CITY OF ROCKVILLE

DEPARTMENT OF COMMUNITY PLANNING AND DEVELOPMENT SERVICES

APPLICATION PACKET

COMMUNITY DEVELOPMENT BLOCK GRANT

(FISCAL YEAR 2010-JULY 1, 2009 through JUNE 30, 2010)

An **original** and **four** copies of this application
must be submitted no later than
Monday November 3, 2008 at 5:00 P.M. to:

Department of Community Planning and Development Services
City Hall
111 Maryland Avenue
Rockville, Maryland 20850

(240) 314-3200 FAX (240) 314-8210 TDD (240) 314-8137

Only complete applications received by the deadline will be reviewed

APPLICATION INSTRUCTIONS
WHO SHOULD APPLY?

Nonprofits: Only nonprofit organizations are eligible to apply. A nonprofit organization must have a 501(c)(3) designation from the U. S. Internal Revenue Service. People interested in undertaking new activities that have not yet formed a nonprofit organization may still apply. An organization that has applied for a nonprofit designation, but has not yet received the designation, must ensure that the designation will be in place before the beginning of the fiscal year (July 1, 2010). **For-profit entities are not eligible for funding for public service activities.**

Government Agencies: Governmental and quasi-governmental agencies are strongly encouraged to apply in partnership with a local nonprofit organization. The nonprofit organization should be, whenever practical, the primary applicant. If you feel this program can be more efficiently and effectively delivered solely by a governmental agency, please provide a detailed explanation in question 6 of the application.

WHAT IF I HAVE QUESTIONS?

Staff of the Department of Community Planning and Development Services encourages your questions and is available to provide technical assistance over the telephone or in person. You may contact us by calling 240-314-8200.

ARE THERE SUBMISSION REQUIREMENTS THAT I SHOULD KNOW ABOUT?

1. Submit a separate application for each funding request.

2. Complete all information requested in the space provided in the application. Do not vary your submission from the sequence or format presented in the application.

3. An original and three copies are required.

4. Only complete applications received by the deadline will be considered for funding and reviewed. Use both the Completeness Checklist and the Attachments Checklist included in this application packet to help ensure that your application is complete.

5. Incomplete applications will be returned to the applicant. An applicant will be given seven calendar days to provide missing information for applications that are substantially complete but have minor omissions. Examples of

omissions that an applicant will be given the opportunity to correct include a missing signature or federal identification number. Minor omissions do not include application questions that have been left unanswered or failure to submit a budget or requested attachments.

6. Applicants must use the required forms, including the budget form.

WHERE SHOULD I SUBMIT MY APPLICATION? IS THERE A DEADLINE?

Submit **one original** and **three copies** of the application **no later than 5:00 p.m.** ***on Monday, November 3, 2008 to:***

City of Rockville
Department of Community Planning and Development Services
111 Maryland Avenue
Rockville, Maryland 20850

You **do not** need to submit duplicate copies of the required attachments.

I HAVE SUBMITTED AN APPLICATION; WHEN WILL I HEAR ABOUT FUNDING?

- If your application is approved by the Mayor and Council, funds will most likely be available after **October 2010.** You will be notified about Mayor and Council approval by December 1, 2008. Approved applications will be submitted to Montgomery County for review and approval. The County staff makes funding recommendations to the County Executive January/February 2009. The applications then become incorporated in the County budget approval process.

- **INCOME LIMITS**

All CDBG/ESG funded activities must serve at least 70 percent low- and moderate-income persons. The most recent income levels for these two categories are shown below:

HUD INCOME LIMITS* **Effective: February 11, 2005**

Family Size	Low	Moderate
1	$34,450	$43,050
2	$39,350	$49,200
3	$44,300	$55,350
4	$49,200	$61,500
5	$53,150	$66,400
6	$57,050	$71,350
7	$61,000	$76,250
8	$64,950	$81,200

- All income figures have been rounded to the nearest $50

IMPORTANT NOTICE FOR APPLICANTS

Every year, the demand for CDBG funds exceeds the amount of money available. The City of Rockville is therefore committed to funding projects that are ready to proceed immediately after funds are available and those prepared to spend the approved funds within a eighteen month period. Unspent funds remaining at the end of the subgrantee agreement term may be recaptured. Plan your projects accordingly.

Please be aware that even if your project is approved, it may be recommended at a smaller level of funding than was requested. Please develop contingency plans for smaller CDBG awards.

Finally, these funds, if awarded, are NOT an ongoing source of operating support. Even if you receive funding in year one, there is no guarantee that approved projects will receive funding in subsequent years.

