

# CITY OF LAKEWOOD – FY 2012 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION – PUBLIC SERVICES

## PROJECT INFORMATION

Name of Project: \_\_\_\_\_

Project Location/Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant is:  Private/Non-Profit 501(c)(3)  Private/For-Profit  Public Agency  Other (specify) \_\_\_\_\_

Organization's Federal Identification Number (Tax ID #): \_\_\_\_\_

Organizational DUNS number: \_\_\_\_\_

(If you do not have a DUNS number, go to <http://fedgov.dnb.com/webform> to register.)

Do you have active registration status with the Central Contractor Registry (CCR)? Yes  No

(If you are not registered with CCR, go to <https://www.bpn.gov/ccr/default.aspx> to register. You must obtain a DUNS number prior to registering with CCR.)

Please provide documentation verifying active registration status for DUNS and CCR.

PROJECT COST SUMMARY	Amount	Source	Committed?		% of Budget
			Yes	No	
FY 2012 CDBG Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Government Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Private Funds Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Other Funding Requested	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Donations/Volunteering/In-Kind	\$		<input type="checkbox"/>	<input type="checkbox"/>	
Total Cost to Complete	\$				100%

## SCOPE OF WORK (Limit response to space provided):

The City of Lakewood is seeking proposals for the use of CDBG funding that addresses the goals of the CDBG program as set forth in 24 CFR 570 and meet current funding priorities and objectives. This section determines if your project is eligible for CDBG funding based on federal statutory requirements.

**National Objectives:** Federal regulations require that all activities undertaken using CDBG funds must meet at least one of three national objectives (24 CFR 570.208). Indicate objective(s) project addresses:

- Activities benefitting low- and moderate-income (LMI) persons. LMI activities may benefit individuals, families or households with incomes ≤ 80% of the area median income.
- Activities which aid in the prevention or elimination of slums or blight\*

Activities designed to meet community development needs having a particular urgency\*

*\*Check with Community Development CDBG staff for verification before selecting.*

**Program objectives:** The primary goal of the CDBG program is to develop viable communities by providing decent and affordable housing, providing a suitable environment by improving existing neighborhoods, and by



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Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Number & Types of Services	Timelines	What Will be Achieved?
1.		
2.		
3.		

Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Number & Types of Services	Timelines	What Will be Achieved?
1.		
2.		
3.		

Goal: \_\_\_\_\_

Objective: \_\_\_\_\_

Number & Types of Services	Timelines	What Will be Achieved?
1.		
2.		
3.		

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**NATURE OF PROBLEM/STATEMENT OF NEED:** If the project is proposed to remedy a problem/issue, be as specific as possible and include any statistics or other evidence that supports the case, such as census data, special surveys/studies and demographic data. Describe the problems/issues to be addressed by the program including why there is a problem and who is affected by the problem/issue (your target population). Based on the problem identified above, state briefly how the project will meet need described above.

### ELIGIBILITY AND METHODOLOGY

**Beneficiaries:** Check only one category: A, B, C, D, or E (51% or more of those served must be below 80% HUD median income)

A.	<input type="checkbox"/> Low income persons below 80% HUD median income guidelines residing in Lakewood
B.	<input type="checkbox"/> Low income <b>presumed</b> . Check <u>only one</u> of the presumed low-income categories that your project will primarily serve, if applicable <input type="checkbox"/> Abused spouses <input type="checkbox"/> Homeless <input type="checkbox"/> Illiterate <input type="checkbox"/> Individuals with disabilities <input type="checkbox"/> Abused/neglected youth/child <input type="checkbox"/> Seriously disabled adults <input type="checkbox"/> Migrant farm worker <input type="checkbox"/> Persons living with HIV/AIDS
C.	<input type="checkbox"/> Low income area (entire service area is more than 51% income eligible)
D.	<input type="checkbox"/> Elimination/reduction of slums and blight*
E.	<input type="checkbox"/> Urgent need*

*\*Check with Community Development CDBG staff for verification before selecting.*

**Service Area:** Describe the service area of your project and its boundaries by Census Tract. (If the service area does not cover an entire Census Tract, list Census Block Groups instead). Describe rationale for how service area was determined. Indicate the total number of residents living in the project service area. Indicate the total number of low- to moderate-income residents ( $\leq$  80% HUD median income) living in the project service area. Map location of project and service area boundaries (attach map immediately following this page).

Indicate the total number of clients to be served and total number of clients below 80% HUD median income guidelines who will benefit from this project:

No. of Clients Served Residing in	No. of clients Served Residing in	No. of Clients Served Residing in	No. of Clients Served Residing in	Total # of Clients
<b>Lakewood</b>	(Name of City) _____	(Name of City) _____	<b>Unincorporated Pierce County</b>	

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<b>A. Total # of clients to be served by this project:</b>		%		%		%		%		100%
<b>B. Total # of clients below 80% HUD median income to be served by this project:</b>		%		%		%		%		100%

Describe the methodology used and data collected to determine income eligibility requirements.

	<p>Provide a brief description of the population to be served. Provide and outline of the benefit(s) to the prospective population, how it supports the agency's Mission and Purpose, and how it will positively impact the community.</p>	
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Describe the process you will use to provide services including how you will reach the target population.

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Describe the project's specific objectives in order of their priority. Quantify your description by the number of persons served etc.

\_\_\_\_\_

Describe innovative services or new approaches the project will bring to the clients served.

\_\_\_\_\_

Include information about other programs or services that address the same or similar problems/issues.

\_\_\_\_\_

Identify gaps in services and demonstrate how your agency will fill the gap in meeting those needs.

\_\_\_\_\_

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How does your agency collaborate or network with other agencies or groups by assisting individuals in breaking the cycle of poverty?

\_\_\_\_\_

Describe your selection policies and procedures and eligibility requirements.

\_\_\_\_\_

Specifically describe your documentation process for verifying residency in the City of Lakewood, income documentation, and eligibility standards established by HUD CDBG program requirements (attach a copy of your intake form immediately following this page).

\_\_\_\_\_

Is there a fee for service, donations, or a sliding fee scale?      Yes  No

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If yes, please describe.

\_\_\_\_\_

How are the citizens who will benefit from this program involved in developing or modifying the project and how do they continue to have input?

\_\_\_\_\_

**PROJECT BUDGET AND FUNDING**

Has your organization received CDBG funding from the City for this project/program, or any other project/program, in prior years?      Yes  No

If yes, please list the project/program name, year(s) and amount(s) below.

Project/Program	CDBG Year	Amount

Anticipated balance of previously committed funds:      \$\_\_\_\_\_

Can your project be partially funded?      Yes  No

If yes, list the priority items and amounts:

- Priority 1: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Priority 2: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Priority 3: \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Priority 4: \_\_\_\_\_ Amount \$\_\_\_\_\_

Additional partial funding requirements and project impacts *(if applicable)*

\_\_\_\_\_

Does your agency have sufficient capital to conduct this project prior to commitment of CDBG funds? Please explain.

\_\_\_\_\_

Discuss how your organization will evaluate and ensure the cost effectiveness of your program.

\_\_\_\_\_

**Program Income:** Program income generated as a result of this project may be retained by the subrecipient to be used for the cost of operation that generated the income (i.e. revenue generated from copy charges must be used for the cost of the paper, toner, or supplies). Program income shall be expended prior to requesting release of CDBG funding.

Program Income	Total Revenue
Copier fees	\$

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Rental fees (ex. meeting/wedding space rental)	\$
Program fees (specify)	\$
Program fees (specify)	\$
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$
<b>TOTAL</b>	<b>\$</b>

**Project Budget:** Complete the table below, indicating all anticipated costs and the line items for which CDBG funds would be used, including all sources of financing, for all projects/services receiving CDBG funds.

EXPENSES			FUNDING					
Line Item Expenses	Total Expenses	% of Budget	CDBG Funds Requested	% of CDBG Funds	Other Funds		Committed	
					Amount	Source	Yes	No
Salaries/Wages/Benefits / % of FTE / position	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Salaries/Wages/Benefits / % of FTE / position	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Salaries/Wages/Benefits / % of FTE / position	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Office Supplies/Operating Supplies (postage, janitorial, supplies, misc)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Copy Machine/ Office Machinery Lease	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Travel (mileage & gas reimbursement)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Utilities (phone, security, refuse, water, power, sewer, misc)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Printing/Advertising (ex. newsletter)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Insurance	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Program Space Rent	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
	\$		\$		\$		<input type="checkbox"/>	<input type="checkbox"/>
<b>TOTAL</b>	<b>\$</b>	<b>100%</b>	<b>\$</b>	<b>100%</b>	<b>\$</b>			

Indicate the cost per client served for your project/program (total program expenditures divided by total clients served):  
\$\_\_\_\_\_ per client for FY 2012 (proposed)

Indicate the cost per **CDBG** client served for your project/program (total program expenditures divided by total **CDBG** clients served):  
\$\_\_\_\_\_ per client for FY 2012 (proposed)

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If one or more of the funding sources listed above is not realized, what impact would this have on your project? Explain what changes would be considered to its scope of services, including the number of clients served, staff reductions, etc., and whether your project would exist without CDBG funding.

