2019 City of Peoria CDBG Public Service Application

Instructions for completing and submitting this application is available at online at here or contact Kathryn Murphy at (309) 494-8607 or kmurphy@peoriagov.org with questions. **Keep your responses brief, using the space provided. Be sure to include required documents. All questions must be answered and all information must be provided or the application will be deemed ineligible for funding.**

Mandatory Application Training Session: Attendance at one application training session is mandatory. Sessions will be offered on Tuesday, August 21 at 10 am and Wednesday, August 29 at 2 pm at City Hall Room 404.

Application Deadline: 4 pm on Thursday, September 20, 2018. City of Peoria, Community Development Department, 419 Fulton Street, Room 300, Peoria, IL 61602. Incomplete or late applications will **NOT** be considered.

Public Service Program Title

Public Service Applicant (Organization/Agency)

Organization / agency legal name:
Contact person / title:
Address:
Telephone:
Email:
Program operating location &/or organization fiscal agent, if different than listed above:

Applicant Agency Information

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:	

2018 Program Funding (If no CDBG funding in 2018 for this program, please put $0)

2017 Funding Amount:	$

2019 Funding Requested (Maximum Request $30,000 and Minimum Request $15,000)

Requested Amount:	$	Total Project Budget*:	$

*Requested amount cannot be more than 50% of total program budget.

CDBG National Objective (Check One)

☐ Benefit to low/moderate income persons   ☐ Prevention or elimination of slums or blight   ☐ Urgent Need (National Disasters)

Program Issue Area (Check One)

☐ Child Care Services (under 13)   ☐ Youth Services (ages 13-19)   ☐ Abused & Neglected Children   ☐ Employment Training

☐ Substance Abuse Services   ☐ Mental Health Services   ☐ Health Services

1. Provide a brief description of your proposed program and goals. Describe the work to be performed, including the activities to be undertaken or the services to be provided, frequency and duration of services to be received by the average client or participant, and who will be carryout the activities.

2. If this program did not receive CDBG funding in 2018, explain how this proposed activity for 2019 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. If this program did receive funding in 2018, please type N/A.

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 a CDBG National Objective and a Program Issue Area as marked on page one (1).

5. How long has this program been in operation?

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

7. Specifically, what is the need for the program, what does the program do, and what is the target population for the program? Describe how the activity addresses community needs impacting low/moderate income people. Use data and facts for the need and provide sources for the data.

8. Provide information on if the program is evidenced based or introduces an innovative solution to address the community need described above. Provide clear, detailed information to support that project design. Please refer to research, third-party program evaluations or other objective data that indicates the service delivery noting sources of data.

9. Describe the number of people to be served and the outcome measures listed on the logic model (page 20). What is the basis for selecting the outcomes and how do they demonstrates achievement of the overall goals of the project? Describe the evaluation tools that will be used to track/ monitor the progress of the activity as listed on the logic model, how progress will be measured, why these measures were chosen, and how these methods are evaluated.

10. What is the prevention component within the program?

11. How does the program collaborative with other agencies? Describe your agency's working relationship with other organization and describe services and programs by other agencies that will provide additional or similar services to your clients. Please detail the formal agreements and history of partnerships within the community. Do these agreements lead to cost savings for you agency?

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

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

14. Staff Qualifications: Please identify key program staff, titles and include background and qualifications (education, experience, training, etc.) required. Include **ALL** staff to be funded with CDBG funds and staff that will compile reports. Staff identified after the application are subject to review. Attach extra sheets if needed.

Staff Member	Background and Expertise of Personnel
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	
Name: Title: FTE on This Program: CDBG funds used: Yes ☐ No ☐	

Are extra sheets for additional staff attached? Yes ☐   No ☐

15. Is there a waiting list for this program?   Yes ☐   No☐
   If yes, how many are on the waiting list**? _____**

16. Are there any program membership or fees charged to the participant in the proposed program?
   Yes   ☐   No ☐
   If yes, please list (or attach) fee schedule and explain how the participant fees support the program.

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

18. What is your organization's experience in managing publicly funded projects? Describe any specific experience your organization has in the administration of federal, state, and local government funds.

