



**CITY OF NORTH LAS VEGAS –
 PLANNING AND DEVELOPMENT DEPARTMENT
 NEIGHBORHOOD SERVICES DIVISION
 Telephone: 702-633-1531 Fax: 702-642-1511**

**Community Development Block Grant Program (CDBG)
 PUBLIC SERVICE APPLICATION
 FY 2006/2007 EDITION - ALL OTHERS ARE OBSOLETE
 DO NOT CHANGE THE APPLICATION FORMAT
 DO NOT STAPLE OR BIND APPLICATION OR ATTACHMENTS**

DUE: THURSDAY, NOVEMBER 17, 2005 BY 5:00PM

PROJECT SUMMARY PAGE

AGENCY NAME:		
PROGRAM/PROJECT TITLE:		
PROGRAM/PROJECT PRIORITY: (If multiple applications are submitted)	TOTAL PROJECT COSTS:	<u>AMOUNT REQUESTED:</u>
	PROPOSED NUMBER OF CLIENTS TO BE SERVED:	
EXECUTIVE DIRECTOR:	PROGRAM ADMINISTRATOR:	
AGENCY STREET ADDRESS/STATE/ZIP CODE		
TELEPHONE NO.:	FAX:	E-MAIL:
LOCATION OF PROGRAM/PROJECT:		
BRIEF DESCRIPTION OF PROGRAM/PROJECT & SPECIFIC PURPOSE FOR USE OF REQUESTED FUNDS:		
CENSUS TRACTS SERVED:	WARD:	
APPLICATION TYPE: CIRCLE ONE -	Childcare/Pre-School - Social Services - Life Skills Homeless Assistance - Youth/Alternative Education	

The City of North Las Vegas does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the Neighborhood Services Division at 702-633-1531.



SECTION I
NATIONAL OBJECTIVE REQUIREMENTS

PROJECT NAME: _____

- A. National Objective:** Benefits low or moderate (L/M) income persons.
- B. National Objective Qualifiers:** *In order to be considered as benefiting low or moderate income persons, an activity must fall into one of the categories below. Please check the applicable box.*
- Area Benefit - At least 51% of the residents within the targeted activity area are L/M income persons. The activity may also be available to all persons in the area regardless of income.

***If this box is checked please list Census Tract**

-
 - Limited Clientele (To qualify under this subcategory, a limited clientele activity must meet one of the following tests. Please check the appropriate box.)
 - Clientele must be one of the following groups: abused children; elderly persons; battered spouses; homeless persons; adults meeting Bureau of Census' definition of severely disabled persons; illiterate adults; persons living with AIDS; migrant farm workers
 - At least 51% of the clientele must be L/M income persons
 - The activity must be located in a low/moderate income census tract (see CDBG/SNEC target area on attached map) or be of such a nature that it may reasonably be concluded that the clientele will be L/M income persons
 - The public service activities must consist of rental assistance or transitional housing which will be occupied by L/M income persons. The housing must be renter occupied and can be either one family or multi-unit structures.

C. Category of Activity

In an effort to better serve the needs of the community, the City will allocate funds using the following percentages to the categories listed in the following chart. These percentages will be applied to the overall available Public Service Funds (PSF). Applicants will compete for funding within their respective category. The City has the authority to adjust the percentages based upon applications received. Please check the appropriate box. Fifteen percent of funds are set aside for City operated programs and projects.

NOTE: You must select only one category per application.

