

2018-2019 Community Development Block Grant Application for Funds

This application is for 2018-19 Community Development Block Grant (CDBG) funds. Applications will be accepted from projects/programs conducting one the following activities: Housing rehabilitation and/or repair; economic development in the form of microenterprise assistance; or public facilities and improvement measures, especially where located in the Lincoln District revitalization area or the South Tacoma revitalization area. A map of each revitalization area is found in the Funding Information Packet accompanying this application. The funding cycle begins July 1, 2018 and concludes June 30, 2019.

To apply for funding, three hard copies of this application and one hard copy of each attachment requested herein must be received by the *City of Tacoma's Community & Economic Development Department* prior to the application deadline. Applications that are faxed or e-mailed, submitted after the deadline, or submitted without the proper authorized signature will not be considered for funding.

Note: Applicants applying for funds to conduct public facilities activities must submit three hard copies of a Supplemental Form in addition to this application.

Application Instructions:

Instructions on completing this application are found in the Funding Information Packet, located at www.cityoftacoma.org/conplan under the Funding Opportunities header.

General Policies of the CDBG program:

General policies of the CDBG program are found in the Funding Information Packet, located at www.cityoftacoma.org/conplan under the Funding Opportunities header.

Deadline:

January 22, 2018 at 5:00 PM

For assistance or to obtain a Supplemental Form:

Call or e-mail Carol Hassard at (253) 591-5645, chassard@cityoftacoma.org

Mail application materials to:

City of Tacoma
Community & Economic Development Department
Attention: Carol Hassard
747 Market Street, Room 900
Tacoma, WA 98402

Deliver hard-copy application materials to:

City of Tacoma
Customer Support Center
747 Market Street, Room 220
Tacoma, WA 98402

General Agency Information

1. Agency name
2. Agency tax ID (EIN) #
3. Agency UBI #
4. Agency CAGE Code (also known as CCR #)*

*A CAGE Code is required to receive federal funding. If the agency does not have a CAGE code, visit www.sam.gov and create an individual user account.

5. Agency DUNS #*

*A DUNS number is required. If the organization does not have a DUNS #, visit <http://fedgov.dnb.com/webform> and request a DUNS number.

6. Agency address

7. When was the agency established?

8. Agency phone number

9. Agency's organizational structure

- Public Agency Private non-profit
 Non-profit 501(c)3 Other (specify)

10. Executive Director's name

11. Executive Director's phone #

12. Executive Director's e-mail

13. Name of designated contact regarding this application

- 14. Contact's title
- 15. Contact's phone #
- 16. Contact's e-mail

General Program/Project Information

The City of Tacoma funds specific program/projects as opposed to agencies as a whole. As such, please provide information about the applicant program/project.

- 17. Program/Project name

- 18. Program/Project address*
*If multiple addresses, provide census tract numbers

- 19. How long has the program/project been in operation?

- 20. Has the program/project been awarded CDBG or other federal funds in the past?
 Yes No

- 21. How many staff members are dedicated to the program/project? Of those, how many work full-time on this program/project? How many work part-time on this program/project? What are their duties?

22. Amount of City of Tacoma CDBG funding the *program/project* is receiving in the current (2017-18) grant-year from the *Community & Economic Development Dept.*

\$

23. Amount of City of Tacoma CDBG funding the *program/project* is requesting from the Community & Economic Development Dept. in this application for the 2018-19 CDBG grant-year.

\$

24. If the full amount requested in Question 23 is awarded, how will the program/project use the funds? What will be accomplished with the funds? Be specific. (e.g. funds will be used to pay 50% of the salary of 1 full-time employee and 50% of the salary of one part-time employee dedicated to the program's operations. It will also be used to purchase materials necessary to provide housing rehabilitation and repair services to 140 homeowners.)

25. If the full amount of requested funds cannot be awarded, what is the program/project's alternative funding request?

\$

26. If the alternative funding requested in Question 25 is awarded, how will the program/project use the funds? What will be accomplished with the funds? Be specific. (e.g. funds will be used to pay 50% of the salary of 1 full-time employee dedicated to the program's operations. It will also be used to purchase materials necessary to provide housing rehabilitation and repair services to 120 homeowners.)

Assessment of Need

27. Program/Project Description. Provide a detailed description of the program/project, including eligibility criteria, target population, average income of individuals served, service area, type of services offered, and, if applicable, the monetary value of the services provided. If the program currently receives CDBG funds from the City, note any changes (e.g. staff turnover, new services offered, or historic services discontinued) in the program or its operations that have occurred since January 2017.

