CITY OF PEORIA COVID-19 CDBG PUBLIC SERVICES APPLICATION

The City of Peoria has dedicated $300,000 of Community Development Block Grant (CDBG) funding to public services that prevent, prepare for, or respond to the COVID-19 pandemic. Funding is available to not-for-profits, 501(c)3 organizations, and government agencies who serve City of Peoria residents in low-income households.

Online Application Training Session: A webinar will be held via GoToMeeting on DATE at TIME.
Application Deadline: DATE at 5:00 pm. Incomplete or late applications will **NOT** be considered.
Questions? Contact Cassie Belter, Grants Coordinator, at cbelter@peoriagov.org or (309) 369-2060.

Applicant Agency Information

Public Service Program Title	
Organization/Agency Legal Name	
Contact Person and Title	
Address	
Phone Number	
Email	
Program Operating Location and/or Organization Fiscal Agent	

Date of Incorporation:		Federal Employer Identification #:	
City of Peoria EEO #		SAMs Cage Code # and Expiration	
Agency DUNS Number:		Agency Annual Operating Budget:	
Number of Paid Staff:		Number of Volunteers:	

City of Peoria COVID-19 CDBG Public Services Funding Requested
(Minimum Request: $10,000; Maximum Request: $60,000)

Requested Amount:	$	Total Program Budget:	$

CDBG National Objective (Select One)

☒ Benefit to low/moderate income persons ☐ Prevention/elimination of slums/blight ☐ Urgent need (national disasters)

Program Issue Area (Select One)

- ☐ Child Care Services
- ☐ Employment Training
- ☐ Food Banks
- ☐ Health Services
- ☐ Legal Services
- ☐ Mental Health Services
- ☐ Senior Services
- ☐ Services for Abused and Neglected Children
- ☐ Services for Persons with Disabilities
- ☐ Services for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
- ☐ Youth Services

Program Information

1. Describe your proposed program:

- What is the problem/need/situation that the program addresses?
- What are the service/activity components of the program?
- How many total unduplicated clients will be served? Of those, how many will be City of Peoria residents?
- How many "unit of service" hours will be provided? (One unit of service is equal to one client served for one hour.)
- What are the goals of the program?
- How will those goals be measured and evaluated?

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

3. If this program is currently in operation, report on goals and the outcomes from the past 12 months.

4. How does this program address the CDBG National Objective "Benefit to Low/Moderate Income Persons" *and* the selected Program Issue Area?

5. What geographic area does the program serve?
- ☐ City-wide
- ☐ Census Tracts (list below)

_____

6. Explain the target population for the program.

7. Explain how the program is data-driven/evidence-based, **and/or** explain how the program is an innovative/creative solution to the above problem.

8. How does the program **prevent, prepare for, or respond to COVID-19**?

9. Additional comments:

Financial Information

10. If full funding is not received from this application, will the program still be offered?

☐ Yes ☐ No

- If yes, what adjustments will be made?

11. What is your organization's experience in managing publicly funded projects (including federal, state, and/or local government funds)?

12. List funders for the last two years (including the City of Peoria, if applicable). Describe the type and frequency of monitoring. Describe any findings, the resolutions of those findings, and any monetary penalties incurred.

13. Describe your organization's financial reporting system/accounting procedures and timekeeping system. How will your organization separate CDBG funds from other funds for identification, tracking, and reporting? Describe your organization's internal controls that minimize opportunities for fraud, waste, and mismanagement.

14. As a part of the application process, your agency must have conducted and must submit a copy of 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.

15. Is your agency required to complete a Single Audit? ☐ Yes ☐ No

- If yes, please include a copy of your Single Audit with the application.
- If yes, in your agency's most recent Single Audit, were any findings issued?
  ☐ Yes ☐ No
- If yes, please explain all findings and corrective actions taken.