✓	CATEGORY	DESCRIPTION
PUBLIC SERVICE 15%		
	Childcare/Safekey Pre-school 20% of PSF	Programs that provide childcare assistance to low and moderate income parents to allow them to attend school, receive job training and maintain gainful employment.
	Homeless Assistance 15% of PSF	Programs that provide homeless services; emergency shelter, supporting service programs with priority consideration given to program services and project that further the goals of the Committee on Homelessness Ten Point Regional Homeless and Housing Plan adopted by the Southern Nevada Regional Planning Coalition on July 28, 2004. (See Attachment "7")
	Life Skills 15% of PSF	Educational, ESL classes; counseling; case management; employment training and placement; tutorial programs; parenting classes; homeownership education (pre and post).
	Social Services 25% of PSF	Transportation/employment/healthcare/referral programs for seniors and disabled; legal assistance; substance abuse programs; food bank programs; medical clinics.
	Youth/Alternative Education 10% of PSF	Programs that offer mentoring, social, athletic or cultural activities to youth and provide supportive group programs for youth in order to increase self-esteem and positive behavior and decrease crime, teen pregnancy and gang involvement.
X	City Operated Programs 15% of PSF	Set aside category - eligible City of North Las Vegas Programs

SECTION II - SCOPE OF SERVICES

PART I - PERFORMANCE MEASURES

Anticipated Project Outcomes: Complete the chart below to describe the most significant outcome(s) this project is expected to accomplish involving its participants for fiscal year 2006/2007. Provide how many households or individuals will realize each outcome and how each outcome will be measured. If necessary, for additional outcomes copy this chart and attach to the application.

Outcomes: *Outcomes are not the products for the agency. They are benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include number of families receiving free or subsidized childcare, number of evictions prevented, achieving a higher grade due to a tutorial program, et cetera. Include only the major project outcomes supported by the requested City funds.*

Major Tasks: *Outline the major tasks/activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable childcare, information/referral, counseling/case-management, et cetera).*

Outputs: *Quantifiable products of tasks, e.g. number of clients assisted, number of clients who received a referral and were helped, number of persons trained, number of children in program, et cetera.*

Outcome Measurement: *How will you measure outcomes? What follow-up/tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated? Please attach any evaluation tools used. (Entrance surveys, pre-post test, etc.)*

The boxes will expand as you type, please keep each Outcome on its own page. Do not change the format.

Outcome #1	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
	Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
Outcome Measurements: Describe evaluation tools, methods and benchmarks to measure achievements of this outcome.		

SECTION II - SCOPE OF SERVICES

PART I - PERFORMANCE MEASURES

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Outcomes: Outcomes are not the products for the agency. They are benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include number of families receiving free or subsidized childcare, number of evictions prevented, achieving a higher grade due to a tutorial program, et cetera. Include only the major project outcomes supported by the requested City funds.

Major Tasks: Outline the major tasks/activities to be conducted by this project (e.g. client outreach/assessment, job training, affordable childcare, information/referral, counseling/case-management, et cetera).

Outputs: Quantifiable products of tasks, e.g. number of clients assisted, number of clients who received a referral and were helped, number of persons trained, number of children in program, et cetera.

Outcome Measurement: How will you measure outcomes? What follow-up/tracking will be provided to ensure outcomes are met? How will the project's impact on participants be evaluated? Please attach any evaluation tools used. (Entrance surveys, pre-post test, etc.)

The boxes will expand as you type, please keep each Outcome on its own page. Do not change the format.

Outcome #2	<i>Describe how participants will benefit and how many are expected to realize this outcome.</i>	
	Major Tasks Necessary to Realize Outcomes	Outputs Resulting from Tasks
Outcome Measurements: Describe evaluation tools, methods and benchmarks to measure achievements of this outcome.		

SECTION II - SCOPE OF SERVICES (continued)

PART II - PROJECT NARRATIVE: Provide a brief, clear and concise description for each item listed below. Answer on the first line under the item. Do not erase the item. Do not use a font smaller than 10 point size. **No attachments will be allowed unless specifically indicated in each section. The application is designed to expand as you type. The page numbers will automatically change.**
The Questions are in **bold**, please keep the answers in the regular type font.

A. Statement of Problem/Need:

Describe the problem or need the proposed activity is intended to address.

B. Target Population:

Describe the characteristics of the population to be served (e.g. homeless, youth, seniors, disabled, et cetera) or the area to be benefited.

C. Project Description:

1. Describe the work to be performed, activities to be undertaken or the services to be provided.

2. Indicate the number of unduplicated City of North Las Vegas residents who will be clients and the number who are low/moderate income.

