

Hamilton County Community Development Block Grant Application Program Year 2020



Applicant Information

1. **Organization:** Click or tap here to enter text.
2. **Address:** Click or tap here to enter text.
3. **Phone:** Click or tap here to enter text.
4. **Fax:** Click or tap here to enter text.
5. **Web Address:** Click or tap here to enter text.
6. **EIN:** Click or tap here to enter text.
7. **DUNS:** Click or tap here to enter text.
8. **Are you registered in SAM.gov?** Yes No
9. **Applicant Contact Information**
 - a. **Name:** Click or tap here to enter text.
 - b. **Phone:** Click or tap here to enter text.
 - c. **Email:** Click or tap here to enter text.
10. **CEO or Executive Director Information**
 - a. **Name:** Click or tap here to enter text.
 - b. **Phone:** Click or tap here to enter text.
 - c. **Email:** Click or tap here to enter text.

Objectives and Methodology

1. **The proposed request for funding will support a program, service, or capital project that best aligns with which of the following National Objective Categories?**
 - Low and Moderate Income: Area Wide
 - Low and Moderate Income: Limited Clientele
 - Low and Moderate Income: Housing
 - Low and Moderate Income: Jobs
2. **Select which Funding Priority that you are applying for.**
 - Housing
 - Public Services
 - Public Infrastructure and Facility Improvements
 - Homeless Services
 - Other (fill in here)
3. **Describe how the program will meet the National Objective for funding.**

Click or tap here to enter text.

4. **Please list the requested amount of funding.** Click or tap here to enter text.
5. **Please describe how the Funding Priority will be provided.** Click or tap here to enter text.
6. **Please specify any criteria or limitations on frequency and amount of service available to recipient.** Click or tap here to enter text.
7. **Please describe how recipients will access the services provided.** Click or tap here to enter text.
8. **Please describe the timeline for implementation.** Click or tap here to enter text.
9. **Do you have emergency procedures and policies in place to address COVID-19? If not, what is the timeframe for implementing policies and procedures in response to COVID-19?**
Click or tap here to enter text.

Outcomes

10. **Describe the desired outcome(s) for this program.** Click or tap here to enter text.
11. **Define the projected units of services provided. (i.e. number of meals delivered, number of households to receive rent / utility assistance, etc).** Click or tap here to enter text.
12. **Number of projected units of services to be provided by CDBG funds.**
Click or tap here to enter text.
13. **Identify the target population to be served.** Click or tap here to enter text.
14. **Number of unduplicated Hamilton County residents to be served by CDBG funds.**
Click or tap here to enter text.
15. **Number of unduplicated Hamilton County households to be served by CDBG funds.**
Click or tap here to enter text.

Organizational Experience

16. **What is your organization's mission? What core services are provided?** Click or tap here to enter text.
17. **Is this a new program/project/activity?** Yes No
18. **Is this an expansion of an existing program/project/activity?** Yes No
If yes, describe below.
Click or tap here to enter text.

19. **How many years has your organization been providing the proposed program or service? Describe the experience your organization has related to this project and the number of years your organization has been providing this service.**
Click or tap here to enter text.
20. **Describe how your organization collaborates with other organizations, government entities and/or regional partners.** Click or tap here to enter text.
21. **Has your organization applied for and received other federal funds to carry out this activity?**
Click or tap here to enter text.
22. **Are there other federal sources of funding that could fund the activity?**
Click or tap here to enter text.
23. **List other funding and resources your organization is receiving to fund this activity, if any?**
Click or tap here to enter text.
24. **Has your organization received Hamilton County CDBG funding in the past? If yes, please list the organization's most recent CDBG funded project and award amount below.**
Click or tap here to enter text.
25. **Have you had any audit findings for any CDBG funded projects? If yes, briefly describe the finding and whether it was resolved.** Click or tap here to enter text.
26. **If applicable, what will you do to assure that employment and/or job training opportunities for low-income individuals are provided in the development of your project, per HUD Section 3 requirements?**
Click or tap here to enter text.
27. **If applicable, what steps will you take to hire businesses that are registered Minority-owned Business Enterprise (MBE) or Women-owned Business Enterprise (WBE) firms?**
Click or tap here to enter text.
28. **If the proposed project is funded at a level lower than requested, at what amount of funding can the sponsoring agency still deliver meaningful service?**
(Due to the limited availability of resources it is often necessary to fund proposed projects at levels below the levels requested. Describe whether the project is scale-able. Describe how the project will be scaled up or down depending on the availability of funding and whether and how the project will continue to be effective and operate in compliance with applicable rules and regulations and NOFA requirements.)
Click or tap here to enter text.

