Welcome Agencies!

2020 CDBG Planning Workshop
September 15, 2019

Today's Focus
- Review RFP & eligible proposals
- Information sharing
- Describe process & timeline
- Go through application
- Next steps
- Discussion, questions, concerns

2020 Materials
- Request for Proposals
- Overview
- Application Form
- Application Sample
- Application Summary Example
- PowerPoint Slides
- Income Affidavit
- Beneficiary Form
- Audit Status Notification Letter
Program Notes

- Minimum $1,500 grant
- Application summary provided to communities will include actual accomplishments from prior year grant

Proposals Must Address RFP

- Improve public facilities and infrastructure.
- Make available appropriate housing.
- Assist the homeless, or prevent homelessness among at-risk populations, including those with special needs, or provide strategic planning services to address such needs.
- Provide or expand services to lower income people, including those with special needs and those at-risk of homelessness.

Proposals Must Meet a National Objective

- All CDBG funded activities must meet one of the following:
  - Benefit low/mod income persons
  - Prevent or eliminate slums and blight OR
  - Meet an urgent need (example: natural disaster)
The Process

- Prepare and submit completed application
- Application review & authorization by Community Development
- Community Development provides a list of qualified project requests to communities
- Community review & selection
- Public hearing and public comment period
- HUD approves Annual Action Plan
- Implementation

Qualification Results

- First hurdle: County review. Clearly explain who, what, why, when & how.
- Second hurdle: Local community approval.
- Qualification does not = funding!

The Application
Name of Proposal & Applicant Information
- Communities and amount
- Applicant's legal name
- Tax ID and DUNS numbers
- Grant contact person (name and title)
- Certifying Officer (name and title)
- Total project cost = total project cost on budget but NOT agency budget

Project Eligibility
- MUST meet a national objective
- If area benefit, census tract(s) and block group(s) must be stated
- Cannot mix LMI and limited clientele
- If correct national objective is not listed (i.e. slums and blight), contact Community Development to discuss

Proposal Description
- Describe the activity that will be undertaken with CDBG funds
- What is the cost of CDBG funded activities per person?
- Provide breakdown of per unit cost and explanation of how costs are calculated
- List the type of supporting documentation that will be submitted with the bill
Proposal Description (Continued)

- Be brief
- Be succinct
- Answer each part of the question!
- If funded, the description and cost of services will be put into contract so plan carefully.

Examples

#1 CDBG will cover the cost of emergency food for one week. The cost of each meal is $1.67 per person. One meal equals one pound of food. The cost is based on the Feeding America average wholesale value of $1.67 per pound of food.

#2 CDBG funds will be used to cover the cost of sheltering a homeless person. The cost per night is $9. The cost of $9 per night was based on ...

Examples (Continued)

#3 CDBG funds will pay for a case manager's wages while servicing clients in the funding communities. This will take 15 hrs/wk at $10/hr.

#4 CDBG funds will provide $500 scholarships to income eligible children in order for them to attend camp.
Accomplishments

- County CDBG funded accomplishments
- ONLY
- Number is dependent on full funding and will be adjusted based on final award amount (50% request = 50% of beneficiaries)
- Accomplishments will be put directly into contracts as levels of performance
- Estimated and actual accomplishments are put into HUD's IDIS system

Implementation
Schedule

- Program year runs July 1, 2020 – June 30, 2021
- If applying for a capital project, there will be scheduling deadlines that must be met
- Activities must be completed by June 30, 2021
- Final billing due July 15, 2021

Budget

- This is your organization's budget for the FULL project
- If project cost more than request, other funding sources must be listed
- Total project costs = total project costs under "Applicant Information" (page 1)
- Explain calculation of funding request
2 CFR 200 OMB Super Circular

- Questions assist with required risk analysis
- Performance between July 1 and April also reviewed for risk analysis
- If any question is answered "no", onsite monitoring will be conducted in spring/summer of grant year

Signature of Authorized Official

- Official authorized by organization
- MUST be notarized

Required Attachments

- IRS Tax Exemption Letter
- DUNS Number & SAM Registration
- Most Recent Audit (or signed Audit Status Notification Letter)
- Conflict of Interest Policy/Code of Conduct
Application Review

- On time - DUE 10/18/2019 @ 4:30 PM
- Eligible activity & beneficiaries
- Program design & effectiveness
- Performance measures
- Past CDBG performance - reports, timely draws, no recaptured funds, etc.
- Supercircular risk analysis

Errors & Omissions

- Late
- Substantially incomplete unanswered questions
- Not notarized
- Ineligible projects

= Disapproval

Annual Plan Schedule

- 10/18 - Applications due - No late submittals
- 10/21 - 12/6 - County review & summary
- 12/9 - 2/14 - Community review, hearings
- 2/17 - May - Prepare Annual Plan and environmental reviews
- May 2020 - Submit to HUD
- May - 6/30 - Post - application due diligence
- 7/1 - Program year begins
- July 2020 - Implementation Workshop
Next Steps
- Legal Status & registration
- Current DUNS Number
- Register in System for Award Management
- Develop application concepts
- Budget & beneficiary information
- Address performance concerns
- Target communities & how much $$$?

