

CITY OF CHEYENNE
COMMUNITY DEVELOPMENT BLOCK GRANT - CV FUNDS

CORONAVIRUS AID RELIEF, AND ECONOMIC SECURITY ACT (CARES)

Congress provided \$5 billion in the CARES Act for the CDBG program, specifically noting three different allocation methods.

1. HUD allocated the first \$2 billion based on the same formula used for the regular CDBG allocation.
2. HUD will allocate \$1 billion to states and insular areas.
3. HUD will allocate \$2 billion on a rolling basis based on criteria to be determined.

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

The Community Development Block Grant (CDBG) Program is a U.S. Department of Housing and Urban Development (HUD) program that provides funds annually to all entitlement jurisdictions. CDBG funds are used for community development and affordable housing activities that benefit low-income households and persons with special needs.

FUNDS AVAILABLE

- The City of Cheyenne will receive an additional \$189,025.

APPLICATION DEADLINE

- Applications must be received no later than **12:00 P.M. on Thursday October 15, 2020.**
- Submit Applications to: Cheyenne Housing & Community Development Office
2101 O'Neil Avenue, Room 309
Cheyenne, WY 82001
- ***Faxed or e-mailed Applications will be accepted. You must mail the original and 2 copies.***

REQUIREMENTS

- Mail an original and 2 copies of the Application
- A list of Board Members
- Board minutes or e-mail showing discussion of this CDBG-CV application.
- A copy of a 501(c)(3) designation letter from the IRS
- A copy of your most recent audited financial statement
- A copy of Certificate of Insurance
- Provide proof of registration with the U.S. System for Award Management www.sam.gov

ELIGIBLE APPLICANTS

- Units of general purpose government for the City of Cheyenne.
- Non-profit organizations registered in the state of Wyoming with a 501(C)3 determination from the Internal Revenue Service
- Institutions of higher education.
- For-profit organizations are encouraged to apply as part of a consortium with an eligible applicant.
- A DUNS number is **required** of all applicants.
- All applicants **must** be registered in www.sam.gov.

NATIONAL OBJECTIVES

CDBG activities must meet one of the following national objectives.

- Activities benefitting low and moderate-income persons.
- Activities which aid in the elimination of slum and blighting conditions.
- Activities that address urgent community development needs.

ELIGIBLE ACTIVITY

- Public Facilities – Construction/Rehabilitation to address social distancing due to COVID-19.

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
Five-Year Consolidated Plan

TABLE OF CONTENTS

General Program Guidelines and Eligibility..... Page 1

I. General Instructions..... page 4

II. Application 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 2019 Income Limits..... page 13

B. Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response

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 Applications are acceptable from any applicant. However, a separate Application **must** be submitted for each project.
- Applications determined to be incomplete will be disqualified. It is your responsibility to assure the Application is complete for submission.

II. Application Instructions

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

Agency: This will be the name of the organization submitting the Application. **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.

Project Funding: Provide a summary of all of your fund sources for your project.

How does this relate to COVID 19: You must provide specific information on how this project relates to COVID 19.

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.

Target Population: Briefly describe the target population to be served. i.e. seniors, homeless, abused children, or persons with disabilities. All services must benefit low/mod clientele. Please list the number of low-income persons to benefit from the proposed activity.

Project Timeline: Provide a timeline for the project. Monthly reports pertaining to the expenditure of CDBG-CV funded activities will be required.

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

CDBG-CV Application

Project Title: _____

I. 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 Application 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	

II. 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? _____	With improved 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		\$ _____	\$ _____	\$ _____

III. 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)

IV. Priority Needs and Goals

Any Application 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

V. Project Funding

CDBG Funds Requested	\$
CARES Act Funding Received / Approved / Granted	
Source	Amount
	\$
	\$
	\$
	\$
	\$
CARES Act Funding Applied For	
Source	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Funding Still Needed	\$
Total Project Cost	\$

CDBG-CV FUNDING CANNOT BE DUPLICATED. THE PROJECTS MUST BE STAND ALONE OR GAP FUNDING. IF GAP FUNDING, YOU MUST PROVE THAT THERE IS NO OTHER FUNDING AVAILABLE FOR THE PROJECT. I.E. IF A BUSINESS APPLIED FOR THE PPE FUNDING, AND RECEIVED IT, THEY MUST PROVE THAT THE FUNDING RECEIVED WAS INSUFFICIENT. OTHER BUSINESSES WHO DID NOT RECEIVE PPE FUNDING WILL HAVE PRIORITY.

How does this project relate to COVID 19?

What services does your agency provide?

Who is your target population?

What is your project timeline?

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:** _____

Appendix A – HUD FY 2018 INCOME LIMITS

Low and moderate-income persons, as defined by HUD, are:

Family Size	Very Very Low (30% of Median)	Very Low Income (50% of Median)	Moderate Income (80% of Median)
1 Person	\$ 16,750.00	\$ 27,900.00	\$ 44,650.00
2 Persons	\$ 19,150.00	\$ 31,900.00	\$ 51,000.00
3 Persons	\$ 21,550.00	\$ 35,900.00	\$ 57,400.00
4 Persons	\$ 23,900.00	\$ 39,850.00	\$ 63,750.00
5 Persons	\$ 25,850.00	\$ 43,050.00	\$ 68,850.00
6 Persons	\$ 27,750.00	\$ 46,250.00	\$ 73,950.00
7 Persons	\$ 29,650.00	\$ 49,450.00	\$ 79,050.00
8 Persons	\$ 31,550.00	\$ 52,650.00	\$ 84,150.00