COMPLETENESS CHECKLIST AND TABLE OF CONTENTS

This checklist is provided to help you ensure that your application is complete and includes all the required elements. Place an "X" in the space provided once a particular piece of information is included and a section is complete.

SECTION	PAGES
____ 1. **COVER PAGE** ____ Certification ____ Federal I.D. Number	p. 1
____ 2. **EXECUTIVE SUMMARY**	p. 2
____ 3. **PROJECT NEEDS**	p. 3
____ 4. **PROJECT DESCRIPTION** (questions #4a. through #4e.)	pp. 4 -- 9
____ 5. **ORGANIZATION EXPERIENCE AND CAPABILITY** (questions #5a. and #5b.)	pp. 10 -- 12
____ 6. **COMMUNITY DEVELOPMENT (COLLABORATION)** (questions #6a. and #6b.)	p. 13
____ 7. **ACTION PLAN** (questions as #7a. - #7d.) ____ Project Budget as requested in #7a. ____ Timeline as requested in #7c. ____ Key Staff Resumes as requested in #7d.	pp. 14 -- 19
____ 8. **LEVERAGING** (questions #8a. - #8f.) ____ Evidence of other funding commitments as requested in #8b. (e.g. commitment letters)	pp. 20 -- 22
____ **FOR SECOND AND THIRD FUNDING REQUESTS ONLY**	pp. 23 -- 25

ATTACHMENT CHECKLIST

Please complete and submit this checklist with a copy of the following documents (#1 through #6), **if applicable**. Please label the documents using the document name and numerical order below. Please place all attachments at the **end** of the application. On the checklist, indicate by an "X" if the document is attached.

____ 1. Internal Revenue Service letter granting tax exempt nonprofit status 501(c)(3).

____ 2. Board of Director's listing including names, titles, terms of office (if any), and addresses of all members.

____ 3. Organization chart or organizational structure.

____ 4. Organization's total fiscal budget (current year) and most recent audit.

____ 5. Resumes of chief administrative and chief fiscal officers, and key staff who will work on the proposed project (if known).

____ 6. Two (2) letters of community support.

NOTE: Organizations whose projects are approved for funding will be required to enter into a contract with the City of Rockville for implementation of the funded activity. This contract will contain provisions, which will ensure compliance with all federal, state, and local laws and regulations. Upon execution of the contract and depending upon the type of activity, the organization will be required to submit other documents and information including, but not limited to: personnel rules and regulations, sample agency or organization timesheet; and proof of insurance coverage.

SECTION 1 - COVER PAGE

City of Rockville
Community Development Block Grant (CDBG)
Fiscal Year 2010

(For CPDS Use Only)
APPLICATION NUMBER

_____

Year 1 ___ **Year 2** ___ **Year 3** ___

Applicant Information:

Legal name of Applicant/Organization:

_____

Type of Organization: Nonprofit ___ Government* ___
(Governmental agencies are encouraged to apply in partnership with nonprofit organizations.)

Address: _____

Contact Person: _____ Telephone: _____

Title: _____ Fax: _____

Project Title: _____

Amount of **CDBG** Funds Requested: $_____

Amount of Total Project Budget: $_____

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."

_____ _____
Signature of Authorized Representative Date

_____
Print Name

_____ _____
Title Federal I.D. Number

SECTION 2 - EXECUTIVE SUMMARY

In the box below, provide a *brief* summary of your project. Describe: WHAT you will do, WHO you will serve, Why the project is needed, WHERE you will do it, and WHAT you will fund with CDBG. (**NOTE**: More information is requested later; this space is for a *brief* overview of your project.)

SECTION 3 - PROJECT NEED

"Activities should provide new or expanded services that respond to critical, identifiable unmet needs."

What unmet community need(s) will your project address, how did you determine that this need(s) exists, and how will your project address this need(s)?

SECTION 4 - PROJECT DESCRIPTION

"Activities should enable and empower those served to achieve their highest level of self-sufficiency."

"The activity should stress long-term, innovative solutions and hold the promise of serving as a catalyst for change."

4a. How will your project foster self-sufficiency of the client population served? Describe any factors that make your proposal unique or innovative:

4b. **Location of Project:**

"Project activities should take place within the corporate limits of the City of Rockville."

