

Application - CDBG & ESG Grants - Fiscal Year 2024

I. PROPOSAL SUMMARY FORM

1. Name of Organization: _____

2. Name of Activity: _____

3. Type of Activity:

Public Service Activity

Does this activity primarily serve and benefit YOUTH?

Yes

No

Economic Development Activity

Other: _____

4. Address: _____ Zip Code: _____

5. Address of Activity Site: _____

6. Telephone Number: _____ Email Address: _____

7. Contact Person: _____ Title: _____

8. Person Signing Subrecipient Agreement (Contract): _____

9. Email of Person Signing Subrecipient Agreement (Contract): _____

10. Tax ID#: _____ UEI #: _____

You will be asked to provide the Sam.gov Active Registration printout of your UEI # on Page 10

11. **Brief Description of Proposed Activity:** *(complete below)*

12. Will the time frame of the activity occur during 7/1/23 – 6/30/24? Yes No
- 12a. Number of Lynn Residents Expected to Serve during the time frame: _____
- 12b. Number of Low/Mod-Income Lynn Residents Expected to Serve during the time frame: _____
- 12c. Percentage of Low/Mod-Income Lynn Residents Expected to Serve during the time frame: _____ %
- For Economic Development Activities:
- 12d. Number of Lynn Businesses Expected to Serve during the time frame: _____
- 12e. Number of Low/Mod-Income Lynn Business Owners Expected to Serve during the time frame: _____
- 12f. Percentage of Low/Mod-Income Lynn Business Owners Expected to Serve during the time frame: _____ %
- 12g. If the activity involves job creation and/or retention, please provides details: _____

13. Type of Funding Requested: CDBG ESG

14. Amount of Funding Requested:

15. **Additional Funding Sources** for Proposed Activity:
List funding source and amount, including fundraising and donations

	SOURCE	AMOUNT
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____
g.	_____	_____
h.	_____	_____
i.	_____	_____
j.	_____	_____
k.	_____	_____
l.	_____	_____
m.	_____	_____
n.	_____	_____
o.	_____	_____

16. Total Amount of Additional Funding Sources: _____

17. Grand Total of Funding for Proposed Activity:
(Lines 14 and 16 Combined) _____

SECTION II – PROJECT SUMMARY

1.	In a few sentences describe the need/problem to be addressed and how one or more of the eligibility requirements will be met. For CDBG funding, (1) benefit low/moderate income persons, 2) aid in the prevention or elimination of slums or blight, 3) meet community development needs having a particular urgency – as defined in 24 CFR Part 570.208.) For ESG funding, please provide the eligible activity (component) to be undertaken.
2.	In a few sentences describe the population and area to be served.
3.	In a few sentences provide a description of the work.

4.	In a few sentences identify the clients to be served.
5.	In a few sentences provide a description of the activity site.
6.	In a few sentences provide your coordination with other community agencies.

SECTION III – PROJECT BUDGET

Line Item Budget Form – Service Projects

Subrecipient

Project Title

Guidance: Please use the following format to present your proposed line item budget. In column A, list the items for which you anticipate the need for Entitlement Grant funds. In Column B, provide the description explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for Entitlement Grant funds.

A Budget Item	B Description	C Amount Requested
PERSONNEL		
Salaried Positions – Job Titles	Provide rate of pay (hourly/salary) and percentage of time spent on project (Full-Time Equivalent) or hours per week	
	Salaries Total	
Fringe Benefits		
PERSONNEL TOTAL	Total of Personnel & Fringe Benefits	
OPERATING COSTS	Provide description of how you arrive at total for each line item	
Supplies		
Equipment		
Rent/Lease		
Insurance		
Printing		
Telephone		
Travel		
Other		
	TOTAL OPERATING	
CONTRACT SERVICES		
	TOTAL CONTRACT SERVICES	
BUDGET TOTAL		

SECTION IV - SUPPLEMENTAL BUDGET

1.	Will there be any volunteer and donated goods and services associated with this activity?		Yes	No
	If yes, please describe the value:			
2.	Does the agency expect any unusual budget expenditures related to this activity?		Yes	No
	If yes, please explain:			
3.	Do you consider all program costs to be reasonable?		Yes	No

SECTION V – AGENCY INFORMATION

These must be detailed descriptions.

1.	<p>Background/Program Experience: Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency’s capabilities, the number and characteristics of clients served, and license to operate (if appropriate).</p>

<p>2.</p>	<p>Personnel/Staff Capacity: Describe the agency’s existing staff positions and qualifications, its capacity to carry out this activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.</p>
<p>3.</p>	<p>Financial Capacity: Describe the agency’s current operating budget. Identify commitments for ongoing funding. Describe the agency’s fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.</p>
<p>4.</p>	<p>Program Performance: Describe how you will track progress in implementing the program. What are the goals and objectives of this activity? Who will be responsible for tracking progress?</p>

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ does hereby resolve that on _____, 202__ the Board reviewed the Application for Community Development Block Grant (CDBG) Funds or Emergency Solutions Grant (ESG) Funds to be submitted to the City of Lynn’s Department of Community Development for funding consideration for Fiscal Year 2024 and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Massachusetts.

_____ (*Name of organization requesting CDBG or ESG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant (CDBG) Funds or Emergency Solutions Grant (ESG) Funds. If this application is approved and this organization receives CDBG or ESG funding from the City of Lynn, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

The following person has been authorized to act as the Authorized Signer to this grant:

_____ Name	_____ Title
<i>This person is identified on Page 1 #8 as “Person signing Subrecipient Agreement (Contract)”</i>	

This **SIGNATURE AUTHORIZATION FORM** has been completed by:
(Clerk/Secretary/Treasurer of Board or other Designated Authority)

_____ Name	_____ Title
_____ Signature	_____ Date

SECTION VI – STANDARD DOCUMENTATION – Please Attach

PLEASE NOTE: If awarded, any Standard Documentation not submitted with the Entitlement Application will result in a delay in contracting until the documentation is submitted to this office.

PRIOR YEAR’S SUBMISSIONS ARE NOT ACCEPTABLE.

Attached
Please Check

1. Articles of Incorporation
2. Organization Bylaws
3. 501(c)(3) Letter of Tax Determination Status (status must be active)
4. Sam.gov Active Registration confirmation printout of the UEI #
5. List of the Board of Directors
6. Listing of Officers/Directors with Secretary of State
<https://www.sec.state.ma.us/cor/coridx.htm>
7. Mass Certificate of Good Standing
<https://www.sec.state.ma.us/cor/coridx.htm>
8. Signature Authorization Form
Has the Signature Authorization Form been signed by an authorized officer of the Board (*President, Secretary or Treasurer*) as registered with the Secretary of Commonwealth, Corporations Division?
<http://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>
9. Organizational Chart or Listing of Organization Members Hierarchy
10. Resume or Biography of the Chief Program Administrator
11. Resume or Biography of the Chief Fiscal Officer
12. Financial Statement
13. Audit
Only required if your agency expends \$750,000 or more in federal funds.
14. IRS 990 Filing
15. Insurance Binder
1-page binder or certificate. The entire policy is not required.
PLEASE NOTE: If awarded, the City of Lynn is to be listed as a loss payee or additional insurer on your Insurance Binder. A copy of your updated Insurance Binder will be required with the signed contract.
16. Workmen’s Compensation Insurance Binder
1-2 pages provided by your insurance company
17. Current policies and procedures for the proposed activity. Only required for Economic Development activities.

Please email the completed attached application and required attachments to:
cdapplications@lynnma.gov