



## City of Dunkirk 2024 Community Development Block Grant Application

Thank you for your interest in applying for funding through the City of Dunkirk's Community Development Block Grant (CDBG) Program. The CDBG Program, managed by the U.S. Department of Housing and Urban Development (HUD), provides annual grants on a formula basis to entitled cities and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons. Communities can make these funds available to public or private non-profit agencies or organizations to undertake eligible program activities.

Before completing application, please consult the City of Dunkirk 2024-2028 CDBG Consolidated Plan, which details community needs and desired CDBG program goals. A copy of the Plan can be obtained from the Planning and Development Office.

Please complete the application below. Questions regarding the CDBG program or the application can be directed to Nicole Clift, CDBG Administrator at 716-366-9878 or [nclift@cityofdunkirk.com](mailto:nclift@cityofdunkirk.com).

### **APPLICATION IS DUE: Monday, May 1st, 2024 by 5:00 PM.**

Please return completed application and required attachments to: City of Dunkirk Planning and Development Department, Attn: CDBG Administrator, 342 Central Avenue, Dunkirk, NY 14048.

#### **A. Applicant Information**

Agency Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Total Program Budget: \$ \_\_\_\_\_

Project Title: \_\_\_\_\_

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

\_\_\_\_\_

Target Population: \_\_\_\_\_ Program Start/End Dates: \_\_\_\_\_

Location of Proposed Project: \_\_\_\_\_

### **Checklist of Required Application Documents:**

- Narrative Data (See Pages 2-4 for required narrative questions)
- Client Income Verification Form (if necessary)
- Goal/Outcome Measurement Form(s)
- Attachment A: Budget Summary and Attachment B: Detailed Project Budget
- Articles of Incorporation and Bylaws
- State and Federal Tax Exemption Determination Letter
- List of Board of Directors
- Board of Directors' authorization to request funds
- Board of Directors' designation of authorized official
- Organizational Chart
- Resumes of Program Administrator and Program Staff
- Resume of Fiscal Officer
- Financial Statement and most recent Audit

I hereby certify and swear that the information contained in this application is true and that the organization named above has authorized the submission of this application, as shown in the attached board resolution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## B. Narrative (Your narrative should be typed and not exceed 5 pages)

### I. Project Summary

Briefly describe the proposed project. The narrative should include whether this is a new or existing program, the need or problem to be addressed, as well as the target population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and measurable objectives, method of approach, and the implementation schedule. Attach a copy of each form that will be used to track and measure goals and outcomes.

In your project summary, further:

- ❑ Indicate which CDBG National Objective this project/program meets: *Activities benefiting low- and moderate-income persons* [24 CFR 570.208(a)]; *Activities which aid in the prevention or elimination of slums or blight* [24 CFR 570.208(b)]; *Activities designed to meet community development needs having a particular urgency* [24 CFR 570.208(c)]. If proposed project/program is an activity benefiting low- and moderate- income persons, please indicate which category the project qualifies under: *Area benefit activities* [24 CFR 570.208(a)(1)]; *Limited clientele activities* [24 CFR 570.208(a)(2)]; *Housing activities* [24 CFR 570.208(a)(3)]; *Job creation or retention activities* [24 CFR 570.208(a)(4)]. More information on CDBG National Objectives can be found online at: <https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>.
- ❑ If project/program qualifies under the National Objective category *Limited clientele activities* [24 CFR 570.208(a)(2)], indicate how you will identify and verify the income of clients. Attach a copy of the form that will be used to verify incomes of clients. Provide an estimate for the number of clients to be served and describe them in terms of age, gender, ethnicity, income level, and other defining characteristics.
- ❑ Indicate under which category of eligible activities the proposed project/program falls under. All proposed projects/programs must be an eligible activity as specified by HUD. More information on eligible and ineligible activities can be found online at: <https://www.hudexchange.info/resource/89/community-development-block-grant-program-cdbg-guide-to-national-objectives-and-eligible-activities-for-entitlement-communities/>.
- ❑ Be very specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, and the frequency with which the activities will be carried out, and the frequency with which services will be delivered. List key staff and their role/responsibility in this program.
- ❑ For service programs, include how you propose to coordinate your services with other community agencies and leverage resources.

- Describe the site where the program will be implemented. How will clients get to the facility? What efforts will your agency and partners make to promote your program and reach isolated individuals? Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.

*Definition of Low- and Moderate-Income: “The law defines ‘low and moderate income’ individuals and families as those with incomes below 80% of the median income for the entire metropolitan area (the Metropolitan Statistical Area, MSA). The law allows the meaning of the term to be adjusted for size of the household; ‘lower income’ is less for a two-person household and greater for a seven-person household. The term ‘low income’ means individuals and households with income below 50% of the median income for the entire metropolitan area. ‘Moderate income’ means those with incomes above 50% but below 80%.” [Law, Sect 102(a)(201)]*

*The City of Dunkirk’s low-income (less than 50% of Area Median Income) and moderate-income (less than 80% of Area Median Income) levels are based on the following table below for Chautauqua County for 2032, which factors in household size. Applicants can base their information on the table below, however final eligibility will be based upon HUD income limits in effect for the application Program Year.*

