

**CITY OF ORANGE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
COVER SHEET**

Agency/Organization: _____

DUNS Number: _____

EIN Number: _____

Type of Organization: _____ Non-Profit (Must provide proof of 501(c)(3) status.

_____ Government

_____ For-Profit

_____ Other (Please specify) _____

Proposed Project Name: _____

Amount Requested: \$ _____

Provide a brief description of the proposed project:

Person responsible for operation of the proposed project:

Name: _____

Title: _____

Address: _____ (physical) _____ (mailing)

City, State, Zip: _____

Phone number: _____

Fax number: _____

E-mail address: _____

I certify that all of the information provided in this application is correct.

Signature (Director, Executive Officer, etc.)

Date

Print Name

Title

***** Special Note:**

Organization Name/Agency Name must be stated as it appears in By-Laws and Articles of that Incorporation.

You must have a Corporate Resolution passed by your Board authorizing the person responsible for ongoing business, submission of and entering into contract with City presented with this application.

Applicant must have a valid DUNS number and be registered in the Federal System Awards Management.

Upon CAC's recommendation for funding, you will be notified, and a Form 1295 will have to be filed Texas Ethics Commission and provided to the office of Planning & Community Development before recommendation for funding is forwarded to City Council.

ATTACHMENT CHECKLIST

Part 1 - Project Information

- Description of Project
- DUNS Number & SAMS registration.

Part 2 – Funding

- CDBG Program Budget
- Organization’s Annual Budget
- Organization’s Most Recent Audit

Part 3 - Effectiveness and Efficiency

- Corporate Resolution
- List of Staff
- Board of Director’s Form
- List of Board Members
- Proof of 501(c)(3) Status

Part 4 - Duplication/Coordination/Cooperation

- No Attachments

**SUBMIT PROPOSAL TO:
COMMUNITY DEVELOPMENT DIVISION
CITY OF ORANGE
P.O. BOX 520 / 303 N. 8th Street
ORANGE, TEXAS 77630
ATTN: Rita Monson**

SUBMISSION DEADLINE IS FRIDAY February 18, 2022 @ 5:00 P.M.

*Applications must **physically** be in the office of Planning & Community Development – applications may be mailed, but mailed applications arriving after this date will be considered late applications **regardless of postmark.***

LATE APPLICATIONS WILL NOT BE ACCEPTED!

Part 1 - Project Information

1. Will this project be created with this funding request? Yes No
If no, how long has the proposed project/activity been in existence? _____
(Estimate if unsure)

This proposed project/activity is consistent with which of the following 5-year measurable objectives listed in the Consolidated Plan for the City of Orange (check all that apply):

- Affordable Housing
- Assistance for the Homeless
- Assistance for Persons with Special Needs
- Infrastructure Improvements
- Elimination of slum and blight
- Social Services for Low to Moderate income persons

2. Identify the primary beneficiaries of the proposed project/activity (check all that apply):

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Individuals | <input type="checkbox"/> Families | <input type="checkbox"/> Elderly (60+) | <input type="checkbox"/> Homeowners |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Renters | <input type="checkbox"/> Veterans | <input type="checkbox"/> Youth (14-18) |
| <input type="checkbox"/> Adults (18-60) | <input type="checkbox"/> Minorities | <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> Children (0-13) |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Men | <input type="checkbox"/> Women |
| <input type="checkbox"/> Students | <input type="checkbox"/> Mentally Ill | <input type="checkbox"/> Housing Units | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Neighborhoods | <input type="checkbox"/> Buildings | <input type="checkbox"/> Utilities | <input type="checkbox"/> Infrastructure |
| <input type="checkbox"/> Vacant Land | | | |
| <input type="checkbox"/> Domestic Violence Victims | | <input type="checkbox"/> Chronic Substance Abusers | |
| <input type="checkbox"/> Developmentally Disabled | | <input type="checkbox"/> Persons with HIV/AIDS | |
| <input type="checkbox"/> For-Profit Businesses | | <input type="checkbox"/> Other _____ | |

3. How many **people** will be served with CDBG funds? _____
If awarded, this is the number of people that you will report against. It should be a number, not an approximate or a percentage. Anything else could cause your application to be considered incomplete.

Funds must be applied toward new service or a quantifiable increase in level of service.

- Check one: New Service Quantifiable increase in level of service.

4. What percentage of the proposed beneficiaries will be low to moderate-income persons?

In order to qualify for CDBG funding, you must serve 51% or greater L/M persons. If awarded, this must be documented by Census Tract, Presumed Benefit or Income Documentation determined by the National Objective met.

5. Is the location for the project on property _____ owned or _____ leased by the applicant? Please explain. _____

6. What specific geographic area will the proposed project/activity serve? _____

7. Is the proposed project/activity in a CDBG target low/mod income area? __Yes __No

8. List the specific days and hours of operation, service delivery, and/or availability (i.e., Monday - Friday from 8:00 a.m. to 5:00 p.m.).

Days _____

Hours _____

Part 2 - Funding

1. Have you requested CDBG funds previously for this project? ____Yes ____No

2. Have you applied for funding from other sources for this project? ____Yes ____No

If yes, who have you applied to? \$ Requested Approved Pending Denied

If yes, who have you applied to?	\$ Requested	Approved	Pending	Denied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Is the proposed project relying solely on CDBG funding?

4. If there are cost overruns, the applicant will be responsible for those overruns.

5. Describe the organization's fiscal management, including financial reporting, record keeping, accounting system, payment procedures, and audit requirements.

6. Attach the organization's annual budget with itemized revenues and expenses.

7. If available attach most recent audit.

8. Complete the following chart summarizing the proposed sources of revenues.

Sources of Revenues	Proposed Funding
A. CDBG Funds	_____
B. Other Funds	_____
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
C. In-Kind Contributions	_____

Part 3 - Effectiveness and Efficiency

1. Has the organization carried out the proposed activity before? _____ Yes _____ No

2. List and describe past experience and completed projects that are similar to this proposed project/activity. Is it completed or ongoing?

3. How will the project be publicized to the target population and/or residents?

4. If applicable, how will your organization verify income for participants to determine if they are low to moderate income?

5. How many people will be directly associated with the proposed project/activity?

	Professional	Support	Volunteer
Full-Time Staff	_____	_____	_____
Part-Time Staff	_____	_____	_____

6. If your organization has an elected or appointed board, complete the enclosed Board of Directors form and attach a list of the names, addresses, and phone numbers of all board members.

Name of Board/Committee _____

BOARD OF DIRECTOR'S FORM

This form must be completed and submitted with your proposal if your organization has any type of elected or appointed board, council, or commission.

NOTE: *In addition to this form, please submit a list of all board members by name, address, and phone number.*

1. Number of voting board members as of January 2021 _____ Vacancies? _____
Total resignations during the past year _____
2. How many board members reside in the city limits of Orange? _____
3. Who recruits board members? _____
4. How long is a term? _____ How many consecutive terms may be served? _____
5. How many consecutive years can a board member be president of the board? _____
6. How often are board meetings held? _____

Part 4 - Duplication/Coordination/Cooperation

1. The proposed project will provide a service or program in Orange that is: (check one)

- Not currently available
- Available, on a limited basis
- Available at the same level
- Available in another area or jurisdiction
- In jeopardy due to lack of funding

2. Is the proposed project/activity coordinated or part of an existing program administered by another agency? Yes No If yes, please explain.

3. List and explain all collaborations that have been implemented to enhance your services and programs in Orange.

4. Identify other agencies in Orange that provide services to you, directed toward the same target beneficiaries of your proposed project/activity.

Helpful link:

All CDBG Activities must meet a National Objective. The following weblink is OneCPD and the guide to meeting a National Objective. Please copy and paste the whole weblink listed below into your browser.

Or search OneCPD. Once you get to the main page, just type in “Meeting a National Objective” in the search bar.

<https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>

Meeting a National Objective can be found at 570 part 208 (24 CFR 570.208), for documenting that National Objective, please follow link to 570 part 506 (24 CFR 570.506)

