

**CITY OF FARGO  
COMMUNITY DEVELOPMENT GRANTS  
2010 GRANT YEAR**

**2010 Application for Community Development Funds  
*CDBG, HOME, and Social Service/Arts Fund***

**DEADLINE FOR SUBMISSION:**

**October 30, 2009**

**AGENCY NAME:** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

**DATE SUBMITTED:** \_\_\_\_\_

(Please submit 2 copies of this application)

**AMOUNT OF FUNDS REQUESTED:** \$ \_\_\_\_\_

**TYPE OF REQUEST:**

- Housing (capital expense)
- Non-housing (capital expense)
- Ongoing operations (not capital expense)
- Program/Project costs (not capital expense)

**Complete Sections:**

- A, B, D, E, F, G (skip section C)
- A, B, C, E, F, G (skip section D)
- A, B, C, E, F, G (skip section D)
- A, B, C, E, F, G (skip section D)



# 2010 APPLICATION

## City of Fargo Community Development Funds

*Please complete this application form to apply for City of Fargo Community Development Funds (federal CDBG and HOME as well as City of Fargo general fund grants). You will be contacted by City staff if other information is required for effective review of your proposal.*

This application will be used as the application for both federal and local community development grants. Projects funded with Community Development Block Grant or HOME funds are subject to all applicable federal environmental and labor requirements, including the provisions of the Fair Labor Standards Act (ex. the use of Davis Bacon wage rates for affected projects), Relocation and Accessibility standards. Recipients of Fargo community development funds will be required to submit program accomplishment information to the Planning Department for a specified "performance period" as a condition of grant compliance.

Supplemental application information is available at:

<http://www.cityoffargo.com/CityInfo/Departments/PlanningandDevelopment/Grants/GrantApplication/>.

### PART A: BASIC INFORMATION

Name of Organization Applying for Funds: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Legal structure of organization (ex. non-profit or for-profit, 501(c)(3), etc.) \_\_\_\_\_

Mission and Actions (In general, what do you do and how do you do it?)

Summary of activities/items for which Community Development Funds will be used (1-2 sentences):



**PART B: ADDRESSING COMMUNITY NEEDS (maximum 25 points)**

**B1.** This project addresses the following city community development goals: (check all that apply)

Affordable Housing and Homelessness

- Creates or maintains affordable housing
- Increases homeownership in the city of Fargo
- Reduces homelessness in the community

Poverty Reduction

- Supports efforts to increase self sufficiency and personal well-being
- Expands economic opportunities for low income individuals

Community Culture

- Promotes the principles of fair housing and acceptance of diversity
- Helps ensure that all Fargo neighborhoods are neighborhoods of choice

Arts and Entertainment

- Supports a culture of creativity in the community

**B2.** Provide a brief description of how your program/project meets each strategy/goal cited.

**B3.** Why is your program/project needed in this community?

**B4.** If you received City of Fargo grant funds in 2009, please summarize your accomplishments and how the funds were used.



**PART C: PROGRAM DESIGN / SERVICE TO BE FUNDED (maximum 40 points)**

*Unless the request is for general organizational support, this section relates only to the program/project for which city funds are being requested.*

**C1.** What are the specific services your agency will provide with City funds in 2009 and how will they help further the city's community development goals?

**C2.** Who is being served by your project? Describe the number of persons and/or households that will benefit from the project, including household sizes, household incomes, and the geographic area where the persons to benefit live.

**C3.** Why is your program an effective intervention / community solution to the issue you are addressing?

**C4.** Where will your program be physically located?

**C5.** How do you recruit clients into your programs?



**C6.** Explain how you document your clients' income to verify their eligibility for services. If you do not currently verify income, how will you accomplish this?

**C7.** How will this project complement existing community services/facilities? If the proposed project will "duplicate" services that already exist, explain why the duplication is justified/necessary.

*Your response should demonstrate that you are aware of the other local services that are similar to or complementary to your own, and that you have taken steps to avoid duplication of effort and to work cooperatively with other agencies.*

**C8.** If this is a **capital request**, please attach a scope of work and/or specification for the requested project.



**PART D: HOUSING PROJECTS (maximum 40 points)**

Number of Units \_\_\_\_\_ Owner or Renter? \_\_\_\_\_

Style of Housing Units \_\_\_\_\_

New Construction or Rehabilitation? \_\_\_\_\_

Target Tenants/Buyers (by income and household type) \_\_\_\_\_

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Does this project serve the homeless?  Yes  No

**D1.** Describe project (scope of rehab and/or description of new construction)

**D2.** Where is project located? Relative to other subsidized housing projects? Relative to areas of the community currently un- or under-served by affordable housing?