28. Purpose. Describe the objective(s) and the primary purpose(s) of the program/project.

29. Project Need & Demand. Describe the demand and need for the program/project compared to the availability of same or similar projects/programs. What makes this program/project unique? What impact would the loss of the program/project have on the Tacoma community and the individuals the program/project serves? Cite demographics, statistics, and other supporting documentation.

Experience & Capacity

30. Experience. Describe the *agency's* experience in the implementation of the *program/project* and in carrying out the objectives listed above. Describe specific recent successes of the program/project.
31. Timeline. Provide a program/project implementation schedule from start to finish. List significant steps in the schedule, including program/project development, pursuit of funding, final budget determination, program start and completion dates, when service delivery will occur, and any additional major processes or steps to be undertaken. *The timeline should illustrate that the applicant program/project can be accomplished, the City of Tacoma's CDBG money leveraged, and measurable outputs achieved in the timeframe of July 1, 2018 to June 30, 2019.*

32. Grant Spend-Down. If the program/project has received CDBG grant funds from the City of Tacoma's Community & Economic Development Department in the past three years, has it fully expended its grant funding each year? If no, explain why not and what will be done to fully expend grant funds should they be awarded for the 2018-19 grant year.

Collaboration

33. Lincoln and South Tacoma Revitalization. The City of Tacoma has identified the Lincoln District neighborhood and South Tacoma neighborhood for revitalization efforts in the upcoming years. Describe the program/project's current and planned presence in these neighborhoods (see Section VI: Maps in the Funding Information Packet). How can the project/program partner with the City of Tacoma and other organizations to revitalize these areas? Give examples.

34. Describe current efforts to collaborate with other agencies to serve the Tacoma community. Include the agencies' names and the program/project's role in the collaboration. Examples of collaboration include strategic partnerships and involvement in community-wide planning efforts to improve an existing system or infrastructure or establish a new system or infrastructure. Describe any collaboration that is planned but has yet to be implemented. Be specific.

National Objective & Eligible Activity

35. Will the program/project benefit individuals living or working in Tacoma?

Yes No

36. Indicate which National Objective ([24 CFR 570.208](#)) you believe the program/project satisfies. **Select only one.**

- Benefit low and moderate-income residents
 Aid in the prevention or elimination of slum and/or blight
 Meet an urgent need

37. Location of Services: Indicate where the program/project's services will be offered.

- Citywide
 In a specific neighborhood. List:
 In one or more census tracts. List:

38. Indicate which income group(s) will be served by the program/project. See Funding Information Packet, Section IV: CDBG Income Guidelines for assistance in determining Area Median Income (AMI). Select all that apply.

- Extremely Low Income (30% and below of the AMI)
- Very Low Income (Between 31 and 50% of the AMI)
- Low Income (Between 51 and 60% of the AMI)
- Moderate Income (Between 61 and 80% of the AMI)
- Other (specify)

39. Target Population: Indicate which population(s) is most likely to be served by the program/project. Select all that apply.

- Children and youth
- Families
- Women
- Veterans
- Low Income individuals and families
- Current and prospective business owners/entrepreneurs
- Other (specify)
- Single family homeowner occupied households
- Senior citizens
- Persons with disabilities
- Men

40. Indicate which eligible activity the program/project will perform. **Select only one.**

- Housing Assistance: Residential Rehabilitation and Preservation of Single-Family Homeowner Occupied Households ([24 CFR 570.202\(a\)\(1\); 24 CFR 570.202\(b\)\(2\)](#))
- Economic Development: Microenterprise Assistance ([24 CFR 570.201\(o\)](#))
- Public Facilities: [24 CFR 570.201\(c\)](#)

NOTE: *CDBG funds will be directed to Public Facilities only if funds remain after all other Council Funding Priorities are met. See Section II: City Council Funding Priorities Statement. Applicants seeking funding for public facilities must complete a Supplemental Form in addition to this application. A Supplemental Form can be obtained by calling or e-mailing Carol Hassard at (253) 591- 5645 or chassard@cityoftacoma.org.

41. Provide rationale for selecting the above indicated National Objective and Eligible Activity.

Housing Assistance

Only complete Questions 42-44 if Housing Assistance was selected as the eligible activity in Question 40.

42. Housing Status: Indicate which population(s) is most likely to be served by the program/project. Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Renter | <input type="checkbox"/> Homeowners |
| <input type="checkbox"/> First-time Homebuyer | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Special Need Population | <input type="checkbox"/> Other (specify) |

43. Outputs. Approximately, how many Tacoma households* will be served between July 1, 2018 and June 30, 2019, if awarded the full funds requested in Question 23?

