

St. Charles County CDBG-CV Program
Application for CDBG-CV Subrecipients – PUBLIC SERVICES PROGRAM



St. Charles County, MO is seeking applications to address social services needs in St Charles County arising with the COVID19 pandemic. The intent of the funding is to support eligible households in stabilizing housing and income as quickly as possible. This funding was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed by President Donald J. Trump on March 27, 2020.

St. Charles County Missouri’s Community Development Block Grant (CDBG) program is based upon a federally recognized “urban county” consisting of cities of St. Charles, St. Peters, St. Paul, Wentzville, Lake St. Louis, Weldon Spring, Cottleville, New Melle and unincorporated St. Charles County. Proposed projects and services utilizing these CDBG-CV funds are limited to the “urban county” residents in these areas.

Eligible agencies will be required to receive assessment and referrals through Coordinated Entry, collect data in HMIS, and serve any eligible county households.

Agencies may apply for funding in the following categories:

- rental assistance
- mortgage assistance
- rapid rehousing assistance
- utility assistance
- food and essential items assistance

Up to 20% of funding may be spent for program administration. Funding may be used to serve eligible households with up to 80% AMI.

The total amount of funding is \$323,001

Rent, Mortgage, Rapid rehousing, Utility Assistance Funding:	\$258,401
Food and Household items Funding:	\$64,600

Agencies may apply for funding from \$25,000 to \$130,000. The [Community Assistance Board](#) will review complete applications and recommend funding allocations based on the guidelines set forth in the notice and based on unmet need, agency capacity and experience in administering programs under the Community Development Block Grant Program.

2020 HUD INCOME LIMITS

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Low Income (80%)	\$46,450	\$53,050	\$59,700	\$66,300	\$71,650	\$76,950	\$82,250	\$87,550
Very Low (50%)	\$29,050	\$33,200	\$37,350	\$41,450	\$44,800	\$48,100	\$51,400	\$54,750
Extremely Low (30%)	\$17,400	\$19,900	\$22,400	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120

Submittal and Contact Information

Applications should be directed to: Pinar Turker, email to pturker@sccmo.org.

The deadline for application submittal is 11:59 pm on **Thursday, June 25, 2020**.

Questions regarding the CDBG program may be directed to Pinar Turker at 636-949- 7335 ext. 7237 or email pturker@sccmo.org.

APPLICATION GUIDELINES

Please provide the information below using forms provided as the following attachments:

- **ATTACHMENT A: Application Form – Service Projects**
- **ATTACHMENT B: Line Item Budget Form – Service Projects**
- **ATTACHMENT C: Supplemental Budget Form – Use of Other Resources**

ONLY ONE application is permitted for each agency applying for CDBG-CV funding. Please submit attachments A, B and C as one (1) pdf application and one (1) word document. Please provide all supporting documents as individual files with proper file names (such as AgencyName_articles_of_incorporation.pdf). The preference will be given to agencies showing an ability to make funding available quickly.

Project Summary

Briefly describe the proposed project. The narrative should include the need or problem to be addressed in relation to the Consolidated Plan or other community development priorities, as well as the population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the implementation schedule.

In your project summary, further:

- Indicate how you will identify clients. Provide an estimate as the number of clients to be served and describe them in terms of age, gender, ethnicity, income level, and other defining characteristics.
- Be very specific about who will carry out the activities, the location in which they will be carried out, the period over which the activities will be carried out, and the frequency with which the activities will be carried out, and the frequency with which services will be delivered.
- For service programs, include how you propose to coordinate your services with other community agencies and leverage resources.
- Describe the site where the program will be implemented. How will clients get to the facility? What efforts will your agency and partners make to promote your program and reach isolated individuals? Describe how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.
- Discuss all funding sources, proposed and confirmed. **All applicants must also complete ATTACHMENT B.**

Agency Information

Background/Program Experience

Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if appropriate).

Personnel/Staff Capacity

Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

Financial Capacity

Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. **You are required to include all funding sources including state, federal & private sources.** Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Monitoring

Briefly describe how you will monitor progress in implementing the program. Attach copies of all data collection tools that will be used to verify achievement of program goals and objectives. Describe who will be responsible for monitoring progress.

Audit Requirements

In accordance with the Office of Management and Budget Circular A-133, the Federal Government requires that organizations expending \$300,000 or more in Federal financial assistance in a fiscal year must secure an audit. Agencies requesting

\$300,000 or more must choose one of the three ways of meeting this requirement and state which method they chose:

- 1) If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
- 2) If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
- 3) If your agency does not have a current audit process in place, your agency will be required to include a 10-percent set aside in the CDBG project for the provision of an audit.

Insurance/Bonding/Worker's Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

Additional Information

Include any other pertinent information.

Standard Required Documents

(Supplemental Documents)

Articles of Incorporation/Bylaws

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

Non-profit Determination

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

List of the Board of Directors

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

Authorization to Request Funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

Designation of Authorized Official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

Organizational Chart

An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicates where the proposed project will fit into the organizational structure, and identifies any staff positions of shared responsibility.

Resume of the Chief Program Administrator

Resume of the Chief Fiscal Officer

Financial Statement and Audit

Conflict of Interest Questionnaire

Documentation of Compliance with National Objectives

This section is the documentation of how public services complies with one of the following CDBG National Objectives, and that National Object is:

1. Benefiting low- and moderate-income persons. For public service agencies, the most probable determination that the project benefits low- and moderate-income persons is by serving a limited clientele, at least 51% of whom are low- and moderate-income persons. Please define your clientele and why they would be considered low- and moderate-income persons. If the clientele is not generally presumed to be principally low- and moderate-income, then records must be maintained by the agency on each person/family as to family size and income to document that 51% of the clientele is low- and moderate-income.

Anti-lobbying form

This is to document that the agencies do not participate in any lobbying activities of any kind on the state and federal level. The agency can also come up with their own Anti-Lobbying certification form if they prefer. They can simply state on their company letterhead that they do not participate in lobbying activities on the state and federal level.

504 Self-evaluation form

Please [download](#) the form and complete

ATTACHMENT A: Application Form – Service Projects

Agency Name:	
Agency Address:	
Telephone:	
Contact person:	
E-mail:	
Type of organization:	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Faith Based
Agency DUNS Number:	

1. Project Summary¹		This part needs to address details for each project activity listed below if funding for more than one activity is requested as detailed below.
Activities: (Your program may include any or all of these activities Please check which applies)	<input type="checkbox"/> Rent Assistance <input type="checkbox"/> Mortgage Assistance <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Rapid Rehousing Assistance <input type="checkbox"/> Food and Essential Items Assistance	

A. Rent/ Mortgage/ Rapid Rehousing/Utility Assistance (Your program may include any or all of these activities. Please describe your program accordingly)	
Need or problem:	
Population to be served:	
Description of work and how it addresses the problem:	
Proposed accomplishments:	
Eligibility/National Objective:	<input checked="" type="checkbox"/> Services Low to Moderate Income households <input type="checkbox"/> Activities that address slum and blight in an area designated by census tract having 51% of its population with low mod income. <input type="checkbox"/> Activities designed to meet community development needs having a particular urgency.
Proposed budget:	
Other sources of funding:	
Coordination of services with other agencies:	
Intended staffing:	

¹ 24 CFR 570.200(a), 570.201–570. 208,507.503

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Schedule for completion:	
Geographic service area:	

B. Food/Essential Items Assistance	
Need or problem:	
Population to be served:	
Description of work and how it addresses the problem:	
Proposed accomplishments:	
Eligibility/National Objective:	<input checked="" type="checkbox"/> Services Low to Moderate Income households <input type="checkbox"/> Activities that address slum and blight in an area designated by census tract having 51% of its population with low mod income. <input type="checkbox"/> Activities designed to meet community development needs having a particular urgency.
Proposed budget:	
Other sources of funding: Please also fill Attachment C.	
Coordination of services with other agencies:	
Intended staffing:	
Schedule for completion:	
Geographic service area:	

C. Summary of funding requested				
Eligible Activities	Amount requested (\$):	Estimated number of households to be served:	Cost per household (\$):	Operating Cost (Max 20% of the amount requested)
Rent Assistance				
Mortgage Assistance				
Utility Assistance				
Rapid Rehousing				
Food and Essential items Assistance				
TOTAL				

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Please see attached guidelines for detailed explanation of following items.

2. Agency Background²	
Years in operation:	
Purpose:	
Type of services provided:	
Agency's capabilities:	
Experience with Federal Programs:	
Number/characteristics of clients served:	

3. Personnel³	
Staff positions and qualifications:	
Policy/procedures manual:	

4. Financial⁴	
Operating budget: Please fill Attachment B.	

5. Audit Requirements⁵	
Is the Organization receiving \$300,000 or more in Federal financial assistance in a fiscal year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Insurance/Bonding/Worker's Compensations⁶	
Indicate if agency:	<input type="checkbox"/> Has liability insurance <input type="checkbox"/> Pays payroll taxes and worker's compensation <input type="checkbox"/> Has fidelity bond coverage

7. Additional Information	
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² 24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85

