



CITY OF LOCK HAVEN FY 2017 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICATION INSTRUCTIONS

I. Introduction

The following information is provided to assist the public and non-profit agencies to understand the COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) program and provides information as to how non-profit organizations may apply for CDBG funds from the City of Lock Haven.

II. Overview of Program

The Commonwealth of Pennsylvania receives an annual allocation of federal CDBG funds from the U. S. Department of Housing and Urban Development. These funds are administered by the PA Department of Community and Economic Development (DCED). DCED distributes the allocation among entitlement cities, boroughs and townships, and non-urban counties that benefit non-entitlement communities throughout the Commonwealth.

All CDBG-funded projects and programs must meet one or more of the following national objectives:

- 1) Benefit a majority of low/moderate income residents; or
- 2) Aid in the prevention or elimination of conditions of slum and blight; or
- 3) Meet a community need having a particular urgency because existing conditions pose a serious and immediate threat to the health and/or welfare of the community and no other financial resources are available to meet the need. (A condition will be considered urgent or of recent origin if it developed or became critical within the 18-month period preceding the application).

III. Eligible Activity Categories

The following provides a list of activity categories that are eligible for funding under the CDBG program. Please note that each category is subject to very specific limitations.

- | | |
|--|--------------------------------|
| ◆ Acquisition of real property | ◆ Disposition of real property |
| ◆ Public facilities and improvements | ◆ Clearance activities |
| ◆ Public services | ◆ Relocation assistance |
| ◆ Loss of rental income (due to relocation) | ◆ Code enforcement |
| ◆ Housing services | ◆ Privately owned utilities |
| ◆ Construction of housing | ◆ Homeownership assistance |
| ◆ Special Economic development | ◆ Microenterprise assistance |
| ◆ Rehabilitation and preservation activities | |



Only non-profit agencies, public or private, with current 501 (c) (3) or (4) non-profit status are eligible to apply for CDBG funds.

IV. Application Due Date from Non-Profit Agencies

Applications are due no later than Monday, July 31, 2017 at 4:00 PM. Please submit one (1) original unbound grant application to: Leonora Hannagan, City Planner, Lock Haven City Hall, 20 East Church Street, Lock Haven, PA 17745.

If you have questions or would like technical assistance or guidance in completing this application, please contact Leonora Hannagan at 570-893-5903, lhannagan@lockhavenpa.gov.

PLEASE NOTE: The City of Lock Haven Planning Office will not accept applications after the posted deadline. Applications postmarked by July 31, 2017 but not received by July 31, 2017 will not be considered for funding.

Thank you for submitting this grant request. The City's CDBG allocation for FY 2017 is estimated at \$272,958.00. This is a competitive application process for limited funding. The CDBG Program regulations mandates that only 15% of the City's CDBG allocation may be used for Public Service activities.

PLEASE NOTE: Applicants that submit an eligible request are not guaranteed an award.



FY 2017 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM SCHEDULE

June 20, 2017	Application Packets Mailed to Known Non-Profit Agencies
July 6, 2017	First Public Hearing Notice Publication Date
July 17, 2017	First Public Hearing Meeting
July 31, 2017	Deadline for Receipt of Non-Profit Agency Applications
August 21, 2017	Work session with City Council
August 25, 2017	Final Public Hearing Notice Publication Date
September 11, 2017	Final Public Hearing Meeting
September 18, 2016	Synopsis of Final Application Publication Date
October 2, 2017 *	Final Application Approval by City Council (Resolution)
Mid-October 2017	Application Submission to DCED
Late October/November 2017	Deadline for submission of application to DCED

* Denotes formal action by Lock Haven City Council

ALL PUBLIC HEARING MEETINGS WILL BE HELD IN THE FOLLOWING LOCATION:

Lock Haven Council Chambers
First Floor, City Hall
20 East Church Street
Lock Haven, PA 17745



IMPORTANT INFORMATION RELATIVE TO APPLICATION

1. Successful applications may be funded for less than the amount requested based on the number of applications received which are for eligible projects.
2. Funding provided by this process will be awarded for the FY 2017, however, no contacts can be executed until the City has completed any necessary environmental assessments and executed a contract with DCED. Please be aware that the City generally receives its contract from DCED around July or August of the following year. You will be notified in writing once the City receives its contract from DCED as to when we can execute your contract and the amount of the award.
3. Nonprofit agencies must have an active Board and must submit a list of the current Board Members and a copy of their bylaws with the application.
4. Applications must be signed by the Chair or President of the Board. In the case of an application submission by a department of a community service organization, the application must be signed by the Director or Chief Executive Officer of the organization.
5. All applications must be bound with clips. Please do not staple, bind, secure with rubber bands, or put your application in a folder or notebook.
6. Each applicant must submit one (1) original application and must contain original signatures and not duplications.
7. **All Applications must be received by the City Planning Office no later than 4:00 PM on Monday, July 31, 2017. Applications postmarked by July 31, 2017 but not received by July 31, 2017 will not be considered for funding.**
8. If you have questions or would like technical assistance or guidance in completing this application, please contact Leonora Hannagan, City Planner, at 570-893-5903 or lhannagan@lockhavenpa.gov.



