



**City of Medford**  
**2013 Community Development Block Grant (CDBG)**  
**Public Service Application**  
**INSTRUCTIONS**

The City of Medford is a HUD Entitlement Community and as a result, receives Community Development Block Grant (CDBG) funds each year from HUD. Block Grants are designated by HUD to fund community development projects listed in the City's Consolidated Plan. Each project must meet one of three National Objectives. Most activities meet the National Objective of benefiting low and moderate-income persons.

The City has two types of CDBG grants. There is a separate application for each grant.

1. **Capital Improvement Projects** are eligible activities as listed in 24 CFR Part 570.201 thru Part 570.206. Some of the eligible activities include acquisition of real property, public facilities and improvements, rehabilitation, and homeownership assistance.
2. **Public Service Projects** are eligible activities as listed in 24 CFR Part 570.201 (e). Some of the eligible activities include health care, services for senior and disabled citizens, services for homeless persons, and programs to reduce dependency on drugs and alcohol. The Public Service must be 1.) A new service or 2.) Funded at the same level as the previous year or 3.) An increase in the previous year's funding, with a corresponding increase in the level of service.

Attendance is **required** at one of the following orientation meetings to be eligible to submit an application:

**Wednesday, December 12, 2012, 2:00 pm – Medford Room 330, City Hall**  
**Tuesday, December 18, 2012, 2:00 pm – Medford Room 330, City Hall**  
**Wednesday, December 19, 2012, 4:00 pm – Medford Room 330, City Hall**

**Application Deadline: Wednesday, January 23, 2013, 5:00 p.m. City Manager's Office Room 310**  
**411 West 8<sup>th</sup> Street, Medford, OR 97501**

In order for any application to be considered, it must meet the following requirements:

1. The program must be located in the City of Medford and benefit City residents.
2. The application must be date/time stamped as received by the deadline advertised with number of copies and arranged as listed in the application.
3. The project must be a CDBG **eligible activity** and address a **National Objective**.
4. The project must address a specific goal and strategy in the 2010-2014 Consolidated Plan.
5. The budget and cost estimate must be reasonable and appropriate.
6. The project must be capable of being started and completed within a realistic time frame. (Normally 12 months).
7. The proposed project must not cause the demolition or loss of low and moderate income housing without appropriate and legally required mitigation measures.
8. The Applicant **must** have a representative attend the required orientation, or make contact with the City to make other arrangements prior to the orientation meeting. The City will reject the application unless this step has been accomplished.

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Scoring Criteria

The Housing and Community Development Commission will score based on the following criteria:

1. Program Need (35 points possible): The CDBG proposal describes and demonstrates the organization's ability to address an Unmet Need and more than one Five Year Strategy as listed in the 2010-2014 Consolidated Plan. The proposal also improves the ability of low/moderate-income (LMI) households to become self-sustaining, supports job creation/retention, and addresses a low income housing need.
2. Program Effectiveness (20 points possible): The CDBG proposal clearly describes the programs ability to attain the 2010-2014 Consolidated Plan Goals and Objectives, addresses long term solutions to a need and serves a minimum of 51% LMI population.
3. Cost Effectiveness (30 points possible): CDBG proposal demonstrates that the project has cost saving measures incorporated and is cost effective in relation to cost per person and the number of people or households served. To what degree are requested funds being leveraged with other resources for the project? What percentage of the program budget is dedicated to administrative costs? To what extent has the project included collaboration with other private and not-for-profit agencies? Does the overall budget demonstrate fiscal responsibility?
4. Agency Effectiveness (20 points possible): Applicant has demonstrated the ability to effectively achieve stated goals and outcomes, staff is qualified to effectively provide the service, and the proposal describes the organization's long range plan. New Applicants will be evaluated based on their presentation, responses, and the Commission's perception of the agency's ability to be effective. Previous Grantees will be evaluated based on their ability to effectively administer and produce results in a timely manner and in conformance with HUD and City regulations.
5. Capital Improvement Projects (10 points possible): CDBG proposals for Capital Improvement Projects will, in addition to the above, be scored based on whether the program generates program income and the degree to which they expand or improve housing units to LMI residents.

