

**The City of Greenville, NC  
Community Development Department  
Housing Division**

**2018-2019 Fiscal Year**

**Community Development Block Grant (CDBG)  
Sub-recipient Program Funding Application**

Important Dates:

**Mandatory Workshop:** Wednesday, November 1, 2017

SESSION 1: 12:00 Noon-2:00 P.M.

SESSION 2: 6:00 P.M.-8:00 P.M.

**(Only attend one session, not both.)**

City of Greenville Municipal Building 201 West 5<sup>th</sup> Street

Third Floor Conference Room #329

**Application Submission Deadline:** Wednesday, January 17, 2018 before 3:00 PM

City of Greenville Municipal Building, 201 West 5th Street (3<sup>rd</sup> Floor)

**Submit: (1) Original and (1) Copy – (Each must be in a separate bound folder or notebook)**

**Required Schedule of Agency Presentations and Workshops:**

Affordable Housing Loan Committee Meeting

**Agency Funding Requests**

(Presentations to Committee) – Wednesday, February 14, 2018 – 3:00 P.M.

City of Greenville Council Chambers

200 West 5<sup>th</sup> Street, 3<sup>rd</sup> Floor

Affordable Housing Loan Committee Meeting

**Agency Funding Recommendations**

(Application Evaluation) – Wednesday, March 14, 2018 – 4:00 P.M.

City of Greenville Council Chambers

200 West 5<sup>th</sup> Street, 3<sup>rd</sup> Floor

**Meetings are open to the public.**

**Contact information:**

Sylvia D. Brown, Planner I

201 West 5th Street, 3<sup>rd</sup> Floor

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Email: sbrown@greenvillenc.gov

## REQUIREMENTS TO BE CONSIDERED FOR CDBG SUB-RECIPIENT FUNDING

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Each year, the City of Greenville allocates funds for projects by Non-Profit Organizations that meet program national objectives identified by HUD. The grant applications go through a four step approval process. The applications are first reviewed by staff. The Affordable Housing Loan Committee then reviews the requests and makes funding recommendations to City Council. City Council reviews the Committee's recommendations and may adopt or change the funding allocation. The Council's funding decision is then sent to HUD as part of the City of Greenville's Annual Action Plan for their approval or denial. All organizations that receive funding must provide the City with monthly activity reports. Applicants requesting funds must complete the attached application checklist and meet the requirements listed below. Funds are available once the City of Greenville receives approval to draw the funds from HUD and are distributed on a **reimbursement basis only**.

The following are general requirements for any organization to be eligible for funding consideration.

1. Must be an IRS Certified 501(c)(3) organization in good standing.
2. Articles of Incorporation (Must be certified by the State of North Carolina).
3. Must perform their services within the City limits of Greenville.
4. Must be ready to use and fully expend the funds within 12 months of agreement.
5. Must perform services meeting National Objectives (See Attachment).
6. Must have been actively engaged in providing service to the targeted community in the past 24 months in the capacity for which the agency is seeking funding.



- **Proposals requesting “Public Service” funding must:**
  - Be for activities that will be implemented in the City of Greenville
  - Provide at least 70% of proposed services to low income persons or neighborhoods
  - Provide services that will improve city residents quality of life
- Activities of Public Service funds requested must focus on either:
  - Employment services (e.g., job training);
  - Crime Prevention and public safety;
  - Child care and recreational services;
  - Health services;
  - Substance abuse services (counseling and treatment);
  - Fair housing counseling;
  - Education programs;
  - Energy conservation;
  - Services for senior citizens; or
  - Services for homeless persons
  
- **Proposals requesting “Economic Development Services” funding must:**
  - Be for activities that will be implemented in the City of Greenville
  - Provide at least 70% of proposed services to low income persons or neighborhoods
  - Provide services specifically related to employment and business creation or growth
- Activities of Economic Development Service funds requested must focus on either:
  - Job training;
  - Employment and job placement services; or
  - Training for potential entrepreneurs

Incomplete applications will receive reductions in overall scoring **or may not be considered at all.** Proposals are considered incomplete if any item, in the application, is left blank without a response.

Note: Write N/A if a section is not applicable. Furthermore, organizations must use the application provided by the Housing Division. **Do not** develop or create your own application. Finally, the City of Greenville reserves the right to reject applications that do not meet the eligibility requirements.

