

CITY OF NORTH LAS VEGAS
Community Development Block Grant Program
2009-2010 PROGRAM YEAR
PUBLIC SERVICES APPLICATION

APPLICATION SUBMISSION DEADLINE: Thursday, October 16, 2008, 5:00PM

Applications must be typed and fully completed.
 Applications will not be accepted after the deadline.
DO NOT USE A FONT SMALLER THAN 10 POINT

PAGE BREAKS BETWEEN EACH PART MUST BE MAINTAINED

PROGRAM INFORMATION	
Program Name:	
Program Address:	
Program Coordinator Name:	
Program Coordinator Telephone No.:	Program Coordinator E-mail:
Total Program Cost: \$	Amount Requested: \$
Brief Program Description and Specific Purpose for Requested Funds:	
Days and Hours of Program Operation:	
Census Tract(s) Served:	Ward(s):

PART I – APPLICANT INFORMATION

Organization Name and DUNS Number:		
Organization Street Address/ City/ Zip:		
Executive Director:	Federal Tax ID Number:	
Organization Telephone No.:	Fax:	E-mail:
Business Hours:	How Many Years Operating:	Date of Incorporation:
Name and Title of Person Preparing Application:		

PART II - ORGANIZATION NARRATIVE

Please provide a brief, clear, and concise answer for each question. Unless requested, no attachments will be allowed within this section. **Incomplete applications will not be accepted.**

A. Background

1. Describe the purpose of the organization as written in the charter or mission statement.
2. Discuss the type of services and/or programs currently being provided by the organization. Include the number and demographics of the clients served by your organization.
3. On average, how many NLV residents does your organization serve annually? Provide proof.

B. Qualifications

1. Discuss the organization's capability to develop, implement, and administer the proposed program. How successful has your organization been in conducting similar programs (i.e. taught 12 homebuyer education courses to 120 individuals in FY '07 and 20 of the participants became homeowners within 6 months of completion of the course)? Include a description of all recent programs of a similar nature administered by your organization.
2. If your agency has previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved, using CDBG funding.
 - a. Include the degree to which the objectives were met.
 - b. If there were difficulties in achieving the objectives, describe how that will be overcome in the future.
3. If your agency has never received City of North Las Vegas CDBG funding, describe the accomplishments achieved.

Include the degree to which the objectives were met.

 - b. If there were difficulties in achieving the objectives, describe how that will be overcome in the future.

C. Financial

- 1. Describe the organization's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures and audit requirements. If there is an accountant or bookkeeping service, please include name, address and phone number.**

- 2. Describe the financial supervision by the Board of Directors.**

- 3. Identify and describe any audit findings, investigations, or probation by the organization in the past five years. Include the name of auditor and/or CPA.**

- 4. Has your organization ever had any funds recaptured (returned) or removed from your organization? This includes CDBG, HOME, HOPWA, State, Federal and/or other funds. If yes, explain.**

- 5. Has your organization ever requested an extension to utilize funds? If yes, explain.**

Applicants must submit as "ATTACHMENT II" one of the following (audits may not be older than FY 2006):

- ◆ Copy of OMB A-133 Audit (Required if \$500,000 in aggregate Federal funds expended);
- ◆ Financial statements audited by a CPA (only if not qualified for A-133);or
- ◆ Certified Annual Financial Statement.

PART III – DOCUMENTATION CHECKLIST

Incomplete applications will not be accepted.

Have you received CDBG funds in the last two years (FY 07/08 or 08/09)

Yes No

If yes, and there is a change in your organization's:

- NON-PROFIT STATUS**
- NEVADA SECRETARY OF STATE RECEIPT OF GOOD STANDING**
- BOARD OF DIRECTORS**
- ORGANIZATIONAL CHART**
- MISSION OR OBJECTIVE STATEMENT**
- BUSINESS LICENSE OR REGISTRATION VERIFICATION**

Please submit documentation indicating the change (s) with the application. You must submit three (3) copies.