Next Steps
- Application Due: 4:30pm 10/18/2019
- Signed & Notarized (No copies, e-mails or faxes)
- Ask questions BEFORE submitting

CDBG Funding
- CDBG is a complex program
  - Governed by numerous Federal Regulations (24 CFR 570, 2 CFR 200, etc.)
  - All subrecipients are responsible for keeping up-to-date on federal requirements
    - Visit the HUD Exchange at hudexchange.info
- Not a guaranteed source of funding
  - Should not be relied upon to sustain a program or project
**CDBG Funding**
- Please take into consideration before applying:
  - Reimbursement based program
  - Reimburse for actual costs incurred – donated food or labor ineligible
  - Award amount vs. administrative burden
  - Consult with program staff prior to applying for funds
  - Reporting requirements are mandatory
    - Are you willing to attend your administrative process to comply with the program's reporting requirements?
  - CDBG funds are considered "last money in"
    - Are all other sources of funding secured?

**Questions / Concerns?**

**2019 Update**
- Annual Plan approved by HUD
- Distribution of contracts pending receipt of HUD grant agreement
- Agencies will be allowed to back bill to 7/1/2019 – Due date for 1st voucher will be included in subrecipient grant agreement
  - Pre-award costs must be necessary for efficient and timely performance
- Voucher and Public Service Beneficiary Form due 15 days after every quarter
Contact Information
Macomb County Community Development
21885 Dunham Road, Suite 10
Clinton Township, MI 48036

586.783.0916
Jazlyn.Thomas@macombgov.org
586.466.6256
Stephanie.Burgess@macombgov.org
Macomb Urban County
Request for 2020 CDBG Proposals

The Urban County of Macomb seeks proposals from qualified non-profit agencies serving the following communities:

Village of Armada  Harrison Township  Ray Township
Armada Township  Lenox Township  City of Richmond
Bruce Township  Macomb Township  Richmond Township
Center Line  Memphis  Village of Romeo
Chesterfield Township  Mount Clemens  Shelby Township
Eastpointe  New Baltimore  Utica
Fraser  Village of New Haven  Washington Township

Proposals must address one of the following objectives:
1. Improve public facilities and infrastructure.
2. Make available appropriate housing.
3. Assist the homeless, or prevent homelessness among at-risk populations, including those with special needs; or provide strategic planning services to address such needs.
4. Provide or expand services to lower income people, including those with special needs and those at-risk of homelessness.

Proposals must be: 1) submitted on the prescribed form, 2) complete and properly executed, and 3) received by the County by 4:30 pm, October 18, 2019. Current CDBG sub-recipients must also demonstrate a need for additional funding and have submitted all required reports.

A workshop will be held in the Macomb County Family Resource Center – Training Room, located at 196 N. Rose in Mount Clemens at 9:00 AM on Thursday, September 19th to present the process, guidelines, review criteria, and receive forms (which may also be obtained, after the workshop, at https://mca.macombgov.org/index.php/MCA-CommunityServices-CDBG). To RSVP for the workshop or for further information please contact Jazmyn Thomas at 586-783-0916 or Jazmyn.thomas@macombgov.org

Mark Hackel
Macomb County Executive

Published August 16, 2019
URBAN COUNTY of MACOMB
AGENCY APPLICATION OVERVIEW

Purpose
The County wants to partner with private entities to promote and extend community development within its jurisdiction. This objective is best served through a centralized application submission and review process, which will save all concerned time and effort, and should improve application quality and promote shared goals.

Background and General Process
The CDBG Program was created to promote viable communities, and to help lower-income residents. The Federal Government notifies Macomb County of its CDBG allocation, usually each fall. The 2020 grant amount has not yet been determined, but the County must plan now in order to be ready to start on July 1. Due to precarious budget issues on the national level, all that is certain is that 2019’s allocation to the County was roughly $1.8 million. If that allocation is cut for 2020, the County will make appropriate reductions across the communities. Up to 15% of the County’s grant may be allocated to service activities.

