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| **Program Overview**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**Program Overview**

Please provide the following information.

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| |  |  |  | | --- | --- | --- | |  | WEST VALLEY CITY 2023-2024 CDBG APPLICATION - PUBLIC SERVICES PROGRAM OVERVIEW | **West Valley City Community Preservation Department** [peggy.daniel@wvc-ut.gov](file:///C:\Users\Peggy.daniel\Downloads\peggy.daniel@wvc-ut.gov) |     **Program Description** Community Development Block Grant (CDBG) funds are provided by the U.S. Department of Housing and Urban Development (HUD) to improve local communities by providing decent housing, upgraded infrastructure, public facilities and services, and enhanced economic opportunities. Federal law requires that these housing and community development grant funds primarily benefit low- and moderate-income residents.   Activities include but are not limited to services for victims of domestic violence, seniors, persons with disabilities, children and youth, and crime awareness. There is no limit to the number of applications that an agency may submit, but each project should be submitted as its own application  **Eligible Applicants**   * Nonprofit agencies (must be a 501(c)(3)) * Public agencies * WVC departments * Faith-Based Organizations   **Eligible Activities** A variety of public services are eligible under this notice. Public services refer to activities that provide social services and/or other direct assistance to individuals or households. (Direct cash payments to individual clients are not an eligible activity.)   * **Services for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking** * **Youth Services** — Services for young people ages 13 to 19, such as recreational services limited to teenagers or counseling programs. * **Child Care Services** — Services that will benefit children under age 13, including parenting skills classes. * **Senior Services** — Services for the elderly. * **Services for Persons with Disabilities** — Services for persons with disabilities, regardless of age. * **Services for Abused and Neglected Children** * **Mental Health Services (Limited)** * **Health Services (Limited)** * **Crime Awareness/Prevention**   Applicants must be in and maintain compliance with all federal, state, and local laws and regulations. All applications must also comply with the regulations of the Community Development Block Grant (CDBG) program found in 24 CFR Part 570 and 2 CFR Part 200.   **\*\*\*Note, most steps in this application include required documents at the end of each step. At the conclusion of the application, there is also a different, separate list of required documents named Federal Forms. The required documents for each step of the application AND the Federal Forms at the end of the application must be completed for application submission. Only complete applications will be reviewed.** Thank you for your interest in the 2023-2024 Notice of Funding Availability for Public Services!  Sincerely, West Valley City Grants Division |

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| **A. Organization Information**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**A. Organization Information**

Please provide the following information.

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| **A.1. Application Title/Project Name**  **A.2. Amount Requested**  **A.3. Name of Organization**  **A.4. Mailing Address**  **A.5. Legal Principal Address**  **A.6. Website**  **A.7. Federal ID Number**  **A.8. Unique Entity Identifier  If your organization does not yet have an UEI number (or if it is unknown)** [**CLICK HERE**](%20https://sam.gov/content/home%20) **or call 1-866-705-5711 to register or search for an UEI number. The UEI number replaced the DUNS number in April 2022.**  **A.9. SAM Expiration Date (**[**CLICK HERE**](https://sam.gov/content/home%20%20) **for more information)**  **Award recipient must show Active Status and not be debarred from receiving federal awards on SAM.gov.** þ **SAM.gov Active Status Printout/Screenshot \*Required** SAM.GOV WVC ACTIVE REGISTRATION VERIFICATION.docx  **A.10. Type of Agency**  **A.11. Does this project or service prevent, prepare for, or respond to the spread of COVID-19?** | **Application Point of Contact**  **A.12. First Name**  **A.13. Last Name**  **A.14. Title**  **A.15. Email**  **A.16. Phone Number**  **Executive Director**  **A.17. First Name**  **A.18. Last Name**  **A.19 Phone Number**  **A.20. Email**  **Program Management Point of Contact**  **A.21. First Name**  **A.22. Last Name**  **A.23. Title**  **A.24. Email**  **A.25. Phone Number**  **Financial Point of Contact**  **A.26. First Name**  **A.27. Last Name**  **A.28. Title**  **A.29. Email**  **A.30. Phone Number** |

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| **B. Eligibility and Compliance Requirements**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**B. Eligibility and Compliance Requirements**

Please provide the following information.