If No, you must submit three (3) copies of the following documents:

- DOCUMENTATION OF NON-PROFIT STATUS:** Copy of IRS letter showing current 501 C (3) or (4) status. PENDING STATUS WILL NOT BE ACCEPTED.
- NEVADA SECRETARY OF STATE RECEIPT OF GOOD STANDING:** All applicants must show proof of good standing status with the Nevada Secretary of State Office. You may submit a copy of the current year's receipt or a printout from the Secretary of State's Office website. Receipt must be dated no more than 12 months prior to application date.
- BOARD OF DIRECTORS:** Include a list of all persons serving on the Board of Directors.
- ORGANIZATIONAL CHART:** This chart should document the employees of the organization by name, title and delegation of authority. If your program is part of a large organization, please also include a chart for your program. This should indicate which positions will implement the proposed program.
- MISSION OR OBJECTIVE STATEMENT:** Submit copies of the pages of the Articles of Incorporation to document the mission objectives.
- CNLV BUSINESS LICENSE OR REGISTRATION VERIFICATION:** Provide documentation to evidence Business License requirements have been met.

Please submit documentation with the application and place behind this page in your original application.

PART IV - NATIONAL OBJECTIVE REQUIREMENTS

Before any activity/ program can be funded in whole or in part with CDBG funds, a determination must be made as to whether the activity is eligible under Title I of the Housing and Community Development Act of 1974, as amended. Activities must also address at least one of the following three national objectives of the CDBG program - 24 CFR Part 570.208. **Incomplete applications will not be accepted.**

FOR GUIDANCE ON THIS PART, PLEASE REFERENCE THE APPLICATION GUIDELINES, PAGE 7 UNDER "NATIONAL OBJECTIVE REQUIREMENTS"
Please indicate with a checkmark which one of the following National Objectives and qualifier you are addressing.

- National Objective 1: Benefit to Low and Moderate Income Persons**
- Area Benefit
 - Limited Clientele
 - L/M Housing
 - L/M Job Creation or Retention
- National Objective 2: Activities to Prevent or Eliminate Slum and Blight**
- On an area basis
 - On a spot basis
 - In an urban renewal area
- National Objective 3: Activities to Meet an Urgent Need**
- Pose a serious and immediate threat to the health and welfare of the community
 - Recently became urgent
 - Unable to be corrected with other funding sources

Please explain how this program meets the eligibility requirements of the National Objective selected and explain how it will be documented.

PART V- CATEGORIES OF ACTIVITIES

Indicate the type of activity being requested in this application.

Incomplete applications will not be accepted.

Homeless Assistance - Social Services – Youth/Education

- Homeless Assistance:** Programs that provide homeless services, emergency shelter, permanent housing, and support services to homeless individuals. *
- Social Services:** Programs that incorporate issues of environment, lifestyle, and behavioral factors that affect the physical well being of families and our community. Services include: health care; transportation; employment; programs for seniors and disabled persons; substance abuse programs; food bank programs; or medical clinics.
- Youth/ Education Program:** Programs that offer educational, social, athletic or cultural activities to youth and provide supportive group programs for youth and parents in order to increase self-esteem, positive behavior and decrease crime, teen pregnancy and gang involvement. Programs that provide childcare assistance to low and moderate-income parents allowing them to attend school, receive job training or gainful employment.

***Please note in cases where the Subrecipient is providing services to the homeless, the Subrecipient shall collect data on each assisted head of household and input data, at least monthly, into the community's Homeless Management Information System, unless a waiver of this requirement has been secured from the Regional Homeless Coordinator.**

PART VI - PROGRAM NARRATIVE

*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 services to be provided. Please provide a brief, clear and concise response to each question. Do not exceed the space provided. **Incomplete applications will not be accepted.***

A. Statement of Problem/Need

1. Describe the problem or need that the proposed program addresses as it relates to the Five Year Consolidated Plan or Southern Nevada's Regional Case Plan to End Homelessness (Help Hope Home).
2. Describe how this need relates to the City's 2025 Strategic Plan priorities referenced in the Application Guidelines. Please discuss the nature and extent of the problem you propose to address. Please include supporting data.