2020 Agency Budget

Revenue		Expenses	
CDBG Grant Request	$	Salaries	$
Heart of IL United Way Allocation	$	Benefits/Taxes	$
Other United Way Allocations	$	Professional Fees	$
Grants *(list source, amount, duration)*	$	Supplies	$
Government Support *(list source, amount, duration)*	$	Occupancy (Utilities, Maintenance, Phone)	$
In-Kind Support *(list source & amount)*	$	Major Property or Equipment Acquisition	$
Program Fees	$	Travel/Transportation/Mileage	$
Contributions	$	Other Expenses *(list source & amount if $500+)*	$
Other Revenues *(list source, amount, duration)*	$		
Total Agency Revenue:	$	**Total Agency Expenses:**	$

Program Budget

Revenue		Expenses	
CDBG Grant Request	$	Admin Salaries	$
Heart of IL United Way Allocation	$	Admin Benefits/Taxes	$
Other United Way Allocations	$	Non-Admin Salaries	$
Grants *(list source, amount, duration)*	$	Non-Admin Benefits/Taxes	$
Government Support *(list source, amount, duration)*	$	Professional Fees	$
In-Kind Support *(list source & amount)*	$	Supplies	$
Program Fees	$	Occupancy (Utilities, Maintenance, Phone)	$
Contributions	$	Major Property or Equipment Acquisition	$
Other Revenues *(list source, amount, duration)*	$	Travel/Transportation/Mileage	$
		Other Expenses *(list source & amount if $500+)*	$
Total Program Revenue:	$	**Total Program Expenses:**	$

CDBG Funding Request

Requesting CDBG Funding?	Expenses	
	Admin Salaries	$
	Admin Benefits/Taxes	$
	Non-Admin Salaries	$
	Non-Admin Benefits/Taxes	$
	Professional Fees	$
	Supplies	$
	Occupancy (Utilities, Maintenance, Phone)	$
	Major Property or Equipment Acquisition	$
	Travel/Transportation/Mileage	$
	Other Expenses	$
	Total CDBG Funding Requested:	$

Cost of Service

Total CDBG Portion of Program Costs	$
Cost per Unit of Service	$
Cost per Unduplicated Client	$

16. Explain how CDBG funds will be used as shown in the above request. Provide details on program expenses and explain how the cost per unit of service and the cost per unduplicated client are reasonable for this program.

Client Demographics

Estimate of Total Unduplicated Clients to be Served by the 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:	

Faith-Based Organizations Supplemental Question

As outlined in HUD Notice SD-2016-01, faith-based organizations have the same opportunity to apply for federal funds as other organizations. In a program operated by a faith-based organization, explicitly religious activities must take place at a separate time and place from the HUD funded activity. The organization cannot require participation in any religious activities as a part of the funded activity, and the organization cannot discriminate against participants based on religion. If your organization is faith-based, briefly explain how your agency will demonstrate compliance with 24 CFR 570.200(j) which prohibits inherently religious activities and meet the criteria outlined above and in HUD Notice SD-2016-01.

☐ N/A – organization is not faith-based

☐ Organization is faith-based (explanation below)

Conflict of Interest

As an applicant requesting funding, will any of your employees, agents, consultants, officers, or elected officials experience the following conflicts of interest:

- Participate in the decision-making process for the approval of this application? (i.e., a City of Peoria City Council Member or a Member of the Advisory Commission on Human Resources)?
  ☐ Yes   ☐ No
- Have a personal financial interest or reap a financial benefit from this program/activity?
  ☐ Yes   ☐ No
- Have an interest in any contract, subcontract, or agreement with respect to this application either for themselves or those with whom they have family or business ties during the program year and for one year thereafter?
  ☐ Yes   ☐ No

If you selected yes to any of the above, clearly describe the conflict below.

Certification

I certify that the information contained in this application is true and correct; that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts; and that the information given is true and complete to the best of my knowledge and belief. I agree to comply with all CDBG and City of Peoria requirements if funded.

Agency CEO Name	Signature	Date

Board President Name	Signature	Date