



# CARES Act 2020

*Corona Virus Aid, Relief and Economic Security Act*

**CITY OF NIAGARA FALLS, NEW YORK  
CARES Act Supplemental Funding RFP**

**COVID-19 FUNDING APPLICATION HANDBOOK FOR:**

**EMERGENCY SOLUTIONS GRANT (ESG - CV) PROGRAM  
&  
COMMUNITY DEVELOPMENT BLOCK (CDBG – CV) PROGRAM**

**Due Date: May 29, 2020**

**ROBERT RESTAINO, MAYOR**

**CLIFFORD SCOTT, COMMUNITY DEVELOPMENT**

Niagara Falls Community Development Department  
[www.nf-cd.org](http://www.nf-cd.org) [www.niagarafallsusa.org](http://www.niagarafallsusa.org)

The Carnegie Building – 1022 Main Street, P.O. Box 69  
Niagara Falls, New York 14302

## TABLE OF CONTENTS

	PAGE #
I. INTRODUCTION.....	3
II. 2020 CARES ACT PLAN SCHEDULE.....	4
III. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) .....	5-8
IV. EMERGENCY SOLUTIONS GRANT (ESG) .....	9
V. APPLICATION SUBMISSION INFORMATION.....	10
VI. ADDITIONAL RESOURCES .....	10
CARES ACT ESG GRANT APPLICATION FORM.....	11-17
CARES ACT CDBG GRANT APPLICATION FORM .....	18-27

**\*\*\*IMPORTANT NOTICE\*\*\***

## I. INTRODUCTION

In response to the Covid-19 Crisis, the **CARES Act** was created and was signed into law on Friday, March 27, 2020. The City of Niagara Falls has been awarding approximately \$2 million in **CARES Act supplemental funding**. In an effort to get these funds dispersed to the public in need of immediate assistance, and to limit person-to-person exposure due to the Covid-19 Crisis, the City of Niagara Falls is providing fillable **CARES Act supplemental funds Online Grant Applications** available at <http://nf-cd.org/>. Also available at <http://niagarafallsusa.org/>.

**Deadline to submit a Grant application is May 29, 2020**

As the **CARES Act supplemental funds regulations** are currently being developed and defined, HUD has allowed the **CARES Act supplemental funding** be used for any existing programs that are currently in compliance with CDBG and ESG funding regulations. However, the **City of Niagara Falls** would like to focus on the following categories to best serve the needs of our community in the response to the Covid-19 Crisis:

**CARES Act supplemental funds (CDBG-CV and ESG-CV) suggested use categories to best assist the City of Niagara Falls.**

- 1) Senior Citizen Resources and Education
- 2) Mental Health Awareness
- 3) Purchasing and Distribution of PPE
- 4) Reducing Health Disparities in Underserved Census Tracts
- 5) Homelessness Intervention using Rapid Rehousing
- 6) Homelessness Counseling using Rapid Rehousing
- 7) Rental Assistance for Income Eligible Households (3 Month max grant per household)
- 8) Utility Payment Assistance for Income Eligible Households (Renters and/or Owners)
- 9) Currently Assisted Housing Participation programs
- 10) Mortgage payment assistance for Income Eligible Households
- 11) Any other programs that address Sheltered Homelessness, Unsheltered Homelessness, Those at Risk of Homelessness, and Senior Citizen Resources in response to the Covid-19 Crisis.

In preparing your application, we ask that you familiarize yourself with the Cares Act, current regulations and requirements for the use of CDBG and ESG funding, and recent waivers provided to HUD to expedite response and limit human exposure during the Covid-19 Crisis, and urge you to stay current with any new regulations being implemented for the CARES Act supplemental funds.

To learn more about the CARES Act Program and the use of CDBG and ESG funding, visit:

[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/homeless/programs/esg](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless/programs/esg)

<https://www.hudexchange.info/resource/6018/cares-act-flexibilities-for-cdbg-funds-used-to-support-coronavirus-response/>

## II. 2020 CARES ACT PLAN SCHEDULE

### 2020 – CARES ACT PLAN

#### Application Process

May 1, 2020	Applications Available
May 29, 2020, 5:00 p.m.	Application Submission Deadline

#### Tentative 2020 CARES Act Award and Implementation Schedule

TBD	Apply for all required CARES Act Funding Waivers
TBD	Amend 2019 Action Plan and Consolidated Plan
TBD	Virtual Neighborhood Meetings (Waiver Required)
TBD	Review Applications & Approve Eligible Projects
TBD	Online Public Hearing, City Hall (Waiver required)
TBD	5-Day Public Comment Period (Waiver Required)
TBD	City Council Approval
TBD	Submit CARES Act Plan to HUD
TBD	HUD Review Period
TBD	Submit Grant Agreement to HUD and begin CARES Act

#### APPLICATION FORMS

Submit one application for each project.