B. Target Population

1. Describe the characteristics of the population to be served (e.g. homeless, youth, seniors, disabled, etc.) or the area to benefit.
2. List and describe any studies and/or census data and/or market data used to determine that the problem requires action now. Programs or projects that cannot effectively show supporting data will receive fewer points.
3. Indicate the number of low/moderate income clients who are served annually by the project.
4. Indicate the number of unduplicated City of North Las Vegas clients anticipated to be served.

C. Program Description:

- 1. Describe the work to be performed, activities to be undertaken or the services to be provided. What “best practice” model(s) will your program use?**

- 2. What makes the aforementioned model effective for the target population?**

- 3. Describe procedures for documenting program participation including ethnic and income characteristics of participants. HUD has implemented ten (10) race categories, and a Hispanic ethnicity category; therefore all subrecipients must track this information.**

- 4. Describe the relationship (collaboration) of the proposed activity with other services and community facilities addressing the same or similar problem. Discuss what other agencies will be involved with the program. If applicable, attach letters of intent from each participating organization specifying the organization's role and contribution.**

- 5. List by name, each of the program’s existing staff, including title, qualifications and years of experience with agency. Example: Jane Doe, Executive Director, and list qualifications such as education, number of years with organization and experience working with federal grants or similar program, etc.**

PART VII – OUTCOME PERFORMANCE MEASUREMENTS

Complete the chart below to describe the most significant objectives, activities, outputs and outcome this program is expected to accomplish involving its participants for fiscal year 2008/2009. You do not need to have six activities and six outputs. **Incomplete applications will not be accepted.**

FOR GUIDANCE ON THIS PART, PLEASE REFERENCE THE APPLICATION GUIDELINES, ON PAGE 17 UNDER "OUTCOME PERFORMANCE MEASUREMENT SYSTEM"

Program Goal(s) – What your program is expected to accomplish (provide youth with a safe place for after school activities, preserve existing housing stock, improve neighborhood stability, etc.).

- 1.
- 2.
- 3.
- 4.
- 5.

HUD Objective – Select one objective that best describes your program.

- Creating a Suitable Living Environment
- Providing Decent Housing
- Creating Economic Opportunities

Program Activities – Briefly list the services, tasks or work activities used to fulfill the goal(s) of the program (e.g. client outreach/assessment, job training, affordable childcare, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Program Outcomes – These are the results or benefits derived from your program to the individuals, families, organizations, and/or the community.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

PART VII – OUTCOME PERFORMANCE MEASUREMENT SYSTEM CONTINUED

HUD Outcomes – The benefits that result from the activity or program for individuals or community. There are only three possible outcomes. Please select the one outcome that best covers the activities proposed to be funded by the City of North Las Vegas.

- Availability/Accessibility
- Affordability
- Sustainability

Program Indicators – This is the outcome measurement. What indicators, verifiable information or data will you use to measure an outcome to see if it was actually attained? What follow-up/tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated? Please attach any evaluation tools used such as entrance surveys, pre-post test, etc., as ATTACHMENT VII-A

1.

2.

3.

4.

5.

6.

PART VIII – PROGRAM BUDGET

This section outlines your organization's plan on how resources, especially time or money will be allocated or spent during the 2009/2010 fiscal year. Please round to the nearest hundred. **Incomplete applications will not be accepted.**

NOTE: USE ONE COLUMN (D, E, F and G) FOR EACH NON-CITY OF NORTH LAS VEGAS FUNDING SOURCE TO INDICATE THE RESOURCE TO EXPENSE CATEGORY.

