

CITY OF ATLANTA APPLICATION FORM FOR 2002 FUNDING FOR NEW PROJECTS

**Under the Community Development Block Grant (CDBG), HOME Grant,
Emergency Shelter Grant (ESG), and the City's General Fund Programs**

Do Not Complete this form if you are a current CDBG, ESG, HOME, or GF recipient requesting continuation funding for this project. Instead, obtain and complete the application form for Continuing Projects.

SPECIAL INSTRUCTIONS FOR NEW APPLICANTS

Before proceeding to complete this application, please review the accompanying "Information Package for New Projects" and the Pre-Qualification Criteria below. Do not submit an application if you cannot meet all of the pre-qualifications. If your agency can meet the criteria, then attach the following documents as required in Section N of the application forms.
(Note: Documentation not required for government agencies.)

1. Agency must have had non-profit status (501(c)(3) at least 2 full years, or have 2 full years of operating experience under another non-profit entity that meets this criteria
2. Certification of current registration and license from the Georgia Secretary of State's office
3. Copy of most recent audit or financial statement (no older than 1999) which meets criteria described in Information Package
4. Copy of written financial and operational procedures (See Information Package for details.)
5. Documentation of at least 12 months of experience in related area, as described in Information Package (may include letters of support, funding commitments, resumes of principal staff, and descriptions of past activities)

**Please note that if all the above information is not provided,
your application will not qualify for funding consideration.**

The City accepts proposals from any source, including agencies, governmental entities, civic groups, etc.. However, only certain types of applicants may be designated as grant recipients. These include governmental agencies within the City of Atlanta and private non-profit organizations serving the City of Atlanta. Requests for individual assistance, either as a homeowner or for a business, should not be made on this Application Form.

One original and 5 copies of full application are to be transmitted no later than 4:00 P.M. on May 15, 2001 to: City of Atlanta, Grants Management 68 Mitchell Street, SW, Suite 15100, Atlanta, Georgia 30335-0323 Telephone # (404) 330-6112 TDD (404) 658-7182	For GM Use Only: Proposal # _____
	Date received _____

City of Atlanta Application Form for 2002 Funding for New Projects
under the Community Development Block Grant (CDBG), HOME Grant,
Emergency Shelter Grant (ESG), and the City's General Fund Programs

Project Name: _____

Capital Request \$ _____ **Other Funding** \$ _____ **Total Capital Cost** \$ _____
Operating Request \$ _____ **Other Funding** \$ _____ **Total Operating** \$ _____

A. Applicant Identification:

Organization **Legal Name** _____

Contact Person's Name: _____ Title: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

Executive Director's Name *(if different from above)*: _____

Daytime Telephone #: _____ Fax #: _____ Email: _____

Mailing Address: _____

B. Brief Summary Description of Project: If operating funds for a proposed capital project are being requested also, then briefly describe both components below in the space provided: *(maximum 8 lines with 10pt. type)*

C. Project Site(s): Enter location(s) of project activity, not service area; if located in Atlanta, include Council District, NPU, Neighborhood. If not known, call Bureau of Planning 404-330-6145.

Street Address/Zip	Council District	NPU	Neighborhood

D. Service Area:

1. Completely within the City of Atlanta:
 a. Citywide
 b. All low/moderate income neighborhoods *(See map in Instructions)*
 c. Other, specify: _____

2. Partial service area within the City of Atlanta. *Explain below; include percentage of service in the City:*

E. Applicant Certification of Accuracy: Application is complete and accurate to the best of my knowledge.

<i>Name/Title of Agency Representative</i>	<i>Signature</i>	<i>Date</i>

F. Detailed Project Description: If you are requesting both operational and capital improvement funding, describe the details of each component separately. Describe **specifically** what you propose to do, how you propose to do it, when the project will start and the specific use of requested funding. Be sure to distinguish between an existing activity/facility/housing stock and a new or expanded activity/facility/housing stock. *(Attach additional pages if necessary and insert after this page and label as "Section F-1 Capital, Page 2a; F-2. Operating, Page 2a, etc.)*

G. Project Beneficiaries: *Information should relate only to activities supported by the requested funding.*

1. Describe specifically who will benefit and how they will benefit from the proposed activities, including demographics (such as age and gender of clients, neighborhoods to be targeted/served, or service income requirements).

2. If your proposal is requesting funding for housing development/improvements and/or direct service activities, then complete the appropriate chart(s) below. Assume 12 month funding (unless you specify otherwise) and funding at the requested level.

a. For Housing Units Only:

Total # Units	Total # Beds	# Low Income Units/Beds	# Home Owner Units	# Rental Units	# Special Needs* Units/Beds	Average Length of Stay in Housing Program

If units are for homeless shelter, are services year-round? Yes No, explain: _____

b. For Direct Service Projects Only: (Includes homeless/social services and job training)

Annual Unduplicated # to be Served by Project	Average # Served daily	% Low Income	% Special Needs *	% Homeless Served	Average Length of Time:	
					in Program	of Follow Up
		%	%	%		

* Special Needs due to age, mental illness, substance abuse, or other physical/developmental impairments and disabilities.

NOTE: percentages above may total more than 100% because categories may overlap.

3. Describe how this project will address the Consolidated Plan priorities in one or more of the following funding categories: affordable housing, economic development, homeless facilities and services, environmental/community facilities, job training, social services, handicapped accessibility, historic preservation and/or planning. (See Information Package and Ranking Form for category descriptions.)

H. Anticipated Project Outcomes: Complete the chart below to describe the most significant outcome(s) this project is expected to have on its participants for year 2002. Tell how many households or individuals will realize each outcome and how each outcome will be measured. Copy chart and attach to describe additional outcomes.

Outcomes: Outcomes are not the products for the agency, but the benefits for the participants. What will be the benefits for the client? Why is this project being done? Examples of outcomes include # of seniors remaining in their own homes, # of evictions prevented, finding and maintaining a job or permanent housing, or having financial stability. Include only 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/placement; site preparation, pre-development, management, construction/rehab; etc.).

Outputs: Quantifiable products of tasks, e.g. # housing units constructed/rehabilitated, # of people housed, # of jobs created or persons trained, # of homeless sheltered, etc.

Outcome Measurements: 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?

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: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i>	

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: <i>Describe evaluation tools, methods and benchmarks to measure achievement of this outcome.</i>	

I. Relationship to Another Proposed Project-Related Activity or Other Area Activities:

Is another application related to this project being submitted to the City?

Yes

No

Is this project related to or coordinated with other projects/activities in the target area?

Yes

No

If yes to either of the above questions, provide project name(s) and description in the space below:

J. Community Support: Is project supported by the affected neighborhood(s) and Neighborhood Planning Unit(s)? *You must schedule meeting(s) with affected NPU(s) to present your proposal. See Information Package for details. To get information on NPUs, contact the Bureau of Planning, 404-330-6145*

Yes - Attach letters of support.

No - Describe problem(s).

Don't Know

Describe plans to work with affected neighborhood(s) and NPU(s) to address problems and get support:

K. Project Site:

1. **Site Control:** Indicate below the status of the project site and attach documentation of site control: *(lease agreement, purchase option, or property deed)*

Applicant owns property: Date acquired: _____

Lease. Expiration Date: _____

Option to purchase. Expiration Date: _____

Other, describe: _____

2. **Zoning:** If zoning is not known, contact the City of Atlanta Zoning Office at 404-330-5173. *Not Required/Not Applicable for City infrastructure projects; required for all other applicants.*

a. Project structure type is: Residential Commercial Other: _____

b. What is current zoning classification of project site?: _____

c. Is site zoned correctly for the proposed activity?: Yes No Don't know

If No, then provide an explanation of efforts and timetable to change zoning or obtain variance:

3. **Age of Building(s): Proposed for Funding and/or Adjacent Buildings?** *(Not applicable for service projects)*

a. If new construction, what is the approximate age of any adjacent or nearby structure(s)? _____

b. If renovation/rehab, what is the age of the existing structure(s) or facilities? _____

b. Are building(s) historic? Yes No Is the district historic? Yes No

d. If significant renovations have occurred to structures, describe and give date(s), if known. _____

4. **Appraisal:** If funding request is for property acquisition, has appraisal been done w/in past 18 months?

Yes; must attach.

If appraisal is different than acquisition funding request, explain discrepancy:

No

If appraised value not known, what is the source of acquisition cost estimate?

L. Relocation: Does project require temporary/permanent relocation or moving of occupants of a structure?

Yes No Don't know

If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).