Non-profit applicants must submit:

- **Certificate of Incorporation**
- **Certification of Participation in Local Continuum of Care (attached)**
- **IRS 501C-3 Tax Exempt Determination Letter**
- **Board of Directors Membership List**
- **Certification of Compliance with 24CFR Part 84.21**
- **Most Recent Audited Financial Statement**
- **Board Minutes from Previous 3 Months**

*Please submit applications to:*

Department of Community Development

1022 Main Street - PO Box 69, Niagara Falls, NY 14302

Or Email to [Clifford.scott@niagarafallsny.gov](mailto:Clifford.scott@niagarafallsny.gov)

**APPLICATIONS MUST BE RECEIVED or POSTMARKED BY May 29, 2020, 5:00 P.M.**

### III. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

This guideline provides background and application processing information on the CDBG program. This block grant represents an annual entitlement received from the U.S. Department of Housing and Urban Development. CDBG funds must be used to meet one of the following national objectives:

1. benefit low and moderate-income persons; or,
2. eliminate slums or blight; or,
3. meet an urgent need.

#### Basic Eligible Activities

This list is not all-inclusive. A complete list is available in the code of federal regulations (CFR), Part 24, Section 570.201. This information is also available at [www.hud.gov](http://www.hud.gov).

1. Acquisition of Real Property (570.201) (a) - acquisition of real property by purchase or long-term lease. A permanent interest must be obtained.
2. Disposition of Real Property (501.201) (b) - costs incidental to disposing of real property acquired with CDBG funds. Disposal must meet a national objective.
3. Public Facilities and Improvements (570.201) (c) including acquisition, construction, or rehabilitation of
  - Streets, street accessories, landscaping and sidewalks;
  - Water and sanitary sewer facilities;
  - Park and recreation facilities;
  - Flood and storm drainage facilities;
  - Centers for the handicapped or neighborhood facilities; or
  - Senior centers;
  - Does not include operating or maintenance expenses as listed on 570.207
4. Clearance (570.201) (d) clearance, demolition, and removal of buildings and improvements.
5. Public Services (570.201) (e) including labor, supplies, and materials. There is a 15% limitation on the amount of funds that can be obligated to public services. Proposed public service projects must be either: a new or a quantifiable increase in the level of a service. Public services include, but are not limited to: child care, health care, job training, recreation programs, education programs, crime prevention, fair housing counseling, services for senior citizens, services for homeless persons, drug abuse counseling and treatment, energy conservation counseling and testing, homebuyer down payment assistance, etc.
6. Relocation (570.606) relocation payments and assistance to displaced persons.  
Rehabilitation and Preservation Activities (570.202) including the following:

- Rehabilitation of private residential and non-residential property;
- Public housing modernization;
- Removal of architectural barriers;
- Code enforcement; or
- Historic preservation.
- (Rehabilitation does not include maintenance type work)

7. Special Economic Development Activities (570.203) by public or private non-profit organizations and private for-profit entities, when the assistance is necessary or appropriate to carry out an economic development project to stimulate private investment, community revitalization, and to expand employment opportunities for low and moderate income persons.
8. Code Enforcement (570.202) (c) salaries and overhead costs directly related to enforcement of local/state codes.
9. Micro-Enterprise Assistance (570.201) (o) establishment, stabilization, and expansion of micro-enterprises (5 or fewer employees).
10. Planning Activities (570.205) Note: There is a 20% limitation on the amount of funds that can be obligated to planning and administrative activities.

### Ineligible Activities

The following are activities which **may not** be assisted with CDBG funding (570.207):

1. Buildings or portions thereof used for the general conduct of government this does not include, however, the removal of architectural barriers.
2. General Government Expenses required carrying out the regular responsibilities of the unit of general local government. Title I of the Housing and Community Development Act of 1974, as amended (through 10-29-92), Section 101, last paragraph: It is the intent of Congress that the Federal assistance made available under this title not be utilized to reduce substantially the amount of local financial support for community development activities below the level of such support prior to the availability of such assistance.
3. Political Activities Shall not be used to finance the use of facilities or equipment for political purposes or to engage in other partisan political activities, such as candidate forums, voter transportation, or registration.
4. Equipment and Furnishings Is generally ineligible unless such item constitutes all or part of a public service and is required to carry out a CDBG assisted activity or is an integral structural fixture.
5. Operating and Maintenance Expenses The general rule is that any expense associated with repairing, operating, or maintaining public facilities, improvements and service is ineligible. Also ineligible are payment of salary

for staff, utility costs and similar expenses necessary for the operation of public works and facilities. Please reference CFR 570.207(b) (2) for exceptions and more detail.

