CITY OF MARTINSBURG, WEST VIRGINIA COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION

FY 2017: JULY 1, 2017 - JUNE 30, 2018

APPLICANT INFORMATION	
Organization Name:	
Mailing Address: **Physical Address (if different):**	
Contact Name:	**Phone:**
Title:	**Fax:**
E-Mail Address:	**Agency Website:**
Tax I. D. Number:	**DUNS Number:**
Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?	☐ **Yes** ☐ **No**

PROJECT DESCRIPTION AND BUDGET	
1. Project Name:	
2. Brief Project Summary/Description:	
3. Project Location:	
4. Project Start Date:	**5. Project Completion Date:**
6. Total Project Cost:	
7. Total CDBG Funding Requested:	
8. CDBG Fund Request as a Percentage (%) of Overall Project Budget: _____ %	

9. Total # of low/mod clients/households served by project: _____ **Please check one of the following: Individual _____ or Household (HH) _____**
10. Indicate the Priority Need that Best Identifies Your Project: ☐ Abused Children ☐ Senior Services ☐ Battered Spouses ☐ Housing ☐ Services for the Disabled ☐ Homeless Shelter/Transitional Housing ☐ Infrastructure Improvements ☐ Serving the special needs population ☐ Services for HIV/AIDS ☐ Other

1. Activity eligibility must meet at least one of the Five Year Consolidated Goals

Select the strategy that best fits the proposed project.

Housing Strategy
☐ HS-1 Conserve and rehabilitate the existing owner-occupied and rental housing stock in the community, including emergency repairs and handicap accessibility.
☐ HS-2 Increase the supply of owner occupied housing units.
☐ HS-3 Assist lower-income homebuyers to purchase a home through housing counseling, down payment and closing cost assistance.
☐ HS-4 Improve affordable rental housing units and provide rental assistance.
☐ HS-5 Promote fair housing through education and information.
Homelessness Strategy
☐ HO-1 Support the Continuum of Care's efforts to provide emergency shelter, transitional housing, and permanent housing.
☐ HO-2 Assist providers in the operation of housing and support services for the homeless and persons at-risk of becoming homeless.
Other Special Needs Strategy
☐ SN-1 Promote housing opportunities and accommodations for the elderly, persons with disabilities, and persons with other special needs.
☐ SN-2 Increase the supply of housing for the elderly, persons with disabilities, and persons with other special needs through rehabilitation and new construction.
☐ SN-3 Support social services, programs, and facilities for the elderly, persons with disabilities, and persons with other special needs.
Community Development Strategy
☐ CD-1 Improve the City's public facilities and infrastructure through rehabilitation and new construction.
☐ CD-2 Improve the physical, visual, and handicapped accessibility of community facilities and infrastructure.
☐ CD-3 Improve and increase public safety, facilities, city services and social/welfare programs throughout the City.

☐ CD-4 Remove and correct slum and blighting conditions throughout the City.
Economic Development Strategy
☐ ED-1 Support and encourage new job creation, job retention, and job training opportunities.
☐ ED-2 Support business and commercial growth through expansion and new development.
☐ ED-3 Plan and promote the development and redevelopment of vacant commercial and industrial sites.

2. What National Objectives does your project fit under:

- ❑ Benefit low- and moderate-income persons;
- ❑ Aid in the prevention or elimination of blight; or
- ❑ Meet other community development needs of particular urgency.

3. Description of Project & Grant Request*:*

On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):

- *Define the full details of the activity being carried out with CDBG funds only, (who, what, where and how);*
- *Describe, and where appropriate quantify, the services and outcomes provided as a result of the expenditure of CDBG funds;*
- *How these services will be delivered;*
- *Why are the CDBG funds needed to support the project;*
- *How will the CDBG funds leverage other funds?*

4. Project Service Area:

The Project Service Area refers to the location that project beneficiaries reside or where clients accessing services reside. A Project Service Area may differ substantially from the organization's specific location.

- *Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Martinsburg residents, state the service area is city-wide. (Keep in mind the project must serve majority Martinsburg residents, regardless of the organization's physical location.)*

5. Describe the Clientele you intend to serve:

The organization must ensure that Individuals or households benefiting from CDBG funding are low and moderate income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project's performance outcome.

- Is the project serving individual clients or households?

- If there is a target population served, explain how the population is selected, qualified, and monitored.
- Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).

FY 2016 HUD Income Limits
Martinsburg, WV HUD Metro FMR Area

2016 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
Extremely Low – 30% median income or below	$15,200	$17,350	$20,160	$24,300	$28,440	$32,580
Very Low – 50% of median income	$25,250	$28,850	$32,450	$36,050	$38,950	$41,850
Low – 80% of median income	$40,400	$46,200	$51,950	$57,700	$62,350	$76,200

LMI Clientele Table
(Based on the income guidelines listed above)

Low/Moderate Income Persons or Households:	Total Number of Individuals or Households:
30% of median income or below	
30 - 50% of median income	
50 - 80% of median income	
80% or above median income	
Total # Served:	

6. Agency Description & Experience:

On a separate sheet of paper, please describe the following:

- Mission of the organization.
- Experience of the organization in carrying out the proposed activities/services.
- Length of time the organization has been involved in provided the proposed activities/services.
- Describe how your organization reaches its clients/consumers. How do clients access your services and programs?
- What are your days and hours of operations?
- Describe the staff and volunteers who will be involved in this project.

7. Budget Breakdown:

Please fill out this budget for your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization's subrecipient agreement with the City.

Uses of Funds (Budget):

Use of Funds	Budget
1.	$
2.	$
3.	$
4.	$
5.	$
6.	$
Total:	**$**

Sources of Funds:

Use of Funds	Budget	Committed *(Yes/No)*
1.	$	
2.	$	
3.	$	
4.	$	
5.	$	
6.	$	
Total:	**$**	

Please note: if this budget is not filled out, your application will not be complete and points will be deducted from your proposal.

8. Other Items:

Attach a copy of the following items:

- Organization Budget for current year showing sources of funds and types of expenses.
- Commitment letters from non-CDBG sources or evidence of application for funds, if available
- Most recent financial audit or statement, including balance sheet and income statement
- Most recent IRS Form 990 submittal (or tax return)
- Most recent annual report
- Current Officer and Board Member list
- Articles of Incorporation **(if not CDBG-funded in last 3 years)**
- IRS Determination Letter (**if not CDBG-funded in last 3 years**)
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)
- Drawings, color photos, work summary, and cost estimates for public facility improvement projects.

Applications are due by 4:00pm on Monday, February 6, 2017.

Please provide two (2) copies of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be in an 8-1/2" x 11" format. Comments may be sent to Nancy Strine at nstrine@citymartinsburg.org.

Page 6 of 6 CERTIFICATION

The undersigned certifies the information contained herein is true, correct and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the application, is authorized to make this application, and certifies that the information in this application is true and correct, to the best of his/her knowledge.

Submitted by:

_____	_____
Typed/Printed Name	Title
_____	_____
Signature	Date