



City of Arlington
Community Development and Planning
Program Year 2017 CDBG & ESG Grant Application
12/2/2016 deadline

City of Arlington Organization **CDBG Example**

\$ 50,000.00 Requested

Submitted: 10/13/2016 2:12:24 PM (Pacific)

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SAM Expires 7/13/2017

Application Summary

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. This application may be used to apply for either Community Development Block Grants (CDBG) funds or Emergency Solutions Grants (ESG) funds. Please identify what funds (Please select one).

- CDBG
- ESG

2. Type of Organization

- Non-profit
- Government
- Faith-based organization
- For-profit/private

3. Program Request Summary

-answer not presented because of the answer to #1-

4. Program Request Summary

\$50,000	Amount CDBG Requested
\$200,000	Other Program Funding
250,000.00	TOTAL

5. Has the program been funded before?

- Yes
- No

6. Briefly describe the purpose and goals of this program, the population to be served; include # of unduplicated adults and children you will serve.

Describe the purpose & goal of the program for which your agency is requesting funds in detail including the # of unduplicated clients you will serve.

Character limit: 3,000

7. What will proposed ESG funds be used for? Be as specific as possible (ex: Salaries: .25 FTE case manager or .10 FTE program

director).

-answer not presented because of the answer to #1-

8. What will proposed CDBG funds be used for? Be as specific as possible (ex: Salaries: .25 FTE case manager or .10 FTE program director).

Indicate what CDBG funds will be used for and be as specific as possible. Ex: CDBG funds will be used for .10 FTE salary of staff

Character limit: 65,000

9. I certify that the information contained in this Application is TRUE and CORRECT and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts.

I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a release of funds by the City of Arlington.

- Agree
 Disagree

Application Questions

Some answers will not be presented because they are not part of the selected group of questions based on the answer to #1.

1. This application may be used to apply for either Community Development Block Grants (CDBG) funds or Emergency Solutions Grants (ESG) funds. Please identify what funds (Please select one).

- CDBG
 ESG

Organization Capacity and Experience

2. Provide an organizational overview of your agency, including: a description of the history, mission, and services of the organization; description of staff experience with program; and federal grant management experience.

1. State the mission of your organization
2. List and describe the services offered by your agency
3. Describe your staff experience with the program for which you are requesting funds
4. Detail your staff/agency experience with federal grant management

Character limit: 65,000

3. Year of Incorporation.

Character limit: 255

4. Years of direct experience with program

Character limit: 255

5. Has your organization carried out or attempted the CDBG or ESG program before? If yes, please describe the program.

Answer "Yes" or "No"; include a detail description of the program.

Character limit: 65,000

6. Has your organization carried out or attempted a similar project before? If yes, Please describe the program. If you do not have specific information, please provide estimates.

Answer "Yes" or "No"; include a detail description of the program.

Character limit: 65,000

7. Has this program received City of Arlington funding before? If yes, for how many years?

Answer "Yes" or "No" Character limit: 255

8. What was the funding amount, planned number served and actual number served for the last complete year?

Funding amount. Planned number served. Actual number served. Ex) \$50,000.00. Planned to serve 100 persons. Served 90 persons. Character limit: 255

9. If you did not meet your planned number to be served, please provide an explanation below.

If not applicable, please input N/A in the box below

If the number of unduplicated number of clients to be served was not met, provide an explanation for the reason why that goal was not met.

Character limit: 65,000.

10. Are you a current or past sub-recipient?

- Yes
- No

11. If yes, when was your last monitoring visit by the City of Arlington? Were there any findings and/or concerns in your last monitoring visit? If yes, indicate the findings and/or concerns.

If not applicable, please input N/A in the box below.

Give the date of your organization last monitoring by the City of Arlington.

If there were any finding or concern, describe them.

Character limit: 65,000.

12. Did your organization complete any mandated corrective actions outlined by the City of Arlington?

- Yes
- No

13. If yes, Please explain any actions taken or not taken.

Otherwise please input N/A below.

Describe any action taken by your organization to correct any concern or finding from the last City of Arlington monitoring visit.

Character limit: 65,000.

14. In your previous experience with Federal projects, was your organization required to pay back funds, in violation of regulations, etc?

- Yes
- No

15. If yes, please describe the amount repaid and reason for the required repayment.

If not applicable, please input N/A in the box below.

If applicable, enter the amount. Describe the reason for the repayment. Character limit: 255.

16. How long was clients' average length of stay in the shelter for the last program year (July 1, 2015 to June 30, 2016)

-answer not presented because of the answer to #1-

17. What steps is your organization taking to reduce the total average length of stay at the shelter, and ensure housing stability at program exit?

