

# 2012-2013 GRANT APPLICATION

## CONSOLIDATED PLAN FOR HOUSING AND COMMUNITY DEVELOPMENT ANNUAL ACTION PLAN

Applicant [Click here to enter text.](#)

DUNS # [Click here to enter text.](#)

Date Due: Wednesday, 12 pm CST  
(NOON), April 25, 2012

Mailing Address [Click here to enter text.](#)

Contact Person [Click here to enter text.](#)

Name [Click here to enter text.](#)

Title [Click here to enter text.](#)

Telephone # [Click here to enter text.](#)

Fax # [Click here to enter text.](#)

E-mail Address [Click here to enter text.](#)

Date of Non Profit Incorporation [Click here to enter text.](#)

Date Designated as 501 (c)(3) [Click here to enter text.](#)

Federal Identification Number [Click here to enter text.](#)

Name of Project [Click here to enter text.](#)

Type of Project [Click here to enter text.](#)

Location of Project [Click here to enter text.](#)

Brief Description of Project Activities:  
[Click here to enter text.](#)

### Check Source of Funds Requested

CDBG

HOME

Requested Funding [\\$Click here to enter text.](#)

[\\$Click here.](#)

Other Contributions [\\$Click here to enter text.](#)

[\\$Click here.](#)

Agency Contribution [\\$Click here to enter text.](#)

[\\$Click here.](#)

Total Project Costs [\\$Click here to enter text.](#)

[\\$Click here.](#)

Authorized Official

[Click here to enter text.](#)

[Click here to enter text.](#)

Name

Title

Signature \_\_\_\_\_

Date: \_\_\_\_\_

## Basic Requirements

- Applicants must be incorporated in Texas as a non-profit corporation.
- Neighborhood groups may apply for neighborhood-based projects.
- All projects must benefit low- and moderate-income persons either directly or by the area covered.
  
- At least 51% of the persons benefiting must be low or moderate income.
  - Low-moderate income households with annual incomes at or below 80% of the Median Family Income (MFI) for the Amarillo Metropolitan Statistical Area (MSA)
  - Income is adjusted by family size
  
- Facilities to be renovated, expanded or constructed must be located within the CDBG Target Area.
  
- Housing and Public Services may assist any qualified low-moderate income person living in Amarillo.
  
- Agencies must establish a restricted reserve account to amortize the cost of renovations to the facility over 10 or 20 years. Expansion or new construction projects are exempt from this requirement.
  
- For construction projects in excess of \$25,000, the City will file a lien on the property for 10 to 20 years to ensure compliance with the contract.

## Community Development Goals, Strategies and Outcomes

Identify the Goals, Strategies and anticipated Outcomes that apply to the activity or project for which funding is requested. Check the appropriate Outcome box. **Choose only one.** Describe how the requested activity or project will address these goals, strategies and outcome in the narrative. (Reference the Consolidated Plan 2010-2014, pages 11 and 12)

HUD Matrix Code	Activity	Presumed Need (includes new and improve existing)	Average of Survey Results	Priorities (H, M, L)
<b>Target Area-Based Activities (Low-Mod Income Area)</b>				
03	Public Facilities (General)	1 facility	3.51	H
03D	Youth Centers	2 facilities	3.98	H
03F	Parks, Recreational Facilities	4 parks	3.25	H
03I	Flood Drainage	10,000 feet	3.63	M
03J	Water/Sewer Improvements	22,500 feet	3.48	M
03K	Street Improvements (including street lighting)	40,000 feet	3.66	M
03L	Sidewalks	25,000 feet	3.70	H
03N	Tree Planting	0 trees		L
03O	Fire Stations/Equipment	1 facility	3.31	M
03P	Health Facilities	2 clinics	3.82	M
03R	Asbestos Removal	5 properties		L
04	Clearance/Demolition	300 Properties	3.83	H
04A	Cleanup Contaminated Sites	1 Site	3.83	H
05I	Crime Awareness	Program	4.06	M
06	Interim Assistance (Neighborhood clean-ups, Code Enforcement)	10 neighborhoods	3.83	H
14E	Commercial/Industrial Rehabilitation	2 projects		L
15	Code Enforcement	50,000 Inspections	3.83	H
16B	Non-residential Historic Preservation	2 properties		L
18A	Economic Development Direct Assistance to For-Profits	2 projects		L
18B	Economic Development Technical Assistance	2 projects		L
18C	Micro-Enterprise Assistance	10 projects	3.65	M
<b>Low-Mod Income Clients or Households (any area)</b>				
01	Acquisition of Real Property	15		L
02	Disposition of Real Property	15		L
03A	Senior Centers	1 center	3.51	M
03B	Handicapped Centers	1 center	3.60	M
03C	Homeless Facilities	557 beds	3.79	M
03M	Child Care Centers	1 center	3.75	M
03Q	Abused/Neglected Children Facilities	1 facility		M
03S/T	Facilities for HIV/AIDS Patients	1 facility		L
05	General Public Services	100 people		M

