**MULTNOMAH COUNTY** SUBMIT TO: MULTNOMAH COUNTY

**CDBG PUBLIC SERVICE APP.-RENEWAL ONLY** COMMUNITY DEVELOPMENT PROGRAM

**FY 2014-15**  421 SW Oak Street, Suite 200

 Portland, OR 97204

 503-988-6295, ext. 28809

**SECTION 1 ‑ BASIC INFORMATION**

1.1 PROJECT TITLE:

1.2 LEGAL PROJECT SPONSOR:

 ADDRESS: PHONE:

 FAX:

 EMAIL: TAX I.D. NUMBER:

 DUNS NUMBER CCR DATE OF RENEWAL

1.3 CONTACT PERSON:

 AGENCY/COMPANY (IF DIFFERENT FROM ABOVE):

 ADDRESS: PHONE:

 FAX:

 EMAIL:

1.4 HAS THE AGENC BEEN CERTIFIED AS A CHDO? \_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_\_\_ no

1.5 BRIEF PROJECT DESCRIPTION (**75** words or less):

1.6 TOTAL **County** CDBG DOLLARS REQUESTED $

 OTHER FUNDS

Federal $ State $

Local $ Private $

Other (specify, includes in-kind) $

 Total Other Funds $

 Total Budget (CDBG request plus other funds) $

 (Total other funds) ÷ (Total Budget) = %

1.7 I certify that to the best of my knowledge, all information in this application is accurate and complete, and that this proposal has been adopted and approved by the organization I represent; and if funding is received, this applicant will comply with all applicable Federal requirements. Furthermore, there is a demonstrated need for CDBG/HOME funds and such funds are not a substitute for local funding.

NAME: AUTHORIZED SIGNATURE:

TITLE: ORGANIZATION:

DATE:

**SECTION 2 – BENEFICIARIES**

* 1. Total number of unduplicated persons/households from Multnomah County’s service area directly served by project:
* below 30% MFI
* below 50% MFI (includes those below 30% MFI)
* below 80% MFI (includes those below 50% MFI)
	1. County CDBG cost per low and moderate income beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Divide grant by number of persons/households below 80% MFI)

* 1. Source and methodology for determining 2.1 and 2.2.
	2. Describe unique qualities or special needs of beneficiaries (emphasize any differences from 2011-12):
	3. Identify Census Tract and Block Groups where project provides services:

Countywide\_\_\_\_\_\_\_\_\_\_\_\_ CT\_\_\_\_\_ \_\_\_\_\_\_\_\_ BG\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3 –PROJECT ACTIVITY/WORK PLAN –** Give a detailed description of the County project for 2013-2014. What are the steps needed to accomplish the program? Submit a timeline chart for the anticipated steps. Identify who is going to do what? When? Who will supervise and monitor? What outside services are needed? How will they be coordinated?

**SECTION 4 – BUDGET**  -- for County activities only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| BUDGET | TOTAL | **County** CDBG | PROVIDED FROM | IDENTIFY |
| CATEGORIES | PROJECT  | REQUEST | OTHER SOURCES | OTHER SOURCES |
| a. |  |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |
| d. |  |  |  |  |
| e. |  |  |  |  |
| **TOTALS** |  |  |  |  |

Budget Summary prepared by: Title:

Narrative - NEED FOR GRANT FUNDS

Describe what would happen to this project if Community Development Block Grant funds were not available. (HUD requires that there must be a demonstrated need for Community Development Block Grant funds and that the funds are not used as a replacement for local funds.)

# SECTION 5 - SUPPORTING DOCUMENTATION

Please attach the following information if applicable:

* Evidence of financial commitment from other funding sources.
* Citizen Participation documentation as appropriate.
* Verification of threat to public health or safety if appropriate.
* Public service applications must submit their agency budget for the last 3 fiscal years.
* Evidence of legal status of sponsor.
* Evidence of sponsor's authorization to submit application.

