

**CITY OF WILMINGTON
OUTSIDE AGENCY APPLICATION
FOR FUNDING A NON-CONSTRUCTION PROGRAM
FISCAL YEARS 2016-17 THRU 2018-19**

I. CHECKLIST AND REQUIRED SIGNATURES

Please be sure the following items are complete, as part of the original application:

1. Is each section complete?
 - I. Checklist and Required Signatures _____
 - II. Applicant Information _____
 - III. Agency Information _____
 - IV. Program Overview _____
 - V. Budgets (Attach Current Year Budget, Program/Project Budget,
and Prior Year Budget/Actuals) _____
 - VI. Performance Management _____
 - VII. Work Plan with Performance Measures _____
2. Does the program serve low-and moderate-income clientele? Y____ or N____
3. Does the program address the City's local priorities? Y____ or N____
4. Does the program address a HUD National Objective? Y____ or N____
5. Does the program address one of the City's Focus Areas? Y____ or N____
6. Is this a joint application? Y____ or N____

Also, please provide ONE of each of the following documents, regardless of whether the City has this information on file: (If this is a joint application, each agency must complete a copy of this page)

1. IRS tax determination letter of 501 (c) (3); _____
2. Current Bylaws and Articles of Incorporation; _____
3. Most recent independent audit and management letter, for year ending ____/____/_____
4. Most recent IRS tax form 990; or Business/Corporate Tax Return, if applicable; _____
5. Organizational chart with key personnel and their titles; _____
6. Current list of Board of Directors, with mailing addresses; _____
7. Policies: Conflict of Interest Policy, and Procurement Policy; _____
8. Proof of General Liability Insurance; _____
9. Résumés for Executive Director and Program Director; or Chief Executive Officer; and _____
10. Commitment letters from approved funding sources _____

Interviews for non-construction programs will be held February 2016

Would your agency like to have an interview: Yes ___ No ___

To the best of my knowledge and belief, all data in this application are true and current. The application has been authorized by the applicant's governing board.

Executive Director or Chief Executive Officer (Please print) Phone _____

Executive Director or Chief Executive Officer Signature Date _____

Board Chairman (Please print) Phone _____

Board Chairman Signature Date _____

Date application was approved by the Board of Directors _____

II. APPLICANT INFORMATION

Name of **Program** to be Funded: _____

Location **Program or Project** to be Funded: _____

Full Legal Name of Applicant or Lead Agency: _____
(If this is a joint application, each agency must complete items II and III on separate sheets)

Federal Taxpayer ID Number: _____ Solicitation #: _____
DUNS Number: _____ (Dun & Bradstreet, Inc. provides this number at no charge and is required for federal funding recipients. Obtain a DUNS number at <http://fedgov.dnb.com/webform>.)

Check One: Nonprofit Organization For-Profit Public Agency.
Is this a faith-based organization? Yes No

Executive Director: _____

Mailing Address: _____

City/State/Zip: _____

Program Site Address: _____

Telephone Number: _____ E-mail: _____

Program Contact Person: _____ Title: _____

Telephone Number: _____ E-mail: _____

Accountant or Financial Officer: _____ Telephone: _____

Attorney: _____ Telephone: _____

Application Prepared By (Individual): _____

Agency or Business Name: _____

Telephone Number: _____ E-mail: _____

BUDGET

- a. Total estimated **agency** budget for funding cycle 2016/17 (one year)\$ _____
 - b. Total estimated **program** budget for funding cycle 2016/17 (one year) \$ _____
 - c. Total amount of City funds **requested** for funding cycle 2016/17 (one year) \$ _____
 - d. Total amount of funding **received** from the City most recent prior year (____ year)..\$ _____
 - e. Percent of agency budget requested from City (c ÷ a)..... _____ %
 - f. Percent of program budget requested from City (c ÷ b)..... _____ %
- No project will be funded 100 percent by the City**

III. AGENCY INFORMATION

A. Brief summary of agency's mission and goals (25 words or less).

B. Longevity

1. Number of years agency has been in business: _____
2. Number of years agency has operated a 501 (c) (3) _____
3. Has this agency operated under another name? Yes _____ No _____, if "yes," list all previous names:

4. Number of years agency has conducted the **program** for which funding is requested: _____
5. Describe your agency's expertise in carrying out the proposed program, including the number of clients served for the previous program year.

C. Does your agency have any of the following written management policies:

- | | | |
|--------------------|-----------|----------|
| Personnel policy? | Yes _____ | No _____ |
| Job descriptions? | Yes _____ | No _____ |
| Purchasing policy? | Yes _____ | No _____ |
| Code of conduct? | Yes _____ | No _____ |
| ADA policy? | Yes _____ | No _____ |

D. Does your agency solicit donations or hold fundraisers? Y _____ N _____

E. Has the agency been involved in any lawsuits? Y _____ N _____

F. Are there any outstanding judgments against the agency? Y _____ N _____

G. Has the agency (applicant) filed a petition for bankruptcy or has a petition for bankruptcy been filed against the applicant? Y _____ N _____ If Yes, date(s) _____

H. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this program, or members of their immediate families, or their business associates:

1. Employees of the City of Wilmington or related to a City employee? YES ___ NO ___
2. Members of or closely related to members of Wilmington City Council? YES ___ NO ___
3. Current beneficiaries or related to beneficiaries of the program for
which funds are requested? YES ___ NO ___
4. Paid providers of goods or services to the program or having other
financial interest in the program or related to such individuals? YES ___ NO ___

If you answered “Yes” to any questions E-H, please explain. The existence of a potential conflict of interest does not necessarily make the program ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the program, percentage, and dollar amount of financial interest in the program.

IV. PROGRAM OVERVIEW

A. Type of Program: (Check ONE category and ONE subcategory, if applicable.)

1. Affordable Housing

2. Economic Development (choose one subcategory)

Micro-enterprise Assistance Training & Placement

3. Public Service (check all that apply)

Homeless Domestic Violence Youth Program Elderly Program

Cultural People with Disabilities Other _____

4. Transportation

5. Other: _____

B. Program Description

In 25 words or less, provide a brief description of the program for which you are requesting funding.

1. **Program Impact** In 50 words or less, describe the impact the program will have on addressing the City's local priorities and City Council Focus Areas. Support with available data and probabilities.

2. Identify and describe similar programs provided by other nonprofit or public agencies serving low- to moderate-income clientele.

3. How will your agency or group of agencies collaborate with other agencies with similar programs to avoid duplication and overlap?

C. Eligibility – City of Wilmington:

To be eligible for Community Development Block Grant, HOME or General Funds from the City of Wilmington, program activities should address at least one of the City’s Focus Areas. (See Applications Guidelines for City Council Focus Area descriptions)

1. Explain, in 25 words or less, how your program addresses at least **one City Council** Focus Area.

D. Eligibility - Community Development Block Grant:

To be eligible for Community Development Block Grant or HOME program activities must meet one of the HUD national objectives listed below. **CHECK ONE STATEMENT ONLY.**

LMI Limited Clientele: At least 51 percent of persons served will be from low- to moderate-income households. Explain below how you will determine household income. _____

LMI Jobs: At least 51 percent of jobs created or retained will be filled by low- to moderate-income persons. Explain below how you will determine household income. _____

LMI Housing: All households provided with housing assistance will have low- to moderate- income. Explain below how you will determine household income. _____

LMI Area: An activity, the benefits of which are available to all the residents in a particular area, where at least 51 percent of the residents are low- to moderate-income persons. _____
Give the census block numbers and percent of L/M residents:

Area Blight: The program will cure conditions of slum and blight in a designated blighted area. Describe the area below and **attach a map** showing its boundaries. _____

Spot Blight: The program will cure conditions that are a threat to public health and safety in a building not located in a blighted area. Describe below the specific conditions that pose a threat and how the end use will benefit low- to moderate-income persons. _____

E. Eligibility – Local Priorities for CDBG and HOME

CDBG, HOME funded programs should address at least one of the City’s local priorities aligned with HUDs objectives. Check all the priorities that apply:

Benefit low to moderate income individuals by addressing the availability and accessibility to the following:

Affordable Rental Housing	
Preserve Affordable Housing Stock;	
Affordable Homeownership Opportunities;	
Emergency Shelter Programs and Services to Transition Homeless Population to Permanent Housing;	
Homeless prevention services for those people most at-risk of becoming homeless, including special needs populations (elderly, disabled, victims of domestic abuse, ex-offenders, etc.); and	
Permanent Supportive Housing for Chronically Homeless, Frail Elderly, Disabled and Other Special Needs Populations.	
Workforce Housing for moderate income (80.1%-120% AMI) households; and	
Education and advocacy that promotes sustainable housing options-homebuyer education, foreclosure counseling, financial skills, etc.	
Neighborhood services for at-risk and low-to-moderate income youth, elderly and other special populations;	
Preserve and maintain public facilities serving low-to-moderate income neighborhoods and individuals;	
Encourage Job Skills and Job Training Initiative, including basic literacy skills development; and	
Comprehensive neighborhood planning initiatives to address quality of life and physical conditions in targeted neighborhoods.	
Community safety through education and outreach activities.	

Describe (briefly) how the program addresses one or more of the City’s local priorities as checked above.

Describe (briefly) how the program addresses City Council’s priority for youth violence prevention and intervention initiatives. Include evidenced-based practices utilized in the program, describe past progress in implementing the program including outcome measures and outcome achievements.

F. Clientele

All CDBG and HOME programs must primarily benefit lower income persons. Income verification is required to demonstrate benefit to a MINIMUM of 51 percent extremely low-, very low- and low-income persons. Income verification may include the following types of documentation: tax returns, receipt of public assistance, Section 8 Certificates or City-approved self-certification. Presumption of Homelessness does not require aforementioned documents; however Homelessness must be documented and certified by agency staff. Current income limits are shown below. Income limits are updated annually.

FY2015 %AMI	Family Size					
	1	2	3	4	5	6
≤ 30%	\$13,300	\$15,930	\$20,090	\$24,250	\$28,410	\$32,570
≤ 50%	\$22,100	\$25,250	\$28,400	\$31,550	\$34,100	\$36,600
≤ 80%	\$35,350	\$40,400	\$45,450	\$50,500	\$54,550	\$58,600
≥80 ≤120%	\$52,680	\$60,240	\$67,800	\$75,240	\$81,360	\$87,360

1. Indicate the target population most applicable to your program:

- | | | |
|--|--|---|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Battered Spouses/Families | <input type="checkbox"/> Elders (62+) |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Illiterate Adults | <input type="checkbox"/> People with Disabilities |
| <input type="checkbox"/> Person with AIDS | <input type="checkbox"/> Lower Income Adults | <input type="checkbox"/> Lower Income Youth |
| <input type="checkbox"/> Lower Income Families | <input type="checkbox"/> Other (specify) _____ | |

2. Describe the target clientele to be served by the program and how your agency will inform and attract this clientele (outreach plan).

3. How many individuals or households will be served by this program whose income is at or below median income? (List both, if applicable. Information on median income is available in the application guidelines.)

Individuals _____ **OR**

Households _____

4. Describe the method you will use to verify that your clients are lower income persons or households.

5. Is the location of your program fully accessible to person with disabilities, including mobility impaired, hearing impaired and vision impaired persons? Yes No

If "no," please explain:

6. Explain how your agency meets the cultural and language needs of minority individuals, including outreach to the Hispanic community.

V. BUDGET

A. EXISTING BUDGET: Provide a copy of the **agency's** Actual Budget for the most recently ended Fiscal Year or Calendar Year. Attach the budget directly behind the "Budget" section, and **indicate whether it is for Fiscal Year or calendar year.**

Provide a copy of the current year agency budget. Attach directly behind the "budget" section.

B. REVENUE - ESTIMATED FUNDING

Complete the following table to show **ALL funds anticipated to be received by your agency (or group) in fiscal years for this program.** When completing the table, indicate **Status** as follows: **P** = Proposed; **S** = Application Submitted; **A** = Approved. For "Approved Funding Sources," please attach commitment letters.

List of Potential Funding Sources	Status	Amount FY 2016-2017	Amount FY 2017-2018	Amount FY 2018-2019
City of Wilmington: CDBG, HOME, General Funds	S	\$	\$	\$
HUD funds other than CDBG or HOME				
Other Federal Funds (list Federal agencies)				
State Government: (list State agencies)				
Other Local Government Funds (City or County)				
Foundations: (list Foundation names)				
Client Fees				
Fund Raising				
Donations (monetary)				
Other Sources (list):				
TOTAL REVENUES		\$		\$

C. DETAILED BUDGET YEAR ONE (2016-17)

Agency Name:

Program Name:

	Column 1	Column 2	Column 3
	Agency Budget	Program Budget (if different)	City Request
Personnel (Direct labor)	\$	\$	\$
Fringe Benefits			
Workman's Comp			
Contractual/Professional Fees (list)			
Grant Writing			
Legal Services			
Accounting Services			
Travel			
Staff Training			
Telephone			
Postage			
Office Supplies			
Printing & Publications			
Dues & Subscriptions			
Fundraising			
Recognition/Awards			
Equipment/Capital Outlay or Lease*			
Equipment Maintenance			
Rent (building)			
Utilities			
Insurance & Bonds			
Indirect Costs			
Other: (list each item)			
TOTAL	\$	\$	\$

* If City funds are to be used for equipment purchase, please explain (on a separate sheet) your bidding process or procurement procedures, including plans to solicit minority businesses

Agency Name:

Program Name:

DETAILED BUDGET YEAR TWO (2017-2018)

	Column 1	Column 2	Column 3
	Agency Budget	Program Budget (if different)	City Request
Personnel (Direct labor)	\$	\$	\$
Fringe Benefits			
Workman's Comp			
Contractual/Professional Fees (list)			
Grant Writing			
Legal Services			
Accounting Services			
Travel			
Staff Training			
Telephone			
Postage			
Office Supplies			
Printing & Publications			
Dues & Subscriptions			
Fundraising			
Recognition/Awards			
Equipment/Capital Outlay or Lease			
Equipment Maintenance			
Rent (building)			
Utilities			
Insurance & Bonds			
Indirect Costs			
Other: (list each item)			
TOTAL	\$	\$	\$

Agency Name:

Program Name:

DETAILED BUDGET YEAR TWO (2018-2019)

	Column 1	Column 2	Column 3
	Agency Budget	Program Budget (if different)	City Request
Personnel (Direct labor)	\$	\$	\$
Fringe Benefits			
Workman's Comp			
Contractual/Professional Fees (list)			
Grant Writing			
Legal Services			
Accounting Services			
Travel			
Staff Training			
Telephone			
Postage			
Office Supplies			
Printing & Publications			
Dues & Subscriptions			
Fundraising			
Recognition/Awards			
Equipment/Capital Outlay or Lease			
Equipment Maintenance			
Rent (building)			
Utilities			
Insurance & Bonds			
Indirect Costs			
Other: (list each item)			
TOTAL	\$	\$	\$

***NEW REQUIREMENT**

BUDGET NARRATIVE: Attach a detailed line item budget narrative describing budgeted line items. Attach directly behind the "budget" section.
Example:
Rent- \$400 monthly rent for 1,500 square feet located at 234 Elmore Dr. Five year lease with St. Markus Church.

Agency Name:

Program Name:

IF CITY FUNDS WILL BE SPENT ON PERSONNEL, COMPLETE THE FOLLOWING CHART

	Column 1	Column 2	Column 3	Column 4	Column 5
	Estimated Hours Spent on Program Per Year	Rate per Hour	Estimated Cost Year One	Estimated Cost Year Two	Total Estimated Cost For Two Years
Personnel (Direct labor)			\$	\$	\$
Position or Individual					
Total Direct Labor Cost			\$	\$	\$
Fringe Benefits	Rate (%)	Base	Estimated Cost	Estimated Cost	Estimated Cost
			\$	\$	\$
Total Fringe Benefits			\$	\$	\$
Transfer totals to Detailed Budget sheets accordingly.					

