

Applicant:  
Project Title:

Departmental Use Only:  
Date Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

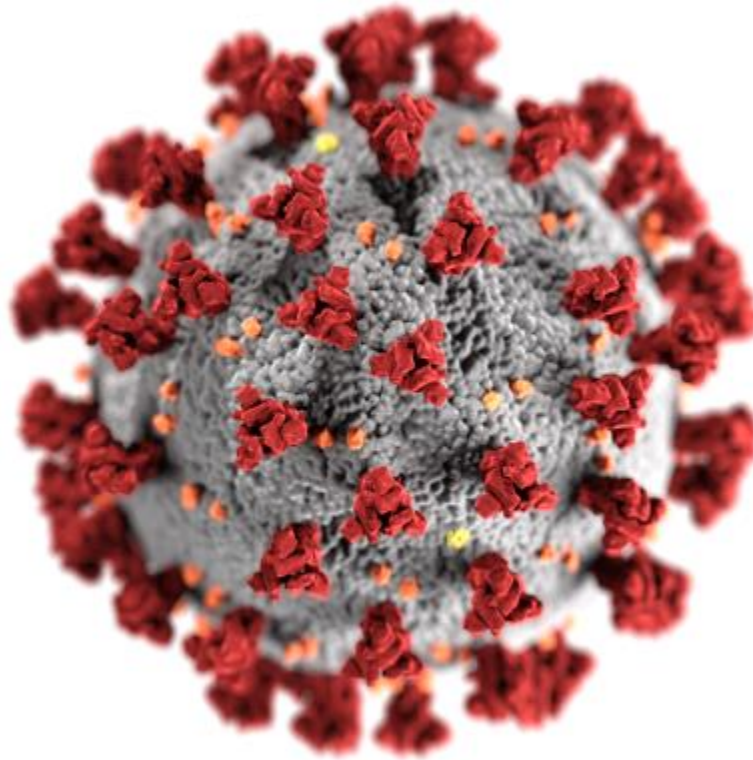


**BUTLER COUNTY COMMUNITY DEVELOPMENT**  
2021 Application for: **CDBG-CV Funding**



**CDBG-CV APPLICATION**  
**COVID-19 Response**

**Due Date: 6/2/21 by 4:00pm**



Butler County Community Development  
130 High Street- 6th Floor  
Hamilton, OH 45011  
513-785-5391  
Email: Desmond.Maaytah@bcoho.us

**visit [development.bcoho.us](https://development.bcoho.us) for fillable application**  
**click on 'community development'**

# CDBG-CV APPLICATION

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### PROPOSAL COVER SHEET

(A separate Proposal Cover Sheet should be submitted for each program or project)

Date Submitted:

Submitted By:

Title:

Project Contact Name:

Mailing Address:

City:

Zip Code:

DUNS Number:

Telephone Number:

Fax Number:

Email:

Program or Project Name:

Address of proposed project (include a map showing the location(s) of the proposed activity:

Administrative Costs (Staff Salaries/Fringe/Operating: \$

Direct Service Staff Salaries/Fringe \$

**CDBG-CV Funding Request: \$** Total Project Cost: \$

**Brief Project Summary Description: (Limit 750 characters)**

# CDBG-CV Application

## 1. CDBG-CV Goals and Objectives

Project Type: (Choose 1):

CDBG-CV Type:

- Prevention of the Coronavirus
- Preparation for the Coronavirus
- Response to the Coronavirus

- Housing Project
- Public Improvement Project
- Public Service Project
- Economic Development Project

## 2. What type of services will you provide: Tip: Double click on the box and select "checked" option. (Choose a **maximum** of the program's top three service options)

- Financial Assistance
- Homeless Assistance
- Health Care
- Other:

## Identify the program's target population? Tip: Double click on the box and select "checked" option. (Choose a **maximum** of the program's top two options)

- Abused children
- Non-English speakers
- Young children
- Adults (under 65)
- People with disabilities
- Youth
- Domestic violence victims
- People with HIV/AIDS
- Other:
- Homeless
- Senior citizens

## 3. National Objectives

- Area Benefit (*consult with HCD Department before submitting your application*)
- Limited Clientele: Benefiting LMI clients
- Limited Clientele: Presumed Benefit (*check applicable categories below*)  
(Options are predetermined by HUD and cannot be altered)

- |                           |                   |
|---------------------------|-------------------|
| Abused Children           | Homeless          |
| Domestic Violence Victims | Illiterate Adults |
| Severely Disabled         | Elderly           |

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## 4. Project Narrative

- a. Describe how your proposed program or project will help with an unmet community need that will prevent, prepare for, and respond to Coronavirus. Provide data that supports the need (census data, school district information, internal organization data, etc.). *(Limit 2000 characters)*

