

*Our budget starts with* ***YOU.***

**CITY OF NIAGARA FALLS, NEW YORK**

**2023 ANNUAL ACTION PLAN & STRATEGY**

**FUNDING APPLICATION HANDBOOK FOR:**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**Due Date: February 6, 2023**

**ROBERT M. RESTAINO, MAYOR**

**CLIFFORD SCOTT, DIRECTOR**

**COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department

[www.nf-cd.org](http://www.nf-cd.org) www.niagarafallsusa.org

The Carnegie Building – 745 Main Street, P.O. Box 69

Niagara Falls, New York 14302

**CITY OF NIAGARA FALLS, NEW YORK**

**COMMUNITY DEVELOPMENT DEPARTMENT**

**745 MAIN STREET - PO BOX 69**

**NIAGARA FALLS, NEW YORK 14302**

**This application must be completed by applicants seeking CDBG assistance for activities which benefit low or moderate income individualsin any of the following categories that the City of Niagara Falls has determined to be a priority in best serving the needs of our community:**

**Basic Eligible Activities**

This list is not all-inclusive. A complete list is available in the code of federal regulations (CFR), Part 24, Section 570.201.This information is also available at [www.hud.gov](http://www.hud.gov).

1. Acquisition of Real Property (570.201) (a) - acquisition of real property by purchase or long-term lease. A permanent interest must be obtained.
2. Disposition of Real Property (501.201) (b) - costs incidental to disposing of real property acquired with CDBG funds. Disposal must meet a national objective.
3. Public Facilities and Improvements (570.201) (c) including acquisition, construction, or rehabilitation of

Streets, street accessories, landscaping and sidewalks;

Water and sanitary sewer facilities;

Park and recreation facilities;

Flood and storm drainage facilities;

Centers for the handicapped or neighborhood facilities; or

Senior centers;

Does not include operating or maintenance expenses as listed on 570.207

1. Clearance (570.201) (d) clearance, demolition, and removal of buildings and improvements.
2. Public Services (570.201) (e) including labor, supplies, and materials. There is a 15% limitation on the amount of funds that can be obligated to public services. Proposed public service projects must be either: a new or a quantifiable increase in the level of a service. Public services include, but are not limited to: child care, health care, job training, recreation programs, education programs, crime prevention, fair housing counseling, services for senior citizens, services for homeless persons, drug abuse counseling and treatment, energy conservation counseling and testing, homebuyer down payment assistance, etc.
3. Relocation (570.606) relocation payments and assistance to displaced persons.
4. Rehabilitation and Preservation Activities (570.202) including the following:

-Rehabilitation of private residential and non-residential property;

-Public housing modernization;

-Removal of architectural barriers;

-Code enforcement; or

-Historic preservation.

- (Rehabilitation does not include maintenance type work)

1. Special Economic Development Activities (570.203) by public or private non-profit organizations and private for-profit entities, when the assistance is necessary or appropriate to carry out an economic development project to stimulate private investment, community revitalization, and to expand employment opportunities for low and moderate income persons.
2. Micro-Enterprise Assistance (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).

**APPLICATION TIMELINE**

Although the 2023 CDBG application is a separate document this year, it still follows the same timeline as the Community Development ESG and HOME Programs.

**2023 – ANNUAL ACTION PLAN**

**Application Process**

January 4, 2023 Applications Available

February 6, 2023 @ 4:00 p.m. Application Submission Deadline

 **Tentative 2023 ANNUAL ACTION PLAN Schedule**

February 7th – February 14th Review Applications & Input from Meetings

 March 1st 2023 Draft AAP Available for Review

 April 3rd 30-Day Public Comment Period

April 10th Public Hearing, City Hall – Draft AAP

 April 15th City Council Approval

May 1st Submit Annual Action Plan to HUD

**APPLICATION FORMS**

Submit one application for each project.

Non-profit applicants must submit:

* **Certificate of Incorporation**
* **IRS 501C-3 Tax Exempt Determination Letter**
* **Board of Directors Membership List**
* **Most Recent Audited Financial Statement**
* **Board Minutes from Previous 3 Months**

*Please submit applications to*:

Department of Community Development

745 Main Street - PO Box 69, Niagara Falls, NY 14302

OR ***Clifford.scott@niagarafallsny.gov***

**APPLICATIONS MUST BE RECEIVED or POSTMARKED BY February 6, 2023 @ 4:00 P.M.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED**

**CITY OF NIAGARA FALLS, NEW YORK**

**COMMUNITY DEVELOPMENT DEPARTMENT**

**745 MAIN STREET - PO BOX 69**

**NIAGARA FALLS, NEW YORK 14302**

**2023 CDBG FUNDING APPLICATION**

**Project Name** Click here to enter text.

1. **Estimated Project Costs:**

Community Development Funds Amount $ Click here to enter text.

Other Funds Amount $ Click here to enter text.

Other Funds Amount $Click here to enter text.

Total Project Cost Amount $ Click here to enter text.

1. **Applicant(s) Organization**

Name: Click here to enter text.

Employer Identification #/Taxpayer ID # Click here to enter text.

DUNS# Click here to enter text.

1. **Chief Official of Applicant**

Name: Click here to enter text. Title: Click here to enter text.

Address: Click here to enter text.

City & Zip: Click here to enter text.

Phone # Click here to enter text. E-mail: Click here to enter text.

1. **Contact Person**

Name: Click here to enter text. Title Click here to enter text.

Address: Click here to enter text.

City & zip: Click here to enter text.

Phone #: Click here to enter text.

1. **Type of Organization**

Non-profit ☐

 For-Profit ☐

 Public ☐

1. **Project Description** (attach additional sheets if necessary) Click here to enter text.

**b. Project Objectives –** Rationale for the project. Why is this project needed? What community needs are being addressed?Click here to enter text.

**c. Service Delivery** – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) Click here to enter text.

**7**. **List Specific Project Goals** Click here to enter text.

**8. Eligibility**:

The activity you are proposing, must meet one of the following eligibility criteria. Please indicate that which applies to your project:

**LOW/MOD INCOME AREA BENEFIT**

**☐** The activity is available for the benefit of all residents of an area that is primarily residential. At least 51% of the residents of the area must be low and moderate income households. ***Provide a geographic description of the service area for your proposed activity. The City may require that you conduct a survey to determine where the beneficiaries of the activity reside.***

**LOW/MOD INCOME LIMITED CLIENTELE**

**☐** The activity provides benefits to a specific group of persons rather than everyone in the area. At least 51% of the persons participating in the activity must have household income at or below 80% of median area income as provided below. Household income must be verified and records maintained by applicant. ***Provide a list of clients served in the previous 12 months. Include household income level, family size and address***

2021 Income Limits (80%MFI – Published by HUD)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1 Person** | **2 Persons** | **3 Persons** | **4 Persons** | **5 Persons** | **6 Persons** | **7 Persons** | **8 Persons** |
| **80% (mod)** | $44,200 | $50,500 | $56,800 | $63,100 | $68,150 | $73,200 | $78,250 | $83,300 |

**☐** The activity exclusively benefits persons from one of the following categories:

* Abused children
* Elderly persons
* Battered spouses
* Homeless persons
* Disabled persons
* Persons living with AIDS
* Migrant workers

**☐** The activity is of such nature and in such location that it is evident that at least 51% of the beneficiaries are low and moderate income persons. **Applicant must attach a description of the activity, where it is conducted, and what presumption is used that the beneficiaries are low/mod income.**

**LOW/MOD HOUSING**

**☐** The activity will involve the construction or rehabilitation of permanent residential housing, to the extent that the housing is occupied by low/mod income households upon completion.

**9. Proposed Beneficiaries -** (Indicate the estimated number of persons to be assisted):

a. Total number of persons this project will serve Click here to enter text.

b. Total number of L/M persons this project will serve Click here to enter text.

c. Estimated % of L/M persons this project will serve Click here to enter text.

d. Housing projects, list tenure type and # Click here to enter text.

* + 1. **RACIAL/ETHNIC CHARACTERISTICS (Number Count)**

 # Total # Hispanic

 White Click here to enter text. Click here to enter text.

Black/African American Click here to enter text. Click here to enter text.

Black/African. Amer& White Click here to enter text. Click here to enter text.

 Asian & White Asian Click here to enter text. Click here to enter text.

Amer Indian/Alaska Native & BlackClick here to enter text. Click here to enter text.

 American Indian Click here to enter text. Click here to enter text.

Native Hawaiian Click here to enter text. Click here to enter text.

 Amer Indian/Alaska Native & WhiteClick here to enter text. Click here to enter text.

Other Multi-Racial Click here to enter text. Click here to enter text.

**Total #** Click here to enter text.Click here to enter text.

**10. Accomplishments/Outcomes** - Indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments.

Click here to enter text.

**11. Project Timeframe**: Start Date Click here to enter text.

End Date Click here to enter text.

1. **OTHER FUNDS – List other funds applied for or received for this project**

Source of Other funds: Click here to enter text.

 **$** Amount Applied For Click here to enter text.

 (attach request for funding)

 $ Amount Awarded Click here to enter text.

(attach award letter**)**

**13. Project Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **CDBG** | **OTHER\*** | **OTHER\*** |
|  | **USES** | **SOURCES** | **SOURCES** | **SOURCES** |
|  . | **A. PERSONAL SERVICES**1. Personnel
2. Fringe Benefits
3. Total (1+2)
 | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | **B. NON-PERSONAL SERVICES**4. Consultant5. Travel6. Equipment7. Office supplies8. Contractual Services9. Other Non-Personal10.11.12.13.14. Total (lines 4 thru 13) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | **C. OTHER EXPENSES**15 Rent16. Utilities17. Maintenance18. Training19. Other20. 21. 22. 23. Total (lines 15 thru 22**)** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | **PROJECT TOTAL (A+B+C)** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Pre-Award Assessment**

This section of the application is for assessing the capabilities of prospective sub-recipients prior to awarding CDBG funds, as well as a beginning point for identifying training and technical assistance. Attach agency staff chart, critical job descriptions, staff experience, description of current services or functions performed, and description of agency administrative functions and systems.

**a. Capacity:**

What services/activities are you currently providing to what type of clientele?

Click here to enter text.

Describe your organization's current capacity and qualifications in carrying out the proposed activity. How is this proposed project similar and/or different to current activities undertaken by your agency? Click here to enter text.

Describe your organization's administrative systems. Please check each item that exists within your organization's capacity.

 **☐** Audit System **☐** Formal Personnel System **☐** Client Eligibility **☐** Fund Raising

 **☐** Conflict of Interest Policies **☐** Insurance Coverage **☐** Financial System **☐** Procurement System

**b. Experience:**

Has your agency ever implemented this type of activity before?

Click here to enter text.

Describe your organization's experience with CDBG or other Federal grant programs: Click here to enter text.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click here to enter text.

 Signature, Chief Official Title

Click here to enter text. Click here to enter text.

Name (Typed or Printed) Date

 APPENDIX A

CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF

2 CFR Part 200.302, “FINANCIAL MANAGEMENT”

I have reviewed the Title 2 CFR Part 200.302 of Title 2 PART 200 Uniform Administrative Requirements for Grants and

Agreements and I hereby certify that Click here to enter text.
name of organization

meets the standards set forth in this section of the Code of Federal Regulations.

Click here to enter text.

Name of Accounting Firm

 Click here to enter text.

Signature Date

Certified Public Accountant

Click here to enter text.

Print Name

[Code of Federal Regulations]

[Title 2, Volume 1]

[Revised as of December 26, 2013]

From the U.S. Government Printing Office via GPO Access

[CITE: 2 CFR Part 200]

Title 2 Grants and Agreements Part / Section

Subtitle A Office of Management and Budget Guidance for Grants and Agreements 1 – 299

Chapter II Office of Management and Budget Guidance 200 – 299

Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards 200.0 – 200.521

Subpart A Acronyms and Definitions 200.0 – 200.1

Acronyms 200.0 – 200.1

§ 200.0 Acronyms.

§ 200.1 Definitions.

Subpart B General Provisions 200.100 – 200.113

Subpart C Pre-Federal Award Requirements and

Contents of Federal Awards 200.200 – 200.216

Subpart D Post Federal Award Requirements 200.300 – 200.346

 Subpart E Cost Principles 200.400 – 200.476

Subpart F Audit Requirements 200.500 – 200.521

Appendix I to Part 200

Full Text of Notice of Funding Opportunity

Appendix II to Part 200

Contract Provisions for Non-Federal Entity Contracts Under Federal Awards

Appendix III to Part 200

Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs)

Appendix IV to Part 200

Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations

Appendix V to Part 200

State/Local Government wide Central Service Cost Allocation Plans

Appendix VI to Part 200

Public Assistance Cost Allocation Plans

Appendix VII to Part 200

States and Local Government and Indian Tribe Indirect Cost Proposals

Appendix VIII to Part 200

Nonprofit Organizations Exempted From Subpart E of Part 200

Appendix IX to Part 200

Hospital Cost Principles

Appendix X to Part 200

Data Collection Form (Form SF-SAC)

Appendix XI to Part 200

Compliance Supplement

Appendix XII to Part 200

Award Term and Condition for Recipient Integrity and Performance Matters