For Resources other than CNLV "R" = Received and "A" = Applied For

Column B must equal columns C-F

Resources other than CNLV

Expense Category (A)	Total Program Budget (B)	CNLV CDBG Portion (C)	(D)	R/A	(E)	R/A	(F)	R/A	(G)	R/A
PERSONNEL										
Salaries	\$	\$	\$		\$		\$		\$	
Fringe Benefits (total)	\$	\$	\$		\$		\$		\$	
SUPPLIES										
Office Supplies	\$	\$	\$		\$		\$		\$	
Postage	\$	\$	\$		\$		\$		\$	
Other:*	\$	\$	\$		\$		\$		\$	
OPERATING										
Rent (Building/Offices)	\$	\$	\$		\$		\$		\$	
Rent (Facility Use)	\$	\$	\$		\$		\$		\$	
Utilities	\$	\$	\$		\$		\$		\$	
Telephone	\$	\$	\$		\$		\$		\$	
Bookkeeping	\$	\$	\$		\$		\$		\$	
Consultants	\$	\$	\$		\$		\$		\$	
Audit/CPA	\$	\$	\$		\$		\$		\$	
Payroll Services	\$	\$	\$		\$		\$		\$	
Printing	\$	\$	\$		\$		\$		\$	
Fidelity Bond	\$	\$	\$		\$		\$		\$	
Liability Insurance**	\$	\$	\$		\$		\$		\$	
Legal	\$	\$	\$		\$		\$		\$	
Travel	\$	\$	\$		\$		\$		\$	
Conferences & Seminars	\$	\$	\$		\$		\$		\$	
Staff Training	\$	\$	\$		\$		\$		\$	
Other:*	\$	\$	\$		\$		\$		\$	
Other:*	\$	\$	\$		\$		\$		\$	
Other:*	\$	\$	\$		\$		\$		\$	
DIRECT PROGRAM DELIVERY COSTS										
Program Supplies	\$	\$	\$		\$		\$		\$	
Client equipment or materials	\$	\$	\$		\$		\$		\$	
Other:*	\$	\$	\$		\$		\$		\$	
EQUIPMENT PURCHASE										
Computers/Software	\$	\$	\$		\$		\$		\$	
Office Equipment	\$	\$	\$		\$		\$		\$	
Other (Specify)*	\$	\$	\$		\$		\$		\$	
TOTALS	\$	\$	\$		\$		\$		\$	

***Specify on Budget Detail -- Part IX**

**** Liability insurance is required of all subrecipients and may be paid from grant funds.**

PART IX– BUDGET DETAIL

This section provides details for each line item shown in Part VII program Budget Form. Make certain this detailed breakdown is consistent with the program Budget. Please round to the nearest hundred.

Personnel

Staff/Salary Breakdown: Show all staff positions regardless of funding source that relate to the proposed activity. If multiple staff members have the same position/title, list separately (For example: Counselor 1, Counselor 2).

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% time Spent on CDBG program	=	Total Position Cost Requested from CDBG	
Example: Case Manager	Current	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
		\$	\$	\$	x		=	\$	
TOTAL CDBG SALARY REQUEST								=	\$

If necessary, please use more than one line for each position explanation.

Supplies

These are not program supplies but instead general office supplies. A maximum of \$250/person/year is acceptable for grant portion.

Types of Supplies	# of Months	x	# People	x	Ave \$ cost	=	Total Program Cost	Requested This Proposal
		x		x	\$	=	\$	\$
		x		x	\$	=	\$	\$
		x		x	\$	=	\$	\$
		x		x	\$	=	\$	\$
TOTALS							\$	\$

Operating Costs

Type	Total Annual Cost	Requested This Proposal
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTALS		\$

Utilities including Telephone (Office)

List Name & Type	# Months	X	Ave \$ cost	=	Total Program Cost	Requested This Proposal
Utility		X	\$	=	\$	\$
Utility		X	\$	=	\$	\$
Base Rate/Month		X	\$	=	\$	\$
Long Distance/Month		X	\$	=	\$	\$
TOTALS					\$	\$

Direct Program Delivery Costs

Type	Total Annual Cost	Requested This Proposal
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTALS		\$

Equipment Purchase

Describe each type	Total Annual Cost	Requested This Proposal
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTALS		\$

PRIORITIES

Funding requests typically exceed funding availability; please prioritize your line item budget requests. It is often not possible to fully fund some programs nor is that the intent of CDBG dollars. Providing this information will enable the Citizens Advisory Committee to make a knowledgeable funding decision.

It is very important that you prioritize your line items.

