

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

2016-2017 Fiscal Year

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

Important Dates:

Mandatory Workshop: Wednesday, September 30, 2015

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 5th Street
Third Floor Conference Room #329

Application Submission Deadline: Tuesday, January 12, 2016 – 3:00 PM

City of Greenville Municipal Building, 201 West 5th Street (3rd 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 10, 2016 – 3:00 P.M.

City of Greenville Council Chambers

200 West 5th Street, 3rd Floor

Affordable Housing Loan Committee Meeting

Agency Funding Recommendations

(Application Evaluation Workshop) – Wednesday, March 9, 2016 – 4:00 P.M.

City of Greenville Council Chambers

200 West 5th Street, 3rd Floor

Meetings and workshops are open public meetings

Contact information:

Sylvia D. Brown, Planner I

201 West 5th Street, 3rd Floor

Phone: (252) 329-4509 or (252) 329-4481

Fax: (252) 329-4631

Email: sbrown@greenvillenc.gov

REQUIREMENTS TO BE CONSIDERED FOR CDBG SUB-RECIPIENT FUNDING

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) ARE DUE:
TUESDAY, JANUARY 12, 2016 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 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 (2013 & 2014 calendar years)
6. _____ Total Agency Budget & Budget for this Proposed Project
7. _____ IRS Form 990 (2013 & 2014 calendar years)
8. _____ Federal Tax ID Number Verification
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. _____ Current IRS Recognition of Exemption Letter
12. _____ Liability, property, and fidelity bond insurance coverage documentation
13. _____ Valid facility lease or deed (program location)

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. Documents submitted to The City of Greenville are subject to public record requirements.

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) _____

AGENCY Name:					
PROGRAM Title:		<input type="checkbox"/> Public Services <input type="checkbox"/> Economic Services			
PRIORITY NEED: (DETAILS - PG. ___)		INDICATE WITH (X)	PROGRAM OPERATION: (DETAILS - PG. ___)		
#1 – HOUSING NEEDS			PROGRAM LOCATION: TIME OF OPERATION:		
#2 – SPECIAL NEEDS SERVICES					
#3 – PUBLIC SERVICES					
#4 – PUBLIC FACILITIES					
#5 – BUSINESSES & JOBS			New Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
#6 – INFRASTRUCTURE			Existing Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Underway? <input type="checkbox"/> Yes <input type="checkbox"/> No
#7 – NEIGHBORHOOD SERVICES			Requested funding for program before?		<input type="checkbox"/> Yes <input type="checkbox"/> No
HUD ELIGIBILITY DESIGNATION (NATIONAL OBJECTIVE CATEGORY): (DETAILS - PG. ___)		1. Provide a benefit to low and moderate income persons 2. Prevent or eliminate slums or blight 3. Meet an urgent community need that threatens health/welfare of citizens			
PROGRAM SUMMARY: (Must reference page(s) where details are provided)					
PROGRAM OBJECTIVE / DESCRIPTION: (DETAILS - PG. ___)			PROGRAM (NEED) RATIONALE: (DETAILS - PG. ___)		
(1) (DESCRIBE THE TARGET GROUP TO BE SERVED AND PROGRAM PURPOSE)			(2) (JUSTIFY THE NEED FOR THE SERVICES BEING PROPOSED)		
SPECIFIC SERVICE(S) TO BE DELIVERED: (DETAILS - PG. ___)			PROGRAM OUTCOME MEASUREMENT: (DETAILS - PG. ___)		
(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?)		
Funding Source	Proposed Outcomes		Prior Year Outcomes		How will requested funding be used (DETAILS - PG. ___) (5)
	(2016-17) Funding Requested	Units of Service TO BE PROVIDED (PG. ___)	(2014-15) Funding Allocated	Actual Units of Service Delivered	
CDBG	\$		\$		Labor - \$ _____
Other	\$		\$		Training - \$ _____
Total:	\$		\$		Supplies - \$ _____
					Audit - \$ _____
					Other - \$ _____

SPECIFIC PROGRAM SERVICES/ACTIVITIES:

1. List the specific activities/services that will be provided by the program:

2. List program goals to be achieved and project the number of people that will benefit from those achievements.

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

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

INCOME LIMITS, 2015

Greenville, North Carolina

Note: 2016 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 2015 MFI: \$53,000

30% of Median	EXTREMELY LOW	11770	15930	20090	24250	28410	30750	32900	35000
50% of Median	LOW INCOME	18550	21200	23850	26500	28650	30750	32900	35000
80% of Median	MODERATE INCOME	29700	33950	38200	42400	45800	49200	52600	56000

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

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

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

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

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

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 standard: _____

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 2014-2015 program year if applicable. **Note: Use numbers not percentages.**

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

INCOME LIMITS, 2014

Greenville, North Carolina

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

FY 2014 MFI: \$55,200

30% of Median	EXTREMELY LOW	11670	15730	19790	23850	27910	31970	34250	36450
50% of Median	LOW INCOME	19350	22100	24850	27600	29850	32050	34250	36450
80% of Median	MODERATE INCOME	30950	35350	39750	44150	47700	51250	54750	58300

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

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

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

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

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

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
A. Personnel	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
B. Payroll Tax Expense	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
C. Fringe Benefits	\$	\$	\$
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____
D. Operating/Program	\$	\$	\$
1. Training/Travel	\$	\$	\$
2. Equipment (lease/rental)	\$	\$	\$
3. Printing/Copying	\$	\$	\$
4. Supplies	\$	\$	\$
5. Annual Audit	\$	\$	\$
6. Other			

(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.

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

Total anticipated revenue from fundraising: \$ _____

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

	Funding Source:	Amount Requested:	Status: (denied, pending, approved)	Anticipated Notification/ Funding Date
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 2015 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

Household Size

	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Extremely Low (below 30%)	\$11,770	\$15,930	\$20,090	\$24,250	\$28,410	\$30,750	\$32,900	\$35,000
Low (30-50%)	\$18,550	\$21,200	\$23,850	\$26,500	\$28,650	\$30,750	\$32,900	\$35,000
Moderate (51-80%)	\$29,700	\$33,950	\$38,200	\$42,400	\$45,800	\$49,200	\$52,600	\$56,000
Non-Low/Moderate (over 80%)								

Median Area Income (MIA) for our Metropolitan Statistical Area (MSA) - \$53,000

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.	NEED FOR THE SERVICE	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	Board member scoring will not exceed 30 points	
			#2 – Special Needs	25		
			#3 – Public Services	20		
			#4 – Public Facilities	15		
			#5 – Businesses & Jobs	10		
			#6 – Infrastructure	5		
			#7 – Neighborhood Services	5		
2.	INTERNAL AND EXTERNAL CONSISTENCY	Can program strategies described in the proposal be reasonably implemented? Do the strategies make sense and appear achievable? Are expectations realistic?	Board member scoring 10 Maximum points			
3.	LEVERAGING	Will the agency utilize funds from other resources to implement program services or rely solely on the City's funding?	Board member scoring 15 Maximum points			
4.	SELF-SUFFICIENCY	Does the program services provide for empowering independence upon successful completion?	Board member scoring 10 Maximum points			
5.	INNOVATION AND PARTNERSHIPS	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?	Board member scoring 10 Maximum points			
6.	FINANCIAL FEASIBILITY	Do program costs appear reasonable and necessary in delivering proposed services?	Board member scoring 5 Maximum points			
7.	PERFORMANCE	Did the agency submit the proposal in its entirety and were responses to questions thorough enough to ascertain program intentions, processes and target population?	Board member scoring 10 Maximum points			
8.	DIRECT BENEFIT	Does the agency's proposed program and services benefit low income persons?	Board member scoring 10 Maximum points			
			Total	100		

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 (2013 & 2014 calendar years)
6. _____ Total Agency Budget & Budget for this Proposed Project
7. _____ IRS Form 990 (2013 & 2014 calendar years)
8. _____ Federal Tax ID Number Verification
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. _____ Current IRS Recognition of Exemption Letter
12. _____ Liability, property, and fidelity bond insurance coverage documentation
13. _____ Valid facility lease or deed (program location)

Other Attachments

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