COMMUNITY DEVELOPMENT
333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

APPLICATION for Community Development Block Grant & Cares Act Funds (CDBG-CV) To Prevent, Prepare for, or Respond to COVID-19

APPLICATIONS are DUE by 5:00 p.m. WEDNESDAY, OCTOBER 7th, 2020

The City of Albany was allocated $249,360 in Community Development Block Grant Coronavirus Response Supplement (CDBG-CV) funding through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) from the United States Department of Housing and Urban Development (HUD). CDBG-CV funds must be utilized to prevent, prepare for, and respond to the coronavirus and support critical community needs related to the novel coronavirus (COVID-19) pandemic, and the activities must principally benefit low-to moderate-income residents. An additional $40,000 in CDBG funds is available to respond to COVID-19 impacts for childcare and business needs. The goals of the CDBG program are to create viable communities by providing decent housing, a suitable living environment, and expand economic opportunities.

ELIGIBLE APPLICANTS: Applicants must be a 501(c)(3) or (c)(4) non-profit, tax-exempt, or a public agency.

SUBMITTAL REQUIREMENTS: Email this application with the following attachments in pdf format to anne.catlin@cityofalbany.net.

- ☐ Duplication of Benefit Certification
- ☐ IRS Determination Letter
- ☐ March & June 2020 Financials
- ☐ Exhibit A - Conflict of Interest Form
- ☐ Agency Budget
- ☐ Articles of Incorporation
- ☐ List of current Board members

SECTION 1: Applicant Information

Legal Name of Agency/Organization: _____

Federal Tax or Employer ID: _____ DUNS Number: _____
(Federal funding requires you have a DUNS number, https://fedgov.dnb.com/webform/index.jsp, and register at SAM.GOV before contract award.)

Mailing Address: _____
Address City State ZIP

Location Address: _____
Address City Statez ZIP

Agency Mission Statement:

SECTION 2: Activity Description

Acitivity/Program Title: _____ Grant Request: _____

Activity Category: Public Services ☐ Public Facilities ☐ Economic Development ☐

Activity Type: One-time New Existing

Activity/Program Goal(s):

Target Population: Describe the persons to be served by the activity and their needs related to COVID-19.

Beneficiary Category, check all that apply:

Disability & special needs
Victims of domestic violence
Elderly Persons
AIDS/HIV
Migrant farm workers
Low-to moderate-income (80% or less of area median)
Other: _____

COVID-19/CARES Act Compliance: Explain how the activity will assist in preventing, preparing for, and/or responding to COVID-19. Provide evidence that this need is not being met.

Scope: Describe the services to be provided and steps that will be taken to meet the project goal(s), and if applicable, the frequency for which services will be delivered.

SECTION 3: Agency Capacity and Implementation

What percentage of the agency's budget is grant funded?

Has the agency received other funding to provide this activity?

If your application is partially funded, can the agency carry out the activity?

Which staff positions will be dedicated to this activity and the total full-time equivalent staff (in FTE)?

What time periods will the activities be carried out?

SECTION 4: Activity Budget

Please provide sources of revenue your organization receives or will receive to carry out the proposed activity and the projected activity expenses.

Activity/Project Budget Summary (See 24 CFR 570 Subpart J)			
Estimated Total Cost of Activity:	$		
City CDBG GRANT REQUEST for Activity:	$		
Total Number of People/Households Served:			
Total Cost per Person/Household:	$		
Describe Source of Other Funds:	Amount	Secured	Tentative
Federal:			
State:			
Local:			
Donations/Private:			
Grants:			
Loans:			

Activity Budget Detail (Non-Development Activities)			
Specific Cost *Item/Description*	CDBG Request:	Other Funds Amount	Total Amount *CDBG + Other Sources*
	$	$	$
Total	$ 0	$ 0	$ 0

SECTION 5: CDBG Statement of Assurances

If this agency (name): _____ is awarded funding, the agency agrees that:

1. The recipient has or will get a DUNS # and is or will be registered at http://sam.gov (U.S. System for Award Management) before contract award and will update registration as necessary.
2. The recipient will provide liability insurance coverage as required by the City of Albany, and worker's compensation and payment of payroll taxes as required by Federal and State laws.
3. The recipient must verify CDBG funds will not create a Duplication of Benefit per the Robert T. Stafford Act, as amended; funds will not be used to provide services/assistance for the same costs/losses from other funding sources.
4. All expenditures must have adequate documentation and all accounting records and supporting documentation shall be available for inspection by City of Albany upon request.

5. All procurement (purchase) transactions regardless of whether negotiated or advertised and without regard to dollar value shall be conducted in a manner to provide maximum open free competition.
6. Financial records, support documentation, statistical records, and all other records pertinent to funding shall be retained for a period of ten years following completion of project/activity.
7. The recipient shall establish safeguards to prohibit employees from using their positions for a purpose that has the appearance of being motivated by a desire for private gain for themselves or others.
8. All materials submitted shall become public records retained by the City of Albany, except that late applications will be returned to the applicant without further review.
9. No person, on the basis of race, color, national origin, sex, gender identity, familial status, religion, disability, age, veteran status, or any other characteristic protected under applicable federal, state, or local laws should be excluded from participation in, be denied the benefit of, or be otherwise subjected to discrimination under the program or activity funded in whole or part by CDBG funds. The funding recipient agrees to furnish copies of applicable policies and procedures upon request.
10. Employment made by or resulting from CDBG funding from the City of Albany shall not discriminate against any employee or applicant on the basis of disability, age, race, color, religion, sex, or national origin.
11. None of the funds, materials, property, or services provided directly or indirectly under CDBG funding from the City of Albany shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office.
12. Letter of commitment from other funding sources and/or letters of support for your project shall be furnished to the City of Albany upon request.
13. Authorization to request funds: I acknowledge the statements above and certify the information contained in this application is true and correct. I further understand material omission or false information contained in this application constitutes grounds for disqualification.

SIGNATURE OF AUTHORIZED PERSON:

Signature: _____ Date: _____

Print Name and Title:_____

WITNESS SIGNATURE:

Signature: _____ Date: _____

Print Name and Title:_____

Activity Primary Contact Information

Primary Contact: _____
Name Title

Primary Contact Phone: _____ Email: _____

City of Albany CARES Act
Duplication of Benefit Certification

PURPOSE. Numerous governmental entities, non-profit, for profit and private organizations are providing a wide range of assistance to help individuals, businesses, and agencies during the Novel Coronavirus (COVID-19) pandemic. The combination of any type of disaster assistance can cause duplication of benefits (DOB) to occur. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5155), as amended by Section 1210 of the Disaster Recovery Reform Act of 2018 (division D of Public Law 115–254; 132 Stat. 3442), requires federal agencies providing disaster assistance to ensure that individuals, businesses/agencies, do not receive disaster assistance for losses for which they have already been compensated or will be compensated. Duplication of benefits occurs when compensation from multiple sources exceeds the need for a particular recovery purpose. Recipients are liable to the United States when the assistance duplicates benefits provided for the same purpose.

DOB DETERMINITATION. Please complete the following information as it relates to the activity funded with a City of Albany CARES Act award. Please list all assistance (federal, state, local) received or applied for to date to support the subject activity in the last 12 months.

Organization:_____ Requested$_____Received$_____Date Recv'd_____

Organization:_____ Requested$_____Received$_____Date Recv'd_____

Pending applications for assistance:

Organization:_____Requested$_____ Date Applied: _____

Organization:_____Requested$_____ Date Applied: _____

DOB VERIFICATION. **Activity Description:** _____

a. Total Project Cost/Need: $_____

b. Identify all potential assistance (received/applied for): $_____

c. Deduct Non city assistance (determined to be duplicative): $_____

d. Unmet need eligible for City CARES Act (Line A less Line C) $ _____

CERTIFICATION: I Certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself to obtain assistance is a fraudulent offense for which I can be prosecuted. I understand this information is subject to verification by the City or Department of Housing and Urban Development for compliance.

Name (written): _____ Title: _____

Signature:_____ Date: _____

EXHIBIT A - CONFLICT OF INTEREST CERTIFICATION

Applicant has no conflict of interests with any City of Albany appointed or elected representatives and does not employ City appointed or elected representatives or their families.

Conflict of Interest. The undersigned Applicant and each person signing on behalf of the Applicant certifies, and in the case of a sole proprietorship, partnership, or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of the City Council, officer, employee, or person, whose salary is payable in whole or in part by the City, has a direct or indirect financial interest in the award of funds, or in the services to which this Application relates, or in any of the profits, real or potential, thereof, except as noted otherwise herein. The undersigned hereby submits this Application to furnish all services and activities as indicated in the Application submittal.

Furthermore, Applicant must disclose any real or perceived conflict of interest, current or past relationships with City of Albany employees, appointed or elected officials associated with this program.

Disclosure: _____

_____

The Applicant hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

_____

Applicant's Agency Name | Phone Number

_____ _____

Signature | Date

_____

Printed Name and Title