



**PUBLIC SERVICES SUBGRANT APPLICATION
Community Development Block Grant (CDBG)
Program Year 2020**

Please respond to each of the following questions; keep responses brief and to the point. Limit answers to space provided unless otherwise specified. Do not attach additional information unless requested; unsolicited information will not be considered for review.

To be considered, application MUST be completed in full with all required documents included.

The completed application must be mailed to the City of Biloxi Federal Programs Division or hand delivered and placed in the box labeled "CDBG applications" in the 1st floor lobby of the Public Works Building and received no later than **Friday, June 26, 2020 at 4:00 PM.** The application deadline is firm as to the date and hour.

ADDITIONAL INFORMATION

The City's CDBG funds may only be used to benefit City of Biloxi residents.

The City of Biloxi will not consider any incomplete applications or applications received after the 4:00 PM, Friday, June 26, 2020 deadline. Applicants should take this into account and submit applications as early as possible to avoid missing the deadline because of unanticipated delays or delivery-related problems. Acceptance by post office or private mailer does not constitute delivery. Facsimile (FAX), Emailed, Cash On Delivery (COD), and postage due applications will not be accepted.

All information included in the application must be clearly legible.

To be considered, the completed application packet must be mailed to Biloxi Federal Programs Division P.O. Box 429 Biloxi, MS 39533 or delivered and placed in the box labeled "CDBG applications" in the 1st floor lobby of the Public Works Building at the following physical address:

214-A Delauney Street
Biloxi, Mississippi 39530
228-435-6269



This should be the first sheet of the application packet, when submitted.

APPLICANT AGENCY INFORMATION			
Legal Name of Applying Agency/Organization:			
Date of Incorporation:			
Proposed Project Title:			
DUNS Number:			
Federal Tax Identification Number:			
Project Physical Address:			
Mailing Address (if different):			
Board President:		Executive Director:	
Address:		Address:	
City:	ZIP Code:	City:	ZIP Code:
County:		County:	
Telephone Number:		Telephone Number:	
Fax Number:		Fax Number:	
Email Address:		Email Address:	
Total amount requested from Program Year 2020 CDBG allocation		\$	

<i>Agency Mission Statement</i>

ALL APPLICANTS must attach the following documents to the application in the order listed to be considered for funding (Any application missing any of documents below will not be rated by the rating/review committee).

By Laws and/or Constitution

Articles of Incorporation

Articles of incorporation are the documents recognized by the State of Mississippi as formally establishing a private corporation, business or agency.

Current list of Board of Directors (names, addresses, telephone number)

A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member.

A copy of most recent Board approved budget

A copy of Board meeting minutes documenting authorization to submit this application

Documentation consists of a copy of the minutes of the meeting during which the governing body's resolution, motion or other official action records authorization of application submittal.

Job descriptions and resumes for staff who will be involved in any aspect of implementing the proposed activity

(Directors, Fiscal Officer, Project Manager, etc.)

Organizational Chart of Agency Board & Staff

An organizational chart must be provided that identifies the agency's administrative framework and staff positions; indicates where the project proposed to be funded fits into the organizational structure; and identifies all staff positions involved with administration of the project.

Evidence of Financial Accountability (copy of most recent financial audit)

Attach one copy of the most recent audit or financial review if one was completed. (Include only one copy.)

Written policies and operational procedures for agency implementation of the proposed activity

Policies are clear, simple statements of how the agency conducts its services, actions or business. Procedures describe how each policy is put into action. Each procedure should identify:

- *Who will do what*
- *What steps need to taken*
- *Which forms or documents shall be used.*

Evidence of non-profit status (such as 501(c)(3) letter from IRS) and current certification of good standing in Mississippi

Non-profit organizations must submit a copy of the letter of tax-exemption determination from the U.S. Internal Revenue Service and documentation from the Mississippi Secretary of State's Office that it currently is a Non-Profit in Good Standing.