	Line Item Category	Amount
Priority #1		\$
Priority #2		\$
Priority #3		\$
Priority #4		\$

PART X – PROGRAM FUNDING HISTORY

Use this section to provide an account of the revenue and expenses of your organization for the past three years and a current year projected budget. Incomplete applications will not be accepted.

Funding Cycle	05/06	06/07	07/08	Projected 08/09
REVENUE				
CITY	\$	\$	\$	\$
COUNTY	\$	\$	\$	\$
STATE	\$	\$	\$	\$
FEDERAL	\$	\$	\$	\$
FEES CHARGED	\$	\$	\$	\$
FUNDRAISING	\$	\$	\$	\$
DONATIONS	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
TOTAL REVENUE	\$	\$	\$	\$
EXPENSES				
SALARIES	\$	\$	\$	\$
BENEFITS	\$	\$	\$	\$
INSURANCE	\$	\$	\$	\$
AUDIT	\$	\$	\$	\$
RENT	\$	\$	\$	\$
UTILITIES	\$	\$	\$	\$
CONSULTANTS	\$	\$	\$	\$
TRAVEL	\$	\$	\$	\$
OFFICE SUPPLIES	\$	\$	\$	\$
EQUIPMENT	\$	\$	\$	\$
PRINTING	\$	\$	\$	\$
DIRECT CLIENT SERVICES	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
OTHER (<i>explain</i>)	\$	\$	\$	\$
TOTAL EXPENSES	\$	\$	\$	\$
REVENUE LESS EXPENSES	\$	\$	\$	\$

NOTES:

PART XI- PROGRAM FINANCIAL NARRATIVE

**Provide a brief, clear and concise answer for each item described below.
Provide attachments only as instructed. Incomplete applications will not be accepted.**

The City encourages CDBG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging (using other funding sources) is very important in the application process.

A. Fee Structure

- 1. It is acceptable to charge a reasonable fee for services and sliding scale fees are encouraged. Will you charge a fee for services delivered in conjunction with the program?**
 Yes No
- 2. If fees are charged, attach a copy of the fee structure and certification that fees do not exceed the cost of delivery of service as ATTACHMENT XII-A.**

B. Leveraging and Fund Raising

Leveraging may include cash match (such as other federal dollars), donated or in-kind physical match, (such as free space, equipment, etc) or in-kind match provided by volunteers. (\$10 per volunteer)

- 1. Discuss the organization's leveraged funds.**
- 2. Describe fund raising activities for this program; include how many fund raising activities will be held during the year?**

PART XII – CERTIFICATIONS

Incomplete applications will not be accepted.

CERTIFICATION AND COMPLIANCE WITH CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT

(name of organization requesting CDBG funds)

Certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization’s non-discrimination policy are posted at organization, on file and available for review. It is further certified that this organization has reviewed its programs, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction programs, the prime contractor certifies same for self and all subcontractors on any federally funded program.

CERTIFICATION OF CITY OF NORTH LAS VEGAS AFFILIATION

List the names and positions of members of the Board of Directors, officers, workers or members of the organization who are on the City Council, appointed by a member of the City Council or a City employee. **If none, check the box below that states NONE.**

NONE IN ORGANIZATION

NAME	POSITION IN ORGANIZATION	AFFILIATION WITH CITY

CERTIFICATION OF APPLICATION

The Board of Directors of _____ does hereby resolve that on _____ 2008, the Board reviewed the Application for Community Development Grant Funds to be submitted to the City of North Las Vegas Office of Housing and Neighborhood Services for funding consideration for the fiscal year 2009/2010 and in a proper motion and vote approved this application for submission. The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Nevada.

_____ (*name of organization requesting CDBG funds*) hereby proposes to provide the services or program identified in the Program Narrative in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the City of North Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I acknowledge and accept the terms and conditions of the Threshold Certification, and understand that omission of any required documents shall render the application as non-acceptable.

I also authorize the following person(s) to have signatory authority regarding this grant:

Name Title

Name Title

President/Board of Directors Date
(Or other authorized person)

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.