6. **New Housing Construction** Except as provided under the last resort housing provision set forth in 24 CFR part 42; as authorized under Sec. 570.201(m); or when carried out by an entity pursuant to 570.204(a).
7. **Income Payments** Examples of ineligible income payments include: payments of income maintenance, housing allowances and mortgage subsidies.

**National Objectives Requirements** An activity must also meet one of three National Objectives:

1. Benefit to Low and Moderate Income Persons; or
2. Prevention or Elimination of Slums or Blighted areas; or
3. Other Urgent Needs

**1. Benefits to Low and Moderate Income Persons**

Activities benefiting low and moderate-income persons that meet HUD's income criteria will be considered to benefit low and moderate-income persons. Please reference CFR regulations 570.208 for more detailed information.

**a. Area Benefit Activities (LMA)**

Benefits are available to all residents of a particular area that is primarily residential in character. To qualify you must delineate boundaries of the service area and demonstrate that at least 51% of the residents of the designated area are low/ moderate income persons using officially recognized data, such as HUD Census Data

**b. Limited Clientele Activities (LMC)**

Benefits are for a limited clientele, at least 51% of whom are low or moderate-income persons. To qualify under this requirement, the activity must meet one of the following:

- information on family size and income to document that at least 51% of clientele are persons whose family income does not exceed HUD's low and moderate income criteria;
- the activity has income eligibility requirements which limit the activity exclusively to low and moderate income persons
- Be of such a nature and such location that it may be concluded that the activity's clientele will primarily be low and moderate-income persons.

The following groups are presumed by HUD to be principally low/ mod income:

1) abused children	2) battered spouses
3) elderly persons	4) adults meeting definition of severely disabled
5) homeless persons	6) illiterate persons
7) migrant farm workers	8) persons living with AIDS

**c. Low/Mod Housing (LMH)**

An activity which assists in the acquisition, construction, or improvement of permanent, residential structures may qualify as benefiting L/M income persons to the extent that the housing is occupied by L/M income households. Occupancy of the assisted housing by L/M income households is determined using the following rules:

- All single unit structures must be occupied by L/M income households
- An assisted two-unit structure (duplex) must have at least one unit occupied by a L/M income household, and
- An assisted structure containing more than two units must have at least 51% of the units occupied by L/M income households.

**d. L/M Income Jobs (LMJ)**

A L/M income jobs activity is one which creates or retains permanent jobs, at least 51% of which, on a full-time equivalent (FTE) basis, are either held by L/M income persons or considered to be available to L/M income persons. Income status is determined by household income. In order to consider jobs retained as a result of CDBG assistance, there must be clear evidence that permanent jobs will be lost without CDBG assistance.

**2. Prevention or Elimination of Slums or Blight**

The activity is located in a slums/blight area as defined by the locality and addresses one of the conditions that qualify the area as a slum or blighted area. The activity eliminates a specific condition of blight or physical decay and is limited to one of the following: acquisition, clearance, relocation, historic preservation; or rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.

Note: HUD Census Data and City data is available for viewing at the City's Office of Community Development, 1022 Main Street, Niagara Falls, NY 14302.

**3. Other Urgent Needs**

If the activity does not fit under the previous designations, but is found to be an urgent need that specifically affects persons of low/moderate income.

### **HUD INCOME LIMITS**

The following are income limits that represent 80% of the area median income by family size. These income limits are used to determine client eligibility for many Community Development projects. They should be used as a guide in determining whether the clients that you serve are from low/moderate income families.

**Fiscal Year 2020 Income Limits (% Median Family Income – Published by HUD)**

	<b>1 Person</b>	<b>2 Persons</b>	<b>3 Persons</b>	<b>4 Persons</b>	<b>5 Persons</b>	<b>6 Persons</b>	<b>7 Persons</b>	<b>8 Persons</b>
<b>50% (low)</b>	\$27,200	\$31,050	\$34,950	\$38,800	\$41,950	\$45,050	\$48,150	\$51,250
<b>80% (mod)</b>	\$43,500	\$49,700	\$55,900	\$62,100	\$67,100	\$72,050	\$77,050	\$82,000

## IV. EMERGENCY SOLUTIONS GRANT (ESG)

ESG funds are available for five program components: rapid re-housing, homelessness prevention, homelessness management information systems (HMIS), emergency shelter, and essential services. The ESG program has been revised and expanded in past years to include a strong emphasis on homelessness prevention and rapid re-housing in addition to the traditional emergency shelters and transitional housing objectives.

Per HUD guidelines, no more than 60% of the city's total ESG allocation can be used for emergency shelter and essential services and 32.5% of total ESG allocation must be used for rapid re-housing assistance activities. HUD cannot approve an ESG budget that does not adhere to these percentages. The 2017 Consolidated Action Plan will reflect these guidelines.

