(Insert Agency Name)

APPLICATION

for

Community Development Block Grant (CDBG)
Macon-Bibb County
Economic & Community Development Department
PROGRAM YEAR 2022 (July 1, 2022 - June 30, 2023)

CDBG funding is made possible by the US Department of HUD and is administered by the Local government, Economic and Community Development Department.

ECONOMIC AND COMMUNITY DEVELOPMENT DEPARTMENT
200 Cherry Street, Suite 100
Macon, Georgia 31201
MAIN (478) 751-7190, TDD (478) 803-2306, FAX (478) 751-7390

CDBG Application will be available on-line after December 16, 2021.
http://www.maconbibb.us/economic-community-development/

Deadline for Submission to ECDD, Friday, January 21, 2022, 5:00 p.m.
No facsimile or E-mail submissions will be accepted.

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
MACON-BIBB COUNTY ECONOMIC & COMMUNITY DEVELOPMENT DEPARTMENT
PROGRAM YEAR 2022 (July 1, 2022 - June 30, 2023)
APPLICATION

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REQUIRED DOCUMENTS CHECKLIST:

GENERAL REQUIRED DOCUMENTS

_____ 1. **Application complete, approved, and signed by Executive Director or Board President**

_____ 2. **Complete and accurate Program Year 2022 CDBG Budget Forms**

_____ 3. **Current 501(c)(3) status (attach documentation)**

_____ 4. **Annual financial statement and/or most recent audit, management letter and Agency response**

_____ 5. **Proposed service/program/project meets one of the CDBG National Objectives**

_____ 6. **Conflict of Interest disclaimers from each member of the Board of Directors**

_____ 7. Organization By-Laws

_____ 8. List of Board of Directors and Officers (including address), meeting schedule, and sample governance training materials

_____ 9. Articles of Incorporation

_____ 10. Résumés of:

a. Executive Director
b. Fiscal Officer
c. Program Administrator / significant program staff

_____ 11. Organizational Chart with all employee names and titles

_____ 12. Job descriptions with pay scales and hourly rate for CDBG funded positions

_____ 13. Procedures for selecting contractors/consultants

_____ 14. Quotes for any equipment or real property to be leased or purchased

_____ 15. Maps showing project area to be served and census tract

_____ 16. Letters of Commitment from other funding sources

_____ 17. Organization Non-Discrimination Policy

_____ 18. Organization Hiring and Termination Policy

_____ 19. Organization Conflict of Interest Policy

_____ 20. Organization Procurement Policy

ADDITIONAL REQUIRED DOCUMENTS FOR CONSTRUCTION AND ACQUISITION PROJECTS

_____1. If construction or renovation projects, include construction estimates (using Davis-Bacon Wages, Labor Standards and Section 3 Program information.)

_____2. For any facility acquired, leased, or improved, include a photograph of the facility.

_____3. If providing services or improvements to a facility not owned by the applicant, the applicant must submit a long-term lease agreement (at minimum 10 years) and letter from the owner confirming agreement to participate in this project.

_____4. Include proof of proper zoning and conformance to building and fire codes for an acquired, leased, or improved facility. **Projects requiring land use and/or zoning change will not be considered.**

A. AGENCY INFORMATION *(please refer to page 15 of application instructions)*

I. Project Title: _____

Organization or Agency:_____

DUNS #_____ Fed. I.D. #_____

Address:_____Zip Code: _____

Contact Person(s): _____

Telephone No:_____Fax No: _____ E-mail: _____

Date of Most Recent Audit_____

Amount Requested: $_____

Matching Funds: $_____

In-Kind Contributions: $_____

II. In two sentences, concisely describe your project and how it addresses one of the following CDBG priorities: (1) Community Building/Neighborhood Revitalization, (2) Homeless Services, (3) Economic Development/Job Creation, (4) Rehabilitation and Development

_____

_____

_____

_____

III. Total number of individuals expected to be served by program being proposed _____

IV. Is the program located in a CDBG target low-moderate area (L/MA)? ____ Yes ____ No
Census Tract:_____
Census Tract information located at:

Location of proposed service/program/project:
Street Address:_____

Neighborhood/Area to be served by program/project:_____

V. Does the proposed service/program/project meet one of the following CDBG National Objectives?

_____ Benefit to low/moderate income persons (Check one)
_____ Low/moderate income area (LMA)
_____ Low/moderate income clientele (LMC)
_____ Low/moderate income housing (LMH)

_____ Prevention or elimination of slums or blight (Check one)
_____ Slum/blighted area (SBA)
_____ Slum/blighted spot (SBS)

VI. Has your organization previously been awarded CDBG funds? ____ Yes _____No

If yes, did the organization meet all obligations under the previous contract?_____ Yes _____No

If no, please explain why not: _____
_____
_____

Has your organization previously carried out services/programs/projects similar in nature to the proposed service/program/project? _____ Yes _____ No

License to operate (if applicable) please attach copy:
_____

Does the organization have liability coverage? If so, in what amount and with what insurance agency?
_____

Does the organization have fidelity bond coverage for principals on staff who handle the organization's account? If so, in what amount and with what insurance agency?
_____

*When answering narrative questions, you are not limited to the amount of space shown on the application. Use as much space as is needed to completely answer the question.

B. AGENCY BACKGROUND AND EXPERIENCE: (*please refer to pages 15-16 of application instructions)*

I. Background and Experience

II. Conflict of Interest forms (Please submit a form for each Board Member and/or employee)

III. Agency's Annual Financial Information

C. AGENCY CAPACITY: *(please refer to page 16 of application instructions)*

I. Administrative Organization and Capacity

II. Staff and Agency Experience

D. STATEMENT OF NEED: *(please refer to page 17 of application instructions)*

I. Community Problem or Need

II. Supporting Plans, Studies, or Reports

III. Urgency of Need

IV. Target Population and Service Delivery Area

V. Supporting Demographic Data

E. PROJECT DESCRIPTION: *(please refer to page 17 of application instructions)*

I. Program/Project Description

II. How Program/Project satisfy Community Problem or Need

III. Potential Challenges

IV. Goals and Outcomes of Previous Program Years

V. Community Benefits

VI. PROGRAM/PROJECT IMPLEMENTATION SCHEDULE *(please refer to pages 17-18 of application instructions)*

PY 2022 (July 1, 2022-June 30, 2023)

List the key steps or activities required for the conduct of the proposed program. Check the month(s) in which each step or activity will occur.

Implementation Steps	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	**Feb.**	Mar.	Apr.	May	June
Step 1:												
Step 2:												
Step 3:												
Step 4:												
Step 5:												

F. PROGRAM DELIVERY: *(please refer to page 19-20 of application instructions)*

I. Describe Program Goals and Objectives

II. Program Goals and Objectives Chart *(please refer to pages 20-23 of application instructions)*
(Each program goal requires a separate chart- see page 11 of application for template.)

III. Agency Experience with the Specific Services Proposed for CDBG Support

IV. Responsibilities of Staff, Volunteers and Consultants in this Program/Project

V. Résumés and Job Descriptions

VI. Organization Chart of Staff

VII. Long-Term Plans for Sustaining the Proposed Program/Project

PROGRAM/PROJECT GOALS AND OBJECTIVES *(See instructions pages 20-23 of application instructions.)*

A. Program Name: _____

B. Program Goal(s): _____

_____

PROGRAM/PROJECT OBJECTIVES:

Program Objective:	Expected Outcomes:	Indicators:	When Measured:
Activities		Person Responsible	Due Date
1)			
2)			
3)			
4)			

G. COORDINATION: *(please refer to page 24 of application instructions)*

I. Avoiding Duplication of Services

II. Community Outreach

III. Collaborative Efforts

IV. Letters of Support

H. LEVERAGING OTHER FUNDS: *(please refer to page 24 of application instructions)*

FUNDING SOURCE	AMOUNT ($)	USES
***FUNDING SOURCES – COMMITTED LOCAL**		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	
FUNDING SOURCES – PENDING LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	

***Note: Please attach documentation from funding source(s) of committed funds to these project/programs.**

I. ADDITIONAL SUPPORT DOCUMENTS *(please refer to page 25 of application instructions)*

Checklist: Please mark the forms enclosed in this application. Only submit forms which are relevant to the agency or the program for which this application is written. (Delete irrelevant forms to maintain pagination.)

_____ Resolution of Application **(Required for all applications)**

_____ Conflict of Interest Forms from each member of the Board of Directors, including ex officio members **(Required for all applications)**

_____ Conflict of Interest Disclosure Forms **(Required,** if relevant**)**

_____ Conflict of Interest Disclosure Form Attachments **(Required,** if relevant**)**

_____ Acknowledgement of CDBG Funded Construction/Rehabilitation Projects (**Required,** if relevant)

_____ Acknowledgement of Lead-Based Paint Requirements (**Required,** if relevant)

_____ Acknowledgement of Religious Organization Requirements (**Required,** if relevant)

_____ Construction/Facility Improvement Projects Form (**Required,** if relevant)

_____ Acquisition Project Form (**Required,** if relevant)

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
Macon-Bibb County - Economic & Community Development Department
PROGRAM YEAR 2022 (July 1, 2022 - June 30, 2023)

APPLICATION

RESOLUTION

I, the Certifying Representative of _____
(Insert Name of Agency)
authorize the application for and use of Community Development Block Grant (CDBG) funds as administered by the Macon-Bibb County Economic and Community Development Department (ECDD) for the activities described within this proposal and; if awarded funds, _____,
(Insert Name)
Executive Director/Chief Officer, of the applicant agency, has approval to execute the program agreement related to the award of CDBG funds and shall implement all contracted activities in a manner to ensure compliance with all applicable Federal and local laws and regulations.

CERTIFYING REPRESENTATIVE

_____	_____
Signature	Date
_____	_____
Printed Name	Telephone Number
_____	
Title/Position of Certifying Representative	

WITNESS, BOARD SECRETARY

_____	_____
Signature	Date
_____	_____
Printed Name	Telephone Number

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
Macon-Bibb County - Economic & Community Development Department
Program Year 2022 (July 1, 2022 - June 30, 2023)

APPLICATION

CONFLICT OF INTEREST

Federal Law (24 CFR 570.611) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Community Development Block Grant…or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity…either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

I hereby certify that the information provided on the Conflict of Interest Disclosure Form(s) is true and accurate to the best of my knowledge. I also certify that to the best of my knowledge and belief, no staff member of the Board of Director's, nor officer of _____ (agency) is currently, nor has been within one year of the date of this application, employed by the local government, a member of the Economic and Community Development Department, nor an elected official of the local government (Member of Board of Commissioners, Clerk, Judge, etc.)

I further attest that no staff member of the Board of Director's, nor officer of the applicant agency, is a business partner or immediate family member of a County employee, a member of the Economic and Community Development Department, or a member of the local government.

Funds requested will not be used to pay the salaries of any of the applicant agency's staff nor will the applicant agency award a subcontract to any individual who is or has been within one year of the date of this application a county employee, a member of the Economic and Community Development Department, or a member of the local government.

Name: _____ Signature: _____

Title: _____ Date: _____

CONFLICT OF INTEREST DISCLOSURE FORM

Conflict of Interest Regulation. No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: _____ Program Name: _____

Address: _____ Program Client #: _____

City, State, Zip: _____ **Contractor/Vendor#: _____**

The purpose of this document is to assist in the determination of whether additional restrictions, oversight, or other conditions might be advisable prior to execution of any contract, funding or providing assistance. The term "Conflict Of Interest" refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising professional judgment in following the rules and regulations of the program. Please **check** the appropriate box for each question and complete the attachment if indicated. This form (with Attachments, if required) must be completed and returned to your Program Representative.

A. Family Relationships:
Do you have a family member directly or indirectly involved or employed with MACON-BIBB COUNTY that creates a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

☐ YES ☐ NO (if YES, please complete Part A of the Attachment)

B. Program Relationships:
Are you involved in any other activity directly or indirectly with MACON-BIBB COUNTY that may create a conflict of interest or the appearance of a conflict under the Conflict of Interest Regulation provided above?

☐ YES ☐ NO (if YES, please complete Part B of the Attachment)

C. Business Relationships:
Are you or a family member (spouse, child, stepchild, parent, sibling, or domestic partner) involved as an investor, owner, employee, consultant, contractor, or board member with an entity that has a contractual relationship with MACON-BIBB COUNTY to provide goods or services, sponsor development activities and/or receive referrals from MACON-BIBB COUNTY?