1. Will staff undertaking this project be physically located at the address given on the cover page of this application?: Yes ___ No ___

If "no," where?: _____
(Street Address)

2. Is there a primary service area(s) for this project?: Yes ___ No ___

If "yes," briefly describe the boundaries of the service area (e.g. by streets, neighborhoods, or census tracts). If some people served come from outside the City of Rockville, please note this as well. Answering "no" signifies that services are provided citywide without regard to location.

3. Even if services are provided citywide, do beneficiaries tend to come from certain neighborhoods, areas or parts of the city?: Yes ___ No ___

If "yes," from where?:

4c. **Project Goals:**

"The activity should have clearly stated goals and evaluation criteria that are specific, measurable, and realistic."

List the specific goals that you hope to achieve through this project; goals should be quantitative and measurable in nature. Describe the standards, indices, or measures you will use to determine if the project has achieved its goals. (You may attach **one (1) additional page**, if necessary; please label this page "Response to question 4c." on the top of the attached page):

4d. **Previous Project Implementation:**

Have you, or are you aware of others, who have carried out or attempted this project in the City of Rockville before? Yes ___ No ___ Second/Third Year Request ___

If "yes," please explain:

(**NOTE:** If this is a second or third year funding request, you must also answer questions 8f.1 through 8f.7 on pages 23 through 25.)

4e. **Beneficiaries:**

1. Estimate the total number of people who will directly benefit from this project: _____

2. Estimate the total number of low- and moderate-income* people who will directly benefit from this project: _____

3. What percentage of the total people served are expected to be of low- and moderate-income*: _____%

Please identify source of estimates: _____

(* - Please see the APPLICATION INSTRUCTIONS for the definition of "low- and moderate-income".)

4. Describe how you will document that at least 70 percent of your beneficiaries will have low- or moderate-incomes, as defined by HUD.

5. Please identify the primary beneficiaries this project will serve, and the number under each group. More than one group may be identified:

Special Needs Population	Number
Persons who are homeless	
Persons with physical disabilities	
Persons with mental disabilities	
Elderly persons	
At-risk children and youth (type of risk:_____)	
Other (specify:_____)	
Persons with multiple special needs as listed above (specify:_____ _____)	

6. What is the estimated number of minority people/households to be served by this project?: _____

6. What percentage falls into each of the following categories?:

Racial Category	Percentage of People
White	
African-American	
Hispanic	
Asian/Pacific Islander	
American Indian/Alaska Native	
TOTAL	**100%**

SECTION 5 - ORGANIZATION EXPERIENCE AND CAPABILITY

> *"Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrate that the applicant has the capability to implement the proposed plan."*

NOTE: New groups are encouraged to enter into partnerships with more experienced groups and/or obtain qualified consultants to help implement the project.

5a. **Organization Background:**

1. List the dates your organization was established:
2. If you have been incorporated for less than 5 years, list the dates your organization was incorporated: _____ and operations began: _____
3. Number of paid staff in your organization: Full-time: _____ Part-time: _____
4. Number of paid staff currently with your organization who will work on the project:* Full-time: _____ Part-time: _____

(* - additional information on the staff who will work on the project is required under question 7d., "Key Staff and Resumes," on page 19).

5. Number of new staff who will be hired to work on the project, if funded: Full-time: _____ Part-time: _____

6. Will a consultant(s) or contract staff be hired to help implement the project?

Yes ___ No ___

If "yes," please explain the services the consultant or contract staff will offer (**NOTE:** if you are funded, any subcontracts entered into are subject to approval by the City of Rockville Department of Community Planning and Development Service):

ATTACH: the following information at the end of the application:
____ IRS letter granting tax exempt nonprofit status 501(c)(3); ____ Board of Director's listing including names, titles, terms of office (if any), and addresses of all members; ____ Organization chart or organizational structure.

7. What is the amount of your current annual operating budget? $_____

List your major source(s) of funding:

_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____

8. Do you currently receive, or are you applying for funding through other County agencies?

Yes ___ No ____

If "yes," provide information on the activity funded, the County's contact person, and the department/agency:

ATTACH: At the end of the application, attach one copy of your organization's annual budget for the current year and your last year's audit at the end of the application.