**D3.** Describe bedroom mix and project amenities.

**D4.** Does this project utilize sustainable building materials and energy efficiency design?

**D5.** Attach a **Sources and Uses** statement, a 20-year **pro forma** (for rental projects), and construction cost estimate. (*templates available at [www.cityoffargo.com/planning/cd/cdapp.htm](http://www.cityoffargo.com/planning/cd/cdapp.htm)*)



**PART E: PROGRAM MANAGEMENT (maximum 20 points)**

**E1.** Why are City funds needed in this project? Explain why funding from other sources are either not available or not sufficient.

**E2.** How will the project or program be financed and/or sustained in the future?

**E3.** Complete the **program budget** form (Attachment A). Include the amount of city funds you are requesting in your 2010 budget.

Please explain reasons for any major changes in revenues or expenditures (i.e., changes that are greater than \$1,000 and represent more than 10% in any line item). Also explain any significant changes in staffing, cost per client or amount of city funds requested.



**PART F: ORGANIZATIONAL MANAGEMENT (maximum 15 points)**

**F1.** Describe your agency's experience in operating public service programs, including any experience you have with federal funding.

**F2.** Describe your agency's experience in operating the program for which you are requesting city funds.

**F3.** Does your agency commission a formal audit at least once every 3 years?  Yes  No  
If no, please explain your organization's approach to ensuring fiscal accountability (i.e., in the absence of a regular audit).

**F4.** Attach a list of your current **Board Members** (Attachment C).

**F5.** *Disclosure of potential conflicts of interest:* Are any of your Board members or employees, or members of their immediate families, involved in the program for which funds are being requested?

Yes  No If yes, are they:

- Employees of or closely related to employees of the City's Planning Department?
- Members of or closely related to members of the City Commission?
- Beneficiaries of the program for which funds are requested, either as clients or as contractors paid for services other than under a regular employment contract?

If the answer to any of these questions is "yes", please **attach** a full explanation. The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded.

**F6.** Complete the **agency budget** form (Attachment B) for the entire agency.



**PART G: TARGETED PRIORITIES (Bonus - maximum 10 points)**

**G1.** Does your program/project help further the city's goals as per the 10-Year Plan to End Long Term **Homelessness** or the **Metro Workforce Housing** report? *(both documents available on the City website: [www.cityoffargo.com/planning/cd/cdapp.htm](http://www.cityoffargo.com/planning/cd/cdapp.htm))*

Yes    No

**G2.** If Yes, please explain the linkage.



**ATTACHMENT A: PROGRAM BUDGET** (program for which grant funding is requested)

	<b>2008 Actual</b>	<b>2009 Projected</b>	<b>2010 Proposed</b>
<b>REVENUE</b>			
City of Fargo (CDBG, HOME, General Fund)			
Cass County			
State and Federal Grants			
Other Public Sector Grants			
United Way of Cass Clay			
Private Grants			
Support from the Public			
Program Fees			
Other (specify)			
<b>Total Revenue</b>			
<b>EXPENDITURES</b>			
Salaries			
Taxes and Fringe Benefits			
Professional Fees			
Supplies			
Telecommunications			
Postage			
Occupancy (rent, utilities)			
Equipment maintenance			
Property maintenance			
Printing and Publications			
Training and Conferences			
Other Travel			
Direct Assistance to Individuals (specify)			
Equipment purchases (specify)			
Transportation			
Reserves			
Other (specify)			
Other (specify)			
<b>Total Expenditure</b>			
<b>Excess/Shortfall of Revenue Over Expenditure</b>			
<b>Cost per Client to be served</b>			



**ATTACHMENT B: AGENCY BUDGET**

Agency fiscal year ends on the last day of \_\_\_\_\_ (month) each year.

	2008 Actual	2009 Projected	2010 Proposed
<b>REVENUE</b>			
City of Fargo (CDBG, HOME, General Fund)			
Cass County			
State and Federal Grants			
Other Public Sector Grants			
United Way of Cass Clay			
Private Grants			
Support from the Public			
Program Fees			
Other (specify)			
<b>Total Revenue</b>			
<b>EXPENDITURES</b>			
Salaries			
Taxes and Fringe Benefits			
Professional Fees			
Supplies			
Telecommunications			
Postage			
Occupancy (rent, utilities)			
Equipment maintenance			
Property maintenance			
Printing and Publications			
Training and Conferences			
Other Travel			
Direct Assistance to Individuals			
Equipment purchases			
Transportation			
Reserves			
Other (specify)			
Other (specify)			
<b>Total Expenditure</b>			
<b>Excess (Shortfall) of Revenue Over Expenditure</b>			



**ATTACHMENT C: CURRENT LIST OF BOARD MEMBERS**

