

**FUNDING REQUEST FORM
CITY OF READING
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PY2016**

Assistance in completing this request is available by calling the Community Development Department at 610-655-6211. Please answer all questions applicable to your project as specifically as possible (print or type). The request form and supporting documentation must be received by the Community Development Department, 815 Washington Street, Reading, PA 19601 no later than **June 30, 2015**.

If the project you are applying for can be considered an economic development project, please review and complete the CDBG Economic Development Application. If you are unsure which application to use, please contact Neil Nemeth at 610-655-6211.

All activities funded by CDBG must be consistent with the City and County Comprehensive Plans and the joint City and County Five Year Consolidated Plan. Requests for City funding must be in conformance with the City's Market Value Analysis (MVA) as well as other eligibility criteria. Before preparing your application please review the MVA Map at <http://www.readingpa.gov/content/community-development-overview>

I. GENERAL INFORMATION

A. Date: _____

B. Submitted By: _____ Title: _____

C. Organization: _____

D. Address: _____

E. Telephone: _____ Fax: _____

F. Contact Person: _____

G. Contact Person Telephone: _____

H. Email: _____ IRS Tax Number: _____

I. Total Project Budget: _____ Amount Requested: _____

J. Project Name: _____

K. Brief Description of Project: _____

L. Project Service Area: _____

M. Census Tract: _____

II. CHECKLIST OF REQUIRED DOCUMENTS

- _____ 1. Narrative data on project and applicant
- _____ 2. Articles of Incorporation and Bylaws
- _____ 3. State and Federal Tax Exemption Determination letters
- _____ 4. List of Board of Directors
- _____ 5. Board of Directors' authorization to request funds
- _____ 6. Board of Directors' designation of authorized official
- _____ 7. Organizational chart
- _____ 8. Resume of program administrator
- _____ 9. Resume of fiscal officer
- _____ 10. Financial statement and most recent audit
- _____ 11. Documentation of compliance with National Objectives
- _____ 12. Copy of most recent strategic plan or similar planning document.
- _____ 13. Performance Measurement Form
- _____ 14. Current annual salary of the Executive Director.

III. NARRATIVE

The City does not require a particular format for this section however, the narrative must be typewritten and not exceed 3 pages.

A. Project Summary

Briefly describe the proposed project. The narrative should include the need or problem to be addressed in relation to the five year Consolidated Plan, as well as the population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule. Include the proposed budget, specifying line item costs such as personnel, supplies, equipment, travel, etc. Discuss the intended staffing pattern, and finally other sources of funding sought and secured.

B. Performance/Outcome Measurement

Human Service agencies are in the midst of a major shift from focus on activities to a focus on results. The potential benefits of this shift to a focus on outcomes are broad. Agencies will have invaluable information for increasing the quality of their programs. Program participants will receive services that are shown to produce positive results.

Specify what is to be measured, how do you intend to measure it, and how the project will have a positive effect on the neighborhood it serves. Activities which demonstrate a significant measurable impact on a CDBG eligible neighborhood is the standard the City will use in selecting applications for funding.

Using your organization's planning document, please provide appropriate performance/outcome measurements for the project you are requesting funds for. Examples are: number of persons successfully graduating from course, number of persons learning a new skill, number of persons learning English as a second language, number of families provided permanent housing.

If the activity did not receive CDBG Program funding in the previous year then specify new services planned or a quantifiable increase in the level of existing services to be provided for the upcoming year compared to the previous twelve (12) months of operation. In the case of a quantifiable increase, documentation must be provided that shows the amount of funding and the source of local or state funding for the previous twelve (12) months of operation.

C. Organization Information

Background

Include the length of time the organization has been in operation, the date of incorporation, the purpose of the organization, and the type of corporation. Describe the type of services provided, the organization's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

Personnel

Briefly describe the organization's existing staff positions and qualifications, and state whether or not the organization has a personnel policy manual with an affirmative action plan and grievance procedure.

Financial

Describe the organization's current operating budget, itemizing revenues and expenses. Include copies of funding commitments used to match funds being requested. Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

The City may use the cost per unit of service or cost per measured outcome method of payment. Please provide a breakdown and explanation of the cost per unit.

Audit Requirements

If funded by the CDBG Program, the Organization may be subject to the audit requirements of OMB Circular A-133. When requested, the Organization shall submit a copy of its annual audit to the City indicating the receipt of federal funds provided by this Agreement.

Insurance/Bond/Worker's Compensation

State whether or not the organization has liability insurance coverage, in what amount, and with what insuring organization. State whether or not the organization pays all payroll taxes and worker's compensation as required by Federal and State Law. State whether or not the organization has fidelity bond coverage for principal staff who handle the organization's accounts, in what amount, and with what insuring organization.

Additional Information

Include any other pertinent information.

IV. STANDARD REQUIRED DOCUMENTS

A. Articles of Incorporation/Bylaws

Articles of Incorporation/Bylaws Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or organization.