**ALL APPLICATIONS (INCLUDING THE COPY AND WITH ALL ATTACHMENTS)**  
**ARE DUE: WEDNESDAY, JANUARY 17, 2018 BEFORE 3:00 PM.**  
**LATE APPLICATIONS WILL NOT BE ACCEPTED.**

# **SECTION I**

**A. AGENCY INFORMATION & AUTHORIZATION**

**B. PROGRAM INFORMATION**

**C. PROGRAM BUDGET INFORMATION**

**D. FUNDRAISING AND GRANTSMANSHIP**

# SECTION I

## A. AGENCY INFORMATION & AUTHORIZATION

AGENCY NAME: \_\_\_\_\_

AGENCY MAILING ADDRESS: \_\_\_\_\_

AGENCY PHYSICAL ADDRESS: \_\_\_\_\_

AGENCY CONTACT: \_\_\_\_\_ Title \_\_\_\_\_

TELEPHONE#: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ FED. TAX ID#: \_\_\_\_\_ DUNS# \_\_\_\_\_

### Required Documents

All of the following required documents must be included with the original application and the copy.  
(Insert required copies in section entitled "Attachments" at the end of this application.)

1. \_\_\_\_\_ Articles of Incorporation and Bylaws
2. \_\_\_\_\_ Current list of Board of Directors with Contact Information (address/ph#) & Meeting Schedule
3. \_\_\_\_\_ Board of Directors' authorization to submit request (See Below)
4. \_\_\_\_\_ Organizational Chart
5. \_\_\_\_\_ CPA Audited Statement of financial position & financial audits (Two most recent or 2015 & 2016 calendar years)
6. \_\_\_\_\_ Total Agency Budget & Budget for this Proposed Project
7. \_\_\_\_\_ IRS Form 990 (Two most recent or 2015 & 2016 calendar years)
8. \_\_\_\_\_ Federal Tax ID Number Verification (Current IRS Recognition of Exemption Letter)
9. \_\_\_\_\_ DUNS Number Verification
10. \_\_\_\_\_ Resume and Duties (this program only) for program personnel and staff involved in the program for which these funds are requested
11. \_\_\_\_\_ Liability, property, and fidelity bond insurance coverage documentation
12. \_\_\_\_\_ Valid facility lease or deed (program location in Greenville City limits)

AMOUNT OF FUNDING BEING REQUESTED: \$ \_\_\_\_\_

### AUTHORIZATION OF FUNDING REQUEST

My signature below, affirms that the information provided in this application for funding and attachments are accurate and true to the best of my knowledge. I further certify that this funding request is consistent with our agency's Mission, Articles of Incorporation, and Bylaws and has been approved by a majority of our governing body.

\_\_\_\_\_  
Signature of Board Chair

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Printed name of Board Chair

\_\_\_\_\_  
Printed name of Executive Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: The "Original" Proposal must contain original signatures and be marked original on the cover page.

The information contained in this application is subject to the North Carolina Public Records Law and may be disclosed to third parties.

## B. PROPOSED PROGRAM SUMMARY:

The primary purpose of this program is to help:  Homeless Needs  Persons with HIV/AIDS  Persons with Disabilities /Special Needs  Youth Development  Owner Occupied Housing Needs  Employment Needs  Economic Growth Activity  Other (please explain) \_\_\_\_\_

