



This application form is a fillable PDF. Be sure to save PDF, *before* filling it out. If you have difficulty, contact: Charles Pyott, Contracts Monitor, cpyott@cityofithaca.org, (607) 274-6565.

Program Year 2021
HUD Entitlement Grant Program
COMMUNITY DEVELOPMENT BLOCK GRANT CORONAVIRUS (CDBG-CV) PROGRAM

FUNDING APPLICATION

SUMMARY INFORMATION

GENERAL INFORMATION

Applicant Legal Name:	
Project Name:	
Funding Amount Requested:	

PROJECT INFORMATION

Project Location(s):				
Project Goal(s) <i>(be specific and succinct):</i>				
Total Number of People to Be Served:		% City of Ithaca Residents:		% Below 80% AMI:
Characteristics of People to Be Served (i.e., youth, elderly, disabled, formerly incarcerated, homeless, etc.):				
Proposed Use of Requested Funds (i.e., staff salaries, materials, participant stipends, etc.):				
Total Project Cost:		Total Budgeted Matching Funds:		

CONTACT INFORMATION

Head of Agency/Organization Information	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	
Application Contact Information	
Name:	
Title:	
Address:	
Phone Number:	
E-Mail Address:	

PROJECT SCOPE

In the space below, briefly describe the proposed project/program for which funds are being requested. The narrative should include how your organization will assist in preventing, preparing for, and responding to coronavirus (COVID-19), as well as the population to be served or the area to benefit. Provide evidence this need is not being met. Also, describe the work to be performed, including: activities to be undertaken or services to be provided; goals and objectives; method of approach; capacity to carry out this activity (i.e., staff experience/expertise; financial capacity); and implementation schedule. Describe how you propose to coordinate your services with other community organizations and leverage resources; or if not, why not.

PROPOSED SCHEDULE OF WORK

List the time period in which activities will be carried out and, as applicable, the frequency with which services will be delivered.

ELIGIBILITY

Please select the criteria your project/program will satisfy to meet a National Objective.

Area Benefit

Activity provides benefit to an area in which at least 51% of the residents are low- to-moderate-income (LMI). The service area is primarily residential; the project/program meets LMI needs; and income levels are documented by the U.S. Census Bureau (or an approved substitute). If your project/program will only be available to residents and/or businesses in a defined area, please provide the following:

1. [U.S. Census tract\(s\)](#) and block groups in which the project/program will be provided.
2. Most recent demographic data related to income and ethnic composition of the target area. Please indicate the percentage of the service area that is low- to moderate-income.
3. A map of your service area that clearly delineates the boundaries and includes street names.

Limited Clientele

Activity benefits a limited number of persons whereby at least 51% are low- to moderate-income (LMI). Some persons are *presumed* to be LMI (i.e., abused children, battered spouses, elderly persons, disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers); or assistance may be provided to LMI persons owning or developing micro-enterprises; or project/program is a job training or placement activity.

PROJECT BUDGET

Please list funding sources/amounts for program/project for which you are requesting CDBG-CV funds.

FUNDING SOURCE		AMOUNT SECURED*	AMOUNT UNSECURED**
1.	Community Development Block Grant (CDBG-CV)		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL SECURED & UNSECURED FUNDING			
TOTAL PROJECT BUDGET			

FUTURE FUNDING

If your project will require future funding, please provide information how the program will be funded.

ORGANIZATIONAL CAPACITY

What is your organization’s history/experience in completing similar programs/projects? Please *quantify* how successful your organization has been in conducting these programs or projects.

PERFORMANCE OBJECTIVES

Select only one objective based on the project's need.

Suitable Living Environment

Applies to activities designed to benefit communities, families, or individuals by addressing issues in their living environment.

Decent Affordable Housing

Applies to housing activities where the purpose of the program is to meet individual family or community needs, but not programs for which housing is an element of a larger project.

Creating Economic Opportunity

Applies to the type of activities related to economic development, commercial revitalization, or job creation/retention.

PERFORMANCE OUTCOME

Select only one outcome based on the project's purpose.

Availability/Accessibility

Applies to activities that make services, infrastructure, housing, or shelter available or accessible to low-to moderate-income (LMI) people, including persons 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 LMI people.

Affordability

Applies to activities that provide affordability in a variety of ways in the lives of low-to moderate-income people. It can include creation or maintenance of affordable housing, basic infrastructure hook-ups, or services like transportation or daycare.

Sustainability: Promoting Livable or Viable Communities

Applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping make them livable or viable by providing benefit to low-to moderate-income people by removing or eliminating slums or blighted areas through multiple activities, or services that sustain communities and neighborhoods.