A COMPLETE APPLICATION CONSISTS OF ALL THE ABOVE DOCUMENTS AND A SIGNED CERTIFICATION FORM. FAILURE TO INCLUDE ANY OF THE ABOVE DOCUMENTS AND A SIGNED CERTIFICATION FORM WILL RESULT IN THE APPLICATION NOT BEING CONSIDERED FOR FUNDING.

Section 1: Proposed Project Details & Approach

1.1. Identify the proposed project's days/hours of operation	
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1.2 Executive Summary of the proposed project

1.3. CDBG-Eligible Activity to be provided (check only one)	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Tenant/Landlord Counseling
	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Abused or Neglected Children Services
	<input type="checkbox"/> Disadvantaged Youth Services	<input type="checkbox"/> Mental Health Services
	<input type="checkbox"/> Employment Training	<input type="checkbox"/> Services to Prevent or Address Homelessness
	<input type="checkbox"/> Education Activity/Program	<input type="checkbox"/> Victims of Domestic Violence/ Sexual Assault Services
	<input type="checkbox"/> Crime Awareness Program	<input type="checkbox"/> Disabled Services
	<input type="checkbox"/> Subsistence Payments	<input type="checkbox"/> Fair Housing Activities
	<input type="checkbox"/> Substance Abuse Services	<input type="checkbox"/> Child Care Services

1.4. Identification of Activity/Program Beneficiaries by HUD's Goal Outcome Indicator	
<p>To be eligible for CDBG funding assistance, an activity/program must provide a service that addresses a high priority, unmet community need and measurable benefit to City of Biloxi persons or households. At least 51% of beneficiaries must qualify as low- to moderate-income persons/households based on HUD's current income definitions.</p> <p>To identify whether the benefit to be provided is to persons or to households, please mark one box that best describes the proposed activity/program.</p>	
<input type="checkbox"/>	The proposed activity/program serves families and individuals by providing housing-related benefit(s), which may include but are not limited to emergency shelter or rental assistance.

<input type="checkbox"/>	The proposed activity/program serves qualified individuals by providing nonhousing benefit(s), which may include but are not limited to services for seniors or abused/neglected children, employment training and educational services.
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1.5. Briefly describe the need in the City of Biloxi for the proposed activity/program.

1.6. How will the agency market the proposed activity/program to the target population?

1.7. List up to three goals for the proposed activity/program. For each goal listed, identify the number of residents who will directly benefit.	
(1)	
(2)	
(3)	

1.8. How will the success of the activity/program be measured and how will data be collected to track and/or verify the outcome?

1.9. Describe how the applicant will collaborate with and/or how the proposed activity/program will be coordinated with other service providers in the City of Biloxi or on the Mississippi Gulf Coast.

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Section 2: Target Population/Jurisdiction

2.1. Who/What is the target population for the proposed activity/program?

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2.2. If beneficiaries are measured other than as Low/Mod Area Benefit (LMA)– such as Low/Mod Limited Clientele (LMC), Low/Mod Housing (LMH), Low/Mod Limited Clientele, Job Service Benefit (LMCSV) - how will the applicant track, record and document client demographics?

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2.3. If the proposed activity/program will provide Low/Mod Area Benefit (LMA), identify the number of each census tract and/or block group it is intended to serve.

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Section 3: Capacity & Experience

(attach a current resume for each person listed)

3.1. Who will be the person responsible for overall oversight of the proposed activity/program (the primary contact person)?			
<i>Name of person:</i>			
<i>Title of person:</i>			
<i>Education/Experience</i>			
<i>Telephone number:</i>		<i>Date first employed at current agency:</i>	

3.2. Who will be the alternate person responsible for overall oversight of the proposed project?			
<i>Name of person:</i>			
<i>Title of person:</i>			
<i>Education/Experience</i>			
<i>Telephone number:</i>		<i>Date first employed at current agency:</i>	

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Identify no more than two individuals.			
<i>Name of person:</i>			
<i>Title of person:</i>			
<i>Education/Experience</i>			
<i>Telephone number:</i>		<i>Date first employed at current agency:</i>	

3.4. Who will be the person(s) responsible for the financial oversight of CDBG expenditures and fiscal compliance?			
<i>Name of person:</i>			
<i>Title of person:</i>			
<i>Education/Experience</i>			
<i>Telephone number:</i>		<i>Date first employed at current agency:</i>	

3.5. To be eligible for CDBG funding, an agency must be either a new service or have a quantifiable increase in the level of the existing service provided.

Has the agency received CDBG funding from the City of Biloxi in a previous program year for the same service proposed to be provided in this application?

Yes (see below) No

If yes, specify which program year _____ CDBG funding was received and how the agency will increase the level of service if funded during Program Year 2020?

3.6. Will the agency implement the proposed activity/program if CDBG funds are not awarded?

Yes (see below) No

If yes, how will implementation be funded?

Section 4: Auditing Control, Qualifications

4.1. List the evaluation tools the agency will use to track and monitor progress.

4.2. How does the agency plan to ensure compliance with applicable HUD policy and procedural requirements including collecting income, race and ethnicity data of clients/households served and other HUD-required data (including those listed in HUD's "Playing by the Rules" Handbook)?

4.3. Briefly describe the agency's record keeping system, with relevance to the proposed project.

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4.4. Briefly describe the agency's auditing procedures and requirements, including those for the proposed activity/program.

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4.5. Briefly describe the agency's internal controls to minimize opportunities for fraud, waste, and mismanagement.

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4.6. How will the agency segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?

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4.7. Briefly describe the agency's payment and disbursement procedures, with relevance to the proposed activity/program.

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4.8. Describe how the agency's Board of Directors exercises programmatic and fiscal oversight.

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4.9. Briefly describe the agency's financial reporting system/accounting procedures, with relevance to the proposed activity/program.

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Roster of Board Members & Professions

Identify the members of the applicant agency's Board of Directors, their professions and contact information, by completing the table below.

Board Position	Full Name	Phone Number (Other than Agency)	Address (Other than Agency)	Occupation
President/Chair				
Vice President/Chair				
Treasurer				
Secretary				

Certifications

The following certifications apply to all City of Biloxi CDBG subrecipients. Funding will be denied if the applicant agency/organization is unable to comply with all of the following federal requirements.

THE APPLICANT HEREBY AGREES TO THE FOLLOWING:

- A. The figures, facts, representations, and documents presented in this application are true and correct to the best of the applicant's knowledge.
- B. The submission of this application has been authorized by the governing board of the applicant. Insert date of board approval: _____
- C. During the term of project award, the applicant will conduct its operations in accordance with the following requirements:
 - 1) Refrain from discrimination against any program participant/beneficiary, applicant or employee because of race, color, religion, sex, national origin, familial status, age, political beliefs or affiliations, or handicaps and will comply with the Equal Employment Opportunity (EEO) clause required in all federally-funded contracts.
 - 2) As applicable, comply with Section 3 requirements for providing opportunities to low-income residents of the City of Biloxi for training and employment.
 - 3) Provide the City of Biloxi with monthly progress reports for activities receiving CDBG-funding assistance. Such reports will include project participants' data, the amount and use of project funds expended and other information specified by the City in the subgrant agreement, as required by HUD.
 - 4) Maintain records to document information about persons or households that participate or benefit from the CDBG-funded activity including, but not limited to: income, racial/ethnic group, gender of the head of household and city of residence.
 - 5) Demonstrate compliance with federal standards for financial management systems, source documentation and disbursement of funds in accordance with CFR Title 2, Subtitle A, Chapter 11, Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards (which replaces Uniform Administrative Requirements of OMB Circular A-110, which governed nonprofit financial management systems, program monitoring, property management and procurement).
 - 6) Keep books and records in accordance with cost principles of CFR Title 2, Subtitle A, Chapter 11, Part 200 Subparts D, E and F (which replace OMB Circulars A-122, A-110 and A-133).
 - 7) Retain financial records, supporting documents, statistical records and other records pertinent to the CDBG-funded activity/program and make them available to the City, the U.S. Department of Housing and Urban Development or their designated representative(s) for a period of four years.
 - 8) Maintain time distribution records for all CDBG-funded employees working on eligible and ineligible activities.
- D. During the term of project award, the applicant will comply with contractual requirements as set forth by the City of Biloxi for CDBG activities/programs that include, but are not limited to the following:
 - 1) Verification of an agency personnel policy that includes an affirmative action plan or an equal opportunity statement;
 - 2) Submission to the City of a HUD-compliant audit that covers the CDBG-funded activity/program; and
 - 3) Accommodation of at least one annual monitoring visit conducted by the City of Biloxi.