<b>AGENCY Name:</b>					
<b>PROGRAM Title:</b>		<input type="checkbox"/> Public Services <input type="checkbox"/> Economic Services			
<b>PRIORITY NEED: (DETAILS - PG. ___)</b>		<b>INDICATE WITH (X)</b>	<b>PROGRAM OPERATION: (DETAILS - PG. ___)</b>		
#1 – HOUSING NEEDS			<b>PROGRAM LOCATION:</b>  <b>TIME OF OPERATION:</b>		
#2 – SPECIAL NEEDS SERVICES					
#3 – PUBLIC SERVICES					
#4 – PUBLIC FACILITIES					
#5 – BUSINESSES & JOBS			<b>New Program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
#6 – INFRASTRUCTURE			<b>Existing Program?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
#7 – NEIGHBORHOOD SERVICES			<b>Requested funding for program before?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HUD ELIGIBILITY DESIGNATION (NATIONAL OBJECTIVE CATEGORY): (DETAILS - PG. ___)</b>		<b>1. Provide a benefit to low and moderate income persons</b> <b>2. Prevent or eliminate slums or blight</b> <b>3. Meet an urgent community need that threatens health/welfare of citizens</b>			
<b>PROGRAM SUMMARY: (Must reference page(s) where details are provided)</b>					
<b>PROGRAM OBJECTIVE / DESCRIPTION: (DETAILS - PG. ___)</b>			<b>PROGRAM (NEED) RATIONALE: (DETAILS - PG. ___)</b>		
(1) (DESCRIBE THE TARGET GROUP TO BE SERVED AND PROGRAM PURPOSE)			(2) (JUSTIFY THE NEED FOR THE SERVICES BEING PROPOSED)		
<b>SPECIFIC SERVICE(S) TO BE DELIVERED: (DETAILS - PG. ___)</b>			<b>PROGRAM OUTCOME MEASUREMENT: (DETAILS - PG. ___)</b>		
(3) (STATE THE SERVICES THAT WILL BE RENDERED TO THE TARGET GROUP)			(4) (DEFINE WHAT WILL BE A UNIT OF SERVICE) (HOW WILL THE TOTAL NUMBER SERVED BE DETERMINED?)		
<b>Funding Source</b>	<b>Proposed Outcomes</b>		<b>Prior Year Outcomes</b>		<b>How will requested funding be used (DETAILS - PG. ___)</b>
	<b>(2018-19) Funding Requested</b>	<b>Units of Service TO BE PROVIDED (PG. ___)</b>	<b>(2016-17) Funding Allocated</b>	<b>Actual Units of Service Delivered</b>	
<b>CDBG</b>	\$		\$		<b>(5)</b> Labor - \$ _____ Training - \$ _____ Supplies - \$ _____ Audit - \$ _____ Other - \$ _____
<b>Other</b>	\$		\$		
<b>Total:</b>	\$		\$		



Complete the following tables summarizing the demographic characteristics of clients to be served by this program during the 2018-2019 program year. **Note: Use numbers not percentages.**

<b>CLIENT DEMOGRAPHIC Income Level</b>	<b>Extremely Low Income (below 30%)</b>	<b>Low Income (30-50%)</b>	<b>Moderate Income (51-80%)</b>	<b>Non-Low/ Moderate Income (over 80%)</b>
<b>AGE GROUP</b>				
0-5				
6-10				
11-17				
18-29				
30-54				
55-61				
62 and over				
<b>TOTALS</b>				

**INCOME LIMITS, 2017**

Greenville, North Carolina

Note: 2018 Income Limits will be provided as soon as they are made available to COG Housing staff.

HOUSEHOLDS:	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
FY 2017 MFI: \$54,200								
30% of Median EXTREMELY LOW	11400	13000	14650	16250	17550	18850	20150	21450
50% of Median LOW INCOME	19000	21700	24400	27100	29300	31450	33650	35800
80% of Median MODERATE INCOME	30350	34700	39050	43350	46850	50300	53800	57250

<b>CLIENT DEMOGRAPHIC Gender</b>	<b>Male</b>	<b>Female</b>
<b>AGE GROUP</b>		
0-5		
6-10		
11-17		
18-29		
30-54		
55-61		
62 and over		
<b>TOTALS</b>		

<b>CLIENT DEMOGRAPHIC Race/Ethnicity</b>	<b>Caucasian (white)</b>	<b>African American (black)</b>	<b>Hispanic</b>	<b>American Indian or Alaska Native</b>	<b>Asian Decent</b>	<b>Other</b>
<b>AGE GROUP</b>						
0-5						
6-10						
11-17						
18-29						
30-54						
55-61						
62 and over						
<b>TOTALS</b>						



<b>CLIENT DEMOGRAPHIC Residential</b>	<b>Public Housing Residents</b>	<b>Homeless</b>	<b>Individual Households</b>
<b>AGE GROUP</b>			
0-5			
6-10			
11-17			
18-29			
30-54			
55-61			
62 and over			
<b>TOTALS</b>			