-answer not presented because of the answer to #1-

18. Board of Directors. Please address the following: Requirements to be a board member, process for determining the boards membership needs (including diversity of members) and process for recruitment, training and orientation of board members.

1. Describe the requirement to become a board member.

2. Describe the process used to determine board membership needs, including the diversity of its members.

3. Describe the process of recruitment, training and orientation for board members.

Character limit: 65,000.

Evidence of Need for Service

19. Program Priorities: Check the City of Arlington Consolidated Plan Objectives the proposed program will address.

- Objective 1: Senior Services
- Objective 2: Disabled Services
- Objective 3: Legal Services
- Objective 4: Youth Services
- Objective 5: Child Care
- Objective 6: Transportation Services
- Objective 7: Substance Abuse Services
- Objective 8: Battered and Abused Spouses
- Objective 9: Employment Training
- Objective 10: Crime Awareness
- Objective 11: Abused and Neglected Children
- Objective 12: Health Services
- Objective 13: Lead Hazard Screening
- Objective 14: Other Public Service Needs

20. Program Priorities: Check the City of Arlington Council Priorities related to HUD grant activities the proposed program will address.

- Enhance Regional Mobility
- Support Quality Education
- Champion Great Neighborhoods
- Invest in Our Economy
- Put Technology to Work

21. Program Priorities: Check the United Way Assessment of Arlington Priority Issues the proposed program will address.

- Learn well (Education)
- Live well (Health)
- Earn well (Financial Stability)

22. Describe the target population for the proposed service. What proportion of this target population will be served by the proposed CDBG funded program? Is the service directed at a particular geographic area or available community wide?

i.e. its size, demographics, location etc. Provide a profile of a typical client or clients.

Describe in detail the target population for your service.

The proportion of the target population to be served by your service

Is the service available in particular geographic area or community wide?

Character limit: 65,000

23. Provide current statistical data documenting the need for this service. Describe how the need for this service has changed in the past three to five years. Provide sources for your information.

Include as much local data as possible, as well as any relevant statistics collected by the applicant organization, such as the number of referral calls, number of clients on number of clients on waiting lists, time on waiting list, etc.

Provide statistical evidence for the need of the service provided by the program for which your organization is requesting CDBG funds.

Include as much data as possible to support your claim. Specify the source for data used.

Describe the changes that occurred regarding the need for your service in the past 3-5 years. Specify the source for data used.

Character limit: 65,000.

24. Are there other services or activities similar to your program provided by other organizations in the City of Arlington?

- Yes
- No

25. If yes, how is your proposed program different or unique from other program? Briefly explain in the space provided below.

If not applicable, please input N/A.

Provide details showing how the program for which your organization is requesting CDBG funds is different or unique in comparison with similar programs in the City of Arlington.

Character limit: 65,000.

26. Does the proposed program collaborate with other programs in the city of Arlington to provide this service?

- Yes
- No

27. If yes, briefly explain in the space below.

if not applicable, please input N/A.

If applicable, describe any existing collaboration between the program for which you agency is requesting CDBG funds and other similar programs in the City of Arlington.

Character limit: 65,000.

28. Identify the eligible activities for which your program will request ESG funds. Choose from the following: Homeless Prevention, Emergency Shelter, Rapid Re-housing and HMIS

-answer not presented because of the answer to #1-

29. Identify the homeless beneficiaries the program will serve by checking the appropriate category below:

-answer not presented because of the answer to #1-

30. Number of unduplicated adults and children to be served.

-answer not presented because of the answer to #1-

31. If you are currently seeking or have commitments of funding from other sources to meet the match/leverage requirement for this program, please provide the status, date awarded and amount below.

If not applicable, input N/A.

Provide information about other sources of funding to meet the leverage requirements for the CDBG program. Example:

- Foundation A

Amount Requested: \$40,000.00

Status: Pending

Character limit: 65,000.

Statement of Work/Scope of Services

32. Develop a sound statement of work/work plan narrative that details the service activities the program will undertake. The information will be used to structure the scope of services portion of the agreements with the City.

Include: 1)service activity plan of action 2)intake procedures and eligibility documentation 3)program location and hours 4)recruitment/marketing plan 5)evaluation plan 6)procedures and guidelines 7) how you will ensure service of target population.

- 1) the service activity action plan for your program;
- 2) the intake procedure and eligibility documentation for your program;
- 3) the location and hours of provision of your program services;
- 4) the recruitment/marketing plan strategy for your program;
- 5) the process by which you will evaluate your program;
- 6) the procedures and guidelines specific to your program;
- 7) how you will ensure service of your target population.

