Unduplicated Clients Projects in Table A (ie. 24 homeless persons OR 30 students)

5. Leave blank.

6. Outcomes are the measurable impacts you hope to achieve for each person. Outcomes may relate to knowledge, skills, attitudes, behavior, condition, or status. <u>List one to three</u>. (ie. Greater knowledge of legal rights to prevent eviction OR Students improve or maintain their reading and math at a B or higher OR Unemployed youths obtain a job.) Outcomes are NOT attendance or participation. If maintaining a grade or skill, please note what level will be maintained.
*If Employment Training is selected as the issue area for the application, job placement must be a measureable outcome in the logic model**.

7. Leave blank

8. List the measurement reporting tools that will be used for the stated outputs and outcomes, where it will be maintained, how often it is collected, who maintains the completed measurement tools, and the method of retrieving data. Measurement tools must be specific and easily available. (ie. Measurement tool examples: Intake forms and verification of training and youth employment OR the % of students who show grade improvement in reading and math per the semester and end of calendar year by report cards.) The number or percentage of program participants that demonstrate change are indicators of the success of the outcome. **<u>List no more than two measurement tools per outcome.</u>**
NOTE: ALL CDBG FUNDED LOW INCOME SERVICE RECIPIENTS MUST COMPLETE AND SIGN A SERVICE APPLICATION FORM ATTACHMENT UPON RECEIPT OF SERVICE. ALL MUST BE INCOME ELIGIBLE AND RESIDE IN THE CITY OF PEORIA. Attach a copy of your measurement tool(s).

9. Identify how you will evaluate if you are meeting the measured outputs, outcomes and expected results. The evaluation may be used to adjust the program so it is successful.

III.   APPLICATION CRITERIA AND DEFINITIONS

The following criteria are the primary factors the Human Resources Commission will utilize in the evaluation of the applicant's and programs funding request. At a minimum, all funded programs should demonstrate the following in the review process. These criteria are further defined on the following pages.

1. **Service MUST serve low/moderate income persons –** The social service must address a need of an income eligible City of Peoria resident. Income eligibility is defined by HUD as 80% or less of area median household income and varies by household size.

2. **Client Based Outcomes and/or Previous Success at Achieving Outcomes –** In its allocation request, each program must submit one to three client based outcomes which relate to the priority issue area on which the program is trying to have an impact. A client-based outcome is:
   > a problem-related, attainable, and measurable statement of a program's intended effects on the client's skills, attitudes, behavior, or condition.

   Outcomes are the benefits or changes an individual and/or population obtained during or at the end of the program activity. Outcomes are stated in measurable terms, include a baseline or target against which progress can be measured for the contract period and the rationale for setting the target at a certain level.

   - **Statement of Need for the program –** The need for the program must be presented with factual data, statistics, or information and the source sited for this information. General statements of need do not meet this criteria.

   - **Clarity of outcomes information –** For those programs that do not yet have outcome data, analysis will be based on the program's clear demonstration of how outcomes will be achieved, the presence of baselines or targets for accomplishment, and a clear rationale as to why the outcomes are set at a certain level.

   - **Success in delivering proposed outcomes/utilization of outcome information –** For those programs collecting and reporting data, outcome data can be reviewed. The number and/or percent of all program participants or a sample of program participants who achieve the desired outcomes measure success. Program review will include a determination over time as to whether or not the program's goals and accomplishments are ambitious enough to represent a "stretch" for the organization to achieve. The City of Peoria is also looking for programs to build a history of continued achievement of stated outcomes. In addition, programs need to make changes as a result of using outcome data, and should show high levels of outcomes in relation to their stated goals or show improvements in outcomes over time. If outcomes fall short of expectations, agencies should explain what happened and outline steps to improve on previous results.

3. **Well Managed Program –** In evaluating overall program management, the following areas are especially important in the evaluation process: program financial information, service delivery and demand, appropriate staffing and licensing. We consider basic management information on the total agency, as the two are interrelated.

   - **Program Financial Management and Budgeting –** Programs must clearly define the need for our funding, explain significant budget increases or decreases and budget deficits or surpluses, and have a reasonably stable funding base. The proposed budgets must be reasonable for the services and programs delivered. The agency must also be able to establish separate accounts to ensure CDBG funds are maintained separately from general funds.

