

CONSOLIDATED PLAN COMPLIANCE

- Must meet one of the priority needs and goals in the 5-year consolidated plan.

ELIGIBLE ACTIVITIES

- Rehabilitation of residential and non-residential structures.
- Rehabilitation (including removal of architectural barriers to accessibility) of public facilities and improvements, such as water and sewer, streets, neighborhood centers.
- Acquisition (mortgage required)
- Public service

INELIGIBLE ACTIVITIES

- Salaries
- Administrative Expenses
- Cost of operating or maintaining public facilities/improvements
- Cost of purchasing construction equipment
- Costs of furnishings and other personal items i.e. uniforms
- New construction of public housing
- Political activities
- Ongoing grants or non-emergency payments (over 3 months) to individuals for their food, clothing, rent, utilities, or other income payments
- Creation of a secondary housing unit attached to a primary unit
- Costs of equipment, furnishings, or other personal property not an integral structural fixture i.e window air conditioner, washer, dryer
- Labor costs for homeowners to rehabilitate their own property
- Gifts to clients

FUNDING PRIORITIES

CDBG funds are not meant to be ongoing sources of funds to maintain projects. Rather, the funds are intended to be used . . .

as "**seed money**" for new and innovative projects addressing community needs;
as "**gap money**" to address specific community needs not being met elsewhere; and
as "**capacity money**" to leverage funds and address a greater community need.

RESOURCE INFORMATION

- Deanne Widauf, Program Manager
City of Cheyenne Housing & Community Development Office
2101 O'Neil Avenue, Room 309
Cheyenne, WY 82001
(307) 637-6255
dwidauf@cheyennecity.org
- Available at www.cheyennecity.org
Fillable Application, Five-Year Consolidated Plan

TABLE OF CONTENTS

	General Program Guidelines and Eligibility.....	Page 1
I.	General Instructions.....	page 4
II.	Concept Paper Instructions.....	page 4
III.	Applicant Information.....	page 7
IV.	Project Specific Information.....	page 8
V.	Project Description.....	page 8
VI.	Priority Needs and Goals.....	page 9
VII.	Concept Narrative.....	page 10

APPENDICES

A.	HUD FY 2020 Income Limits.....	page 13
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I. General Instructions

- Please keep your responses to questions as brief and concise as possible.
- Project must be located within the corporate city limits of Cheyenne or demonstrate that a majority of the clients served reside within the City of Cheyenne.
- **General Service Applications for Acquisition, Construction, or Rehabilitation:** The project must be completed no more than 2 years after funding becomes available. i.e. beneficial data (race, income, etc.) must be provided to the H&CD Office.
- Multiple Concept Papers are acceptable from any applicant. However, a separate Concept Paper ***must*** be submitted for each project.
- Concept Papers determined to be incomplete will be disqualified. It is your responsibility to assure the Concept Paper is complete for submission.

II. Concept Paper Instructions

Project Title: Use a name that is **brief** and descriptive of the project. (i.e. Free Bus Tokens)

Agency: This will be the name of the organization submitting the Concept Paper. **Remember** ~ The applicant **must** be a 501(c)3 agency.

Street Address: Applicant's address.

Main Telephone Number: Organization's telephone number.

Fax Number: Organization's fax number.

Federal Tax ID #: Organization's federal tax ID number.

DUNS Number: Organization's DUNS number.

SAM/CCR Registration Expiration Date: Organization's sam.gov expiration date.

Chief Executive Officer: Name of the Chief Executive Officer.

Title: Title of the Chief Executive Officer.

E-Mail: E-mail of the Chief Executive Officer.

Contact Person: This **must** be the person who can answer detailed questions about your proposal and will, likely, manage the project, if funded.

Title: Title of the Contact Person.

Direct Telephone Number: Contact person's telephone number.

E-Mail: Contact person's e-mail address.

Applicant's Funding History: Check the box that applies. If previously funded, please note how many years the agency received funding.

Certification and Signatures: This **must be an original signature** of the Chief Executive Officer, and the President of the Board of Directors, and/or a legal representative.

Project Title: This will be the same name from page one.

National Objective: Select the appropriate national objective.

Project Type: Select the appropriate project type. General Service is housing, rehabilitation, etc. Public (human) Service is food, rent, training etc.

Project Objective: Select one objective that best describes your project.

Project Outcome: Select one outcome that best describes your project.

Anticipated Completion Date: What date will your project be completed.

Project Location/Address: This must be the location/address where the activity will occur.

Census Tract, Block Group: What is the Census Tract and Block Group where your activity will occur. What is the LMI of the Census Tract and Block Group. How many people live within the Census Tract and Block Group. If your activity will benefit clients who live throughout the city, check the city wide box.

Total number of unduplicated persons to be served: Estimate how many unduplicated persons you will serve with this activity.

With New Access: How many of the total served will be new clients.

With Improved Access: How many of the total served will be return clients.

Percent of Low-Income Clients: Will at least 51% of the clients be low income. Check yes or no.

Cheyenne Residents: What percentage of the clients will be city residents. **NOTE**: Public Service activities must serve 100% city residents.

CDBG Funds Requested: This is the total amount of CDBG funds the applicant is requesting for this project.

Matching Funds: How much will the agency be putting towards this **specific** project.

Total Cost of This Project: This is the total cost of the project. Include not only the CDBG funds requested, but **all** funding sources **for this project**. **Do not give the agency budget, only the budget for this specific project**.

Community/Agency Leverage: What percent of the funding is the agency putting towards this project.

CDBG Leverage: What percent of the funding is the agency requesting from CDBG to go towards this project

Bid Quotes: For General Service Only. Please list bid quotes you have received showing how you came up with the dollar amount requested.

Project Description: This is a **brief** project description and you need to **be very specific** in what you are trying to accomplish with your project.

Priority Need / Goal: Check one priority need and one goal your project will address.

Why is the project needed: Provide a summary of your project.

How will the project be of benefit to the recipients: This **must demonstrate outcome-based** results that are measurable.

How would the lives of your clients be changed and how would your agency know their lives changed: Please explain how you know the lives of the clients have changed because of the assistance you provided to them.

What are the activity goals: Explain what goals your agency expects to accomplish.

Who is the beneficiary of the project and how many will be served: Explain who will benefit from this project. (i.e. elderly, homeless, youth) Also provide an estimate of how many clients will receive benefit from this project.

How did you arrive at the number of beneficiaries: Please explain how you came up with the number of beneficiaries you anticipate serving.

Property acquisition or improvement: Describe how your agency will comply with this HUD requirement.

Partial funding: Explain how your agency will proceed if you are only partially funded. Will this prevent you from accomplishing your goal or will partial funding still help your agency?

What services does your agency provide: Explain what services your agency provides and give a reason why someone would go to your agency for assistance.

Certification: **All Concept Papers must be accompanied by a completed and signed certification.**

Concept Paper

Community Development Block Grant Program FY 2021

Project Title: _____

III. Applicant Information

Agency	Chief Executive Officer	
Street Address	Title	
City / Zip	E-Mail	
Main Telephone #	Contact Person (primary grant administrator)	
Fax Number	Title	
Federal Tax ID #	Direct Telephone #	
DUNS #	E-Mail	
SAM/CCR Registration Expiration Date		
Applicant's Funding History	<input type="checkbox"/> New / Never funded	<input type="checkbox"/> Previously Funded _____ Number of Years Funded

CERTIFICATION AND SUBMITTED BY: Must be original signature of **Chief Executive Office, President of the Board of Directors, or Legal Representative**. This Concept Paper is being submitted to the city of Cheyenne Housing and Community Development Office with the *full knowledge of the governing board of this organization*, and is to the best knowledge and belief of the undersigned, accurate in all details. If funds are awarded, the undersigned agrees to all standard terms and conditions of the City of Cheyenne Housing and Community Development Office's Sub-Grantee Agreement and to all applicable local, state and federal laws, regulations and legal requirements.

Type Name of Chief Executive Officer / Title		Type Name of Board of Directors / Title	
Signature		Signature	
Date		Date	

IV. Project Specific Information

Project Title		Project Location/Address		
National Objective <input type="checkbox"/> Benefit to Low/Moderate Income Persons <input type="checkbox"/> Prevent/Eliminate Slum & Blight <input type="checkbox"/> Urgent Community Need		<input type="checkbox"/> City Wide Census Tract _____ Tract LMI _____% Total Persons _____		Block Group _____ Block LMI _____% Total Persons _____
Project Type <input type="checkbox"/> General Service (Housing, Public Facility) <input type="checkbox"/> Public (Human) Service				
Project Objective (Which <u>one</u> objective will be met?) <input type="checkbox"/> Suitable Living Environment (Activities that benefit communities/families/individuals by addressing issues in their living environment) <input type="checkbox"/> Decent Housing (Housing activities that meet individual family or community needs; should not be used for activities where housing is an element of a larger effort) <input type="checkbox"/> Economic Opportunity (Activities related to economic development, commercial revitalization and job creation)		Total number of unduplicated persons to be served? _____		With new Access? _____
		Are at least 51% of the clients that you intend to serve with this activity considered to be low to moderate income? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
		What percentage of this request will serve residents of the City of Cheyenne? _____%		
Project Outcome (Which <u>one</u> outcome will be met?) <input type="checkbox"/> Availability/Accessibility (Activities that make services, infrastructure, housing and shelter available and accessible. Note that accessibility does not only refer to physical barriers) <input type="checkbox"/> Affordability (Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare) <input type="checkbox"/> Sustainability (Activities that promote livable or viable communities and neighborhoods by providing services or by reviving slums or blighted areas)		Amount of CDBG Funds Requested \$ _____		
		Matching Funds for this project \$ _____		
		Total Cost of this Project \$ _____		
		Community/Agency Leverage _____%		
		CDBG Leverage _____%		
		Bid Quotes		
Anticipated Completion Date		\$ _____	\$ _____	\$ _____

V. Project Description (Specific description of the project. i.e. This project will provide for free bus tokens or facility rehabilitation to include replacing the roof and windows or homeowner rehabilitation)

VI. Priority Needs and Goals

Any Concept Paper for funds *must* address one priority need and one goal to be considered for funding.

Housing	
Priority Need:	Goal: Provide safe, decent affordable housing
<input type="checkbox"/> Housing Rehabilitation	<input type="checkbox"/> Homeowner Housing Rehabilitation – 35 household housing units
<input type="checkbox"/> First Time Homebuyer Assistance	<input type="checkbox"/> Direct Financial Assistance to Homebuyers – 2 households assisted
Homelessness / Special Populations	
Priority Need:	Goal: Promote Self-Sufficiency Through Service Provision
<input type="checkbox"/> Supportive Services for Low Income and Special Needs	<input type="checkbox"/> Public service activities other than Low/Moderate Income Housing Benefit – 10,000 persons assisted
	<input type="checkbox"/> Public service activities for Low/Moderate Income Housing Benefit – 20 households assisted
	<input type="checkbox"/> Homelessness Prevention – 50 persons assisted
Economic / Community Development	
Priority Need:	Goal: Public Facilities Assistance
<input type="checkbox"/> Public Facilities	<input type="checkbox"/> Public Facilities Activities other than Low/Moderate Income Housing Benefit – 2,000 persons assisted
	<input type="checkbox"/> Public Facilities Activities for Low/Moderate Income Housing Benefit – 100 households/facilities assisted
	<input type="checkbox"/> Alternative Housing – 45 households assisted
	<input type="checkbox"/> Homeless Facility – 500 persons assisted
	Goal: Preserve and improve low income neighborhoods
<input type="checkbox"/> Neighborhood Improvements or Infrastructure	<input type="checkbox"/> Public Facilities or Infrastructure Activities other than Low/Moderate Income Housing Benefit – 4,500 persons assisted
	<input type="checkbox"/> Purchase and rehabilitate housing – 2 Buildings
	<input type="checkbox"/> Slum – Spot Blight (Demolition) – 2 Buildings
	<input type="checkbox"/> Other – 2 Buildings
	Goal: Job Training and Opportunities
<input type="checkbox"/> Job Training and Opportunities	<input type="checkbox"/> Public service activities other than Low/Moderate Income Housing Benefit – 60 persons assisted
	<input type="checkbox"/> Jobs created/retained – 3 jobs

VII. Concept Narrative

Why is this project needed? (Provide a summary)

How will the project be of benefit to the recipients?

How would the lives of your clients be changed and how would your agency know their lives changed?

What are the activity goals?

Who is the beneficiary of the project and how many will be served?

How did you arrive at the number of beneficiaries?

Any real property acquired or improved in whole or in part with CDBG funds in excess of \$25,000 shall be used to meet one of the national objectives until five years after expiration of the sub-grantee agreement/mortgage. Describe how your agency will comply with this HUD requirement?

Would partial funding be acceptable? If you only receive partial funding will you still be able to proceed with the project?

What services does your agency provide?

The Applicant, _____, represented by _____, the designated agency executive officer, certifies that the information provided is correct. The applicant recognizes that the allocation of funds is based on City priorities and constraints on funding; that allocation of CDBG funds is contingent on availability; and that allocations of funds must comply with HUD regulations, City policies, and pertinent City codes. It is understood that the funds allocated will only become available to a successful applicant upon the presentation of approval in a "*Letter of Award.*"

NAME: _____ **DATE:** _____