1. How many units are vacant? _____ How long have these units been vacant? _____
2. How many units are occupied? _____ Requires: Temporary or Permanent Displacement?
3. How many of the occupied units are: Owner-occupied? Renter-Occupied? Businesses?
4. What is the projected total relocation cost? *(Must be included on project budget form also.)* \$ _____
5. Describe relocation plans, including timetable, notifications to seller and occupants:

M. Accessibility for Persons With Physical Disabilities: *(complete either 1 or 2 below):* Federal regulations require that all facilities and/or services assisted with CDBG/ESG/HOME funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats between 17-19 inches from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

L. For Physical Improvement/Development Projects:

- a. Will completed project meet ADA standards for accessibility by the disabled? Yes No
- b. Have proposed plans been reviewed by the City's Disability Affairs Coordinator? Yes No
 - 1) If yes, attach Review Certification
 - 2) If no, Certification must be submitted by July 31, 2001. *(See Information Package for instructions.)*

2. **For Service Programs (Direct Services):**

Is facility, in which program occurs, in compliance with ADA accessibility standards? Yes No

3. If you responded "No" in #1a or #2 above, describe accessibility problems and method to address problems, including funding and timetable:

N. Organizational Capacity: *Not Required/Not applicable for Governmental Agencies or City infrastructure projects.*

1. Corporate Status: *Copy of incorporation documentation must be attached.*

- Non-profit corporation; date of incorporation: _____
- For-profit corporation; date of incorporation: _____
- Community Housing Development Organization (CHDO); date of incorporation: _____
For organizations not previously designated by the City of Atlanta as a City CHDO, but desiring CHDO status, please contact the Bureau of Housing Finance and Development at 404-330-6410.

2. Documentation: Check below. At the end of the application package, attach **two copies** of the following items: *Not required, nor applicable, for City infrastructure projects*

- Evidence of nonprofit status; attach copy of IRS 501(c)(3) - **Submit only one copy.**
- Current State registration
- Articles of Incorporation
- Corporation Bylaws
- Most recent audit or financial statement (no older than 1999)
- Copy of written financial procedures and responsibilities
- Listing of Board of Directors
- Resumes/references for principal staff who will be involved in the proposed activity
- Job descriptions for staff positions implementing the proposed activity

If any of the above are applicable but not submitted with this application, explain:

3. Agency Experience: *(Not Required/Not Applicable for governmental agencies and departments.)*

Describe experience that relates specifically to the proposed program/activity. For agencies that have not previously implemented any activities similar to the proposal, describe other major areas of experience related to agency's ability to implement proposed project. Attach documentation of at least 12 months of experience in related area, as described in Information Package (may include letters of support, funding commitments, resumes of principal staff, and descriptions of past activities).

O. Employment and Client Participation:

1. Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services?
 Yes, currently Not currently Willing to adopt practice
2. For All Projects: If new jobs are created by project funding, will you be willing to adopt a hiring policy giving preference to Community Development Impact Area residents? *(See CDIA map in Instructions)*
 Yes No Don't know
3. For All Projects Serving Homeless Clients: Do you have a resident/client participation policy?
 Yes *(Attach copy)* No No, but willing to adopt such a policy. If not explain:

P. Type of Funding Requested: Loan Grant Combination

If loan or combined loan/grant request, provide proposed repayment schedule and terms. Add additional pages, if necessary and insert after this page. *Please note that for-profit agencies are generally **not** eligible for grants. Not Required/Not Applicable for City infrastructure projects.*

Q. For Non-Profit Agencies: Provide justification for fees and income generated by grant funds. Include an estimate of the amount of revenue to be generated, and explain its source and anticipated use.

Sections R/S Budgets: There are two budget sections: R: Budget For Physical Improvement/Development Projects Only, and S: Budget for Service Projects Only. Please fill out the appropriate budget(s). Do not combine two or more distinct programs in one budget; provide separate budgets for each separate program. **Projects that have both physical improvement and operational components should complete Sections R and S.**

R. Budget for Physical Improvement/Development Projects Only: Include all items associated with implementing the activities described in the detailed project description (F, page 2).

1. Physical Improvement/Development Budget Summary: If project has more than one distinct component, complete a separate budget for each separate component.

Line Item	Timetable for Each Phase	a. City \$ Requested by This Proposal	b. Project \$ from Other Resources ³	c. Total Project Cost \$ (= a + b)
Acquisition				
Demolition				
Relocation				
Architectural Services				
Insurance/Bonding ¹				
Construction Management				
Audit ²				
Other (<i>specify</i>):				
Construction (<i>List below by components</i>):				
GRAND TOTALS				
\$				

¹Note that General Liability Insurance (\$1 million); Automobile Liability Insurance, Worker's Compensation and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, it is an eligible CDBG/ESG/HOME expense.

²All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$300,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

³Complete the sections on the next page under R.4.a and b for entries in this column.

2. Source of Budget Estimate: Provide source by name (architect, contractor, agency), qualifications and date of estimates. *Attach copy of estimates, if available. Do not attach plans and specifications.*

3. Wage Rates: Davis-Bacon Federal Wage Rates are required under most circumstances for construction/rehabilitation projects funded by CDBG (8 or more units) or HOME (12 or more units). Do cost estimates include these Wage Rates? Yes No Not Applicable

4.a. Project \$ From Other Resources: All funds shown as "Other Resources" in the Budget Summary in Section R.1.b should be shown here. "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind professional match. *NOTE: Match for projects requesting both capital and operational funding should be kept separate and not duplicated.* For Other Resources needed for project implementation, please complete the following chart. Use the codes below in the Status Code column, and provide narrative explanations as needed in #4b of this page. *(If necessary, attach additional pages.)*

Proposed Source	Project Value in \$	Status Code ¹
Total \$ Value:	\$ 	

¹Status Codes for "Other Resources":

C	Committed: Attach documentation/provide timetable for submission of documentation. Professional in-kind match will be considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most recent award letters. <i>Additional documentation may be submitted as available through August 2001.</i>
A	Applied For: Provide status and estimated notification date
TBR	To Be Raised: Describe funding plan and timetable

4.b. Explanation of above entries as needed:

5. Status of Bid Package Preparation (*i.e., status of plans, drawings, specifications, etc.*):

List of needed improvements Concept drawing Bid ready specifications. Explain Below:

6. Estimated Annual Operational Budget: For facility proposed to be acquired, constructed or renovated, give the anticipated annual operating budget and explain how these operational funds will be provided, including whether they have been committed and, if so, by whom. *Provide documentation, if available.*

S. Budget for Service Projects Only:

1a. **Budget Summary:** This section summarizes the information provided in more detail on pages 12-15 and should be consistent with that information. Include all line items associated with implementing the specific activities described in the detailed project description (F, page 2), regardless of funding source. *Include only the costs associated with the proposed activity, not all agency/organization resources.*

Line Item	a. City \$ Requested by This Proposal	b. Project \$\$ from Other Resources ³	c. Total Project Cost \$ (= a +b)
Staff Salaries			
Staff Fringe Benefits			
Staff Travel			
Communications			
Rental/Lease			
Equipment Purchase			
Materials/Supplies			
Utilities			
Insurance/Bonding ¹			
Contractual Services			
Printing/Reproduction			
Audit ²			
Other (Specify):			
GRAND TOTALS	\$		

¹Note that General Liability Insurance (\$1 million); Automobile Liability Insurance, if appropriate; and Fidelity Bond (100% of contract amount) are usually required for all contractors. Costs for coverage should be included in this Budget Summary. If you do not already have this coverage, this is an eligible CDBG/ESG/HOME expense.

²All projects funded under the Consolidated Plan programs must have an annual independent audit. Agencies with total annual federal or federally-derived funding of \$300,000 or more must have an annual A-133 audit. The cost of conducting this audit is an eligible CDBG/ESG/HOME expense.

³Complete the sections on the next page under S.2.a, b, and c for entries in this column.

1.b. Explanation of above entries as needed:

2.a. Other Resources Projected \$: "Other Resources" can include cash match, donated or in-kind physical match (such as free space, equipment, etc.) or in-kind match provided by volunteers. For Other Resources needed for project implementation, please complete the following chart. *NOTE: Match for projects requesting both capital and operational funding should be kept separate and not duplicated.* Use the codes below in the Status Code column, and provide narrative explanations as needed on the bottom of this page. *(Attach additional pages if necessary.)*

Proposed Source	Project Value in \$	Status Code ¹
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total \$ Value:	\$ _____	

¹Status Codes for "Other Resources"

C	Committed: Attach documentation/provide timetable for submission of documentation. Professional in-kind match will be considered as Committed <i>only</i> with written documentation. For continuing funding resources not yet committed for next year, provide most current award letters. <i>Additional documentation may be submitted as available through August 2001.</i>
A	Applied For: Provide status and estimated notification date
TBR	To Be Raised: Describe funding plan and timetable

2.b. Explanation of above entries as needed:

2.c. Volunteer Hours Calculation: Volunteer hours are calculated at \$6.50/hour, and annual hours must be based on previous year's documented hours or on documented commitments for the year 2002. Professional services may be calculated at the rate normally charged by the professional volunteer to for-profit entities, but this calculation must be accompanied by a signed affidavit from the volunteer stating his/her normal hourly rate and the # of hours to be volunteered to this project in the year 2002.