Agency proposals are solicited with a Request for Proposals from interested providers. A workshop is held to review program requirements, to provide current forms, and to answer questions. Agency proposals are reviewed and a summary of proposals qualified for consideration is provided to participating local communities. The communities review the list and select those they want to support. Proposal qualification does not ensure funding, since this is a local community determination. The aggregate amount of community recommendations for an agency’s funding must be for a minimum of $1,500 in order to receive funding. Communities also submit their own applications for projects they want to implement.

Community and selected agency applications are reviewed by Community Development staff and, if eligible, are incorporated into the Annual Plan. Funding recommendations from the communities may be adjusted by Community Development staff for various reasons, including but not limited to the 15% cap on services. Community Development makes its application to HUD available on its website in May. Funds are available after HUD issues a contract to the County.

Process and Schedule
Agency CDBG applications are submitted directly to the County, and must be received not later than 4:30 pm, October 18, 2019. Late, substantially incomplete, or non-responsive proposals will be disqualified, as will applications from agencies which do not demonstrate a need for additional funding, or which have not submitted required reports and other documentation. Specific milestones follow:

2. September 19, 2019 - Informational service agency workshop for potential applicants.
3. October 18, 2019 – Agency applications due to Community Development by 4:30pm.
5. December 6, 2019 - County forwards summary of eligible proposals to communities.
6. December 9, 2019 - February 13, 2020 - Community hearings; local CDBG funding decisions made.
7. February 14, 2020 - Communities submit funding decisions to Community Development.
8. Mid-May 2020 - (estimated) County public hearing on Annual Plan and Annual Plan available online.
9. May 15–July 1, 2020 – HUD reviews Annual Plans. Community Development performs due diligence required to implement program by July 1 start date.
10. July, 2020 - Implementation Workshop - County offers sub-recipient agreements to participating communities and non-profit organizations, advises when they can legally begin their activities.

**Roles and Responsibilities:**

**Agency Applicant:**
- completes, with notarized signature, one application per project; submits to Community Development by 4:30 pm, October 18, 2019. **(Note: Late, substantially incomplete and applications for ineligible activities will be disqualified.)**
- contacts Community Development, before submitting, if there are questions concerning the application.
- expeditiously responds to Community Development review questions after the application has been submitted.

**Macomb County Community Development:**
- reviews applications for eligibility and conformance with RFP requirements.
- obtains information from the applicant, or obtains missing data.
- prepares program summary for seven community participants.

**Community:**
- uses the program summary to evaluate proposals and allocate funds.
- holds public hearings to solicit public comment concerning community needs and potential activities. **(Note: Agency attendance at community hearings is not required, although communities may request it.)**

**RFP REQUIREMENTS:**
A. All proposals must address at least one of the following objectives:

1. Improve public facilities and infrastructure.
2. Make available appropriate housing.
3. Assist the homeless, or prevent homelessness among at-risk populations, including those with special needs; or provide strategic planning services to address such needs.
4. Provide or expand services to lower income people, including those with special needs and those at-risk of homelessness.
5. Address post-foreclosure housing crisis needs.

B. All proposals must be...
   1) submitted on the prescribed form, signed by an authorized official, and notarized,
   2) complete and fully respond to each item in the application,
   3) received by 4:30 pm October 18, 2019
   4) current in spending prior funding and submitting quarterly reports.

Finally, all applicants must have filed all required documentation, e.g. Sub-Recipient Agreements, annual Public Service Beneficiary Form and financial reports/audits, or be disqualified.

C. Additionally, the County wants to promote efficiency and maximum impact in its service funding, and may therefore seek non-binding advice from its partners concerning shared objectives and general performance. This will provide valuable input, which will be shared to help communities in their decision-making processes. It will not be a condition of funding.

Forms may be obtained from Macomb County Community Development through the website http://mca.macombgov.org/MCA-CommunityServices-CDBG or by requesting the forms by e-mail, Jazmyn.Thomas@macombgov.org or Stephanie.Burgess@macombgov.org
NAME OF PROPOSAL: Anytown Care

Check each community to which you are applying and state the amount requested:
- Armada Township $6,000
- Center Line $5,000
- Fraser $5,000
- Macomb Twp $_______
- New Baltimore $_______
- City of Richmond $_______
- Shelby Twp $_______
- Village of Armada $6,000
- Chesterfield Twp $_______
- Harrison Twp $_______
- Memphis $_______
- New Haven $_______
- Richmond Twp $_______
- Utica $10,000
- Bruce Twp $_______
- Eastpointe $10,000
- Lenox Twp $_______
- Mt Clemens $10,000
- Ray Twp $_______
- Romeo $_______
- Washington Twp $_______