3. Describe the project location including street address and nearest cross streets. Indicate days and hours of operation.

4. Describe procedures for documenting program participation including ethnic and income characteristics of participants. (Client participation records) HUD has now implemented 10 race categories, and a Hispanic ethnicity category; therefore all subrecipients must track this information.

5. Describe the relationship (collaboration) of the proposed activity to other services and community facilities addressing the same or similar problem. Discuss what agencies other than the applicant who will be involved with the project. If applicable, attach letters of intent from each participating agency specifying the agency's role and contribution to the project.

SECTION II - SCOPE OF SERVICES (continued)

D. Previous Accomplishments:

For those agencies that have previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved. Include the degree to which the objectives were met. If there were difficulties in achieving the objectives, describe how that will be overcome in the future.

If the project has not previously received City of North Las Vegas CDBG funding, describe the accomplishments achieved through other funding sources. **Please be descriptive and include number of clients served for past 3 years.**

PART III - AGENCY NARRATIVE: Provide a brief, clear and concise description for each question. Do not use a font smaller than 10 point size. Unless requested, no attachments will be allowed within this section.

A. Background

1. Describe the purpose of the agency as written in the charter or mission statement.
2. Indicate the length of time the agency has been in operation including the date of incorporation.
3. Describe the type of services currently being provided by the agency including the number and characteristics of clients served.

B. Qualifications

1. Discuss the agency's ability to develop, implement and administer the proposed project.
2. Describe the agency's existing staff positions and qualifications, by name. *Example: Jane Doe, Executive Director, list qualifications such as number of year's with agency and experience working with federal grants, etc.*

C. Fiscal Management

Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audits performed. Describe financial oversight by the Board of Directors. If there is an accountant or bookkeeping service, please list. Identify and describe any audit findings, liens, investigations or probation by any supervising agency in the past five years. **Failure to provide requested information will render the application non-acceptable.**

SECTION II - SCOPE OF SERVICES (continued)

Part IV – PROGRAM FINANCIAL NARRATIVE: *Provide a brief, clear and concise description for each item described below.* Do not use a font smaller than 10 point size. Provide attachments only as instructed.

The City encourages CDBG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging is very important in the application process.

1. **Leveraging** - Leveraging may include cash match, donated or in-kind physical match (such as free space, equipment, et cetera) or in-kind match provided by volunteers. Discuss the agency's leveraged funds.

2. **Fund Raising** - Describe fund raising activities for this program. How many fund raising activities will be held during the year?

3. **Fee Structure** - It is acceptable to charge a reasonable fee for services. Sliding scale fees are encouraged. Submit a statement indicating whether or not fees are to be charged for any services delivered in conjunction with the program or project for which Federal funds are being requested. If fees are charged, attach a copy of the fee structure and certification that fees do not exceed the cost of delivery of service. **Failure to submit the fee schedule for a fee-based organization will render your application non-acceptable.**

4. **Recaptured Funds** - Have you ever had any funds recaptured (returned) or removed from your agency including CDBG, HOME, HOPWA, State, Federal or other funds? If yes, explain. **Failure to accurately answer this question will render the application non-acceptable.**

5. **Extensions** - Have you ever requested an extension to utilize funds? If yes, explain.

Section III – BUDGET

PART I - PROGRAM BUDGET FORM FY 2006/2007

**This form may be reproduced. Additional copies are to be placed directly behind this page.
PLEASE ROUND TO THE NEAREST HUNDRED.**

Organization _____ Program Title _____

Column B must equal columns C-F

Resources other than CNLV

Expense Category (A)	Total Program Budget (B)	CNLV CDBG Portion (C)	Resources other than CNLV						
			(D) Agency's funds	R/A	(E)	R/A	(F)	R/A	
PERSONNEL SERVICES									
Salaries									
Fringe Benefits (total)									
SUPPLIES									
Office Supplies									
Postage									
Other (Specify)*									
OPERATING									
Bookkeeping									
Consultants									
Printing									
Fidelity Bond									
Liability Insurance**									
Legal									
Travel									
Staff Training									
Other (Specify)*									
Other (Specify)*									
DIRECT PROGRAM SERVICE DELIVERY COSTS									
Program Supplies									
Client equipment/materials									
EQUIPMENT PURCHASE									
Computers/Software									
Office Equipment									
TOTALS									

The R/A column has been added to determine if funds have been received (R) or if application (A) has been made for each source, list appropriately.