1) <u>General Volunteers</u>	Number of <u>Annual Hours</u>	x	<u>\$6.50 Per Hour</u>	=	<u>Total \$ Value</u>
	_____	x	_____	=	_____
2) <u>Professional Volunteers (specify):</u>	Number of <u>Annual Hours</u>	x	\$ Rate Per <u>Hour (specify)</u>	=	<u>Total \$ Value</u>
	_____	x	_____	=	_____
	_____	x	_____	=	_____
	_____	x	_____	=	_____

2.d. Explanation of above entries as needed:

3. Detailed Budget Breakdown: This section provides back-up for each line items shown in section S.1. Budget Summary on page 11. Please make sure this detailed breakdown is consistent with the Budget Summary.

a. Staff/Salary Breakdown: **Please show all staff positions regardless of funding source which relate to the proposed activity.** If multiple staff members have the same position-title, list separately, *e.g. Counselor 1, Counselor 2.*

Position Title	Salary Per Pay Period x	% Time On Project x	# Pay Periods =	TOTAL PROJECT \$s	Requested \$ This Proposal +	Projected Other \$
<i>Example: Director</i>	<i>@ \$300</i>	<i>40%</i>	<i>26</i>	<i>3,120</i>	<i>3,000</i>	<i>120</i>
Salary Totals				\$	\$	\$

b. Staff Fringe Benefits

				Total Project Cost	Requested This Proposal
F.I.C.A.	7.65%	x \$	= \$		\$
Workman's Comp		x	=		
Health/Welfare		x	=		
Retirement/Pension		x	=		
Other: (Specify)		x	=		
		x	=		
Totals:				= \$	\$

c. Auto Allowance (Maximum of 32.5¢/mile permitted from grant funding)

<u># Miles/Week</u>	X	<u>¢/Mile</u>	x	<u># Weeks</u>	x	<u># Staff</u>	=	Total Project Costs	Requested This Proposal
							=	\$	\$

Staff positions to receive auto allowance:

d. Telephone

Base Rate/Month \$	X	# Months	=	Total Project Cost	Requested This Proposal
_____	X	\$	=	\$	\$
Long Distance/Month	X	# Months	=	Total Project Cost	Requested This Proposal
_____	X	\$	=	\$	\$
Totals				\$	\$

e. Utilities

Service: (Specify)	at	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal
_____		\$	X	_____	=	\$	\$
_____			X	_____	=		
_____		\$	X	_____	=	\$	\$
Totals						\$	\$

f. Rental/Lease

1. Office Space	at	\$/Month	X	# Months	=	Total Project Cost	Requested This Proposal
_____		_____	X	_____	=		
2. Office Equipment (Specify)	at	\$/Month	X	# Months	=		
_____		_____	X	_____	=		
_____		_____	X	_____	=		
_____		_____	X	_____	=		
Totals						\$	\$

g. Equipment Purchase

_____	\$
_____	\$
_____	\$
Totals	
	\$

h. Office Supplies (Maximum of \$250/person/year is acceptable for grant portion)

\$/Month	X	# People	X	# Months	=	Total Project Cost \$	Requested This Proposal \$
\$	X		X		=	\$	\$

i. Insurance Bonding

Type	Total Annual Cost \$	Requested This Proposal \$
1. Liability Bond:	\$	\$
2. Fidelity Bond:	\$	\$
3. Other (Specify) _____	\$	\$
Totals		\$

j. Contractual Services

Type	Total Annual Cost \$	Requested This Proposal \$
1.	\$	\$
2.	\$	\$
3.	\$	\$
Totals	\$	\$

k. Other Direct Costs

Item	Total Project Cost \$	Requested This Proposal \$
1.	\$	\$
2.	\$	\$
3.	\$	\$
Totals	\$	\$

Explain the need for any "Other Direct Costs" listed above and describe their relationship to proposed activities: