



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:	Black Hands Universal Inc
Project Name:	Health & Wellness (Smoothies, Food Services, Yoga)
Funding Amount Requested:	\$38,000.00

PROJECT INFORMATION

Project Location(s):	Downtown Ithaca and West End				
Project Goal(s) (be specific and succinct):	To help feed homeless To keep the community educated on health & wellness To keep those that are less fortunate equipped with masks etc To keep health and awareness To help feed disenfranchised families To obtain facilities To give children help in education and enrichment To keep people mentally and physically healthy				
Total Number of People to Be Served:	1,700 served in 5 weeks last year from 1 location	% City of Ithaca Residents:		% Below 80% AMI:	
Characteristics of People to Be Served (i.e., youth, elderly, disabled, formerly incarcerated, homeless, etc.):	All characteristics of people will be reached as all sectors of programs that the youth will be working with involve the city as a whole and those who are in need being open to all while being black, latin, and native american, and disenfranchised concentrated. This will directly affect the homeless, addicted, youth and the community as a whole.				

Proposed Use of Requested Funds (i.e., staff salaries, materials, participant stipends, etc.):	COSTS Equipment: 1)Generators: \$2,000 2)Tents: \$400 3)Blenders: \$1,800 4)Cords: \$150 5)Cups: \$500 6)Straws: \$200 7)Freezers: \$3,000 8)Van: \$10,000 9)Utensils: \$250 10)Hand Sanitizer: \$250 12)Gloves: \$200 13)Masks: \$500 14)Uniforms: \$2,500 15)Banners/signs/prints: \$1,500 16)Stipends/facilities: \$12,000 17)Supplements: \$1,250 18)Matt: \$2,000 19)Miscellaneous: \$2,500		
	Total Project Cost:	\$40,000	Total Budgeted Matching Funds:

CONTACT INFORMATION

Head of Agency/Organization Information	
Name:	Harry Smith/ Black Hands Universal inc.
Title:	C.E.O.
Address:	111 N Plain st #5
Phone Number:	518-396-0896
E-Mail Address:	harryl.smith1979@gmail.com blackhandsuniversalbhu@gmail.com
Application Contact Information	
Name:	Harry Smith
Title:	C.E.O.
Address:	111 N Plain st #5
Phone Number:	518-396-0896

E-Mail Address:

harryl.smith1979@gmail.com

blackhandsuniversalbhu@gmail.com

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.

Our Health and Wellness program was created specifically in response to Covid 19. Our program includes giving out smoothies to the community in order to get the essential vitamins, minerals, and supplements into our community for the benefit of having a healthier chance to defend against sickness. Also while handing out masks and hand sanitizer. Also our food service program helps feed those that were drastically affected by Covid. Knowing that most places of employment have been closed or minimized, causing people to have a harder time feeding their families. We also run a free yoga class every morning outdoors, spacing for Covid safety.

Last year we did this and we reached over 1700 people in smoothies all from 1 location and we are intending to run 3 sites this year. We had over 10 people from the community be a part of our yoga program helping to enhance their physical health as well as their mental health knowing that the shift in everyone's everyday life due to Covid has caused some forms of depression. Now we are incorporating food services to the West End as well as the Northside of downtown Ithaca.

We have been and will continue to work closely with Village At Ithaca, Tompkins Workforce, and SouthSide Community Center. They have been essential in helping with funding teens pay and giving them another outlet to find work through these other programs.

PROPOSED SCHEDULE OF WORK

May 2021-October2021

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)	\$38,000.00	\$38,000.00
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL SECURED & UNSECURED FUNDING		\$38,000	\$38,000

TOTAL PROJECT BUDGET	\$38,000	\$38,000
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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.

We ran this program last year with no support from anyone other than the community. It was a hard and arduous work that we, as an organization paid out of our own resources to make happen. We were able to reach over 1,700 people last year in as little as 7 weeks from one location and now are going to set up in three locations and expect a much higher volume also because we will have twice the amount of time. We allowed for teens that had no options of employment due to Covid to work and expect to hire up to 20 kids this spring and summer.

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 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

Low-to-Moderate Income Victims of

Domestic Violence AIDS/HIV

Homeless

Elderly Persons

Other: _____

BENEFICIARY NUMBER & TYPE

Check only one beneficiary type:

People

Housing Units

Jobs

Estimated Number of Beneficiaries:

2,000

Businesses Public Facility

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., clientsurveys,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.

We will simply count the amount of cups handed out and keep track of the hrs of the teens work. Video and photos will help document our actions. We will take count of the people that are involved in our Yoga classes as well as a count of sanitizer and masks handed out. All this will be calculated on a daily basis.

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 Harry Smith Date _February 21,
2021_____

Organization Black Hands Universal inc Title: C.E.O.

E-Mail Address blackhandsuniversalbhu@gmail.com
harryl.smith1979@gmail.com

Phone Number 518-396-0896

- 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 x No

Federal Tax ID: 85-3384019 _____

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