5b. **Organization Mission and Activities:**

1. Describe your organization's mission and how your proposed project fits in with your organization's mission and current activities?:

2. Describe your organization's most recent key accomplishments:

SECTION 6 - COMMUNITY DEVELOPMENT (COLLABORATION)

> *"The activity should be integrated with other community services and provided in collaboration with other service providers."*

6a. Will you enter into a partnership with any other organization(s) to undertake this project?: Yes ___ No ___ . If "yes," please list the organization(s) and its contribution(s). If "no," explain why not:

6b. Is this proposed project coordinated with or a part of any ongoing housing or community development program? Yes ___ No ___ . If "yes," explain how:

6c. Describe how the services of the project will be coordinated with other services in the community:

SECTION 7 - ACTION PLAN

> *"The activity should have a clear plan of action that is consistent with the budget and that demonstrates that the applicant has the capacity to implement the proposed plan."*

7a. **Budget:**

[PLEASE COMPLETE THE BUDGET ON THE FOLLOWING PAGES - **YOU MUST USE THIS FORM** - Do not attach a different budget form]

7b. In the past, the City has often provided partial funding for multiple projects instead of full funding for a few projects so that it could address numerous requests. Please describe, in detail, the specific changes that you will make to your project or scope of services if your project is partially funded (e.g. Could this project be undertaken on a smaller scale, with fewer people served? How? Could additional funds be obtained from other sources?):

INSTRUCTIONS FOR BUDGET FORMS:

Part I:

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

In **Column B**, list the total hours per week to be spent on the CDBG project over the total hours worked. In the example below, the Program Director will work full-time on the CDBG project (40 /40), while the Office Assistant and the Executive Director will charge only a fraction of their weekly time the CDBG project (15/40 and 5/40).

In **Column C**, show the amount of CDBG funds to be used per line item.

In **Column D**, show the total budget for this line item. The number in column C should represent some fraction of this amount depending on the percentage of time to be paid with CDBG funds.

Under the **FRINGE BENEFITS** section, follow the same procedure as above for each line item. Each fringe line item is usually calculated as a percentage of the combined salaries listed.

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

A	B	C	D	(For Office Use Only)
PERSONNEL COSTS (List all positions to be assigned to this project)	CDBG HRS./ TOTAL HRS. PER WEEK	CDBG BUDGET	TOTAL PROJECT BUDGET	CDBG PERCENT OF PROJECT TOTAL
Program Director	40/40	$28,600	$28,600	100.0%
Office Assistant	15/40	$9,000	$24,000	37.5%
Executive Director	5/40	$6,000	$48,000	12.5%

FRINGE BENEFITS	CDBG BUDGET	TOTAL PROJECT BUDGET	CDBG PERCENT OF PROJECT TOTAL
FICA	$3,270	$7,545	43.3%
Retirement	$1,308	$3,018	43.3%
Insurance	$1,090	$2,515	43.3%
TOTAL SALARIES & BENEFITS	$ $49,268	$ $113,678	43.3%

Part II:

Follow the same procedures as under Part I for each operating cost line item - show the amount of each item to be funded with CDBG and the total budgeted cost of each line item.

The **TOTAL OPERATING COSTS** line should be the subtotal of all costs shown in Part II.

The **GRAND TOTAL** line is the sum of **TOTAL SALARIES & BENEFITS** and the **TOTAL OPERATING COSTS**.

IMPORTANT: The **GRAND TOTAL** shown under Column C should be the SAME as the amount of your CDBG request.

Fidelity Bond Insurance	$500	$1,000	50.0%
Utilities (List Separately)	$500	$1,000	50.0%
Other (Specify) - Computer Lease	$12,000	$12,000	100.0%
TOTAL OPERATING COSTS	$ $13,000	$ $14,000	92.9%
GRAND TOTAL	$ $62,268	$ $127,678	48.8%

BUDGET FOR CDBG FISCAL YEAR 2006

NOTE: Not all line items under parts I and II may apply; only fill in costs for those that apply.
Applicants requiring assistance with this form should call 240-314-8200.
Funds will not be available until October/November 2010.

A	B	C	D	(For Office Use Only)
PERSONNEL COSTS (List all positions to be assigned to this project)	CDBG HRS./ TOTAL HRS. PER WEEK	CDBG BUDGET	TOTAL PROJECT BUDGET	CDBG PERCENT OF PROJECT TOTAL
	/			
	/			
	/			
	/			
	/			
	/			
	/			
	/			

FRINGE BENEFITS	CDBG BUDGET	TOTAL PROJECT BUDGET	CDBG PERCENT OF PROJECT TOTAL
FICA			
Retirement			
Insurance			
Workman's Compensation			
State Unemployment Insurance			
Consulting Fees			
Other (Specify)			
TOTAL SALARIES & BENEFITS	$	$	

OPERATING COSTS	CDBG BUDGET	TOTAL PROJECT BUDGET	CDBG PERCENT OF PROJECT TOTAL
Office Rent			
Audit & Accounting(1)			
Books & Publications			
Conference & Training			
Equipment (2)	\		
Insurance (3)			
Legal			
Local Mileage			
Office Supplies			
Postage			
Printing			
Telephone			
Fidelity Bond Insurance			
Utilities (List Separately)			
Other (Specify)			
TOTAL OPERATING COSTS	$	$	
GRAND TOTAL	$	$	

(1) Funding recipients are required to meet federal audit requirements as outlined in OMB Circular A-133. Federal funds may be used to help pay the costs of such an audit. (For a copy of A-133, contact your accountant).

