



Carson City
Grants Program Application
Fiscal Year 2013–2014

An electronic version of this document is available at carson.org/cdbg

APPLICATIONS ARE DUE*: **JANUARY 18, 2013, 4:00 P.M.**

PLEASE SUBMIT 9 COPIES TO: **CARSON CITY PLANNING DIVISION**
108 E. PROCTOR ST.
CARSON CITY, NV 89701

*The deadline established is **firm**. Any proposal received **after** the deadline **will not** be considered for funding. **Applications must be unstapled. See attached instructions pg 15.**

GRANT APPLYING FOR: (check all that apply)

- Community Development Block Grant (CDBG)**
- Community Support Services Grant (CSSG)**

Total funding requested: <hr style="width: 80%; margin: 0 auto;"/>
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1. Agency Name: _____
2. Agency Mailing Address: _____
3. Project/Program Name: _____
4. Project/Program Address/location: _____
5. Agency Director: _____
6. Board Chairperson: _____
7. Contact person: _____
 Phone number: _____ E-Mail: _____
 Fax: _____ Website (if applicable) _____
8. How long has your organization been in existence? _____ In Carson City? _____
9. What is the overall mission of your organization?

10. Type of funding requested (CDBG ONLY) (Check One):
- | | |
|---|--|
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Public Facility/Improvement |
| <input type="checkbox"/> Economic Development | <input type="checkbox"/> Housing |

BRIEF PROJECT DESCRIPTION:

Please provide a short description of your project/program (not your organization).

I. PROJECT ELIGIBILITY

A. Check all statements that describe HOW this project/program meets one of Carson City's goals:

- A Safe and Secure Community
- A Healthy Community
- An Active and Engaged Community
- A Clean and Healthy Environment
- A Vibrant, Diverse and Sustainable Economy
- A Community Rich in History, Culture and the Arts
- A Community Dedicated to Excellence in Education
- A Physically and Socially Connected Community
- A Community Where Information is Available to All

B. For CDBG ONLY. This project/program meets at least ONE of the HUD national objectives listed below (please check all that apply)

- 1. Benefits low/moderate income individuals/households
- 2. Addresses the prevention or elimination of slums or blight
- 3. Meets a particularly urgent community development need

C. For CDBG ONLY. Check all statements that describe HOW this project/program meets one of the National Objectives above:

L/M Area Benefit: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

L/M Limited Clientele: the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

L/M Housing: the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

L/M Jobs: the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a

business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

_____ **Microenterprise Assistance:** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

_____ **Slum or Blighted Area:** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

_____ **Spot Blight:** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. **Examples:** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project/Program Category (check one):

_____ Public Service (i.e., a new service or an **increase** in the level of service)

_____ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

_____ Acquisition of Real Property

_____ Disposition of Real Property (sale, lease or donation)

_____ Privately-Owned Utilities

_____ Relocation Payments and Assistance to Displaced Persons

_____ Removal of Architectural Barriers, Handicapped Accessibility

_____ Housing Rehabilitation

_____ Historic Preservation

_____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

_____ Special Economic Development or assistance to microenterprises

5. For CDBG ONLY. If your project/program will not be serving one of the above limited clientele categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

6. How will the funds be used on this project/program?

7. Describe how your organization plans to reduce the need for grant funding in the future:

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain.

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?

10. What is the geographic target area that will be served by this project/program?

Target Area (specify geographic area) _____

OR

Community-wide

For Public Improvement (construction) Projects only

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)

2. Can this project be done in different phases? Yes No

If YES, explain.

3. Have CDBG or CSSG funds been used for an earlier phase? Yes No

4. Who currently holds title to the property involved?

5. With whom will title be vested upon completion?

6. Do any rights-of-way, easements or other access rights need to be acquired?

Yes No N/A

7. If the project requires water rights or well permits, have they been acquired?

Yes No N/A

For CDBG Economic Development projects only:

1. Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

For CDBG Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

III. PROJECT MEASUREMENT

Carson City has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that **outputs** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and **outcomes** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected **outputs**, or total number of people served, from this program/project?

2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents?

3. What is the projected **outcome** of this program/project? (How will the outputs benefit the total number of people in Question 1?)

4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

IV. PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project/Program Title:	Funds Requested	Leveraged Funds	Total Funds
Project/Program Expenses FY 2013-14			
Salaries and Benefits			
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
TOTALS			

V. PROJECT ADMINISTRATION

A. Provide the names, phone numbers and e-mails of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):

1. The person to whom all questions regarding the application should be directed:

2. The person directly responsible for on-site supervision of the project/program, such as a project manager:

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests:

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

Date of incorporation	
Date of IRS certification	
Tax exempt number	

2. DUNS Number: _____
For information on DUNS, go to: <http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf>

3. Attach the following to each copy of the Proposal for Funding:
 - a. IRS Tax Exempt "501(c)(3)" letter.
 - b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
 - c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
 - d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).
 - e. *For all 501(c)(3) non-profit organizations:* a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.

4. Required Certification (see instructions):

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

Signature of Authorized Official	Date
Typed Name and Title of Authorized Official	Phone Number

Signature of President of Board of Directors	Date
Typed Name of President of Board of Directors	Phone Number

APPENDIX I

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

Attachment Number	Attachment Description	Application Page / Section Referenced	Attachment Included (✓)
1	IRS Tax Exempt 501(c)(3) letter	Page 11	
2	Proof of incorporation from Secretary of State (Certificate Only)	Page 11	
3	Current Organization Chart with names of staff members	Page 11	
4	Current Board of Directors and terms of office	Page 11	
5	<i>501(c)(3) non-profits</i> : Copy of the most recent Federal Tax Return (Form 990 or 990EX)	Page 11	
6			
7			
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15			

Table 2B: Priority Community Development Needs

Priority Need	Priority	Unmet Need*	Funds Needed*	5 Year Goal*	Annual Goal	Percent Completed
Acquisition of Real Property	Medium					
Disposition	Low					
Clearance and Demolition	Medium					
Clearance of Contaminated Sites	Medium					
Code Enforcement	Medium					
Public Facilities	Measured by # of Projects / Facilities					
Public Facilities - General	High	2		2		
Senior Centers	Medium					
Handicapped Centers	Medium					
Homeless Facilities	Medium					
Youth Centers	Medium					
Neighborhood Facilities	High	1		1		
Child Care Centers	Medium					
Health Facilities	Medium					
Mental Health Facilities	Medium					
Parks and/or Recreation Facilities	High	1		1		
Parking Facilities	Medium					
Tree Planting	Low					
Fire Stations/Equipment	Medium					
Abused/Neglected Children Facilities	High	1		1		
Asbestos Removal	Low					
Non-Residential Historic Preservation	Medium					
Other Public Facility Needs	Medium					
Infrastructure	Measured by # of Projects / Facilities					
Water/Sewer Improvements	Medium					
Street Improvements	Medium					
Sidewalks	High	3		3		
Solid Waste Disposal Improvements	Medium					
Flood Drainage Improvements	Medium					
Other Infrastructure	Medium					

Priority Need	Priority	Unmet Need	Funds Needed	5 Yr Goal	Annual Goal	Percent Completed
Public Services	Measured by # of Persons Served					
Senior Services	Medium					
Handicapped Services	High			50		
Legal Services	Medium					
Youth Services	High			750		
Child Care Services	Medium					
Transportation Services	Medium					
Substance Abuse Services	High			500		
Employment/Training Services	High			100		
Health Services	High			1,000		
Lead Hazard Screening	Medium					
Crime Awareness	Medium					
Fair Housing Activities	Medium					
Tenant Landlord Counseling	High			500		
Other Services: Subsistence	High			100		
Economic Development	Measured by Businesses Assisted and Jobs Created					
C/I Land Acquisition/Disposition	Medium					
C/I Infrastructure Development	Medium					
C/I Building Acq/Const/Rehab	Medium					
Other C/I	Medium					
ED Assistance to For-Profit	Medium					
ED Technical Assistance	Medium					
Micro-enterprise Assistance	Medium					
Other	Medium					

APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

- _____ Grant Cover Sheet.
- _____ Section I: Project Eligibility
- _____ Section II: Project Description
- _____ Section III: Project Measurement
- _____ Section IV: CDBG Project Budget.
- _____ Section V: Project Administration.
- _____ Section VI: Agency Information
- _____ Appendix I: Index of Attachments.
- _____ Appendix II Consolidated Plan Priority Needs Table

**Carson City
Grants Program Application
Fiscal Year 2013–2014**

INSTRUCTIONS AND TRAINING INFORMATION

TRAINING SESSIONS: The following training sessions are scheduled to review this application:

Date & Time: Tuesday, December 4, 2012, 10:00 a.m.
Location: Business Resource Innovation Center
108 E. Proctor St., Conference Room A
Carson City, Nevada 89701

Date & Time: Tuesday, December 11, 2012, 10:00 a.m.
Location: Business Resource Innovation Center
108 E. Proctor St., Conference Room A
Carson City, Nevada 89701

IT IS STRONGLY RECOMMENDED YOU ATTEND ONE OF THE TRAINING SESSIONS.

**INSTRUCTIONS
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GENERAL APPLICATION INSTRUCTIONS

1. Answer the questions in the space provided for each question, keep your answers brief and to the point. If necessary, you may include additional information in the Attachments section.
2. Label all attachments and reference them clearly in Appendix II: Index of Attachments. The required attachments are already listed and numbered. You may add to the list if you provide any additional attachments. If additional pages are attached, be sure to number them accordingly.
3. To provide the reviewers of your application with a better understanding of the target area of the project, you may attach photographs, maps or other visual aids. These may be included with the application.
4. If a question does not appear to apply to your proposal, “Not Applicable” or “N/A” is a legitimate answer.
5. **Submit an original with nine (9) copies of each application to the Planning Division office. Copies must be unstapled.**
6. If you have questions about completing the application, please call Janice Brod in the Planning Division office at (775) 283-7069.

GRANT COVER SHEET

This is a general summary of the information contained in the body of the application. This must be filled out completely to be accepted.

1. Agency Name:
Name of the organization submitting the application and responsible for the project. If the application is a joint application, identify all pertinent organizations.
2. Agency Mailing Address:
Address for primary agency responsible for project.
3. Project/Program Name:
Name or title of the project/program you are submitting. Try to choose a brief project name that describes what the project/program hopes to achieve and who it serves. For example, "Carson Senior Law Assistance" rather than "Legal Eagles."
4. Project/Program Address/location:
Address or location of where the project/program will take place.
5. Agency Director:
Highest ranking official of applicant agency.
6. Board Chairperson:
Chairperson of the board governing primary applicant agency.
7. Contact Person, Phone, E-Mail, Fax, Website:
Information regarding the person responsible for completing the application, who can answer all pertinent questions, and who is officially designated as the CDBG contact.
8. How long has your organization been in existence? In Carson City?
Length of time your organization has been in existence and time it has been in Carson City.
9. What is the overall mission of your organization?
Describe your organization's mission.
10. Type of funding requested.
This lets the reviewers know what type of application you are filing so we can ensure it meets the eligibility requirements. Check only one grant type. The following are descriptions of grant categories:
Public Service – New or expanding projects that serve members of the community.
Public Facility/Improvement – Acquisition, Construction and Rehabilitation of facilities. Site improvements that are made to property that is in public ownership are considered to be a public improvement eligible for assistance.
Economic Development – Improving economic conditions and business opportunities.
Housing– Financing the cost of construction or rehabilitation for CDBG eligible projects.

GRANT APPLICATION

I: PROJECT ELIGIBILITY

A. Which Carson City goals does your project meet?

Check all of the goals that your project meets

B. Which HUD national objective does the project meet?

The Department of Housing & Urban Development (HUD) has focused on three objectives for CDBG in creating its new performance and outcome measurement system. Check the objective that your project will address.

C. How does the project or activity meet the national objective?

Choose the statement that describes how your project meets the national objective. More than one can apply

D. Project/Program Category

Choose the category that describes your project.

II: PROJECT DESCRIPTION

1. Describe the proposed project/program, how it will address the national objective (CDBG ONLY), and whether it is new, ongoing, or expanded from previous years.

Describe the project or program for which you are proposing funding. This will help the reviewers to determine if your project is eligible for CSSG or CDBG funding.

2. If the proposed project/program already exists, please describe your success rates in providing services to low-to moderate-income persons.

This information will help the reviewers determine your organization's capacity for servicing the LMI population.

3. Describe who will benefit from the proposed activity.

Which individuals, neighborhoods, or businesses will this activity benefit?

4. If your project is designed to serve a limited clientele, indicate the population you will be serving.

Limited clientele projects cover a broad range of types of programs and are not intended to benefit everyone in the community. Instead, these types of projects are designed to meet only the needs of certain members of the community, such as groups that HUD or Congress gave special consideration to for public policy reasons. Some examples are severely disabled adults, victims of domestic abuse or the elderly. For these types of projects, just check the appropriate box.

Mark the space for "Other" for those projects which serve limited clienteles but don't specifically address the needs of one of the targeted groups. For example, if you know that a certain project, due to its location or the nature of the services associated with it, will serve primarily the needs of low- and moderate-income individuals, then it would be a limited clientele project even though there is no obvious limitation. For example, a

walk-in health clinic in a low-income neighborhood or a day care center in conjunction with an affordable housing project.

Under the limited clientele category, 51% of the beneficiaries have to be low-to moderate income. The following chart shows the 2012 income limits for low-to moderate income persons:

Persons per Family	1	2	3	4	5	6	7	8
Moderate (M)	\$38,850	\$44,400	\$49,950	\$55,450	\$59,900	\$64,350	\$68,800	\$73,200
Low (L)	\$24,300	\$27,750	\$31,200	\$34,650	\$37,450	\$40,200	\$43,000	\$45,750
Very Low (VL)	\$14,600	\$16,650	\$18,750	\$20,800	\$22,500	\$24,150	\$25,800	\$27,500

5. For CDBG ONLY: If your project will not be serving a limited clientele, explain how you will document client income and make sure at least 51% of your clientele are low-to moderate income.

HUD requires that at least 51% of beneficiaries of CDBG funding be low-to moderate income. You must have a procedure for documenting client income and race/ethnicity to ensure that you meet the 51% threshold. Please describe your system and procedures in this section.

6. How will the funds be used on this project?

We encourage projects which leverage funding from other sources. Please describe the activities you want to pay for with the grant funds and those that you anticipate could be paid for with other funding.

7. Describe how your organization plans to reduce the need for grant funding in the future:

Will your organization always need grant funding for your project/program or will you be able to reduce the need in the future?

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain.

If the reviewers do not recommend that you receive the total amount requested, will you still be able to do the proposed project/program?

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?

This information will help avoid a duplication of services.

10. What is the geographic target area that will be served by this project/program?

This helps to pinpoint the project location and is helpful in identifying who will benefit from the project; e.g., a limited clientele, such as homeless or elderly, or clientele in a

limited area that can be identified through census tracts and block groups. If your project is designed to serve a limited area within the community or is a site-specific project, a map is good for pinpointing the location.

For Public Improvement (construction) projects only:

1. Is the proposed project part of a larger project or is it a “stand alone” project? If part of a larger project, please describe the larger project.

See below

2. Can this project be done in different phases?

See below

3. Have CDBG or CSSG funds been used for an earlier phase?

See below

In order to make the CDBG and CSSG funds stretch farther each year, Carson City reviews projects to determine if there are constituent parts which can be funded independently. Sometimes part of a project can be funded this grant year and the remainder sometime in the future. A large project may consist of a number of smaller projects which are useful on their own, even without the larger project. If CDBG or CSSG funds have been used in an earlier phase, this information should be provided with a brief description of what the funds were used for.

4. Who currently holds the title to the property involved?

See below

5. With whom will the title be vested upon completion?

See below

6. Do any rights-of-way, easements or other access right need to be acquired?

See below

7. If the project requires water rights or well permits, have they been acquired?

Ownership information is important because it can introduce different issues into the project. For example, if you are doing a water project but won't have the water rights or easements you need for an extended period of time, you may not be project ready. If a building is owned by a third party, you may be looking at deed restrictions. In some cases, you may need to acquire property from a third party, such as the Bureau of Land Management or U.S. Forest Service. In the past, some projects were funded but were never started because property ownership issues could not be resolved after the fact, and the grant money was reallocated.

For CDBG Economic Development projects:

1. Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

Economic development activities meet the CDBG national objective of benefiting LMI persons if (a) they are located in a predominantly LMI neighborhood and serve the LMI residents; (b) involve facilities designed for use predominantly by LMI persons; or (c) involve the employment of persons, the majority of whom are LMI. You must qualify your economic development project according to one of these three criteria and then outline the employers plan for creating jobs for LMI persons and documenting the incomes of the persons hired. You should obtain and submit a commitment letter from the employer(s) involved along with your application.

For CDBG Housing Projects please indicate:

The number of homes to be rehabilitated:

The number of persons to be benefited:

HUD Requires that an activity which assists in the acquisition, construction, or improvement of permanent, residential structures may qualify as benefiting LMI persons only to the extent that the housing is occupied by LMI persons. Before submitting the application, you should have a realistic estimate of the number of homes that you intend to rehabilitate, plus how many people live in them and their income status.

III: PROJECT MEASUREMENT

4. What are the projected **outputs**, or total number of people served, from this program/project?

Briefly explain the activities you plan to undertake with this project. Think of *outputs* as the specific units of service, the nuts and bolts of what your program provides.

5. Of the total number of people in Question 1, how many of these are low-to moderate income (LMI)? How many are Carson City residents?

The CDBG Program requires that at least 51% of clients served be low-to moderate income (LMI) as described in HUD housing guidelines. Please indicate the number LMI persons you expect to be served by your project. You must also be able to document income levels and race/ethnicity of persons being served. This information will also be useful for CSSG applicants. Please estimate how many clients served are Carson City residents.

6. What is the projected **outcome** of this program/project? (How will the outputs benefit the total number of persons in Question 1?)

Briefly explain the expected *outcomes* of your project. The outcomes describe the benefits that result from your activities or outputs and how well they met the user needs. For example: 20 children will learn to read, 7 seniors will access legal help.

7. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

How will you manage the collection of data needed to measure the performance of the project? Will you keep daily/weekly reports, use a specific form or program to track data, etc?

IV: PROJECT BUDGET

The Project Budget allows you to itemize the expenses related to your project. This section allows the reviewers to determine the key areas that will be targeted by the funding.

Project/Program Title:

Fill in Project Title.

Project/Program Expenses:

This table should be filled in completely and reflect all costs related to the project. The first column should detail the items that would be paid for with CDBG funding. The second column should reflect funding that is anticipated from other sources. The third column should list the entire budget for the project.

V: PROJECT ADMINISTRATION

A. Provide the names and phone numbers of the following people:

1. The person to whom all questions regarding the application should be directed.

The primary authorized contact responsible for and knowledgeable about the application.

2. The person directly responsible for on-site supervision of the project/program, such as a project manager.

This is the person who will be responsible for seeing that the actual work gets done, such as a project manager. If you don't know the name, then use the job title.

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests.

List the name of the person who will be responsible for seeing that the financial paperwork is done correctly and can coordinate the monitoring visits from the CDBG staff.

4. Please list the name, address, phone number and email of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.

List the name of the person who will be responsible for seeing that the quarterly reports are done correctly and submitted on time and for tracking the project/program performance.

VI: AGENCY INFORMATION

1. Proof of Non-Profit Status if applicable:

Used to verify that your agency is qualified to receive public funds.

2. DUNS Number:

If it does not already have one, your organization needs a Data Universal Number System (DUNS) Number. A DUNS number is a unique nine-character identification number provided by the commercial company [Dun & Bradstreet \(D&B\)](#). You can request and register for a DUNS number by calling 1-866-705-5711 or online via web registration at: <http://www.dnb.com/get-a-duns-number.html>.

3. Attachments to Proposals:

In order to qualify for CDBG and CSSG funding, non-profit agencies need to verify their status. Please provide your IRS Tax Exempt "501(c)(3)" letter; Proof of Incorporation from Secretary of State (CERTIFICATE ONLY); agency organizational chart listing staff; list of Board Members and terms of office; and a copy of the organization's most recently submitted Federal Tax Return. Please note that agency staff members may not serve on that organization's Board of Directors.

4. Certification:

The ranking official at the primary applicant agency, normally the Executive Director, should sign, as well as the Chairperson of that agency's governing board. Applications will not be accepted or reviewed without the required signatures.

APPENDIX I: INDEX OF ATTACHMENTS

Number and name all attachments, list them in the index of attachments and make sure all of the references to the application are correct. Attachments should only be included if they answer the questions posed in the application. In addition to the required attachments, include only those attachments that are needed to understand the project.

APPENDIX II: PRIORITY COMMUNITY DEVELOPMENT NEEDS TABLE

This table can be used as a guideline to determine if your project meets Carson City's priority needs.

APPLICATION CHECKLIST

This checklist serves as a guide for the submission of a complete grant application. Applications that contain all relevant information and required attachments will receive prompt review. Please include a copy of this checklist with your application.

APPLICATION EVALUATION / PUBLIC HEARING

The Application Review Workgroup will review and evaluate each application. Upon completion of the preliminary application review, the Workgroup members may have questions about a proposal. If there are any questions, the Workgroup members will ask those questions at a public hearing to be held on January 29, 2013 at 12:30 p.m.

All applicants will be required to attend the public hearing to answer Workgroup members' questions and clarify their proposals, if necessary. Oral presentations are not required but are recommended. Five (5) minutes will be allotted for applicants should they elect to present their application. An additional time will be available for questions from the Application Review Workgroup. Agencies are to be represented by staff members during the presentation and Q&A process; clients shall not participate.

Each agency that submits an application/proposal will be notified by mail of the date and time of the public meeting. A public notice will also be published in the *Nevada Appeal*. Non-attendance may affect funding recommendations. Final evaluation of all proposals by the Application Workgroup will be made after the public hearing. Recommendations for funding will be presented at the Board of Supervisors meeting on March 7, 2013, at which time the Board members will review the recommendations and make funding decisions.