



**CUMBERLAND COUNTY
COMMUNITY DEVELOPMENT
FUNDING APPLICATION**

For Agency Use Only:

Date/Time Rcvd: _____

Threshold Review

Pass Fail

Applicant Score: _____

Please Answer All Questions

1. AGENCY/APPLICANT

NAME OF AGENCY/APPLICANT COMPANY			
MAILING ADDRESS OF AGENCY/PROVIDER COMPANY	CITY	STATE	ZIP
STREET ADDRESS OF AGENCY/PROVIDER COMPANY	CITY	STATE	ZIP
NAME OF CONTACT PERSON	TITLE	TELEPHONE NUMBER	
TYPE OF ASSISTANCE		AMOUNT REQUESTED	
<input type="checkbox"/> Public Services Grant		\$	

TYPE OF PROJECT (CHECK ONE)

Start-up (never before funded) Expansion* (previously funded)

*Must demonstrate a quantifiable increase in the level of service

2. BACKGROUND INFORMATION ON AGENCY (THRESHOLD REVIEW – PASS/FAIL)

TYPE OF BUSINESS (check one)

Nonprofit - Attach copy of IRS Determination Letter

Unit of Local Government – Attach statement indicating the agency is a part of a local municipality included in the County's participating jurisdiction. (See Application Guidelines - Section I for a list of the municipalities included in the participating jurisdiction).

THE APPLICANT IS (check one)

Secular in nature; religiously nonrestrictive

Sectarian in nature, affiliated with a religious group or promoting a religious viewpoint

DATE ESTABLISHED (SHOULD BE THE DATE ON THE ARTICLES OF INCORPORATION)

PRINCIPAL PRODUCT/SERVICE (S) APPLICANT/AGENCY PROVIDES

3. NATIONAL OBJECTIVE (THRESHOLD REVIEW – PASS/FAIL)

Please indicate which national objective your program will meet. [Select One]

Low income/moderate income benefit [570.208(a)]

Area Benefit Activities [570.208(a)(1)] – HUD Census Data or area survey attached

Limited Clientele – activity benefits limited clientele at least 51% of whom are low or moderate income persons using HUD income limits (or limits that are more restrictive than HUDs) [570.208(a)(2)]

Slum/blight [570.208(b)] (Requires a survey and prior HUD approval)

Area basis (570.208(b)(1)) – Attach S/B Survey

Spot basis [570.208(b)(2)]

Urgent Need [570.208(c)](National, State, or Local Emergency)

Urgent Need activities (i.e., national declared emergency)

NAME OF APPLICANT/AGENCY:

4. PROJECT ELIGIBILITY & LOCATION (THRESHOLD REVIEW – PASS/FAIL)

A. LOCATION – STREET ADDRESS CITY/VILLAGE/TOWNSHIP COUNTY, IF RELOCATION INDICATE FROM WHERE

(Note: If your project is located within the city limits of Fayetteville, then the services provided must be accessible to all citizens of Cumberland County).

PROJECTS MUST BE LOCATED WITHIN THE COUNTY'S PARTICIPATING JURISDICTION (REFER TO SECTION I OF THE APPLICATION GUIDELINES FOR A DESCRIPTION OF THE PARTICIPATING JURISDICTION).

B. Describe the service area to be served. (Attach project map showing the service area boundaries)

C. Project Description

Public facility / improvement: Describe the facility or improvement you propose to acquire, construct, or rehabilitate using CDBG funds

Public Service: Describe the services you propose to provide using CDBG funds

5. OTHER APPLICANT INFORMATION

Has the Applicant/Agency or any member of its management team been involved in any litigation concerning civil rights, equal employment opportunities or discrimination?

Yes If "Yes", describe circumstances and status. (Attach additional sheets if necessary).