05A	Senior Services	1,955 below poverty	3.87	H
05B	Handicapped Services	25,019 with disability	3.83	H
05C	Legal Services	1,000 households	3.63	M
05D	Youth Services	18,206 at risk	4.12	H
05E	Transportation Services	3,641 w/ no auto	4.07	H
05F	Substance Abuse Services	13,420 people 12 and older	4.00	H
05G	Domestic Violence Services	4,160 abused	3.93	H
05H	Employment Training	5,632 adults	3.93	H
05J	Fair Housing Activities	1 activity per year		M
05K	Tenant/Landlord Counseling	0		L
05L	Child Care Services	50 children	3.85	M
05M	Health Services	34,052 w/o insurance	3.90	H
05N	Abused/Neglected Children Services	917 reported children	4.02	H
05O	Mental Health Services	5,730 adults w/o insurance	4.00	H
05P	Lead Based Paint/Lead Hazard Screening	1,623 potential elevated blood lead levels		M
05Q	Subsistence Payments	17,821 w/ cost burden		H
05R/13	Homeownership Assistance	2,889 mod income renters to buy	3.64	H
05S	Rental Housing Subsidies	10,544 renters w/ cost burden		H
05T	Security Deposits	7,047 low-mod renters		H
12	Construction of Housing	1,437 new homes	3.85	M
14A	Single Family Housing Rehabilitation	5,283 minor to major	3.47	H
14B	Multi-family Housing Rehabilitation	2,907 minor to major	3.59	M
14D	Rehab of Publicly-owned Residential Buildings	0		L
14F	Energy Efficiency Improvements	15,838 owner occupied	3.95	H
14G	Acquisition for Rehabilitation	200 units		M
14I	Lead Based Paint Abatement	29,243 units		H
16A	Residential Historic Preservation	1,065 owner occupied		M
19C	Non-profit Capacity Building	5 non-profits		M
19D	Assistance to Institutes of Higher Learning	0		L
19E	Operation and Repair of Foreclosed Properties	0		L

## PROJECT DATA SHEET

<b>Name of Project:</b> <a href="#">Click here to enter text.</a>		
<b>Name of Agency:</b> <a href="#">Click here to enter text.</a>		
<b>Target Population: Identify the Number of Persons to be Served Annually by the Project</b>	<b>Currently Served</b>	<b>Anticipated to be Served</b>
Low Income Households (50% or less of MFI)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Moderate Income Households (50 to 80% of MFI)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Elderly Persons	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Persons with Disabilities	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Homeless Families and Individuals	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Special Population Groups: (identify below)	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<b>Racial Characteristics of Target Population</b>	<b>Show as Percent of Above</b>	
White	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
African American	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Native Hawaiian/Pacific Islander	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Native American	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<b>Ethnicity of Target Population</b>	<b>Show as Percent of Above</b>	
Hispanic	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Non-Hispanic	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Total unduplicated number of persons participating in or served by <b>the entire</b> applicants program last year.		<a href="#">Click here to enter text.</a>
Identify the geographic area to be served by the project. List the census tracts or street boundaries in space below. <i>(See target area map for census tracts)</i>		
Will this project result in the permanent or temporary displacement of any person or business?	Yes	No
For facility projects only. Has a survey for asbestos containing material been conducted for the structure(s) to be assisted?	Yes	No
Will children under the age of 6 be expected to reside in the facility for which assistance is requested?	Yes	No
Date facility to be assisted was built?	<a href="#">Click here to enter text.</a>	

## PROJECT NARRATIVE

Please provide a brief narrative for each of the following items. No more than **10 pages** may be submitted.