- **Service Delivery Issues –** Criteria for analysis include: demand trends for service such as the presence of a waiting list, if services are provided to an underserved population or geographic area, demographic information on those being served, and whether or not the program responds appropriately to newly identified client and/or community needs. Above all, is the program making an impact on the population it is serving?

- **Staff and Programming Requirements –** Organizations must allocate sufficient resources, including the staff, volunteers, and physical space to accomplish their goals and outcomes. Staff must be adequately trained, evaluated and supported and must have the qualifications to do the job. Part of the evaluation is a determination that the program has allocated an appropriate level of resources to accomplish its goals, and if this allocation represents an efficient and effective use of resources.

- **Total Agency Information and Management –** The state of the total organization does impact the programs within. Assessment of the total organization focuses on board activity and development, financial information, and the overall quality of the organization's administration.

4. **Collaboration Efforts –** Collaboration refers to working together in the planning and delivery of services. While cooperation is an absolute essential among all organizations, collaboration requires far more planning and effort to be implemented successfully. Where appropriate, the City of Peoria encourages collaboration among programs as a way to cut costs, encourage efficiency, and develop a more community wide focus on outcomes and results. While collaboration is not an end in itself, it is a proven means to a desired end of more effective service delivery. Those organizations demonstrating a well thought out and effective effort at collaboration will be given additional consideration.

5. **Funding Source Diversity –** Programs applying for CDBG funding will have a demonstrated need for our dollars, but not be overly reliant on our funding. These guidelines ensure that funding is allocated to programs where our funding will have the most impact, but also have enough funding diversity to demonstrate additional community support and sustainability. The efforts and success of an organization in garnering this additional community support is evidence of an organization's commitment to fundraising and funding source diversity.

6. **City Council Goals** – The Human Resources Commission and the City Council approve specific issue areas for CDBG Public Service applications.

7. **Prevention Focus –** The CDBG Program funds activities of both a preventative nature and of a more remedial nature. Prevention programs focus on fostering personal attributes and creating positive conditions, whereas remedial programs focus on personal problems. Because prevention is a broader and more systemic approach to ensuring the long-term success of human service efforts in the community, we wish to recognize those remediation programs, which also have a prevention focus. We are not stating that prevention is a greater focus for the CDBG dollars; however, we may more favorably assess a specific remediation program, which has a strong prevention aspect to it as well.

8. **Utilization of Volunteers –** Volunteerism is an important part of community services and a growing trend in the non-profit sector. Effective utilization of volunteers demonstrates an agency's ability to be creative in addressing needs and therefore function more effectively. Volunteers create a corps of "goodwill ambassadors" who can provide visibility and a positive agency image in the community. Effective volunteer utilization can be reviewed in several ways, including:

  - The integration of volunteers in all aspects of the agency, including: direct service, administrative service, fundraising, and at the board level.
  - The impact volunteers make in the agency's programs and services, for the agency's clients and in the community overall
  - The number of volunteers engaged by the agency.

NOTE 1: Funding is dependent upon the availability of funds as provided through the U.S. Department of Housing and Urban Development and approval of the City of Peoria City Council.

NOTE 2: Community Development Block Grant funds are normally not available for reimbursement of cost until mid-July or August of the funded year. The City of Peoria expects applicants to operate the funded activity during this period and to have adequate funding from other sources to financially support it.

******************NOTE***************

For the FY 2017 CDBG Application, the total amount requested can be no less than $15,000 and no more than $30,000. Any application submitted with a request less than $15,000 or more than $30,000 will not be considered for funding. The minimum grant award is $7,000.

<u>ATTENDANCE AT THE CLARIFICATION MEETING ON FRIDAY, NOVEMBER 4 BY KNOWLEDGEABLE APPLICANT REPRESENTATIVES, CAPABLE OF ANSWERING ALL PROGRAM AND FISCAL QUESTIONS, IS REQUIRED. APPLICANTS THAT FAIL TO ATTEND WILL NOT BE FUNDED.</u>

