|  |  |
| --- | --- |
| May be an image of text that says 'OF CITY West West Virginia 1871' | **CITY OF HUNTINGTON, WEST VIRGINIA**  **COMMUNITY DEVELOPMENT BLOCK**  **GRANT (CDBG) APPLICATION FOR**  **FY 2024 FUNDS** |

|  |  |  |
| --- | --- | --- |
| **Applicant Information** | | |
| **Organization Name:** | | |
| **Mailing Address:**  **Project Address**  **(if different):** | | |
| **Director’s Name:** | **Phone:** | |
| **Director’s Title:** | **Fax:** | |
| **E-Mail Address:** | **Agency Website:** | |
| **Tax I. D. Number:** | **UEI Number:**  **(applicants must also provide proof of active SAM.gov registration)** | |
| **Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?** | | **Yes  No** |
|  |  | |
| **PROJECT DESCRIPTION AND BUDGET** | | |
| 1. **Project Name**: | | |
| 1. **Brief Project Summary/Description:** | | |
| 1. **Project Location:** | | |
| 1. **Project Start Date:** | 1. **Project Completion Date:** | |
| 1. **Total Project Cost:** | | |
| 1. **Total CDBG Funding Requested:** | | |
| 1. **CDBG Funding Request as a Percentage (%) of Overall Project Budget:** \_\_\_\_\_ **%** | | |
| 1. **Total # of low/mod clients/households to be served by this project:** \_\_\_\_\_\_\_\_   **Please check which of the following applies: Individuals  or Households** | | |
| 1. **Indicate the Priority Need that Best Identifies Your Project:** | | |
| Abused Children | Senior Services | |
| Battered Spouses | Housing | |
| Services for the Disabled | Homeless Shelter/Transitional Housing | |
| Infrastructure Improvements | Serving the special needs population | |
| Services for HIV/AIDS | Other | |

1. **Activity eligibility must meet at least one of the Five-Year Consolidated Goals**

*Select the strategy that best fits the proposed project.*

|  |
| --- |
| **Housing Strategy** |
| **HSG-1 Owner-Occupied Housing Rehabilitation -** Continue to provide financial assistance to low- and moderate-income homeowners to rehabilitate their homes and provide emergency repairs as necessary. |
| **HSG‐2 Renter-Occupied Rehabilitation ‐** Provide financial assistance to landlords to rehabilitate housing units that are rented to low‐ and moderate‐income tenants. |
| **HSG-3 Housing Construction -** Increase the supply of decent, safe, sound, and accessible housing that is affordable to homebuyers and renters in the community through rehabilitation of vacant buildings and new construction. |
| **HSG-4 Homeownership -** Continue to assist low- and moderate-income households to become homeowners by providing down payment assistance, closing cost assistance, housing rehabilitation assistance, and requiring housing counseling training. |
| **HSG‐5 Fair Housing ‐** Promote fair housing choice through education, training, and outreach throughout the City of Huntington. |
| **Homelessness Strategy** |
| **HMS‐1 Continuum of Care ‐**Support the local Continuum of Care’s (CoC) efforts to provide emergency shelter, and permanent supportive housing to persons and families who are homeless or who are at risk of becoming homeless. |
| **HMS-2 Operation/Support -** Assist providers in the operation of housing and support services for the homeless and persons at-risk of becoming homeless. |
| **HMS-3 Prevention and Housing -** Continue to support the prevention of homelessness through anti-eviction activities and programs for rapid re-housing. |
| **HMS‐4 Housing ‐**Support the rehabilitation of and making accessibility improvements to emergency shelters, transitional housing, and permanent housing for the homeless. |
| **HMS‐5 Permanent Housing ‐** Support the development of permanent supportive housing for homeless individuals and families. |
| **Other Special Needs Strategy** |
| **SNS‐1 Housing ‐** Increase the supply of affordable, decent, safe, sound, and accessible housing for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings and new construction. |
| **SNS‐2 Social Services ‐** Support social service programs and facilities for the elderly, frail elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs. |
| **SNS‐3 Accessibility ‐**Improve the accessibility of owner-occupied housing through rehabilitation and improve renter occupied housing by making reasonable accommodations for the physically disabled and by removing architectural barriers. |
| **Community Development Strategy** |
| **CDS-1 Community Facilities -** Improve the parks, recreational centers, trails, libraries, and all public and community facilities in the City. |
| **CDS-2 Infrastructure -** Improve the public infrastructure through rehabilitation, reconstruction, and new construction. |
| **CDS‐3 Accessibility Improvements ‐** Improve the physical and visual accessibility of community facilities, infrastructure, and public buildings. |
| **CDS-4 Public Services -** Improve and enhance public services including; programs for youth, the elderly, disabled, and other public service programs for low- and moderate-income persons. |
| **CDS‐5 Public Safety ‐** Improve the public safety facilities, equipment, and ability to respond to emergency situations. |
| **CDS-6 Clearance/Demolition -** Remove and eliminate slum and blighting conditions through the demolition of vacant, abandoned and dilapidated structures on a spot basis and/or area-wide basis. |
| **CDS-7 Revitalization -** Promote neighborhood revitalization in strategic areas of the City through acquisition, demolition, rehabilitation, code enforcement, infrastructure improvements, housing construction, public and community facilities improvements, etc. |
| **CDS‐8 Historic Preservation ‐** Promote historic preservation and adaptive reuse of existing buildings in the community through financial incentives. |
| **Economic Development Strategy** |
| **EDS-1 Employment -** Support and encourage new job creation, job retention, workforce development, employment, and job training services for the unemployed and underemployed persons. |
| **EDS-2 Financial Assistance -** Support business and commercial growth through expansion and new development through technical assistance programs and low interest loans. |
| **EDS‐3 Redevelopment Program ‐** Plan and promote the development, redevelopment and revitalization of economically distressed areas of the City. |
| **EDS‐4 Financial Incentives ‐** Support and encourage new economic development through local, state and Federal tax incentives and programs such as Tax Incremental Financing (TIF), tax abatements (LERTA), Enterprise Zones/Entitlement Communities, Section 108 Loan Guarantees, Economic Development Initiative (EDI) funds, etc. |