- b. Please describe how the proposed project will prevent, prepare for, and respond to Coronavirus and explain how the program activities will support this chosen goal. *(Limit 1000 characters)*

## CDBG-CV APPLICATION

c. Where will the program/activity be completed or carried out? *(Limit 1500 characters)*

d. Describe how the program will identify program participants (referrals, outreach, etc.) and how the agency will determine who is eligible to receive services. *(Limit 1500 characters)*

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- e. Describe the services/activities/project to be provided or completed and estimate the number of persons to be assisted. Persons to be assisted should be described in terms of age, gender, ethnicity, and income level. Include any necessary data to support the target population who will benefit from the program/project. *(Limit 1500 characters)*

## ENDORSEMENT

I, the undersigned, as official representative of the applicant, hereby acknowledge that if a grant is awarded, the terms, conditions, and budget pursuant to the Action Plan submitted to the U.S. Department of Housing and Urban Development, and the sequential Project Agreement between Butler County Board of Commissioners and the applicant will be the limit of participation from the Board of Commissioners of Butler County.

I also hereby certify that the information contained in this application is true and accurate to the best of my knowledge.

Name

Title

Signature

Date

### **Government Jurisdictions:**

Each application from a municipality must contain a copy of a resolution from the Board of Trustees or Village / City Council endorsing the submission of the project application, stating the amount of the grant request in the application, and the amount to be contributed by the municipality for the project.

### **Not-For-Profit Organizations:**

Each application from a not-for-profit organization must contain a resolution from the organization's Board of Directors endorsing the submission of the application, stating the amount of the grant request in the application, and stating the amount to be contributed by the organization.

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- f. Provide Cost per Beneficiary Information (total budget divided by number of individuals or households served). *(Limit 1000 characters)*

## 7. Community Involvement and Collaboration

- a. If awarded, briefly describe how your agency will partner with other local agencies to specifically support your proposed CDBG-CV funded program/project. Attach MOUs/MOAs or letters of support from these collaborative agencies. *(Limit 1000 characters)*
  
- b. Describe how your agency partners and collaborates with other local agencies for non-CDBG funded programs/projects. *(Limit 1000 characters)*

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### 8. Organization and Staff Ability:

a. Provide a brief description of the organization, its prior years of experience in carrying out federally funded activities or projects, its experience in fiscal management of federal, state, or local grant funds, and its capacity to administer the proposed program, including compliance with federal and other grant funds. *(Limit 1500 characters)*

b. Provide a description of staff that will be involved in the proposed program activities, including their experience in grant administration, program management, and expertise as it directly relates to the proposed program and its implementation. Do not include employee resumes. *(Limit 1500 characters)*



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Staff Name	Title	Grant Management Experience	Percentage of time allocated to CDBG activities

- c. Provide a description of consultants, tutors and volunteers, as applicable, who will be directly involved in carrying out the proposed program activity. Detail their experience and expertise as it relates directly to the proposed program's implementation. *(Limit 1000 characters)*

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## BUDGET

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Name of Proposed Project

### LINE ITEM BUDGET FORM – BUDGET NARRATIVE

Administrative Costs may not exceed 20% of the total budget

A Budget Item	B Calculation	C Total amount of CDBG requested	D % of Budget	E Total Match Required or Leveraging Dollars	F Total Program/Project Budget
<i>Example: Full time case manager</i>	<i>\$19.23 x 20 hours x 52 weeks</i>	<i>\$ 20,000</i>	<i>100%</i>	<i>\$10,000</i>	<i>\$30,000</i>
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## Supplemental Budget Form –Operating Budget

### Use of Other Resources

1. Organization verifies on-hand funding sources that will allow the program to operate successfully on a reimbursement basis:  Yes  No
2. What funds, other than CDBG-CV, will support this program? In this section only describe funds that are secured. Provide the source of funds, amounts, period covered and how these funds will be used. ***Intent*** to apply for matching funds ***does not*** constitute a match. **Attach documentation of secured supportive funds.** (Limit 1000 characters)
3. Describe funds the agency has received to support Coronavirus response activities since March 1, 2020. Please include: CARES Act funding, Indigent Services/Resiliency Package funding, Joint Development Authority grants/loans, Paycheck Protection Program (PPP) funding, and any other government or private funding. (Limit 1000 characters)
4. Describe use of donated goods and services. Indicate the source and estimate the value of these services. (Limit 1000 characters)

**NOTE:** CDBG-CV funds will be administered on a reimbursement basis. It is therefore important that applicants identify other resources for their programs and/or projects.

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## BOARD OF DIRECTORS LIST

Name	Board Position	Address and Telephone	Professional Affiliations	Service Term		Membership Category
				Start Date	End Date	Example: Private/Community Sector, Public Sector/Public Official, Low Income Sector