



CITY OF HUNTINGTON, WEST VIRGINIA COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION FOR FY 2021 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:	DUNS Number:
Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROJECT DESCRIPTION AND BUDGET

1. Project Name:	
2. Brief Project Summary/Description:	
3. Project Location:	
4. Project Start Date:	5. Project Completion Date:
6. Total Project Cost:	
7. Total CDBG Funding Requested:	
8. CDBG Funding Request as a Percentage (%) of Overall Project Budget: _____ %	

9. Total # of low/mod clients/households to be served by this project: _____

Please check which of the following applies: Individuals or Households

10. Indicate the Priority Need that Best Identifies Your Project:

<input type="checkbox"/> Abused Children	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Housing
<input type="checkbox"/> Services for the Disabled	<input type="checkbox"/> Homeless Shelter/Transitional Housing
<input type="checkbox"/> Infrastructure Improvements	<input type="checkbox"/> Serving the special needs population
<input type="checkbox"/> Services for HIV/AIDS	<input type="checkbox"/> 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
<input type="checkbox"/> 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.
<input type="checkbox"/> HSG-2 Renter-Occupied Rehabilitation - Provide financial assistance to landlords to rehabilitate housing units that are rented to low- and moderate-income tenants.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> HSG-5 Fair Housing - Promote fair housing choice through education, training, and outreach throughout the City of Huntington.
Homelessness Strategy
<input type="checkbox"/> 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.
<input type="checkbox"/> HMS-2 Operation/Support - Assist providers in the operation of housing and support services for the homeless and persons at-risk of becoming homeless.
<input type="checkbox"/> HMS-3 Prevention and Housing - Continue to support the prevention of homelessness through anti-eviction activities and programs for rapid re-housing.
<input type="checkbox"/> HMS-4 Housing - Support the rehabilitation of and making accessibility improvements to emergency shelters, transitional housing, and permanent housing for the homeless.
<input type="checkbox"/> HMS-5 Permanent Housing - Support the development of permanent supportive housing for homeless individuals and families.
Other Special Needs Strategy
<input type="checkbox"/> 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.

<input type="checkbox"/> 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.
<input type="checkbox"/> 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
<input type="checkbox"/> CDS-1 Community Facilities - Improve the parks, recreational centers, trails, libraries, and all public and community facilities in the City.
<input type="checkbox"/> CDS-2 Infrastructure - Improve the public infrastructure through rehabilitation, reconstruction, and new construction.
<input type="checkbox"/> CDS-3 Accessibility Improvements - Improve the physical and visual accessibility of community facilities, infrastructure, and public buildings.
<input type="checkbox"/> 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.
<input type="checkbox"/> CDS-5 Public Safety - Improve the public safety facilities, equipment, and ability to respond to emergency situations.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> CDS-8 Historic Preservation - Promote historic preservation and adaptive reuse of existing buildings in the community through financial incentives.
Economic Development Strategy
<input type="checkbox"/> EDS-1 Employment - Support and encourage new job creation, job retention, workforce development, employment, and job training services for the unemployed and underemployed persons.
<input type="checkbox"/> EDS-2 Financial Assistance - Support business and commercial growth through expansion and new development through technical assistance programs and low interest loans.
<input type="checkbox"/> EDS-3 Redevelopment Program - Plan and promote the development, redevelopment and revitalization of economically distressed areas of the City.
<input type="checkbox"/> 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.

2. 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.

3. 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?*

4. 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.*

5. 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 2020 Income Limits
Huntington-Ashland, WV-KY-OH HUD Metro FMR Area**

2018 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low - 30% median income or below	\$12,450	\$14,200	\$16,000	\$17,750	\$19,200	\$20,600
Very Low – 50% of median income	\$20,700	\$23,650	\$26,600	\$29,550	\$31,950	\$34,300
Low – 80% of median income	\$33,150	\$37,850	\$42,600	\$47,300	\$51,100	\$54,900

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:	

6. 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).*

7. 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.

Uses of Funds (Budget):

Use of Funds	Budget
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
Total:	\$

Sources of Funds:

Use of Funds	Budget	Committed (Yes/No)
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Total:	\$	
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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.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

8. 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.*

- *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, P.O. Box 1659, Huntington, WV 25717 by 4:00 PM on Friday, February 26, 2021. Please provide two (2) copies (1 original and 1 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. 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.

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, February 26, 2021.**

- 1 original and 1 copy 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
 - a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or
 - b. 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)
- Current Fiscal Year Agency Budget, including all funding sources
- 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