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| B.1. **Does your agency meet the basic eligibility qualifications?**  **Check each box that is applicable to your agency and proposal.**  þ **Agency or its management is NOT currently prohibited from receiving government funding because of debarment.**  þ **Agency is currently registered with the Utah State Department of Commerce**  þ **Agency does NOT have a current or pending tax lien.**  o **If a non-profit agency, agency has evidence of 501(c)(3) status from the IRS (Verification will need to be uploaded in the documents)**  þ **Agency is requesting at least $15,000 in grant funding.**  B.2. **If awarded funding, can your agency comply with the following requirements?**  **Check each box that is applicable to your agency and proposal.**  þ **Agency provides activities that serve clients at or below 80% AMI, who live in West Valley City area.**  þ **Demonstrate that clients served with grants funds reside within West Valley City eligible areas or if the project is located outside of West Valley City that the amount of funding requested does not exceed the percentage of eligible clients served.**  þ **Maintain an accounting and recording-keeping system that enables verification of costs and services.**  þ **Meet all applicable federal, state, and local licensing requirements. Agency employees must have all required licenses and certifications required by Utah State law for services provided.**  þ **Develop and maintain policies and procedures to address potential conflicts of interests among administrators, employees, volunteers, and board members.**  þ **Register and participate in the Employee Status Verification System (E-Verify) to verify the citizenship or immigration status of new employees.**  þ **Maintain Workers Compensation Insurance coverage as required by Utah State law and maintain motor vehicle insurance appropriate for the services being delivered and as required by Utah State law.**  þ **Compliance is required for any other liability insurance requirements that may be contained in the contract (i.e., Professional Liability Insurance for professional staff - doctors, attorneys, clinical social workers, etc.).**  þ **Has a federal UEI number and is registered and current with SAM.gov.**  þ **Agency agrees to comply with West Valley City’s Acknowledgment Provision. (Requires contractors and partners to use their best efforts to acknowledge West Valley City in writing and orally when utilizing Grant Funds).**  þ **Maintain policies that meet the requirements of 2 CFR 200 regarding the Administrative Requirements, Cost Principles, and Audit Requirements for federal awards.**  þ **Grant recipients are required to have a written procurement policy which should include the requirements of the common rule found in 2 CFR 200.**  þ **Grant recipients are required to have a Language Assistance Plan and a Communication Policy.**  þ **Maintain and follow policies and procedures to address potential conflicts of interest among administrators, employees, volunteers, and board members.**  þ **Maintain and follow a written nondiscrimination policy that prohibits discrimination to ensure equal access for all regardless of race, color, national origin, gender, religion, familial status, and disability.**  þ **Collect and report required information on clients and outcomes (this will vary according to activity type), agree to enter the necessary reports into Neighborly, and meet the reporting requirements timelines.**  þ **Agency can complete all applicable work and spend award funds within one fiscal year (12 months – i.e., completed project by June 30, 2024).**  þ **The governing body of my agency has reviewed and approved this application and is aware that the organization will be bound by all representation made herein if awarded funding.**  þ **Agency is able to measure and track the goals/performance measurements which are associated with each performance indicator.** |

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| **C. Organizational Capacity**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**C. Organizational Capacity**

Please provide the following information.