APPLICANT INFORMATION: Name: Anytown Care Providers

Tax ID Number: 38-0000000
IRS Tax Exempt? Yes (Enclose IRS Letter)
Address: P.O. Box 456
Contact Person: Jane Doe
Contact Person Title: Chief Financial Officer
Certifying Officer: John Doe
Certifying Officer Title: Executive Director

DUNS # 00-123-45678
SAM Registration? Yes (Enclose completed search)
CVT: Armada, MI 48005
Telephone: 586/385/1234
Email: Careisus.org
Fax: 586/123/5678

PROJECT INFORMATION: The following information must be provided and be complete:

Requested CDBG funding ($1,500 min.): $52,000 (CDBG total) Total Project Cost: $587,500

Proposal Addresses RFP Objective # 2

Are there any outstanding findings on your last independent audit? □Yes □No □N/A (Enclose last audit or letter explaining why organization does not receive an audit)

PROJECT ELIGIBILITY:
National Objectives/Project Beneficiaries: Projects must address one of the following national objectives. Select one:

□ Proposal directly benefits an area with at least 45.7% LMI persons.
□ Proposal is designed to solely benefit low- and moderate-income (LMI) people.
□ Proposal directly serves only a limited clientele presumed to be LMI

Area Benefit Only: Identify the area to be served by census tract(s) and block group(s), or shade it/them on a map. □N/A

PROPOSAL DESCRIPTION:
Fully describe the organization’s purpose, including the population it serves and core services it provides.

Anytown Care serves those at risk of homelessness by helping families maintain their homes through weatherization (with a repair limit of $6,000 per household), providing financial...
Service Agency Application
2020 Urban County CDBG Program

counseling and, in emergencies, food and utility assistance. Staff also refers clients to other agencies when necessary.

Weatherization, financial counseling and food and utility assistance will be provided to those at risk of homelessness. Private donations are used to provide food. CDBG funding will provide payments of arrearages on heat, water or electric bills.

Anytown Care obtained a $400,000 line of credit from the US Dept. of Energy and a $100,000 grant from the United Way to weatherize homes for energy efficiency. It plans to assist 250 families next year at the above-mentioned per household cost average.

Finally, Anytown Care obtained $35,000 in funding from the U.S. Dept. of Housing & Urban Development to counsel 350 families facing financial insolvency (to be provided in conjunction MSUE), at an average cost of $100 per family.

Fully describe the activity to be undertaken with CDBG funds.

$52,000 in CDBG is requested from the three identified communities for emergency services to families at risk of homelessness. These services will include up to three months of arrearages on heat, water or electric bills.

Provide the specific cost of providing these services per person. If the cost cannot be quantified per Person served, quantify it per service, per employee hours, etc.

There is an average per unit cost of $2,000.00 per family for arrearages. Based on use trends over the last three years, we will be able to help 26 households from CDBG and 301 households in its entirety.

Provide a breakdown of per unit cost. How are costs calculated?

Please see previous response. Costs were calculated by averaging the costs of arrearages for heat, water and electric bill for 301 households served last year.

List all supporting (backup) documentation that will be submitted with your bill.

Anytown Care will submit copies of all utility bills, checks used to pay utility bills and a list of clients served.

ACCOMPLISHMENTS:
Identify and list the proposal's intended beneficiaries (e.g. LMI persons, abused children, elderly persons, severely disabled persons, homeless persons, abused spouses, illiterate adults, migrant farm workers, and persons living with AIDS) and the service(s) they will receive Only list the number of people who will be served with CDBG funding:

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Total Number</th>
<th>Number LMI</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families at risk of homelessness</td>
<td>26</td>
<td>26</td>
<td>Up to 3 mos of utility arrearages</td>
</tr>
</tbody>
</table>

IMPLEMENTATION SCHEDULE (Assume CDBG fund availability on July 1, 2020)
Start: 7/01/20 Complete: 6/30/21
Service Agency Application
2020 Urban County CDBG Program

BUDGET (List all projected funding. Be sure that the total is same as that presented on page 1.)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Amount of Funding</th>
<th>$$$ Committed? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested CDBG</td>
<td>$52,000</td>
<td>N/A</td>
</tr>
<tr>
<td>Public Resources (Identify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• U.S. Dept of Energy</td>
<td>$400,000</td>
<td>Approved 8/01/19</td>
</tr>
<tr>
<td>• U.S. Dept of HUD</td>
<td>$35,000</td>
<td>Approved 7/15/19</td>
</tr>
<tr>
<td>Private Resources (Identify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• United Way</td>
<td>$100,000</td>
<td>Approved 9/01/19</td>
</tr>
<tr>
<td>Total Project Costs</td>
<td>$587,000</td>
<td></td>
</tr>
</tbody>
</table>

Funding allocated by a community must be used in that specific community or on its residents. Explain how the funding request was calculated to meet this requirement.