<b>CLIENT DEMOGRAPHIC Disabled/Special Need</b>	<b>Physically Handicapped</b>	<b>Mental Illness</b>	<b>Substance Abuse</b>
<b>AGE GROUP</b>			
0-5			
6-10			
11-17			
18-29			
30-54			
55-61			
62 and over			
<b>TOTALS</b>			

<b>CLIENT DEMOGRAPHIC Other</b>						
<b>AGE GROUP</b>						
0-5						
6-10						
11-17						
18-29						
30-54						
55-61						
62 and over						
<b>TOTALS</b>						

Total number of clients to be served: \_\_\_\_\_

Total unduplicated number of clients to be served: \_\_\_\_\_

Number of persons with new or continuing access to a service or benefit: \_\_\_\_\_

Number of persons with improved access to a service or benefit: \_\_\_\_\_

Number of persons who receive a service or benefit that is no longer substandard: \_\_\_\_\_

3. List the specific increase(s) in the level of service compared to your previous program (if applicable):

**PROGRAM RATIONALE:**

4. Why is there a need for this program?

5. Will this program assist an especially needy or underserved group?  **yes**  **no**  
If so, identify and explain.

6. Accessibility: What steps will be taken to ensure this program (as well as your overall program) is accessible to people with physical and other disabilities?

7. Are there any letters of support, letters of reference, news articles, thank you letters, letters of request for assistance, commitment letters, for the program being proposed?

If so, include copies in the “Attachment” section.

**8. PROGRAM OPERATION**

Place: \_\_\_\_\_

Time(s) of operation: \_\_\_\_\_

Frequency of operation: (indicate with "X")

- Daily
- Weekly
- Monthly
- Quarterly
- Other

Number of staff involved in program operation: \_\_\_\_\_

List staff positions and program responsibilities for this program only:

<u>Program Staff Position(s)</u>	<u>Responsibilities</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Does the agency maintain a waiting list? If so, describe the waiting list for program services (include length of list and how it is managed).

**9. PROGRAM HISTORY**

a) Has City of Greenville funding been requested for this program before?  **yes**  **no**  
If yes, provide the most recent term of funding. \_\_\_\_\_

If no, is this a new program for your agency?  **yes**  **no**

b) If this is not a new program, how long has it been in existence? \_\_\_\_\_

c) Give at least one example of collaborative efforts regarding this program.  
*Do not include relationships for client referrals only.*

d) Are client fees charged for this program?  **yes**  **no**  
If yes, how are fees determined?

e) Does this program require matching funds?  **yes**  **no**  
If yes, what is the total match requirement \$ \_\_\_\_\_

**10. PREVIOUS PROGRAM PERFORMANCE SUMMARY:**

Complete the following tables summarizing the demographic characteristics of actual clients served by this program during the 2016-2017 program year if applicable. **Note: Use numbers not percentages.**

<b>CLIENT DEMOGRAPHIC Income Level</b>	<b>Extremely Low Income (below 30%)</b>	<b>Low Income (30-50%)</b>	<b>Moderate Income (51-80%)</b>	<b>Non-Low/ Moderate Income (over 80%)</b>
<b>AGE GROUP</b>				
0-5				
6-10				
11-17				
18-29				
30-54				
55-61				
62 and over				
<b>TOTALS</b>				

**INCOME LIMITS, 2016**

Greenville, North Carolina

HOUSEHOLDS: 1 PERSON 2 PERSON 3 PERSON 4 PERSON 5 PERSON 6 PERSON 7 PERSON 8 PERSON

FY 2016 MFI: \$59,300

30% of Median	EXTREMELY LOW	11700	13400	15050	16700	18050	19400	20750	22500
50% of Median	LOW INCOME	19500	22250	25050	27800	30050	32250	34500	36700
80% of Median	MODERATE INCOME	31150	35600	40050	44500	48100	51650	55200	58750

<b>CLIENT DEMOGRAPHIC Gender</b>	<b>Male</b>	<b>Female</b>
<b>AGE GROUP</b>		
0-5		
6-10		
11-17		
18-29		
30-54		
55-61		
62 and over		
<b>TOTALS</b>		

