



CITY OF NORTH MIAMI  
COMMUNITY DEVELOPMENT BLOCK GRANT  
YEAR 2013-14

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APPLICATION FOR FUNDING  
**INSTRUCTIONS**

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City of North Miami  
Lucie M. Tondreau, Mayor

Community Planning & Development Department  
Maxine Calloway, A.I.C.P., Director

**APPLICATION INSTRUCTIONS FOR PROPOSAL FORMS  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
YEAR 2013**

In order to apply for CDBG funds, it is necessary to complete the Application and forms. **If you are approved to receive a contract with the City**, it will be necessary to provide an update of the Work Program and Budget Summary.

To ensure maximum consideration for your proposal, please fill out all the forms in accordance with the Instruction booklet and submit the proposal. Proposals must be submitted by 4:00 p.m. on Friday, October 18, 2013, to the Community Planning & Development Department, 12400 N.E. 8<sup>th</sup> Avenue, North Miami, FL 33161.

**NOTE:** There will be a TECHNICAL ASSISTANCE WORKSHOP on preparing the proposals

**Date:** Wednesday, October 9, 2013

**Time:** from 11 a.m. to 2 p.m.

**Place:** North Miami Public Library, 835 N.E. 132 Street, North Miami, Florida.

**Submit one complete original and twenty (20) duplicate copies of each proposal.**

If you need more space to provide information, please attach additional forms or sheets as necessary.

In some cases the descriptions in the instructions indicates “self-explanatory.”

Proposal Forms

Application

Certification

Forms 1 – 6

Form 1 – Budget Summary

Form 2 – Personnel Budget

Form 3 – Non-Personnel Budget

Form 4 – Funding Overview

Form 5 – CDBG National Objectives

Form 6 – Work Program

List of Sections in this Instruction Booklet:

- Part I – Applicant Information
- Part II – Service Area Information
- Part III – Proposal Description
- Part IV – Monitoring and Evaluation Procedures
- Part V – Auditing Requirements
- Part VI – Documentation Requirements
- Part VII – Instructions for Forms 1 through 6

**Part I: Applicant Information**

Applicant: Identify the organization that is responsible for administering this project.

DUNS #: The DUNS number is a unique nine-character number that identifies your organization. It is a tool of the federal government to track how federal money is distributed.

Name of Project: Self-explanatory

Mailing Address: The City of North Miami will be sending letters to you about your Application. To what address should the mail be sent?

Applicant Contact: Provide the name of the director or coordinator in charge of this project.

Phone Number: Provide the telephone number of the applicant contact person.

Fax Number: If you have a fax machine, please provide the fax number.

E-Mail Address: If your organization is Internet connected, please provide your e-mail address.

Requested CDBG Year 2013 funding: Indicate the amount of funds you are requesting from CDBG funds for your proposal.

When Was the Organization Established: Indicate the year that your organization was established.

**Part II: Service Area Information**

Address: Self-explanatory

What Area and Census Tract is the Facility Providing the Services Located In? Please refer to the maps in your packet to determine the correct information. The information is being requested only for the actual facility location; the next section requests information for the entire service area. **Please see attached map.**

Indicate Service Area: If you will have a primary service area (even if it is a citywide service), indicate with street names or other significant landmarks the approximate boundaries of your service area.

### Part III: Proposal Description

**III-A.** Narrative of the Project – Self-explanatory

**III-B.** The **example** below shows how to use the model to summarize programs

Problem*	Intervention Activity/ies**	Expected Outcome***
Increase the number of students who stay in school, return to school and graduate	<ul style="list-style-type: none"> <li>➤ Academic counseling</li> <li>➤ Teacher consultation</li> <li>➤ Tutoring</li> </ul>	Program participants will stay in school, return and/or graduate

\* A “problem” is a societal issue/concern that a program addresses. A program may address more than one problem.

\*\* An “intervention activity” is a course of action that addresses a problem. There may be several intervention activities per problem.

\*\*\* “Expected Outcome” is an outcome of an intervention activity. There may be several outcomes per intervention activity.