Below is a summary of the components and related eligible costs:

**Rapid Re-Housing:** Housing relocation and stabilization services (including rental application fees, security deposits, utility deposits or payments, last month's rent and housing search and placement activities). Funds may also be used for short- or medium-term rental assistance for those who are at-risk of becoming homeless or transitioning to stable housing.

**Homelessness Prevention:** The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help the program participant regain stability in the participant's current permanent housing or move into other permanent housing and achieve stability in that housing.

**Homeless Management Information Systems (HMIS):** Funds may be used to pay the costs for contributing data to the HMIS designated by the Continuum of Care for the area. Eligible activities include (computer hardware, software, or equipment, technical support, office space, salaries of operators, staff training costs, and participation fees).

**Emergency Shelter:** Funds may be used for renovation of emergency shelter facilities and the operation of those facilities, as well as services for the residents (including case management, child care, education, employment assistance and job training, legal, mental health, substance abuse treatment, transportation, and services for special populations).

**Essential Services:** Funds may cover costs related to essential services for unsheltered persons (including emergency health or mental health care, engagement, case management, and services for special populations).

## **V. APPLICATION SUBMISSION INFORMATION**

All application proposal and additional documents can be found online at <http://nf-cd.org/> or <http://niagarafallsusa.org/> as downloadable PDF forms. Below are the required documents for each funding source:

### **CDBG Required Documentation**

- CDBG Proposal Application
- Certificate of Incorporation
- Certification of Conformity to Accountability Standards of 24 CFR Part 84.21
- Most Recent Audited Financial Statement
- IRS 501(c)3 Tax Exempt Determination Letter
- Board of Directors Membership List
- Board Minutes from Previous 3 Months
- Authorization Form
- Limited Clientele Appendix Form (if applicable)

### **ESG Required Documentation**

- ESG Proposal Application
- Certificate of Incorporation
- Certificate of Participation in Local Continuum of Care
- Certification of Conformity to Accountability Standards of 24 CFR Part 84.21
- Most Recent Audited Financial Statement
- IRS 501(c)3 Tax Exempt Determination Letter
- Board of Directors Membership List
- Authorization Form
- Board Minutes from Previous 3 Months

All application documents and required additional documentation must be submitted no later than **Friday, May 29, at 5:00pm** via email to [clifford.scott@niagarafallsny.gov](mailto:clifford.scott@niagarafallsny.gov).

If you have any questions, please send an email to [Clifford.scott@niagarafallsny.gov](mailto:Clifford.scott@niagarafallsny.gov).

## **VI. ADDITIONAL RESOURCES**

### **Website Links to HUD Regulations for Plan Proposals:**

[24 CFR 84.21 – Standards for Financial Management Systems](http://www.hudexchange.info/resource/6018/cares-act-flexibilities-for-cdbg-funds-used-to-support-coronavirus-response/)

[24 CFR 576.100-109 – ESG Program Component and Eligible Activities](http://www.hudexchange.info/resource/6018/cares-act-flexibilities-for-cdbg-funds-used-to-support-coronavirus-response/)

<https://www.hudexchange.info/resource/6018/cares-act-flexibilities-for-cdbg-funds-used-to-support-coronavirus-response/>

CITY OF NIAGARA FALLS, NEW YORK

**COVID-19 EMERGENCY SOLUTIONS GRANT (ESG – CV)**

**APPLICATION FORM**

**This application form should be completed only by applicants for Emergency Solutions Grant (ESG-CV) funding. Eligible activities are detailed in Section IV of the Handbook. Applicants for Community Development Block Grant (CDBG-CV) funding must complete the CDBG application form.**

**DUE DATE IS MAY 29, 2020 - LATE APPLICATIONS WILL NOT BE ACCEPTED**

1. **AGENCY NAME** Click here to enter text.  
2. **ADDRESS** Click here to enter text.  
3. **PHONE NO.** Click here to enter text.  
4. **CONTACT PERSON** Click here to enter text.  
5. **FEDERAL ID#** Click here to enter text.

6. **DUNS#** Click here to enter text.

7. **MEMBER OF CONTINUUM OF CARE**  Yes  No

**8. EMERGENCY SHELTER/SOLUTION/SERVICES PROVIDED BY YOUR ORGANIZATION:**

**Current # of Beds and/or** Click here to enter text.  
**Average # of Persons Served Daily** Click here to enter text.  
**Average # of Persons Served Yearly** Click here to enter text.  
(count individuals once only)

**Brief description of your agency's present programs(s) to prevent homelessness and/or serve the homeless in the City of Niagara Falls. Include target population, services, housing, etc. (Mission Statement).**

**9. Please check all applicable proposed program activities in accordance with 24 CFR 576.100-109:**

- Senior Citizen Resources and Education
- Mental Health Awareness
- Purchasing and Distribution of PPE
- Reducing Health Disparities in Underserved Census Tracts
- Homelessness Intervention using Rapid Rehousing
- Homelessness Counseling using Rapid Rehousing
- Rental Assistance for Income Eligible Households (3 Month max grant per household)
- Utility Payment Assistance for Income Eligible Households (Renters and/or Owners)
- Currently Assisted Housing Participation programs
- Mortgage payment assistance for Income Eligible Households
- OTHER (specify):** Click here to enter text.