\_\_\_\_\_

Explain why CDBG funds are appropriate for your project. Discuss what actions you have taken and what other funding sources have been investigated in the last 12 months to reduce your organization's dependence on City of Lakewood CDBG funds.

\_\_\_\_\_

**IMPLEMENTATION**

If funded, how many months after the execution of the contract will you be ready to begin the project? \_\_\_\_\_  
*Note: Projects must be awarded or providing services within 180 days after the start of the CDBG program year which begins July 1, 2012. Failure to comply may result in the reprogramming of funds.*

What steps need to be taken to implement your project?

\_\_\_\_\_

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Provide a project implementation schedule.

\_\_\_\_\_

**ORGANIZATIONAL EXPERIENCE/CAPACITY**

Describe the services provided by your agency, including clientele served. How long has your agency been in existence?

\_\_\_\_\_

What is your agency's Mission Statement and Purpose?

\_\_\_\_\_

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Does your agency require special licensing or certification to carry out your Mission and Purpose? If so, identify the licensing and certifications required, and is your agency certified and licensed?

\_\_\_\_\_

Describe why your agency has the qualifications and experience based upon staff/program credibility and past accomplishments to provide the proposed services.

\_\_\_\_\_

Describe your organization's experience with CDBG or other federally funded program.

\_\_\_\_\_

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Describe your agency's prior performance in the delivery of services and efforts to increase and/or enhance assistance to individuals whom are minority clients.

\_\_\_\_\_

Are your services and facilities open and accessible to individuals with disabilities?      Yes  No

Explain.

\_\_\_\_\_

Explain your capacity to serve limited English speaking individuals.

\_\_\_\_\_

What is your agency's proximity to public transportation, and does your agency provide transportation services?

\_\_\_\_\_

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Describe your organizational accounting system for the use of CDBG funds.

\_\_\_\_\_

Has your agency had an audit within the last three (3) years? Please explain.

\_\_\_\_\_

**Personnel:**

Identify all positions involved in the operation of this project, including assignment and program responsibility. Include breakdown by FTE.

\_\_\_\_\_/\_\_\_\_\_  
Position/ FTE Equivalent

\_\_\_\_\_  
Assignment/ Program Responsibility

\_\_\_\_\_/\_\_\_\_\_  
Position/ FTE Equivalent

\_\_\_\_\_  
Assignment/ Program Responsibility

\_\_\_\_\_/\_\_\_\_\_  
Position/ FTE Equivalent

\_\_\_\_\_  
Assignment/ Program Responsibility

\_\_\_\_\_/\_\_\_\_\_  
Position/ FTE Equivalent

\_\_\_\_\_  
Assignment/ Program Responsibility

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\_\_\_\_\_  
Position/ FTE Equivalent

\_\_\_\_\_  
Assignment/ Program Responsibility

Who will be responsible for the overall operation of the project and what skills and qualifications does that person possess?

