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| A close up of a logo  Description automatically generated |
| **Economic Development Department** |
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| |  |  | | --- | --- | | Logo  Description automatically generated | **El Paso County, Colorado**  **CDBG Application**  Program Year: 2023 | |
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El Paso County, Economic Development Department

9 E. Vermijo Ave.

Colorado Springs, CO 80903

Phone: 719-520-6249

2023 El Paso County CDBG Application

**IMPORTANT:** Please read the [Application Instructions](https://admin.elpasoco.com/wp-content/uploads/CDBG-Application-Instructions-2023.pdf) before completing the application below.

|  |  |
| --- | --- |
|  | |
| Applicant/Organization Name |  |

|  |  |  |
| --- | --- | --- |
|  | | |
| Type of Organization | Non-Profit  Government  CBDO  Faith-based | |
| Tax ID Number |  | |
| DUNS/UEI Number |  | |
| Chief Official or Primary Contact |  | |
| Contact Information | Phone | Email |
| Mailing Address |  | |

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| --- | --- | --- | --- |
|  | | | |
| Project Name |  | | |
| Project Address |  | | |
| Project Priority *(if submitting multiple applications)* |  | | |
| Project Start Date\*  MM/DD/YYYY |  | Project End Date  MM/DD/YYYY |  |
| *\*NOTE: the project start date must occur* ***after*** *funding has been approved and made available, projected for July 2023.* | | | |

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| Amount of CDBG Funds Requested |  |

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| Provide a short summary of the proposed project in the space listed below. More detail will be requested in other sections. |
|  |

2023 El Paso County CDBG Application – Program Priorities Alignment

Below you will find the El Paso County CDBG priority areas as outlined in our program planning documents. Please check which goal(s) will be met by your project. At least one goal must be checked.

*\*Actual goals reported subject to CDBG staff discretion\**

|  |  |
| --- | --- |
| **Housing Goals** | **Check** |
| **H1 Goal** – Improve access to transportation services and infrastructure, remove impediments to mobility and increase access to opportunities. |  |
| **H2 Goal** – Rehabilitation of pre-existing housing inventory to increase affordable, accessible housing choices. |  |
| **H3 Goal** – Increase fair housing education, outreach, and enforcement. |  |

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| **Homelessness & Special Needs Goals** | **Check** |
| **HM1 Goal** – Assist in ensuring that homelessness is brief, rare, and non-recurring. |  |
| **SN1 Goal** – Help special needs residents obtain housing and remain housed while living independently as they choose. |  |
| **SN2 Goal** – Reduce accessibility barriers (ADA compliance). |  |
| **SN3 Goal** - Provide for and improve access to services to stabilize living situations and enhance quality of life, particularly for seniors, youth, and special needs populations. |  |

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| **Community Development Goals** | **Check** |
| **CD1 Goal** – Improve infrastructure to foster accessible and livable neighborhoods and improve access to public amenities. |  |
| **CD2 Goal** – Develop orimprove facilities that provide services to low- to moderate income residents and specials needs populations. |  |
| **CD3 Goal** – Expand economic opportunities for low- to moderate income residents. |  |

2023 El Paso County CDBG Application – Project Classification

Please review the National Objectives (pages 6-8) in the [Application Instructions](https://admin.elpasoco.com/wp-content/uploads/CDBG-Application-Instructions-2023.pdf) to ensure you classify your project correctly or contact the program directly using the contact information listed.