FY 2023 Income Limit Area	Median Family Income	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Chautauqua County, NY	\$76,300	Very Low (50%) Income Limits (\$)	28,500	32,600	36,650	<b>40,700</b>	44,000	47,250	50,500	53,750
		Extremely Low Income Limits (\$)*	17,100	19,720	24,860	<b>30,000</b>	35,140	40,280	45,420	50,560
		Low (80%) Income Limits (\$)	45,600	52,100	58,600	<b>65,100</b>	70,350	75,550	80,750	85,950

## II. Project Budget

Discuss all funding sources, proposed and confirmed. Describe your plans to use other funds on this project. In this section only describe funds that are secured. Provide the source of funds, amounts and how these funds will be used. Describe your plans to seek new funding to supplement CDBG funding. Describe the sources to which you will apply, the amounts sought and the proposed use of those funds. For all Personnel listed in the budget, explain its relevancy to the project, approximate hours, and rate per hour. Describe your use of donated goods and services. Estimate the value of these services and describe how you arrive at these amounts. Please provide an explanation for any unusual budget expenditures listed in the detailed project budget. Explain why you consider your program costs to be reasonable.

Please complete Attachment A: Budget Summary and Attachment B: Detailed Project Budget.

### III. Agency Information

#### Background

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency (Mission Statement), and the type of corporation. Describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if applicable).

#### Personnel

Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this activity, and state whether or not the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

#### Financial

Describe the agency's current operating budget. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements

#### Monitoring

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

#### Audit Requirements

Organizations receiving \$750,000 or more in Federal financial assistance in a fiscal year must secure an audit. Agencies requesting CDBG funding must choose one of the two ways of meeting this requirement and state which method they chose:

- 1) If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
- 2) If your agency does not have a current audit process in place, your agency will be required to include a 10-percent set aside in the CDBG project for the provision of an audit.

#### Insurance/Bonding/Worker's Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

### Attachment A: Budget Summary

Budget Line	Total Budget	Applicant Budget	Applicant In-kind Services	Other Sources	CDBG Funds Requested
<b><i>Program Administration</i></b>					
Administrative Personnel (lines 1-7)					
Administration Fringe Benefits (lines 1-7)					
<b><i>Maintenance and Operation Costs</i></b>					
Consumable Supplies (line 8)					
Maintenance/Equipment Repairs (line 9)					
Equipment Rentals (lines 10 – 12)					
Equipment Purchases - (lines 13 – 15)					
Space Rentals (lines 16 – 17)					
Travel (1,000) miles x \$.37 per mile (line 18)					
Insurance – (line 19 - 20)					
Utilities – telephone (line 21)					
Utilities – gas (line 22)					
Utilities – electric (line 23)					
Utilities – water (line 24)					
Utilities – Internet (line 25)					
Other costs – (lines 26-29)					
<b><i>PROGRAM PERSONNEL</i></b>					
Program Personnel Salaries (lines 30 - 36)					
Project Personnel Fringe Benefits (lines 30 - 36)					
<b><i>CONTRACT PERSONNEL – CONTRACTED SERVICES, STIPEND PAYMENTS, CONSULTANTS</i></b>					
Contract Personnel (lines 37 - 43)					
<b>Total Project Budget</b>	<b>\$</b>				<b>\$</b>

### Attachment B: Detailed Project Budget

Budget Line	Total Budget	Applicant Budget	Applicant In-kind Services	Other Sources	CDBG Funds Requested
<b>ADMINISTRATIVE PERSONNEL</b> Position Title* (attach job descriptions and resumes for each position)					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<i>* a copy of each employee's official time card must be submitted when requesting reimbursement for salaries</i>					
<b>ADMINISTRATIVE FRINGE BENEFITS --</b> Position Title*					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>MAINTENANCE AND OPERATION COSTS</b>					
8. Consumable Supplies					
9. Maintenance/Equipment Repairs					
10. Equipment Rentals					
11. Equipment Rentals					
12. Equipment Rentals					
13. Equipment Purchases					
14. Equipment Purchases -					
15. Equipment Purchases -					
16. Space Rentals					
17. Space Rentals					
18. Travel (1,000 miles at \$.38 per mile) -					
19. Insurance -					
20. Insurance -					
21. Utilities - telephone					
22. Utilities - gas					
23. Utilities - electric					
24. Utilities - water					
25. Utilities – Internet					

Budget Line	Total Budget	Applicant Budget	Applicant In-kind Services	Other Sources	CDBG Funds Requested
26. Other costs -					
27. Other costs -					
28. Other costs -					
29. Other costs -					
<b>PROJECT PERSONNEL -- Position Title*</b>					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
<i>* a copy of each employee's official time card must be submitted when requesting reimbursement for salaries</i>					
<b>PROJECT PERSONNEL FRINGE BENEFITS -- Position Title*</b>					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
<b>CONTRACT PERSONNEL - Title and Type of Service* [CONTRACTED SERVICES, STIPEND PAYMENTS, CONSULTANTS]</b>					
Paving contract awarded through bidding process					
<i>* a copy of each individual's detailed contract must be submitted when requesting reimbursement for contract personnel.</i>					
<b>Total Project Budget</b>	<b>\$</b>				<b>\$</b>