



City of Manhattan
Community Development Block Grant
Public Services
PY 2020 CV CARES Act Application

I. ORGANIZATION INFORMATION (REQUIRED OF ALL APPLICANTS):

Organization name:

Organization's Chief Operating Officer or Director:

Mailing address:

Website:

Organization's DUNS #: _____ SAM.gov registration expiration date: _____

Point of Contact name (if different from above):

Contact Title:

Contact Email (**required**):

Contact Phone:

Mission of organization:

HUD Required Attachments:

- List of officers and board members and their principal occupations;
- Most recent annual **financial** report;
- Evidence of registration as a 501(c)(3);
- Evidence of certification of good standing with the Kansas Secretary of State;
- Copy of corporate resolution or by-laws authorizing the appropriate authority to contract with the City of Manhattan, **and**;
- Copy of Agency "Conflict of Interest" Policy

II. ADMINISTRATION

Date of your most recent annual budget was adopted: _____

Entity or Organization total adopted budget amount: _____

Total number of entity or organization employees: _____

Total number of employees furloughed/laid off as a result of COVID-19 budget impacts: _____

Total number of employees substantially dedicated to COVID-19 response efforts: _____

Has your entity or organization experienced closures due to the COVID-19 public health crisis? _____

Please list the dates you experienced closures: Starting Date _____ Ending Date _____

Has your entity or organization reduced hours of operation as a result of COVID-19? _____

Describe the reduced hours of operation as a result of COVID-19:

III. PROPOSED PROJECT DESCRIPTION & BUDGETS

A. Briefly describe your funding request, and how it helps to plan for, prevent or respond to COVID-19 for Low to Moderate Income (LMI) persons in Manhattan. (Limit to 580 characters and spaces):

B. From the list of eligible Public Services activities, please list the activity that best describes the project you propose for funding: _____

C. CDBG-CV Request: \$ _____ Will this fund a new service, or an existing service? _____

D. In the table below, list the Project's:

Original Funding Source(s)	Fund Amount	Is it still available	Explain the impact of COVID-19 on this fund & state if CDBG-CV <u>Support</u> or <u>Replace</u> it?
	\$		
	\$		
	\$		
	\$		

E. Survey of Costs Incurred:

This Section is intended to capture specific costs - both already incurred and projected - eligible for reimbursement under the CARES Act that are directly related to Preparation, Prevention or Response to COVID-19.

In the table below, list any “necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019” that were or will be incurred between January 21, 2020 and June 23, 2023. The most common eligible cost categories are defined below. **It is not an all-inclusive list**, all other expenses related to COVID-19 impacts should be reported in Part F below.

	Cost Incurred between Jan 21, and June 30, 2020	Projected Cost between July 1, and June 23, 2023
Technology Hardware & Software necessary to transition to work from home, or digital service models		
Cost of facility retrofits necessary to comply with local health requirements		
Non-congregate sheltering costs for front-line staff interacting with COVID-19 patients		
Disinfection of public and local congregation areas		
COVID-19 preparation and response emergency planning		
PPE or related protective equipment not covered by FEMA Public Assistance		
Costs for acquisition and installation of protective equipment		

F. Proposed Project Budget

List exact expense items and their specific amounts, for which funding is sought, (note: not all expenses are eligible). Please use the budget form below for the project showing funding sources and budgeted expenditures.

Expenditure Category	CDBG-CV Amount	Other Funding Source(s) Name	Other Funding Amount	Total of all Funds
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
* Fund Totals:	\$		\$	\$
Total Estimated Unduplicated Clients		CDBG-CV Funds Per Client		\$

Include all leverage partners that documents the type and \$ value of the funds or resource the partner will contribute. (Proposals must include this or will be incomplete).

** This total should match the Request in Part C above.*

G. Duplication of Benefits Assessment

Please complete the boxes below for any **OTHER sources of COVID-19 response funding** on the table below, or enter “no” and “0” as applicable:

	Has Financial Assistance been pursued	Has Assistance been <u>Received</u> or <u>Denied</u>	Total Funding Requested	Total funds obligated or received to date
FEMA Public Assistance:			\$	\$
Small Business Admin. (SBA) PPP or EIDL			\$	\$
U.S. Dept. of Health & Human Services (HHS):			\$	\$
Centers for Disease Control (CDC)			\$	\$
HHS - Provider Relief Fund			\$	\$
HHS - Social Services Block Grant Program			\$	\$
HUD Community Development Block Grant			\$	\$
Have you received any funding from any other source not included above, including but not limited to:				
All Other federal assistance grants or programs			\$	\$
State assistance programs			\$	\$
Local Government assistance Programs			\$	\$
Private donors,			\$	\$
Loans (of any kind)			\$	\$
All other (foundations, other non-profits, insurance, etc.)			\$	\$

IV. BENEFICIARY Assessment

Please answer the following questions, and provide supporting documentation in the order presented.

A. Estimate the number of unduplicated LMI persons/households in Manhattan, served by the activity:

Persons _____ Households _____

1. **“Shelter” means any shelter (including friends of the client) on the behest of the agency.** Of the expected number to be served, how many might be homeless persons given overnight shelter? _____;
2. **“Beds Created” means either “to fill an empty bed” or “to create a bed space where there wasn’t one before”.** Will the activity include potentially creating “Beds in Overnight Shelter” or other Emergency Housing, including arranging for hotel rooms, or with friends and relatives? _____;

3. **An agency referring a client to emergency shelter at another agency would qualify as “assisted with Homeless Prevention”. If you provided resources (practical - such as providing funds to change the locks, financial, legal, etc.) to help the client remain in their home, this qualifies as “Homeless Prevention”. Estimate the Total Number of Persons assisted by the proposed activity that may also receive Homeless Prevention Services as part of the assistance? _____;**

i. Financial assistance can be specifically from your agency’s funds; or from funds which you secure on behalf of the client from any other source. It is not limited to CDBG-CV funded assistance. Will this activity provide Emergency Financial Assistance from any source in order to prevent homelessness? _____;

If so, please list the possible sources and estimated funding, including CDBG-CV.

ii. “Receiving emergency legal assistance” can be from your own legal staff, or if your client receives legal services from another agency that you refer them to. Is it likely that your agency will provide any of the estimated clients served with Emergency Legal Assistance to Prevent Homelessness? _____;

B. What specific services or activities objective(s) are to be achieved or preserved with CARES Act funds?

C. Describe Quantitative performance measures your agency will use to determine successful achievement of objectives:

D. Please describe the methods the organization will use to qualify all clients served with CDBG-CV funds as LMI residents of the City of Manhattan, and that clients served are not duplicated.

E. Please describe any other resources currently available to leverage CDBG-CV program funds, if applicable? (Include in-kind services, staff time, cash match, etc.)

F. Describe the necessity or urgency for CDBG-CV funding to provide, or continue to provide, the services or activities identified above:

G. Describe the organization's experience and capacity in grant administration including processes used to maintain compliance with grant requirements (*do not include a list of grants here*):

- 1. Please list all federal grants and the award amount your organization administered within the last two years.**

- 2. For the grants listed above, describe common reporting requirements that your organization was required to meet, and how you documented them.**

- 3. What are the current sources of funding that have been reduced or eliminated within the calendar year?**

H. Describe the staff and volunteers available to dedicate to the project?

V. Certification

I certify that all the information that I have provided is true and correct to the best of my knowledge. I understand that if I fail to disclose information, or if I intentionally provide untruthful or incorrect information, this application or approval for inclusion in the PY 2020 Manhattan CARES Act Amendment may be rejected.

Authorized Applicant Signature

Date

Printed Applicant Name

Title

This application must be completed before final consideration will be given to a CARES Act funding request.

One original with wet signature can either mailed or dropped off at Manhattan City Hall, and one electronic version should be emailed to the address below

Application original with wet signature and electronic version in .PDF format must be identical.

**Community Development Department, Manhattan City Hall
1101 Poyntz Avenue Manhattan, KS 66502
Attn: Christina L’Ecuyer, Grant Administrator
lecuyer@cityofmhc.com
(785) 587-2430**