

City of Buffalo CDBG (Community Development Block Grant)
Funding Application for Year 47 (2021-2022)



COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
FUNDING APPLICATION FOR YEAR 47 (2021-2022)

Agency: _____

Please enter the funding requests for each activity included in your application (See Section III):

Activity	Requested Amount
Activity #1:	
Activity #2:	
Activity #3: 1A. COVID COMMUNITY SUPPORT	
Total	

APPLICATIONS ARE DUE BY EMAIL NO LATER THAN FRIDAY, APRIL 2nd AT 4PM. EMAIL ALL FILES TO CONTRACTADMINISTRATION@BUFFALONY.GOV. LATE SUBMISSIONS WILL NOT BE ACCEPTED.

- For additional information about CDBG (Community Development Block Grant), please go to: <https://www.hudexchange.info/programs/cdbg-entitlement/>
- It is highly recommended that you use Adobe Acrobat Reader to complete this application. There are components of this application which only function properly while using Adobe software. Can be found here: <https://get.adobe.com/reader/>
- If you are having technical issues while completing the application, please reach out to Sean Tulumello.

City of Buffalo
Department of Community Services and Recreational Programming
Contract Administration Unit

Staff

- Sue Lumadue, Senior HR Planner (716) 851-5531, slumadue@city-buffalo.com
- Rebecca Harris, HR Planner (716) 851-4135, rharris@city-buffalo.com
- Sean Tulumello, HR Planner (716) 851-4017, stulumello@city-buffalo.com

I. AGENCY INFORMATION

Agency Legal Entity:	
Main Site Address:	City, State, Zip:
Main Phone:	Fax:
Agency Website:	
DUNS #	
Tax ID #	
City of Buffalo Vendor ID #	

1. What is your agency's mission statement?

2. What Common Council District is your main site located in? _____

3. What neighborhood does your agency primarily serve? Select one. Please refer to the map on the **CDBG 47 Activities** document.

- | | | |
|-------------------|-------------------|--------------------|
| Allentown | Grant-Amherst | Pratt-Willert |
| Black Rock | Hamlin Park | Riverside |
| Broadway-Fillmore | Hopkins-Tifft | Schiller Park |
| Central Park | Kaisertown | Seneca-Babcock |
| Delavan-Grider | Kenfield | Seneca-Cazenovia |
| Ellicott | Kensington-Bailey | South Park |
| Elmwood-Bidwell | Lovejoy | University Heights |
| Elmwood-Bryant | Lower West Side | Upper West Side |
| Fillmore-Leroy | Masten Park | West Hertel |
| First Ward | MLK Park | West Side |
| Fruit Belt | North Park | Citywide |
| Genesee-Moselle | Parkside | |

4. Did your program receive CDBG funding in Year 46 (2019-2020)? _____

5. Please describe your experience with administering any federal, state, or local grants.

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6. Please provide contact information for this program below.

CEO/Executive Director: Email: Phone:
Board President: Email: Phone:
Program Contact: Title: Email: Phone:
Finance Contact: Title: Email: Phone:

II. BOARD INFORMATION

1. What is your agency's minimum required number for Board Members according to your bylaws?

2. How many members currently serve on your Board of Directors?

3. How often is your Board required to meet according to your bylaws?

4. How often did your Board meet in the year 2020?

III. PROGRAM OUTPUTS

Directions: Complete this following section using the **CDBG 47 Activity List**. The grant program year goes from 10/1/2021 - 9/30/2022. Activities must be held within the contract year dates.

- Activity #1 (Required):** Please complete the outputs for the first program you are applying for (Please refer to "CDBG 47 Activity List" for more information):

Service/Activity Name						
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title

- Activity #2 (Optional):** Please select the second program you are applying for:

Service/Activity Name						
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title

- Activity #3 (Optional):** If you are applying for the **1A. COVID COMMUNITY SUPPORT** activity, please complete below outputs.

Service/Activity Name						
1A. COVID COMMUNITY SUPPORT						
Outputs						
Funding Request	# Persons served Annually	Dates Activity Provided	Days Activity Provided	Times Activity Provided	Personnel Implementing Activity	Title
		10/1/2021 - 9/30/2022				

4. TOTALS (automatically calculated).

TOTAL FUNDING REQUEST
TOTAL # OF CLIENTS SERVED ANNUALLY

IV. PROGRAM NARRATIVE

Directions: In this section, you will describe each activity you selected in further detail. This does not include 1A. COVID COMMUNITY SUPPORT. For example, if you selected Activity 2A. and 3C., you would provide answers for both in each question.

1. Please describe how your agency will carry out each activity. Include a brief description and why you believe each activity is important in your community. If you are applying for two activities, describe both.

2. Provide relevant and current statistical data to support the services proposed above (i.e., Census data, studies, news articles). Data sources must be noted in your statement and verifiable. If you are applying for two activities, please include data for both.

3. Please explain the funding amount you are requesting for each activity. If you are applying for two activities, explain funding amounts for both.

4. Please indicate the additional funding sources and amounts which will be used to operate this program. If you are applying for two activities, explain funding sources for both.

5. Describe how you will use marketing and outreach to engage prospective clients for each activity. Please outline an outreach and marketing plan, or other methods for acquiring clients. If you are applying for two activities, please indicate how each will be marketed.

6. Describe the process for enrolling clients into each activity. It is required that clients complete an agency-issued application which includes the CDBG Client Characteristic Form. If you are applying for two activities with different enrollment criteria, please explain.

7. Will clients be charged a fee to engage in the activity? If yes, what is the amount and what is the procedure for those who cannot pay? If you are applying for two activities, include costs for both.

8. Will the activity feature any community collaborations? Examples include partnering agencies, volunteers, etc. If you are applying for two activities, expand on both.

9. How will your activities be unique from other similar services in your community? Will you be offering activities outside of normal business hours (e.g., evenings, weekend)? What other benefits will your clients gain from being enrolled in your activities? If you are applying for two activities, please explain for both.

10. Please refer to the Requirements listed on the CDBG Eligible Activities sheet. Describe how you will meet the requirements for each activity. Identify the specific items of information which you will use to track and measure the activity's success in achieving the proposed outcomes. If you are applying for two activities, include responses for both.

11. Explain what impacts you believe these activities will have on your clients. What impacts do you believe these activities will have on your clients? If you are applying for two activities, please provide an explanation for each.

V. BUDGET AND FINANCE

1. Contract Budget and Annual Agency Income: Use the “**CDBG 47 Budget & AAI**” spreadsheet to complete this section. The budget will include all expenses related to delivering the program that you are seeking funding for. In the Annual Agency Income tab, you will identify the other fund sources being used to support your activities. You will complete **one** Budget and AAI form for all activities in your application.

VI. ATTACHMENTS

All attachments must be submitted digitally to contractadministration@buffalony.gov. There is a 10 MB limit on emails. If it fails to deliver, please re-send attachments in batches to stay within limit.

Provide one digital copy of:

- CDBG 47 Application
- CDBG Budget & Annual Agency Income (separate attachment)
- Organizational Chart: Highlight staff who will be funded through CDBG
- List of Board Members: Include names, positions, organization or business affiliation, and years on the board
- Board Meeting Attendance: List of Board’s attendance for the past 12 months
- Board Authorization to request funds
- Audited financial statements or most recent audit

- Most recent 990 and CHAR 500 (no earlier than 2018, or copy of extension request)
- Copy of Internal Controls Policy
- COVID-19 Health & Safety Protocol

VII. SIGNATURES

To the best of my knowledge and belief, the information in this application is true and correct, and its submission has been duly authorized by the governing body of the applicant. With this submission, we agree to follow all rules and regulations that govern federal entitlement funding.

We also agree to participate in any technical assistance training or seminars for staff and board members that the City of Buffalo offers during the program year; and understand that failure to attend this training may result in the loss of eligibility for future funding.

Finally, the person signing below has been authorized by the governing body of the applicant to negotiate on behalf of the organization.

Applicant Signature (Must be Executive Director or another Authorized Signee)

Signature

Name and Title

Date