IV. APPLICATION SCHEDULE

Tuesday, July 12, 2016	City Council discussion and possible vote on final materials. (May be deferred to July 26 and August 9 if needed)
Friday, August 12, 2016	Publish RFP for CDBG Applications
Tuesday, August 23, 2016	**Mandatory** CDBG Application Training Workshop Option 1 in City Hall, beginning at 10 a.m. (HRC members are invited to attend)
Wednesday, August 31, 2016	**Mandatory** CDBG Application Training Workshop Option 2 in City Hall, beginning at 2 p.m. (HRC members are invited to attend)
Friday, September 23, 2016	CDBG Application Deadline – Due in to the Grants Management Division City Hall, 419 Fulton Street, Room 300, DEADLINE 5:00 p.m.
Friday, September 30, 2016	HRC members pick up their copies of the CDBG applications at City Hall, Room 300.
Friday, November 4, 2016	HRC Conducts **Mandatory** CDBG Application Clarification Meeting at special meeting City Hall, Room 404, beginning at 8:30 a.m.
Monday, November 7, 2016	HRC sends application ranking and budget recommendation forms to the Grants Division by 5:00 p.m. at City Hall, Room 300.
Friday, November 18, 2016	HRC Regular Meeting to make final recommendations in Room 404, City Hall, beginning at 8:30 a.m. The recommendations will be forwarded to the City Council for their consideration.
Tuesday December 13, 2016	Funding Recommendations to City Council for final approval.

Grant Year would begin January 1, 2017 for awarded subgrantees.

V.   APPLICATION CHECKLIST

Please use the following checklist to ensure a completed application:

- Applications must be submitted **no later than 5:00 p.m. on Friday, September 23. NOTE: LATE APPLICATIONS WILL NOT BE ACCEPTED**

- Applications must include the following:

  - ☐ **1 original application signed and dated**

  - ☐ **Email PDF version to kmurphy@peoriagov.org**

  - ☐ Complete **Budget** on **page 8, 9, and 10 (Public Service Application)**

  - ☐ Complete **Logic Model** (per application directions)

  - ☐ **13 copies** of completed and signed application

  - ☐ **1 copy** of organization's **most recent audit – unbound copy preferred**

APPLICATIONS ARE DELIVERED TO:

**CITY OF PEORIA
ATTN: KATHRYN MURPHY
COMMUNITY DEVELOPMENT DEPARTMENT
GRANTS MANAGEMENT DIVISION
419 FULTON ST., ROOM 300
PEORIA, IL 61602**

Attached is a copy of the evaluation form the HRC will use to score and rank Public Service Applications.

<u>Application Instructions for Fiscal Year 2017 CDBG Program Funding</u>

Human Resources Commission CDBG 2017 Program Evaluation Form

Program Name & Agency Name_____

Requested Funding Amount: _____   Evaluator _____

<u>Directions</u>: Complete an evaluation form for each application. Circle points for each question based on your review of each application. Multiply your score for each question by the weighted number and put your total in the "Total" column. Add totals together. Recommend a funding amount.

	Lowest	>	>	Highest			Weight		Total
1. The activity addresses the priorities of	0	1	2	3	4	5	x 3	=	_____
Senior Services, Youth Services, Services for Battered and Abused Spouses, Employment Training, Child Care Services, Abused and Neglected Children, or Mental Health Services p. 1, 2									
2. Collaboration with other providers/organizations? (Shared services/costs.) p. 4	0	1	2	3	4	5	x 3	=	_____
3. Prevention component in the program? (Prevents something from starting.) p.4	0	1	2	3	4	5	x 3	=	_____
4. Identified need for the program? (Are **facts** presented on need?) p.3, Logic Model	0	1	2	3	4	5	x 3	=	_____
5. Qualified staff to deliver the program? (Have education and/or experience?) p.5	0	1	2	3	4	5	x 3	=	_____
6. Are program outcomes clearly defined to address client needs? Logic Model, Column 6	0	1	2	3	4	5	x 3	=	_____
7a. Does program have demonstrated success at achieving outcomes? p.2 **OR**	0	1	2	3	4	5	× 3	=	_____
7b. If this is a new program, is it likely to succeed? All pages	0	1	2	3	4	5	× 3	=	_____
8. Is there funding source diversity? (Other income besides CDBG) p.6, 10, 13	0	1	2	3	4	5	x 3	=	_____
9. Is unit of service cost reasonable? p.9	0	1	2	3	4	5	x 3	=	_____
10. Is the program budget presented clearly? (Is it reasonable? Balanced?) p.10-13,	0	1	2	3	4	5	x 3	=	_____
11. Overall, how do you rate this proposal? (Is it clear, concise, worth funding?)	0	1	2	3	4	5	x 5	=	_____

Total Points _____

Comments _____

_____

_____

_____