

II. APPLICATION FORMS

A. PROJECT CONTACT INFORMATION

1. Applicant Information

Organization Name	
Type	
Mailing Address	
City	
State	
Zip + 4	
Phone	
Fax	
Primary Email	
Website	
EIN	
DUNS	
Fiscal Year End	

2. Chief Elected Official - CEO (If term is ending, please provide new contact information)

First Name	
Last Name	
Title	
Term Effective Date	
Term End Date	
New CEO Name	
Title	
Term Effective Date	
Term End Date	
City	

State	
Zip + 4	
Phone	
Fax	
Email	

3. Primary Local Grant Contact (Must be a municipal employee other than CEO)

Name	
Title	
Address	
City	
State	
Zip + 4	
Phone	
Fax	
Email	

4. Applicant Political District Information

Congressional District(s)				
Assembly District(s)				
Senate District(s)				

5. Program/Project Information

Name of Project	
Location	
Location Type	
Address Specific	
Community-Wide	
Census Tract/Block Group	

B. PROJECT PROPOSAL

1. Description of Need

- Provide a brief description of need for the project, including any quantifiable information (for example, the number of people affected, area affected, etc.)
 - The description, to the extent possible, should be based on verifiable documentation attached to the application, such as supports letters, architectural/engineering reports, or market analysis
- Provide an explanation of how the proposed project will address the identified need.
- Describe why CDBG-CV is necessary to complete the project; include a description of efforts taken to secure alternative or additional funds from other public and private sources.
- Identify if other sources are available for the needs identified. Explain why these sources cannot meet the needs addressed by this proposal.

2. Connection to Coronavirus

- Describe, specifically, how the project will prevent, prepare for, and/or respond to Coronavirus
 - To qualify for assistance, a direct connection to preventing, preparing for and/or responding to Coronavirus must be demonstrated for each activity that will be undertaken as part of this project.

3. CDBG National Objective

- Provide a description of how the proposed activities will meet a CDBG National Objective. All CDBG-funded activities must meet one National Objectives:
 - Benefit to Low and Moderate-Income (LMI) Persons. Specify which subcategory you will meet
 - LMA (Low/mod area)
 - LMH (L/ow/mod housing)
 - LMC (Low/mod clientele)
 - LMJ (Low/mod jobs)
 - LMCMC (Low/mod owner microenterprise)
 - Meet an Urgent Community Development Need (URG)
- Each activity proposed must satisfy the requirements of the National Objective selected and evidence of compliance must be submitted with the application as an attachment. Note that New York State expects to primarily award projects that meet the LMI National Objective.
 - If satisfactory evidence of compliance with a National Objective is not provided, the proposed activity will be considered ineligible and will not be considered for funding. For more information, please see the appendix to the application

4. Impact

- Describe the specific measurable impacts to be realized through this project, i.e. numbers of jobs, housing units, people assisted.
- Provide a financial analysis of project feasibility with and without CDBG-CV funds.
- Describe the impact if CDBG-CV funds were not awarded, i.e. effect on community, business, quality of life, etc.

Tab to next page to Continue Impact information

Impact continued from previous page

5. Capacity

- Provide a project timeline and describe how the proposed project will be completed within 12 months of award.
 - Describe the administrative structure, e.g. consultant, subrecipients, that will be used to deliver the expected outcomes, including all roles and responsibilities.
 - Briefly describe relevant experience that supports preparedness to deliver the proposed project.
- If applicable - Describe the procurement process that will be used to acquire professional services to complete the project.
- Describe formal partnerships and collaborative efforts in place that will support successful delivery of the proposed project. For example, efforts to avoid duplication of services, leverage other available resources, reach underserved areas and ensure broad geographic distribution of services.
- **If Entitlement community** – Describe how the community is deploying CARES funding that has been directly received. Explain how the proposed project (using NYS CDBG-CV) complements on-going efforts to administer other CARES funding.

* Tab to next page to continue Capacity information*

Capacity continued from previous page

6. Budget Narrative

- Explain how the attached budget is sufficient to complete the project.
- Explain how costs were determined and describe the method used to determine the best approach and cost-effective method to address the need.
- List the sources and dates of third-party cost estimates.
- Describe any administrative, program delivery, or other soft costs and how the budget for those costs was developed.
- Describe status of other funds, e.g., formally committed, pending approval. If the funds are not formally committed provide timelines for securing commitments.

Tab to next page to continue Budget Narrative

Budget Narrative continued from previous page

C. ACTIVITY DETAIL SHEETS

Complete only those sections that apply

1. Community/Public Facilities	
<i>How many people will benefit from this activity?</i>	
Source of Data:	If "Other" provide detail below: (or provide details below)
Median Income	# of People
At or Below 80%	
81% and Above	
No Income – Vacant/Seasonal Units	
Totals	

*Census- if using census data, service area of facility must perfectly match block group or census tract data

2. Affordable Housing		
<i>How Many Housing Units will be Assisted?</i>		
Owner Occupied Units	# of Units	# of Households
Median Income		
At or Below 80%		
81% or above		
Totals		
Rental Occupied Units	# of Units	# of Households
Median Income		
At or Below 80%		
81% or above		
Totals		
No Income – Vacant Unit		
Number of 4+ Unit Buildings to Be Assisted		
Address for Each 4+ Units Building to be Assisted		

3. Public Services (Vaccine Outreach, Mental Health Services, Broadband)		
<i>How Many Persons Will be Assisted?</i>		
Median Income	# of Units	# of People
At or Below 80%		

4. Business Assistance	
Proposed Cost per job	
Describe procedure for determining COVID-19 impact on businesses and how economic hardship will be determined and documented. Explain how award amounts and cost per job will be determined for businesses selected for participation.	
Proposed Accomplishments	Proposed Number:
<i>How Many Jobs will be created/retained?</i>	
Created	
New full-time jobs to be created	
New full-time LMI* jobs to be created	
New part-time jobs to be created	
New part-time LMI jobs to be created	
Average # of hours worked per week per part-time job created	
Retained **	
Full-time jobs to be retained	
Full-time LMI jobs to be retained	
Part-time jobs to be retained	
Part-time LMI jobs to be retained	
Average # of hours worked per week per part-time job retained	
Microenterprise (5 or fewer employees)	
Proposed Accomplishments	Proposed Number:
Total number of Microenterprises	
Of the total, enter the # of businesses entrepreneurs who qualify as Low/Moderate Income	

* LOW/MODERATE INCOME (LMI) – LMI jobs are those jobs that are held by or made available to low/moderate income people. Jobs are considered “made available to” if the job does not require any special certifications or training, education beyond high-school or equivalent, and beyond 1 year of experience.

**Provide evidence which clearly demonstrates that jobs will be lost if not for NYS CDBG assistance. For guidance, refer to the Request for Applications (RFA).

Will any jobs created in New York State be transferred or relocated from other business locations?
 Yes No