☐ YES ☐ NO (if YES, please complete Part C of the Attachment)

D. Gifts for Personal Use:
To the best of your knowledge, have you or your family members accepted gratuity gifts, or special favors from someone that is doing business with or proposing to do business with YOUR ORGANIZATION?

☐ YES ☐ NO (if YES, please complete Part D on Attachment)

To the best of your knowledge, have you or your family members made any donations or gifts, or provided special favors to MACON-BIBB COUNTY or any employee of MACON-BIBB COUNTY who exercises or may exercise any functions or responsibility with respect to the activities involving your award, contract or program assistance.

☐ YES ☐ NO (if YES, please complete Part D on Attachment)

E. Legal Proceedings and Debarment

Have you been involved in any fraud, antitrust or criminal proceedings as a defendant (other than a minor traffic offense) or been debarred, suspended or otherwise excluded by a duly authorized regulatory agency or had a transaction with any such agency terminated for any reason?

☐ YES ☐ NO (if YES, please complete Part E on Attachment)

I have read and understand the Conflict of Interest Disclosure Form and have disclosed all information required by this disclosure, if any, in an attached statement. I agree to comply with any conditions or restrictions imposed by the agency to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly if relevant circumstances change. I understand that this Disclosure Form is not a confidential document.

Print Name: _____ Date: _____

Signature: _____ Date: _____

CONFLICT OF INTEREST DISCLOSURE FORM
ATTACHMENT

Conflict of Interest Regulation. No persons who exercise or have exercised any functions or responsibilities with respect to activities assisted with federal funds or who are in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest or benefit from an assisted activity, or have an interest in any contract, subcontract or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Name: _____ Program Name: _____

Address: _____ **Program Client #:** _____

City, State, Zip: _____ **Contractor/Vendor#**_____

If you answered YES to any question on the previous page, please complete the relevant section(s) below. If you answered No to All questions, you may discard this attachment. Give your completed form to your Program Representative.

PART A: FAMILY RELATIONSHIPS

1. Name of your family member (s) directly or indirectly involved or employed at MACON-BIBB COUNTY:

_____

_____

2. Do any of your family members work in the program area? _____

3. Are any of your family members elected officials or members of the Local Housing Authority Board of Commissioners? _____

4. Relationship to you: _____ Position: _____

Department: _____ Supervisor: _____

PART B: PROGRAM RELATIONSHIPS

1. Activities: Name and describe the activity and/or program that you are directly or indirectly involved with:

_____

_____

_____

2. Have you used the name of YOUR ORGANIZATION, or their resources (facilities, personnel, or equipment), or confidential information in connection with the activity and/or program?

YES NO if YES, describe the resource used:

_____

_____

_____

_____

_____

PART C: BUSINESS RELATIONSHIPS

Please complete this section for each business relationship, or attach a separate explanation of business and research activities.

1. Name of business: _____

2. Categorize the business' relationship with MACON-BIBB COUNTY.

   ☐ Consultant or advisor
   ☐ Research activities
   ☐ Business or referrals
   ☐ Other contractual or business relationship

Briefly, describe the business, or licensing activity:

_____

_____

_____

3. Have you used YOUR ORGANIZATION's name, resources (facilities, personnel, or equipment), or confidential information in connection with the activity?

   ☐ YES ☐ NO if YES, describe the resource used:

_____

_____

_____

4. Who is involved with the business? Check all that apply:

   ☐ Yourself
   ☐ Your family member (name and relationship) _____

   Describe the position or involvement (check all that apply):
   ☐ Owner/Investor
   ☐ Board Member
   ☐ Employee/Manager
   ☐ Other _____

5. Are you receiving any type of compensation? ☐ No ☐ Yes: If yes, describe _____

_____

6. Who at YOUR ORGANIZATION oversees the relationship with this business?

Name: _____ Title: _____

Department: _____ Phone: _____

PART D: GIFTS FOR PERSONAL USE:

1. What was the dollar value of the gift (s) you or your family member received or donated? _____

2. Who was the donor or donee of the gift? _____

3. What is the donor's or donee's relationship with MACON-BIBB COUNTY?
   _____

PART E: LEGAL PROCEEDINGS AND DEBARMENT

Describe any legal proceedings or debarment situations: _____

_____

_____

_____

_____

_____

_____

_____

_____

Print Name: _____ Date: _____

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF
CDBG FUNDED CONSTRUCTION/REHABILITATION PROJECTS

If the applicant anticipates using CDBG funds for construction or rehabilitation, the following Federal and Local government requirements must be acknowledged:

1. All construction or rehabilitation plans and specifications for the project must be approved by the department of Planning and Zoning, Inspection and Fees, and Fire (if applicable). If the project affects a building listed or eligible for listing on the National Register of Historic Places, all plans and specifications must be approved by the Historic Preservation Review Person in accordance with the Memorandum of Understanding with the State Historic Preservation Office, the Local government, and the Macon Heritage Foundation.

2. The local government shall not be obligated to pay any funds to the project prior to the completion by the local government of an environmental review of the projects, and said review is approved by any government agencies as may be required by law.

3. This applicant will assure all wages paid to construction workers by it or its subcontractors are in compliance with federal, state, and local labor requirements. The applicant agrees to include in the construction bid specifications in connection with this agreement and the applicable Federal Wage Determination assigned to this project by HUD. The applicant must also inform his contractor/subcontractor that they will be required to submit documents after an ECDD-conducted pre-construction conference and prior to construction. Weekly and/or monthly reports must be submitted thereafter, as required by the federal government.

4. The applicant agrees to comply with, and to assume that its subcontractors comply with the 2 CFR Grant and Agreements Part 200 Uniform Guidance Subparts A-E for programs funded in whole or in part by CDBG funds, with 2 CFR Grant and Agreements Part 200 Uniform Guidance Subpart D for the procurement of supplies, equipment, construction and services, and with 2 CFR Grant and Agreements Part 200 Uniform Guidance Subpart E.

5. Pursuant to Section 109 of the Act, the applicant specifically agrees that no person shall be denied the benefits of the program on the grounds of race, color, sex, religion or national origin.

6. The applicant agrees, on its own behalf and on the behalf of its contractors and subcontractors, to take affirmative action attempting to employ low income and minority persons, as mandated by law.

7. As required by 2 CFR Grant and Agreements Part 200 Uniform Guidance Subpart D, professional services must be competitively selected. The competitive selection process must include: a public advertisement, issuance of a request for proposal and a competitive review based on uniform criteria. Selection criteria must consider the basic qualifications, professional competence, experience and suitability of each firm. Fees for professional services must be requested as a fixed sum and not stated as a percentage of construction costs.

8. All documents, bid specifications, notices and construction drawings must be submitted for review and approval of the Economic and Community Development Department prior to public advertisement.

9. The bidding process for construction contracts must include a formal advertisement, published in The Macon Telegraph and at least one of the following minority owned newspapers: the Middle Georgia Informer or ¿Que Pasa? In order to assure compliance with this section, the Economic and Community Development Department will be responsible for the advertisements. The expense of such advertisements shall be a part of the overall project expense.

10. All bid openings shall be held at the local government's Purchasing Department.

11. The applicant agrees to submit to the Economic and Community Development Department all documentation of the steps followed in the selection of professional services and construction contracts.

12. The applicant agrees to specify a time of completion and include a liquidated damage clause in all construction contracts. Cost plus a percentage of costs, and percentage of construction costs contracts will not be permitted.

13. If the applicant is awarded CDBG funds, other conditions and requirements will be specified in the funding agreement.

14. The applicant agrees that it will not start construction until an official "Notice to Proceed" has been issued.

15. Pursuant to 570.608 of the CDBG regulations and the provisions in the Housing and Community Development Act of 1987, the applicant agrees to comply with the inspection, notification, testing and abatement procedures concerning lead-based paint.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS CONTAINED IN THIS ATTACHMENT "A", AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

_____ _____

SIGNATURE DATE

_____

NAME / TITLE OF SIGNATURE

_____

NAME OF ORGANIZATION

ACKNOWLEDGEMENT OF LEAD BASED PAINT REQUIREMENTS
(24 CFR 35)

1. APPLICABILITY

   a. CDBG funded housing activities involving construction, purchase and rehabilitation must comply with U.S. Department of Housing and Urban Development guidelines for the evaluation and control of lead-based paint hazards in housing, dated September 15, 1999.

   b. The following housing rehabilitation activities are excepted:

      (1) Emergency repairs (but no lead based related emergency repairs).

      (2) Weatherization

      (3) Water and/or sewer hookups

      (4) Installation of security devices

      (5) Facilitation of tax exempt bond issuances for funds

      (6) Other single-purpose activities that do not include physical repairs or remodeling of applicable surfaces.

      (7) Other activities that do not involve applicable surfaces and do not exceed $5,000.00 per unit.

2. INSPECTION AND TESTING REQUIREMENTS

   a. The recipient shall be required to test the lead content of chewable surfaces of an apartment building to be rehabilitated, if there is a family residing in one of the units with a child under seven years of age with an identifiable elevated blood level condition (concentration of lead in the blood of 25 micrograms per deciliter or greater) and the building was constructed prior to 1978.

   b. Chewable surfaces are defined as all exterior surfaces of a residential structure, up to five feet from the floor or ground, such as a wall, stairs, deck, porch, railing, windows, or doors that are readily accessible to children under seven years of age, and all interior surfaces of a residential structure.

   c. Lead content shall be tested by using an x-ray fluorescence analyzer or other method approved by HUD. Test readings of 1 mg per cm^2 or higher shall be considered positive for presence of lead based paint.

3. REQUIRED TREATMENT

   a. Treatment of lead based paint conditions must be included as part of the proposed rehabilitation work. All chewable surfaces in any room found to contain lead based paint must be treated before final inspection and approval of work. Similarly, all exterior chewable surfaces must be treated when they are found to contain lead based paint.

b. Minimum treatment involves covering or removing the painted surface. Washing and repainting without thorough removal or covering does not constitute adequate treatment.

c. Covering can be achieved by adding a layer of gypsum wallboard or fiberglass cloth barrier. Depending on the wall condition, permanently attached, non-strippable wallpaper may be applied. Covering or replacing trim surfaces is also permitted.

d. Removal can be accomplished by scraping, heat treatment (infra-red or coil type heat guns) or chemicals. Machine sanding and propane torch use are not allowed.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS FOR LEAD BASED PAINT CONTAINED IN THIS ATTACHMENT, AND UNDERSTAND THAT MY ORGANIZATION'S PROJECT ELIGIBILITY DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

_____ _____

SIGNATURE DATE

_____

NAME / TITLE OF SIGNATOR

_____

NAME OF ORGANIZATION

ACKNOWLEDGEMENT OF RELIGIOUS ORGANIZATION REQUIREMENTS

1. In accordance with the First Amendment of the United States Constitution - "church/state principles set forth at 24 CFR 570.200," - CDBG assistance may not, as a general rule, be provided to primarily religious entities for any activities, including secular activities.

2. The following restrictions and limitations therefore apply to the use of CDBG funds by any provider which represents that it is, or may be deemed to be, a religious or denominational institution or an organization operated for religious purposes which are supervised or controlled by, or operates in conjunction with, a religious or denominational institution or organization.

3. Any religious entity that applies for and is granted CDBG funds for public service must agree to the following:

   a. It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion;

   b. It will not discriminate against any person applying for such public services on the basis of religion and will not limit such services or give preference to persons on the basis of religion;

   c. It will provide no religious instruction or counseling, conduct no religious worship or service, engage in no religious proselytizing, and exert no other religious influence in the provision of such public services;

   d. CDBG funds may not be used for the acquisition of property or the construction or rehabilitation (including historic preservation or removal of architectural barriers) or structures to be used for religious purposes or which will otherwise promote religious interests.

4. CDBG funds may be used to rehabilitate buildings owned by primarily religious entities which are to be used for a wholly secular purpose under the following conditions:

   a. The building (or portion thereof) that is to be improved with CDBG assistance has been leased to an existing or newly established wholly secular entity (which may be an entity established by the religious entity);

   b. The CDBG assistance is provided to the lessee (and not to the lessor) to make improvements;

   c. The leased premises will be used exclusively for secular purposes available to all persons regardless of religious affiliation;

   d. The lease payments do not exceed fair market value of the premises as they were before the improvements were made;

   e. The portion of the cost of any improvements that also serve a non-leased portion of the building will be allocated to and paid by the lessor;

f. The lessor enters into a binding agreement that unless the lessee, or a qualified successor lessee, retains the use of the leased premises for a wholly secular purpose for at least the useful life of the improvements, the lessor will pay to the lessee an amount equal to the residual value of the improvements;

g. The lessee must remit the amount received from the lessor to the recipient or sub-recipient from which the CDBG funds were derived.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE SPECIFIC REQUIREMENTS CONTAINED IN THIS ATTACHMENT "C", AND THAT ELIGIBILITY OF MY ORGANIZATION'S PROJECT DEPENDS UPON COMPLIANCE WITH THE REQUIREMENTS CONTAINED IN THIS ATTACHMENT.

_____ _____

SIGNATURE DATE

_____

NAME / TITLE OF SIGNATURE

_____

NAME OF ORGANIZATION

CONSTRUCTION/FACILITY IMPROVEMENT PROJECT

Complete this page if funds will be used for construction projects.

1. Describe in detail the physical improvements that will be made. Attach construction estimates (using Davis-Bacon Wages, Labor Standards and Section 3 Program), preliminary designs, photograph blueprints, and specifications:_____
_____
_____

   a. Does applicant own the property or site? _____ Yes _____ No

   If not, provide a copy of lease agreement and letter from the owner confirming.
   Requests for property leased/purchased with CDBG funds for $100,000 and under will require an eligible CDBG use for 5 years; $100,000 to $300,000 requires 10 years and $300,000 and above requires 20 years.

2. Does the project require land use and/or zoning change? _____ Yes _____ No

   If yes, explain:_____
   _____

3. Describe long-term operation and maintenance plans for the project:_____
   _____
   _____
   _____

4. Provide evidence of funds by letters of commitment with contact person.

5. Must submit a signed construction estimate from a licensed contractor.

6. Contractor Name:_____

   Address: _____Zip Code: _____

   Telephone: _____

   License Number:_____

ACQUISITION PROJECT

Acquisition of Real Property

(CDBG funds will only be used to purchase property at Fair Market Value (FMV) appraised value. Applicants will be responsible for purchase cost above FMV.)

1. Describe in detail the acquisition of the property. (Attach photograph)

   _____

   _____

   _____

2. Letter of intent to sell from property owner attached? _____ Yes _____ No

3. Does the project require land use and/or zoning change? _____ Yes _____ No

   If yes, explain:_____

   _____

   _____

4. Provide evidence of funds by letters of commitment with contact person.

Requests for property leased/purchased with CDBG funds for $100,000 and under will require an eligible CDBG use for 5 years; $100,000 to $300,000 requires 10 years and $300,000 and above requires 20 years.

Community Development Block Grant (CDBG)
Macon-Bibb County - Economic & Community Development Department
PROGRAM YEAR 2022 (July 1, 2022 - June 30, 2023)

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A. Budget Itemization Form(s) *(please see pages 26-27 of application instructions)*

**Examples on pages 29-34 of application instructions.*

B. Budget Narrative of Proposed Expenditures *(please see page 27 of application instructions)*

C. Budget Summary Form *(please see page 28 of application instructions)*

**Example on page 35 of application instructions.*

BUDGET ITEMIZATION SHEET*

Project Operator_____ Program Year **_2022_** Date Submitted _____

Line Item Number	Line Item Breakdown	Category Amount				
		Total Project Cost	CD Funds	Other Funds	Sources of Match	In-kind Match Funds
	Total Amount:	$	$	$		$

***Copy this sheet as many times as is necessary for your budget itemization.**

BUDGET SUMMARY SHEET

Project Operator_____ Program Year **_2022_** Date Submitted _____

Line Item Number	Line Item Breakdown	CD Funds	Other Funds	Sources of Match Funding	In-Kind Match Funds	Total Funds
		$	$			$
	Total CD Funds	$				
	Other Funds:		$			
Total Funds:						$