No

6. PROJECT NEED & SERVICE DELIVERY (45 points)

This section will provide information on the need for the proposed project, objectives to be met with the program, and the manner in which the program will deliver the service to the community

A. Cumberland County community development is seeking proposals for the use of CDBG funds which will address the accessibility, affordability, or sustainability for the purpose of creating suitable living environments, providing decent affordable housing, or creating economic opportunities. In the space below discuss how your proposed project will fit a need in the community addressing: the population group to be served; the need for the service proposed; what is the existing level of service for this population group; how has this need been met over the past two to three years; has the need changed over the past two to three years, and what are the gaps in providing the proposed service. Attach additional sheets if necessary (15 points)

NAME OF APPLICANT/AGENCY:

B. Explain how the proposed public service is not a duplication of an existing service in Cumberland County or how the proposed public service would better serve community. (5 points)

C. Describe how clients will learn of the public service activity described in this application. (5 points)

There are two methods for determining a client's eligibility for activities funded with CDBG funds: income eligibility or residency in a low/moderate income area. If eligibility is determined based on low/moderate income area, at least 51% of the residents in the target service area must be considered low/moderate income (based on U.S. Census data). If eligibility is determined based on a family's (or individual in the case of a 1 person household) income, federal CDBG regulations require that at least 51% of the beneficiaries of the activity be from low/moderate income households (See CDBG program 2009 income guidelines in the Application Guidelines).

D. Explain how your agency plans to meet this requirement and what documentation will be used to determine client eligibility and residency. (Be sure to detail application process, selection criteria and enrollment process and attach a copy of your agency's income document). (Attach additional sheets if necessary). (10 points)

E. Discuss the characteristics of the client group which will be served by this proposed program: (10 points)

Total number of unduplicated clients to be served: _____ Total number of unduplicated low/moderate clients: _____

Will clients served be Cumberland County residents only? _____ Yes _____ No

Number of clients served from outside of Cumberland County: _____

Has the number of clients to be served by this program Increased or decreased? _____ Increased _____ Decreased

Number of clients served in 2008/2009 _____

Number of clients served in 2009/2010 _____

What "*special population*" client group is the proposed program intended to serve?

_____ Senior Citizens _____ Homeless Families/Individuals

_____ Youth _____ Battered Persons _____ Mentally or Physically Disabled ☐ _____ Other _____

NAME OF APPLICANT/AGENCY:

7. FINANCIAL FESIBILITY (45 points)

This section of the application will provide information regarding revenues and expenditures for your organization's proposed public serve or public facility/ improvement, as well as the specific program budget for which you are requesting CDBG funds. Please also provide detailed information about your agency's total estimated budget for FY 2010/2011

C. **What other funding sources (in addition to Cumberland County CDBG) were applied for to fund this proposed activity? (5 points)**

D. **Why are Cumberland County CDBG funds an appropriate funding source for this proposed public service program? (5 points)**

E. **Program Sustainability – Please answer the following questions regarding the proposed public service or public facility / improvement. (Attach additional sheets if needed). (10 points)**

- 1) The purpose of CDBG funding is to provide start-up funding for a program or to assist in providing an increased level of service for an existing program. CDBG funds may also be leveraged with other public and/or private funding sources to finance a program. If this application is for continuation of an existing program, discuss this program's reliance on annual CDBG funds.

- 2) In the event one or more of the funding sources listed above is not realized, discuss the effect would it have on the proposed public service? Would your agency be able to undertake and complete this proposed public service program if one or more of the proposed funding sources is not received?

- 3) Explain how this program (whether it is a start-up or continuation) could be maintained and operated without continued or additional CDBG funding.

NAME OF APPLICANT/AGENCY:

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F. Complete the tables on this and the next page, *indicating all funding sources and proposed expenditures for the proposed program. For programs which have received CDBG funding in prior years, provide information for the two most recent budget years as well. (You may attach additional sheets, if necessary). (10 points)*

PROGRAM BUDGET REVENUE SOURCES

Agency Revenue Sources	FY 2010/2011 Proposed Budget		Change from FY 2009/2010 Budget		FY 2009/2010 Budget Amount
	Amount	%**	Amount	%**	
CDBG Funds					
Other Cumberland County Funds					
Other Local Govt.					
State Funds					
Federal Funds					
Foundation Grants					
Corp. Grants					
Cumberland County United Way					
Other United Way					
Program Fees					
Contributions					
Special Events					
Bequests					
Membership Dues					
Investment Income					
Misc./Other*					
Misc./Other*					
Misc./Other*					
Misc./Other*					
Total Revenue		100		100	

*Indicate the source

** Percent of Total Revenue

NAME OF APPLICANT/AGENCY:

8. AGENCY CAPACITY (35 points)

This section of the application is for assessing the capabilities of prospective Subrecipients prior to awarding County funds, as well as a beginning point for identifying training and technical assistance. Attach agency staff chart, critical job descriptions, staff experience, description of current services or functions performed and description of agency administrative functions and systems.

A. Provide a brief history and summary of your organization's provision of public services in Cumberland county (attach additional pages if needed). (5 points)

B. ORGANIZATION STRUCTURE – ATTACH THE FOLLOWING (10 points)

- θ Name & Addresses of Board of Directors (Include position descriptions as well as complete addresses and telephone numbers, committee assignments, etc. for each board member)
- θ Articles of Incorporation
- θ By-Laws
- θ Organization chart (description of the organization structure and how it works. In essence, who reports to who, etc) and brief description of key staff, including qualification relevant to the proposed project.
- θ List of Supporting Advisors (attorneys, accountants, etc.)
- θ Audit Reports – Two years (for organizations in existence less than two years, provide an audit report for each year in existence). If a formal audit was not conducted, submit the past three year's financial statements.
- θ Total Agency Budget (See tables on the following pages)

NAME OF APPLICANT/AGENCY:

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D. Describe your organizations administrative systems. Please check each item that exists within your organization's capacity. (10 points)

- Audit System
- Client Eligibility and Demographic Data Collection and Reporting
- Conflict of Interest Policies
- Financial System
- Formal Personnel System - Are written procedures in place?
- Fund Raising
- Insurance Coverage
- Procurement System - Are formal written procedures in place?
- Record Keeping Systems
- Revenue Generation
- Staff Salary Tracking

If any gaps exist in your organizations administrative systems, how will they be addressed?

E. Has agency ever done this type of activity before? Explain? (5 points)

NAME OF APPLICANT/AGENCY:

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F. Describe your organization's experience with CDBG, CSBG or other Federal grant programs: (5 points)

NAME OF APPLICANT/AGENCY:

9. PREVIOUS SUBRECIPIENTS ONLY (a negative -1 point may be assigned for each performance measure).

This section is to be completed by applicants that are current or previous recipients of Cumberland County Community Development funds.

A. Were performance measures and timelines met? Did you serve the projected number of clients originally projected? (a possible -1 point may be assigned for each performance measure).

Please consider the following:

- Yes No Reports submitted accurately and timely
- Yes No Untimely submission or gross inaccuracies on reimbursement requests
- Yes No Serious Delays or failure to provide data
- Yes No Suspended grant payments
- Yes No Did project serve the number of clients originally projected

Please give an explanation for each "No" response. (Attach additional sheets if needed)

B. Provide information about the amount of CDBG funds received from Cumberland County Community Development in the past years for this service.

FUNDING HISTORY

	CDBG FUNDING	OTHER FUNDS	TOTAL FUNDS
2009	\$	\$	\$
2008	\$	\$	\$
2007	\$	\$	\$

C. How many times has your agency received Cumberland County Community Development funds?

NAME OF APPLICANT/AGENCY:

9. PREVIOUS SUBRECIPIENTS ONLY (a negative -1 point may be assigned for each performance measure).

This section is to be completed by applicants that are current or previous recipients of Cumberland County Community Development funds.

D. Identify specific actions that have been taken in the last 12 months to reduce your organization's dependence on Cumberland County CDBG funds. (No specific action taken = -5 points)

E. Continued CDBG funding can be provided based on an increased level of service for an existing program. Explain below how your agency will meet this requirement. (Insufficient documentation = -5 points)

NAME OF APPLICANT/AGENCY:

**SECTION 10.
CERTIFICATIONS AND ACKNOWLEDGEMENTS**

The undersigned hereby makes application to Cumberland County Community Development through its Program Grants for funding in the amount of \$_____ for the purpose of (Describe purpose of request.) _____.

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that Cumberland County Community Development will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Cumberland County Community Development and a matter of public record.

The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief. The applicant understands that any false statement in this application may disqualify the agency/provider/firm from participation in the program.

By execution of the Application, the applicant understands and agrees that Cumberland County will conduct its own independent review and analysis of the information provided in the application, that any such review or analysis will be made for the sole and exclusive benefit and protection of Cumberland County Community Development.

It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the County may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.

Attest (signature)

Authorized Official (signature)

Typed Name/Title

Typed Name/Title

Date

Date