

## City of Kingsport – Community Development Block Grant 2023-2024 Subrecipient Program Application

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### General Information

*Please review the questions listed below and provide accurate information.*

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**Organization/Agency Legal Name:**

**Organization/Agency Address:**

**Organization/Agency Phone Number:**                      **Website:**

**Contact Person:**                      **Contact Person Email:**

**Select Type of Organization:** Choose an item.      **Is this a Faith Based Organization:** Choose an item.

**Days/Hours of Operation:**

**Agency Unique Entity ID UEI:**                      **Federal Tax ID number:**

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### Project Information

*Please review the questions listed below and provide accurate information.*

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**Project Title:**

**Project start date:**                      **Anticipated end date:**

**Project Address(es), if different from agency address:**

**Please select a CDBG national objective:** Choose an item.

**Please select a performance objective:** Choose an item.

**Please select a performance outcome:** Choose an item.

**Please identify the anticipated number of clients to be served:**

**Will the project serve Individual Clients/Persons or Households:** Choose an item.

**Please select a Beneficiary Classification:** Choose an item.

**If you selected *Presumed Benefit*, please select the item that describes the beneficiaries of the proposed service:** Choose an item.

**Please select the applicable eligible activity that the project addresses:** Choose an item.  
**Other:**

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## **Funding Request**

*Please review the questions listed below and provide accurate information.*

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**Please identify the project-funding category:** Choose an item.

**How much total CDBG funding are you requesting in this application?**

*(Please attach a detailed budget for the project)*

**What is the estimated total cost to complete proposed project?**

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## **Agency Capacity & Experience**

*Please review the questions listed below and provide brief but detailed and accurate information.*

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1. **Briefly describe your organization's history, mission, year established, and services provided.**
2. **Who will be the person responsible for the overall oversight of the proposed project?**
3. **Who will be the person(s) responsible for the day-to-day operations and management of your organization?**
4. **Please describe your organization's experience and major accomplishments in providing services to LMI residents and/or communities.**
5. **Please describe your organization's overall experience managing Federal grants, particularly CDBG.**
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?**

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## **Applicant Risk Assessment**

*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.*

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### **MANAGEMENT SYSTEMS**

1. **Has your organization had any changes to key staff or positions in the past 12 months?**

Choose an item.

**If yes, explain.**

2. **Has your organization had any changes to \*business systems in the past 12 months?**

Choose an item.

**If yes, please explain.**

*\*A business system is a documented procedure that outlines how to do something in your organization to achieve your business goals.*

3. **Does your organization have policies and procedures for the following items?**

Procurement Choose an item.

Drug Free Workplace Choose an item.

Conflicts of Interest Choose an item.

Financial Management Choose an item.

Property/Equipment Management Disposition Choose an item.

Retention of Records of Policy Choose an item.

Civil Rights/Equal Opportunity/ Fair Housing Choose an item.

### **AUDIT REPORTS AND MONITORING**

4. **Did your organization expend \$750,000 or more in Federal grant funds in the previous fiscal year?**

Choose an item.

5. **Has your organization had a Single Audit or other financial audit in the last 12 months?**

Choose an item.

6. **Does your organization have an accounting system in place to segregate expenditures by funding source?**

Choose an item.

7. **Does the accounting system produce a budget vs. expenditures report?**

Choose an item.

8. **Does your organization maintain central files for grants, loans, or other types of financial assistance documentation and records?**

Choose an item.

9. **Does your organization have a time and effort system that:**
- a) Records all time worked, including time not charged to awards? Choose an item.
  - b) Records employee time specifically by cost objective/activity? Choose an item.
  - c) Is signed off by the employee and a supervisor? Choose an item.
  - d) Complies with the established accounting policies of the organization? Choose an item.

**PERFORMANCE HISTORY**

10. **Is your organization presently debarred or suspended by a Federal, State, or Local Agency?**  
Choose an item.  
**If yes, please explain.**
11. **Has your agency received CDBG funding from the City of Kingsport in the past two fiscal years?**  
Choose an item.
12. **Has your agency received other federal funds in the past two fiscal years?** Choose an item.
13. **Has your organization been defunded or had a reduction in a grant, loan, or other type of financial assistance in the past 12 months?** Choose an item.  
**If yes, please explain.**
14. **Does your organization obtain prior written approval from a funding agency when:**
- a) The scope or objective of the program/project changes? Choose an item.
  - b) A budget revision or adjustment is desired? Choose an item.
15. **Has your organization been subject to conditional approvals for a grant due to compliance issues?** Choose an item.

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**Project Narrative**

*Please review the questions listed below and provide brief but detailed and accurate information.*

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- 1. In no less than one paragraph, please clearly describe the project your organization is proposing.**
  
- 2. Explain how this project is a new or expanded service.**
  
- 3. Does your organization use an intake form to track client information and collect demographic data such as race, income level, disability, age, etc.? If yes, please attach one copy of your intake form. If no, how is demographical data is collected?**
  
- 4. What are your goals and measurable objectives for the project?**

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## **Certifications Required of All Recipients of CDBG Funding**

*Every person or agency awarded a 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.***

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### **Lobbying Activities –**

#### **Initial**

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**

#### **Initial**

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 City of Kingsport 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**

#### **Initial**

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**

#### **Initial**

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**

#### **Initial**

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 of the Rehabilitation Act of 1973:**

#### **Initial**

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.

## **Americans with Disabilities Act**

### **Initial**

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**

### **Initial**

Agrees to have an annual audit conducted in accordance with current City of Kingsport policy regarding audits and 2 CFR 200.501, and shall comply with current City of Kingsport 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**

### **Initial**

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. (24 CFR 84.42, 24 CFR 570.611, and 2 CFR 200)

## **Civil Rights Act**

### **Initial**

Certify that it complies with and prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

## **Debarred/Suspended Contractor**

### **Initial**

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**

### **Initial**

Certify that it will provide a drug-free workplace.

## **Financial Management**

### **Initial**

#### **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.

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**Designated Authorized Signatures**

*Please provide the information listed below to certify the designated individuals authorized to sign documents on the agency's behalf. This person is expected to sign all CDBG grant agreement, program reports, and reimbursement requests.*

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**ORGANIZATION:** \_\_\_\_\_

**PROJECT:** \_\_\_\_\_

**AUTHORIZED OFFICIAL TO SIGN CDBG AGREEMENTS, PROGRAM REPORTS, AND PAY REQUESTS:**

**NAME/TITLE (Print):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



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**Certification**

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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:** \_\_\_\_\_

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## CDBG Application Checklist

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**Applicants should attach the following documentation:**

- Detailed project budget
- List of Board of Directors
- Organizational chart
- List of Program and/or key Volunteer Staff; provide a description of role in organization and past work experience
- Official documentation attesting to your non-profit status (if applicable)
- Your organization's most recently approved budget for program year 2023-2024

**Optional:**

- List any letters of support or additional documentation supplied

**If funded, applicants will be asked to provide additional information including but not limited to the following:**

- Copy of your organization's Articles of Incorporation and Bylaws
- Your organization's most recent audit (if it has one)
- Your organization's most recent 990 (if applicable)
- Your organization's most current financial statements