Allocations were based on historic data relating to the number of households provided emergency services in each community.

2 CFR 200: OMB UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

2 CFR 200 requires all pass-through entities to evaluate each subrecipient’s risk of noncompliance with Federal statues, regulations, and terms and conditions of the subaward prior to the award of funding. The purpose of the evaluation will be to determine the level of monitoring or other special conditions that will be imposed should the activity be selected for funding. Levels of monitoring include: 1) on-site or 2) remote. Examples of other special conditions include but are not limited to: required training and/or technical assistance. In order to comply with 2 CFR 200 your response to the following questions are mandatory. Failure to respond will result in denial of the request for funding.

1) Does the organization have prior experience with CDBG funds? (circle one) No Yes

If yes, list the awarding entitlement(s) and amount of the award(s) that your organization has received funding through in the past two years:

Macomb Urban County 2016-2018 $20,000
City of Roseville 2017 $2,500
City of St. Clair Shores 2017 $3,000

2) History of performance related to managing prior federal awards: has your organization met compliance with timeliness of reporting and expenditure of funds for all prior grant awards (have funds been recaptured)? (circle one) No Yes N/A – first time grant recipient
   If no, please provide an explanation for noncompliance.

3) If your organization has been issued a monitoring finding, has it been cleared by the funding agency? (circle one) No Yes
   If no, please list the finding and your organization’s planned course of action to clear the finding:

4) Does the key personnel assigned to administer the organization’s proposed CDBG program have prior experience administering CDBG funds? (circle one) No Yes
   If yes, please describe: Jane Doe recently replaced our long time Executive Director and does not yet have experience administering CDBG funds.

2020 Agency Application September 2019
Service Agency Application
2020 Urban County CDBG Program

5) All contracts will be issued on a reimbursement basis. Does your organization have the financial capacity to administer the proposed program on a reimbursement basis? (circle one) No Yes

If your agency responded "no" to any of the questions above, onsite monitoring will be required as a condition of the award. Subrecipients should note that a secondary evaluation related to performance will be completed during the 4th quarter of each program year. Based on the results of the evaluation a subrecipient's initial monitoring level determination of "remote" may be changed to "on-site".

SAM REGISTRATION/DUNS NUMBER REQUIREMENT

Applicant must read and initial the following:

☐ I understand that our agency must be registered with SAM before submitting this application. In addition, we must maintain an active SAM registration with current information while having an active Federal award or an application or plan under consideration by the County of Macomb.

___JD___ Initial

☐ I understand that our agency must provide a valid DUNS number, registered and active in SAM, in the application.*

___JD___ Initial

*DUNS numbers may be obtained for free from DUN & Bradstreet.

CONFLICT OF INTEREST CERTIFICATION

TITLE 24 – HOUSING AND URBAN DEVELOPMENT CHAPTER V- OFFICE OF ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HUD
Part 570 Community Development Block Grants Subpart K Other Program Requirements
570.611 Conflict of interest.

(a) Applicability. (1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply.(2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §§570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §§570.203, 570.204, 570.465, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation: (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public
Service Agency Application
2020 Urban County CDBG Program

disclosure of the conflict and a description of how the public disclosure was made; and (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable: (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available; (ii) Whether an opportunity was provided for open competitive bidding or negotiation; (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question; (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section; (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and (vii) Any other relevant considerations.

By applying for CDBG funds, the Agency certifies that they have read and will comply with the above:

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Anytown Care Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Executive Director/CEO and Title:</td>
<td>John Doe – Executive Director</td>
</tr>
<tr>
<td>Signature of Executive Director/CEO or Designee:</td>
<td></td>
</tr>
</tbody>
</table>

SIGNATURE OF AUTHORIZED OFFICIAL

Signature: ___________________________________________ Date____________________
Typed Name & Title:

I am authorized to sign this application on behalf of _______ (agency) _______ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this ________ (date) _______.

By _____________________________________________

Notary Public
State of Michigan
County of Macomb
Acting in the County of Macomb

Enclosures:
☐ IRS Tax Exemption Letter
☐ SAM Registration
☐ Most recent audit or Audit Status Notification Letter
☐ Conflict of Interest Policy/Code of Conduct

2020 Agency Application September 2019
Service Agency Application  
2020 Urban County CDBG Program  

Applications due October 18, 2019 by 4:30 pm  

Return Applications To: Macomb Community Action – Community Development  
21885 Dunham Road, Suite 10  
Clinton Township, MI 48036  

NAME OF PROPOSAL:  

Check each community to which you are applying and state the amount requested:  
Armada Township $_________ Village of Armada $_________ Bruce Twp $_________  
Center Line $_________ Chesterfield Twp $_________ Eastpointe $_________  
Fraser $_________ Harrison Twp $_________ Lenox Twp $_________  
Macomb Twp $_________ Memphis $_________ Mt Clemens $_________  
New Baltimore $_________ New Haven $_________ Ray Twp $_________  
City of Richmond $_________ Richmond Twp $_________ Romeo $_________  
Shelby Twp $_________ Utica $_________ Washington Twp $_________  

APPLICANT INFORMATION:  
Name:  
Tax ID Number:  
IRS Tax Exempt? (Enclose IRS Letter)  
Address:  
Contact Person:  
Contact Person Title:  
Certifying Officer:  
Certifying Officer Title:  
DUNS #  
SAM Registration? (Enclose completed search)  
City/Zip:  
Telephone:  
Email:  
Fax:  

PROJECT INFORMATION: The following information must be provided and be complete:  
Requested CDBG funding ($1,500 min.): $_________ Total Project Cost: $_________  
Proposal Addresses RFP Objective #_________  
Are there any outstanding findings on your last independent audit? ☐ Yes ☐ No ☐ N/A (Enclose last audit or letter explaining why organization does not receive an audit)  

PROJECT ELIGIBILITY:  
National Objectives/Project Beneficiaries: Projects must address one of the following national objectives. Select one:  
☐ Proposal directly benefits an area with at least 45.7% LMI persons.  
☐ Proposal is designed to solely benefit low- and moderate-income (LMI) people.  
☐ Proposal directly serves only a limited clientele presumed to be LMI  

Area Benefit Only: Identify the area to be served by census tract(s) and block group(s), or shade it/them on a map.  

PROPOSAL DESCRIPTION:  
Fully describe the organization’s purpose, including the population it serves and core services it provides.
Fully describe the activity to be undertaken with CDBG funds.

Provide the specific cost of providing these services *per person*. If the cost cannot be quantified per person served, quantify it per service, per employee hours, etc.

Provide a breakdown of per unit cost. How are costs calculated?

List all supporting (backup) documentation that will be submitted with your bill.

**ACCOMPLISHMENTS:**
Identify and list the proposal’s intended beneficiaries (e.g. LMI persons, abused children, elderly persons, severely disabled persons, homeless persons, abused spouses, illiterate adults, migrant farm workers, and persons living with AIDS) and the service(s) they will receive. Only list the number of people who will be served with CDBG funding:

<table>
<thead>
<tr>
<th>Beneficiary</th>
<th>Total Number</th>
<th>Number LMI</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IMPLEMENTATION SCHEDULE** (Assume CDBG fund availability on July 1, 2020)

Start: ____________________________ Complete: ____________________________

**BUDGET** (List all projected funding. Be sure that the total is same as that presented on page 1.)

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Amount of Funding</th>
<th>$$$ Committed? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requested CDBG</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Public Resources (Identify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private Resources (Identify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>•</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Project Costs</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Funding allocated by a community must be used in that specific community or on its residents. Explain how the funding request was calculated to meet this requirement.
2 CFR 200: OMB UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

2 CFR 200 requires all pass-through entities to evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and terms and conditions of the subaward prior to the award of funding. The purpose of the evaluation will be to determine the level of monitoring or other special conditions that will be imposed should the activity be selected for funding. Levels of monitoring include: 1) on-site or 2) remote. Examples of other special conditions include but are not limited to: required training and/or technical assistance. In order to comply with 2 CFR 200 your response to the following questions are mandatory. Failure to respond will result in denial of the request for funding.

1) Does the organization have prior experience with CDBG funds? (circle one) No Yes

If yes, list the awarding entitlement(s) and amount of the award(s) that your organization has received funding through in the past two years:

2) History of performance related to managing prior federal awards: has your organization met compliance with timeliness of reporting and expenditure of funds for all prior grant awards (have funds been recaptured)? (circle one) No Yes N/A – first time grant recipient

If no, please provide an explanation for noncompliance.

3) If your organization has been issued a monitoring finding, has it been cleared by the funding agency? (circle one) No Yes

If no, please list the finding and your organization's planned course of action to clear the finding:

4) Does the key personnel assigned to administer the organization's proposed CDBG program have prior experience administering CDBG funds? (circle one) No Yes

If yes, please describe:

5) All contracts will be issued on a reimbursement basis. Does your organization have the financial capacity to administer the proposed program on a reimbursement basis? (circle one) No Yes

If your agency responded "no" to any of the questions above, onsite monitoring will be required as a condition of the award. Subrecipients should note that a secondary evaluation related to performance will be completed during the 4th quarter of each program year. Based on the results of the evaluation a subrecipient's initial monitoring level determination of "remote" may be changed to "on-site".

SAM REGISTRATION/DUNS NUMBER REQUIREMENT

Applicant must read and initial the following:

☐ I understand that our agency must be registered with SAM before submitting this application. In addition, we must maintain an active SAM registration with current information while having an active Federal award or an application or plan under consideration by the County of Macomb.

Initial

☐ I understand that our agency must provide a valid DUNS number, registered and active in SAM, in the application.*

Initial

*DUNS numbers may be obtained for free from DUN & Bradstreet.
CONFLICT OF INTEREST CERTIFICATION

TITLE 24 – HOUSING AND URBAN DEVELOPMENT CHAPTER V- OFFICE OF ASSISTANT SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HUD
Part 570 Community Development Block Grants Subpart K Other Program Requirements

570.611 Conflict of interest.

(a) Applicability. (1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply. (2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation: (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable: (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available; (ii) Whether an opportunity was provided for open competitive bidding or negotiation; (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question; (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section; (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and (vii) Any other relevant considerations.

By applying for CDBG funds, the Agency certifies that they have read and will comply with the above:

| Agency Name: | |
| Name of Executive Director/CEO and Title: | |
| Signature of Executive Director/CEO or Designee: | |
SIGNATURE OF AUTHORIZED OFFICIAL

Signature: ___________________________________________ Date________________
Typed Name & Title:

I am authorized to sign this application on behalf of ______ (agency)________ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this ______(date)______________.

By ____________________________________________

Notary Public  My Commission Expires _____________
State of Michigan
County of Macomb
Acting in the County of Macomb

Enclosures:
□ IRS/Tax Exemption Letter
□ SAM Registration
□ Most recent audit or Audit Status Notification Letter
□ Conflict of Interest Policy/Code of Conduct
Audit Status Notification Letter
(Required for subrecipient claiming exemption from audit submission requirements)

Please fill in the following information and sign after the statement below.

Agency Name: ________________________________________________________________

Address: __________________________________________________________________

Federal ID Number: __________________________________________________________

For Agency’s Fiscal Year Ended (month/date/year): ________________________________

Agency Contact Person (Name, Title, Phone #): _________________________________

The purpose of this letter is to comply with Federal Regulation 2 CFR 200 audit requirements. I certify that the agency listed above expended less than $750,000.00 in federal awards from all funding sources. I also certify that:

☐ A financial statement audit has not been conducted for the above-mentioned fiscal year.

Therefore, we are not required to submit either a Single Audit, Financial Related Audit, or Financial Statement Audit to Macomb County.

________________________________________
Signature

________________________________________
Print Name/Title
(Financial Director or Designee)

________________________________________
Date
CDBG PUBLIC SERVICE BENEFICIARY FORM

Agency Name ________________________________________________

Activity Name / Project Number ________________________________________

Reporting Period ______July 1, 2019 through________

Contact Name / Phone Number / e-mail _________________________________

RACE/ETHNICITY

Identify the cumulative number of people served by race and ethnicity for the activity period. Also enter the basic type of service provided:

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>A # Non-Hispanic</th>
<th>B # Hispanic</th>
<th>Service Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black/African-American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native American &amp; White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian and White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American &amp; White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native- &amp; African-American</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of Female-Headed Households: ________________________________

Income Data:

Number of People Served from Very Low Income Households __________________

Number of People Served from Low Income Households __________________

Number of People Served from Moderate Income Households _________________

Number of People Served from Over-Income Households __________________

Total Number of People Served: __________________________

Note: This total should equal the total of columns A + B. It should also equal the total number of people served when totaling the income data.

Certification of Accuracy

I certify that this information is accurate to the best of my knowledge.