*Specify on Budget Detail Form -- Section III Part III

** Liability insurance is required of all subrecipients and may be paid from grant funds.

NOTE: USE ONE COLUMN FOR EACH NON-CITY OF NORTH LAS VEGAS FUNDING SOURCE TO INDICATE RESOURCE TO EXPENSE CATEGORY –

Section III – BUDGET (CONTINUED)

Part II - Budget Detail Form

This section provides details for each line item shown in Section III – Part I Program Budget Form. Please make certain this detailed breakdown is consistent with the Program Budget. Round up to the nearest hundred.

Staff/Salary Breakdown: Please show all staff positions regardless of funding source that relate to the proposed activity. If multiple staff members have the same position/title, list separately (For example: Counselor 1/Counselor 2). In column two, current indicates existing positions in your budget and proposed indicates new additional positions to your agency.

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% time Spent on CDBG Project/Program	=	Total Position Cost Requested from CDBG
Example: Case manager	Current	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
TOTAL CDBG SALARY REQUEST								=

If necessary, please use more than one line for each position explanation.

Office Supplies Not for Program Supplies
(Maximum of \$250/person/year is acceptable for grant portion)

Types of Supplies	# of Months	x	# People	x	Ave \$ cost	=	Total Program Cost	Requested This Proposal
		x		x		=		
		x		x		=		
		x		x		=		
		x		x		=		
TOTALS							\$	\$

Direct Client Costs (Participants education materials, books, etc.)

Type	Total Annual Cost	Requested This Proposal
TOTALS		\$

Section III – BUDGET (CONTINUED)

Bookkeeping/Audit/Legal/Payroll Service

List name on the same line as service	Total Annual Cost	Requested This Proposal
Audit/CPA		
Bookkeeping		
Legal		
Payroll Services		
TOTALS	\$	\$

Consultants/Trainers/Instructors below (Do not list agency staff in this area)

Describe type of each	Total Annual Cost	Requested This Proposal
TOTALS	\$	\$

Utilities including Telephone (Office)

List Name & Type	# Months	X	Ave \$ cost	=	Total Project Cost	Requested This Proposal
Utility						
Utility						
Base Rate/Month				=		
Long Distance/Month				=		
TOTALS					\$	\$

Insurance/Bonding

Type	Total Annual Cost	Requested This Proposal
Liability Bond		
Fidelity Bond		
Other (Specify)		
TOTALS	\$	\$

Other Operating Costs

Type	Total Annual Cost	Requested This Proposal

Section III – BUDGET (CONTINUED)

Section III Part 4 - Priorities

Due to the fact that funding requests typically exceed funding availability, please prioritize your line item budget request. It is often not possible to fully fund some projects. Providing this information will enable the Citizens Advisory Committee to make a knowledgeable funding decision. **It is very important that you prioritize your line items.**

	Line Item Category	Amount
Priority #1		
Priority #2		
Priority #3		
Priority #4		
Priority #5		
Priority #6		
Priority #7		
Priority #8		
Priority #9		
Priority #10		

Section III – BUDGET (CONTINUED)

PART III - THREE-YEAR FUNDING HISTORY

Name of Organization: _____

Funding Cycle

From Month/Year: _____ To Month/Year: _____

	02/03	03/04	04/05
REVENUE			
CITY			
COUNTY			
STATE			
FEDERAL			
FEES CHARGED			
FUNDRAISING			
DONATIONS			
OTHER			
OTHER			
TOTAL REVENUE			
EXPENSES			
SALARIES			
BENEFITS			
INSURANCE			
AUDIT			
RENT			
UTILITIES			
CONSULTANTS			
TRAVEL			
OFFICE SUPPLIES			
EQUIPMENT			
PRINTING			
DIRECT CLIENT SERVICES			
OTHER (<i>explain</i>)			
OTHER (<i>explain</i>)			
TOTAL EXPENSES			
REVENUE LESS EXPENSES			
NOTES:			

SECTION IV - CERTIFICATIONS

PART I - COMPLIANCE WITH CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT

_____ (Name of organization requesting CDBG funds) certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

CERTIFICATION OF NON-DEBARRED STATUS

The undersigned acknowledges and certifies that they are in compliance with 24 CFR Part 5 and 24 CFR Part 570.609 - Use of debarred, suspended or ineligible contractors or subrecipients. Assistance under this Part shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any contractor or subrecipient during any period of debarment or placement in ineligibility status under the provisions of 24 CFR Part 24.

Further, in the case of construction projects, the prime contractor certifies same for self and all subcontractors on any federally funded project.

CERTIFICATION OF CITY OF NORTH LAS VEGAS AFFILIATION

List the names and positions of members of the Board of Directors, officers, workers or members of the organization who are on the City Council, appointed by a member of the City Council or a City employee. **If none, check the box below that states NONE.**

NONE IN AGENCY

NAME	POSITION IN ORGANIZATION	AFFILIATION WITH CITY

 President, Board of Directors
 (or other authorized person)

 Date

SECTION IV – CERTIFICATIONS (continued)

PART II - THRESHOLD CERTIFICATION

In order for your application to be accepted, in addition to the application itself, your organization must meet and submit the following threshold items:

ALL applicants must be a 501 C(3) or (4) and a registered non-profit with the State of Nevada.

1. **FULLY COMPLETED APPLICATION.**

ATTACHMENTS

2. **DOCUMENTATION OF NON-PROFIT STATUS.** Copy of IRS letter showing current 501 C (3) or (4) status. **PENDING STATUS WILL NOT BE ACCEPTED.**
3. **NEVADA SECRETARY OF STATE RECEIPT OF GOOD STANDING.** All applicants must show proof of good standing status with the Nevada Secretary of State Office. You may submit a copy of the current year's receipt or a printout from the Secretary of State's Office website. Receipt must be dated no more than 12 months prior to application date.
4. **BOARD OF DIRECTORS.** Include a list of all persons serving on the Board of Directors.
5. **ORGANIZATIONAL CHART.** This chart should document the employees of the organization by name, title and delegation of authority. If your program is part of a large organization, please also include a chart for your program division/department. This should indicate which positions will implement the proposed program/project.
6. **AUDIT.** Audits may not be older than FY 2004. Applicants must submit one of the following with their application:
- a. Copy of OMB A-133 Audit (Required if \$500,000 in aggregate Federal funds expended)
 - b. Financial statements audited by a CPA (only if not qualified for A-133)
 - c. Certified Annual Financial Statements
7. **MISSION OR OBJECTIVE STATEMENT.** Submit copies of the pages of the Articles of Incorporation to document the agency's mission or objectives.
8. **COPY OF CURRENT OPERATING BUDGET.**
9. **FEE SCHEDULE (if applicable – this must be included if any fees are charged).**
10. **BUSINESS LICENSE.** Provide documentation to evidence Business License requirements have been met.

The undersigned acknowledges and accepts the terms and conditions of the Threshold Certification, and understands that omission of any required documents shall render the application as non-acceptable.

President/Board of Directors (or other authorized person)

Date

SECTION IV – CERTIFICATIONS (continued)

PART III - CERTIFICATION OF APPLICATION

The Board of Directors of _____ does hereby resolve that on _____, 2005, the Board reviewed the Application for Community Development Block Grant Funds to be submitted to the City of North Las Vegas Neighborhood Services Division for funding consideration for the fiscal year 2006/2007 and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Nevada.

_____ (*name of organization requesting CDBG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the City of North Las Vegas, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to have signatory authority regarding this grant:

Name Title

Name Title

President/Board of Directors Date
(or other authorized person)

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.