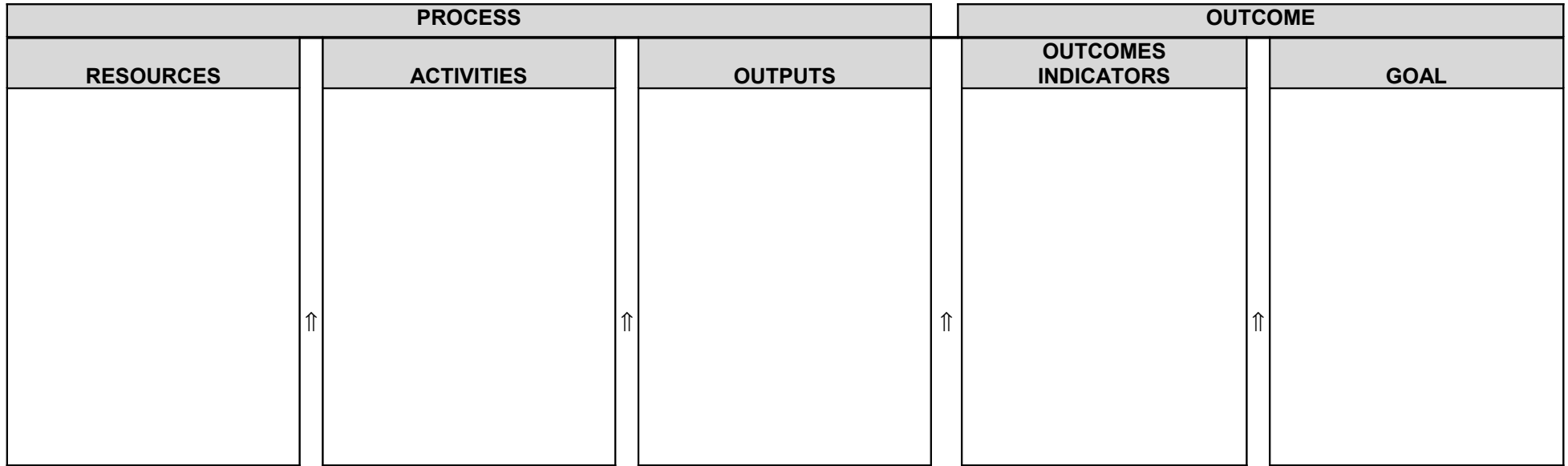
\_\_\_\_\_

**OUTCOMES, MEASURES AND EVALUATIONS**

**Program Outcome Based Evaluation-** Note: Please provide 2 outcome measures and a minimum of 2 indicators for each outcome.

9 pt. or larger

**A. Program Evaluation Logic Model**



**B. Identification of outcomes/indicators**

OUTCOME MEASURE & INDICATORS	Describe how outcomes and indicators support your service strategy (page 3 of the Outcome Catalogue). Include the logic used to determine the achievement criteria for each outcome and relevant indicator

**Description of the evaluation plan**

Evaluation requires a number of decisions. Specifically for each of the outcomes to be measured, describe:

**Measurement Tool/Approach** – For example: participant interviews, focus groups, written surveys, case manager or staff assessment of participants, information collected from government, school, business or agency records.

**Sampling Strategy and Sample Size** – For example: mailing a survey to a random sample of ten percent of participants, interviewing every third participant, having focus groups that are representative of participants based on race and gender.

**Frequency and Schedule of Data Collection** – For example: collect pre-test data before a program starts and a post-test after one year, or collect data every six months starting with the first contact with participants.

Outcomes and Indicators	Measurement Tool/Approach	Sampling Strategy and Sample Size	Frequency and Schedule Of Data Collection
O.  I.  I.			
O.  I.  I.			



**CERTIFICATION**

This proposal must be signed by an official authorized to bind applicant in order to be considered for funding.

I hereby certify that for any CDBG project, compliance is required in the following areas:

**Utilization of Minority/Women & Disadvantaged Contractors** - Projects receiving CDBG funding must notify and include minority and women contractors in their bidding process. *Executive Order 11625 (Utilization of Minority Business Enterprise); Executive Order 12138 (Utilization of Female Business Enterprise).*

**Labor Standards Provisions (Davis-Bacon)** - Construction projects receiving \$2,000 in CDBG (federal) funds will be required to comply with applicable prevailing wage requirements.

**Section 3** - Projects receiving CDBG funding involving building or public facilities improvements must, to the greatest extent feasible, utilize lower income residents for employment and training opportunities. *(24 CFR, Part 135).*

**Environmental Regulations** - All funded projects will need to have an environmental review to ensure compliance with NEPA (National Environmental Protection Act) regulations. The City of Lakewood conducts these reviews but needs Subgrantee cooperation.

**Title VI of the Civil Rights Act of 1964** which provides that no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. *(Public Law 99-352)*

**Title VIII of the Civil Rights Act of 1969**, popularly known as the **Fair Housing Act**, which provides that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any persons from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including otherwise making unavailable or denying a dwelling to a person, because of race, color, religion, sex, or national origin. *(Public Law 90-294)*

**ADA Compliance** - Projects receiving CDBG funding involving building or public facilities improvements must include accessibility and comply with the Americans with Disabilities Act Guidelines (ADAG).

I certify that the statements and application requirements in this official proposal are correct and that this proposal contains no misrepresentation or falsification, omission, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief, and that no bids have been awarded, contracts executed, or construction begun on the proposed project. I also certify that any CDBG funding resulting from this application will be governed by the laws and regulations of the United States Department of Housing and Urban Development (HUD) and the City of Lakewood and that any funds received under this grant will not be used to supplant other funds budgeted for the proposed project.

\_\_\_\_\_  
Signature of Authorized Official (**use blue ink**)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date\_