

**City of Mesquite
CDBG 2011 Program Year Application**

APPLICATION SUBMISSION DEADLINE: Friday, April 15, 2011, 3:00 p.m.

Submit applications to:

**Shawna Gaston, CDBG Coordinator
City of Mesquite
P. O. Box 850137
Mesquite, TX 75185-0137**

The Community Development Block Grant (CDBG) is a grant provided by the U. S. Department of Housing and Urban Development (HUD). The CDBG program provides the City of Mesquite with the opportunity to develop viable communities by funding activities that provide decent housing, a suitable living environment, and by expanding economic opportunities principally for low- and moderate-income persons. Funds are awarded to carry out a wide range of community development activities directed toward neighborhood revitalization, economic development and the provision of improved community facilities and services. Program regulations are at 24 CFR Part 570 (<http://www.hud.gov/offices/cpd/communitydevelopment/programs/entitlement/>)

Examples of agencies that are eligible to apply for CDBG funds are:

- ❖ Non-profit, 501(c)(3), tax exempt agencies that provide services to Mesquite residents,
- ❖ City departments,
- ❖ Neighborhood organizations if they:
 - Seek sponsorship through a non-profit agency
 - Seek sponsorship through a city department, or
- ❖ For-profit agencies/businesses that administer special activities such as economic development

Organizations that are granted funding are responsible for payment of all project-related expenses and will be reimbursed with CDBG funds by the City of Mesquite upon submittal of proper expenditure documentation.

Please answer all questions and provide explanation where applicable.

GENERAL INFORMATION

Name of Organization			
Type of Organization	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> City Department	<input type="checkbox"/> For-Profit
	<input type="checkbox"/> Other	Please include a copy of IRS ruling providing tax exempt status under IRS Code if a non-profit.	
Name of Contact Person			
Title of Contact Person			
Mailing Address			
City, State, Zip			
Telephone Number			
Fax Number			
E-mail Address			

PROJECT INFORMATION

Proposed Project Title		
Project Manager		
Proposed Project Location		
Total Project Cost		
CDBG Funds Requested		
Is this Project		<input type="checkbox"/> New <input type="checkbox"/> Second Year <input type="checkbox"/> Third Year <input type="checkbox"/> Fourth Year or More
CDBG Funding Received for Current 2010 Program Year:		
Please check the priority need category that best identifies your project		
<input type="checkbox"/> Public Service	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Facility
<input type="checkbox"/> Infrastructure Improvements	<input type="checkbox"/> Planning	<input type="checkbox"/> Homeless
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Historic Preservation	<input type="checkbox"/> Accessibility Needs
<input type="checkbox"/> Neighborhood Revitalization	<input type="checkbox"/> Other	

Have you applied for additional funding from another source? If yes, what source?

An activity must meet one of the following CDBG National Objectives to be eligible to receive funds. What national objective does your proposed project meet?

- Benefit Low/Moderate Income families Prevention of Slums/Blight Urgent Need

Recipients of CDBG funding must ensure that people benefiting from the grant are low and moderate income. Please check the box that describes how your agency will verify eligibility.

<input type="checkbox"/> Direct Benefit Using Income Verification	Explain how you will verify income. (Example: check stub, previous year's income tax, etc.)
<input type="checkbox"/> Direct Benefit by Presumed Benefit (abused children/spouses, elderly, disabled)	What presumed benefit?
<input type="checkbox"/> Area Benefit by Census Tract/Block Group	List Census Tract by looking at the service area maps. (www.cityofmesquite.com/gis/website/cdbgsa/viewer.htm)
<input type="checkbox"/> Area Benefit by Nature and Location	

Project Beneficiaries:

a) Indicate the expected type and number of beneficiaries in the following categories.
The proposed project will serve: Individuals Households

b) Proposed number of low-income Mesquite individuals and/or households to directly benefit specifically by project:
_____ Individuals _____ Households

***If your organization offers services such as childcare, emergency assistance, health services, etc., report beneficiaries as individuals. If your organization provides housing, residential rehabilitation or homeownership assistance, report beneficiaries as households. This information is only used to adequately gauge the community benefit and for reporting purposes.**

Project Summary

Briefly describe the proposed project. The narrative should include the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives.

Monitoring

Briefly describe how you will monitor progress of the program.

**DETAILED 2011-2012
PROPOSED PROJECT BUDGET
ANNUAL EXPENSES**

Expense	Total	CDBG Funding Requested	Individual Donations	Other (specify)
Salaries and Benefits				
Mortgage/Rent				
Utilities				
Auto				
Telephone				
Travel/Training				
Postage				
Office Equipment				
Office Supplies				
Advertising				
Other:				
Other:				
Other:				
Other:				
TOTAL				

The total expenditures should equal total project cost on the first page of this application plus any additional proposed financial support for the project.

ACTIVITY TIMELINE

Give an estimated timetable for project implementation and achievement of projected goals. Include number of clients served, project phases, significant events, milestones or construction deadlines. Fill in the appropriate boxes to reflect the completion of tasks or benchmarks identified in the left-hand column.

PROJECT TITLE:													
ACTIVITIES/ MILESTONES	Oct 11	Nov 11	Dec 11	Jan 12	Feb 12	Mar 12	Apr 12	May 12	Jun 12	July 12	Aug 12	Sep 12	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													

Conflict of Interest Questionnaire

Please complete, sign, and date.

The Agency agrees to abide by the provisions of 24 CFR 570.611 with respect to conflict of interest and covenants that it presently has no financial interest and shall not acquire any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services required under those CDBG Program Regulations. The Agency further covenants that in the performance of receiving CDBG funds no person having such a financial interest shall be employed by the Agency hereunder. These conflict of interest provisions apply to any person who is an employee, agent, consultant, officer or elected official of the City of Mesquite, or of any designated public agencies or subrecipients, which are receiving CDBG funds.

1. Is there any member of the applicant's staff, member of the applicant's Board of Directors or officer who currently is or has/have been within one year of the date of this application a City employee or a member of the City Council?

_____ Yes

_____ No

If yes, please list name(s): _____

2. Will the funds requested by the applicant be used to pay the salaries of any of the applicant's staff or award a subcontract to any individual who is or has been within one year of the date of this application a City employee or a member of the City Council?

_____ Yes

_____ No

If yes, please list name(s): _____

3. Is there any member of the applicant's staff, member(s) of the Board of Directors, or officer(s) who are business partners or immediate family of a City employee or a member of City Council?

_____ Yes

_____ No

If yes, please list name(s): _____

The applicant certifies to the best of his/her knowledge and belief that the data in this application is true and correct and that the filing of the application has been duly authorized by the governing body of the applicant and that the applicant will comply with all the requirements of the grant if the application is approved.

Signature: _____

Title: _____

Date: _____

Please submit **14 copies** of the application (**pages 1-5 only**). **Do not staple** (paper clipping is acceptable) or include any special covers and **do not attach any brochures or any material that is not specifically requested**. Also submit **one copy each** of the following **required** attachments in the order they are listed. The supplemental documentation **must** be submitted in order for your application to be considered.

Required Supplemental Documentation:

- Conflict of Interest Questionnaire (page 6).
- Articles of Incorporation/Bylaws—Documents recognized by the State as formally establishing a private corporation, business or agency.
- Non-Profit Determination—Tax-exemption determination letters from the IRS and the State Franchise Tax Board.
- List of the Board of Directors or governing body of the agency—The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.
- Authorization to Request Funds—Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.
- Designation of Authorized Official—Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.
- Organizational Chart—An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility.
- Proof of Liability Insurance.
- Financial Statement and Audit—Submit most recent copy.

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