VI. PERFORMANCE MANAGEMENT

HUD has implemented a performance measurement system to better assess the effectiveness and impact of its programs. This system is required for all HUD programs and enables HUD and grantees to capture program accomplishments and track national trends. Each applicant must select one objective and one outcome to produce what HUD describes as an outcome statement, all of which are driven by local intent.

Please select the most appropriate **objective** for your project/program. In selecting the objective, consider the “*purpose*” of the project or program for which you are seeking federal funds.

- Creating suitable living environments** – these activities are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by low- and moderate-income persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy or elderly health services.
- Providing decent housing** – these activities cover a wide range of housing activities generally completed with HOME and CDBG funds. This objective focuses on activities whose purpose is to meet the individual family or community housing needs. It does not include programs where housing is an element of a larger community-wide improvement, since such programs would be more appropriately reported under suitable living environments.
- Creating economic opportunities** – applies to activities related to economic development, commercial revitalization, or job creation.

AND

Please select the most appropriate **outcome** for your project/program. In selecting an outcome, consider “*the type of change or result your project/program is seeking.*”

- Availability/Accessibility** – applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to low- and moderate-income people where they live.
- Affordability** – applies to activities that provide affordability in a variety of ways to low- and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care. Affordability is appropriate whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.
- Sustainability** – applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

These two factors combined, will produce an “outcome statement” (Objective + Outcome = Outcome Statement). *For example, if the Objective selected is “Suitable Living Environment” and the Outcome selected is “Affordability,” then the Outcome Statement should be “Affordability for the purpose of creating suitable living environments. An outcome statement for your specific project/program might read, “In FY 2009, Nonprofit ABC will assist 150 households by providing downpayment and closing cost assistance for the purpose of making homeownership affordable to 25 families.”*

		Outcome 1: Availability/Accessibility	Outcome 2: Affordability	Outcome 3: Sustainability
OBJECTIVES	Objective #1: Suitable Living Environment	Accessibility for the purpose of creating Suitable Living Environments	Affordability for the purpose of creating Suitable Living Environments	Sustainability for the purpose of creating Suitable Living Environments
	Objective #2: Decent Housing	Accessibility for the purpose of providing Decent Housing	Affordability for the purpose of providing Decent Housing	Sustainability for the purpose of providing Decent Housing
	Objective #3: Economic Opportunity	Accessibility for the purpose of creating Economic Opportunities	Affordability for the purpose of creating Economic Opportunities	Sustainability for the purpose of creating Economic Opportunities

What will your “outcome statement” be?

Please also provide at least one measure of success for your project or program. For example, 75% of the individuals participating in the homebuyer counseling classes will purchase a home within 6 months of course completion.

VII. WORK PLAN WITH PERFORMANCE MEASURES

Complete the Work Plan with Performance Measures below to align the outcome statement with specific program activities. Provide timeline schedule of proposed activities start and completion. In addition, please list outputs, such as number of participants served. Provide performance measures to indicate the level of success of the activity toward accomplishing the desired outcome, such as percentage of homebuyers counseled who successfully become homeowners. Finally, identify method used to measure outcome, such as pre and post survey of participants, etc.

Work Plan with Performance Measures

OUTCOME STATEMENT: <i>Insert outcome statement from above (HUD performance management)</i>			
ACTIVITIES: <i>list major activities to be carried out in order to achieve the outcome; i.e. services a program provides; what staff and participants do.</i>	TIMELINE: <i>When will the activity begin –end</i>	OUTPUTS: <i>Products of a program’s activities; i.e. volume of service (#s)</i>	PERFORMANCE MEASURE: <i>Specific information that reveals level of achievement of the outcome. ... how you know achieved outcome; i.e. # and % of participants</i>
METHOD OF MEASURE: <i>Method for collecting performance measure information; i.e. survey, test, records, physical measurement, observation, etc.</i>			

Use additional worksheet if needed to list activities