

Fiscal Year 2016 FUNDING APPLICATION

Community Development Block Grant (CDBG)

MONTGOMERY COUNTY, MARYLAND

DEPARTMENT OF HOUSING AND COMMUNITY AFFAIRS

THIS APPLICATION IS DUE FRIDAY, SEPTEMBER 19, 2014 AT 4:00 P.M. (hard copy)

SUMMARY INFORMATION

Project Title _____

Legal Name of Submitting Organization: _____

Amount of **CDBG** Funds Requested for this Project: \$ _____

Amount of Total Project Budget: \$ _____

Total Number of Persons Who Will Directly Benefit From This Project: _____

Have you ever received CDBG funding for this program or activity before? Yes _____ No _____

If yes, please explain:

In the space below provide a very brief descriptive summary of how the requested funds are to be used (75 words or less):

DHCA USE ONLY:	YR 1	YR2	YR3	APP #:
APPROVED AMOUNT: \$				

ORGANIZATION CONTACTS AND CERTIFICATION

ORGANIZATION MAILING ADDRESS: *(name, street, city, zip code)*

Name: _____

Address: _____

State of Incorporation: _____ State Corporation Number: _____

Federal Tax ID Number: _____

Contact Person for this Application: _____

(Name and Title) _____

Telephone: _____ Fax: _____

Email _____

Authorized Representative of
Submitting Organization: _____

(Name and Title) _____

Telephone: _____ Fax: _____

Email _____

Certification:

"I certify that I have reviewed this application and that, to the best of my knowledge and belief, all of the information provided in this application is true. I also certify that I am officially authorized to represent the submitting organization by its governing board in the filing of this application."

Signature of Authorized Representative

Date

Print Name and Title

ORGANIZATION INFORMATION

Briefly describe the mission of your organization and the major program/services provided in support of the mission.

- *How long has your organization been providing services to Montgomery County residents?*
_____ Years _____
- *Currently, what percentage of those your organization serves are residents of Montgomery County?* _____%
- *What is the amount of your organization's current annual operating budget?* \$ _____

What are your organization's major sources of funding, specified as a percentage of the total budget? (e.g. private donations 50%; Montgomery County government contracts 30%; foundation support 20%)

- *How many paid staff work in your organization?* Full-time _____ Part-time _____
- *How many new staff are to be hired for the project if funded?* Full-time _____ Part-time _____

If your organization currently has any contracts with Montgomery County government, please provide a brief description of the contract services, the dollar value of the contract and the name and telephone number of the county staff contact for the contract.

PROJECT DESCRIPTION (No more than one page)

Describe in detail the project for which these funds will be used. Indicate how these funds will be used in collaboration with other agencies, if appropriate, and provide answers to the following questions in your response:

- 1. What unmet community need(s) will your project address?*
- 2. How did you determine that the need(s) exist and how are they quantified?*
- 3. What is your service area? (e.g. County-wide; focused on youth attending specific schools; focused in certain areas of the County.)*
- 4. What unique or innovative features, if any, are associated with this project?*

PROJECT GOALS / PERFORMANCE MEASURES

List your project GOALS and how they will be accomplished including detailed activities and specific, verifiable, quantitative performance measures you will use to determine if your goals have been achieved for each activity.

<u>GOALS</u>	<u>SERVICE DELIVERY ACTIVITIES</u>	<u>PERFORMANCE MEASURES</u>
<i>"What do you want to achieve?"</i> ex: Improve reading skills	<i>"Specifically how will you achieve it?"</i> (please QUANTIFY) ex: provide 2 12-week semesters of classes meeting 5 times per week for 2 hours serving 20 students each	<i>"How will you verify success?"</i> ex: pre- and post test, pre- and post school grades, etc.

BENEFICIARIES

Please provide additional information about those persons you have indicated will directly benefit from this project.

Total number direct beneficiaries (number previously provided in summary on page 1): _____

- Number estimated to be at or below "low-income" according to the chart below: _____
- Number estimated to be at or below "moderate-income" according to the chart below: _____

HUD Income Limits – Effective July 1 , 2014

Section 8 Definition	Extremely Low	Very Low	Low
CDBG Definition	Very Low	Low	Moderate
Family Size	(30% of median)	(50% of median)	("80%" of median*)
1	\$22,500	\$37,450	\$47,950
2	\$25,700	\$42,800	\$54,800
3	\$28,900	\$48,150	\$61,650
4	\$32,100	\$53,500	\$68,500
5	\$34,700	\$57,800	\$74,000
6	\$37,250	\$62,100	\$79,500
7	\$39,850	\$66,350	\$84,950
8	\$42,400	\$70,650	\$90,450

* These figures are less than 80% of Local Area Median Income, as determined by HUD for Montgomery County due to prevailing levels of construction costs or fair market rents, or unusually high or low family incomes.