|  |  |
| --- | --- |
|  | |
| Project Category *(check only one)* | Public Service  Public Facility/Infrastructure  Housing/Economic Development |
| Project Subgroup *(terms listed in instructions; list only one)* |  |
| National Objective *(check only one)* | Low-to-Moderate Income Benefit  Slum/Blight  Urgent Needs |

|  |  |  |  |  |
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|  | | | | |
| National Objective Benefit Type *(check only one)*  ***Please note for LMA benefit:***  For projects qualifying on a low-to-moderate income area basis (LMA), all census tracts block groups in which the project will take place must be listed in the available space. Be sure to carefully check the boundaries of your project. For more information, refer to the [El Paso County LMI Maps](https://assets-admin.elpasoco.com/wp-content/uploads/EconomicDevelopment/CDBG/LMA-Master-List-PY-2019.pdf). | LMA | Census Tract |  | |
| Block Group |  | |
| Total Population |  | |
| LMI Population |  | |
| % of LMI |  | |
|  | | | |
| LMC | How many additional low-to-moderate income *clients* will be assisted with these CDBG funds? | |  |
| How many very low-income (0-30% AMI)? | |  |
| How many low-income (31-50% AMI)? | |  |
| How many moderate-income (51-80% AMI)? | |  |
|  | | | |
| LMH | How many additional low-to-moderate income *households* will be assisted with these CDBG funds? | |  |
| How many very low-income (0-30% AMI)? | |  |
| How many low-income (31-50% AMI)? | |  |
| How many moderate-income (51-80% AMI)? | |  |
|  | | | |
| LMJ | How many additional *jobs* will be created for low-to-moderate income resides with these CDBG funds? | |  |
|  | | | |
| SBA | Have you confirmed Slum/Blight Area objective criteria with County staff? | |  |
|  | | | |
| SBS | Have you confirmed Slum/Blight Spot objective criteria with County staff? | |  |
|  | | | |
| URG | Have you confirmed Urgent Need objective criteria with County staff? | |  |

2023 El Paso County CDBG Application – Agency Description

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| --- |
| **Agency Description** |
| Please include information about your agency, its goals, mission, incorporation date, management structure and experience, clientele served, and services offered. Please include an organizational chart and a list of board of directors with appointment dates and term expiration dates. Feel free to attach additional information to the back of the application. |
|  |

2023 El Paso County CDBG Application – Complete Project Description & Timeline

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| **Complete Project Description** |
| Clearly explain what will be accomplished with the CDBG funding that you are requesting, including who will benefit from the project. **Be specific as to what the CDBG funds will be used for**. Attach additional information as needed. |
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| **Project Timeline** |
| Please include a timeline to show how you will expend all funding within 12 months of receiving your grant (note that project start time is dependent on Congress and when federal funding is released to our program). |
|  |

2023 El Paso County CDBG Application – Community Components

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| **Briefly** explain why this project is necessary in the community, and why CDBG funds should be used to address the need. |
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| What are the quantifiable goals of this project? How will they be measured?  *(Example: Build 10 low-income rental units, provide healthcare for 100 low-income residents)* |
|  |

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|  | | | |
| How many persons/households in the following jurisdictions will be served by the CDBG funded part of this project? | | | |
| Unincorporated El Paso County |  | Calhan |  |
| Fountain |  | Green Mountain Falls |  |
| Palmer Lake |  | Ramah |  |
| Manitou Springs |  | Monument |  |

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|  |
| List other organizations, if any, participating in the program (collaborative efforts). Describe how you ensure that duplication of services is not happening. |
|  |

2023 El Paso County CDBG Application – Capacity

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|  |
| If we are unable to grant your full request, what is the minimum amount that you would be willing to accept that would still allow your project to be viable? |
|  |
|  |
| If the project is not awarded this amount of CDBG funding, how will it be affected? |
|  |
|  |
| Leveraging funds is important to our program’s mission. What other funds are currently available to support this project or leverage CDBG funds? Please include sources, dollar amounts and status of such funds. |
|  |
|  |
| Has your organization ever received CDBG funds in the past, either through the city, state or otherwise? Please briefly describe. |
|  |
|  |
| Please specify the name(s) and job title(s) of the staff that will be assigned to the grant administration. For each person listed, please include their years of experience working with federal funding and specify any other federal grants they have worked with in the past. |
|  |

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| Please check each item that already exists within your organization: | | |
| Financial auditing system | Client eligibility | Demographic data collection |
| Written conflict of interest policy | Written procurement procedures | Staff salary tracking |

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| Can the project be completed within one year of receiving this grant?  Yes  No |

2023 El Paso County CDBG Application – Project Budget

|  |  |  |
| --- | --- | --- |
| **Source of Funds for this Program/Project** | | |
| **Source of Funds** | **Status of Funds *(check only one)*** | **Amount** |
| El Paso County Community Development Block Grant | On Hand  Pending  Applied For |  |
|  | On Hand  Pending  Applied For |  |
|  | On Hand  Pending  Applied For |  |
|  | On Hand  Pending  Applied For |  |
|  | On Hand  Pending  Applied For |  |
|  | On Hand  Pending  Applied For |  |
| Total Amount of Funds for this Program/Project | |  |

|  |  |
| --- | --- |
| **Project/Program Specific Budget *(adjust categories as needed)*** | |
| **Budget Category** | **Amount** |
| Personnel (Salaries, Trainings, etc.) |  |
| Benefits (FICA, Unemployment, Health, Dental, Etc.) |  |
| Consultants |  |
| Insurance (D&O, Liability, Vehicle, Etc.) |  |
| Facility (Rent, Utilities, Janitorial, Maintenance, Etc.) |  |
| Supplies and Materials |  |
| Leased or Purchased Equipment |  |
| Acquisition Costs |  |
| Construction/Rehabilitation Costs |  |
| Other Operating Costs (please specify) |  |
| Total Program/Project Costs |  |

|  |  |
| --- | --- |
|  | |
| Total Annual Organizational Budget Amount |  |

|  |
| --- |
|  |
| What will the CDBG funds be used for? Please be as specific as possible *(i.e., $1,000 for engineer, $5,000 for building materials)*. |
|  |

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| How much program income do you anticipate that this project will generate, if any? |
|  |

2023 El Paso County CDBG Application – Public Service Projects Only

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| --- |
| 1. How many persons in El Paso County received this service during your last fiscal year? |
|  |
| 1. How many more persons will be served if you receive CDBG funding? |
|  |
| 1. How long would clients receive services from your organization under this project? |
|  |
| 1. Does your organization charge for services? If so, how much, and can the fees be waived for CDBG-supported clients? |
|  |
| 1. What days and times will services be made available to the public? |
|  |
| 1. Does your agency have experienced staff that will provide the service, or will you hire and train new staff? |
|  |
| 1. How does your agency plan to sustain this project/program after CDBG funds have been expended? If CDBG funds will pay for staff positions, please elaborate on how these positions will be maintained. |
|  |
| 1. What is the CDBG-cost per client for this project *(total CDBG funds requested divided by number of clients served)*? |
|  |
| 1. How do you determine current eligibility? What client demographic information does your organization collect? |
|  |
| 1. Does your agency have the capacity to safely store the private information of eligible clients, such as proof of income, copies of bills, and other personally identifying information (PII)? |
|  |
| 1. How have you collaborated with other agencies to decrease service duplication and increase effectiveness? |
|  |

2023 El Paso County CDBG Application – Public Facility Projects Only

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| --- |
| 1. How many persons in El Paso County are currently being served by the facility? |
|  |
| 1. How many more persons will be served if you receive CDBG funding? |
|  |
| 1. Does the project manager have experience with federal procurement regulations and labor requirements? Please briefly describe size and scope of projects previously administered. |
|  |
| 1. Has the project’s architectural/engineering work been completed? If not, when will it be complete? |
|  |
| 1. Does your organization own the building or park you will be improving? If not, when will it own the property? |
|  |
| 1. How long will the facility be used for its intended purpose? |
|  |
| 1. Is a fee charged for the use of the facility or for services provided at the facility? If so, how much? |
|  |
| 1. Are funds already in place to operate the facility after improvements? |
|  |
| 1. What days and times will the facility be open to the public? |
|  |

2023 El Paso County CDBG Application – Acquisition Projects Only

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| --- |
|  |
| 1. Has a site been selected *(check only one box; if* ***no****, skip to question 6)*?  Yes  No |
|  |
| 1. Does the site require rezoning *(check only one box)*?  Yes  No |
|  |
| 1. Has your organization made an offer to purchase the property *(check only one box)*?  Yes  No |
|  |
| 1. Has your organization executed a contract to purchase the property *(check only one box)*?  Yes  No |
|  |
| 1. Will any persons or businesses be displaced by this acquisition *(check only one box)*?  Yes  No   If yes, does your organization have non-CDBG funds available to pay relocation expenses?  Yes  No |
|  |
| 1. Does the project manager have experience working with the Uniform Relocation Act and/or section 104D of the Housing and Community Development Act? If so, please describe. |
|  |
|  |
| 1. How long will the site be used for its intended purpose? |
|  |
|  |
| 1. Are funds already in place to operate the property after improvements *(check only one box)*?  Yes  No |
|  |
| 1. Will you charge a fee for services provided at this property? If so, how much? |
|  |
|  |
| 1. What days and times will the property be open to the public? |
|  |

2023 El Paso County CDBG Application – Certifications and Signatures

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I hereby certify by reading and initialing each statement listed below that the:** | | | | **Check** |
| Information contained in this application is complete and accurate. | | | |  |
| Applicant has read and understands the application instructions and requirements of the program. | | | |  |
| Project will serve low- to moderate-income residents in the qualified CDBG areas. | | | |  |
| Applicant acknowledges that only an executed contract and a notice to proceed with the County authorizes the initiation of project, services or activities and incurring expenditures. | | | |  |
| Applicant acknowledges that a National Environmental Policy Act (NEPA) review may be required for CDBG funded projects, which may delay the project start. | | | |  |
| Applicant acknowledges that the project should be completed within the fiscal year awarded; if not, CDBG funds may be subject to reprogramming. | | | |  |
| Applicant will comply with all federal and County statutes, regulations and requirements imposed on the project funded in full or in part by the CDBG program. | | | |  |
| Applicant will not use CDBG funds for grant writing, fundraising, or lobbying per 2 CFR Part 200. | | | |  |
| Applicant confirms that the organization has an antidiscrimination policy. | | | |  |
| Applicant acknowledges that current policies for general liability, automobile and workers compensation insurance are required to contract with the County. | | | |  |
| Applicant acknowledges that CDBG funds are subject to review of supporting expenditure documentation and must be approved by County staff prior to payment. | | | |  |
| Applicant has the ability to perform the duties for the activity or services applied for in accordance with CDBG program regulations. | | | |  |
| Applicant possesses the legal authority to apply for CDBG funds and to execute the proposed project. | | | |  |
| Applicant does not have any unresolved audit findings for prior CDBG or other federally funded projects. If your agency had a single audit performed last year, please attach a copy to this application. | | | |  |
| Applicant has no pending lawsuits that would impact the implementation of this project. | | | |  |
| Person named below is authorized to execute the application on behalf of the agency. | | | |  |
|  | | | | |
| *The statements and data in this application are correct and true to the best of my knowledge, and its submission has been authorized by the governing body of the applicant. I understand that El Paso County may verify any or all statements contained in this application, and that any false information or omission may disqualify my organization from further consideration for County CDBG funds. I also understand that, upon submission, my application becomes property of El Paso County and will not be returned to my organization in whole or in part.* | | | | |
| Print Name |  | Title |  | |
| Date |  | | | |

**Please submit your completed application via email no later than 5:00pm on Friday, February 3, 2023. Submit applications via email to:** [CDBG@elpasoco.com](mailto:CDBG@elpasoco.com)

Any application received after the deadline will not be considered.

Faxed or mailed applications will NOT be accepted.

**Questions may be directed to:**

Luke Houser • Community Development Analyst

719-520-6249 • lukehouser@elpasoco.com