_________________________________________________________  __________________
Signature                                           Date

June 2019
2019 CDBG Program Income Affidavit

Name ____________________________________________

Address ____________________________________________

RACE/ETHNICITY: Check the category which you think best describes your household:

<table>
<thead>
<tr>
<th>Race</th>
<th>Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Hispanic</td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Black / African American (AA)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
</tr>
<tr>
<td>Native American (NA)</td>
<td></td>
</tr>
<tr>
<td>Hawaiian / Pacific Islander</td>
<td></td>
</tr>
<tr>
<td>Native American and White</td>
<td></td>
</tr>
<tr>
<td>Asian and White</td>
<td></td>
</tr>
<tr>
<td>AA and White</td>
<td></td>
</tr>
<tr>
<td>NA and AA</td>
<td></td>
</tr>
<tr>
<td>Other or Multi-Racial</td>
<td></td>
</tr>
</tbody>
</table>

Female-Headed Household? Yes ___ No ___

Annual Household Income $_________ Family Size _______

Certification

I understand that funding for this service comes from federal funds which require income eligibility. I certify that the information provided is complete and accurate, and that source documentation will be provided upon request.

Signature of Recipient ___________________________ Date ____________

FOR OFFICE USE ONLY

INCOME LIMITS

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Very Low Income</th>
<th>Low Income</th>
<th>Moderate Income</th>
<th>OVER Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$16,050</td>
<td>$26,750</td>
<td>$42,750</td>
<td>$42,751+</td>
</tr>
<tr>
<td>2</td>
<td>$18,350</td>
<td>$30,550</td>
<td>$48,850</td>
<td>$48,851+</td>
</tr>
<tr>
<td>3</td>
<td>$20,650</td>
<td>$34,350</td>
<td>$54,950</td>
<td>$54,951+</td>
</tr>
<tr>
<td>4</td>
<td>$22,900</td>
<td>$38,150</td>
<td>$61,050</td>
<td>$61,051+</td>
</tr>
<tr>
<td>5</td>
<td>$24,750</td>
<td>$41,250</td>
<td>$65,950</td>
<td>$65,951+</td>
</tr>
<tr>
<td>6</td>
<td>$26,600</td>
<td>$44,300</td>
<td>$70,850</td>
<td>$70,851+</td>
</tr>
<tr>
<td>7</td>
<td>$28,400</td>
<td>$47,350</td>
<td>$75,750</td>
<td>$75,751+</td>
</tr>
<tr>
<td>8</td>
<td>$30,250</td>
<td>$50,400</td>
<td>$80,600</td>
<td>$80,601+</td>
</tr>
</tbody>
</table>
SERVICE ACTIVITIES

Important Note: Proposal qualification do not ensure funding, since this is a local community determination. The aggregate amount of the funding recommendation by the communities for any given agency must be for a minimum of $1,500 in order for a contract to be awarded. If an agency receives less than $1,500 aggregate then the funds will be reallocated to the County’s Housing Rehabilitation Program.

Applicant: Anytown Care
Name: Homeless Counseling Center
CDBG Request: $10,000
Project Cost: $100,000

Communities of consideration:
Doe Twp ($5,000) Smith Twp ($5,000)

Project Description: Anytown Care seeks to help families at risk of homelessness maintain their homes through weatherization, minor home repairs, and counseling. Specific activities include emergency home repairs, home weatherization (up to $6,000), financial counseling and, if needed, food and utility assistance. It also refers clients to appropriate agencies when necessary. This proposal continues a program begun in 1995, primarily to serve the identified areas. This is a continuing project.

New or Previously Funded Subrecipient: Anytown received CDBG funding for a period of 19 years.

Note of Concern: This entity previously received funding from Smith Township, but served no clients from the township. All clients served were from Doe Township.

Applicant: Dental Care, Inc.
Name: Hidden Valley Dental Project
CDBG Request: $50,000
Project Cost: $300,000

Communities of consideration:
Bluffington (10,000) Castle Rock ($5,000) Doe Township ($10,000) Hill Valley ($5,000) Hillwood ($5,000) Springfield ($5,000) Smith Township ($5,000) Stars Hallow (5,000)

Project Description: Dental Care, Inc., a consortium of area dentists which provides pro bono services to low income families, seeks to serve the lowest income areas of the community. The applicant seeks funding to pay for medicines and other dental supplies necessary to operate safely. The funds would not pay salary, mileage or other administrative expenses. The applicant has operated in the community for 15 years and has served over 2,500 low-income persons during that time. Some 110 LI persons are expected to benefit this year. This is a continuing project.

New or Previously Funded Subrecipient: Dental Care, Inc. is a new subrecipient that has previously never received CDBG funds.

Note of Concern: No notes of concern.