

City of Erie
 Department of Economic and Community Development
 FY20 **CDBG** Application (July 1, 2020 – June 30, 2021)

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Date: _____

Amount Requested: _____

This application is for:

- | | |
|---|--|
| <input type="checkbox"/> Public Service (PS)
<input type="checkbox"/> Summer Rec (PS)
<input type="checkbox"/> Housing
<input type="checkbox"/> Other (Please explain) _____ | <input type="checkbox"/> Economic Development (ED)
<input type="checkbox"/> Public Facility Improvements (PF) |
|---|--|

A. ORGANIZATION INFORMATION

DUNS # _____

Agency Name:		Federal ID#:	
Address:			
City/State/Zip:			
Fiscal Year Beginning Date: 7/1/19		End Date: 6/30/20	
Agency Authorized Official:			
Phone:	Fax:	E-Mail:	
Fiscal Officer or Accounting Firm:			
Address, if different than above:			
Phone:	Fax:	E-Mail:	
Program Contact Person:			
Phone:	Fax:	E-Mail:	
Eligibility: <input type="checkbox"/> For-Profit <input type="checkbox"/> Non Profit - Provide IRS 501(c)3 and list of Board of Directors			
<input type="checkbox"/> Other:			
Short Program Description:			

Organization Name: _____

B. PROJECT OBJECTIVES

1. Select the organization's targeted population:

- Low & moderate (L/M) income Homeowners
 Very low income First Time Homebuyers
 Homeless Renters
 Families Others: _____

2. Select the organization's primary services to the community:

- New Construction Housing Rehabilitation
 Homeownership Homeless programs
 Economic Development Social Services
 Rental Other: _____

3. Indicate **one** HUD National Objective your project/program addresses:

- (LMA)** – L/M area: the service area identified for activities is primarily L/M income.
 (LMC) – L/M clientele: activities which benefit a limited clientele at least 51% of which are L/M income. (See L/M Income Chart Below)
 (LMH) – L/M housing: activities carried out provide/improve permanent residential structures which will be occupied by L/M income households.
 (LMJ) – L/M jobs: activities designed to create or retain permanent jobs, at least 51% of which are employed by L/M income persons.
 (SBA) – Slum/blight area: activities that address prevention or elimination of S/B in the designated area.
 (SBS) – Slum/blight spot basis: activities that address S/B conditions on a spot basis not located in the designated area.

Erie, PA FY2019 Median (Effective June 28, 2019)								
ADJUSTED INCOME LIMITS (by household size)								
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8+ Persons
30% Extremely Low	\$14,050	\$16,050	\$18,050	\$20,050	\$21,700	\$23,300	\$24,900	\$26,500
50% Low income	\$23,400	\$26,750	\$30,100	\$33,400	\$36,100	\$38,750	\$41,450	\$44,100
60% Low Income	\$28,080	\$32,100	\$36,120	\$40,080	\$43,320	\$46,500	\$49,740	\$52,920
80% Moderate Income	\$37,450	\$42,800	\$48,150	\$53,450	\$57,750	\$62,050	\$66,300	\$70,600

4. Indicate the City's Consolidated Plan Strategy that your project will address:

- Housing opportunities for L/M income homebuyers
 Housing rehabilitation for L/M single-family, owner-occupied households
 Housing rehabilitation for L/M and/or special needs tenant households
 Services/facilities for homeless and/or special needs population
 Supply of affordable housing through acquisition/rehabilitation
 Community economic development needs
 Non-housing needs such as public facility improvements or public services
 Planning services that have been authorized by the Director of ECD

Organization Name: _____

C. PROJECT DESCRIPTION (Two Page Maximum)

Provide the following information on no more than two pages:

1. Describe your proposed project in detail and the specific need to be addressed. Public Service applicants must answer the following two questions:
 - a) Describe how you will link with other community organizations, local churches and faith-based groups, and parents and families within the community.
 - b) Describe the outcome of this funding in measurable terms towards your goals and objectives.
2. Describe how your agency will measure the accomplishments of your project/program and your system of recordkeeping.
3. Identify other sources of funds available for this project and how the proposed project will be funded if you do not receive the requested CDBG funding.
4. Identify the units of services (i.e. individuals, houses, streets, etc.), number of units to be served, and cost per unit for your program:
 - a) Type of units to be served, i.e. individuals, houses, streets, etc.
 - b) Number of units to be served
 - c) Cost per unit
5. Include a timeline indicating start date and expected completion date.

D. PROJECT MAP (One Page Maximum)

Outline the boundaries of the project target service area. You must use the map attached or the City Map ([Click Here for City Map](#))

E. AGENCY HISTORY (Two Page Maximum)

Provide the following information:

1. Provide your Agency's Mission Statement.
2. Describe your agency's management experience in CDBG programs and/or other grants, including the experience of key staff (do not include resumes). Name the staff responsible for program and fiscal reporting with descriptions of their experience in grant management.
3. Describe other collaborative activities in which you are involved.