1. Briefly describe the applicant's purpose, objectives, population served, and major sources of funding.  
[Click here to enter text.](#)
2. Describe the project for which assistance is requested.  
[Click here to enter text.](#)
3. Explain how the project or the resulting program will contribute to the achievement of the priority strategies of the Consolidated Plan for Housing and Community Development. (pages 10 & 11)  
[Click here to enter text.](#)
4. Describe the proposed accomplishments or outcomes for the project or resulting program.  
[Click here to enter text.](#)
5. To request funding to renovate existing facilities or to replace major building components, the applicant **must clearly demonstrate** and follow the Policy on Requests to Renovate Facilities on page 46: (Does not apply to the construction of a new facility or an addition)
  - a. The continued operation of the applicant's programs is jeopardized for failure to comply with building codes, health/environmental codes or licensing requirements. Applicant must submit documentation of the deficiency.  
[Click here to enter text.](#)
  - b. The project for which funding is requested was not the result of deferred or poor maintenance. Applicant must discuss their preventive maintenance programs.  
[Click here to enter text.](#)
  - b. The applicant must have exhausted other resources before seeking funds. Applicant must demonstrate other sources of funds or grants not available or not approved.  
[Click here to enter text.](#)
  - d. Identify the insurance carrier of the facility to be renovated and list any policy exclusions and the deductibles. List the status of claims made in the past year.  
[Click here to enter text.](#)
6. Identify other agencies or organizations providing the same or similar programs that attempt to meet the community or neighborhood need addressed by this project.  
[Click here to enter text.](#)
7. Itemize the total project cost or budget for which funds are requested. Show calculations of unit cost determination. Provide the name of the consultant, architect, or contractor providing the cost estimates for the project. Copies of the cost estimates must be attached.  
[Click here to enter text.](#)
8. Explain how the applicant will provide funding for additional or unexpected costs of the project.  
[Click here to enter text.](#)

9. If financial support for this project is available to the applicant from other private, state, or federal programs, indicate the amount, source and date of funding commitment.  
[Click here to enter text.](#)
10. If funding requests have been or will be submitted to other private state or federal sources for this project, itemize the source, amount of assistance requested, and the anticipated date of commitment.  
[Click here to enter text.](#)
11. If fees are or will be charged for project services or participation explain the fee structure. A copy may be attached. Describe any scholarship or sliding scale fee policies.  
[Click here to enter text.](#)
12. How will this assistance contribute to maintaining, increasing or improving the services or activities provided by the applicant?  
[Click here to enter text.](#)
13. What effect will the project have on future operational budgets of the applicant? Explain how the applicant will maintain the project or continue operation of the project? For renovation projects discuss how the applicant will establish a restricted replacement reserve account.  
[Click here to enter text.](#)

## CERTIFICATIONS

Name of Applicant [Click here to enter text.](#)

---

1. The applicant hereby certifies that it possess the legal authority to make a grant submission and to execute a subsequent funding agreement with the City of Amarillo. Applicant also certifies it has not been suspended, disbarred or prohibited from receiving federally assisted contracts.
2. The applicant hereby certifies that its governing body has adopted or passed as an official act, a resolution, motion or similar action, authorizing the person identified as the official authorized to submit the application for assistance.
3. The applicant hereby certifies that its governing body assures that the projects or activities to be assisted with Community Development Block Grant or HOME Investment Partnership Program funding will be implemented and administered in compliance with the regulations and other applicable federal requirements.
4. To the best of the applicant's knowledge, no federal funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, member of Congress, an officer or employee of Congress in connection with the awarding of any federal contract related to this project.
5. The applicant hereby certifies that no officer, employee, or agent of the City of Amarillo or the applicant, who exercises any responsibilities with respect to the requested project, has any personal financial interest, direct or indirect, in the requested project.
6. The applicant hereby certifies that the agency will comply with the 2012-2013 Grant Application Handbook and have read the 2010-2014 Consolidated Plan

[Click here to enter text.](#)

---

Typed Name and Title

[Click here to enter text.](#)

---

Signature of Authorized Official

Date

## **EXHIBITS TO APPLICATION FOR CDBG ASSISTANCE**

**The following documentation must be submitted with this request.**

1. Resolution, minute action or other documentation indicating the governing body authorizes the submission of the application.
2. A list of current and immediate past members of the Board of Directors.
3. Certificate of Incorporation under authority of the State of Texas.
4. Articles of Incorporation
5. If applicable, State Tax Exempt Certificate, and/or IRS Letter of Designation as 501 (c)(3)
6. Current fiscal year's financial statement.
7. Proposed operating budget for grant period.
8. Most current fiscal year's audit report.
9. List of key personnel and their major responsibilities.
10. A history of funding from CDBG or HOME funds.