19. List funders for the last two years (including the City of Peoria if applicable) and describe type and frequency of monitoring. Also describe any findings, the resolution of those findings, and any monetary penalties incurred.

20. What credentials, accreditation, or other process is your organization required to obtain by outside agencies? Please describe the outcome or scoring of each one.

21. Describe your organization's financial reporting system/accounting procedures and time keeping system, regarding the proposed activity. How will your organization segregate CDBG funds from other funds for identification, tracking, and reporting? Describe your organization's internal controls that minimize opportunities for fraud, waste, and mismanagement.

22. 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 to address the issues.

(Submit additional letter if necessary.)

23. 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.
   (Submit additional letter if necessary.)

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

Table A – Overall Agency Budget January 1, 2019 – December 31, 2019

Proposed Grant Request Year January 1, 2019 – December 31, 2019		
Revenue		**Total Agency**
1. CDBG Grant Request (Filled in from page 1)	$	
2. Heart of IL United Way Allocation	$	
3. Other United Way Allocations	$	
4. Grants	$	
5. Government Support	$	
6. In-Kind Support	$	
7. Program Fees	$	
8. Contributions	$	
9. Other Revenues	$	
Total Agency Revenue	$	
Expenses		**Total Agency**
10. Salaries	$	
11. Benefits/Taxes	$	
12. Professional Fees	$	
13. Supplies	$	
14. Occupancy (Utilities, Maintenance, Phone)	$	
15. Major Property or Equipment Acquisition	$	
16. Travel/Transportation/Mileage	$	
17. Other Expenses	$	
Total Agency Expenses	$	

NOTES: Total Agency Revenues must equal Total Agency Expenses.

Table B – Client Demographics for January 1, 2019 – December 31, 2019

Total Clients to be Served by the Entire Program January 1, 2019 – December 31, 2019	
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	

25. How does your organization track and record client demographics?

Table C – 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.	**$**			
Grant Application Year **1/1/2019 – 12/31/2019**	**($) 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**.**		The amount requested divided by total program costs.	
Administrative CDBG Portion of Program Costs (Only 5% of the CDBG request may be for non-direct service salaries and benefits)	**$**		**%**	
	The amount in administrative salaries included in CDBG request**.**		The amount in administrative salaries divided by the total grant request.	
Total Unit of Service Hours (Projected) A unit of service is defined as one person served for one hour. Direct service hours and indirect service hours are included here.				
Cost per Unit of Service Divide the Total Program Cost by Unit of Service Hours projected.	**$**			
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 D – 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 E – 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**	**CDBG 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**	**CDBG 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 F – Other Expenses for Total Program

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

Table G – Program Revenues and Expenses for January 1, 2019 – December 31, 2019

Proposed Grant Request Year January 1, 2019 – December 31, 2019			
Revenue		**Total Program**	
1. CDBG Grant Request (Filled in From Page 1)	$		
2. Heart of IL United Way Allocation	$		
3. Other United Way Allocations	$		
4. Grants (Filled in From Table D)	$		
5. Government Support (Filled in From Table D)	$		
6. In-Kind Support (Filled in From Table D)*	$		
7. Program Fees (paid by participants)	$		
8. Contributions	$		
9. Other Revenues (Filled in From Table D)	$		
Total Program Revenue	$		
Expenses		**Total Program**	**CDBG Only**
10. Administrative Salaries** (Filled in From Table E)	$		
11. Administrative Benefits/Taxes**(Filled in From Table E)	$		
12. Direct Service Salaries (Filled in From Table E)	$		
13. Direct Services Benefits/Taxes (Filled in From Table E)	$		
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 F)	$		
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

27. Explain in narrative form how CDBG funds will be used as shown in the proposed budget (e.g. describe specific direct service and administrative positions for the program). Describe your program funding source diversity including details on other grant information provided (if confirmed or tentative) and consistency of other funding sources. 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.

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					
				Intermediate Term is Year to 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.

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., an City of Peoria City Council or Member of the Advisory Commission for Human Resources)   No ☐   Yes ☐

Have a personal financial interest or reap a financial benefit from this program/activity?   No ☐   Yes ☐

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?
No ☐ Yes ☐

*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 and 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