

City of Peoria 2021 CDBG Public Services Program Application

Eligibility

The City of Peoria receives Community Development Block Grant (CDBG) funding each year from the U.S. Department of Housing and Urban Development (HUD). Up to 15% of the annual funding amount can be used to fund public services that serve City of Peoria residents residing in low-income households. This funding is available to not-for-profits, 501(c)3 organizations, and government agencies.

Questions? Contact grants@peoriagov.org.

1. Does your program serve low-income residents of the City of Peoria?

2. Is your organization (or the lead agency) a not-for-profit, 501(c)3, or government agency?

- **NOTE: If your organization does not meet this requirement, you may partner with a qualifying “lead agency” that will serve as your fiscal agent.**

3. Does your organization (or the lead agency) have a completed audit for its most recent fiscal year? (This must be a full audit. 990 forms do not meet this requirement.)

- **NOTE: If your organization does not meet this requirement, you may partner with a qualifying “lead agency” that will serve as your fiscal agent.**



IF YOU ANSWERED 'NO' TO ANY OF THE ABOVE QUESTIONS, YOUR ORGANIZATION DOES NOT QUALIFY FOR CDBG PUBLIC SERVICES FUNDING.

A. Applicant Agency Information

Please provide the following information

A.1. Public Services Program Title

A.2. Organization Name

A.3. Contact Person

A.4. Title

A.5. Address

A.6. Phone Number

A.7. Email

A.8. If partnering with a lead agency, lead agency name:

** NOTE: If your organization is not a not-for-profit, 501(c)3, or government agency, AND/OR does not have a completed audit for its most recent fiscal year, you may partner with a qualifying "lead agency" that will serve as your fiscal agent.*

A.9. Date of Incorporation:

A.10. Federal Employer Identification #:

A.11. City of Peoria EEO #

** An EEO number shows that an organization has registered with the City of Peoria as an Equal Employment Opportunity organization. Please follow the instructions on this form to register:*

http://www.peoriagov.org/content/uploads/2012/10/Emplouer-Report-CC-1-Rev-July2019_1563307843_add.pdf. For more information on completing the form, please see this instruction guide:

http://www.peoriagov.org/content/uploads/2012/10/Employer-Report-Form-CC-1-Instructions-Rev-July-2019_1563309088_add.pdf

A.12. Agency DUNS Number:

** All agencies receiving federal money must register for a DUNS number. For more information about a DUNS number and to register, please visit <http://www.dnb.com/duns-number.html>.*

A.13. SAM Cage Code # and Expiration

** All agencies receiving federal money must register for a SAM Cage Code. Please visit www.sam.gov to register for free. Please also provide the expiration date of the SAM Cage Code. Agencies must have a DUNS number to register for a SAM Cage Code.*

A.14. Agency Annual Operating Budget:

A.15. Number of Paid Staff:

A.16. Number of Volunteers:

B. Funding Requested

Please provide the following information

B.1. Requested Amount:

* Minimum request: \$10,000; maximum request: \$60,000

B.2. Total Project Budget:

B.3. Total CDBG Portion of Program Cost

* B.1. "Requested Amount" divided by B.2 "Total Project Budget;" cannot exceed 50% of B.2. "Total Project Budget"

B.4. CDBG National Objective (Select One)

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

B.5. Program Issue Area (Select One)

-
-
-
-
-

B.6. Provide a list of employees whose salaries and/or benefits/taxes will be funded by CDBG public services funding. Please note, Admin Salaries and Admin Benefits/Taxes cannot exceed 5% of funding request.

Job Title	Annual Salary	Annual Cost of Benefits/Taxes	Percentage of Time Worked on Program	Admin or Non-Admin Staff

B.7. 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.

C. Program Information

Please provide the following information

C.1. Provide a brief program description in 2-3 sentences.

C.2. Provide a detailed program description. Be sure to address ALL of the following:

- What need does your program address?
- What are the service/activity components of the program?
- Who is the target population?
- How is the program data-driven/evidence-based?
- How is the program an innovative/creative solution to the stated problem?

C.3. How does this program address the CDBG National Objective “Benefit to Low/Moderate Income Persons” (B.4.) and the selected Program Issue Area (B.5.)?

C.4. How many total unduplicated clients will be served annually?

C.5. Of those, how many will be CDBG-eligible?

** To be CDBG-eligible, clients must reside in the City of Peoria in a low-income household.*

C.6. How many CDBG-eligible clients will be served quarterly?

** Answer to C.5. divided by 4*

C.7. What is the cost per unduplicated client?

** B.2. “Total Project Budget” divided by C.4 “Number of Unduplicated Clients”*

C.8. How many “unit of service” hours will be provided?

** One unit of service = one client served for one hour; includes both direct and indirect service*

C.9. What is the cost per unit of service?

** B.2. “Total Project Budget” divided by D.4 “Number of Unit of Service Hours Provided”*

C.10. List 2-3 measurable program objectives.

C.11. How will those objectives be measured and evaluated?

C.12. How is this program either a (1) new or (2) expanded service, serving more people or providing additional services than have been provided in the past 12 months?

C.13. If this program is currently in operation, report on goals and the outcomes from the past 12 months.

C.14. What geographic area does the program serve? (Select citywide OR list census tracts)

City-wide

List census tracts: _____

C.15. Additional comments:

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D. Financial Information

Please provide the following information

D.1. If full funding is not received from this application, will the program still be offered?

If yes, what adjustments will be made?

D.2. What is your organization's experience in managing publicly funded projects (including federal, state, and/or local government funds)?

D.3. 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.

Funders	Monitoring Details

D.4. 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.

D.5. 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?

If yes, please explain all findings and corrective action taken.

D.6. Is your agency required to complete a Single Audit?

If yes, in your agency's most recent Single Audit, were any findings issued?

If yes, please explain all findings and corrective actions taken.

2020 Agency Budget
Revenue must match expenses

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

Program Budget
Revenue must match expenses

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

E. Demographics

Please provide estimates for the following:

E.1. Number of CDBG-Eligible Clients to Be Served by the Program Annually (from C.5.)

E.2. Demographics by Age:

0-4 years	
5-12 years	
13-19 years	
20-61 years	
62 plus years	
Total for Age:	

E.3. Demographics by Gender:

Male	
Female	
Total for Gender:	

E.4. 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:	

E.5. Demographics by Ethnicity:

Non-Hispanic	
Hispanic	
Total for Ethnicity:	

F. Faith-Based Organizations

Please provide the following information

F.1. 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)

G. Conflict of Interest

Please provide the following information

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

G.1. 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 CDBG Public Services Advisory Commission)?

G.2. Have a personal financial interest or reap a financial benefit from this program/activity?

G.3. 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?

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

H. Required Documents

Please provide the following information

Documentation

- Financial Audit ***Required**
- Financial Single Audit
- IRS Tax Exempt Letter ***Required**

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Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator.

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. I have the authority and approval to submit this application on behalf of the organization.

Name

Signature

Date

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