(2) Funding recipients may NOT purchase equipment with federal funds.

(3) 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.

7c. **Timing:** Any CDBG funds awarded should be fully expended within a 12-month period. Please show below how activities will be undertaken and funds spent to meet this time frame requirement:

Calendar Quarter	Activities Undertaken and/or Results Achieved	Estimated CDBG $ Drawn Down	Other Project Funds Drawn Down
First 3 Months			
Second 3 Months			
Third 3 Months			
Fourth 3 Months			

7d. **Key Staff and Resumes:**

1. Name the key people responsible for carrying out this project and provide their telephone numbers:

Name	Title	Telephone #

2. For each of the staff people listed above, provide the following information:

Name	Years with Organization	Job Responsibilities Relevant to Proposed Project	Percentage of Time to be Devoted to Project*

(* - This includes the percentage of time regardless of funding source (e.g. if staff person would be partially funded with CDBG funds but would work full-time in the project, the percentage is 100 percent)).

ATTACH: Resumes of your chief administrative and chief financial officers, and key staff who will work on the project (if known) at the end of the application. This information should enable the reviewer to determine the years of applicable experience and key accomplishments in areas relevant to the proposed activity for which funds are requested.

SECTION 8 - LEVERAGING

"The activity should be supported by multiple funding sources and/or have well developed plans for seeking additional funding."

8a. The City of Rockville receives its CDBG funds through Montgomery County. It is County policy that an organization cannot receive funds for more than three years for the same project. List any prior CDBG funds received for this project $_____

Year(s) prior funds received _____

8b. 1. Have you applied for funding from other sources for this project?

Yes ____ No ____. If "no," why have you not applied for other funding?

2. If "yes," to whom have you applied? (For *approved* funds, please provide a copy of the commitment letter. For *pending* funds, please provide the name and telephone number of a contact person at that funding source):

		approved	pending	denied
_____ Source		❑	❑	❑
_____ Contact Person	_____ Telephone	❑	❑	❑
_____ Source		❑	❑	❑
_____ Contact	_____ Telephone	❑	❑	❑
_____ Source		❑	❑	❑
_____ Contact	_____ Telephone	❑	❑	❑

ATTACH: Commitment letters from other funding sources.

8c. 1. Identify the total cash funding for this project, and the form of assistance (i.e. loan, grant, contribution, etc.):

Source of Funds	**Form of Assistance**	**Amount**
CDBG Funds		$
Other City Funds		$
County Funds		$
Other Funds		$
		$
		$

2. If you will use volunteers or in-kind contributions for this project, please explain:

8d. Does the project need federal funds after FY 2010?* Yes ___ No ___

If so, how much? $_____ For how long? _____

Why is continued funding needed?

(* - **NOTE:** A "yes" answer does not guarantee future funding.)

8e. VERY IMPORTANT: Explain, in detail, how you will continue this project once CDBG funds are no longer available. (Even if this is a first year request, please provide a well thought-out fund raising plan to be undertaken once county funds are no longer available - regardless of whether the county funds are no longer available after year one or year three):

8f. **FOR SECOND AND THIRD YEAR FUNDING REQUESTS ONLY** (If you are applying for second or third year funding, please complete questions 8f. 1. through 8f. 7.):

1. What steps have you taken to secure other sources of funds for this project?:

2. If applicable, please describe any modifications in the scope of activities from what was previously funded:

3. Evaluate the success of your project to date:

4. What steps have you taken to ensure the continuation of this project once County funds are no longer available?:

5. Total number of people and/or households directly served since project began:

People_____ Households _____

6. Total number of low- and moderate-income* people and/or households directly served since project began: People_____ Households _____

(* - Please refer to the APPLICATION INSTRUCTIONS for the definition of "low- and moderate-income")

7. Demographic break out of people and/or households directly served since project began:

Racial Category	Number of People	Number of Households
White		
African-American		
Hispanic		
Asian/Pacific Islander		
American Indian/Alaska Native		

- end -