

## Public Services Funding Application

Fiscal Year 2022-2023

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<b>Organization</b>	
<b>Program</b>	

The City of Irving is seeking organizations that can demonstrate the capability to administer programming, through the Community Development Block Grant (CDBG), to aid low and moderate income Irving residents. Based on prior year Congressional Appropriations, the City of Irving expects approximately \$348,435 to be made available for this purpose in Fiscal Year 2022-23. Funding levels are calculated at 15% of the estimated amount to be allocated to the City of Irving's CDBG Grant Fiscal Year 2022-23 allocation. Amounts and percentages are subject to change, based on actual funding allocations received by the City of Irving from the U.S. Department of Housing and Urban Development.

Available Public Services funding allocations has been divided into specific subcategories. An agency may apply for different programs under more than one category, and an agency may apply for multiple programs under one category. However, no one program can be submitted under multiple categories. Funding levels and percentages for the subcategories were determined by Consolidated Plan priorities.

### The categories and estimated funding levels are as follows:

- **Homeless Services – 40% of total Public Services funding (approximately \$139,374).** Can include programs providing direct homelessness prevention assistance or counseling/case management
- **Physical and Mental Health Services – 35% of total Public Services funding (approximately \$121,952).** Can include counseling, case management, play therapy, or other mental health intervention.
- **Youth and Senior Services - 15% of total Public Services funding (approximately \$52,265).** Programs which specifically target the needs of either youth or senior citizens.
- **Other Non-Housing Community Development - 10% of total Public Services funding (approximately \$34,843).** Programs that do not meet the requirements of other categories, do not provide housing-related assistance, but which provide community poverty reduction or improvement to the economic status of participants (such as day care, employment assistance, etc.).

Prior to completing this application, each qualified organization is urged to review the Guidebook (provided on the City of Irving website) and read the instructions carefully. The Application Guidebook contains information such as the CDBG Policies, Housing and Human Services Board Priorities, and Consolidated Plan Priorities. Before submitting the application, attend a mandatory training session, check all calculations, and review the proposal for completion of forms and other items on the checklist. Inaccuracies, omissions, and the use of forms from previous competitions will be grounds for rejection. All proposals will become part of the City of Irving's official files.

**Applications are due to the City of Irving Planning and Community Development office no later than 5 p.m. on Friday, April 1, 2022. No late applications will be accepted. Applications must be submitted by mail or in person deliver to the Planning and Community Development office located at 825 W. Irving Blvd., Irving, TX 75060. Late or incomplete submissions will not be considered for funding. Please see the CDBG Notice of Funding Availability (NOFA) Application Guidebook for submittal details and application evaluation processes.**

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<b>Organization</b>	
<b>Program</b>	

*General Information*

<i>Tax ID</i>	
<i>DUNS Number</i>	
<i>Contact Name</i>	
<i>Mailing Address</i>	
<i>Phone</i>	
<i>Fax</i>	
<i>Email</i>	

**CDBG Funds Requested**

Category	Amount
Salaries:	\$
Supplies:	\$
Other:	\$
	\$
	\$

<b>Total City of Irving CDBG Request</b>	<b>\$</b>
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**Category Under Which Agency is Applying**

**Homeless Services**

**Physical and Mental Health Services**

**Youth and Senior Services**

**Other Non-Housing Community Development**

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### Overview

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Briefly summarize the proposed program below. The description should be no longer than five sentences and should describe the number of clients to be assisted, and the items/activities to be funded by CDBG. This summarization will be provided to the Housing and Human Services Board as written.

Explain why this application fits within the funding category chosen for submittal.

Into which category(ies) does the organization fall? *Check all that apply.*

Non-Profit	Government	Educational
Faith-based	Victim Services Provider	Other (Please specify) _____

How long has the organization been providing the proposed services?

New Organization	New Program	Less than 1 Year	1-3 Years
4-10 Years	11-19 Years	20+ Years	

How long has the organization been providing the proposed services in Irving?

New Organization	New Program	Less than 1 Year	1-3 Years
4-10 Years	11-19 Years	20+ Years	

Does the organization have Non-Profit Certification from the Internal Revenue Service?

No                      Yes

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For how many years has the organization received CDBG, HOME, and/or ESG funds from the City of Irving?

Never      1 Year      2-5 Years      6-10 Years      11+ Years

Does the organization have a formal and active Board?

Yes, both formal and active      No formal appointment, but regular meetings  
 Formally appointed but no regular meetings      No

Please list all funds the organization has received from the City of Irving in the last three years.

N/A

Program	Funding Source	Year Funded	Funding Amount

Has the organization ever been cited for misuse of Federal, State, or local funds and been required to repay them?

Yes      No      N/A – No experience with Federal, State, or local funds

If yes, please briefly explain:

### Insurance Policies

Does the organization have the following insurance policies in place?

Workers Compensation and Employers Liability      Commercial General Liability  
 Business Auto Liability      Professional Liability  
 Other (Please specify below)

Please describe the insurance policies the organization currently has in place to cover the proposed program.

Policy Type	Policy Number	Minimum Limit Amount	Coverage Dates

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Are there other services or activities similar to the proposed program provided by other organizations in Irving?

Yes                  No

If yes, describe how the organization has worked with other agencies to decrease service duplication and increase effectiveness.

Select **one** National Objective that will be met through the proposed program:

**National Objective 1: Benefit exclusively to persons within in a HUD-specified presumed clientele category**

Describe which category of presumed clientele will be served by the organization. Describe how the organization will document the presumed status of its clients.

**National Objective 2: Benefit to low- and moderate-income residents predominantly (at least 51% of those persons served)**

Describe how the program is designed to be used by this category of persons. Also describe what criteria will be used to determine the percent of the population will be served by the program.

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### National Objective 3: Benefit to low- and moderate-income residents exclusively

Describe how the program is designed to be used exclusively by this category of persons and how the organization will limit these services to this category.

Will the project provide a new service or a quantifiable increase in services?

This is a new service

This funding will provide a quantifiable increase in services.

Describe what the current level of service is and current CDBG funding, if applicable. Describe how this funding will provide increased services.

What makes your program unique?

If your organization has received Irving CDBG, HOME, or ESG funds, what was the date of your last monitoring visit?

\_\_\_\_\_

Were there any findings and/or concerns in your last monitoring visit?

Yes                  No                  N/A – No experience with Federal, State, or local funds

If Yes, was the organization cleared of the findings/concerns?

Yes                  No

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If the organization is recommended to receive a lower amount of Irving CDBG funds than requested, at what amount of funding can the organization still deliver meaningful services?

Describe the fundraising efforts that support the organization's activities and services.

Describe the organization's financial planning for future project sustainability. Explain the organization's ability and actions to develop alternate future sources of funding to support the program. Also describe the financial contingency plan in place in preparation for possible funding reductions.

Please indicate program location and hours of operation.

<b>Location</b>	
<b>Hours of Operation</b>	

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### Capacity, Experience, and Performance Measurement

Provide narrative regarding an organizational overview of your agency, including a description of the history, mission, and services of the organization.

Describe the organization’s experience and capacity to administer public service programs by completing the following tables. Be sure to provide sufficient detail. Additional pages may be attached to this application, if necessary.

Describe the specific types of programs/services/activities/projects the organization administers or provides that are relevant to the objectives of the CDBG program. Complete the following tables providing information for similar projects/programs administered by the applicant including size, type, and complexity as those proposed in this application. **Neither agency staff nor board personnel can provide either reference.**

<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
<b>Program Location:</b>	<b>Start-Completion Dates and Status:</b>	<b>Total Project Costs:</b>
<b>Program Reference</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		



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<b>Program Name:</b>	<b>Activity/Program Type:</b>	<b>Source of Funds:</b>
<b>Program Location:</b>	<b>Start-Completion Dates and Status:</b>	<b>Total Project Costs:</b>
<b>Program Reference</b> <i>(Scope and complexity, significant accomplishments, issues, or experience, etc.)</i>		
<b>Program Reference Contact Information</b> <i>(Contact name, phone, and email):</i>		

List current staff positions and qualifications of individuals who will carry out the grant or project activities (or administration of grants). If using agencies or third party contractors, provide the staff positions and qualifications for each, with the name of the agency clearly marked.

Department/ Agency/ Contractor	Position	Program Related Duties	Years Current Employee Conducting Duties	Approximate Hours per Week Completing Duties for Program
<i>Example: XYZ County</i>	<i>Case Manager</i>	<i>Housing stabilization, rent payment, case management</i>	<i>12 years</i>	<i>20 hours</i>

Does the organization have 10 or more full time employees?  
                                   No      Yes

Does the organization have 10 or more full time employees who have a salary value of \$100,000 or more to be paid wholly or partly by public funds?  
                                   No      Yes

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How will the organization keep its staff up to date and knowledgeable about relevant CDBG grant regulations and requirements?

Last program year, did this program meet its performance goals related to the number of persons served?

<b>Planned # of Persons Served</b>	
<b>Actual # of Persons Served</b>	
<b>If the organization did not meet its planned # to be served, please provide an explanation</b>	

How will the organization monitor the progress of the program and compliance with program requirements with its staff and third parties?

Please provide the expected number of households to be served under each category:

<i>Category Served</i>	<i>Number of Households</i>
<i>Unaccompanied Males 18+</i>	
<i>Unaccompanied Females 18+</i>	
<i>Unaccompanied Minor Males (&lt;18)</i>	
<i>Unaccompanied Minor Females (&lt;18)</i>	
<i>Single Parent Households</i>	
<i>Two Parent Households</i>	
<i>Adult Couples Without Children</i>	

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Specify the procedures used in the tracking or follow-up of clientele served.

What outcomes (including targets and goals) will the organization set for this program in FY 2022-23? This is performance measurement beyond the number of persons served. For example, *85% of all persons exiting the program will maintain employment for 90 days after completing the program*. The application should include at least three measurable outcomes.

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How will the organization measure these outcomes?

Why did the organization select these measures?

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### **Statement of Work/Scope of Services**

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Does the organization target services to a specific population? Target populations are not the same as populations served. This questions refers to populations that your program specifically prioritizes for service. All categories should not apply. Check all that reasonably apply.

- |                      |                              |
|----------------------|------------------------------|
| Male                 | Victims of Domestic Violence |
| Female               | Disabled                     |
| Substance Abusers    | Veterans                     |
| Chronically Homeless | Elderly, Frail Elderly       |
| Unaccompanied Youth  |                              |

Describe in detail the need of the Irving community for this program. Include factual data such as low income population numbers, unemployment %, occupancy of shelters, point-in-time counts, etc.

Describe how the proposed program will address the community needs listed above.

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Describe the organization's plan for outreach to the target population(s).

How does the proposed program coordinate with other services in the community?

Does this organization participate in any area/regional social service planning organizations? If so, please indicate which organizations below and the percentage of available meetings attended by a member of staff.

Is the organization willing to participate in the Dallas City & County/Irving Continuum of Care's Coordinated Assessment program?

Yes                      No                      N/A

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Describe how the organization plans to assess each applicant household's eligibility and appropriateness for the program. Discuss how the organization will determine which clients would most benefit from assistance. Please also list any restrictions.

Explain how the organization will determine when clients will exit the program and the process for exit from the program.

Explain the organization's involvement of clients or former clients in processes such as program design, service delivery, and program evaluation.

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Describe the procedures the organization will use for verifying and documenting the eligibility of program participants.

Describe the process to align clients with mainstream resources to aide in the stabilization of the household.

Please summarize the organization's termination policy for participants that do not meet the program's qualifications or become ineligible during the course of the program.



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If the organization is located outside of Irving, how will the organization ensure service to the target population for the portion of the project to be funded by the City of Irving?

Describe the process for determining the specific types and levels of assistance the organization will provide to each household accepted into the program?

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### **Attachment A: Work Plan**

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Develop a sound statement of work/work plan narrative that details how the program will achieve its goals and other program design features not previously mentioned. Include procedures, policies, guidelines, and other applicable narrative. Attach a program-specific organizational chart including staff names, titles, and years of experience with the program. Additional pages can be submitted.

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### Attachment B: Budget and Leveraging

Total Organizational Budget: \_\_\_\_\_

Total Program Budget, including requested funds and all other leveraged funds:

<b>Total Program Budget</b>	\$		
<b>Total CDBG Request</b>	\$	<b>CDBG % of Total Program Budget (CDBG Request/Total Program Budget)</b>	%

<b># of Clients Served with CDBG Funds</b>		<b>CDBG Cost Per Client (CDBG Request/# CDBG Clients Served)</b>	\$
<b># of Clients Served through Entire Program</b>		<b>CDBG % Clients (CDBG Clients Served/Entire Program Clients Served)</b>	%

**Program Budget:**

<i>Revenue Source</i>	<i>2020-21 Actual</i>	<i>2021-22 Estimate</i>	<i>2022-23 Proposed</i>
<i>Contributions</i>			
<i>Special Events</i>			
<i>Membership Fees</i>			
<i>Program Service Fees</i>			
<i>Other Grants/Foundations</i>			
<i>CDBG</i>			
<i>Other:</i>			

**Total**

<i>Expenses</i>	<i>2020-21 Actual</i>	<i>2021-22 Estimate</i>	<i>2022-23 Proposed</i>
<i>Salaries and Benefits</i>			
<i>Other:</i>			

**Total**

Does the organization receive 80% or more of its annual gross revenues in federal awards?

No    Yes

Does the organization receive \$25,000,000 in annual gross revenues in federal awards?

No    Yes

Does the public have access to information about the compensation of senior executives?

No    Yes

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### Federal Awards

Please describe any federal awards received by the organization, if any.

Funding Source	Amount	Status- Confirmed, Pending, Denied	Award Date
<b>Total</b>			

### Leverage

Please describe the proposed sources of leveraged funds, if any.

Funding Source	Amount	Status- Confirmed, Pending, Denied	Award Date
<b>Total</b>			

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### **Attachment C: Financial Management**

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Describe the organization's fiscal management including financial reporting, record keeping, accounting systems, payment procedures, internal controls, and audit requirements. Additional pages may be submitted.

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### Attachment D: Board of Directors

Explain the requirements to be a Board member of the organization.

Describe efforts to recruit Board members that represent the diversity of clients served.

Complete the tables below. Attach additional information regarding names, terms, and company affiliation of other Board members.

**Board Chair**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Executive Director**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	

**Client Homeless Representative, if Applicable**

<b>Irving Resident?</b>			
<b>Term</b>	<b>From</b>		<b>To</b>
<b>Gender</b>		<b>Race/Ethnicity</b>	
<b>Company Affiliation</b>		<b>Title</b>	

**Board Composition**

Total # of Board Members \_\_\_\_\_ # Irving Residents \_\_\_\_\_ # Males \_\_\_\_\_ # Females \_\_\_\_\_

***Number of Board Members by Race/Ethnicity***

<i>White/Caucasian</i>	
<i>Black/African American</i>	
<i>Asian</i>	
<i>American Indian/Native American</i>	
<i>Pacific Islander/Hawaiian Native</i>	
<i>Other</i>	
<i>Hispanic (Ethnicity Separate from Race)</i>	

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### Attachment E: Contact Information and Certification\*

<b>Person Authorized to Sign Agreements and Make Commitments on Behalf of the Organization</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Program Contact (Person who will liaise with the City of Irving about program operations/performance/reports/training)</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Finance Contact</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

<b>Application Contact (Person who wrote this application)</b>	
<b>Name</b>	
<b>Title</b>	
<b>Phone</b>	
<b>Email</b>	

**\*One person may not be point of contact for all sections.**

I certify that the information contained in this application is true and correct and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I have read and understand the requirements detailed in the Notice of Funding Availability. I further certify that no contract has been awarded, funds committed, or construction begun on the proposed program and that none will be done prior to issuance of a Release of Funds by the City of Irving.

\_\_\_\_\_  
 Signature of Authorized Person Listed Above

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

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### **Application Checklist**

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#### **Application:**

- Application Form
- Attachment A: Work Plan
- Attachment B: Budget, Match, and Leveraging
- Attachment C: Financial Management
- Attachment D: Board of Directors
- Attachment E: Contact Information and Certification

#### **Additional Attachments\*:**

- Organization Chart (Including proposed program specific organization chart)
- Minutes Authorizing Submittal of Proposal
- Articles of Incorporation
- Non-Profit Documentation from IRS
- Copy of Current Board Roster and By-Laws
- Most Recent Financial Audit/Certified Financial Statements
- Director's and Officers' Liability and Errors and Omissions Insurance
- Copy of all insurance policies referenced in the application
- Policies and Procedures for Employees, including Internal Control Policies
- Code of Conduct listing prohibited behavior for Board and employees; including Conflict of Interest provision
- Policies and Procedures for proposed program
- Verification of current System Award Management registration
- Verification of Secretary of State Registered Agent

**\* See CDBG NOFA Guidebook for attachment submittal instructions.**