³ 24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611

⁴ 24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075

⁵ OMB Circular A-133

⁶ 24 CFR Parts 84 or 85

Please provide any other pertinent information	
Please fill Attachment C	

8. Standard Documents for Submission⁷	Checklist
	<ul style="list-style-type: none"> <input type="checkbox"/> Articles of Incorporation/Bylaws <input type="checkbox"/> Non-profit determinations <input type="checkbox"/> List of Board of Directors <input type="checkbox"/> Authorization to Request Funds <input type="checkbox"/> Authorized official designation <input type="checkbox"/> Organization Chart <input type="checkbox"/> Resumes of Chief Program Admin. and Chief Fiscal Officer <input type="checkbox"/> Financial Statement and Audit <input type="checkbox"/> Conflict of Interest Questionnaire <input type="checkbox"/> Framework for Documenting Compliance with National Objectives <input type="checkbox"/> Anti-lobbying form <input type="checkbox"/> 504 Self-evaluation <input type="checkbox"/> DUNS number

⁷ 24 CFR 570.208, 570.500(c), 570.611

Although these regulations do not require formal submission of all these documents at the point of application, the grantee can still request this information to obtain a better understanding of the organization, systems, and personnel of a potential subrecipient. Units of local government that are subrecipients are not required to submit all of the forms listed.

ATTACHMENT B: Line Item Budget Form – Service Projects

Subrecipient Name:

Guidance: Please use the following format to present your proposed line item budget. In column A, list the items for which you anticipate the need for CDBG funds. In Column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. On Attachment C, provide description of other funds and volunteer and donated services/resources to be used in the project.

A Budget Item	B Calculation	C CDBG Request
- ADMINISTRATIVE COSTS	Provide description of how you arrive at total for each line item (up to 20% of the total request)	
PERSONNEL COSTS		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
OPERATING COSTS (including rent, utilities supply etc.)		
TOTAL ADMINISTRATIVE		
- CONTRACT SERVICES	Provide description of how you arrive at total for each line item (up to 80% of the total request)	
SERVICES	Provide description of how you arrive at total for each line item (Cost of assistance per households multiplied by estimated number of hholds. to be assisted)	
Rent Assistance		
Utility Assistance		
Mortgage Assistance		
Rapid Rehousing Assistance		
Food and Essential Items Assistance		
TOTAL CONTRACT SERVICES		
BUDGET TOTAL		

ATTACHMENT C: Supplemental Budget Form – Use of Other Resources

1. Describe your plans to use other funds on this project. In this section only describe funds that are secured. Provide the source of funds, amounts and how these funds will be used.

2. Describe your plans to seek new funding to supplement CDBG funding. Describe the sources to which you will apply, the amounts sought and the proposed use of those funds.

3. Describe your use of donated goods and services. Estimate the value of these services and describe how you arrive at these amounts.

4. Please provide an explanation for any unusual budget expenditures listed in the line item budget on the previous page.

5. Explain why you consider your program costs to be reasonable.

Basic Elements of a Subrecipient Application for Funding and Applicable Federal Regulations

□	Data	Description	Some Key Applicable Regulations
	1. Project Summary	A brief project description including: <ul style="list-style-type: none"> • Need or problem • Population to be served • Geographic service area • Description of work and how it addresses the problem • Schedule for completion • Proposed accomplishments • Eligibility/National Objective • Proposed budget • Intended staffing • Other sources of funding 	24 CFR 570.200(a), 570.201–570. 208, 507.503
	2. Agency Background	<ul style="list-style-type: none"> • Years in operation • Purpose • Type of services provided • Agency’s capabilities • Experience with Federal Programs • Number/characteristics of clients served • License to operate 	24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85
	3. Personnel	Describe: <ul style="list-style-type: none"> • Staff positions and qualifications • Policy/procedures manual 	24 CFR 570.506, 570.507, 570.601, 570.602, 570.607(b), 570.611
	4. Financial	Describe: <ul style="list-style-type: none"> • Operating budget • Commitments for ongoing funding • Fiscal management (reporting, records, accounting principles) 	24 CFR 570.502–570.504, 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85, and OMB Circulars A-87 or A-122; Treasury Circular 1075
	5. Audit Requirements	Organizations receiving \$300,000 or more in Federal financial assistance in a fiscal year must secure an audit.	OMB Circular A-133
	6. Insurance/Bonding/Worker’s Compensations	Indicate if agency: <ul style="list-style-type: none"> • Has liability insurance • Pays payroll taxes and worker’s compensation • Has fidelity bond coverage 	24 CFR Parts 84 or 85
	7. Additional Information	Any other pertinent information	
	8. Standard Documents for Submission	<ul style="list-style-type: none"> • Articles of Incorporation/Bylaws • Non-profit determinations • List of Board of Directors • Authorization to Request Funds • Authorized official designation • Organization Chart • Resumes of Chief Program Admin. and Chief Fiscal Officer • Financial Statement and Audit • Conflict of Interest Questionnaire • Framework for Documenting Compliance with National Objectives • Anti-lobbying form • 504 Self-evaluation • DUNS number 	24 CFR 570.208, 570.500(c), 570.611