**III-C.** If the project is currently in operation:

1. Indicate the year that your specific project began operation
2. Self-explanatory
3. Identify other financial, physical, and human resources in the community being used to supplement agency resources, such as creating a referral system involving public and private agencies or sharing the use of facilities, staff, and databases

**III-D.** Access to other support services. Self-explanatory.

### Part IV: Monitoring and Evaluation Procedures

Self-explanatory

### Part V: Auditing Requirements

Self-explanatory

## Part VI: Requirements

The boxes next to the list of required items should be checked when you attach them to your application, to insure that all required documentation is included. **If funding is approved, the other items will be required before contract execution.**

### Certification

Self-explanatory

### Proposed Budget Summary – Form 1

The purpose of this form is:

- 1) To **summarize**, by item of expenditure, the total budget of a program or project to be funded in whole or in part with CDBG funds and
- 2) To specify the total cost charged to the CDBG program and the total cost charged to other matching or supplemental funding sources.

This is a **preliminary** budget and is not binding. However, it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CDBG funds and those that will be paid for with other funding sources. Numbers should be rounded to the nearest dollar.

- A. Applicant – Self-explanatory
- B. Program – Self-Explanatory.
- C. Contract Term – Indicate beginning (*month/day/year*) and ending (*month/day/year*) of contract period.
- D. Year 2013 Requested CDBG Allocation – Indicate the amount of CDBG funds requested for this project for year 2013.
- E. Project Budget Summary – Columns (1) and (2); Item of Expenditure.

**Personnel Costs** – salaries and **Fringe Benefits**, stipends, overtime, salary adjustments.

**Operating/Technical Costs** – i.e., publications, rental of property, rental of equipment/services, repair/maintenance of property, repair/maintenance of equipment, insurance, utilities, telephone, local transportation, postage, advertising.

**Professional and Technical Services** – consultants/subcontractors

**Materials and Supplies** – stationery, tools, materials and supplies.

**Equipment Costs** – office machinery, furniture and furnishings, equipment. If purchases are \$300 or greater, a property inventory must be maintained.

The OMB Circular A-122 “Cost Principles for Nonprofit Organizations” establishes federal cost principles of grants, contracts and other agreements with nonprofit organizations.

Auditing – All applicants who spend \$500,000 or more in federal awards will be required to obtain an audit as required by OBM Circular A-133.

Insurance – The City Legal Department has established minimum insurance requirements for applicants awarded federal funds. If all insurance requirements have not been met, the City will withhold reimbursement from an applicant until such requirements are met. The types of insurance required include worker’s compensation; general liability, and automobile liability.

**Community Development Funding, Column (2)** – Summarize by budget line item the CDBG Year 2013 budget allocation for this program or project.

**Other Funding, Column (3)** – Summarize by budget line item the share of the project’s cost which will be funded with supplemental public or private funds.

**Total Cost, Column (4)** – Add Columns (2) and (3) to derive the amount of the total budget for the program or project.

F. **Percentage of Total Project Costs Paid by Other Funding Source** – Column (2) divided by (÷) Column (3).

### Personnel Budget – Form 2

The purpose of this form is to **estimate the total personnel costs** the applicant expects to incur in operating its Year 2013 project, and to provide a brief summary of job responsibilities for each budgeted position.

A. Applicant – Self-explanatory

B. Program – Self-Explanatory.

C. IRS I.D.#

The Internal Revenue Service (IRS) assigns a 9-digit identification number to every organization **employing one or more individuals**. Indicate the applicant’s number in the space provided. Should an agency have questions concerning its identification number, please call the IRS.

D. Personnel Budget Allocation for Year 2013

**Column (1): Position Title** – List all positions (even those for which the salary will be paid exclusively from a non-CDBG funding source) that will be funded under this project during Year 2013.

**Columns (2) and (3) – Number and Rate** – For each position listed in Column (1) indicate the number of employees to be funded and the corresponding salary rates (either annually or hourly). If there are different rates for the same position, list the rates one under another.

**Column (4): % of Time Spent on Project** – Oftentimes an employee spends only a fraction of his or her time on a project because they are engaged in other projects that the non-profit organization is operating. Please indicate for each employee to be funded in Year 2013 the percentage (%) of time that will be spent on this project.