B. Non-profit determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of the Board of Directors

A list of the current board of directors or other governing body of the organization must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Authorization to Request Funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Authorized Official

Documentation must be submitted of the governing body's action authorizing the representative of the organization to negotiate for and contractually bind the organization. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organizational chart must be provided which describes the organization's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of shared responsibility.

G. Resume of the Chief Program Administrator

H. Resume of the Chief Fiscal Officer

I. Financial Statement and Audit

V. NATIONAL OBJECTIVES

The proposed project must address at least one of the three national objectives for the CDBG Program. Check the appropriate objective for your project and provide supporting information.

Low/moderate Income Benefit:

1) Census data must be provided demonstrating the service area contains at least 51% low/moderate income persons and is predominately residential if the project will primarily benefit low/moderate income persons living within the project service area.

Service Area: This is the geographic area to be served by the project. It may be the houses along the particular section of road, the families using the bridge on a daily basis; the homes that will have water problems eliminated by the drainage improvements, etc. Please provide a map showing the project and outlining the service area of the project.

Provide a justification for the service area chosen.

2) Some projects may be designed to benefit low/moderate income persons because the project will only be available to this income group. An example would be the rehabilitation of rental housing to be rented to low/moderate income persons. If the proposed project addresses this type of limited clientele, please explain.

3) HUD presumes the following groups consist of principally low/moderate income persons: abused children, elderly persons, battered spouses, homeless persons, handicapped persons, illiterate persons, and migrant farmworkers. If the proposed project addresses persons of one or more of these groups, please explain.

4) If the proposed project is designed to retain existing jobs or create new jobs, please explain how the jobs relate to the project, how many jobs will be created or retained, how many low/moderate income jobs will be create or retained, and when the jobs will be filled.

Slums and Blight: Explain the slum and blighting influence. Attach additional sheets if necessary.

VI. BUDGET SUMMARY

Provide financial data requested below. Costs should be based on the best information available at the time of the request. When providing the information, consider the following: (a) a project must be completed in a single phase if possible; (b) Federal wage rates apply to construction projects costing \$2,000 or more; (c) projects may not begin construction until CDBG Program funding is approved by the U.S. Department of Housing and Urban Development.

Total estimated cost of project: \$ _____

Amount of funds requested: \$ _____

It is important to try to obtain funds to offset the demand for the limited amount of CDBG Program funds. If the project requires a renewal of funds every year, the City can not guarantee that renewal.

A. List the amount and source of other funds that will be used in addition to the CDBG Program funds being requested.

B. If CDBG Program funds are needed to secure matching funds from another source, state the source and the amount of funds to be matched.

VI. CERTIFICATION

This funding request for CDBG Program funds was discussed at a _____ meeting held on

_____ and was approved by the governing body on _____
(date) (date)

Signature

Title

One original and one (1) copy must be sent by June 30, 2015 to:
City of Reading Community Development Department
City Hall
815 Washington St.
Reading, PA 19601

PERFORMANCE MEASUREMENT FORM

The U.S. Department of Housing and Urban Development (HUD) is requiring the City of Reading to develop, implement, and report on the performance of the Community Development Block Grant (CDBG) Program. When submitting a funding application for the CDBG, HOME, or ESG Program, you must complete and submit the following information for your project.

OBJECTIVES

All projects or programs must relate to one of the following objectives. Please circle the appropriate number.

1. **Suitable Living Environment.** In general, this objective relates to activities that are designed to benefit community, families, or individuals by address issues in their living environment.
2. **Decent Affordable Housing.** The activities that typically would be found under this objective are designed to cover the wide range of housing possible that can be funded by the CDBG, HOME, and ESG Programs. This objective focuses on housing projects or programs where the purpose is to meet individual family or community needs and not where housing is an element of a larger effort.
3. **Creating Economic Opportunities.** This objective applies to the types of activities or projects related to economic development, commercial revitalization, job creation, or job retention.

OUTCOMES

All projects or programs must relate to one of the following outcomes. Please circle the appropriate number.

1. **Availability/Accessibility.** This outcome category applies to projects and programs that make services, infrastructure, housing, or shelter available or accessible to low and moderate income people, including people with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low and moderate income people.
2. **Affordability.** This outcome category applies to projects or programs that provide affordability in a variety of ways in the lives of low and moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation, day care, etc.
3. **Sustainability/Promoting Livable or Viable Communities.** This outcome applies to projects and programs that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low and moderate income people or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

OUTCOME INDICATORS

You must select one or more of the following indicators that relates to your project or program and provide the information requested under the indicator.

1. **Infrastructure and public service activities.**
Provide the number of persons or households to be assisted:
_____ with new access to service or benefit
_____ with improved access to service or benefit
_____ where activity was used to meet a quality standard or measurably improved quality, report number of persons or households that no longer have access to substandard service only

2. Activities are part of a geographically targeted revitalization effort.

Check one:

- Comprehensive
- Commercial
- Housing
- Other

Choose all the indicators that apply, or at least 3 indicators if the effort is Comprehensive.

