



NOTICE OF FUNDING FOR CDBG FY 2021-2022 PUBLIC SERVICE ACTIVITIES

The City of Kingsport's Community Development Department, is soliciting applications from qualified non-profit organizations interested in providing services that address one or more of the public service needs targeted in the City's CDBG program.

The City of Kingsport anticipates receiving approximately \$439,914 for the 2021-2022 CDBG program year. Of the total grant award, approximately \$38,000 will be made available to outside agencies for public service projects.

Community Development Block Grant (CDBG) funds are provided by the U.S. Department of Housing and Urban Development (HUD) in order to improve local communities by providing decent housing, improved infrastructure, public facilities and services, and improved economic opportunities. Federal law requires that community development grant funds primarily benefit low and moderate-income persons. Funds may also be used for activities that help prevent or eliminate slum or blight, or for projects that meet urgent community needs.

You are invited to submit an application to the City of Kingsport Community Development, located at 225 W. Center Street, Kingsport, TN 37660. **Applications are due no later than May 7, 2021 at 5 PM to be eligible for funding consideration.**

All questions are welcome, however, questions must be submitted in writing to JessicaMcMurray@KingsportTN.gov. Questions will be posted on the City of Kingsport website.

The last day for questions is Monday April 26, 2021 at 5 PM.

Applications can be downloaded at www.kingsporttn.gov. Agencies that are unable to download documents from the webpage may obtain a copy of the application via email by contacting JessicaMcMurray@KingsportTN.gov.

Applicants must submit one original and one hard paper copies of the application by the application due date. Additionally, a scanned electronic copy (PDF preferred) of the application should be emailed to JessicaMcMurray@KingsportTN.gov by the application due date.

Paper copies must be delivered to the City of Kingsport Community Development office by May 7, 2021 at 5 PM. Applications that do not arrive at the Community Development office by the application deadline will not be considered.

Applicants should be prepared to present proposals to the Community Development Advisory Committee on May 14, 2021 at 1pm at City Hall, Council Room located at 225 W. Center Street, Kingsport, TN 37660. Presentations should last no more than 5 minutes.

Scope of Work:

Under this program, CDBG funds may be used to provide public services (including direct service labor, supplies, materials, facility maintenance and operation costs, and other costs).

Targeted public service activities include, but are not limited to:

- Employment services (e.g., job training)
- Crime prevention and public safety
- Child care
- Health services
- Substance abuse services (e.g., counseling and treatment)
- Education programs
- Energy conservation counseling and testing
- Services for senior citizens
- Services for homeless persons
- Recreation services

The completed application must address one or more of the targeted public service needs listed above and must serve primarily low to moderate income persons in City of Kingsport.

Funding Timeline:

Notice of Funding Publication and Announcement	April 2, 2021
Application Deadline – 5pm	May 7, 2021
Applicants Present to CDAC Board	May 14, 2021
CDAC Recommendation to City Council	June 1, 2021
Subrecipient Notification	June 2, 2021
Action Plan submitted for HUD approval	June 2, 2021
Subrecipient Agreements	July 2021/August 2021

Funding Per Organization: applicants may request up to \$15,000

Implementation Period: July 1, 2021 - June 30, 2022

Selection and Evaluation Processes:

The selection process of applications for funding will include a staff and Community Development Advisory Committee evaluation and recommendation for an award based on the following criteria:

Scoring Matrix: Applications will be evaluated based on the criteria below.

Alignment with 5 year Consolidated Plan	10 points
Public Benefit	30 points
Organizational Capacity	5 points
Collaboration/Leverage	20 points
Clarity and Completion	10 points
Financial Feasibility	20 points
Discretionary Assessment	5 points



Contractual Requirements:

Each grantee selected to receive funds is required to sign an agreement with the City. Under CDBG laws and regulations, certain requirements must be met in order to negotiate an agreement. These requirements include the following:

1. Applicants must demonstrate that they are a nonprofit organization or a governmental agency.
2. After an application is approved for funding, an agreement will be prepared and sent by the City to the identified by the applicant as the authorized official for signature. The agreement will specify the amount of the award, the period for which the project is approved, the contract term, administrative provisions and any special conditions.
3. Each agency receiving CDBG funding from the City is required to certify that it will conduct its business in compliance with the non-discrimination requirements of the City, State and Federal governments, as applicable. Equal Opportunity in Employment policies will be required.
4. In the event of non-compliance, the agreement may be terminated or suspended in whole or in part.
5. All recipients will be required to comply with the federal government's audit requirements as described in OMB Circular A-133 (for HUD's programs, these requirements are codified at 24 CFR Part 84.)
6. Proposed project must meet one of the following CDBG National Objectives:
 - a. Benefit low-moderate income persons
 - b. Prevent/ Eliminate Slums or Blight
 - c. Address Urgent Needs

Contact and Assistance Information:

Jessica McMurray
Community Development
City of Kingsport
225 W. Center Street, Kingsport, TN 37660
Phone: (423) 224 – 2877

All applications must be received by Friday, May 7, 2021 at 5:00 PM. Late submissions will not be accepted.

Persons with disabilities may request reasonable accommodation. Requests should be made as early as possible to allow time to arrange the accommodations.



City of Kingsport – Community Development Block Grant 2021 – 2022 Public Service Program Application

Project Applicant

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Project Title

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Funding Request

<i>Total funding requested in this application:</i>	\$	
<i>Total cost to complete project:</i>	\$	

<i>Applicant legal name:</i>			
<i>Address:</i>			
<i>Telephone Number:</i>			
<i>Type of agency:</i>	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> For Profit	<input type="checkbox"/> Gov't/Public
	<input type="checkbox"/> Other:		
<i>Agency DUNS number:</i>		<i>Federal Tax ID number:</i>	
<i>Contact Person:</i>		<i>Contact Person Email:</i>	

Project Information

<i>Project address(es):</i>	<i>Jurisdiction:</i>

Target clientele – Will the project serve Individual Clients (IC) or Households (HH)? Identify the projected target population your proposed activity will serve. (Include age, race, residency, disability status, income level, or other unit characteristics or subgroup information.)

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Section 1: Project Details & Approach

(Please clearly articulate how this project is a new or expanded service)

<i>Applicant legal name:</i>	
1.1. Project Narrative: (Maximum length - two pages)	



1.1. *Project Narrative: (Continued)*



1.2. How much total funding are you requesting in this application? (You will provide a detailed budget in Appendix A.)

\$

1.3. Project start date:

Anticipated end date:

1.4. Project's days/hours of operation:

1.5 Project Objective: (Check One)

Suitable Living Environment

Decent Housing

Economic Opportunity

1.6 Project outcome: (Check One)

Availability/Accessibility

Affordability

Sustainability

1.7 Persons Served:

Please identify the anticipated number of clients to be served.

1.8 Beneficiary Classification: (Check One)

Public Services are limited to a specific group of people, at least 51% of whom are low and moderate-income persons, indicate which of the three categories of limited clientele activities best describes the activity by placing a checkmark in the appropriate box.

Presumed Benefit

Serve 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

Family Size and Income

Serve at least 51% LMI, as evidenced by beneficiary family size and income documentation or have income-eligibility requirements which limit the service to persons meeting the LMI income requirement, as evidenced by agency procedures, intake/application forms, income limits, etc.;

Nature and Location of Activity

The public service is offered to ALL residents of an area where at least 51% of the residents are low to moderate income. The area must be clearly delineated and must be primarily residential or be of such a nature and in a location that it may be concluded that the activity's clientele are LMI

1.8 (A) Presumed Benefit (if selected): (Check One)

Place a checkmark in the box that describes the beneficiaries of the proposed service:

Abused Children

Battered Spouses

Elderly Persons

Severely Disabled Adults

Homeless Persons

Illiterate Adults

Persons living with AIDS

Migrant Farm Workers



1.8 (B) Check applicable eligible activities that the project addresses: eligible activities that the project addresses: (Check All that Apply)

- Child Care Services
- Crime Prevention and Public Safety
- Health Services
- Homeless Persons Services
- Employment Services
- Substance Abuse Counseling and Treatment
- Recreation Programs
- Energy Conservation
- Education Programs
- Youth Services

- Senior Citizen Services
- Transportation Services
- Fair housing activities
- Emergency Rental Assistance and Deposits
- Battered and Abused
- Emergency Utility Assistance
- Spouses
- Abused and Neglected Children
- Other: _____

**1.9 What is the estimated cost per client/household?
(total project cost / # clients) = per client cost**

1.10 What activities will be performed in this project? (Attach additional pages as needed but not more than two) Responses should include the points identified in the Scoring Criteria:

- 1. What are you doing, for whom and where? Please be as specific as possible.**
- 2. What are your goals and measurable objectives?**



Section 2: Agency Capacity & Experience

2.1. Please describe your organization's history, mission, year established, and services provided.

2.2. Who will be the person responsible for the overall oversight of the proposed project? Please describe their experience with the project and length of service in their position. Additionally, please describe their experience managing Federal grants, particularly CDBG.

2.3. Who will be the person(s) responsible for the day-to-day operations and management of the proposed project? Please provide no more than two individuals. Please describe their experience with the project and length of service in their position. Additionally, please describe their experience managing Federal grants, particularly CDBG.



2.4. Please describe your organization's experience and major accomplishments in providing services to LMI residents and/or communities.

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2.5. Please describe your organization's overall experience managing Federal grants, particularly CDBG.

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2.6. Has your organization carried out or attempted this project before, with or without the assistance of CDBG funds? If yes, what were the results of the project? How many clients were projected to be served and how many were actually served? Please provide an explanation for any shortfall in clients served.

Yes

No

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Section 3: Applicant Risk Assessment

Note: All applicants must complete this risk assessment. Please answer all questions. Failure to complete this risk assessment will result in your program not being funded.

MANAGEMENT SYSTEMS		
3.1. <i>Has your organization had any changes to key staff or positions in the past 12 months? If yes, explain.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.2. <i>Has your organization had any changes to business systems in the past 12 months? If yes, please explain.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.3. <i>Does your organization have policies and procedures for the following items?</i>		
Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Free Workplace	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflicts of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property/Equipment Management and Disposition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retention of Records	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Civil Rights	<input type="checkbox"/> Yes	<input type="checkbox"/> No

AUDIT REPORTS AND MONITORING		
3.4. <i>Did your organization expend \$25,000 or more in Federal grant funds in the previous fiscal year?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No



3.5. <i>Has your organization had a Single Audit or other financial audit in the last 12 months? If so, please attach the full audit report, including corrective actions as applicable.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.6. <i>Has your organization had any monitoring visits by a funding agency within the last 12 months? If yes, please complete the table below indicating the results of the monitoring activity.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Awarding Entity	Result (Finding(s) - Yes/No)	Corrective Action Plan Required?	Status (Open or Closed)

FINANCIAL STABILITY

3.7. <i>Does your organization have an accounting system in place to segregate expenditures by funding source?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3.8. <i>Does the accounting system produce a budget vs. expenditures report?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3.9. <i>Does your organization maintain central files for grants, loans, or other types of financial assistance?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3.10. <i>Does your organization have a time and effort system that:</i>		
a) <i>records all time worked, including time not charged to awards?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) <i>records employee time specifically by cost objective/activity?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) <i>is signed off by the employee and a supervisor?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) <i>complies with the established accounting policies and practices of the organization?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.11. <i>Does your organization allocate expenses, either directly or indirectly by means of a cost allocation plan?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3.12. <i>Does your organization have a Negotiated Indirect Cost Rate?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PERFORMANCE HISTORY

3.13. *Is your organization presently debarred or suspended?*

Yes

No

3.14. *Has your agency received CDBG or other federal funds in any of the past four fiscal years? If yes, what was the project, timeframe, funding source, and funding amount?*

Yes

No

3.15. *Has your organization been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months? If yes, please explain.*

Yes

No



3.16. Does your organization obtain prior written approval from a funding agency when:		
a) <i>the scope or objective of the program/project changes?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) <i>a budget revision or adjustment is desired?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3.17. Has your organization been subject to conditional approvals for a grant due to compliance issues? If yes, specify the terms of the special condition(s) and whether the special condition(s) are still applicable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No



Section 4: Detailed Budget

Complete the attached detailed budget forms.

Project Line Item*	Estimated Cost
TOTAL	\$

*Show the costs that will make up the total cost of the Project, not just the cost that will be reimbursed from CDBG funds. (Examples of Budget Items include staff time, costs of supplies, and administrative time.)

Sources of Funds**	Amount of Funds
CDBG	
Other Funds	
Other Funds	
Private Donations	
TOTAL	\$

**Include all funding sources that will be used to pay costs of the Project. Examples include CDBG funds, other federal, state and local assistance or grants, private donations, in-kind donations, program income, etc.



Section 5: Certification

To the best of my knowledge, I certify that the information in this application is true and correct.

I also acknowledge that any information contained in this application which is found at any time to be deliberately falsified will necessarily trigger certain consequences as follows:

(1) if falsified information is discovered during application process, then further consideration of the application will cease immediately;

(2) if falsified information is discovered during program year of approved funding, then all or part of program funds spent year-to-date will be repaid to the City of Kingsport.

Agency/Organization Director:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Non-Profit Board Chairman:

Print Name: _____ Title: _____

Signature: _____ Date: _____



Appendix A: CDBG Application Checklist

1) Attach the following additional documentation to your application package:

- A map that specifically identifies the location and service area of your project (if applicable)
- Copy of your organization's Articles of Incorporation and Bylaws
- Official documentation attesting to your non-profit status (if applicable)
- A listing of your Board of Directors with contact information for each member
- Your organizational chart
- List of Program Staff, provide a description of role in organization and past work experience
- Your organization's most current financial statements
- Your organization's most recent audit (if it has one)
- Your organization's most recent 990 (if applicable)

2) **OPTIONAL ADDITIONAL DOCUMENTATION**

- List any letters of support or additional documentation supplied



Appendix B: Certifications Required of All Recipients of 2021/2022 CDBG Funding

Every person or agency awarded a 2021 CDBG contract or grant by the City of Kingsport for the provision of services shall be required to certify to the City that they will comply with federal requirements including, but not limited to, those listed below. The person authorized to sign CDBG agreements should initial each certification listed to indicate you or your agency can and will comply with these requirements if funded.

Required Certifications		Initials
Americans with Disabilities Act	Certify that this agency has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Title II, Americans with Disabilities Act of 1990.	
Audits	Agrees to have an annual audit conducted in accordance with current Horry County policy regarding audits and 2 CFR 200.501, and shall comply with current Horry County policy concerning the purchase of equipment and shall maintain inventory records of all non-expendable personal property as defined by such policy as may be procured with funds provided through the grant.	
Conflict of Interest	(24 CFR 84.42, 24 CFR 570.611, and 2 CFR 200) Certify and agree that no covered persons who exercise or have exercised any functions or responsibilities with respect to CDBG-assisted activity, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest in any contract, or have a financial interest in any contract, subcontract, or agreement with respect to the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for a period of one (1) year thereafter. A "covered person" includes any person who is an employee, agent, consultant, officer, or elected or appointed official of the agency.	
Civil Rights Act	Certify that it complies with and prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.	
Debarred/Suspended Contractor	Certify that, to the best of its knowledge and belief, that it and its principals will not knowingly enter into any subcontract with a person who is, or organization that is, debarred, suspended, proposed for debarment, or declared ineligible from award of contracts by any Federal agency. https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf	
Drug-Free Workplace	Certify that it will provide a drug-free workplace.	
Financial Management	Accounting Standards: Agrees to comply with 2 CFR 200 and agrees to adhere to the accounting principles and procedures required therein, utilize adequate internal controls, and maintain necessary source documentation for all costs incurred.	
	Cost Principles: Shall administer its program in conformance with 2 CFR 200.500.	
	Procurement Policies: Certify and agree to procure all materials, property, or services in accordance with the requirements of 24 CFR 84.40-48 and 2 CFR 200.	



Required Certifications		Initials
Lobbying Activities	Certify that no Federal appropriated funds have been paid or will be paid, by or on behalf of the agency, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.	
Minority Business Enterprise (MBE), Women's Business Enterprise (WBE), Small Business Contracting	Certify that it will comply with 24 CFR 85.369(E) to take all necessary affirmative steps to assure that minority firms, women business enterprises, and labor surplus area firms are used when possible. Further certify that it will submit to Horry County at the time of project completion a report of the MBE and WBE status of all subcontractors to be paid with CDBG funds with contracts of \$10,000 or greater, in a format that will be provided by the County.	
Real Property	Certify that it will comply with real property standards (24 CFR 570.505) applicable to any property within the owner's control that is acquired or improved in whole or in part using CDBG funds in excess of \$25,000.	
Religious Activities	Certify and agree that funds provided to the agency will not be utilized for inherently religious activities prohibited by 24 CFR 570.200(j), such as worship, religious instruction, or proselytization.	
Section 3	Certify and agree to ensure compliance with Section 3, a provision of the Housing and Urban Development (HUD) Act of 1968 that helps foster local economic development, neighborhood economic improvement, and individual self-sufficiency. The Section 3 program requires that recipients of certain HUD financial assistance, to the greatest extent feasible, provide job training, employment, and contracting opportunities for low or very-low income residents in connection with projects and activities in their neighborhoods.	
Section 504	Section 504 of the Rehabilitation Act of 1973: Certify that it has read and understands all of its obligations under Section 504 to prohibit discrimination against persons with disabilities in the operation of programs receiving federal financial assistance.	



Appendix C: Designated Authorized Signatures

Please provide the information listed below to certify the designated individuals authorized to sign documents on the agency's behalf.

ORGANIZATION: _____

PROJECT: _____

AUTHORIZED OFFICIAL TO SIGN CDBG AGREEMENTS AND PAY REQUESTS:

NAME/TITLE (Print): _____

SIGNATURE: _____