1. **What National Objective(s) does your project fit under:**

Benefits low- and moderate-income persons;

Aids in the prevention or elimination of slums and blight; or

Meets another community development need of particular urgency.

1. **Description of Project & Grant Request***:*

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

* *Describe the full details of the activity being undertaken with CDBG funds (who, what, where and how).*
* *Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of CDBG funds.*
* *How will these services will be delivered?*
* *Why are CDBG funds needed to support the project?*
* *How will the CDBG funds leverage other funds?*

1. **Project Service Area:**

*The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.*

* *Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Huntington residents, state the service area as city-wide. (Keep in mind the project must serve majority Huntington residents, regardless of the organization’s physical location.) Attached is the City of Huntington Low/Mod Map for reference.*

1. **Describe the Clientele you intend to serve:**

*The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project’s performance outcome.*

*On a separate sheet of paper, please answer the following questions:*

* *Is the project serving individual clients or households?*
* *If there is a target population served, explain how the population is selected, income qualified, and monitored.*
* *Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).*

**FY 2023 Income Limits**

**Huntington-Ashland, WV-KY-OH HUD Metro FMR Area**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2023 Income Limit Category** | **1 Person** | **2 Person** | **3 Person** | **4 Person** | **5 Person** | **6 Person** |
| **Extremely Low - 30% median income or below** | $14,580 | $19,720 | $24,860 | $30,000 | $35,140 | $40,150 |
| **Very Low – 50% of median income** | $24,250 | $27,700 | $31,150 | $34,600 | $37,400 | $40,150 |
| **Low – 80% of median income** | $38,750 | $44,300 | $49,850 | $55,350 | $59,800 | $64,250 |

**LMI Clientele Table**

*(Based on the income guidelines listed above)*

|  |  |
| --- | --- |
| **Low/Moderate Income Persons or Households:** | **Total Number of Individuals**  **or Households:** |
| **30% of median income or below** |  |
| **30 - 50% of median income** |  |
| **50 - 80% of median income** |  |
| **Total # Served:** |  |

1. **Agency Description & Experience:**

*On a separate sheet of paper, briefly describe the following:*

* *Mission of the organization.*
* *Experience of the organization in carrying out the proposed activities/services.*
* *Length of time the organization has provided the proposed activities/services.*
* *Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?*
* *What are your hours and days of operation?*
* *List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).*

1. **Budget Breakdown:**

*Please fill out this budget to support your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with the City. On a separate sheet of paper, please provide a brief description of each budget line item.* *Note: Purchases in excess of $250 will require 3 written quotes and approval before purchase. Purchases in excess of $25,000 will require a sealed bidding process through the City, including advertising, which will be charged to the grant awarded to the organization. Be advised that when City of Huntington CDBG funds are used in construction activities, subrecipients will be required to consult with the Development Department prior to the start of any such activity, and any construction projects must adhere to Davis-Bacon wage regulations and Section 3 requirements.*

**Uses of Funds (Budget):**

|  |  |
| --- | --- |
| **Use of Funds** | **Budget** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total:** | **$** |

**Sources of Funds:**

|  |  |  |
| --- | --- | --- |
| **Use of Funds** | **Budget** | **Committed *(Yes/No)*** |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
|  | $ |  |
| **Total:** | **$** |  |

*Please note: if this budget is not filled out completely your application will not be complete, which may affect if your proposal is funded.*

**Time Schedule:**

|  |  |
| --- | --- |
| **Task** | **Date** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. ***Other Items***

*Attach a copy of the following items:*

* *Your organization’s budget for the current year showing sources of funds and types of expenses.*
* *Commitment letters from non-CDBG sources or evidence of application for other funds, if available.*
* *Most recent financial audit or statement, including balance sheet and income statement.*
* *Most recent IRS Form 990 submittal (or tax return).*
* *Most recent annual report.*
* *List of current officers and board members.*
* *Articles of Incorporation.*
* *IRS Determination Letter.*
* *Proof of active SAM.gov registration.*
* *Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)*
* *Drawings, color photos, work summary, and cost estimates for public facility improvement projects.*

**Applications are due to the City of Huntington, 800 Fifth Avenue, Room L39J, P.O. Box 1659, Huntington, WV 25717 by 4:00 PM on Friday, March 1, 2024. Please provide one original copy of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be an 8-1/2” x 11” format and addressed to Ms. Melinda Midkiff, Financial Analyst/Emergency Shelter Grants. Electronic submissions will also be accepted and should be directed to** [**midkiffm@huntingtonwv.gov**](mailto:midkiffm@huntingtonwv.gov)**.**

**If you have any questions or would like guidance in completing this application, please contact Ms. Melinda Midkiff, Financial Analyst/Emergency Shelter Grants at (304) 696-5540, Ext. 2106 or via email at** [**midkiffm@huntingtonwv.gov**](mailto:midkiffm@huntingtonwv.gov)**.**

**Information about program requirements and eligible activities may be found at** [**https://www.hudexchange.info/programs/cdbg-entitlement/cdbg-entitlement-program-eligibility-requirements**](https://www.hudexchange.info/programs/cdbg-entitlement/cdbg-entitlement-program-eligibility-requirements)

**CERTIFICATION**

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the Development and Planning Department **no later than 4:00 PM on Friday, March 1, 2024.**

1 original of the application with **all** questions completed. ***If an area does not apply, state N/A, do not leave a question blank.***

Articles of Incorporation and Bylaws

Current List of Board of Directors

Certified Organization Audit/Financial Statements of most recent year

1. Copy of OMB A-133 Audit (required if $750,000 in aggregate Federal funds expended), or
2. Financial statements audited by a CPA (only if not qualified for A-133), or

IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)

Copy of IRS Form 990 filed for most recent year

Form W-9 (can be obtained at [**www.irs.gov**](http://www.irs.gov))

Current Fiscal Year Agency Budget, including all funding sources

Proof of active registration with SAM.gov

Job Descriptions for this activity/project

Organizational Chart

An Executed Statement of Applicant Form

An Executed Signature Authorization Form

**I hereby confirm that this packet contains all materials requested**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**