HUD INCOME LIMITS

<u>Household Size</u>	<u>Maximum Income to be Eligible</u>
1 person	\$47,950
2 persons	\$54,800
3 persons	\$61,650
4 persons	\$68,500
5 persons	\$74,000
6 persons	\$79,500

BENEFICIARY CATEGORY

Please check all that apply:

- Disability & Special Needs
- Homeless
- Low-to-Moderate Income
- Elderly Persons
- Victims of Domestic Violence
- Other: _____
- AIDS/HIV

BENEFICIARY NUMBER & TYPE

Check only one beneficiary type:

- People
- Businesses
- Housing Units
- Public Facility
- Jobs

Estimated Number of Beneficiaries: _____

What data do you have to prove eligibility (e.g., U.S. Census data, surveys, etc.)? _____

DOCUMENTATION OF BENEFICIARIES

Provide description of measurement reporting tool(s) or evaluation process that will be used to determine project outcome (e.g., client surveys, statistical data from verifiable source, beneficiary forms). Your response should show how you will be able to document the number of beneficiaries listed above. Also show the program will track immediate and intermediate outcomes that relate to the goals and documentation of beneficiaries, if applicable.

STATEMENT OF ASSURANCES

By checking this box, I certify the statements made in this application are true and correct, I am authorized to submit this application on behalf of my organization, and I agree to the assurances listed further below.

Name

Date

Organization

Title/Role

E-Mail Address

Phone Number

- Financial records, supporting documentation, statistical records, and all other records pertinent to funding shall be retained for a period of six years following completion of project/activity.
- All procurement transactions regardless of whether negotiated or advertised, and without regard to dollar value, shall be conducted in a manner providing maximum degree of open/free competition.
- Funding recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others.
- All expenditures must have adequate documentation.
- All accounting records and supporting documentation shall be available for inspection by the IURA, upon request.
- All submitted materials shall become public records retained by the IURA, with the following exceptions: all late applications will be returned to the applicant without further review, and materials not requested as part of the application may be discarded.
- No person, on the basis of race, color, national origin, sex, gender identity, familial status, religion, disability, age, veteran status, or any other characteristic protected under applicable Federal, State, or local laws should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or part by CDBG-CV funds. Funding recipient agrees to furnish copies of applicable policies and procedures upon request.
- Employment resulting from CDBG-CV funding shall comply with the Fair Practices Ordinance of the City of Ithaca (Chapter 39.1, Municipal Code), which prohibits discrimination based on: perceived age; creed; color; disability; domestic violence victim status; ethnicity; familial status; gender; gender identity or expression; height; immigration or citizenship status; marital status; military status; national origin; predisposing genetic characteristics; race; religion; sex; sexual orientation; socioeconomic status; or weight.
- None of the funds, materials, property, or services provided directly or indirectly through CDBG-CV funding shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office.

- Funding recipient will comply with requests regarding liability insurance coverage, fidelity bond coverage for principal staff handling the organization's accounts, and payment of payroll taxes and worker's compensation insurance coverage, as required by Federal and State laws.
- Commitment letters from other funding sources and/or letters of support for your project shall be furnished to the IURA, upon request.
- Authorization to request funds: I acknowledge the statements above and certify the information contained in this application is true and correct. I further understand material omission or false information contained in this application constitutes grounds for disqualification.

Is your organization a 501(c)(3)? Yes No

Federal Tax ID: _____

DUNS #: _____

Submission Requirements:

- One (1) ELECTRONIC PDF FILE of the application via e-mail to: cpyott@cityofithaca.org.
- Complete application must be received by noon, Friday, February 26, 2021.
- Applications received after the deadline will not be considered.

Questions & Technical Assistance

Contact Anisa Mendizabal: amendizabal@cityofithaca.org

April May June July August Sept Oct Total SNAP Transactions

# of transaction/week	10	15	20	25	30	35	40	175
# per month	40	60	80	100	120	140	160	700

700 transactions per season x avg transaction of \$50 (avg order) = \$35,000 this represents additional revenue for IFM vendors
 This will help with make up losses resulting from lower market customer numbers owing to COVID restrictions

For the above 700 SNAP transactions we are proposing a 40% subsidy/discount to make online shopping affordable
 $35,000 \times .40 (40\%) = \$14,000$ subsidy funding request from grant
 This will enable at least 350 SNAP eligible households to buy farm fresh foods from Ithaca Market farmers.

Other Program costs

Tents and tables for Pick up site	4 tents @ \$80 each	\$320
	6 tables @ \$40 each	\$240
Bags for orders	250/case \$70 x 10 cases	\$700

Total supplies \$1,260 Grant request

Staff support

Market Manager	online order management - 5 hrs/week x 28 weeks x \$20/hr	\$2,800	IFM match
Market ED	2 hrs/week, staff supervision/coordination x 28 weeks x \$25/hr	\$1,400	IFM match
Seasonal Site Manager	1 da/week x 8 hours x 28 weeks = 224 hours x \$17/hr	\$3,808	Grant request
Part-time helpers	4 hours/week x 28 weeks x 8 helpers x \$15/hr =	\$13,440	IFM match

Total Grant request	\$19,068
Total Match	\$17,640
Total Budget	\$36,708