Applicants may receive deductions for negative audit findings, exceeding the page limit, blank fields, and required items not included with application. A total of 35 points may be deducted for these items.

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CDBG funds will be available after July 1 of each year, upon receipt from HUD by the City. The City will issue new contracts to be executed after July 1 of each year. **CDBG funds cannot be used to reimburse expenses incurred prior to the signing of a contract.**

**Successful applicants must comply with all applicable Federal, State and City statutes, rules, regulations and record keeping requirements governing the use of CDBG funds. The Certifying Officer of the City must certify as complete the part 58 environmental review for the project and an agreement must be signed and executed prior to dispersal of any funds.**

**If real property acquisition is proposed, the applicant cannot have financial or legal commitment to purchase prior to release of City CDBG funds.** The applicant may hold an option on the property, but if the seller allows the option money to go toward the purchase price, it cannot be reimbursed by CDBG funds.

**For any construction project over \$2,000, workers must be paid federal Davis-Bacon wage rates** (except housing rehab or construction, in which case 8 or more units must be involved). **Generally, these wages are higher than accepted local rates and will increase the cost of the project since they must be paid on the entire project and not just the portion being funded by CDBG.** Please consider these wage rates when putting together your cost estimate. There is additional record keeping required of the contractor and City staff must conduct site interviews with employees while the work is underway.

The City reserves the right to reject incomplete proposals or to fund projects at a level that is less than the amount requested.

**Submit one (1) original and eleven (11) copies (12 total) of the completed application packet in the following format and order. Submit by deadline and at location listed on front page.**

### **Format of Application Packet:**

- a. White Paper – 8 1/2 x 11 inch
- b. Three-hole punched
- c. Unbound – separate by colored paper or clip

### **Order of Application Packet:**

1. Application (Pages 1-12)
2. List of Agency Board of Directors and Officers. Include their affiliations, terms of service, phone numbers, mailing address and email address.
3. Copy of the latest Board Meeting Minutes
4. Copy of IRS 501(c)(3) determination letter
5. Copy of System of Award Management (SAM) Registration (formerly CCR)
6. Letter or letters of support
7. Latest Annual Budget for Agency
8. Latest Audit Letter (if audit is conducted)
9. **1 Copy** of Latest Agency Audit or Financial Review. If no audit is conducted, include IRS form 990



## City of Medford 2013 Community Development Block Grant (CDBG) Public Service Application

**Application Deadline: Wednesday, January 23, 2013, 5:00 p.m. City Manager's Office Rm 310**  
Application must be completed using **only** the space provided. If you use a computerized version of this application it must match as presented.

DATE: \_\_\_\_\_ PROGRAM NAME: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_ PERCENTAGE OF TOTAL BUDGET: \_\_\_\_\_ (for the 2013 program year)

ORGANIZATION NAME: \_\_\_\_\_ FOUNDING DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

CONTACT PERSON: \_\_\_\_\_  
Name Title

WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DUNS #: \_\_\_\_\_

\_\_\_\_\_  
Signature of Board President Signature of Executive Director/CEO

\_\_\_\_\_  
Type Name Type Name

### PROPOSAL INFORMATION

1. Describe your organization and its mission statement.

2. Number of paid employees: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

3. Describe your program for which funds are being requested:

4. Explain the value of your organization and how you will accomplish the housing and community development need (goal, strategy, and objective) from the 2010-2014 Consolidated Plan that you listed on the Eligibility Form?

5. Program period: July 1, 2013 to June 30, 2014 (2013 Program Year) Geographic area to be served: City of Medford

Client group and number of people to be served in the City of Medford: \_\_\_\_\_

Agency cost per person served in the City of Medford: \$\_\_\_\_\_per person

How will the people you serve be impacted by the use of CDBG funds?

6. What are your organization's special qualifications to address these accomplishments?

7. What are the long-range plans for the organization?

8. If program is successful, how will it be funded in the future?

9. List other groups addressing similar objectives and the extent of your coordination with each.

10. Current annual organizational budget: \$ \_\_\_\_\_  
Amount budgeted for administration: \$ \_\_\_\_\_  
Percent of administration and overhead expenses to organizational budget: \_\_\_\_\_%

11. Total financial support received last year: \$ \_\_\_\_\_

List sources of this support:

Memberships and individual contributions	\$ _____		
Fundraising activities	\$ _____		
Government programs	\$ _____	City of Medford	\$ _____
Foundations	\$ _____	CDBG-Medford	\$ _____
United Way	\$ _____		
Other (identify)	\$ _____		

12. List other sources of support being applied for in 2013 (sources and amount):

13. Secure commitments/pledges for 2013:

14. Total proposal budget \$ \_\_\_\_\_ Percent of Proposal Amount requested to total budget \_\_\_\_\_%

3. Project Budget. Complete the project budget below. Total Revenue must match Total Expenditures.

**CDBG PUBLIC SERVICE PROGRAM BUDGET**

	<b>CITY OF MEDFORD CDBG GRANT</b>	<b>PROJECTED PROGRAM INCOME (CDBG Only)</b>	<b>OTHER STATE OR FEDERAL FUNDS Complete detail on next page</b>	<b>OTHER FUNDS Complete detail on next page</b>	<b>TOTAL</b>
<b>REVENUE</b>					
					\$
<b>EXPENDITURES</b>					
A. TOTAL PERSONAL SERVICES					\$
TOTAL Salaries					\$
TOTAL Benefits					\$
B. TOTAL MATERIALS & SERVICES					\$
					\$
					\$
					\$
					\$
					\$
					\$
C. TOTAL CAPITAL OUTLAY					\$
Land Acquisition					\$
Building Acquisition					\$
					\$
					\$
Other (Identify)_____					\$
Other (Identify)_____					\$
<b>TOTAL EXPENDITURES</b>					\$





# CDBG Eligibility Form

Applicant Organization \_\_\_\_\_

Program or Project Name \_\_\_\_\_

Program or Project Period: July 1, 2013 to June 30, 2014 (2013 Program Year)

Project Completion Date \_\_\_\_\_

1. Check the **National Objective** met with your program.

1. Benefit low and moderate income persons.

2. Aid in the prevention or elimination of slums or blight.

3. Meet a need having a particular urgency.

2. List the HUD **eligible activity** to be funded with this program. (For Example- Public Services – 24 CFR 570.201(e))

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3. Identify the **goals and strategies** your program addresses from the 2010-2014 City of Medford Consolidated Plan.

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4. Identify the **objectives** your program addresses from the 2010-2014 City of Medford Consolidated Plan.

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5. Will this program primarily benefit low/moderate income persons or households (more than 51% of your clients)?

YES                       NO

6. If your program primarily benefits low/moderate income persons or households, what evidence will you maintain to verify this?

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7. For Public Service projects check the appropriate box.

This is a new Service.

Maintain the same level of service as previously funded, or an increase in level of service with increase in funding request. Please explain increase request.

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8. Has your agency administered CDBG monies or projects?

YES  NO

9. Is your agency able to provide all required reports and accountability to the City as required by HUD and City contract?

YES  NO

10. How many persons (unduplicated) does your proposed program expect to serve during the program year for which you are requesting funding? Please report City of Medford estimated numbers **per year** of funding.

Year 2013      Persons \_\_\_\_\_

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Name of Contact Person

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Title

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Signature of Contact Person

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Phone

# CDBG Client Demographic Profile

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

<p><b>I. Gender</b></p> <p>Female _____</p> <p>Male _____</p>		<p><b>IV. Residence*</b></p> <p>Ashland _____</p> <p>Central Point _____</p> <p>Eagle Point _____</p> <p>Gold Hill and Rogue River _____</p> <p>Jacksonville, Ruch, Applegate _____</p> <p>Medford _____</p> <p>Phoenix/Talent _____</p> <p>Shady Cove, Butte Falls, Trail, Prospect, Other Upper Rogue _____</p> <p>White City _____</p> <p>Other _____</p> <p>Unknown _____</p> <p style="text-align: right;"><b>TOTAL</b> _____</p>
<p><b>II. Age*</b></p> <p>Infants 0 to 4 years _____</p> <p>Youth 5 to 17 years _____</p> <p>Adult 18 to 39 years _____</p> <p>Adult 40 to 64 years _____</p> <p>Adult 65 and over _____</p> <p>Unknown _____</p> <p style="text-align: right;"><b>TOTAL</b> _____</p>		
<p><b>III. Race/Ethnicity</b></p> <p>Caucasian _____</p> <p>African American _____</p> <p>Asian/Pacific Islander _____</p> <p>Native American/Aleutian _____</p> <p>Hispanic _____</p> <p>Other _____</p> <p>Unknown _____</p> <p style="text-align: right;"><b>TOTAL</b> _____</p>		

\*at point of entry for service

# CDBG Agency Board Profile

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

1. Number of board members required in bylaws? Minimum \_\_\_\_\_ Maximum \_\_\_\_\_
2. Number of board members? Voting \_\_\_\_\_ Vacancies \_\_\_\_\_
3. List various board, advisory and ad hoc committees and the number of members on each:

Committee	Number of Members
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Characteristics of Board of Directors at time of application:

<b>Ethnicity</b>	<b>Male</b>	<b>Female</b>
African American	_____	_____
Asian	_____	_____
Caucasian	_____	_____
Hispanic	_____	_____
Native American	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____
<b>Residence</b>	<b>Male</b>	<b>Female</b>
Ashland	_____	_____
Central Point	_____	_____
Eagle Point	_____	_____
Gold Hill/Rogue River	_____	_____
Jacksonville, Ruch, Applegate	_____	_____
Medford	_____	_____
Phoenix/Talent	_____	_____
Shady Cove, Butte Falls, Trail, Prospect,	_____	_____
Other Upper Rogue	_____	_____
White City	_____	_____
Other	_____	_____
<b>TOTAL</b>	_____	_____

NOTES: 1. Please attach a separate list of Agency Board Members and officers as required by the application. Include their affiliations, term of service, phone numbers, mailing address and email address.

2. Also attach a copy of the latest Board Meeting minutes as required by the application.

**CITY OF MEDFORD  
NOTIFICATION OF SINGLE ANNUAL AUDIT**

Recipients of a CDBG grant from the City of Medford must provide the following information:

Agency Name: \_\_\_\_\_

1. List the amount of federal expenditures from all sources for the fiscal year ended \_\_\_\_\_, 20\_\_\_\_.

<u>Source/Grant #</u>	<u>Dollar Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total \$ \_\_\_\_\_

3. \_\_\_\_ Single Audit Not Required (Total Federal Expenditures less than \$500,000)

\_\_\_\_ Single Audit Required (Total Federal Expenditures at least \$500,000)

If a single audit is required, the Agency must have it conducted in accordance with the Single Audit Act, OMB Circular A-133, which can be found at [http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133\\_revised\\_2007.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/a133/a133_revised_2007.pdf) and Generally Accepted Government Auditing Standards for the fiscal year noted above. The Single Audit must be submitted to the Federal Audit Clearinghouse (<http://harvester.census.gov/sac/>) within the earlier of 30 days after receipt of the auditor's report, or nine months after the end of the audit period.

4. Contact person responsible for audit arrangement \_\_\_\_\_

5. Certification:

I certify that the amounts shown on this report accurately reflect the federal funds expended by us for the fiscal year indicated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_