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| **Agency Background**  **C.1. Please provide your mission statement, purpose, years in operation, staff qualifications, and type of services provided. This narrative should describe who you are, why you do the work that you do, and how you go about it.** The West Valley City Neighborhood Services Office strives to preserve, improve, and revitalize neighborhoods by helping residents from our diverse communities access city services with an emphasis placed on partnerships between residents, business owners, elected officials, and city employees.   **C.2. Please provide details about your agency’s experience with managing government grant funds, including awards by West Valley City.**  **Please list the programs/projects that have been awarded grant funds - include the grantors, the type of funds, and amounts.**   |  |  |  |  | | --- | --- | --- | --- | | **Program/Project** | **Grantors** | **Grant Type** | **Grant Amount** | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **C.3. Identify any relevant agency staff by position, name, and experience level related to grant management. Please provide brief bios for your key program staff and management team. (Please attach comprehensive bios or resumes).  Your response should give insight into the strengths of your agency to be effective and efficient stewards of public funds. Include training and certification that have been taken related to grant management, specifically include HUD grant trainings and experience. If your agency has had turnover of key staff in the prior year, use this opportunity to explain the impact on the program.**  **C.4. Share any insight into challenges and/or successes that your agency is facing regarding staffing your programs.   This is your opportunity to communicate your needs and strengths as an agency regarding staffing.**  **C.5. Key Organizational Changes  Please explain any key organizational changes that have happened in your organization over the past two years. These may include changes in the Board of Directors, Executive Director, Financial Director, Program Director (including key non-paid staff), major policies and procedures changes, etc.**  **C.6. Provide a brief description of the general administrative as well as budgetary performance of your organization, including any problems the agency/locality has encountered over the past three years. Please make note of audit results, including any programmatic or financial concerns or findings.**  **C.7. Please indicate which (if any) of the following applied to your agency during the last three years.  Please read carefully and check ALL that apply.**  o **The agency has received a negative finding regarding a fair housing complaint or other similar action.**  o **The agency has been fined or otherwise penalized by a taxing agency.**  o **The agency or its management has any history of complaints resulting in legal or other formal action.**  þ **None of the above apply to our agency.**  **If you answered yes to any of the above, explain**  **C.8. Please indicate which (if any) of the following apply to your agency.  Please read carefully and check all that apply.**  þ **Our agency shows the ability to expend grant funds and matching funds for eligible activities within 12 months.**  þ **Our agency has a chart of accounts to differentiate between revenues/resources and expenses.**  þ **Our agency has written policies and procedures on how agency funds are to be handled.**  þ **Our agency has had a formal independent audit of our accounting books.**  þ **Our agency can track matching funds to ensure that the matching funds have not been applied as match to other grants.**  o **None of the above apply to our agency.**  **C.9. How does your agency keep track of its revenues and expenses?  Check all that apply.**  o **Handwritten Ledger**  þ **Excel Spreadsheet**  o **Quicken Accounting Program**  o **QuickBooks Accounting Program**  **Other**  **C.10. Did the organization receive more than $750,000 in federal awards during its most recent fiscal year?**  **Please attach a copy of your most recent single audit** þ **Most Recent Year-end Audit \*Required**  **C.11. Insurance Coverage  Please read carefully and check all that apply.**  þ **Our agency has paid employees and DOES have Worker’s Compensation Insurance.**  þ **Our agency DOES have a current general liability insurance policy.**  þ **Our agency employs professional staff such as attorneys, doctors, or clinical social workers, and DOES have professional liability insurance.**  **If any of above statements do NOT apply, please briefly explain:**  **C.12. How often does your Board of Directors meet?**  **C.13. When was your last board meeting held?**  **C.14. Please indicate which (if any) of the following apply to your agency.  Please read carefully and check all that apply.**  þ **Our board has a written set of by-laws governing its operation.**  þ **Our board keeps written minutes of the meetings.**  **If any of above statements do NOT apply, please briefly explain:** |

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| **D. Program Capacity & Impact**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**D. Program Capacity & Impact**

Please provide the following information.

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| **D.1. Executive Summary: Project Description  This executive summary should include the activities which will be funded with the requested award, and the accomplishments which are anticipated for the target population.**   The Neighborhood Services Division continues to work with community partners and residents to best understand the needs of the community and the barriers associated with connecting them with one another. Delivery mechanisms and activities are designed to help the City and partner organizations share information with the residents of West Valley City.  þ **Photo or Map of Project**  **If you have a video, please provide a link to it here**  D.2. **Funding**  **Amount of funding requested from West Valley City**  **Total cost of project**  **D.3. Experience in Provision of Services to LMI Residents: Describe your organization's experience in providing services to low and moderate-income residents or presumed low and moderate-income CDBG beneficiaries. Please explain how this experience is applicable and beneficial to the proposed project.**  **D.4. Collaboration with Other Service Agencies: Describe how your organization collaborates with other service agencies, including organizations that provide similar services and resources for the benefit of LMI individuals. Please provide specific examples of collaboration.**  **D.5. Partnerships with Other Agencies: Does your organization intend to partner with other organizations (or agencies) to achieve mutual goals in relation to the outcomes of this project? Please focus on the role of each partner and the depths of shared data and resources.**  **D.6. How does your organization leverage agency resources by coordinating services with other community organizations?**  **D.7. Impact of Requested Funding: Choose ONE of the following statements which best represents the impact of the requested funding, based on the comparison of PY22 (July 2022-June 2023) to PY23 (July 2023-June 2024).**  D.9. **Program Capacity:** Please estimate the number of people that each of the following statements applies to. The table total that will be calculated when you refresh or print the page should equal the estimated total of individuals that will request services in PY23.  **How many individuals will request program services and be served by the program in PY23?**  **How many individuals will request program services and NOT be served by the program in PY23?**  D.10. **Program Capacity:**   Unmet Need: What are the reasons that prevent individuals who request services from receiving them? Check all that apply to your program.  o **Ineligible due to funding criteria**  o **Ineligible due to program criteria**  þ **Not enough resources**  o **Our agency does not track those who are not served.**  o **Other**  **If you selected other, please explain**  **D.11. Project Need: Describe the critical need(s) that will be addressed, including how other resources are not available to meet the need(s) and what are the consequences if the project is not funded.**  **D.12. Project Impact: Please explain the expected impact of the proposed project. How will the proposed project result in an impactful new or expansion of service? Explain the metrics used to determine your choice.**  D.13. **Location of Service**: Please indicate if this project is located at a single address. If the project is carried out at multiple addresses, please describe the geographical area, or list all addresses.  **Additional geographic areas or addresses**  **D.14. Adaptability & Sustainability: Describe the factors that have been considered in ensuring the long-term sustainability of the program, including both financial considerations and non-financial factors. You may use this opportunity to speak to how your agency is adapting to continue to meet funding challenges as well as other challenges** |

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| **E. Goals and Outcomes**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**E. Goals and Outcomes**

Please provide the following information.

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| E.1. **HUD National Objective:** Please identify the type of public benefit this project provides.   **Low to-Moderate Income Area Benefit (LMA):** Under the area benefit criteria, the public facility/improvement must benefit all residents of an area where at least 51 percent of the residents are Low to-Moderate Income (LMI). The service area must be primarily residential in nature. *Note: LMA projects must provide a service area map and show it serves a geographic area comprised of at least 51% LMI individuals. You can contact the Grants Division for help with the map.*   **Low to Moderate Income Clientele Benefit (LMC):** The facility benefits a specific targeted group of persons/clientele, of which at least 51 percent must be Low to-Moderate Income (LMI). This can be achieved by meeting one of the following criteria: - Serving at least 51 percent LMI, as evidenced by documentation and data concerning beneficiary family size and income; -- Serving a group primarily presumed to be LMI such as abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers. Note: LMC projects are not required to define a geographic service area.    **E.2 Eligible Activity: Check the activity category that you are requesting West Valley City funds to pay for.  Refer to Appendix A for detailed descriptions and definitions of eligible activities by matrix code**  **E.3 Services to High-Need Populations: Describe how the project will provide services to high need populations and result in a positive impact being made in the lives of LMI individuals. Please provide supporting documentation (if applicable) used for this determination, including a success story, testimonial, annual report, and/or marketing/promotional materials. Collateral material is optional.**  **E.4 Goals: HUD requires recipients of federal funds to assess the productivity and impact of their activities. Please select one of the following goals that best suits your proposed activity.  Goals closely mirror the statutory objectives of the program. The goals are framed broadly to capture the range of community impacts that occur because of program activities.**   * **Creating a Suitable Living Environment - activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective relates to activities that are intended to address a wide range of issues faced by LMI persons, from physical problems with their environment, such as poor-quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.** * **Providing Decent Housing - covers the wide range of housing activities that could be undertaken with CDBG funds. This objective focuses on housing activities where the purpose is to meet individual family or community housing needs. It does not include programs where housing is an element of a larger effort to make community-wide improvements, since such programs would be more appropriately reported under Suitable Living Environments.** * **Creating Economic Opportunities - applies to activities related to economic development, commercial revitalization, or job creation.**     **E.5 Outcomes: HUD requires recipients of federal funds to assess the productivity and impact of their activities. Please select one of the following outcomes that best suits your proposed activities.  Outcomes help to further refine the activity’s objective and are designed to capture the nature of the change or expected results of the objective that an activity seeks to achieve. Outcomes correspond to the question “What is the type of change the activity is seeking? Or what is the expected result of the activity?”**   * **Availability/Accessibility - applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to LMI people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the basics of daily living available and accessible to LMI people where they live.** * **Affordability - applies to activities that provide affordability in a variety of ways to LMI people. It can include the creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or day care. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.** * **Sustainability - applies to activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to persons of LMI or by removing or eliminating slums of blighted areas, through multiple activities or services that sustain communities or neighborhoods.**   Availability/Accessibility  E.6 **Performance Indicators/Accomplishments:** HUD requires recipients of federal funds to assess the productivity and impact of their activities. Please select no more than four of the following outcomes that best suits your proposed activities.  Enter the # of individuals or households that will achieve the stated HUD goals, objectives, and outcomes in the previous questions in the space provided. Choose up to four indicators. Enter the number of individuals that will achieve the associated outcome.  **Increased Benefits: Number of individuals that obtain one or more new mainstream benefits as a result of services provided by agency.**  **Stabilized in Permanent Housing: Number of homeless individuals who exit homelessness into permanent housing**  **Increased Benefits: Number of homeless individuals that had lack of benefits identified as a barrier to housing in a documented plan, who successfully obtain one or more new mainstream benefits as a result of services provided by agency.**  **Shelter from Exposure to Elements or Dangerous Situation: Number of homeless individuals who receive shelter, who subsequently transition to transitional or permanent housing.**  **Access to Services: Number of individuals that are documented to have connected with critical services due to assistance provided by agency.**  **Basic Needs Met: Number of individuals that are provided with the fundamental requirements of the community for a decent standard of life, including shelter, food, and clothing.**  **Removal from Crisis Situation: Number of individuals who received services from the agency that have been recognized as effective removal from a crisis situation.**  **Shelter from Exposure to Elements or Dangerous Situation: Number of individuals who receive shelter services.**  **Reduction of long-term or recurring citizen complaints: Number of long term or recurring complaints addressed or resolved because of the involvement of the community policing officer.**  **Increase support to organized community groups: number of activities supported that directly impact crime prevention and improve awareness.**  **Other Program Activities or Metrics: Describe other program metrics which the agency utilizes to evaluate the effectiveness of program activities. Include current performance data if available.**  **Please provide any supporting documentation (if applicable)** þ **Success stories, testimonials, annual reports, and/or marketing/promotional materials. Collateral material is optional** |

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| **F. Project Beneficiaries**  *Completed by craig.thomas@wvc-ut.gov on 3/6/2023 12:26 PM* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**F. Project Beneficiaries**

Please provide the following information.

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| **F.1. What population/area would your proposed project serve?**  **If you selected Other or Area Benefit, please elaborate**  **F.2. Project Beneficiaries: Describe the characteristics of the population(s) to be served. Explain how the project will provide better access and/or opportunities to its beneficiaries.**  **F.3. Underserved Populations & Outreach: Describe the processes in place to evaluate the participation rate of demographic segments. Include any information on whether an affirmative marketing and outreach strategy has been developed and implemented for specific demographic populations to respond to any inequities on share of the low- to moderate-income populations in the service area.  Include minority racial and ethnic groups, persons with disabilities, female-headed households, and extremely low-, very low- and low-income populations.**  **F.4. Provide a description of your agency’s system and procedure to collect and report data on the race, ethnicity, gender, and disability characteristics of applicants, participants, or beneficiaries.**  **F.5. From the list below, which of the written policies and procedures has your agency adopted? See 25 CFR Part 1, 24 CFR Part 3, 24 CFR Part 6, 24 CFR Part 8, and 24 CFR Part 146 to ensure compliance with Title VI and other civil rights requirements. Please upload copies of policies and procedures documents in the Required Documents section.**  **Does your agency have written policies and procedures in place to ensure that no person otherwise eligible for service shall solely by reason of their disability be excluded from participation or be denied benefits offered by your program?**  **Does your agency have written policies and procedures in place to ensure meaningful access to program and activities for persons with limited English proficiency (LEP)?**  **Does your agency have a formal process for a client to file a grievance?**  **Does your agency have a formal process for the termination of assistance to a client?** |

**Documentation**

þ **Client Intake Form**

þ **Conflict of Interest Policy**

þ **Fair Housing and Equal Access Policies**

þ **Grievance and Termination Policy**

þ **Non-Discrimination Policy**

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| **G. Budget**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**G. Budget**

Please provide the following information.

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| **All funds included in this budget must directly support this project and exclude line items such as the general operating budget for the organization. List all anticipated sources of funding and revenue for this project. Specify whether the funds have already been secured.   If awarded, only eligible expenses will be reimbursed to the subrecipient organization. Subrecipients will be monitored during the project to document the expenditure of budgeted funds as stated in this application.**  **G.1. Program Funding Sources/Revenues: List all Funding Sources for the complete cost of the proposed project, both committed and pending.**   |  |  |  |  | | --- | --- | --- | --- | | **Funding Sources** | **Amount Requested** | **Secured** | **Unsecured** | |  |  |  |  | |  |  |  |  | | Total Amount |  |  |  |   **G.2. Program Funding Uses/Expenses: Itemize how funds will be used for this project. Specify if funds are part of your WVC CDBG request, other committed funds, or other non-committed funds.   Please be specific. Provide a separate line item for each salary and/or program activity cost requested through the West Valley City CDBG program application.**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Expense Item Description** | **WVC CDBG Amount** | **Secured Funding Amount** | **Unsecured Funding Amount** | **Total Expense Amount** | |  |  |  |  |  | | Total Amount |  |  |  |  |   **G.3. Previously Funded Projects & Programs: List all previous federal, state, and local funds the agency has received in the last three years.**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Project Name** | **Contract Number** | **Amount of Award** | **Completed on Time** | **Completed within Budget** | **Service Still Offered?** |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **G.4. Indirect Costs: If you have included allocated indirect costs in your budget, please clarify if you have an existing negotiated indirect rate that has already been approved by a cognizant federal agency, or if you plan on opting to use the 10% de minimis rate as allowable in 2 CFR 200. You can find more information at** [**https://www.hud.gov/sites/documents/16-04CPDN.PDF**](%20%20https://benevate.blob.core.windows.net/westvalleyut-public/16-04CPDN.pdf%20)  G.5. **Budget Calculations:** Enter the result of the calculation described next to the questions below.  **Enter the calculated cost-per-service (Divide total project budget by # of accomplishments for the HUD goal in question D9).**  **Enter the ratio of funds leveraged with West Valley City grant funds (Divide total sources of funds by amount requested from West Valley City).**  **Budget Narrative**  **G.6. Please give further detail on the sources of both your committed and non-committed revenues, as well as any information about revenues that are pending but not yet confirmed (such as other grant applications that have been submitted but that notifications of awards are not available yet).**  **G.7. Explain how your program expenses are broken out or differentiated from your agency expenses. This should define the scope of your program from a budgetary perspective, and help reviewers understand any major discrepancies in cost-per-beneficiary analysis across similar programs.**  **G.8. Provide any additional details that may be important for the reviewers to understand the sources of leveraging (or lack thereof) in the program/project.** |

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| **Required Documents**  *Completed by* | |  |  | | --- | --- | | **Case Id:** |  | | **Name:** |  | | **Address:** |  | |

**Required Documents**

Please provide the following information.

**Documentation**

þ **Current Board Roster \*Required**

þ **Resumes or Comprehensive Bios for Key Project Staff \*Required**  
þ **Detailed Budget (Excel Spreadsheet) \*Required**

þ **Program or Agency Brochure**

þ **Most Recent Year-end Audit \*Required**

þ **Most Recent Year-end 990 \*Required**

þ **Most Recent Year-end Balance Sheet \*Required**

þ **Most Recent Year-end Profit/Loss Statement \*Required**