Character limit: 65,000.

33. Develop a sound statement of work/work plan narrative that details the service activities the program will undertake. The information will be used to structure the scope of services portion of the agreements with the City.

-answer not presented because of the answer to #1-

34. State how your organization will involve at least one homeless or formerly homeless person(s) in a policy making function AND at least one homeless or formerly homeless person(s) in the operation of the ESG funded program.

-answer not presented because of the answer to #1-

35. Please identify the primary beneficiaries this program will serve. Be cognizant of the target population you name in the narrative portion of this proposal. Please check the appropriate categories below:

- Low- and Moderate income population
- Presumed Benefit Clientele (Please check one below)

36. Presumed Benefit Clientele

If your clients are low- and moderate individuals, please select "N/A" below.

- Illiterate Adults
- Battered Spouses
- Elderly Individulas
- Homeless Individuals
- Migrant Farm Workers
- Abused Children
- Severly Disabled Adults
- Persons Living with AIDS
- N/A

37. Who are the program beneficiaries (target group) to be served? Please check all that apply.

- Male
- Female
- Substance Abusers
- At Risk Status
- Special Needs
- Elderly
- Veterans
- Youth

38. Youth age range, 19 and under; what youth age range do you serve?

Youth range you serve. Character limit: 255

39. Tarrant County Homeless Coalition(TCHC) is the lead agency for the Tarrant County Continuum of Care(CoC). Please describe your organization's involvement with the CoC and how many TCHC meetings your organization attended last year.

-answer not presented because of the answer to #1-

Budget Information

40. Describe the organization's fiscal management, including: Financial reporting, Record keeping, Accounting systems, Payment procedures and audit requirements

- 1) Financial reporting;
- 2) Record keeping;
- 3) Accounting systems;
- 4) Payment procedures;
- 5) Audit requirements.

Character limit: 65,000.

Budget

Program Budget Revenue	PY 2015-2016 Actual Revenue	PY 2016-2017 Estimated Revenue	PY 2017 -2018 Anticipated Revenue
Cash Donations	\$ 130,000.00	\$ 120,000.00	\$ 13,000.00
Federal Grants	\$ 20,000.00	\$ 20,000.00	\$ 25,000.00
Foundation Grants	\$ 75,000.00	\$ 75,000.00	\$ 75,000.00
Membership Fees	\$ 15,000.00	\$ 13,000.00	\$ 13,000.00
Foundation Grants	\$ 1,500.00	\$ 15,000.00	\$ 18,000.00
Program Fees	\$ 10,000.00	\$ 105,000.00	\$ 105,000.00
Total	\$ 251,500.00	\$ 348,000.00	\$ 249,000.00

Program Budget Expenses	Estimated CDBG/ESG Budget	Estimated Match/Leverage/Other Budget	Total Program Budget
Salaries	\$ 30,500.00	\$ 150,000.00	\$ 180,500.00
Employee Health/Retirement(Other)	\$ 0.00	\$ 18,000.00	\$ 18,000.00
Payroll Taxes(Other)	\$ 0.00	\$ 17,000.00	\$ 17,000.00
Professional Services(Other)	\$ 0.00	\$ 500.00	\$ 500.00
Telephone(Other)	\$ 0.00	\$ 7,000.00	\$ 7,000.00
Utilities(Other)	\$ 0.00	\$ 42,000.00	\$ 42,000.00
Program Supplies	\$ 6,000.00	\$ 20,000.00	\$ 26,000.00
Local Transportation	\$ 3,000.00	\$ 11,000.00	\$ 14,000.00
Capital Equipment(Other)	\$ 0.00	\$ 2,000.00	\$ 2,000.00
Insurance(Other)	\$ 0.00	\$ 8,000.00	\$ 8,000.00
Printing(Other)	\$ 0.00	\$ 300.00	\$ 300.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00	\$ 0.00
Total	\$ 39,500.00	\$ 275,800.00	\$ 315,300.00

Budget Narrative

Ex) CDBG Request \$50,000

Program Service Fees: \$15,000 - members pay fees for special activities

Character limit: 65,000

Tables

ESG ONLY: Cost per Persons Served

Amount ESG Requested	Total Program Budget	Total Organization Budget	Unduplicated # to be Served	Amount of Matching Funds	Source(s) of Matching Funds	% of ESG Program Budget	% of ESG Organization Budget	Total program Cost per Client	ESG Cost per Client
\$	\$	\$		\$		Error Occured: 13 - Type mismatch	Error Occured: 13 - Type mismatch	\$ Error Occured: 13 - Type mismatch	\$ Error Occured: 13 - Type mismatch

