



CITY OF MISSION  
CDBG-CV3  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2019-20

SUMMARY

The City of Mission received a special allocation for the Community Development Block Grant Program from the third round of the CARES Act funds through the U.S. Department of Housing and Urban Development which must be used to prevent, prepare for, and respond to the pandemic. The City will receive approximately **\$514,625** in CDBG-CV3 funds for the 19-20 Fiscal Year.

Awarded funding must be expended by September 2026. 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 residents that have been affected by COVID-19 to be used to prevent, prepare for, and respond to the pandemic. List of eligible activities includes: Public Services: Testing, Diagnosis, Food Distribution, increase capacity of Health Services, Rent/ Mortgage/Utility Assistance; etc.; Public Facilities: Acquisition, Rehabilitation and Construction of facilities for testing, etc.; Building and Improvements including: Assistance to Businesses including Economic Development Assistance; etc.

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 by e-mail at [cdbgdept@missiontexas.us](mailto:cdbgdept@missiontexas.us), mail or dropped off 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 22, 2021**. **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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PUBLIC SERVICE APPLICATION

**TYPE OF PROJECT APPLICATION:**

**Construction Project** | |

(Infrastructure, Parks, Fire Equipment, Housing)

**Public Service Project** | |

(Agencies providing direct service)

**I. GENERAL INFORMATION**

Project Name: | |

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Applicant: | |  
(Agency or Department completing application)

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Tax ID No: | | DUNS No: | |

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Grantees are required to maintain an active SAMs registration by re-activating their DUNS number annually in the SAM system for the entire drawdown period of their grants. DUNS numbers can be registered and renewed each year at the following website: <https://www.sam.gov/SAM/>.

Name of Executive Director/Department Director: | |

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Contact Person: | |  
(Name and Title of Person Preparing Application)

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Mailing Address: | |

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City: | State: | Zip: | |

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Phone Number: | | Fax Number: | |

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E-mail Address: | |

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Amount Requested: | | Total Project Cost: | |

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**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: | |

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Signature: | |

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Title: | | Date: | |

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**II. PROPOSED PROJECT DESCRIPTION** Describe the proposed project and indicate the level of need to prevent, prepare for and respond to the Coronavirus pandemic COVID-19:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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.

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

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