*Household is defined by [24 CFR 570.3](#) as all the people who occupy a housing unit. A household includes the related family members; two or more families living together; and all unrelated people, if any, who share the housing unit regardless of actual or perceived, sexual orientation, gender identity, or marital status. A person living alone in a housing unit, or a group of unrelated people sharing a housing unit such as domestic partners or roommates, is also counted as a household.

44. Outputs. Approximately, how many Tacoma households* will be served between July 1, 2018 and June 30, 2019 if awarded the alternative funding request identified in Question 25?

Economic Development

Only complete Questions 45-46 if Economic Development was selected as the program/project's eligible activity in Question 40.

45. Type of Economic Development: Indicate the type of microenterprise assistance activity the program/project will undertake. Select all that apply.

- Establishment, stabilization, or expansion of a microenterprise(s), defined as 5 or fewer employees including business owner(s)
- Technical assistance to entrepreneurs or to persons developing or expanding a new or existing microenterprise
- General support to owners of a microenterprise(s) or to persons developing a microenterprise(s)
- Other (specify)

46. Outputs. Will the program/project or microenterprises and/or entrepreneurs assisted by the program/project create permanent full-time equivalent (40 hours per week) jobs* as a direct result of the services provided by the program/project?

***Note: programs/projects that are awarded CDBG funds for economic development services must create a minimum of 1 permanent, full-time equivalent (40 hours/week) job per \$35,000 in grant funds awarded. Multiple permanent part-time jobs, of which the aggregate weekly hours amount to 40, may be counted as 1 full-time equivalent job.**

Yes No

A) If awarded the full funds requested in Question 23, approximately how many full-time equivalent jobs will be created by the program/project or by microenterprises assisted by the program/project between July 1, 2018 and June 30, 2019?

B) If awarded the alternative funding requested in Question 25, approximately how many full-time equivalent jobs will be created by the program/project or by microenterprises assisted by the program/project between July 1, 2017 and June 30, 2018?

Public Facilities

Only complete Question 47 if public facilities was selected as the program/project's eligible activity in Question 40. Applicants with projects of this nature must submit a **Supplemental Form** in addition to this application.

47. Type of public facility (specify)

Prevention or Elimination of Slum or Blight on a Spot Basis

Only complete Questions 48 and 49 if the project involves an activity that was classified in Question 36 as meeting the National Objective of aiding in the prevention or elimination of slum or blight.

48. Describe the location of the project and the condition of blight that will be addressed with the grant funds requested.

49. If the project involves rehabilitation to eliminate blight on a spot basis, list the specific blight conditions that are detrimental to public health and safety. See [24 CFR 570.208\(b\)](#)

Federal Cross-Cutting Regulations

50. Describe the *agency's* experience in receiving government funds and complying with government regulations such as those pertaining to prevailing wage, lead-based paint, Section 3, and registration in the System for Awards Management (SAM). If the agency does not have experience with receiving government funds and complying with government regulations, state this.

CDBG Program Income Limits. A program/project receiving CDBG funds under the National Objective of benefitting low- and moderate-income individuals must be able to document the income of individuals and households provided services.

51. If awarded funds, will the program/project be able to document the annual household income of all households/entrepreneurs receiving services?

Yes No N/A: The program will meet the National Objective of aiding in the elimination of slum or blight or meeting an urgent need.

52. Is it anticipated that at least 51% of households/entrepreneurs receiving service will be classified as low or moderate income? See Funding Information Packet Section IV: CDBG Income Guidelines to determine low and moderate income.

Yes No N/A: My project will be a Public Facility.

53. Is it anticipated that at least 51% of jobs created will be filled by low- or moderate-income entrepreneurs? See Funding Information Packet Section IV: CDBG Income Guidelines to determine low and moderate income.

Yes No N/A: My project will provide Housing Assistance services or Public Facilities

54. Income Documentation. How does the program/project currently document the income of individuals receiving services? If income is not documented, indicate as such and explain how income documentation will occur if the program/project is awarded funds. Answer N/A if the project consists of public facilities.

Section 3. An explanation of [Section 3](#) regulations, requirements, and definitions can be found in the Funding Information Packet, Section III; Application Instructions, Information, and Process.

55. Is the *agency* registered as a Section 3 business?

Yes No N/A

56. Does the *agency* subcontract with Section 3 businesses?

Yes No N/A

57. Does the *agency* make it a priority to hire Section 3 residents?

Yes No N/A

58. If applicable, what additional actions, if any, does the *agency* take to satisfy Section 3 requirements? Be specific.

Prevailing Wages. Programs using CDBG funds to directly pay for public works (construction) must pay individuals performing the public works a prevailing wage. An explanation of prevailing wage requirements and definitions can be found in the Funding Information Packet, Section III: Application Instructions, Information, and Process and in Section V: Federal Cross-Cutting and Other Program Requirements.

59. To the extent that state and federal prevailing wage laws are applicable, describe what steps your agency will take to comply with prevailing wage regulations? Be specific.

System for Award Management (SAM). Federal regulations stipulate that all organizations benefitting from CDBG funds must be registered in the System for Award Management (SAM). Furthermore, organizations must not be listed in SAM as debarred or suspended from benefitting from federal grant dollars. If funded, this stipulation will apply to the applicant program/project as well as contractors, sub-contractors, and consultants hired and paid to perform work on behalf of the applicant program/project.

60. Explain the method that the program/project will use to ensure that the project/program, its contractors, sub-contractors, and consultants performing work on behalf of the applicant program/project will be registered in SAM and that no CDBG funds will be used to pay for their services if the organization carries a debarred or suspended SAM status.

City of Tacoma Council Priorities

61. City Council General Priorities. Check all that apply.

- Proposal is consistent with existing City Plans (e.g. [2015- 2019 Consolidated Plan](#), [Comprehensive Plan](#), [Economic Development Plan](#))
- Uses CDBG funds to leverage funds from other sources
- CDBG funding will be expended within 12 to 24 months
- Proposed by an organization with a proven capacity for project completion and management
- Shows reasonable cost effectiveness
- Does not require City of Tacoma General Fund allocations for project operation or maintenance

62. How will the program/project meet the goals, objectives, and strategic priorities of the City of Tacoma's [2015-2019 Consolidated Plan](#) and key elements, such as the [Housing Element](#) and the [Economic Development Plan](#), of the Comprehensive Plan?

63. Public Involvement. Has there been public involvement in the development of the program/project?

- Yes No

64. If yes, describe the public's involvement in developing the program/project.

65. Leveraging. Describe how and the degree to which the program/project will leverage City of Tacoma CDBG funds.

Budget

66. Has the program/project applied for funding to be used in the timeframe of July 1, 2018 through June 30, 2019 from any other organizations?

Yes No

A. If yes, list the organizations and the amount of funding requested.

B. If yes, list the organizations and the amount of funding that has been committed to the program for use between July 1, 2018 and June 30, 2019. A commitment is generally reflected via a written agreement or notification from the funder.

Use the following pages to outline the Project/Program budget.

67. Program/Project Revenue

List the program/project’s funding sources for the timeframe of **July 1, 2018 through June 30, 2019**. Indicate whether the funding is currently proposed or committed. Committed is defined as either already received or a notification of commitment has been issued.

| Program/Project Revenue Source | Proposed Funding | Committed Funding | Total Funding |
|---|-------------------------|--------------------------|----------------------|
| City of Tacoma: Community & Economic Development Dept. CDBG <i>(Must match the amount requested in this application and listed in Question 23)</i> | | | |
| City of Tacoma: Other (funds from other City departments) | | | |
| City of Lakewood | | | |
| Pierce County | | | |
| Other government: local | | | |
| Other government: WA state | | | |
| Other government: federal | | | |
| Foundation/ Corporate grant | | | |
| In-kind donation (monetary and otherwise) | | | |
| Fees | | | |
| United Way of Pierce County | | | |
| Income from program/project operations | | | |
| Program Income (including facility rental) | | | |
| Other (specify below) | | | |
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| Total Operating Budget | | | |

68. Program/Project Expenses

Detail the program/project’s anticipated expenses in the **July 1, 2018 through June 30, 2019** timeframe. Indicate the revenue sources which will be used to cover expenses.

¹ Note: Include all program expenses, regardless of whether the expense is eligible for reimbursement under the City’s CDBG program.

| Anticipated Program/Project Expenses ¹ | Total Anticipated Expense | Amount Program/Project Plans to Pay With CDBG Funds | Amount Program/Project Plans to Pay With Other Funds | Specify Source of Other Funds |
|---|---------------------------|---|--|-------------------------------|
| Personnel (salaries and benefits; amount must match that listed in the Personnel Detail table on page 23) | | | | |
| Travel/Mileage | | | | |
| Supplies | | | | |
| Telecommunications | | | | |
| Printing/Advertising/Marketing | | | | |
| Mail/Postage | | | | |
| Subcontracted Services (including labor; amount must match that listed in the Contracted Services table on page 24) | | | | |
| Consulting | | | | |
| Space/Utilities | | | | |
| Insurance | | | | |
| Legal | | | | |
| In-Kind | | | | |
| Subscriptions and Fees | | | | |
| Accounting/Audit | | | | |
| Indirect Costs at _ % | | | | |
| *Sales Tax at 10.1% | | | | |
| Other Expenses (specify below - include these expenses in the sales tax amount above) | | | | |
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| | | | | |
| | | | | |
| Total Program/Project Expenses | | | | |

* Refer to the Funding Information Packet, Section V: Federal Cross-Cutting and Other Program Requirements for important information regarding applicable Sales Tax.

