|  |
| --- |
| **CDBG-CV – Abbreivated Program, Rules, Requirements and Policies** |
| **Applicant Eligibility**  Eligible subrecipients/applicants include:   * Local Units of Governments; * Nonprofit organizations that are corporations, associations, agencies or faith-based organizations with nonprofit status under the IRS Section 501(c)(3); and * Community-Based Development Organizations (CBDOs) that have been certified by the CDBG Program.   **National Objective**  CDBG funded projects and activities must meet at least one of the following national objectives as required by Title I of the Housing and Community Development Act of 1974, as amended: to benefit low- and moderate-income persons; to prevent or eliminate conditions of slum and blight; or to meet an urgent need.  To ensure that the grant activities are used to prevent, prepare for and respond to the coronavirus crisis, DSHA has chosen to limit the uses of these funds to meet only two of the national objectives. The activities to be funded under this grant must meet one of the following national objectives:   * Benefit to Low- and Moderate-Income (LMI) Persons Thru Limited Clientele Activities – For activities that benefit persons that are “presumed” to be of low and moderate income or are qualified based on data about family size and income. If not a presumed clientele, 51% of the total number of beneficiaries must be of low and moderate income. The following clientele are presumed by HUD to be of low and moderate income: - Abused Children - Homeless Persons - Battered Spouses - Elderly Persons - Persons Living with Aids - Migrant Farm Workers - Adults meeting the Census definition of severely disabled Benefit to LMI Households thru Housing Activities; * Benefit to LMI Households thru Housing Activities – For projects that benefit a low- and moderate-income household that is qualified based on data about household size and income.   **Eligible Uses and Activities are listed on the first page of the Application (see page 3). CDBG-CV is a reimbursement program.**  **Application Submission Timetable**   * October 27, 2020 DSHA CDBG CV2 and CV3 Public Hearing and Meeting * October 30, 2020 CDBG CV2 and CV3 Application round opens * **November 30, 2020 Application Due to DSHA by 4:00 p.m.\*** * December 2020 Ranking committee reviews, scores and ranks applications * December 2020 Award Announcements * January 2021 Kickoff meetings, contracts executed   *\* Applications received after posted deadline will* ***not*** *be eligible for funding.*  **Application Submission Process**   * Applicants should submit their application and any attachments (*list any Attachment by applicable Question #)* to the following DSHA community development mailbox:   [**comdev@destatehousing.com**](mailto:comdev@destatehousing.com) **by November 30, 2020 at 4:00 p.m.**: |
| **Scoring and Ranking**  DSHA will award CDBG-CV funds through a competitive process. Applications are evaluated using a three-step process: threshold review; project evaluation; and funding recommendations. Applications will not pass threshold and be rejected if: 1) the application is not complete; 2) the application is not received by the established due date/time; or 3) the proposed project and/or activities do not meet the eligibility requirements.  Due to the immediate crisis, the CDBG-CV Program will not consider performance issues related to previous CDBG or other DSHA grants when reviewing the applications for CDBG-CV funds. However, if funded, additional requirements may be identified if a grantee has existing performance issues.  Applicants will be contacted if additional information is required. Applications will be scored and ranked competitively by a review committee composed of DSHA program staff with participation from other state and/or federal government agencies when appropriate.  Point ranges have been established for each criterion to gauge the extent to which the applicant meets the criterion. The following factors will be considered in determining the points assigned. Applicants should base their narratives on the following scoring categories.  Benefit: 60 maximum points  Readiness to Proceed: 40 maximum points  Applications and Activities will be evaluated based on their impact and ability to prevent, prepare for and respond to the coronavirus. Applicants must clearly describe needs, solutions, and proposed benefits and accomplishments. As Congress and HUD have mandated that funds must be spent in a timely manner, the applications and Activities will be evaluated based on capacity and readiness to proceed. Applicants must describe how they will implement each Activity. Applicants must provide an overall grant management plan including how they will manage subrecipient(s). Applicants must provide detailed schedules for each Activity. Applicants must provide detailed explanations as to how costs were derived.  **Funding Recommendations**  The highest-rated applications are recommended for funding until the available funding for the round is exhausted. DSHA reserves the right to reduce requested amounts or to not fund specific activities identified in an application. The recommendations of the Ranking Committee for both approval and rejection of applications are reviewed and approved by the Director of DSHA.  **Program Regulations, Requirements, and Policies**  All Subrecipients/Applicants awarded CDBG-CV funding will be required to follow DSHA’s CDBG-CV Policies and Procedures available at the following link: <http://www.destatehousing.com/Landlords/dv_cdbg.php> |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CDBG-CV2 & CV3 APPLICATION**  **Funding Request (NOTE: A separate Application must be submitted for EACH Activity)** | | | | | | |
| ***Maximum* funding request limits*:*** | | | | | | |
| * Utility Subsistence Payments: $200,000 * Diversion Subsistence Payments: $300,000 * Health-Related Supportive Services: $150,000 * Food and Food Delivery: $300,000 | | * DSSC Hotel/Motel Vouchers: $2,400,000 * Code Purple Hotel/Motel Vouchers: $ 550,000 * Legal Services: $ 750,000 * Other COVD-19 Supplies, Materials: $ 108,219 | | | | |
| **Eligible Activities:**  **CDBG-CV Projects**  Subsistence Payments – Rent, Utility, Mortgage, including Diversion programs  DSSC Hotel/Motel Vouchers  Code Purple Hotel/Motel Vouchers  Medical- and Health-Related Supportive Services  Senior/Elderly Food Services  Legal Services\*  COVID-19 Supplies, Materials  Other Essential Services | | | **Total Amount of Request:**  $0 Subsistence Payments  $0 Hotel/Motel Vouchers  $0 Health Related Supportive Services  $0 Legal Services\*  $0 Food and Food Delivery  $0 Other  \*Must be a 501(c)(3) nonprofit organization providing legal services that receive funding from the Delaware Bar Foundations IOLTA program | | | |
| **Applicant Information** | | | | |  | |
| Organization Name: | | | Organization Headquarters Mailing Address: | | | |
| Federal Tax ID #:    DUNS #: | | | Project “Site” Address: | | | |
| Contact Name: | | | Contact Telephone: | | | |
| Contact E-mail: | | | | | | |
| What Counties does the Applicant serve?  NCC  Kent  Sussex | | | What Counties will be served with this funding?  NCC  Kent  Sussex | | |
| Population to be served: (Select all that apply)  Single 18 and over Men  Victims of Domestic Violence  Single 18 and over Women  Unaccompanied Youth under 18  Families  Homeless Individuals & Homeless Families  Veterans  Other | | | | | |

|  |  |
| --- | --- |
| **Please check the applicable CDBG-CV Benefit for the Activities requested (federal citiations that support infectious disease response):** |  |
| Legal Services 24 CFR 570.201(e); LMC-Low/Mod Limited Clientele 24 CFR 570.208  Hotel/Motel Vouchers 24 CFR 570.201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A) Presumed Benefit  Status (Homeless) or 03T Homeless/Aids  Health-Related Supportive Services 05M Health Services 24 CFR 570.201 (e); LMA-Low/Mod Geographic Area Benefit 570.208 (a) (1); and other Health-Related Supportive Services: 03T Homeless/AIDS Patients Programs 24 CFR 570. 201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless).  Food and/or Food Delivery 03T Homeless/AIDS Patients Programs 24 CFR 570. 201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless).  Subsistence Payments: 24 CFR 570.201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) | |

|  |
| --- |
| 1. **Statement of Needs for the Activitiy and how the Activity will address each need. If more space is needed, attachments can be included.** |
|  |

|  |
| --- |
| 1. **Briefly explain what type of planning and solutions your agency developed due to COVID-19?** |
|  |

|  |  |
| --- | --- |
| 1. **Briefly describe proposed Activity and describe how Activity Prepares for, Prevents, and Responds to COVID-19. If more space is needed, attachments can be included.** |  |
|  | |

|  |
| --- |
| 1. **Briefly explain what proposed benefits and accomplishments you will achieve with CDBG-CV funding, including what low- moderate-income clientele will be served for the Activity.**   **Please provide the following additional information:**  **Number of households that may be assisted for this Activity;**  **The average amount of assistance per household; and**  **How will the Applicant document the clientele’s low- and moderate-income status, including what information is used to determine eligibility?**  **How are the beneficiaries/clients qualified?**  **If more space is needed, attachments can be included.** |
|  |
| 1. **The CARES Act mandates that the funds must be spent in a timely manner, please describe how your organization will be ready to proceed should funding be approved. Please include implementation of the Activity, grant management, timetables/schedules and other information on how your Activity and spending of CDBG-CV funding can proceed quickly. If more space is needed, attachments can be included.** |
|  |

|  |
| --- |
| 1. **Is this a new service or Activity? Yes  No  If No, please describe the quantifiable increase for service or Activity.** |
|  |
| 1. **What other funding sources do you have available for the proposed Activity and explain how your agency will assure there will be no Duplication of Benefits for the Activity?** |
|  |
| 1. **What area will be served by each Activity and the Census tract, if applicable?** |
|  |