**Column (5): CDBG Share of Total Cost** – For each position listed, please indicate the amount of total salary cost to be paid with CDBG funds.

**Column (6) Total Cost** – To determine the total salary cost for each position, multiply Column (3) by Column (2) for each position/rate. Then multiply this amount by the percentage of time to be spent on the project (Column 4) and put the final amount in Column (6).

**Column (7): Brief Summary of Job Responsibilities** – Describe briefly the duties and responsibilities associated with each position listed in Column (1).

**Line (8): Positions/Salaries Subtotals** – Add the number of positions to be funded for this project and indicate the number at the bottom of Column (2). Also subtotal Columns (5) and (6) to derive respectively the CDBG share of total cost and the total salary cost.

E. Estimated Fringe Benefits and Total Personnel Costs

**Fringe Benefits** – These taxes and contributions, along with certain fringe benefits that an applicant may wish to offer its employees, are eligible to be paid for with CDBG funds. The share of fringe costs to be borne by CDBG must be reasonably proportional to the share of the salary costs borne by CDBG. Please estimate these various costs on the form where indicated.

**Line (9): F.I.C.A.** – Federal Insurance Contribution Act tax, otherwise known as the Social Security Tax and the Medicare Tax.

**Line (10): State Unemployment Insurance** – In Columns (5) and (6) show respectively the share of this total to be borne by the CDBG and the total State Unemployment Insurance cost.

**Line (11): State Worker's Compensation Insurance** – This insurance is computed at a rate determined by the employee's type of business or organization. In Columns (5) and (6) show

respectively the share of this total to be borne by CDBG and the total State Worker's Compensation Insurance cost.

**Lines (12-13): Other** – Please list any other employer expenses or benefits the agency will offer its employees.

**Line (14): Subtotal Fringe Benefits** – Add Lines (9) through (13) to obtain the total fringe benefits (Account number .0044).

**Line (15): Total Personnel Costs** – Add Lines (8) and (14) in both Column (5) and (6) to obtain both the CDBG Share of the total costs and the Total Personnel Costs for the project.

### Non-Personnel Budget – Form 3

The purpose of this form is to **estimate and justify the non-personnel line item amounts** shown on the Budget Summary (Budget Form 1).

- A. Self-explanatory
- B. Self-explanatory
- C. Non-Personnel Budget Allocation for Year 2013

**Column (1): Item of Expenditure** – List the specific account descriptions to which you refer on your Budget Summary, which are applicable to this project.

**Column (2): CDBG Share of Cost** – Indicate the share of the total cost listed in Column (3) that will be paid from CDBG.

**Column (3): Total Cost** – Indicate the total amount of funds budgeted for each item of expenditure specified in Column (1).

**Column (4): Line Item Description and Justification** – Each amount of budgeted funds listed in Column (3) must be justified. Please show all calculations. Include **quantities** and **unit costs** wherever possible.

### Applicant Funding Overview – Form 4

The purpose of this form is to serve as a readily available record of each Year-2013 applicant's **City funding history** and total **current funding sources**.

- A. Self-explanatory
- B. Self-explanatory

- C. Self-explanatory
- D. City Funding History – The applicant should identify all funds awarded to your agency by the CITY OF NORTH MIAMI over the past five years, including projections for Year 2013.
- E. Self-explanatory

### **CDBG National Objectives – Form 5**

The purpose of this form is to verify that every program or project to be funded in Year 2013 **complies with the CDBG National Objectives**. In order to be eligible for funding, every CDBG-funded activity must qualify as meeting **one of the three** national objectives of the program:

- 1) Benefiting low and moderate (L/M) income persons: L/M Area Benefit (LMA); L/M Limited Clientele (LMC); L/M Housing (LMH); L/M Jobs (LMJ)
- 2) Aiding in the prevention or elimination of slums or blight: Slum or Blighted Area (SBA); Spot Blight (SBS); Urban Renewal Completion (SBR). **The delegate agency’s programs funded with CDBG will not meet the Urban Renewal Completion national objective**
- 3) Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. Examples of urgent need are major catastrophes or emergencies such as floods and earthquakes.

