



# PROGRAM APPLICATION

This application package must be completed and submitted with all required supporting narratives and documents.

## APPLICANT INFORMATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## PROJECT/ACTIVITY SUMMARY

Project/Activity Title: \_\_\_\_\_

Target Population/Area: \_\_\_\_\_  
*(for example, Countywide or list specific Census tracts or locations)*

Brief Project Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated Outcome/Benefit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of Delaware County Impact Funds Requested \$ \_\_\_\_\_

Local Contribution \$ \_\_\_\_\_

Amount of Other Funds \$ \_\_\_\_\_

Total Project/Activity Cost \$ \_\_\_\_\_



## Section 1: PROJECT/ACTIVITY DESCRIPTION

Provide the following as an attachment in narrative form:

1. **COVID-19 Impact:** Describe the impact that COVID-19 and the economic shutdown has had on your organization and the community you serve. Has there been a significant increase in demand for existing services or need for a new service as a direct result of the coronavirus-related economic shutdown? Include the number of residents served before the pandemic-related economic shutdown versus the number of currently served and specify the percentage of those who are low-/moderate-income Delaware County residents.
2. **Project Description:** Describe how Delaware County Impact Funds will be used to help prevent, prepare for, and respond to COVID-19 through eviction prevention, landlord/tenant mediation, foreclosure mitigation, credit counseling, or the provision of life-sustaining activities and resources such as providing food, shelter, and medical services.
  - a. Provide details of the project to demonstrate a comprehensive approach and coordinated effort to addressing the identified need.
  - b. Provide a timeline for completion.
3. **Measurable Results:** Describe the measurable results (outcomes) that will be achieved by the project. Include the number of unduplicated persons/households your organization expects to serve and their income levels. Include the percentage of Delaware County residents. Indicate:
  - a. What data will be used to document the results.
  - b. Method used to maintain records and reports.
4. **Project Budget:** Provide a detailed Project Budget including a cost allocation schedule showing all proposed sources and uses of funds.

## Section 2: STATEMENT OF NATIONAL OBJECTIVE

Provide the following as an attachment in narrative form:

Describe how the proposed project meets a **CDBG Program National Objective** as described in Section 6 of the Program Guide.

- Explain how the proposed activity will benefit the identified target population/area.
- The narrative must address the components listed below the Statement of National Objective selected from Section 6 of the Program Guide.
- Attach supporting documentation as required by Section 6 of the Program Guide.

### Section 3: PROJECT FUNDING

1. On the form below, identify the amount of Delaware County Impact Fund dollars requested along with the source, amount and status of any other funding that will be used to carry out the proposed activity.

- Attach a copy of the commitment letter from secured funding sources.
- Attach a copy of any pending requests for funding and submit a schedule for securing the identified funds.

Source	Amount	Secured	Pending	Date Secured/ Submitted
<i>Delaware County Impact Fund</i>				
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Total Funding</b>				

2. Has the organization applied for or received COVID-related federal funding from any other sources for projects/activities other than this one?

- Yes       No

If yes, please provide the source and funding received or applied for: \_\_\_\_\_

\_\_\_\_\_

### Section 4: ORGANIZATION INFORMATION

Provide the following as an attachment in narrative form:

1. **Background:** Include the length of time the organization has been in operation, the date of incorporation, the purpose of the organization, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).
2. **Key Staff:** Briefly describe the organization's existing staff positions and qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure. Attach resumes if available.
3. **Current Financial Statement:** Describe the organization's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.
4. **Insurance/Bond/Worker's Compensation:** Include the following statements:
  - a. A description of liability insurance coverage, in what amount, and with what insuring organization.
  - b. Does the organization pay all payroll taxes and worker's compensation as required by federal and state law?
  - c. Does the organization have a fidelity bond coverage for principal staff who handle the organization's accounts, in what amount, and with what insuring organization?



## Section 5: ORGANIZATION DOCUMENTS

Please provide the following documentation:

1. **Articles of Incorporation/Bylaws:** These are the documents recognized by the State as formally establishing a private corporation, business or organization.
2. **Non-Profit Determination:** Non-profit determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.
3. **List of the Board of Directors or Other Governing Body:** This list must include the name, telephone number, address, occupation, or affiliation of each member and must identify the principal officers.
4. **Authorization to Request Funds:** Authorization from the governing body of the organization to submit the funding request. This consists of a Resolution by the governing body.
5. **Financial Audit:** In accordance with the Office of Management and Budget Circular, 2 CFR §200.501, a non-Federal entity that expends \$750,000 or more in Federal awards during their fiscal year shall have a single or program-specific audit conducted for that year in accordance with the provisions of this part. These organizations must meet such requirements by choosing one of the following ways:
  - a. If the organization already conducts audits of all its funding sources including CDBG, the organization must submit a copy of its most recent audit.
  - b. If the organization already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements.
  - c. If the organization does not have a current audit process in place, it will be required to include a 10 percent (10%) set-aside in the project budget for the provision of an audit.

Non-profit organizations exempt from federal audit requirements will be subject to OHCD financial reporting requirements depending on the nature and scope of the funded project. Please consult with OHCD for the type of reporting required from your organization.

**Section 6: CERTIFICATIONS & CONFLICT OF INTEREST**

**1. Equal Opportunity/Accessibility**

- a. Does the applicant organization have written employment and personnel policies and practices, including equal opportunity guidelines?  Yes  No

If no, please provide an explanation: \_\_\_\_\_  
\_\_\_\_\_

- b. Is the proposed facility or program fully accessible to persons with disabilities?  Yes  No

If no, is the proposed activity designed to make the program/facility fully accessible?  Yes  No

Briefly please explain how persons with disabilities are, or will be accommodated: \_\_\_\_\_  
\_\_\_\_\_

**2. Program Income**

Any income generated from Delaware County Impact Fund investment must be returned to the County.

- a. Does the proposed project have the potential to generate any income?  Yes  No

**3. Fair Housing**

- a. Has the applicant received any fair housing complaint allegations in the past 12 months?  Yes  No

If yes, on a separate sheet please provide a description of the complaint and what actions the applicant took to resolve the allegation.

**Application Content Certification**

*I do hereby certify that the information contained in this application for the Delaware County Impact Fund Program is complete and accurate to the best of my knowledge. I do also certify that if the information contained herein should change at any time, I will notify the Delaware County Office of Housing and Community Development of such change.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Conflict of Interest**

Please read the following Conflict of Interest Statements excerpted from the Code of Federal Regulations at 24 CFR 570.611 and indicate your acceptance on the proceeding Signature Page:



(a) Applicability.

(1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 24 CFR 85.36 and 24 CFR 84.42, respectively, shall apply.

(2) In all cases not governed by 24 CFR 85.36 and 24 CFR 84.42, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to § 570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §§ 570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirement of paragraph (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation:

- (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and
- (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable:

- (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;
- (ii) Whether an opportunity was provided for open competitive bidding or negotiation;
- (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;
- (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question;
- (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section;

- (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and
- (vii) Any other relevant considerations.

I have read the attached Conflict of Interest Statements excerpted from the Code of Federal Regulations at 24 CFR 570.611, and I agree to abide by the principles embodied therein.

Name of Organization: \_\_\_\_\_

Organization DUNS Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature for Governing Body

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title

