



# LEXINGTON

## LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT'S

COMMUNITY DEVELOPMENT BLOCK GRANT  
APPLICATION

Application for CARES Act Funding



# APPLICATION INSTRUCTIONS

The attached application is required for your organization to receive funding from the Community Development Block Grant Program funds awarded through the CARES Act in response to the COVID-19 public health crisis.

Only one electronic copy of the application and all required attachments is required. This copy should be scanned in pdf format on 8 ½ x 11” white paper. A signature is required. Applications must be submitted and accepted by the Division of Grants and Special Programs before funding agreements can be issued.

In the interest of social distancing and public safety, the Division of Grants and Special Programs will not accept hard copy applications.

## Available Funding

The LFUCG has received an allocation of \$1,343,569 in Community Development Block Grant funding under the CARES Act. LFUCG will use a portion of these funds to support internal administrative costs.

Typically, 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. This requirement was waived under the CARES Act for these funds only.

## 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 ask you to adjust your proposal and resubmit. Please note that the LFUCG administration may provide for an additional level of review. Funding is not guaranteed until executed contracts are in place, signed by both parties.

Please check the LFUCG website (<https://www.lexingtonky.gov/grants>) for public notices of how the LFUCG intends to expend these funds, including required public hearing/comment periods.

## Evaluation Criteria

The following is the basis that will be used 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. The LFUCG will pay special attention to previously awarded projects and an agency's track record for timely implementation and spending of awarded funds.

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***

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

1. The project meets an immediate and/or anticipated need in response to the public health crisis created by COVID-19.
2. The need for the project is documented by use of waiting lists, references to similar programs, etc.
3. The project is consistent with the priorities identified for the five-year Strategic Plan in the LFUCG'S 2020-2024 Consolidated Plan;
4. 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 other 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; and
5. Indicators that demonstrate that the project is ready to be implemented.

LFUCG reserves the right to adjust funding amounts.

You may direct questions about the application to Charlie Lanter, Director, Grants & Special Programs, at (859) 258-3079 or [clanter@lexingtonky.gov](mailto:clanter@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., 6<sup>th</sup> Floor, Lexington, KY 40507  
Ph (859) 258-3070 Fax (859) 258-3081



**LEXINGTON**

**Community Development Block Grant Application  
CARES Act  
Allocation**

**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: \_\_\_\_\_

Registered with KY Secretary of State? Yes \_\_\_\_\_ No \_\_\_\_\_

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: \_\_\_\_\_ Other Funding: \_\_\_\_\_ Project Total: \_\_\_\_\_

Number of Proposed Beneficiaries: \_\_\_\_\_

If not proposing services, what will be the end result (# of housing units, etc.): \_\_\_\_\_

**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). Provide an explanation of how incomes will be documented.

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.) **Must identify census tract and data.**

**9. Project Description** - In the space below, briefly describe the proposed project. Specifically, indicate how the project is directly or indirectly related to preventing, preparing for, or responding to the coronavirus.

**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 yes, discuss the previously awarded project, including the objectives achieved. Describe the continuation project and explain any differences from the previously awarded project. *(CDBG funding cannot be used to supplant existing programs unless those programs have previously been supported with CDBG).*

\_\_\_ **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](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 duplicates 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 past 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 spending?		
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. If you have not, provide an explanation and timeline for spending.

**16. Duplication of Benefits** – List in detail all other funding received for this project or service, especially federal funding, and how the organization will ensure no Duplication of Benefits. A Duplication of Benefits occurs when assistance is received from multiple sources for the same purpose and total assistance provided is greater than the need for that assistance.

**17. Collaboration with Other Agencies** - Describe the plan for client outreach and referral to the proposed program and list the agencies that provide referrals to your program.

**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 previously 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:** \_\_\_\_\_  
**Were 100% of Grant Funds Expended?** \_\_\_\_\_

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

**#2 - Project Name:** \_\_\_\_\_  
**Project Address(es):** \_\_\_\_\_  
**Project Activities:** \_\_\_\_\_  
**Total Cost of Project:** \_\_\_\_\_  
**Date Completed:** \_\_\_\_\_  
**Number of Beneficiaries:** \_\_\_\_\_  
**Were 100% of Grant Funds Expended?** \_\_\_\_\_

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

## 19. Project Budget

Applicants are advised, when possible, to limit CDBG expenditures to as few budget lines as necessary. This simplifies the award process.

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

Cost Components	CDBG Funding Request	Agency Funding	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:					
Administrative*					
Indirect Costs*					
<b>TOTALS</b>					

\*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 attach 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
<b>TOTAL</b>				

**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>	<u>Not Applicable</u>
<b>Attachment 1:</b> Organization’s most recent financial audit (If not available, attach most recent year-end financial statement)		
<b>Attachment 2:</b> Articles of Incorporation and Bylaws		
<b>Attachment 3:</b> Kentucky Secretary of State - proof of current active status		
<b>Attachment 4:</b> IRS 501 c (3) letter, if applicable		
<b>Attachment 5:</b> Organizational Chart and List of Board of Directors		
<b>Attachment 6:</b> Track Record, if applicable		
<b>Attachment 7:</b> Collaboration Letters, if applicable		
<b>Attachment 8:</b> Budget Narrative, if applicable		
<b>Attachment 9:</b> Commitment Letters		
<b>Other:</b> Documentation of site control (if construction-related project)		
<b>Other:</b> Photos (if construction-related project)		
<b>Other:</b> Cost Estimates (if construction-related project)		
<b>Other:</b>		
<b>Other:</b>		