



LEXINGTON

**LEXINGTON-FAYETTE
URBAN COUNTY GOVERNMENT'S**

COMMUNITY DEVELOPMENT BLOCK GRANT

APPLICATION

2017 CONSOLIDATED PLAN

ONE-YEAR ACTION PLAN FOR JULY 1, 2017 - JUNE 30, 2018



APPLICATION INSTRUCTIONS

Lexington-Fayette Urban County Government (LFUCG) solicits applications from organizations requesting funds to carry out Consolidated Plan projects. The attached application is required if your organization is requesting funding from the Community Development Block Grant Program for the period July 1, 2017 through June 30, 2018.

Only one copy of the application is required. This copy should be on 8 ½ x 11” white paper and clipped in the upper left hand corner. Applications must be submitted by the deadline of **5 pm on Friday, November 18, 2016**. The completed application and all supporting material should be sent to:

**Lexington-Fayette Urban County Government
Grants and Special Programs
200 East Main Street, 6th Floor
Lexington, Kentucky 40507**

INCOMPLETE APPLICATIONS MAY BE EXCLUDED FROM FUNDING CONSIDERATION!

Available Funding

Funding from the Community Development Block Grant Program is very limited. Total CDBG funding for Consolidated Plan Year 2016 was \$2,223,408 and is expected to be funded in 2017 at a similar level. LFUCG uses a portion of these funds to support internal administrative costs, to operate a housing rehabilitation program for low-income homeowners, and to fund public improvement projects in low-income neighborhoods.

In addition, the federal government, by statute, limits the amount of funds that may be spent for services. The maximum amount a local government may spend on services is 15% of the total federal award plus 15% of the program income received by the local government during the previous program year. The estimated limit on awards for services (such as operating salaries) is **\$311,000**. The LFUCG may limit funding for services projects below the 15% level.

Review Process

Applications will be reviewed by Grants and Special Programs staff and other LFUCG staff as necessary. Staff may have additional questions and may want to interview a representative of your organization before making a recommendation on funding for inclusion in the 2017 Consolidated Plan. Please note that the LFUCG administration may provide for an additional level of review.

Final funding decisions rest with the Urban County Council. Applicants are also advised that funds cannot be committed until after the federal government approves the LFUCG Consolidated Plan and that individual applicant agencies may not commit funds until specifically authorized by the LFUCG.

Please check the LFUCG website (<https://www.lexingtonky.gov/departments/grants-and-special-programs>) for notices of the publication of the draft 2017 Consolidated Plan, the second public hearing, and Urban County Council meetings during which the 2017 Consolidated Plan is scheduled for discussion and/or action.

Evaluation Criteria

The following is the basis that will be used for the 2017 Plan Year for recommending applications for funding under the Community Development Block Grant Program.

Applicant capacity

The application must demonstrate that the agency staff has adequate credentials and experience to carry out the proposed project. This means that the organization carrying out the project, its employees, or its partners, must have the necessary experience and qualifications to carry out the specific activities proposed.

Factors to be considered will include: prior agency experience and results in the type of work being proposed; suitable agency fiscal capacity and organizational infrastructure to implement the project; and employee experience and credentials in the area to be implemented. The LFUCG's monitoring records of previously funded projects will also be considered in determining applicant capacity.

Please note applicants with fiscal sponsors will not be considered.

Project quality

The proposed services/project must be appropriate to the needs of the persons to be served. The application must demonstrate a clear understanding of the needs of the clients, the services to be offered (if any), and the effectiveness of the services in meeting those client needs. A project may be considered to be of good quality if:

1. The type and scale of services proposed clearly fit the needs of the proposed participants.
2. The project is cost-effective and all costs are reasonable, and do not deviate substantially from the norm in Lexington;
3. The application shows evidence of collaboration with other existing programs and services; letters evidencing collaboration may be attached.
4. If applicable, the building proposed for use meets local codes, health, or safety standards;

Need for Project

It must describe the need for the specific project vis-à-vis existing services or resources. The project may be judged to adequately describe the need if it addresses the following points:

1. The need for the project is documented by use of waiting lists, references to similar programs, etc.
2. The project is consistent with the priorities described in the five-year Strategic Plan in the LFUCG'S 2015 Consolidated Plan;
3. The project does not unnecessarily duplicate existing programs and services for the same clients.

Operational Feasibility

The application must include:

1. Clear and complete plans for implementing and completing the project;
2. Adequate committed funding to implement the project. Include letters of commitment.
3. An adequate strategy for securing additional support and commitment;
4. Adequate number of qualified staff to carry out the proposed project;
5. Indicators that demonstrate that the project is ready to be implemented;

LFUCG reserves the right to adjust funding amounts. The Mayor and Council have final review and approval of projects.

You may direct questions about the application to Suzie Loveday, Grants Manager, at (859) 258-3073 or sloveday@lexingtonky.gov.

WHILE NO PAGE LIMIT IS IMPOSED, PLEASE TRY TO LIMIT RESPONSES TO THE SPACE PROVIDED IN THE APPLICATION

Lexington-Fayette Urban County Government
Grants and Special Programs

Lexington-Fayette Urban County Government
200 East Main St., 6th Floor, Lexington, KY 40507
Ph (859) 258-3070 Fax (859) 258-3081



**Community Development Block Grant Application
2017 Consolidated Plan – Annual Action Plan
July 1, 2017 through June 30, 2018**

1. Project Information

Project Title: _____

Project Address: _____ Zip: _____

Project Census Tract(s): _____

2. Applicant Information

Legal Name of Agency Requesting Funding: _____

Mailing Address of Agency: _____ Zip: _____

Year incorporated: _____ 501c(3)? Yes ___ No ___ Other _____

Taxpayer Identification Number: _____ DUNS Number: _____

Major Sources of Agency Funding: _____

3. Project Contact Person (This is who will correspond with the Grants Manager.)

Name: _____ Title: _____

Phone: _____ Email: _____

4. Agency's Authorized Signee and Signature (This is the person who has legal authority to sign the application such as the President of the organization.)

Name: _____ Title: _____

Phone: _____ Email: _____

Signature _____ Date _____

5. Amount of Funds Requested *(Please round numbers to the nearest dollar)*

LFUCG CDBG Grant Request: _____ MATCH: _____ TOTAL: _____

Number of Proposed Beneficiaries: _____ Other (if not proposing services): _____

6. Timeline

Projected Starting Date: _____ Expected Date of Completion: _____

(Remember that Urban County Council must approve applications and a contract must be signed by the applicant and the Mayor before the project can begin.)

7. Agency Mission - Describe the Agency's mission. Use the space provided below.

8. Meeting the LOW/MODERATE INCOME CDBG National Objective (REQUIRED)

All proposals must address the national objective of benefiting low/moderate income persons. Please check the appropriate box that applies to your project.

You should check only one of the three and describe.

Client Based (means the clients you propose to serve have documentable incomes of less than 80% of the area median)

Assumed to be low-income (appropriate when clients are abused children/adults, the elderly, homeless or persons with severe disabilities)

Area Based (where 51% of residents in area served have low/moderate income.)

9. Project Description - In the space below, briefly describe the proposed project.

10. Services – complete this question if your project proposes services. If the requested project is a service, it must be either a CONTINUATION project, a NEW service or a quantifiable INCREASE in the level of an existing service.

___ **This project does not propose a service** If so, you may skip this question.

___ **Is your project a CONTINUATION project?** If so, you may skip this question, unless you are justifying requesting an increase in funding.

___ **Does your project involve a NEW service?** If yes, describe the project services that will be offered.

___ **Does your project involve an INCREASE in an EXISTING service?** If yes, describe how your project qualifies as an increase.

11. Need and Relationship to the 2015 five-year strategic plan - Describe the need for this project and how this project meets a priority in the 2015 Strategic Plan. Refer to pages 98-104 of the 2015 consolidated Plan located at:

https://www.lexingtonky.gov/sites/default/files/2016-09/Final%20Consolidated%20Plan%202015%20%209.16_1.pdf

Examples of priorities include: Affordable Housing, Public Facilities, Economic Development, Youth Services, Homelessness Prevention, etc.

12. Project Outcomes/Performance Objectives - Define the project in measurable outcomes and performance objectives. This should not be a description of services provided, but rather, the beneficial effect on those being served.

***EXAMPLE:** A job training program for youth, ages 18-24.*

***Performance objective:** 80% of the participants will complete training program and obtain jobs.*

13. Target Population - Describe the client target population for the project and your reasons for targeting this population (must be low/moderate income). Note that funding will not be provided for a project that is duplicating existing services.

Target Population – continued. Provide a brief history of your agency’s experience in serving this target population.

Explain how you will identify/admit clients and how you will document their eligibility.

14. Capacity and Experience - Please describe the organization's experience in designing and successfully implementing similar projects as proposed in this application.

Please list the person(s) who will be administering the project and include the qualifications and experience in managing similar projects. Include the number of years of experience of each person.

Please complete the following table.

Experience and Capacity	Response	Explanation
Has your organization or one of its staff persons administered one or more federally funded programs in the last 3 years?		
Has there been staff turnover or reorganization that has negatively or positively impacted your capacity?		
Does your organization have effective procedures and controls for program/project management?		
Have your audits identified any issues in the last 3 years?		
If previously funded by LFUCG, have you been timely in your response to requests for documentation?		
Does your organization have a system in place to accurately track receipts, expenditures, and budgets? Please note that applicants must have capacity on their own without the use of a fiscal agent.		

15. Previously Funded – If you have previously received federal funding from LFUCG, please describe the status of your most recently funded project and whether or not you have expended all of your funding.

16. Barriers - State barriers to be overcome in the implementation of the project. Describe any state licensure requirements, facility locations, building permits, zoning, etc.

17. Collaboration with Other Agencies - Describe the plan for client outreach and referral to the proposed program and list the agencies in your community that provide referrals to your program. You may attach letters. Label them as **Attachment 7 – Collaboration Letters**.

18. Track Record - History with federally funded projects.

List the two (2) most recent federally funded projects sponsored by your agency that are similar to the project for which you are requesting funding. Please attach an additional page if necessary to explain your previous performance—label it as **Attachment 6 - Track Record**. If your organization has not received any federal funds, please indicate that you have not.

#1 - Project Name: _____
 Project Address(es): _____
 Project Activities: _____
 Total Cost of Project: _____
 Date Completed: _____
 Number of Beneficiaries: _____

LIST SOURCES OF FUNDS	AMOUNTS OF FUNDS	STATUS OF PROJECT (completed on time, fully expended, etc)

#2 - Project Name: _____
 Project Address(es): _____
 Project Activities: _____
 Total Cost of Project: _____
 Date Completed: _____
 Number of Beneficiaries: _____

LIST SOURCES OF FUNDS	AMOUNTS OF FUNDS	STATUS OF PROJECT (completed on time, fully expended, etc)

19. Project Budget

Project Title: _____

Cost Components	CDBG Funding Request	Other:	Other:	In-Kind	Total Project Budget
Salaries					
Fringe Benefits					
Travel					
Equipment (\$1,000 per item or more)					
Supplies					
Contractual					
Construction					
Rehabilitation					
Acquisition of Land					
Other:					
Other:					
Other:					
Administrative*					
Indirect Costs*					
TOTALS					

*Administrative costs and indirect costs will not be supported with CDBG funding.

20. BUDGET NARRATIVE - Please itemize costs for each category indicated on the budget.

- For **personnel costs**, indicate the position title (s), the name of the staff member(s), hourly wage, and number of hours per week on the proposed activity. For Fringe Benefits, identify all benefits and how they were calculated. Include job descriptions if you are requesting funding for Salaries.
- **Supplies and Equipment** should be itemized and need should be justified.
- For **Contractual Services**, identify all contractors by name of firm or individual, provide description of their services and provide hourly rate.
- Itemize and justify **all travel**.

- For **Construction/Rehabilitation and/or Purchase of Land**, provide address and proof of site control (deed, purchase contract, or option), legal description, present zoning, and written indication that proposed use is permitted.
- For **Construction/Rehabilitation**, provide complete description of work and estimates made by a contractor, engineer, or architect.
- List the resources you have requested and the status of these requests. If this project is approved for funding, only one year of funding can be guaranteed.

Attach pages as necessary and Label as Attachment 8 – Budget Narrative.

21. Source of Other Project Funds - To complete the chart, list all sources of project funds below. Indicate whether they are firmly committed or tentative. All non-CDBG project funds require written verification submitted with the proposal. Unverified sources will not be counted as committed.

The total CDBG funds and non-CDBG funds must be adequate, as determined by LFUCG staff to complete the project. Projects that are financially infeasible will not be considered for funding. Attach the letters of financial commitment to the proposal and label as **Attachment 9 - Commitment Letters**.

Source	Cash Resources	In-Kind Contribution	Status of Commitments	Date Available
TOTAL				

Community Development Block Grants Program funds represent ____% of the total project

Provide explanation of tentative commitments. EXAMPLE: You have made application for additional funds from an additional source, but have not been informed of approval of funds.

CDBG APPLICATION CHECKLIST

The following items must be included in this application for funding unless noted otherwise.

Please note: do not include any additional information that was not requested unless you are requesting funding for a non-service project. Otherwise, we will only review the items listed below.

<u>ITEM</u>	<u>ATTACHED</u>
Attachment 1: Organization's most recent financial audit (If not available, attach most recent year-end financial statement)	
Attachment 2: Articles of Incorporation	
Attachment 3: Bylaws	
Attachment 4: IRS 501c (3) letter	
Attachment 5: Organizational Chart and List of Board of Directors	
Attachment 6: Track Record, if applicable	
Attachment 7: Collaboration Letters, if applicable	
Attachment 8: Budget Narrative, if applicable	
Attachment 9: Commitment Letters	
Other: Photos (if construction-related project)	
Other: Cost Estimates (if construction-related project)	
Other:	