



**CITY OF MISSION  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-18**

**SUMMARY**

The City of Mission receives Community Development Block Grant Program funds annually through the U.S. Department of Housing and Urban Development for the benefit of the City's low and moderate income residents. The City anticipates it will receive approximately **\$904,240** in CDBG funds for the 2017–18 Fiscal Year. Of the total amount, up to 15% can be allocated to Public Service Agencies.

If funding is awarded, projects must be completed within a twelve-month period beginning from October 1, 2017 through September 30, 2018. Applicants that are allocated funds will be required to obtain verifiable documentation from their recipients in order to document that these funds benefit the City's low and moderate income residents. Acceptable documentation may consist of copies of the client's most recent income tax return, and/or proof that the client is receiving public assistance such as Temporary Assistance to Needy Families, Medicaid, Medicare or Food Stamps.

Applicants are required to include the following information with their application: letters of support, the current Audit or Financial Management letter (if the agency has adverse findings, a statement of corrective action must be included), list of current Board Members, List of Program staff and job descriptions. Public schools and city departments are exempt from these requirements.

Applications must be returned to the City of Mission, Community Development Department, **1301 E. 8<sup>th</sup> Street, Suite 102, Mission, TX by 5:00 P.M., February 24, 2017**. Applications via facsimile or copies will not be accepted. Applications submitted after the deadline specified will not be considered

**Note: All applicants must attend the scheduled public hearing, no exceptions; the order of presenters will be based on the order in which applications are received.**

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PROJECT APPLICATION

**TYPE OF PROJECT APPLICATION:**

**Construction Project** | |

(Infrastructure, Parks, Fire Equipment, Housing)

**Public Service Project** | |

(Agencies providing direct service)

**I. GENERAL INFORMATION**

Project Name: | |

Applicant: | |

(Agency or Department completing application)

Tax ID No: | | DUNS No: | |

Name of Executive Director/Department Director: | |

Contact Person: | |

(Name and Title of Person Preparing Application)

Mailing Address: | |

City: | | State: | | Zip: | |

Phone Number: | | Fax Number: | |

E-mail Address: | |

Amount Requested: | | Total Project Cost: | |

**CERTIFICATION**

**I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true and correct.**

Name of Person Authorized to Submit Application: | |

Signature: | |

Title: | | Date: | |

**II. PROPOSED PROJECT DESCRIPTION** Describe the proposed project and provide the location:


What will the CDBG funding specifically be used for? Include quantities and estimated cost of the project:

(Public Service Projects may include listing of personnel for salary reimbursements or itemized listing of supplies/equipment)  
 (For City Projects, this may include engineering and construction of a building, street paving, water and sewer line installation or park development)

Item	Amount Requested	Salaries (Annual Amount)

Indicate the number of low income Mission clients that will be provided the services through this project; Indicate by: Number of individuals \_\_\_\_\_ Number of families \_\_\_\_\_

Indicate the estimated cost of serving per client: \$ \_\_\_\_\_

Indicate if the proposed project will leverage other funding? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list other funding sources and amounts:

Source	Amount

If requesting salaries, are these positions currently filled? Yes \_\_\_\_\_ No \_\_\_\_\_

If requesting salaries, estimate percentage of Mission clients. \_\_\_\_\_

Are there other similar projects in the area? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how will proposed services be coordinated?


List any City of Mission, Federal or State of Texas funds awarded and lost within the last 12 months:

Source	Amount

Provide name and title of qualified personnel who will submit monthly requests for reimbursements and/or monthly activity report:

Name:

Title:

**III. AGENCY DESCRIPTION**

**Financial Management**

Current Year Budget \$

Does your agency have a 501(c)(3) tax status? Yes  No  N/A

List Sources of Funds and Amounts

Source	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Attach financial management letter/audit.** Agencies expending \$500,000 or more in federal funds must supply an audit prepared by an independent certified public accountant. If management letter or audit includes adverse findings, please include a copy of course of action taken to remedy.

**Disclosure of Potential Conflict of Interest**

Are any of the Board Members or employees of the agency or members of their immediate families or their business associates:

1. Employees of the City of Mission or related to a City employee? Yes  No

2. Members of or closely related to members of Mission City Council or Citizens Advisory Committee? Yes  No

If yes to any question listed above, provide an explanation. The existence of a potential conflict of interest does not make the program ineligible for funding. However, the existence of an undisclosed conflict of interest may result in termination of any grant awarded.

**REQUIRED INFORMATION:**

Indicate the number of individuals or families assisted in the following fiscal years. Cases counted by families or  individuals

	Prior Year 2015-16	1 <sup>st</sup> Qtr 2016-17	Proposed 2017-18
Number of Mission Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of <b>Low Income Mission</b> Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of other Area Cases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number assisted	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Low Income qualification is based upon the U.S. Department of Housing and Urban Development income guidelines; however, persons receiving other federal assistance, such as TANF, Food Stamps, Medicaid, Medicare, or Social Security automatically qualify.

Indicate if the proposed project is a new or existing service:

Existing project; Is the service going to provide a quantifiable increase in service?

New project

**Performance Management:**

Please show how you identify and measure the outcomes (shown below) provided by your program. Keep in mind that we want to know how this program is making a difference in the lives of those we serve.

**Type of outcome:**

**Availability/Accessibility** - Description of how services were made available or accessible to low/mod income people, including persons w/disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Affordability** - Description of how funds used made the service affordable to low/mod income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, transportation or daycare.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sustainability** - Promoting livable or viable communities. Provides benefit to persons of low/mod income people by removing or eliminating slums or blighted areas, through multiple activities/services that sustain communities/neighborhoods.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. TO BE COMPLETED FOR CONSTRUCTION PROJECTS ONLY**

Is the proposed project part of the City's master plan? Yes  No

Is this project included in your department budget or will other funds be used to supplement this project? Yes  No

If yes, provide current funding and type of services to be provided within the same period.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the location of the proposed project?

Please provide service area boundaries for this project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. STAFF DETERMINATION OF ELIGIBILITY**

The above-named project was reviewed by Community Development staff and in accordance with the 24 CFR Part 570 section relating to eligibility (and any other federal requirements that may be applicable), the following eligibility determination has been made:

LOCATION: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CENSUS TRACT: \_\_\_\_\_ BLOCK GROUP: \_\_\_\_\_

REFERENCE: 24 CFR PART 570. \_\_\_\_\_

OTHER REFERENCE: \_\_\_\_\_

NATIONAL OBJECTIVE: \_\_\_\_\_

- \_\_\_ Project is eligible.
- \_\_\_ Project is an eligible type activity, but additional information is required for eligibility determination (see comments).
- \_\_\_ Project eligibility is questionable. An eligibility determination request shall have to be submitted to the HUD Area Field Office for final determination (see comments).
- \_\_\_ Project is ineligible (see comments).

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_