**Eligible CDBG Activity** – See the following **ELIGIBLE ACTIVITY NATIONAL OBJECTIVE MATRIX** to determine the eligible activity you are administering.

**National Objective** – You should check the appropriate box to show which National Objective you are meeting. The project can only meet **one** National Objective.

- Area Benefit Activities
- Limited Clientele Activities

A *Limited Clientele Activity* is an activity which benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M persons. To qualify under this category, the activity must meet **one** of the following tests:

[See Next Page]

- ❑ Benefit a clientele who are generally presumed to be principally L/M income persons. The following groups are currently presumed by HUD to meet this criterion:

- Abused children
- Elderly persons
- Battered spouses
- Homeless persons
- Handicapped persons
- Illiterate persons and migrant farm workers

or

- ❑ Require information on family size and income so that it is evident that at least 51% of the clientele are persons whose family income does not exceed the L/M limit

or

- ❑ Have income eligibility requirements which limit the activity exclusively to L/M income persons

or

- ❑ Be of such a nature and location that it may be concluded that the activity's clientele will be primarily L/M income persons. The "Departmental Approval" and the "OMB Approval" applies only to the projects qualified because "the nature and location of the activity will ensure that the majority of clientele will be low and moderate income in accordance with HUD criteria and no other feasible way of qualifying the activity exists." The percent of low/moderate income persons in the service area must be at least 70%.

Examples of *Limited Clientele Activities* include:

- Construction of a senior center
- Public services for the homeless
- Meals on wheels for the elderly
- Construction of job training facilities for the handicapped

[See Next Page for the **Eligible Activity National Objective Matrix**]

**Eligible Activity National Objective Matrix**

<b>LMA =</b> Low/Mod Area	<b>LMC =</b> Low/Mod Limited Clientele	<b>LMJ =</b> Low/Mod Jobs	<b>X =</b> Eligible Qualification
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<b>Type: Public Services</b>	<b>LMA</b>	<b>LMC</b>	<b>LMJ</b>
General	X	X	
Senior Services	X		
Handicapped Services		X	
Homeless Services		X	
Legal Services	X	X	X
Youth Services		X	
Transportation Services	X		
Substance Abuse	X	X	
Domestic Abuse		X	
Employment Training	X	X	
Crime Awareness	X	X	
Fair Housing Activities <i>(if subject to 15% cap)</i>	X	X	
Tenant/Landlord Counseling		X	
Child Care Services		X	
Health Services	X	X	
Abused/Neglected Children		X	
Mental Health Services		X	
Screening for Lead Poisoning		X	
Subsistence Program		X	
Homeownership Assistance		X	
Rental Housing Subsidies		X	
Security Deposits		X	

**Proposed Work Program – Form 6**

This form summarizes what the subrecipient plans to accomplish through the CDBG funded project and how it relates to the City’s goals, policy objectives and strategies. The program activities, deliverables and measures provide a basis for planning the work program, understanding the subrecipient’s work, and for evaluating the program’s efficiency and effectiveness.

- A. Self-explanatory
- B. Self-explanatory
- C. Proposed Work Program for Year 2013

**Program** – Program name

**Program Activities** – List activities that will be carried out to fulfill the program. This should match the intervention activities from your Application, “Proposal Description” Part III-A.

**Program Outcomes** – List the service or product being delivered. This should match the deliverables from your Application, Part III-A.

**2013 Planned Program Deliverables** – Provide the projected outcomes in numbers for each identified activity by quarter, and total.

**Performance Measures** – Please consider the following process-based performance measures:

- Mission
- Cost
- Speed of service delivery
- Customer/resident satisfaction

See attached example of process-based performance measures. Work closely with your departmental contact to determine the performance measures.

**Total Unduplicated Clients/Units** – Total, by each quarter and for the entire year, the number of clients and/or units which will be assisted by this project. If the same clients/units are duplicated in the detail, please reflect only unduplicated client/units.



### Part I: Applicant Information

Please type or print legibly

Name of Applicant:	
DUNS #:	
Name of Project:	
Mailing Address:	
City, State, Zip:	
Contact Person:	
Phone Number	FAX Number
E-mail address	
Requested CDBG Year 2013 funding: \$	
When Was the Organization Established?	

### Part II: Service Area Information

Address of organization providing the services:	
In What Community area and Census Tract is the organization providing the services located?	
Community area:	Census Tract
Indicate Service Area: <input type="checkbox"/> This project will provide services citywide to all eligible individuals <input type="checkbox"/> This project will primarily serve the following Community area(s) and Census Tract(s)	
Community areas:	
Census Tract(s)	

### Part III: Proposal Description



**III-A.** In a clear and concise manner, provide a brief narrative of the project, its scope, problems addressed, and results anticipated.

**III-B.** Provide a summary of the project using the Problem/Intervention/Activity/Expected Outcome model: (Include additional pages if necessary.)



#	Problem	Intervention Activity/ies	Expected Outcome(s)
1.			
2.			
3.			
4.			

**III-C.** *If* the specific project is currently in operation:



1. When did the project begin operation?

2. Specifically describe the project's prior accomplishments:

3. Are there other financial, physical and human resources in the community being leveraged?

**III-D.** Please explain how access to a comprehensive array of social, academic, occupational, and other support services related to the program objectives will be provided through collaboration with public and private agencies, referral systems, shared locations, or another approach.

## **Part IV: Monitoring and Evaluation Procedures**



**IV-A.** Describe the methods your agency will employ to evaluate the project's progress and record project accomplishments.

**IV-B.** Describe how your agency will monitor program expenditures and ensure that appropriate fiscal controls and records are in place.

## **Part V: Auditing Requirements**



Is your agency (check only one):	
<input type="checkbox"/> Not-for-profit	<input type="checkbox"/> Educational institution
<input type="checkbox"/> Governmental agency	<input type="checkbox"/> For-profit
<b>V-A.</b> What is your agency's fiscal year?	
<b>V-B.</b> Does your organization conduct annual audits, and if so, when do you intend to conduct an audit of your organization?	
<b>V-C.</b> If your agency anticipates receiving other local, state or federal funds for this program during 2013, please identify the source and the amount.	

**Part VI – Requirements**



The items listed below must be provided with **ALL** copies of your proposal:

- List of Officers and Board of Directors
- By-Laws and Charter
- Articles of Incorporation
- IRS Not-for-Profit Designation
- 990
- Other Requirements specific to programs. *(It is critical that you refer to the Instruction booklet under the "Other Information" category to determine any additional requirements.)*

The items listed below will be required prior to final contract approval, **if funding is approved:**

1. Approved WORK PROGRAM and BUDGET
2. Identification of Project Staff
3. Identification of office space and LEASE AGREEMENT
4. Workers compensation and general liability INSURANCE
5. Signature Authorization
6. Organizational Chart
7. Signed Contract
8. Other requirements specific to program

**Certification**

***I HEREBY CERTIFY***, as Chief Executive Officer, that the information provided in this application is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name **(type or print)**

\_\_\_\_\_  
Title **(type or print)**

Proposed Budget Summary for Year 2013

**A. Applicant** \_\_\_\_\_ **C. Contract Term, From** \_\_\_\_\_ **To** \_\_\_\_\_

**B. Program** \_\_\_\_\_ **D. Year 2013 Allocation** \_\_\_\_\_

**E. Project Budget**

Column 1	Column 2	Column 3	Column 4
Item of Expenditure	CDBG Funding	Other Funding (\$)	Total Cost (\$)
Personnel			
Fringe Benefits			
Operating/Technical			
Professional and Technical Services			
Materials and Supplies			
Equipment			
Other (please specify)			
Other (please specify)			
<b>TOTAL</b>			

Note: The entire budget for this project must be shown. This is a preliminary budget, and is not binding. However it is important that you comprehensively determine the expenses for this proposed project. Please show both the expenses that will be paid for with CDBG funds and those that will be paid for from other funding sources.

**F.** Percentage of total project costs paid by Other Funding Sources: \_\_\_\_\_ %

**A.** Applicant \_\_\_\_\_

**C.** IRS I.D. # \_\_\_\_\_

**B.** Program \_\_\_\_\_

**D. PERSONNEL BUDGET ALLOCATION FOR YEAR 2013**

Position Title (1)	No. (2)	Rate (\$) (3)	% of Time Spent (4)	CDBG Share (\$) (5)	Total Cost (\$) (6)	Brief Summary of Job Responsibilities (7)
<b>Example:</b> <i>Assistant Program Director</i>	<i>1</i>	<i>\$28,000</i>	<i>60%</i>	<i>\$11,200</i>	<i>\$16,800</i>	<i>Assists the program director in assessing client needs, preparing a marketing plan, and preparing vouchers</i>
(8) Totals						

**E. ESTIMATED FRINGE BENEFITS AND TOTAL PERSONNEL COSTS**

Type of Fringe Benefit	CDBG Share (\$)	Total Cost (\$)	Please show calculation below
(9) F.I.C.A.			
(9a) Social Security Tax			= .0765 x Line 8
(9b) Medicare Tax			= .0145 x Line 8
(10) State Unemployment Insurance			
(11) Workers Compensation			
(12) Other (please list)			
(13) Other (please list)			
(14) Total Fringe Benefits (Add Lines 9-13)			
(15) Total Personnel Costs (Line 8 plus Line 14)			

**A.** Applicant \_\_\_\_\_

**B.** Department Program \_\_\_\_\_

**C. NON-PERSONNEL BUDGET ALLOCATION FOR YEAR 2013**

Item of Expenditure (1)	CDBG Share of Cost (\$) (2)	Total Cost (\$) (3)	Line Item Description and Justification (Please show justifications for Total Cost and CDBG Share) (4)
<p><b>Example:</b> <i>Postage</i></p>	<p>\$572</p>	<p>\$750</p>	<p><i>CDBG will pay for two mailings of newsletter (2 x 400 copies @ 32¢ = \$256) and one mailing of promotional pamphlet (275 copies @ \$1.15 = \$316). Incidental postage (\$178) will be paid with other share.</i></p>
<p><b>TOTAL</b></p>			

**A.** Applicant \_\_\_\_\_ **B.** Department Program \_\_\_\_\_

**C.** Applicant's total organization-wide Budget for 2013 \$ \_\_\_\_\_

**D. City Funding History:** Account for all funds awarded to your agency by the City of North Miami over the past five years, including projections for Year 2013

Funding Year	CDBG
2009	
2010	
2011	
2012	
2013	
TOTAL	

**E. Other Funding Sources:** List all public grants (excluding CDBG), private grants, and any other funding for this specific project for 2013

Funding Source	Date Received/Expected	Total Amount Awarded (\$)
TOTAL		

## CDBG National Objective / Eligibility

- If the qualifying National Objective is **“Activities Benefiting Low- and Moderate-Income Persons”** check this box and also check the box next to the appropriate underlined criterion listed below. Please follow any additional instructions in parenthesis.
- Area Benefit (LMA)
- Limited Clientele (LMC) (*check the appropriate box below*)
- Service is limited to one or more of the following groups presumed by HUD to be low/moderate income (*check all that apply*)
- Senior Citizens
  - Persons with Disabilities
  - Homeless Persons
  - Youth
  - Low/Moderate Income Persons
- Records are kept which contain the household size and total household income of clients proving that 51% are low and moderate income
- The Community Planning & Development Department has determined that the nature and location of the activity will ensure that the majority of clientele will be low and moderate income in accordance with HUD criteria. No other feasible way of qualifying the activity exists.

**A.** Applicant \_\_\_\_\_

**B.** Project Name \_\_\_\_\_

**C. PROPOSED WORK PROGRAM FOR YEAR 2013**

Program	List activities which will be carried out to fulfill program	Outcomes	2013Planned Program Deliveries by Quarter and Total				Performance Measures
			1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	
<b>Total Unduplicated Clients/Units</b>							