- Number of new businesses to be assisted
- Number of businesses to be retained
- Number of jobs created or retained in target area
- Amount of money to be leveraged (from other public or private sources)
- Number of low/moderate income persons to be served
- Number of Slum/blight demolitions
- Number of low/moderate income households to be assisted
- Number of acres of remediated Brownfield
- Number of households with new or improved access to public facilities/services
- Number of commercial facade treatment/business building rehab
- Other - can include: crime numbers, property value change, housing code violations, business occupancy rates, employment rates, homeownership rates.

3. Activity addresses slum and blight spot basis.

4. Number of commercial facade treatment/business building rehabilitations. _____

5. Number acres of brownfields to be redeveloped. _____

6. Number of new rental units to be constructed.

Total number of units: _____

Of total:

- Number affordable
- Number accessible to persons with disabilities

Of affordable:

- Number subsidized by program (federal, state or local program)
- Number of years of affordability guaranteed:
- Number of housing units (supported through development and operations or rental assistance) for persons with HIV/AIDS:
- Of those, number of units for the chronically homeless
- Of those, the number made accessible to persons with disabilities
- Number of units of permanent housing for homeless persons and families (supported through development and operations):
- Of those, number of units for the chronically homeless
- Of those, the number to be made accessible to persons with disabilities

7. Rental units to be rehabilitated or improved.

Total number of units: _____

Of total:

- Number affordable
- Number accessible to persons with disabilities
- Number brought from substandard to housing code compliance
- Number to meet meeting International Building Code Energy standards
- Of those, number meeting Energy Star standards
- Number brought into compliance with lead safe housing.

Of Affordable:

- _____ Number subsidized by Federal, state or local program.
- _____ Number of years of affordability guaranteed
- _____ Number of housing units (supported through development and operations) for persons with HIV/AIDS
- _____ Of those, number of units for the chronically homeless
- _____ Of those, the number made accessible to persons with disabilities
- _____ Number of units of permanent housing for homeless persons and families (that are supported through development and operations)
- _____ Of those, number of units for the chronically homeless
- _____ Of those, the number made accessible to persons with disabilities

8. Owner occupied units to be rehabilitated or improved.

Total Number of units: _____

- _____ Number of units brought from substandard to local code compliance
- _____ Number of units brought to International Building Code Energy standards
- _____ Of those, number brought to Energy Star standards
- _____ Number of units brought into compliance with lead safe housing rule
- _____ Number of units subsidized by federal, state or local program

9. Direct financial assistance to be provided to home buyers

- _____ Number of first-time home buyers
- _____ Number of subsidized tenants
- _____ Number of minority households

| | | |
|-----------------------------|-----|----|
| Down-payment Assistance | Yes | No |
| Closing Costs | Yes | No |
| Mortgage buy-down/Reduction | Yes | No |
| Interest Reduction | Yes | No |
| Second Mortgage | Yes | No |

10. Number of jobs to be created: _____

Employer sponsored health care benefits: Yes No

Type of jobs created (use existing Economic Development Administration (EDA classification))

_____ Number of unemployed before taking job.

11. Number of jobs to be retained, saved, or maintained: _____

Employer sponsored health care benefits: Yes No

Type of jobs created (use existing Economic Development Administration (EDA classification)):

_____ Number of unemployed before taking job.

12. Number of businesses to be assisted: _____

- _____ Number of New
- _____ Number of Expansions
- _____ Number of Relocations

DUNS number(s) of those businesses: _____

Two-digit NAIC industry classification (if needed w/DUNS): _____

13. Does assisted business provide a good or service to meet needs of service area/neighborhood/community? Yes No

14. Number of homeownership units to be constructed, acquired, and/or acquired with rehabilitation.

Total Number of Units: _____

Of those:

- _____ Number of affordable units
- _____ Number of years affordability guaranteed
- _____ Number meeting International Building Code Energy standards
- _____ Of those, number using Energy Star standards
- _____ Of those, the number made accessible to persons with disabilities

Of the affordable units:

- _____ Number subsidized by state/local programs
- _____ Number subsidized by federal programs
- _____ Number specifically for persons with HIV/AIDS
- _____ Number specifically for homeless

Of those, number specifically for chronically homeless: _____

Of those, the number made accessible to persons with disabilities: _____

15. Number of renter units or tenants to be assisted with monthly subsidies (tenant-based rental assistance).

Total Number of units _____

Of those:

- _____ Number subsidized by state/local programs
- _____ Number subsidized by federal programs
- _____ Number assisting persons with HIV/AIDS
- _____ Number assisting homeless

Of those, number assisting chronically homeless _____

Of those, the number made accessible to persons with disabilities. _____

16. Number of homeless persons stabilized due to access to overnight shelter or other emergency housing support.