

City of Decatur

Community Development Block Grant

Request for Proposal: Funding 2018-2019

GENERAL AGENCY INFORMATION

Fill out the requested information completely. Please attach all required documents (see checklist). * Identifies required information.

Application Date

Name of Agency

Agency Employer ID
(EIN)*

Agency DUNS
Number*

Agency CAGE Number*

Executive
Director/President:

Agency Address:

Agency Phone Number:

E-mail Address:

Agency Web Address:

Program Coordinator:

Program Address:

Phone Number:

City of Decatur

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Does the agency have a Board of Directors in Place?	If yes, <u>attach</u> list of names of Officers and its Board of Directors
Does the Board of Directors meet regularly (Weekly, Monthly, or Quarterly)?	If yes, <u>attach</u> the current By-Laws, Charter, and Articles of Incorporation
Does the agency have a Conflict of Interest (COI) Policy?	If yes, <u>attach</u> the COI.
Does the agency have a 501(c) 3 status?	If yes, <u>attach</u> a copy of the most recent documentation.
Has the organization's board authorized the application with a resolution?	If yes, <u>attach</u> a copy of the signed and dated resolution.
List any board or staff member who is on the Decatur City Council or an employee of the City of Decatur.	Please identify the individual and the relationship
Please identify any board member or staff which has a household member on the Decatur City Council or who is an employee of the City of Decatur.	Please identify the individual and the relationship
If you received CDBG funding in the last three years, was the funding completely spent in the year for which it was awarded?	IF not, <u>attach</u> documentation why the funds were not completely spent.
Does the agency have an annual "independent" audit?	If yes, please attach a copy of the most recent audit. Include any transmittal letter with recommendations and/or findings.
Does the agency have a formal accounting process?	If yes, please provide documentation.

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Fiduciary/Co-Applicant

Agency CAGE # *

Executive Director/Pres.

Agency Address:

Phone Number:

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**Community Development Block Grant 2018-2019
Neighborhood Services Division-City of Decatur
Project Budget and Description**

Agency/Agencies _____

Contact Person _____

Phone/Cell: _____

Address _____

City/State/Zip _____

	Activity/Item of Expenditure	Non-federal Project Funding	Requested CDBG Funding	Total Project Costs
ADMINISTRATION	20% Grant Maximum			
	Executive Director (Salary/Fringes)			
	Accounting/Payroll			
	Program Coordinator/Case Manager			
	Training (staff) Attach detail			
	Insurance & Liability			
	ADMINISTRATIVE TOTAL	\$	\$	\$

**Community Development Block Grant 2018-2019
 Neighborhood Services Division-City of Decatur
 Project Budget and Description**

PROGRAM IMPLEMENTATION				
	Educator/Instructor (Salary/Fringes)			
	Supplies/materials (*attach detail list)			
	Equipment (rental costs)			
	PROGRAM IMPLEMENTATION TOTAL	\$	\$	\$

PROGRAM GRAND TOTAL \$ _____

Project Location(s):

*Provide proof of insurance for each location and a map designating each location. Feel free to provide details about the location, including but not limited to parking and proximity to transportation/bus stops.

Community Development Block Grant 2018-2019 Neighborhood Services Division-City of Decatur Project Budget and Description

Please attach a description of the proposed program/project. The document should have a minimum font size of 12. Please number each page in the lower right hand corner. Applications may be placed in 3 ring binders, bound, or stapled. Each application must be signed and dated by the agency's authorized individual. Authorization should be documented in the organizations by-laws and/or by a signed resolution.

- Be sure to identify the clientele and the number of clients to be served through the program/project.
- Identify the location of the service or services. Each location should be in code compliance, properly zoned for the activity, and satisfy ADA requirements.
- Identify the collaboration with other institutions/agencies and the roles of each. Provide a copy of the agreement and/or Memorandum of Understanding which identifies the roles and responsibilities of each.
- Provide a detailed description of the activities for the project/program. A copy of the program/project policies and procedures may document the project/program.
- Projects/programs will be undergo an environmental review. Environmental issues may disqualify the program/project for assistance.
- Provide a time schedule for the completion of the proposed project/program. **Note: funding is awarded for 12 months.
- Provide job descriptions for the positions to be funded under the proposal, the rate of pay allocated for each position. This provides documentation for established qualifications for employees, auditors, and other personnel. If there are different rates for the same position, list the rates one under the other. Educator: \$15.00 hr./30 hours a week, Educator: \$14.50/20 hours a week, Accounting/payroll specialist: \$15.00 hr./3 hours every 2 weeks, etc. **Be sure the information is correctly reflected in the budget section as well.
- Provide an example of staff timesheets. Timesheets are required to be signed and dated by the employee and the supervisor. Executive Directors' timesheets require the sign-off by the payroll department or the board.
- PLEASE NOTE: the CDBG funds may not be used for an activity to generate funds or program income. The CDBG funds may not be used to purchase personal items, entertainment, food, drinks, etc.