<b>CLIENT DEMOGRAPHIC Race/Ethnicity</b>	<b>Caucasian (white)</b>	<b>African American (black)</b>	<b>Hispanic</b>	<b>American Indian or Alaska Native</b>	<b>Asian Decent</b>	<b>Other</b>
<b>AGE GROUP</b>						
0-5						
6-10						
11-17						
18-29						
30-54						
55-61						
62 and over						
<b>TOTALS</b>						

<b>CLIENT DEMOGRAPHIC Residential</b>	<b>Public Housing Residents</b>	<b>Homeless</b>	<b>Individual Households</b>
<b>AGE GROUP</b>			
0-5			
6-10			
11-17			
18-29			
30-54			
55-61			
62 and over			
<b>TOTALS</b>			

<b>CLIENT DEMOGRAPHIC Disabled/Special Need</b>	<b>Physically Handicapped</b>	<b>Mental Illness</b>	<b>Substance Abuse</b>
<b>AGE GROUP</b>			
0-5			
6-10			
11-17			
18-29			
30-54			
55-61			
62 and over			
<b>TOTALS</b>			

<b>CLIENT DEMOGRAPHIC Other</b>						
<b>AGE GROUP</b>						
0-5						
6-10						
11-17						
18-29						
30-54						
55-61						
62 and over						
<b>TOTALS</b>						

Total number of clients to be served: \_\_\_\_\_

Total unduplicated number of clients to be served: \_\_\_\_\_

Number of persons with new or continuing access to a service or benefit: \_\_\_\_\_

Number of persons with improved access to a service or benefit: \_\_\_\_\_

Number of persons who received a service or benefit that is no longer substandard: \_\_\_\_\_

In what ways will this programs demographics likely change within the next two (2) years?

### C. PROGRAM BUDGET INFORMATION

**Instructions:** For each cost category enter the amount necessary to complete the program. Include requested CDBG funds under column two and all other sources (including program income, if applicable) under column three. **Provide descriptions and justifications (calculations) for cost categories and identify other funding sources.**

(1) COST CATEGORY	(2) CDBG FUNDING REQUESTED	(3) OTHER FUNDING	(4) TOTALS
<b>A. Personnel</b>	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
<b>B. Payroll Tax Expense</b>	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
<b>C. Fringe Benefits</b>	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
<b>D. Operating/Program</b>	\$	\$	\$
<b>1. Training/Travel</b>	\$	\$	\$
<b>2. Equipment (lease/rental)</b>	\$	\$	\$
<b>3. Printing/Copying</b>	\$	\$	\$
<b>4. Supplies</b>	\$	\$	\$
<b>5. Annual Audit</b>	\$	\$	\$
<b>6. Other</b>			

(1) Footnote Cost Descriptions/Justification(s):	(2) Other Funding Source (s):

**D. FUNDRAISING AND GRANTSMANSHIP**

Using the table below, please list your agency’s current and planned fundraising efforts. This would include, but is not limited to, special events, sales to the public, and direct mail.

	<b>Activity/Event</b>	<b>Current Revenue from this Activity/Event</b>	<b>Proposed Revenue from this Activity/Event</b>	<b>Anticipated Date of Activity/ Event</b>
1				
2				
3				
4				
5				

**Total anticipated revenue from fundraising: \$ \_\_\_\_\_**

Describe your agency's efforts to obtain revenue from other grants, private foundations, etc.

	<b>Funding Source:</b>	<b>Amount Requested:</b>	<b>Status: (denied, pending, approved)</b>	<b>Anticipated Notification/ Funding Date</b>
1				
2				
3				
4				
5				

**Total anticipated revenue from grants, private donations, etc. \$ \_\_\_\_\_**



## **SECTION II**

- A. HUD ELIGIBILITY DESIGNATION**
  
- B. HUD PRIORITY DESIGNATION**
  
- C. HUD INCOME LIMITS**
  
- D. PROGRAM GOALS, PERFORMANCE,  
& OUTCOMES**

## SECTION II

### A. HUD ELIGIBILITY DESIGNATION

**National Objective Requirement:** Activities funded under the Sub-recipient Program **must meet one** of the U.S. Department of Housing and Urban Development's (HUD) three (3) National Objectives as outlined below. **Indicate your programs National Objective eligibility category:**

- 1. Provide a benefit to low and moderate-income persons;
- 2. Prevent or eliminate slums or blight; or
- 3. Meet an urgent community need that threatens the health or welfare of residents.

