



**COMMUNITY DEVELOPMENT DEPARTMENT**  
**P.O. BOX 1079**  
**415 WEST UNIVERSITY DRIVE**  
**EDINBURG, TEXAS 78540**  
**TELEPHONE: (956) 388-8206**  
**FAX: (956) 292-2140**

REQUEST FOR FUNDING APPLICATION  
 COMMUNITY DEVELOPMENT BLOCK GRANT  
 FUNDS (CDBG)  
 FISCAL YEAR 2010-2011

Name of Program to be Funded:	
Agency:	
Executive Director:	
Program Contact Person:	
Address:	
Phone Number/Fax Number:	
E-Mail of Contact Person:	
Tax ID No.:	DUNS No.:
Amount Requested:	
Proposal Due Date: <b>WEDNESDAY, February 24, 2010 5:00 p.m.</b>	
<p>Note: THE APPLICATION MUST INCLUDE ONE (1) ORIGINAL AND ONE (1) COPY. THE FUNDING APPLICATION MUST BE RECEIVED BY DUE DATE. NO PUNCHED COPIES, NO NOTEBOOKS OR BINDERS, PLEASE. Any applications sent via facsimile will not be accepted. <u>All applications must be completely filled out.</u> If application is not complete and required documents are not submitted with application, it will automatically be disqualified and not considered for funding.</p>	

The City of Edinburg does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability, or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the City of Edinburg Community Development Department at (956) 388-8206.



The primary objective of Title I of the Housing and Community Development Act of 1974, as amended, is the development of viable communities by the provision of decent housing and a suitable living environment, and the expansion of economic opportunities, principally for persons of low- and moderate income. The City of Edinburg receives an annual federal entitlement of Community Development Block Grant (CDBG) funds to implement the Act locally.

CDBG funds are used to achieve the following national objectives:

1. To benefit low- and moderate income persons.
2. To prevent or eliminate slums or blight.
3. To meet community development needs which have a particular urgency.

Eligible activities are identified as Construction Projects and Public Service Projects, and are further defined in accordance with the following categories:

- Acquisition of Real Property
- Disposition
- Public Facilities/Improvements
- Clearance
- Public Services
- Interim Assistance
- Relocation
- Loss of Rental Income
- Privately-Owned Utilities
- Housing Rehabilitation
- New Housing Construction
- Code Enforcement
- Special Economic Development
- Microenterprise Assistance
- Special Activities by CBDOS
- Home Ownership
- Planning and Capacity Building
- Program Administration Costs
- Miscellaneous Other Activities

### **Application for CDBG Funds**

All public or private non-profit agencies, organizations, or authorities are eligible to apply for CDBG funds. This application must be completed and submitted to the City of Edinburg Community Development Department at the following address:

Community Development Department  
415 West University Drive  
Edinburg, Texas 78541

**Applications submitted after the deadline specified in the application will not be considered.**



**I. AGENCY INFORMATION**

1. Longevity: Number of Years agency has been in business: \_\_\_\_\_

2. Does your agency solicit donations or hold fundraisers?      Yes       No

3. Has the agency been involved in any lawsuits?      Yes       No

4. Are there any outstanding judgments against the agency?      Yes       No

5. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

a. Employee of the City of Edinburg or related to a City employee?      Yes       No

b. Members of or closely related to members of Edinburg City Council or Community Development Council Board?      Yes       No

If you answered “Yes” to any questions A-B, you must provide an explanation. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program. \_\_\_\_\_

**II. AGENCY OVERVIEW**

1. Provide a brief description of the program for which you are requesting funding.



2. Indicate if this is a new or existing project below:

- Existing Project (Previously Funded by the City)  
Is the service a quantifiable increase?  Yes or  No
- New Project (Never been funded by the City)

3. What is the full service area of this agency?

- Edinburg  
 Other \_\_\_\_\_

Please describe Service Areas: \_\_\_\_\_

#### 4. DEMAND FOR SERVICES

- a. Explain the need for this program and the gap in services in the City of Edinburg. Provide **QUANTITATIVE DATA** to your explanation. \_\_\_\_\_
- b. Was this program funded by the City in FY 2008-2009? Yes  No   
If yes, what **NEW or EXPANDED** services will your agency provide for the Community (be quantitative)? \_\_\_\_\_

#### 5. CLIENTELE

- a. How many individuals will be served by this program whose income is at or below median income? Individuals \_\_\_\_\_
- b. What is the estimated cost to provide services to one person? \_\_\_\_\_

#### 6. Program Eligibility

To be eligible for Community Development Block Grant (CDBG) federal funds, program activities must meet one of the HUD national objectives listed below:

- a. LMI Limited Clientele: At least 51 percent of persons served will be from low- and moderate income households. Explain how you will determine household-income.



- b. LMI Jobs: At least 51 percent of jobs created or retained will be filled by low-or moderate-income persons. Explain below how you will determine household income.
- c. LMI Housing: All households provided with housing assistance will have low or moderate-income. Explain below how you will determine household income.
- d. Area Blight: The program will cure conditions of slum and blight in designated blighted area. Describe the area below and attach map showing its boundaries.
- e. Spot Blight: The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low-and moderate income persons.
- f. Urgent Need.

Explain how your program addresses the national objective you selected. \_\_\_\_\_

7. Performance Management (Measuring Your Goals and Objectives)

\_\_\_\_\_

Please complete the table in **Attachment 1** to show how you identify and measure the results and impacts brought about by your program. When completing this section keep in mind the question - **“How do we know this program is making a difference in the lives of those we serve”?** (Please contact our office if you need assistance completing **Attachment 1**)



**III. Project Description**

1. Please provide the number of individuals assisted in the following fiscal years:

	FY 2008/09*	1ST QTR FY 2009/10**	# PROPOSED FOR 2010/11
TOTAL # ASSISTED	_____	_____	_____
% OF EDINBURG CASES	_____	_____	_____
Type of Services Provided including number of persons assisted:			
A. Counseling	_____	_____	_____
B. Home Visits	_____	_____	_____
C. Outreach	_____	_____	_____
D. Educational/Recreational	_____	_____	_____
E. Vocational Training	_____	_____	_____
F. Shelter	_____	_____	_____
G. Legal	_____	_____	_____
H. Referrals	_____	_____	_____
I. Other: _____	_____	_____	_____

\* Fiscal year 2008 includes services provided from October 1, 2008 thru September 30, 2009  
 \*\* Fiscal year 2009 includes services to be provided from October 1, 2009 thru September 30, 2010

2. How many of the Edinburg based individuals in 2008/2009 met acceptable low/moderate income limit guidelines as per federal or state published figures?

Percent of Low/Moderate income persons served: \_\_\_\_\_

In the 1<sup>st</sup> Quarter of Fiscal Year 2009/2010, how many of the Edinburg based individuals met acceptable low/moderate income limit guidelines as per federal or state published figures?

Percent of Low/Moderate income persons served: \_\_\_\_\_



3. Must all participants in your program meet federal or state low income limit guidelines for program qualifications? \_\_\_\_\_
  
4. List similar projects in Edinburg. Is there a coordinating agency? If so, whom? (Name, Address & Phone Number of Contact Person) \_\_\_\_\_
  
5. Provide backup information regarding project service necessity, such as surveys, waiting list, etc. \_\_\_\_\_
  
6. Attach letter(s) of support for this project. \_\_\_\_\_
  
7. If this project is unfunded or partially funded, will the project be carried out? \_\_\_\_\_
  
8. Is there a fee for your services? If so, please attach a fee schedule. \_\_\_\_\_

**IV. Budget**

1. Please list CDBG funding amount requested and other sources of funds and amounts for this project.

A. Funding amount requested from City of Edinburg CDBG \$ \_\_\_\_\_

B.	<b>Other Sources</b>	<b>Funding Amount</b>
	_____	_____
	_____	_____



2. Provide a line-item budget that will identify the allocation of the requested CDBG amount.

CATEGORY	CDBG FUNDS REQUESTED
Salaries	\$
Fringe Benefits	
Food Supplies	
Dental Services and/or Supplies	
Shoes	
Business Attire	
Advertising	
Program Supplies	
Program Transportation	
Medication/Dentures	
Other (Specify)	
Other (Specify)	
Other (Specify)	
<b>Total Project Expenses</b>	<b>\$</b>

3. Is project dependent on "Other Funds"? \_\_\_\_\_

***Note: If other funds are pending approval and the project is dependent on them, please be advised that we reserve the right to rescind Community Development Funding if other funding becomes unavailable.***

4. Identify what percentage of C.D.B.G. Funding will be used for staffing and operations utilized for direct benefit only? \_\_\_\_\_
5. Identify what percentage of C.D.B.G. funding will be used for direct benefit (example: dental services, meals for elderly, shoes for youth, etc.) \_\_\_\_\_



## V. REQUIRED ATTACHMENTS

1. Articles of Incorporation \*
2. Proof of tax exemption (Tax ID#) \*
3. Agencies receiving \$500,000 or more in federal funds must provide a copy of a single or program audit report prepared by an independent certified public accountant. Include Independent Auditors Report. **Note:** for agencies not required to complete a single or program audit, financial statements must be provided.
4. Copy of most recent 990 Tax Return. (Year 2008, if no 2008 provide copy of IRS Form 8868)
5. Current budget for agency – Show all sources of expected revenues and expenditures.
6. Applicant's By-Laws. \*
7. Resume of Chief Program Administrator. \*
8. Resume of Chief Fiscal Officer. \*
9. Board of Directors: Provide names, addresses, occupants, and phone numbers of current Board of Directors. Include position/title on Board.
10. Organizational Chart.
11. Personnel polices and procedures. Specify:
  - a. Method of vacation and sick leave accumulates.
  - b. List of paid holidays.
  - c. Number of hours which make up the work week.
  - d. Hours when open to the public.
  - e. Hiring procedures and affirmative action policy and plan.
12. Documentation of non-profit status. Include state and federal tax exempt determination letters.
13. **Authorized Officials:** Designated officials authorized to enter into contracts. Identify all personnel with signatory powers. Provide a letter signed by Board Member or approved "Minutes".
14. Copy of General Liability Certificat of Insurance
  - a. A minimum of \$300,000 per occurrence will be required if funded
  - b. If a vehicle is used as part of the business functions auto liability will be required in the same amount.



