2014

City of Loveland Community Development Block Grant PROPOSAL

Proposals will be accepted by email to Beverly.Walker@cityofloveland.org by **12:00pm** Thursday, **FEBRUARY 27, 2014**.



Applicant	:/Agency:			
Project N	ame:			
Executive	Director:			
Contact P	erson & Title:			
Mailing A	ddress:			
City, State	e, Zip:			
Phone Nu	ımber:			
E-mail Ad	dress:			
Amount F	Requested	\$		
What leve	el of funding will the applic	cant accept? (check o	ne)	
	Applicant will accept fund	ling for the full request	t amount only	
	Applicant will accept any			
	Applicant needs a minimu	ım of \$	to make the project feasible.	

	1. How does the project meet at least one of the CDBG program goals?				
2. Need Asse	essment: Describe the	need for the project	and how the grant w	ill address tl	nis need.
A. If ho level? Will individuals B. If a p services wil	using: How many unit the housing be for hon and households to sec ublic facility: Will pro I be provided to help in a and independence?	s will be purchased, come ownership or rentaure and maintain houserty be purchased, comperty be purchased.	onstructed or rehabil al? What services wil sing? constructed, rehabilita	itated for ea I be provided ated or rente	ch income d to assist ed? What
	e and independence:				
A.					
Income Level	# of Housing Units to be purchased	# of Housing Units to be constructed	# of Housing Units to be rehabilitated	Owners	Renters
Income Level 0% - 30% AMI	to be	to be	to be	Owners	Renters
	to be	to be	to be	Owners	Renters
0% - 30% AMI	to be	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI	to be	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI	to be	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate	to be purchased	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level	to be	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level 0% - 30% AMI	to be purchased # of Individuals or	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level 0% - 30% AMI 31% - 50% AMI	to be purchased # of Individuals or	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level 0% - 30% AMI 31% - 50% AMI 51% - 80% AMI	to be purchased # of Individuals or	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level 0% - 30% AMI 31% - 50% AMI	to be purchased # of Individuals or	to be	to be	Owners	Renters
0% - 30% AMI 31% - 50% AMI 51% - 80% AMI Market Rate Total Numbers B. Income Level 0% - 30% AMI 31% - 50% AMI 51% - 80% AMI	# of Individuals or Households	to be	to be	Owners	Renters

3.	Describe your agency's experience providing services to households with very low and low to moderate income.
4.	Describe your marketing efforts to reach people who are historically the least likely to apply to your program.

5.	Describe your agency's capacity and experience managing a CDBG or other Federal contract.
6.	If the project includes property acquisition, and/or new construction or rehabilitation, what is the address and legal description of the property? Is the property owned by the applicant? Does the applicant have site control? Is the property under contract or lease? If not, explain.
	Skip this question: If project is for single-family dwellings to be rehabilitated with or without a loan program or for housing down payment assistance.
7.	What are the timelines for project activities and completion? Describe the expected milestones.

8.	Has the applicant borrowed money for this project in the last 12 months? If yes, what was the purpose for borrowing? Provide terms and conditions for repayment. Is there any financial restructuring anticipated by the organization to address financing shortfalls, debt restricting, working capital, etc. in the next year? If yes, explain. Based on the applicant's most recent audit, were there any outcomes or findings that changed the way business is conducted? If yes, explain (cite any examples from the audit that helped improve the organization's performance. Skip this question: If the project is for housing.
9.	If the project is for housing, what is the cost to create one unit of housing? What is the size of the unit(s) and how many people will be housed? If the cost varies, what is the average cost per unit? Skip this question: If the project is for a public facility.
10	. List the source(s), type and amount of funding that will be leveraged with CDBG dollars. Explain how the CDBG funds will leverage other funds.

11. How will the project's plan be affected if the City funds this project and other non-committed sources do not?
12. What is the term of office for board members? Do you have a board member Conflict of Interest policy?
13. Provide a narrative addressing the development costs and revenue sources over the next year and long term. Is the project development budget complete?
Skip this question: If project is for single-family dwellings to be rehabilitated with or without a loan program or for housing down payment assistance.
14. Fill in the Project Budget on the following page. Include a Budget Narrative explaining each expense line item.

City of Loveland Community Development Block Grant Proposal **Project Budget**

Revenue: List all acti revenue for	• •	Expen	ses	\$ from city grant
Federal Grants				
State Grants				
City of Loveland				
City of Fort Collins				
Foundations				
Donations				
Loans				
Client Fees				
*Other:				
*Other:				
*Other:				
Total Revenues:	\$	Total Expenses:	\$	\$
*If the budget includes rev	enue sources or expens	e line items not listed ir	the columns above,	use the "other"

Budget Narrative

Expense	Details of Expense (must be completed)
Additional Comments:	

lines to include those amounts and include the source or item.

ATTACHMENTS

Submit the following information with the Grant Proposal.

Proposals without all attachments will not be considered.

See page 22 of the Grant Guide for further clarification on the attachments.

- 1. Current Board of Directors roster.
- 2. Most recently filed IRS Form 990. Main Form only, no schedules.
- 3. Most current profit and loss statement of the applicant/agency for the last full fiscal year.
- 4. Organizational chart showing staff and programs.
- 5. Client intake form and income verification form (if separate).
- 6. Supporting documentation for grants and loans (letters of commitment, promissory note, award letter, etc.)

Certification

I certify that all of the information included on this proposal (and attachments) is true and accurate. I understand that application for funds does not, in any way, guarantee that the applicant will receive grant funding.

Contact Person:
Title:
Date: