

City of Irving, Texas

**Coronavirus Aid, Relief, and Economic Security (CARES) Act
Community Development Block Grant
CDBG-CV Funding Application-Seventh Run**

Organization	
Program	

The City of Irving is seeking organizations that can demonstrate the capability to administer programming, through the Coronavirus Aid, Relief, and Economic Security (CARES) Act Community Development Block Grant (CDBG-CV), to aid low and moderate income Irving residents with programs and activities that prevent, prepare for, and respond to the coronavirus (COVID-19). The City of Irving has allocated **\$500,000.00** to be made available for this purpose. Amounts and percentages are subject to change according to recommendations and priorities set by the City of Irving from the U.S. Department of Housing and Urban Development.

The selected subrecipient can use CDBG-CV funds for the same wide range of activities that are eligible under the annual CDBG program. However, the CARES Act requires that all activities assisted with CDBG-CV ***funds must be used to prevent, prepare for, and respond to coronavirus***, and must have adequate policies and procedures in place to prevent duplication of benefits.

Eligible activities/programs may include, but are not limited to:

1. Public Services Activities
 - a. Child Care services
 - b. Emergency Grants Payments (Rental Assistance)
 - c. Food Banks
 - d. Personal Protective Equipment

See the following links with additional information.

- <https://www.hud.gov/sites/dfiles/CPD/documents/DOB-TA-CDBG-summary-table-Notes-06232020-Attachment.pdf>
- <https://files.hudexchange.info/resources/documents/CDBG-CV-Public-Facilities-Quick-Guide.pdf>
- <https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf>
- <https://www.hudexchange.info/programs/cdbq-cv/cdbq-cv-toolkit/eligible-uses/public-services/>
- <https://www.hudexchange.info/programs/cdbq-cv/cdbq-cv-toolkit/introduction/>

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 Policies, CARES Act Priorities, and Consolidated Plan Priorities. If a particular question is not applicable to the applicant, the applicant should either check the “N/A” checkbox, if provided, or type “N/A” in the narrative box. Should the City need additional clarification, the agency will be contacted directly.

Applications are due to the City of Irving Housing and Redevelopment Division office no later than 5 p.m. CST on Friday, January 6, 2023. No late applications will be accepted. Applications must be submitted on paper and in person.

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Please see the CDBG-CV Notice of Funding Availability (NOFA) Application Guidebook for submittal details and application evaluation processes.

Organization	
Program	

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>	

*If the organization does not have a DUNS number, use the online registration to receive one free of charge within 2 business days. <http://fedgov.dnb.com/webform/>.

CDBG-CV Funds Requested

Category	Amount
Salaries and Benefits	\$
Supplies	\$
Construction costs	\$
Other:	\$
	\$
Total City of Irving CDBG-CV Request	\$

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Overview

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-CV. 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 | For-Profit | Government | |
| 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 | N/A |
|----|-----|-----|

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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
- Formally appointed but no regular meetings
- No formal appointment, but 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:

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 will work with other agencies to decrease service duplication and increase effectiveness.

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

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.

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.

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.

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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 you have received Irving CDBG, CDBG-CV, HOME, ESG-CV 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

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?

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Describe the organization’s financial planning for project sustainability. Explain the organization’s ability and actions to develop alternate 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.

Location	
Hours of Operation	

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.

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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-CV 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.**

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

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

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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>

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 (<18)</i>	
<i>Unaccompanied Minor Females (<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? This is a 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 two measurable outcomes.

How will the organization measure these outcomes?

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Why did the organization select these measures?

Statement of Work/Scope of Services

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 how the proposed program will address the community's COVID-19 specific needs.

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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?

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

Yes No N/A

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.

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

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.

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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.

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

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:

Total Program Budget	\$		
Total CDBG-CV Request	\$	CDBG-CV % of Total Program Budget (CDBG Request/Total Program Budget)	%

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

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

Leverage

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

Funding Source	Amount	Status- Confirmed, Pending, Denied	Award Date
Total			

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Attachment C: Financial Management

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 (If applicable)

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

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

Executive Director

Irving Resident?			
Term	From		To
Gender		Race/Ethnicity	

Client Homeless Representative, if Applicable

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

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*

Person Authorized to Sign Contracts and Make Commitments on Behalf of the Organization	
Name	
Title	
Phone	
Email	

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

Finance Contact (Person responsible for financial oversight of the program)	
Name	
Title	
Phone	
Email	

Application Contact (Person who wrote this application)	
Name	
Title	
Phone	
Email	

***One person may not be 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

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
- Minutes Authorizing Submittal of Proposal (if applicable)
- Articles of Incorporation
- Non-Profit Documentation from IRS
- By-Laws (if applicable)
- Financial Audit/Certified Financial Statements
- Director's and Officers' Liability and Errors and Omissions Insurance
- 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