This application for funding has been reviewed and approved.

Signature

Signature

Agency Executive Director

Date

Date
Print Name of Agency's Authorized Official

Scope of Services Packet

INSTRUCTIONS

City of Biloxi CDBG Subrecipient “Scope of Services”

Purpose – to describe the objectives for each activity and the specific tasks that need to be accomplished to achieve those objectives

PROJECT DESCRIPTION

Describe the activity to be undertaken including what services are to be performed, where they are to be provided, for whom they are to be provided and how many residents will directly benefit.

IMPLEMENTATION/WORK SCHEDULE (performance schedule of the work)

List the key steps, activities, or tasks to be performed (outreach intake or enrollment, day care services, group counseling, etc.). Indicate the level of service that will be provided for each task, i.e. 12-15 children per month, 10 group counseling sessions per month.

SPENDING SCHEDULE/PRODUCTION GOALS

Indicate the estimated amount of CDBG funds to be expended per month. The total must be equal to the awarded amount. **(Do not divide the total allocation by twelve months.)**

Estimate the total number of persons who will benefit from the project. September should include all persons that participated in the program. The remaining months should consist of unduplicated numbers. When all twelve months are added together, the total should be an unduplicated number for the City’s fiscal year.)

From the previous column, estimate the number of low/mod persons/households served per month.

BUDGET

Identify and explain the sources and **amounts** of **all non-CDBG funds** to be used.

COST SUMMARY SUPPORT

Indicate all other funds that are committed to each line item as shown on the Budget. The total of the **CDBG** amount and **Other Funds** amount should be placed in the **Total** column. These amounts should agree with the amounts in the Budget.

The **Description** for each **CDBG** line item must adequately describe what the line item includes, i.e. the **SUPPLIES** line item may include office supplies, program supplies and cleaning supplies.

PROJECT DESCRIPTION
2020-2021 Program Year

Name of Agency: _____

Project Physical Location: _____

A complete project description will include all activities to be implemented with City of Biloxi CDBG funding-assistance. The description should identify **who**, **what**, **where**, and **how many** persons/households will benefit from the activity/program as well as **how** CDBG funds will be used.

SPENDING SCHEDULE/PRODUCTION GOALS

2020-2021

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

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

MONTH	AMOUNT TO BE EXPENDED	Total Estimated # of Beneficiaries	ESTIMATED # OF LOW/MOD BENEFCIARIES
OCTOBER 2020			
NOVEMBER 2020			
DECEMBER 2020			
JANUARY 2021			
FEBRUARY 2021			
MARCH 2021			
APRIL 2021			
MAY 2021			
JUNE 2021			
JULY 2021			
AUGUST 2021			
SEPTEMBER 2021			

PROPOSED CDBG Activity/Program BUDGET
PY 2020-2021

Name of Agency: _____
 Total Operating Budget: \$ _____

EXPENSE CATEGORY	FUNDING SOURCES FOR PROPOSED ACTIVITY/PROGRAM*				
	CDBG	Other (specify)	Other (specify)	Other (specify)	Totals
Identify Expenses by Descriptive Line Item					
Example: Office Supplies					
TOTAL					