EXHIBIT A

**2012 INCOME LIMITS\***

**BY PERCENT OF MEDIAN FAMILY INCOME (MFI) AND FAMILY SIZE [[1]](#footnote-1)**

|  |  |
| --- | --- |
| Percent of Median Household Size |  |
| Family Income | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
|  |  |  |  |  |  |  |  |  |
| 30% (very low) | 15,350 | 17,550 | 19,750 | 21,900 | 23,700 | 25,450 | 27,200 | 28,950 |
|  |  |  |  |  |  |  |  |   |
| 50% (low) | 25,550 | 29,200 | 32,850 | 36,500 | 39,450 | 42,350 | 45,300 | 48,200 |
|  |  |  |  |  |  |  |  |   |
| 60% | 30,600 | 35,040 | 39,420 | 43,800 | 47,340 | 50,820 | 54,360 | 57,840 |
|  |  |  |  |  |  |  |  |   |
| 80% (moderate) | 40,900 | 46,750 | 52,600 | 58,400 | 63,100 | 67,750 | 72,450 | 77,100 |
|  |  |  |  |  |  |  |  |   |
| 100% (median) | 51,100 | 58,400 | 65,700 | **73,000** | 78,840 | 84,680 | 90,520 | 96,360 |
|  |  |  |  |  |  |  |  |  |

**2012 Home & CDBG Rent Limits**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HOME | CDBG | Studio | 1 | 2 | 3 | 4 | 5 | 6 |
| High HOME Rent | Affordable 51 -80% MFI | 604 | 700 | 809 | 1149 | 1263 | 1374 | 1487 |
| Low HOME Rent | Affordable 31 - 50%MFI | 604 | 656 | 787 | 910 | 1015 | 1120 | 1225 |
| Affordable\*\*\*0 - 30%MFI | Affordable 0 - 30% MFI | 367 | 393 | 472 | 546 | 609 | 672 | --- |

**\*2013 Income and Rent Limits are not available at this time. They will be submitted as soon as they are published.**

**EXHIBIT B**

**BUDGET INSTRUCTIONS**

List the budget categories for your project. (See below for an explanation of possible line item categories.) Indicate the total project cost, the total CDBG request, and what funds or services (including in-kind) will be provided by the sponsor and/or from other organizations. Identify the other sources of these funds or services in the last column, e.g., ABC Citizens Group.

Possible budget categories:

a. Personnel services - The proportion of salary and fringe benefits for employees charged to the project.

b. Office Supplies - Items such as paper, pencils, ledgers, and similar items.

c. Operating Supplies - Supplies that are used in the operation of a project: paint, hand tools, limited building supplies.

d. Communications - Telephone and related charges for direct project administration only.

e. Travel and Training - Cost of travel, training, private auto mileage and miscellaneous travel expense.

f. Legal and Public Notices - Costs incurred for notices in newspapers and related media.

g. Profession Services - Includes services contracted for expertise beyond staff

h. Capital Outlay - Includes office or other authorized equipment.

i. Administrative Costs - Costs associated with administration of this project (can only be used if applicant has an approved Indirect Cost Allocation Plan).

### EXHIBIT C

## MULTNOMAH COUNTY CDBG PROJECT SELECTION PROCESS TIMETABLE

|  |  |
| --- | --- |
| January 25 | Applications due by 4:30 p.m. Submit one bound original and an unbound copy. |
| Jan. 28 – Feb. 8 | Staff completes a technical review for completeness and contacts each applicant regarding the status of their application. |
| Feb. – Mar.  | Written applications are reviewed and staff reports are prepared for the Policy Advisory Board (PAB). |
| March 14\* | PAB meets to make initial funding decisions. |
| March 21\* | Public Meeting before PAB—applicants may make a brief presentation to PAB members, and PAB members ask questions. |
| Early April | Applicants are notified of PAB’s funding recommendations |
| May 9\* | County Commissioners Public Hearing at which the PAB’s recommendations are finalized. Applicants may testify, if they so wish. |

\*Dates are tentative

1. Based on the HUD Portland Area Median Income as of 12/1/11: $73,000 for a family of four. [↑](#footnote-ref-1)