CDBG ONLY: Cost per Persons Served

Amount CDBG Requested	Total Program Budget	Total Organization Budget	Unduplicated # to be Served	% of CDBG Program Budget	% of CDBG Organization Budget	Total program Cost per Client	CDBG Cost per Client
\$ 50,000	\$ 350,000	\$ 3,000,000	500	14 %	2 %	\$ 700	\$ 100

Time Table and Service Activities

Quarter	New Clients Served	Activities
Qtr 1: July -Sept	30	Describe Activity #1
Qtr 2: Oct-Dec	30	Describe Activity #1
Qtr 3: Jan-March	30	Describe Activity #1
Qtr 4: Apr-June	30	Describe Activity #1
Total	120	

CDBG ONLY: Service Activity Table

Description	Type	Unit Definition	Units	Cost	Total
Describe Activity #1 in detail	Choose from the following:New Project, Expansion or Renewal	Define the activity unit	200	\$ 10	\$ 2,000
Describe Activity #2 in detail	Choose from the following:New Project, Expansion or Renewal	Define the activity unit	16,000	\$ 3	\$ 48,000
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
				\$	\$ 0
Total			16,200	\$ 13	\$50,000

Performance Measurement System

Activity	Goals	Inputs	Activities	Outputs	Outcomes	Measurement
Activity #1	Describe the goal of the 1st activity of your program	Describe the inputs to run activity #1 of your program	Describe the activities of activity #1 of your program	Describe the outputs of activity #1 of the program	Describe the planned outcome of activity #1 of the program	Explain the measurement tools to measure the effectiveness of activity #1 of your program
Activity #2	Describe the goal of the 2nd activity of your program-out Prevention, & Education) Member Improvement of Academic Achievement.	Describe the inputs to run activity #2 of your program	Describe the activities of activity #2 of your program	Describe the outputs of activity #2 of the program	Describe the planned outcome of activity #2 of the program	Explain the measurement tools to measure the effectiveness of activity #2 of your program
Activity #3						
Activity #4						
Activity #5						

Documents

Documents Requested *	Required?	Attached Documents *
Cover Letter (optional)		
Job Descriptions and Resumes of Key Personnel	✓	CDBG Example - Job Descriptions and Resumes
Program-Specific Organizational Chart. Include all employees that contribute time toward this program, whether funded by CDBG or other sources. Identify staff that are funded by CDBG. Include name of staff, title, and years of experience with CDBG.	✓	CDBG Example - Program Specific Organizational Chart
Client Intake Form	✓	CDBG Example - Client Intake Form

Performance Measurement Tools and Results (e.g., client evaluation forms and results from prior years, pre- and post-tests or typical results)	✓	CDBG Example - Performance Measurement Tools and Results
Non-Profit Documentation from the IRS	✓	CDBG Example - Non-Profit Documentation from the IRS
Minutes Authorizing Submittal of Proposal	✓	CDBG Example - Minutes Authorizing Submittal of Proposal
Articles of Incorporation	✓	CDBG Example - Articles of Incorporation
By-laws	✓	CDBG Example - By-laws
Organization Chart (not program specific)	✓	CDBG Example - Organization Chart
Financial Audit/Certified Financial Statement	✓	CDBG Example - Financial Audit/Certified Financial Statement
Director's and Officers' Liability and Errors and Omissions Insurance	✓	CDBG Example - Director's and Officers' Liability and Errors and Omissions Insurance
Policies and Procedures for Employees	✓	CDBG Example - Policies and Procedures for Employees
Internal Control Policies and Procedures (if not included in one of the documents listed above attachments)	✓	CDBG - Internal Control Policies and Procedures
Code of Conduct Listing Prohibited Behavior for Board and Employees	✓	CDBG Example - Code of Conduct for Board and Employees
Innovative Collaborative Initiative Documents (optional)		CDBG Example - Innovative Collaborative Initiative Documents
Board Members. The name, whether they live in Arlington, company affiliation, job title, current board term, length of service, sex, race , homeless/formerly homeless (ESG only), ethnicity and the board president must be identified.	✓	CDBG Example - Board Members
Certification Form (Upload the document and mail/drop off the original form to 101 W. Abram St. Arlington, TX 76010 MS 01-0330) download template	✓	CDBG Example - Certification Form
Other documents		

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Application ID: 65675

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