

**Community Development Block Grant  
Renewal Application  
2019-2020 PY**

The competitive Request For Proposals (RFP) process for the CDBG Human Service Agency funding is released every two years. This process allows for new programs and agencies to seek funding for programs that serve the City's most vulnerable populations. The next competitive RFP process will be announced in the fall of 2019 for the 2020-2021 program year.

Agencies that were awarded CDBG funding during the 2018-2019 program year are invited to apply for funding under the Renewal Application process for the 2019-2020 program year. The renewal application will renew funding to agencies for the programs awarded under the 2018-2019 competitive RFP process. **The deadline for submission of completed Renewal Applications is Friday, January 11, 2019 at 4pm.**

Renewal Applications will be reviewed by Office of Planning and Economic Development Staff for program performance, community impact, community need and financial performance. The renewal application is for programs funded under the 2018-2019 CDBG program year. Programs will remain at the funding level approved by the Application Review Committee and City Council under the 2018-2019 Annual Action Plan.

One hard copy of the Renewal Application with documentation must be mailed to the City of Auburn, Office of Planning and Economic Development, 24 South Street, 2<sup>nd</sup> Floor, Auburn, NY 13021. Please put it to the Attention of CDBG Application. In addition, the application must be submitted electronically to [rjensen@auburnny.gov](mailto:rjensen@auburnny.gov) and to the attention of CDBG Application.

Please feel free to contact the Office of Planning and Economic Development at 315-255-4115 or [rjensen@auburnny.gov](mailto:rjensen@auburnny.gov) with any questions.

*There will not be presentations to the Application Review Committee. Presentations are only required with open competitive Request for Proposals.*

The **Application Checklist** below lists all of the information required for a complete application.

- \_\_\_\_\_ 1. Title Page
- \_\_\_\_\_ 2. Program Summary
- \_\_\_\_\_ 3. Success Story
- \_\_\_\_\_ 4. Budget and Budget Narrative
- \_\_\_\_\_ 5. List of Board of Directors
- \_\_\_\_\_ 6. Board of Directors' authorization to request funds
- \_\_\_\_\_ 7. Board of Directors' designation of authorized official
- \_\_\_\_\_ 8. Financial statement and most recent audit
- \_\_\_\_\_ 9. Conflict of Interest Questionnaire (attached)

***Please send the original application with additional documentation via mail to the address below. In addition, please submit just the application electronically to [rjensen@auburnny.gov](mailto:rjensen@auburnny.gov)***

Send the original application, **prior to 4pm January 11<sup>th</sup>**, 2019, to:

City of Auburn  
Office of Planning & Economic Development, 2<sup>nd</sup> floor  
Attn: CDBG Application  
24 South Street  
Auburn, NY 13021

If you have any problems completing or sending the application electronically, please contact Renee Jensen at 315-255-4115 or [rjensen@auburnny.gov](mailto:rjensen@auburnny.gov)

Application for Funding  
Community Development Block Grant Funds 2019-2020

**Title Page**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

DUNS #: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Project/Program Name: \_\_\_\_\_

Contact Person & Email: \_\_\_\_\_

**Priority Need\* the Program will address** (please check only one box):

- |  |  |
|--|--|
| <input type="checkbox"/> Housing Services                              | <input type="checkbox"/> Youth Services      |
| <input type="checkbox"/> Child Care and Parenting Programming          | <input type="checkbox"/> Transportation      |
| <input type="checkbox"/> Coordination/ Consolidation of Human Services | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Senior and/or Disabled Support Services       | <input type="checkbox"/> Health Services     |
| <input type="checkbox"/> Other: _____                                  |  |

**National Objective\* the Program will meet:**

- |   |  |
|---|--|
| <input type="checkbox"/> Benefit to low/moderate income person        | <input type="checkbox"/> Elimination of slums and blight |
| <input type="checkbox"/> Urgent Need (response to a natural disaster) |  |

**Please identify the Performance Measure\* that you believe the project most closely aligns to** (please check only one box in both the Objective and Outcome category):

**Objective:**

- ☐ Suitable Living Environment
- ☐ Decent Housing
- ☐ Creating Economic Opportunities

**Outcome Category:**

- ☐ Availability/Accessibility
- ☐ Affordability
- ☐ Sustainability

**Total Agency Budget: \$** \_\_\_\_\_

**Total Program Budget: \$** \_\_\_\_\_

**CDBG Assistance: \$** \_\_\_\_\_

**Other Funding Sources: \$** \_\_\_\_\_

Total estimated number of unique, unduplicated clients to be served by the program: \_\_\_\_\_

Of the above number, estimated number of **CDBG-Eligible** clients to be served: \_\_\_\_\_

Does this application have approval of the Board of Directors: \_\_\_\_\_

**Signatures:** \_\_\_\_\_

**Please Print:** \_\_\_\_\_  
Executive Director Chairman, Board of Directors

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**Proposed Budget**

Name of Agency: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Principal Contact: \_\_\_\_\_

Total Program Budget: \_\_\_\_\_ CDBG Request: \_\_\_\_\_

ITEM	CDBG Request	Other Sources (Identify)	TOTAL

**On a separate piece of paper, please justify each expense listed in a Budget Narrative.** A justification includes describing what each line item will pay for and, where appropriate, how that cost will provide a direct benefit to the client. Please indicate a dollar amount for additional funding in the column labeled "other sources", if appropriate. Identification of the additional funding sources (if any) should be included in the budget narrative.

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**Conflict of Interest Questionnaire**

**Federal, State and City Law prohibit employees and public officials of the City of Auburn from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.**

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1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or (b) a member of City Council?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the name(s) below:

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On a separate piece of paper, please indicate the job title or role each person listed above has with respect to the applicant. State whether each person listed above is a City employee, consultant, or member of City Council, and identify the City Department in which he/she is employed.

2. Will the City funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, or member of City Council?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the name(s) below:

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On a separate piece of paper, please state whether each person listed above is a City employee, consultant or member of City Council, and identify the City Department in which he/she is employed.

3. Is there any member(s) of the applicant's staff or members of the applicant's Board of Directors of other governing body who are business partners or family members of a City employee, consultant, or member of City Council?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list the name(s) below:

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If yes, please identify on a separate sheet of paper the City employee, consultant or member of City Council with whom each individual has family or business ties.

**Name of applicant:** \_\_\_\_\_

**Signature of applicant's representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Program Summary**

Please provide a brief summary of your program and explain how the program has and will continue to impact low to moderate income clients as well as the City of Auburn community. Please include how the program is evaluated.

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***Success Story***

In the space provided below, please relay a success story that best illustrates your program outcomes. The story should illustrate your program's effect on a single individual or a family. Limit your response only to this page.

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