F. FINANCIAL INFORMATION (Two Page Maximum for #1 thru #3)

Provide the following information:

1. Indicate if this application is a continuation of a previous project.
2. List your agency's past and present CDBG and/or HOME funded activities, the year and amount of the award, and current balance of those grants.

Example: FY2009 CDBG Housing Rehab \$75,000 Balance \$0

3. Applicants who have received CDBG and/or HOME funding in the past must list the grant; the contract goals; actual achievements; and reasons for any lack of progress or meeting goals. The format should be as follows:

Project:
Stated goal:
Achievements:
Lack of progress due to:

An example is as follows:

Project: Housing Rehabilitation
Stated goal: Rehabilitate six (6) homes
Achievements: Five homes completed; one underway – interior completed.
Lack of progress due to: Delay due to bad weather

Provide an explanation for **each year's** unspent funds.

4. Complete enclosed Agency Budget, Program Budget and Personnel Characteristics, and Budget Justification forms.
5. Attach an unbound copy of your agency's annual audited financial statement for the past two years.

OVERALL AGENCY BUDGET

Fund Source 2020-2021
 Circle One
 CDBG HOME

Agency Name: _____ Project: _____

Agency Fiscal Year: _____ CD Contract No.: _____

OVERALL AGENCY BUDGET

Line Item No. Cost Category	Total Est. Cost (A)	Other Funding Sources (B)	Community Devel. Share (C)
1. Personnel			
2. Consultant & Contract			
3. Travel			
4. Space			
5. Consumable Supplies			
6. Rent, Lease, Purchase of Equipment			
7. Other			
TOTAL			

OVERALL AGENCY FUNDING SOURCES

List Sources Identified in Column B (D)	Amount (E)	Cash or In-Kind (F)	Date Available (G)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			

Enter your organization's total budget _____

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc.)
- Column G – Enter the date funds will be available.

Please list Agency Programs below:

PROGRAM BUDGET

Fund Source 2020-2021

Circle One
CDBG HOME

Agency Name: _____ Project: _____

Agency Fiscal Year: _____ CD Contract No.: _____

PROGRAM BUDGET

Line Item No.	Cost Category	Total Est. Cost (A)	Other Funding Sources (B)	Community Devel. Share (C)
1.	Personnel			
2.	Consultant & Contract			
3.	Travel			
4.	Space			
5.	Consumable Supplies			
6.	Rent, Lease, Purchase of Equipment			
7.	Other			
TOTAL				

PROGRAM FUNDING SOURCES

List Sources Identified in B (D)	Amount (E)	Cash or In-Kind (F)	Date Available (G)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
TOTAL			

Enter your organization's project budget _____

- Column A – Enter the total amount of funding used.
- Column B – Enter the amount of funds obtained from other sources to be used.
- Column C – Enter the amount of CDBG or HOME funds to be used for each category.
- Column D – List the individual sources of funding identified in column B.
- Column E – Enter the total amount of funds received from the sources identified in Column D.
- Column F – Identify whether funds in Column D are cash or in-kind (volunteer labor, donated materials, supplies, etc.)
- Column G – Enter the date funds will be available.

Additional Information for the Program: State the percentage of funds spent on administration vs. program activity.

President/Chairman

Date

Executive Director

Date

E.C.D. Director

Date

Date: _____

Budget #: _____

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PERSONNEL BUDGET
DESCRIPTION OF LINE ITEM (From Program Budget Page)**

CD Project Code: _____

Subgrantee Name: _____

CD Contract No: _____

No. of Emp.	Position or Title	Avg. Salary Per pay Period	No. Of pay Periods	% of time Spent on CD Activity	Total Cost	Other Funding Sources	CD Share
Sub-total:							
Cost of Fringe Benefits (Indicate basis for estimate):							
Total:							

Date: _____

Budget #: _____

**CDBG PROGRAM
BUDGET JUSTIFICATION**

Project Code: _____

Subgrantee Name: _____

Contract No: _____

Description of Line Items 2 through 7 (From Program Budget Page)

Amount

For Personnel Costs use Personnel Justification Form.

Describe the item in sufficient detail to ensure it is adequately identified and indicate the basis for determining or computing its value. For example, office space rental for two professionals: 150 square feet at \$2.00 per square foot, including utilities and janitorial services. Use additional plain paper if necessary

PERSONNEL CHARACTERISTICS ON NEXT PAGE

FY20
DEPARTMENT OF ECONOMIC AND
COMMUNITY DEVELOPMENT
 Room 404, 626 State Street
 Erie, Pennsylvania 16501

PERSONNEL CHARACTERISTIC SHEET FOR ENTIRE AGENCY

PROJECT NUMBER: _____

Today's Date: _____

PROJECT OPERATOR: _____

EMPLOYEE NAME	ADDRESS	POSITION/TITLE	SALARY	FUNDING SOURCE	DATE HIRED	TERM. DATE	Temporary Job	Retained Job	Construction Job	Full-Time	Part-Time	Male	Female	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Amer. In/Alaskan Native	Asian & Pac. Islander	Handicapped