Describe the beneficiaries in more detail, especially in terms of "special needs" (e.g. homeless, persons with disabilities, frail elderly, at-risk youth, immigrants with limited English proficiency.)

FY 2016 CDBG BUDGET (use this form ONLY)

INSTRUCTIONS: The following budget information is only for the **project** for which your organization is requesting funds. You should not include your organization's total operating budget.

In Column A, list the titles of all positions to be funded in whole or in part with CDBG funds.

In Column B, for each employee shown in column A, list the total hours per week to be spent on the CDBG project over the total hours worked in a week. For example, a staff person who works full-time on the project would be shown as 40/40, while an employee who works part-time (for example, 10 hours per week) on the project would be shown as 10/40.

In Column C, show the hourly rate to be paid for each position. For similar positions with different hourly rates (due to length of service, for example), either use different lines for each staff person, or use the highest rate for the position title

In Column D, show the total CDBG budget for this line item (hourly rate times the number of CDBG hours.)

In Column E, show other project funds that will be allocated to each line item. This includes other funds such as grants from other governmental agencies or private foundations, or general operating funds provided by the organization

Under the **FRINGE BENEFITS** section, show the percent to be applied for each line item under column C. Multiply this percentage by the total salaries for each fringe item.

The **TOTAL SALARIES & BENEFITS** line should be the subtotal of all costs shown in Parts I, II and III. This figure will be included in the **GRAND TOTAL** under Part IV.

NOTE: Not all line items may apply; only fill in costs for those that apply. Applicants requiring assistance with this form should call the DHCA at 240-777-3685. Remember that funds will not be available until on or after July 1, 2015.

A	B	C	D	E
I. PERSONNEL COSTS				
SALARIES (List all positions to be assigned to this project)	CDBG HRS./ TOTAL HRS. PER WEEK	HOURLY RATE	TOTAL CDBG	OTHER FUNDS
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
	/	\$	\$	\$
TOTAL SALARIES			\$	\$

II. FRINGE BENEFITS	PERCENT	TOTAL CDBG	OTHER FUNDS
FICA	%	\$	\$
Retirement	%	\$	\$
Insurance	%	\$	\$
Workman's Compensation	%	\$	\$
State Unemployment Insurance	%	\$	\$
Other (Specify)	%	\$	\$
TOTAL FRINGE BENEFITS	%	\$	\$
TOTAL SALARIES & BENEFITS		\$	\$

FY 2016 CDBG BUDGET (continued)

III. CONSULTANTS (If any)	TOPIC	HOURLY RATE	TOTAL CDBG	OTHER FUNDS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
TOTAL CONSULTANTS			\$	\$

IV. OPERATING EXPENSES	TOTAL CDBG	OTHER FUNDS
Office Rent	\$	\$
Audit & Accounting(1)	\$	\$
Books & Publications	\$	\$
Conference & Training	\$	\$
Insurance(3)	\$	\$
Legal	\$	\$
Local Mileage	\$	\$
Office Supplies/Materials	\$	\$
Postage	\$	\$
Printing	\$	\$
Telephone	\$	\$
Fidelity Bond Insurance	\$	\$
Utilities (List Separately)	\$	\$
	\$	\$
	\$	\$
Other (Specify) (Please note entertainment exclusions below)	\$	\$
	\$	\$
TOTAL OPERATING COSTS	\$	\$
GRAND TOTAL	\$	\$

- 1) Funding recipients must meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay for such an audit. (For a copy of A-133, contact your accountant or access it here: http://www.whitehouse.gov/omb/circulars_default/)
- 2) CDBG funds may not be used for "entertainment" which includes field trips, amusement, diversion, and social activities and any costs directly associated with such costs (such as tickets to shows or sports events, and meals).
- 3) Funding recipients may NOT purchase equipment or pay for entertainment related items with Federal funds.
- 4) Funding recipients are required to meet Montgomery County's general insurance requirements (see fact sheet.) Federal funds may be used to pay any increased insurance premium costs.

Additional Budget information if required: