



DEPARTMENT OF COMMUNITY DEVELOPMENT

PLANNING & COMMUNITY SERVICES
220 CLAY STREET
PH: 319-273-8606
FAX: 319-273-8610

INSPECTION SERVICES
220 CLAY STREET
PH: 319-268-5161
FAX: 319-268-5197

RECREATION & COMMUNITY PROGRAMS
110 E. 13TH STREET
PH: 319-273-8636
FAX: 319-273-8656

**VISITORS & TOURISM/
CULTURAL PROGRAMS**
6510 HUDSON ROAD
PH: 319-268-4266
FAX: 319-277-9707

July 16, 2020

Re: Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding Application

Dear Public Service Agency,

The City of Cedar Falls is now accepting requests for CARES Act Community Development Block Grant (CDBG) funds, which were awarded to the City as a result of the COVID-19 pandemic, subject to receipt of HUD funding. Enclosed is a short application for consideration of funding for the upcoming year. The complete application and attachments are to be sent to my attention, at the address above, by 4:00 PM on August 7, 2020.

Please contact me if you have any questions or would like an electronic copy of these documents.

Thank you for your continued work and outreach to Cedar Falls residents.

Sincerely,

Stephanie Houk Sheetz, AICP
Director

SUB-RECIPIENT APPLICATION FORM

City of Cedar Falls, Iowa

Community Development Block Grant Program (CDBG-CV)
Coronavirus Aid, Relief, and Economic Security (CARES) Act

COMPLETED APPLICATION PACKET

DUE TO:

**Stephanie Sheetz
Director
220 Clay Street
Cedar Falls, Iowa 50613**

**by 4:00 PM
August 7, 2020**

Agency/Organization: _____

Executive Director: _____ Contact Person: _____

Address: _____ Zip Code: _____

Phone Number (8 a.m. to 5 p.m., Monday – Friday): _____

Fax Number: _____ Email of contact person: _____

Funding Amount Requested: _____

501 C(3) status: Yes – Federal Tax Identification Number: _____

(if pending, date of application: _____)

DUNS Number: _____

****Requirements of all CDBG funded public service agencies****

- Must execute a contract, or an amendment to an existing CDBG agreement, with the City of Cedar Falls specifying terms and conditions
- All funding is for reimbursable expenses only – the recipient must expend the funds and then request reimbursement at the end of the applicable quarter
- Each quarter in which CDBG funds are requested, the recipient must submit a report indicating number of households or persons served, income levels,

number of female head of household, racial, and ethnic information for all persons served

- At the time of each quarterly reimbursement request, the recipient must provide line item expenditure documentation indicating the dollar amount spent on each item
- Additional documentation **may be required**, as necessary to the particular activities
- All persons served must be Cedar Falls residents
- Must propose new services that are not a duplication of those already being funded through the City or through any other means, including other public funding sources (Proposal must clearly address this.)
- All funds granted must be expended by March 31, 2021 (or earlier if possible), or the City will re-allocate them as necessary

Application Narrative Questions

1. Agency Description. Please provide a description of your agency including its mission, goals, and services provided.

2. Program Description. Identify and briefly describe the program for which you are requesting CDBG-CV funds. Identify the target population and/or the geographic area served.

3. Performance Indicators and Expectations. Please select one main program objective, outcome, and output indicator for your program. Then, in a narrative form, please provide specific project indicators, such as anticipated number of households assisted, number of persons served, etc.

Objective	<ul style="list-style-type: none"> – Sustainable Living Environment – Decent Affordable Housing – Create Economic Opportunities
Outcome	<ul style="list-style-type: none"> – Availability/Accessibility – Affordability – Sustainability
Output Indicator	<ul style="list-style-type: none"> – Persons – Households – Housing Units

4. Eligibility. In order to be eligible for CDBG funding, projects must meet one of the following three National Objectives, as set by the Department of Housing and Urban

Development.

- 1) Benefit low- to moderate-income households.
- 2) Reduce or eliminate slum or blighted areas.
- 3) Address an urgent need (such as a natural disaster or immediate health threat)

Please indicate which of these National Objectives the program will meet.