69. Program/project Personnel Detail: Salaries & Fringe Benefits

List the staff positions that will bill time to the program/project. Complete the table for the timeframe of **July 1, 2018 through June 30, 2019**. List the percentage associated with fringe benefits. Total salaries and fringe benefits attributable to the program/project must match the total provided in the Personnel line on the Program/Project Expenses table found on page 22.

| Position Title | Total Hours/Week | Approximate Hours/Week Directly Dedicated to Program/Project | Hourly Wage or Annual Salary | Amount of Annual Fringe Benefits |
|--------------------------------|------------------|--|------------------------------|----------------------------------|
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| Fringe Benefits @ % | | | | |
| Total Wages/Salaries | | | | |
| Total Fringe Benefits | | | | |

71. References

Provide the name and contact information for three references who are current or past funders. If three current or past funders are not available for reference, please provide another reference and explain the program/project's relationship to the reference.

Reference 1

Agency Name

Contact Name

Contact Phone

Contact E-Mail

Is this reference a current or past funder? If no, explain the relationship between the reference and applicant.

Reference 2

Agency Name

Contact Name

Contact Phone

Contact E-Mail

Is this reference a current or past funder? If no, explain the relationship between the reference and applicant.

Reference 3

Agency Name

Contact Name

Contact Phone

Contact E-Mail

Is this reference a current or past funder? If no, explain the relationship between the reference and applicant.

Attachments

Applications should be accompanied by a hard copy of the following agency and program/project attachments. Include all applicable items, even if the item has been recently submitted. If an item is not applicable, please submit with the application a brief written explanation of why it is not applicable. Checkmark the attachments that are being submitted; separate documents with a blank sheet of typing paper for ease of review.

- 1. Copy of current list of applicant's Board of Directors showing officers;
- 2. Signed board resolution or board minutes authorizing submittal of application;
- 3. List of personnel authorized to commit the agency;
- 4. Copy of Applicant's 501(c)3 letter from the Internal Revenue Service;
- 5. Copy of certification from the Washington State Secretary of State that the applicant's organization is registered to do business in the State of Washington;
- 6. Copy of a current business license indicating that the Applicant is licensed to do business within the City of Tacoma;
- 7. Program/project's organizational chart;
- 8. Agency's organizational chart;
- 9. If applicable, federally approved indirect cost rate plan, as indicated by an indirect cost rate agreement;
- 10. Copy of agency's audited financial reports including a letter on internal controls for the past two years. If audits have not been completed or are not required for applicant, substitute CFO-certified financial statements for the past 2 fiscal years;
- 11. Copy of agency's unaudited current year-to-date financial statements (Balance Sheet and Profit and Loss Statement);
- 12. Copy of agency's tax return, Form 990, prior 2 tax years (non-profits only);
- 13. Copy of agency's current Articles of Incorporation;
- 14. Copy of agency's current Bylaws;
- 15. Documentation of funds that have been committed to the program/project for use in the timeframe of July 1, 2018 through June 30, 2019.

Signatures Committing the Agency & Program/Project

A person authorized to commit the organization must provide a hard-copy signature in blue ink below. Applications that are not signed or which are signed by unauthorized personnel will not be considered for funding.

I certify that the information contained in this application is accurate and true to the best of my knowledge. I further certify that submission of this application has been approved by the appropriate governing bodies.

Signature of authorized personnel

Date

Printed name of authorized personnel

Title of authorized personnel

As personnel authorized to commit my agency, I understand the applicant program/project will be required to meet federal CDBG regulations, as outlined in the [Code of Federal Regulations](#) (CFR). I further understand the applicant program/project will be required to meet federal regulations outlined in the Funding Information Packet, Section V: Federal Cross-Cutting and Other Program Requirements accompanying this application. I certify that the applicant program/project, should it be awarded funding, is or will be able and prepared to meet all regulations outlined in the Funding Information Packet and the CFR beginning July 1, 2018.

Signature of authorized personnel

Date

Printed name of authorized personnel

Title of authorized personnel