### B. HUD PRORITY DESIGNATION

Activities funded under the Sub-recipient Program **must meet one** of the priorities established in the City's HUD five-year Consolidated Plan. Priorities are listed below. Indicate which Consolidated Plan priority the proposed program meets.

**\*\*Due to a limited budget, only a few programs will be funded\*\***

#### 1. Affordable Housing

- Foreclosure prevention
- Pre-purchase counseling
- Interim housing counseling
- Post-purchase counseling
- Credit counseling
- Homeowner education classes
- Financial literacy

#### 2. Other Special Needs

- Homeless
- Substance abuse
- Mental illness
- Disabled/ handicapped
- Other, please specify \_\_\_\_\_

#### 3. Community Services

- Recreation
- Youth Activities
- Academic/Tutoring

#### 4. Business and Jobs

- Job creation
- Job training
- Job placement

### C. HUD 2017 INCOME LIMITS

Clients served must be eligible according to the following income limits.  
*Agencies are required to document income eligibility of all clients served.*

#### Current Median Family Income (MFI) – Greenville, NC \$54,200.00

##### Household Size

	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Extremely Low (below 30%)</b>	<b>\$11,400</b>	<b>\$13,000</b>	<b>\$14,650</b>	<b>\$16,250</b>	<b>\$17,550</b>	<b>\$18,850</b>	<b>\$20,150</b>	<b>\$21,450</b>
<b>Low (31-50%)</b>	<b>\$19,000</b>	<b>\$21,700</b>	<b>\$24,400</b>	<b>\$27,100</b>	<b>\$29,300</b>	<b>\$31,450</b>	<b>\$33,650</b>	<b>\$35,800</b>
<b>Moderate (51-80%)</b>	<b>\$30,350</b>	<b>\$34,700</b>	<b>\$39,050</b>	<b>\$43,350</b>	<b>\$46,850</b>	<b>\$50,300</b>	<b>\$53,800</b>	<b>\$57,250</b>
<b>Non-Low/Moderate (over 80%)</b>	<b>+</b>	<b>+</b>	<b>+</b>	<b>+</b>	<b>+</b>	<b>+</b>	<b>+</b>	<b>+</b>

**Median Area Income (MIA) for our Metropolitan Statistical Area (MSA) - \$54,200.00**

## D. PROGRAM GOALS, PERFORMANCE, AND OUTCOMES

1. List program goals in detail.
  
2. Estimated number of persons to be served: \_\_\_\_\_  
What is a unit of service? \_\_\_\_\_
  
3. Select performance measurement indicators – (select all that apply):
  - Housing units occupied by first time homebuyers;
  - Number of target population served;
  - Counseling/education /technical assistance provided;
  - Jobs created/retained/job training;
  - Low and moderate-income persons;
  - Low and moderate-income businesses assisted;
  - Number of persons with improved access, etc.
  - Service/activity provided, please specify \_\_\_\_\_
  - Other, please specify \_\_\_\_\_
  
4. List source(s) of information/documentation, techniques, and processes that will be used to measure performance.
  
  
  
  
  
  
  
  
  
  
5. Indicate applicable program performance measurement outcomes.
  - Creating Suitable Living Environments
    - \_ Accessibility for the purpose of creating Suitable Living Environments
    - \_ Affordability for the purpose of creating Suitable Living Environments
    - \_ Sustainability for the purpose of creating Suitable Living Environments
  
  - Providing Decent Affordable Housing
    - \_ Accessibility for the purpose of providing Decent Housing
    - \_ Affordability for the purpose of providing Decent Housing
    - \_ Sustainability for the purpose of providing Decent Housing
  
  - Creating Economic Opportunities
    - \_ Accessibility for the purpose of creating Economic Opportunities
    - \_ Affordability for the purpose of creating Economic Opportunities
    - \_ Sustainability for the purpose of creating Economic Opportunities

# **SECTION III**

- A. Agency Profile**
- B. Management Strategy**
- C. Agency Leveraging**

## **SECTION III**

### **A. AGENCY PROFILE**

**Briefly describe your agency.**

Provide a brief history of the organization, the mission statement, vision, and the length of time the agency has been providing proposed services. Describe the agency's experience with federal program funding. Describe the agency's administrative structure.

## **B. MANAGEMENT STRATEGY**

**Instructions: Outline your agency's capacity to undertake the proposed program.**

Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management, staff's experience in working with CDBG programs and projects of this type. If agency staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying out similar programs and in working in partnerships with other agencies and/or consultants.

## **C. LEVERAGING**

Describe specific resources (provide supporting documentation) your agency will bring to the program. Include and identify in-kind contributions, gifts, sweat equity, volunteer efforts, and all other resources.



## **Section IV**

# **Funding Proposal Scoring Criteria**

## SECTION IV - SCORING CRITERIA

This scoring criterion is a primary tool in which grants awarded will be determined.

**Agency Response is required: Your responses will be evaluated by Board members and Staff.**

AGENCY:						
PROGRAM:						
Evaluation Criteria:			AHLC Criteria:		AGENCY RESPONSE	
1.	<b>NEED FOR THE SERVICE</b>	Does the Program address a Priority Need in accordance with the City's Consolidated Plan to HUD (listed in column on the right)	#1 – Housing Needs	30	<b>Board member scoring will not exceed 30 points</b>	
			#2 – Special Needs	25		
			#3 – Public Services	20		
			#4 – Public Facilities	15		
			#5 – Businesses & Jobs	10		
			#6 – Infrastructure	5		
			#7 – Neighborhood Services	5		
2.	<b>INTERNAL AND EXTERNAL CONSISTENCY</b>	Can program strategies described in the proposal be reasonably implemented? Do the strategies make sense and appear achievable? Are expectations realistic?	<b>Board member scoring 10 Maximum points</b>			
3.	<b>LEVERAGING</b>	Will the agency utilize funds from other resources to implement program services or rely solely on the City's funding?	<b>Board member scoring 15 Maximum points</b>			
4.	<b>SELF-SUFFICIENCY</b>	Does the program services provide for empowering independence upon successful completion?	<b>Board member scoring 10 Maximum points</b>			
5.	<b>INNOVATION AND PARTNERSHIPS</b>	Is the program a new or creative approach in meeting an established priority need? Does the program exhibit originality in its delivery and is not a duplication of any program implemented by another agency and/or serving the same neighborhood?	<b>Board member scoring 10 Maximum points</b>			
6.	<b>FINANCIAL FEASIBILITY</b>	Do program costs appear reasonable and necessary in delivering proposed services?	<b>Board member scoring 5 Maximum points</b>			
7.	<b>PERFORMANCE</b>	Did the agency submit the proposal in its entirety and were responses to questions thorough enough to ascertain program intentions, processes and target population?	<b>Board member scoring 10 Maximum points</b>			
8.	<b>DIRECT BENEFIT</b>	Does the agency's proposed program and services benefit low income persons?	<b>Board member scoring 10 Maximum points</b>			
			<b>Total</b>	<b>100</b>		

# AGENCY ATTACHMENTS

## Required Documents

Submit copies of the following items listed.  
Copies of these documents must be included with the original and required copy.

1. \_\_\_\_\_ Articles of Incorporation and Bylaws
2. \_\_\_\_\_ Current list of Board of Directors with Contact Information (address/ph#) & Meeting Schedule
3. \_\_\_\_\_ Board of Directors' authorization to submit request (see page 5)
4. \_\_\_\_\_ Organizational Chart
5. \_\_\_\_\_ CPA Audited Statement of financial position & financial audits (Two most recent or 2015 & 2016 calendar years)
6. \_\_\_\_\_ Total Agency Budget & Budget for this Proposed Project
7. \_\_\_\_\_ IRS Form 990 (Two most recent or 2015 & 2016 calendar years)
8. \_\_\_\_\_ Federal Tax ID Number Verification (Current IRS Recognition of Exemption Letter)
9. \_\_\_\_\_ DUNS Number Verification
10. \_\_\_\_\_ Resume and Duties (this program only) for program personnel and staff involved in the program for which these funds are requested
11. \_\_\_\_\_ Liability, property, and fidelity bond insurance coverage documentation
12. \_\_\_\_\_ Valid facility lease or deed (program location in Greenville City limits)

## Other Attachments

<u>Content Description</u>	<u>Page</u>