4a. Low-Moderate Income Eligibility. If the program will meet a National Objective by serving low-moderate income persons, **please provide an explanation of how income verification will be obtained and recorded.** *The City of Cedar Falls will require that sub-recipients meeting the National Objective of benefit to low-moderate income households provide a breakdown on each quarterly report indicating the number of clients served that are Extremely Low Income, Very Low Income, and Low Income. Below are the applicable 2020 income limits:*

	1	2	3	4	5	6	7	8
Extremely Low Income	\$15,250	\$17,400	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
Very Low Income	\$25,400	\$29,000	\$32,650	\$36,250	\$39,150	\$42,050	\$44,950	\$47,850
Low Income	\$40,600	\$46,400	\$52,200	\$58,000	\$62,650	\$67,300	\$71,950	\$76,600

5. Scope of Services. Please provide an explanation of the activities and line item expenditures that will be funded with CDBG. For example, if you will use the funds solely for mileage, please indicate that mileage will be paid at the rate of X dollars per mile, and that the miles are used for delivery. In addition to meeting one of the aforementioned National Objectives, all CDBG-CV funded activities must be any one of numerous eligible activities. If you are uncertain whether a particular activity is eligible, please contact City Staff. Some activities may require further documentation to be kept, such as timesheets indicating which hours are dedicated to CDBG activities.

Attachments

Please provide these documents along with your application:

- Program Budget
- Agency Budget
- Most recent audit and Schedule of Expenditures of Federal Awards
- List of Board of Directors

**CITY OF CEDAR FALLS, IOWA
 CORONAVIRUS AID, RELIEF, ECONOMIC SECURITY (CARES) ACT
 CDBG-CV SUB-RECIPIENT
 QUARTERLY PERFORMANCE REPORT
 DIRECT BENEFIT TO LOW INCOME PERSONS**

AGENCY NAME: _____

QUARTER #: _____

NUMBER OF FEMALE-HEADED HOUSEHOLDS: _____

TOTAL NUMBER OF PERSONS BENEFITTING FROM ACTIVITY: _____

TOTAL NUMBER OF HOUSEHOLDS BENEFITTING FROM ACTIVITY: _____

	<u>Households</u>	<u># Hispanic</u>	<u>Persons</u>	<u># Hispanic</u>
White	_____	_____	_____	_____
Black/African American	_____	_____	_____	_____
Asian	_____	_____	_____	_____
American Indian/Alaskan	_____	_____	_____	_____
Hawaiian/Pacific Islander	_____	_____	_____	_____
American Indian/Alaskan & White	_____	_____	_____	_____
Asian & White	_____	_____	_____	_____
Black/African American & White	_____	_____	_____	_____
American Indian/Alaskan & Black/African American	_____	_____	_____	_____
Other Multi-Racial	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____

*This refers to ethnicity rather than race; the number in this column should also be included in the column for total served. A client must identify their race, and then indicate Hispanic or non-Hispanic.

TOTAL NUMBER OF PERSONS SERVED:	<u>Households</u>	<u>Persons</u>
# of Extremely Low Income: (at or below 30% of Area Median Income)		
# of Very Low Income: (between 31 - 50% of Area Median Income)		
# of Low Income: (between 51 - 80% of Area Median Income)		

CDBG Annual Income Limits Effective 4-1-2020								
	1	2	3	4	5	6	7	8
Extremely Low Income	\$15,250	\$17,400	\$21,720	\$26,200	\$30,680	\$35,160	\$39,640	\$44,120
Very Low Income	\$25,400	\$29,000	\$32,650	\$36,250	\$39,150	\$42,050	\$44,950	\$47,850
Low Income	\$40,600	\$46,400	\$52,200	\$58,000	\$62,650	\$67,300	\$71,950	\$76,600

NARRATIVE DESCRIPTION OF QUARTERLY ACTIVITIES USING CDBG FUNDS:

LINE ITEM EXPENSES FOR REIMBURSEMENT:

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AGENCY: _____

ADDRESS: _____

SUBMITTED BY: _____

TITLE: _____

DATE: _____

TELEPHONE: _____

AMOUNT REQUESTING: _____

QUARTER NO: _____