If funding for essential services or homeless prevention services is being sought, is the service a new service?  YES  NO  N/A

PERFORMANCE MEASURE – Please provide a description of the expected outcome of this activity. (e.g. 20 families will be re-housed). [Click here to enter text.](#)

What is your agency's plan for involving homeless or formerly homeless persons in the program design and operation? [Click here to enter text.](#)

**10. PROPOSED BENEFICIARIES - (Please indicate the number of individuals estimated to be assisted by race/ethnicity in 2020):**

**A. RACIAL/ETHNIC CHARACTERISTICS (Number Count)**

	# Total	# Hispanic
White	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Black/African American	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Black/African. Amer& White	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Asian & White Asian	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Amer Indian/Alaska Native & Black	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
American Indian	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Native Hawaiian	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Amer Indian/Alaska Native & White	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Other Multi-Racial	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
<b>Total #</b>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

**B. RESIDENTIAL SERVICES - yearly average (Number Count)**

Unaccompanied Males	<a href="#">Click here to enter text.</a>
Unaccompanied Females	<a href="#">Click here to enter text.</a>
Families with Children:	<a href="#">Click here to enter text.</a>
Male Head	<a href="#">Click here to enter text.</a>
Female Head	<a href="#">Click here to enter text.</a>
Two Parent	<a href="#">Click here to enter text.</a>

<b>Total #</b>	<a href="#">Click here to enter text.</a>
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**C. CLIENT CHARACTERISTICS - daily average: (Number Count)**

Runaway/Throwaway Youth:	<a href="#">Click here to enter text.</a>
Chronically Mentally Ill:	<a href="#">Click here to enter text.</a>
Developmentally Disabled:	<a href="#">Click here to enter text.</a>
HIV/AIDS:	<a href="#">Click here to enter text.</a>
Alcohol Dependent Individuals:	<a href="#">Click here to enter text.</a>
Drug Dependent Individuals:	<a href="#">Click here to enter text.</a>
Elderly:	<a href="#">Click here to enter text.</a>
Veterans:	<a href="#">Click here to enter text.</a>
Physically Disabled:	<a href="#">Click here to enter text.</a>
Other:	<a href="#">Click here to enter text.</a>

<b>Total #</b>	<a href="#">Click here to enter text.</a>
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**D. FACILITY TYPE: (check all that apply)**

barracks/dormitory       group home/large home       scattered site apartments  
 single-family house       single room occupancy       congregate housing  
 single site apartment       hotel/motel accommodations

**11. STATEMENT OF NEED:**

**Identify homeless groups and "at risk" of becoming homeless that your agency serves**  
**Note: To receive funding under the ESG Program, you must provide shelter or services to the homeless. HUD's definition of homeless is:**

- a. individual or family that lacks a fixed, regular, and adequate nighttime residence; or
- b. an individual or family that has a primary nighttime residence that is
  1. a supervised publicly or privately operated shelter designed to provide temporary living accommodations ( including welfare hotels, congregate shelters, and transitional housing for persons with mental illness
  2. an institution that provides temporary residence for individuals intended to be institutionalized; or
  3. a public or private place not designed for, or ordinarily used as regular sleeping accommodations

**12. If applying for assistance that will address other needs besides homelessness, briefly describe the need to be served and the manner in which the proposed activity will address the CDBG statutory objectives of low-and moderate-income benefit, prevention or elimination of slums or blight, or community development needs having a particular urgency. Please provide a detailed description of the activities:**

Click here to enter text.

**13. SERVICE DELIVERY:**

**(How does your agency address the needs that you have cited?)**

Click here to enter text.

**14. PROJECT BUDGET**

**Please provide a detailed description of the expected expenditures for your program:**

Click here to enter text.

**Please complete the budget plan below, specifying the type of approved ESG activity and the specific services in sections A and B.**

<b>A. PERSONAL SERVICES</b>	
1. Personnel	Click here to enter text.
2. Fringe Benefits	Click here to enter text.
3. Total (1+2)	Click here to enter text.
<b>B. NON-PERSONAL SERVICES</b>	
4. Consultant	Click here to enter text.
5. Travel	Click here to enter text.
6. Equipment	Click here to enter text.
7. Office supplies	Click here to enter text.
8. Contractual Services	Click here to enter text.
9. Other Non-Personal	Click here to enter text.
10. Sub-Total (4+9)	Click here to enter text.
11. Grand Total (3+10)	Click here to enter text.

**15. MATCHING FUNDS:** (Waiver required to eliminate the need for matching funds)

<input type="checkbox"/> Cash Contribution	\$Amount	Click here to enter text.
<input type="checkbox"/> In-Kind Services (attach list)	\$Amount	Click here to enter text.
<input type="checkbox"/> Donations (attach list)	\$Amount	Click here to enter text.
<input type="checkbox"/> Volunteer Labor @ \$5 hr (attach list)	\$Amount	Click here to enter text.

## **CERTIFICATION OF PARTICIPATION IN CONTINUUM OF CARE ATTENDANCE AND PARTICIPATION FORM (For ESG Applicants Only)**

All ESG applicants must submit this Form, completed by the chairperson of their Continuum of Care, with their Emergency Solutions Grant Application.

Attention CoC Leaders: Please complete the information below and check the appropriate level of participation. Funding consideration will be based in part on the extent of the applicant's participation in the local CoC.

**Robyn Krueger**  
Niagara Falls/Niagara County CoC  
1570 Buffalo Avenue  
Niagara Falls, NY 14303  
Phone: 716-285-3403 Ext: 2238  
E-mail: [RKrueger@communitymissions.org](mailto:RKrueger@communitymissions.org)

### **To Be Completed by Applicant:**

Date: Click here to enter text.

Agency Applying: Click here to enter text.

Agency applying for ESG funding in: City of Niagara Falls

### **To Be Completed By CoC Lead Agency:**

CoC Leader Print Name: Click here to enter text.

CoC Leader Signature:

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Phone: Click here to enter text.

Email: Click here to enter text.

- YES**, the above agency has been an active participant in the Local Continuum of Care meetings in 2019-2020. We have had meetings and they have attended of the meetings. (75% or more)
- NO**, the above agency has not been an active participant in the Local Continuum of Care meetings in 2019-2020. We have had meetings and they have attended of the meetings. (Less than 75%) At this time, they have not been a consistent active member.

**CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21,  
“STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS”**

I have reviewed the Title 24 CFR 84.21 Uniform Administrative Requirements for Grants and

Agreements and I hereby certify that  
(name of organization)

[Click here to enter text.](#)

meets the standards set forth in this section of the Code of Federal Regulations.

[Click here to enter text.](#)

Name of Accounting Firm

---

Signature

Certified Public Accountant

[Click here to enter text.](#)

Date

**APPLICANT CERTIFICATION  
2020 CARES ACT SUPPLEMENTAL FUNDING PROGRAM APPLICATION**

**Please read this entire page and then sign below**

The Applicant certifies that all information in this application and all information furnished in support of this application, is given for the purpose of obtaining funding under the 2020 City of Niagara Falls CARES Act Funding program is true and complete to the best of the Applicant's knowledge and belief.

I understand that providing false or incomplete information will disqualify my organization for consideration and/or represent a criminal offense in the ESG and CDBG Program.

I understand that this is not an offer and that the terms and conditions of the ESG and CDBG Program may be changed at any time by the U.S. Department of Housing and Urban Development (HUD) or Niagara Falls Community Development. I further understand that notices by the City may be made in such manner as Niagara Falls Community Development may determine, including solely by advertisements.

Please note that the City of Niagara Falls is not responsible to any party for the loss of funding or any other damages which may arise as a result of the applicant's failure to adhere to the terms of the City of Niagara Falls Emergency Solutions Grant and Community Development Block Grant Program Guidelines, as stated in this document.

PRINT NAME: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Organization: [Click here to enter text.](#)

Signature: \_\_\_\_\_

Date: [Click here to enter text.](#)

## CITY OF NIAGARA FALLS, NEW YORK

### COVID-19 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG – CV)

#### APPLICATION FORM INSTRUCTIONS

**This application form should be completed only by applicants for Community Development Block Grant (CDBG-CV) funding. Eligible activities are detailed in Section III of the Handbook. Applicants for Emergency Solutions Grant (ESG-CV) funding must complete the ESG application form.**

**DUE DATE IS MAY 29, 2020 - LATE APPLICATIONS WILL NOT BE ACCEPTED**

**In addition to meeting the CDBG eligibility and statutory objective requirements detailed in Section III of the Handbook, proposed activities must address at least one of the following categories that the City of Niagara Falls has determined to be a priority in best serving the needs of our community in response to the COVID-19 crisis:**

- 1) Senior Citizen Resources and Education
- 2) Mental Health Awareness
- 3) Purchasing and Distribution of PPE
- 4) Reducing Health Disparities in Underserved Census Tracts
- 5) Homelessness Intervention using Rapid Rehousing
- 6) Homelessness Counseling using Rapid Rehousing
- 7) Rental Assistance for Income Eligible Households (3 Month max grant per household)
- 8) Utility Payment Assistance for Income Eligible Households (Renters and/or Owners)
- 9) Currently Assisted Housing Participation programs
- 10) Mortgage payment assistance for Income Eligible Households
- 11) Any other programs that address Sheltered Homelessness, Unsheltered Homelessness, Those at Risk of Homelessness, and Senior Citizen Resources in response to the Covid-19 Crisis.

**Begin entering information on the following page**

## CITY OF NIAGARA FALLS, NEW YORK

### COVID-19 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG – CV)

#### APPLICATION FORM

**Project Name** [Click here to enter text.](#)

**1. Estimated Project Costs:**

Community Development Funds	Amount	\$ <a href="#">Click here to enter text.</a>
Other Funds	Amount	\$ <a href="#">Click here to enter text.</a>
<u>Other Funds</u>	Amount	\$ <a href="#">Click here to enter text.</a>
Total Project Cost	Amount	\$ <a href="#">Click here to enter text.</a>

**2. Applicant(s) Organization**

Name: [Click here to enter text.](#)

Employer Identification #/Taxpayer ID # [Click here to enter text.](#)

DUNS# [Click here to enter text.](#)

**3. Chief Official of Applicant**

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City & Zip: [Click here to enter text.](#)

Phone #: [Click here to enter text.](#)

E-mail: [Click here to enter text.](#)

**4. Contact Person**

Name: [Click here to enter text.](#)

Title: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

City & zip: [Click here to enter text.](#)

Phone #: [Click here to enter text.](#)

**5. Type of Organization**

Non-profit   
For-Profit   
Public

6. **Project Description** (attach additional sheets if necessary) Click here to enter text.

**b. Project Objectives** – Rationale for the project. Why is this project needed? What community needs are being addressed? Click here to enter text.

**c. Service Delivery** – Describe how project will be implemented (including staff, volunteers, sub-contracts, etc.) Click here to enter text.

7. **List Specific Project Goals** Click here to enter text.

8. **Eligibility:** The activity you are proposing must meet at least one of the following eligibility criteria. Please indicate one or more criteria that apply to your project:

**LOW/MOD INCOME AREA BENEFIT**

- The activity is available for the benefit of all residents of an area that is primarily residential. At least 51% of the residents of the area must be low and moderate income households. ***Provide a geographic description of the service area for your proposed activity. The City may require that you conduct a survey to determine where the beneficiaries of the activity reside.***

## LOW/MOD INCOME LIMITED CLIENTELE

The activity provides benefits to a specific group of persons rather than everyone in the area. At least 51% of the persons participating in the activity must have household income at or below 80% of median area income as provided below. Household income must be verified and records maintained by applicant. **Provide a list of clients served in the previous 12 months. Include household income level, family size and address**

2020 Income Limits (80%MFI – Published by HUD)

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
80% (mod)	\$43,500	\$49,700	\$55,900	\$62,100	\$67,100	\$72,050	\$77,050	\$82,000

The activity exclusively benefits persons from one of the following categories:

- Abused children
- Elderly persons
- Battered spouses
- Homeless persons
- Disabled persons
- Persons living with AIDS
- Migrant workers

The activity is of such nature and in such location that it is evident that at least 51% of the beneficiaries are low and moderate income persons. **Applicant must attach a description of the activity, where it is conducted, and what presumption is used that the beneficiaries are low/mod income.**

## LOW/MOD HOUSING

The activity will involve the construction or rehabilitation of permanent residential housing, to the extent that the housing is occupied by low/mod income households upon completion.

### 9. Proposed Beneficiaries - (Indicate the estimated number of persons to be assisted):

- a. Total number of persons this project will serve [Click here to enter text.](#)
- b. Total number of L/M persons this project will serve [Click here to enter text.](#)
- c. Estimated % of L/M persons this project will serve [Click here to enter text.](#)
- d. Housing projects, list tenure type and # [Click here to enter text.](#)

**RACIAL/ETHNIC CHARACTERISTICS (Number Count)**

	# Total	# Hispanic
White	Click here to enter text.	Click here to enter text.
Black/African American	Click here to enter text.	Click here to enter text.
Black/African. Amer& White	Click here to enter text.	Click here to enter text.
Asian & White Asian	Click here to enter text.	Click here to enter text.
Amer Indian/Alaska Native & Black	Click here to enter text.	Click here to enter text.
American Indian	Click here to enter text.	Click here to enter text.
Native Hawaiian	Click here to enter text.	Click here to enter text.
Amer Indian/Alaska Native & White	Click here to enter text.	Click here to enter text.
Other Multi-Racial	Click here to enter text.	Click here to enter text.
<b>Total #</b>	Click here to enter text.	Click here to enter text.

**10. Accomplishments/Outcomes** - Indicate your anticipated quantifiable measure of results; include immediate and anticipated long-term accomplishments.

Click here to enter text.

**11. Project Timeframe:**

Start Date      Click here to enter text.  
End Date      Click here to enter text.

**11. OTHER FUNDS – List other funds applied for or received for this project**

Source of Other funds:      Click here to enter text.

**\$ Amount Applied For**  
(attach request for funding)      Click here to enter text.

**\$ Amount Awarded**  
(attach award letter)      Click here to enter text.

**13. Project Budget** - (use additional sheets as necessary. You may attach your own form in lieu of this sample format as long as all of the required information is included)

		<b>CDBG</b>	<b>OTHER*</b>	<b>OTHER*</b>
	<b>USES</b>	<b>SOURCES</b>	<b>SOURCES</b>	<b>SOURCES</b>
	<b>A. PERSONAL SERVICES</b> <ol style="list-style-type: none"> <li>1. Personnel</li> <li>2. Fringe Benefits</li>   <li>3. Total (1+2)</li> </ol>	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>B. NON-PERSONAL SERVICES</b> <ol style="list-style-type: none"> <li>4. Consultant</li> <li>5. Travel</li> <li>6. Equipment</li> <li>7. Office supplies</li> <li>8. Contractual Services</li> <li>9. Other Non-Personal</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li>   <li>14. Total (lines 4 thru 13)</li> </ol>	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>C. OTHER EXPENSES</b> <ol style="list-style-type: none"> <li>15. Rent</li> <li>16. Utilities</li> <li>17. Maintenance</li> <li>18. Training</li> <li>19. Other</li> <li>20.</li> <li>21.</li> <li>22.</li>   <li>23. Total (lines 15 thru 22)</li> </ol>	Click here to enter text.	Click here to enter text.	Click here to enter text.
	<b>PROJECT TOTAL (A+B+C)</b>	Click here to enter text.	Click here to enter text.	Click here to enter text.

## **Pre-Award Assessment**

This section of the application is for assessing the capabilities of prospective sub-recipients prior to awarding CDBG funds, as well as a beginning point for identifying training and technical assistance. Attach agency staff chart, critical job descriptions, staff experience, description of current services or functions performed, and description of agency administrative functions and systems.

### **a. Capacity:**

What services/activities are you currently providing to what type of clientele?

[Click here to enter text.](#)

Describe your organization's current capacity and qualifications in carrying out the proposed activity. How is this proposed project similar and/or different to current activities undertaken by your agency? [Click here to enter text.](#)

Describe your organization's administrative systems. Please check each item that exists within your organization's capacity.

<input type="checkbox"/> Audit System	<input type="checkbox"/> Formal Personnel System
<input type="checkbox"/> Client Eligibility	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Conflict of Interest Policies	<input type="checkbox"/> Insurance Coverage
<input type="checkbox"/> Financial System	<input type="checkbox"/> Procurement System

### **b. Experience:**

Has your agency ever implemented this type of activity before?

[Click here to enter text.](#)

Describe your organization's experience with CDBG or other Federal grant programs:

[Click here to enter text.](#)

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT, AND THE GOVERNING BODY OF THE APPLICANT HAS DULY AUTHORIZED ITS SUBMISSION.

---

Signature, Chief Official

Click here to enter text.

Title

Click here to enter text.

Name (Typed or Printed)

Click here to enter text.

Date

## APPENDIX A

### CERTIFICATION OF CONFORMITY TO ACCOUNTABILITY STANDARDS OF 24 CFR 84.21, "STANDARDS FOR FINANCIAL MANAGEMENT SYSTEMS"

I have reviewed the Title 24 CFR 84.21 Uniform Administrative Requirements for Grants and

Agreements and I hereby certify that

[Click here to enter text.](#)

name of organization

meets the standards set forth in this section of the Code of Federal Regulations.

[Click here to enter text.](#)

Name of Accounting Firm

---

Signature

Certified Public Accountant

[Click here to enter text.](#)

Date

[Click here to enter text.](#)

Print Name

[Page 463-464]  
TITLE 24--HOUSING AND URBAN DEVELOPMENT

PART 84 - UNIFORM ADMINISTRATIVE REQUIREMENTS FOR GRANTS AND AGREEMENTS WITH  
Subpart C - Post-Award Requirements

Sec. 84.21 - Standards for Financial Management Systems.

- (a) HUD shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following:
  - (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Sec. 84.52. If a recipient maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for their reports on the basis of an analysis of the documentation on hand.
  - (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, unobligated balances, assets, outlays, income and interest.
  - (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
  - (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
  - (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury, and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, "Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
  - (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award.
  - (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, HUD, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) HUD may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."