APPLICATION PREPARATION

All forms (attachments and exhibits) must be completely filled out according to instructions.

The following information **MUST** be provided in the format indicated below:

- Cover Letter
- Completed Application
- Certification with attachments
- Statement of Applicant

If an area does not apply, state N/A. Do not leave a question blank.

All Exhibits and Attachments must be typed, letter size (8 ½ x 11).

ACCEPTANCE OF TERMS: By submitting an application, the applicant accepts all terms, conditions, and requirements of this application. The applicant's proposal will become part of the grant agreement in the event the applicant is awarded funds. The applicant will be bound by what is in the proposal, unless otherwise approved in writing by the City of Lock Haven. Applicant understands and accepts that the most restrictive conditions may apply.

The applicant's proposal and other materials submitted in response to the application process becomes the property of the City of Lock Haven and may be returned only at the City's discretion. Applications are public documents and may be inspected or copied by anyone after they have been reviewed and approved for funding by the City. Financial statements included in the application may also be considered public information.

The City takes no responsibility for content, or any incomplete submissions. All costs of responding to this Request for Applications are the responsibility of the applicant.



**CITY OF LOCK HAVEN
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FY 2017 APPLICATION**

APPLICATION DEADLINE: 4:00 PM, JULY 31, 2017

PLEASE PRINT OR TYPE

Organization Name: _____

Organization Mailing Address: _____

Project Address: _____

Project Contact (Name & Title): _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

DUNS Number: _____

(Dun & Bradstreet, Inc. provides this number at no charge and it is required for federal funding receipts. See http://www.dnb.com/US/duns_update/)

Project Title: _____

CDBG Funds Request: \$ _____

Funding Leveraged from Other Sources: \$ _____ (Committed)

\$ _____ (Pending)

List Other Sources of Funding for this project: _____

Total Project Costs: \$ _____

Estimated Time Needed to Complete Project: _____

(include engineering/architect design, permits, bid preparation, inspections, construction)

FOR OFFICE USE ONLY

Date Received: _____

Eligibility/National Objective: ____ YES ____ NO

Amount Requested: _____

Amount Approved: _____

Application Complete: ____ YES ____ NO

PROJECT DESCRIPTION

Please fully answer the questions below. Supporting documents such as drawings, plans, maps, photographs, cost estimates, budgets, engineering/architect description, feasibility studies, etc. are very helpful.

1. Please provide a detailed description of the proposed activity including how the activity will address the community need. Identify whether the activity is new, ongoing, or expanded from previous years. (Attach additional sheet if necessary).

2. Identify who will benefit from the proposed activity/project (e.g. homeless, youth, seniors, disabled, etc.). Because one of the requirements is that the project benefit Low/Moderate income persons, describe the process you will use to identify these persons and ensure that the activity meets this objective. (Please attach a copy of your client application)

**AGENCIES OR OTHER ENTITIES SEEKING CAPITAL ASSISTANCE
(CONSTRUCTION/REHABILITATION)**

PROPOSED SCHEDULE OF PROJECT IMPLEMENTATION

TASK

DATE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What is the status of site control? (i.e. do you own the land or under contract).



CERTIFICATIONS

In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the City Planning Office **no later than 4:00 PM on Monday, July 31, 2017:**

- 1 Original application with **all** questions completed. If an area does not apply, state N/A. Do not leave a question blank.
- Articles of Incorporation and By Laws
- Current List of Board of Directors
- Certified Organization Audit/Financial Statements of most recent year
- IRS 501 (c) (3) Designation Letter (Pending letters will not be accepted)
- Copy of IRS Form 990 filed for most recent year
- Form W-9 (can be obtained at www.irs.gov)
- Current Fiscal Year Agency Budget, including all funding sources
- Job Descriptions for this activity/project, if applicable
- Organization Chart
- Signed Statement of Applicant Form

I hereby confirm that this packet contains all materials requested.

Print Name of person & Title

Signature of person completing application

Date



STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Lock Haven Planning Office may request or require changes in the information submitted.
4. That if the project is recommended and approved, the City of Lock Haven reserves the right to reduce and/or cancel the allocation if federal entitlement funding is canceled, reduced or rescinded.
5. The City of Lock Haven reserves the right not to fund any submittals received.
6. By submission of this application, the agency agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the agency agrees to abide by the City of Lock Haven's locally established policies and guidelines.
8. That, if the project is funded, the City will perform an environmental review prior to the obligation of funds.
9. That, if the project is funded, the City and the agency will enter into a written agreement that includes, but is not limited to, a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspension and terminations, and reversions of assets.
10. Disclosure of matters than may give the appearance of a conflict of interest (i.e. City of Lock Haven staff members/employees, elected officials, staff members' families, elected officials' families, etc.)

By signature below, the applicant acknowledges the above in its name:

Authorized Signature/Title: _____

Date: _____