Budget

| Category | A CDBG Request | B Organization Leverage | C Other Funding | D Total = A+B+C |
|--|----------------------|-------------------------------|-----------------------|--------------------|
| Public Services | | | | |
| Administrative | \$ | \$ | \$ | \$ |
| Project Salaries | \$ | \$ | \$ | \$ |
| Employee Benefits | \$ | \$ | \$ | \$ |
| Project Supplies | \$ | \$ | \$ | \$ |
| Project Overhead (rent, utilities etc.) | \$ | \$ | \$ | \$ |
| Contractual Obligations (salaries, equipment etc.) | \$ | \$ | \$ | \$ |
| Other (specify) | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |
| Other (specify) | \$ | \$ | \$ | \$ |
| Total | \$ | \$ | \$ | \$ |

Provide a budget narrative for the line items in the budget. For funding amounts listed under “Other Funding” please list the sources of those funds. [Click or tap here to enter text.](#)

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State and County law prohibits employees and public officials of Hamilton County or the Noblesville Housing Authority from participating on behalf of the County or the Housing Authority in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this application, a County employee or consultant, a Housing Authority employee or consultant, or a member of the County Council or County Commissioners?

Yes No

If yes, please list the names(s) below:

Click or tap here to enter text.

2. Will the CDBG funds, requested by the applicant, be used to award a subcontract to any individual(s) or business affiliate(s) who currently is or has/have been within one year of the date of this application, a County employee or consultant, a Housing Authority employee or consultant, or a member of the County Council or County Commissioners?

Yes No

If yes, please list the name(s) below:

Click or tap here to enter text.

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a County employee or consultant, a Housing Authority or consultant, or a member of the County Council or County Commissioners?

Yes No

If yes, please list the name(s) below:

Click or tap here to enter text.

If you answered "YES" to any of the above, the NHA will review to determine whether a real or apparent conflict of interest exists.

Name of Organization: Click or tap here to enter text.

Name of Applicant's Authorized Official: Click or tap here to enter text.

Authorized Official's Title: Click or tap here to enter text.

Signature of Authorized Official: Click or tap here to enter text.

Certification of Applicant's Chief Executive Officer and Board President

- Acknowledge that you are aware of the definition of low- and moderate-income levels.
- Acknowledge that funds provided under this agreement will not be utilized for inherently religious activities.
- Acknowledge that your organization has Articles of Incorporation and By-Laws for not-for-profits or ownership structures for private, for-profit organizations, including an Affirmative Action and Equal Opportunity Employer statement and Codes of Standards/Conduct, in place for all officers, employees and agents.
- Acknowledge that all reporting requirements will be met.
- Acknowledge that procurement and insurance requirements will be met.
- Acknowledge that your organization will follow all local, state and federal rules and regulations as pertaining to the CDBG program and eligible activities, including those in place as of March 1, 2020 and as adjusted or amended since that date.
- Acknowledge that your organization will provide all necessary information for completion of environmental reviews and reporting requirements to Noblesville Housing Authority.

I certify that submission of this application is duly authorized by the governing body of the applicant and that all information contained in the application, to the best of my knowledge, is true and accurate.

I understand that awards are made on a competitive basis and Hamilton County may award an amount less than requested. I understand Hamilton County has no obligation to make any award to any applicant. **I am aware that incomplete or late applications will not be accepted or considered for CDBG funding**

Chief Executive Officer Signature Date

Printed name Date

Board Chairperson Signature Date

Printed Name Date

Application Checklist

- Application**
- Budget Spreadsheet**
- Budget Narrative**
- Conflict of Interest Questionnaire**
- Acknowledgements and Certifications**

Attachments: (If your organization previously applied for Hamilton County CDBG funds (PY20), you are only required to submit updated documentation for the attachment section, if need be).

- Federal Tax-Exempt Certification
- Latest IRS 990 Report
- Previous Fiscal Year Audit/Financial Statements
- Current Year Operating Budget
- Articles of Incorporation
- Organizational Chart
- List of Board of Directors and Executive Officers
- List of Full- and Part- time Employees to Work on Project
- SAM Registration