**pplicant document the clientle’s low and moderate income staus? If more space is needed, attachments can be included. How will the Applicant document the clientle’s low and moderate income staus? If more space is needed, attachments can be included.**

|  |  |
| --- | --- |
| **Program Budget/Sources and Uses** |  |

|  |  |
| --- | --- |
| **Due to the nature of the CARES Act, Applicants/Subrecipients must be cognizant of Duplication of Benefits, which is a duplication of funding when the Applicant/Subrecipient receives assistance from multiple sources for the Activity and the amount of the CARES Act funding exceeds the amount of funding needed. Please indicate Federal, State, grants or in-kind.**  **PLEASE PROVIDE A BUDGET OF ALL INCOME AND EXPENSES FOR THIS ACTIVITY REQUEST**  **This budget is NOT for the total budget of the nonprofit** | |
| **Please include an asterisk (\*) before the source name to indicate *committed* program funds.** | |
| **Sources** | **Uses** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
|  | $0 |  | $0 |
| ***Total (right click to update total) 🡪*** | **$ 0** | ***Total (right click to update total) 🡪*** | **$ 0** |

|  |  |  |  |
| --- | --- | --- | --- |
| Total DSHA CDBG-CV Funding: | $0 | Total **Non**-DSHA Funding: | $0 |
| Is there any duplication of funding for this Activity?  Yes  No | | | |
| Total Committed Funding: | $0 | Percentage of Committed Funding: | 0% |

|  |  |  |  |
| --- | --- | --- | --- |
| **Organizational Staffing Plan and Capacity** | | |  |
| The CARES Act funding requires DSHA to carefully monitor staffing and staffing salaries for each Activity. Please provide below information on your organization’s staffing as a whole, and the staffing for the Activity requested. | | | |
| Enter the total number of part-time staff employed by the *organization*: | |  | |
| Enter the total number of full-time staff employed by the *organization*: | |  | |
| Please list staff or proposed staff, whose job function plays a key role in the operation of the Activity. Indicate if the staff member is a part- or full-time employee, and if the staff’s time is 100% dedicated to this Activity. | | | |
| Name and Title | Employment | | 100% Dedicated |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |
|  | PT  FT | | Yes  No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Declaration** | | | |
| I, the undersigned, as the Applicant, hereby apply to the Delaware State Housing Authority (DSHA) for Federal CDBG -CV funding and attest that the information provided in this application is, to the best of my knowledge, true and accurate.  FAIR HOUSING/EQUAL OPPORTUNITY: Applicants certify that grants received will be conducted and administered in conformity with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and will affirmatively further fair housing.  Furthermore, the Applicant hereby certifies to DSHA that the Applicant is not in any way owned, operated, managed, controlled or otherwise affiliated with any person who has been found guility or pled guilty to any crime, including a felony, misdemeanor or offense involving fraud, dishonesty, deceit, breach of trust, embezzlement or any other financial crime.  I fully understand that it is a Class A misdemeanor punishable by fines up to $2,300, up to one (1) year in prison, restitution, and other conditions as the court deems appropriate, to knowingly make any false statements concerning any of the above facts, as applicable under the provisions of Title 11, Delaware Code, Section 1233.  ***Disclaimers***  Applicant understands the information submitted in this application is for the purpose of applying to DSHA for funding consideration and that acceptance of such submission does not constitute funding approval by DSHA.  By submitting this application, the applicant acknowledges and agrees that the application shall be deemed a “public record” for the purposes of the Delaware Freedom Of Information Act (“FOIA”), codified at 29 Del. C. §§ 10001-10005. Applicant acknowledges and agrees that any portion of the application, which is determined by DSHA to **not** constitute confidential financial or trade secret information exempt from disclosure under the FOIA, shall be subject to public examination and copying. | | | |
| I electronically certify that all of the above is true: | | | Yes  No |
| Legal Name of Applicant: | |  | |
| Name of Authorized Signer: | |  | |
| Title of Authorized Signer: | |  | |
| Signature: | /s/ |  | |
| Date: | | Click or tap to enter a date. | |

**Eligible Costs to Support Infectious Disease Preparedness**

**The CARES Act provides for funds to prevent, prepare for and respond to Coronavirus.**

**Examples of Eligible DSHA CDBG-CV Activities to Support Infectious Disease Response include:**

* **Counseling to help prevent or settle disputes between tenants and landlords:** (Legal Services-05K Tenant/Landlord Counseling: 24 CFR 570.201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2))
* **Services to address physical health needs of residents of the community:** hand washing/sanitation stations and portable showers: **Health Related Supportive Services: Sanitation Equipment:** -05M Health Services 24 CFR 570.201 (e); LMA-Low/Mod Geographic Area Benefit 570.208 (a) (1); and other Health-Related Supportive Services:

**Transportation Services for the Homeless**-03T Homeless/AIDS Patients Programs 24 CFR 570. 201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless). Eligible services under this Activity would include expenses associated with the transport of homeless individuals/families, receiving hotel/motel voucher assistance under DSHA’s CDBG-CV Program, to their assigned hotel/motel; and, if necessary, transportation to their permanent residence once established by DSHA’s Rapid Re-Housing Provider; and

**Meals on Wheels-Food Delivery for the Homeless**- 03T Homeless/AIDS Patients Programs 24 CFR 570. 201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless). Eligible services under this Activity would include expenses associated with the delivery of food to the homeless individuals/families staying in the assigned hotels and motels subsidized with DSHA’s CDBG-CV Program funding.

* **Subsistence Payments:** One to three months emergency payments of rent, mortgage and utilities to prevent disconnect or prevent eviction (Subsistence Payments-05Q Subsistence Payments: 24 CFR 570.201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2))
* **Hotel/Motel Vouchers:** Room rentals provided to homeless persons to provide safe, stable, temporary shelter and the ability to maintain social distancing: (Hotel/Motel Vouchers-05Z Other Public Services, General 24 CFR 570.201 (e); LMC-Low/Mod Limited Clientele 570.208 (a) (2) (A)-Presumed Benefit Status (Homeless)) or 03T\* Homeless/AIDS Programs citation. \**To be determined at IDIS Activity Set Up and HUD CDBG Matrix Guidance Updates.*

**Total Amount of Request: Approved Project Expenses May Be Eligible for Retroactive Reimbursements back to April 4, 2020.**

Please contact our office if you have questions:

Andy Lorenz at 302-739-0261or [Andy@destatehousing.com](mailto:Andy@destatehousing.com)

OR Dawn Favors Jopp at 302-739-0204 or [Dawn@destatehousing.com](mailto:Dawn@destatehousing.com)

**COVID-19 Relief Related Public Service Activities for Low/Mod Income and Limited Clientele Persons**

The Public Service must:

1. Provide a new service for Coronavirus needs; or
2. Provide a quantifiable increase in the level of service for Coronavirus needs above that which has been provided by the unit of local government (CDBG-CV2 & CV3 Applicants can be an eligible public service agency).

Special Grant Amendments for COVID-19 Disasters or Emergencies

1. An Applicant/Subrecipient may make a written request to DSHA to amend or replace a project or Activity set forth in a FY2020 CDBG Application or in an active FY2020 CDBG Contract with a project or Activity which would alleviate or mitigate existing conditions which pose a serious actual or impending threat to the health or welfare of the community.
2. Notwithstanding any other provision of DSHA’s CDBG guidelines, DSHA may approve such a request, and amend the FY2020 CDBG Contract accordingly, or may produce new contracts for new public service applicants, if DSHA makes the following findings in writing:

a. The Applicant/Subrecipient is in an area for which a Presidential declaration of disaster has been made, or the Governor has proclaimed a “state of emergency” for the State of Delaware due to a public health threat; and

b. The amended Activity is designed to alleviate or mitigate existing conditions which pose a serious actual or impending threat to the health or welfare of the community; and

c. The amendments have necessary eligibility documentation for each Activity and its associated national objective and there is no duplication of eligible costs; and

d. The amended Activity is otherwise eligible for funding under these guidelines.

1. Any activities funded under this Section must be considered in the calculation of the 70 percent benefit test pursuant to 24 C.F.R. 470.484.
2. Applicants must agree to comply with all requirements under the Stafford Act, Pub. Law 100-707, as amended from time to time, including but not limited to the prohibition on **Duplication of Benefits (DOB**) as codified at 42 U.S.C. 5155, including any implementing regulation that HUD or DSHA may promulgate, and agrees to comply and cooperate in the event a determination is made requiring the recovery of duplicative benefits.
3. Applicants also agree to be responsible for ensuring that DOB procedures are followed and DOB calculations and certifications through the draw process are available on file for all beneficiaries. A DOB is a duplication of benefits, which occurs when a beneficiary receives assistance from multiple sources for a cumulative amount that exceeds the total need for a recovery purpose. The amount of the duplication is the amount of assistance provided more than need.