



City of Commerce City Colorado

Community Development Block Grant Program (CDBG)

Non-Profit Organization

2024 Funding Application Form

Application Deadline:

Tuesday, April 30 by 4:30 p.m. (MST)

SECTION I
PROGRAM YEAR 2024 CDBG APPLICATION CYCLE GUIDELINES

The City of Commerce City (City) received annual grant funding from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) Program. These funds help the City provide decent housing, a suitable living environment, and expand economic opportunities for low- to moderate-income (LMI) persons.

Applicant organizations must be either a (1) public agency, (2) non-profit entity, (3) internal City department or (4) Community-Based Development Organization (CBDO) and must be in good standing with the State and the City of Commerce City.

To be considered for funding, a project must primarily benefit low- and moderate-income persons or special needs populations as defined by HUD programmatic regulations.

Applicants must demonstrate they have attempted to obtain funding from other sources. Evidence (an award letter, statement, or other documentation) of this should be included as part of the project narrative and submitted with the proposal, with response from potential funding sources.

All applicant organizations abide by the below guidelines.

A. FUNDING GUIDELINES:

- Proposed projects will only be eligible for funding beginning October 1, 2024, **pending Council Approval.**
- The minimum funding amount is \$25,000.00.
- Project goals should be attainable within a defined period of time (typically one year) and should achieve measurable results.
- Funds will not be granted to reduce existing deficits, entertainment, lobbying expenses, audits, or other ineligible expenses under the CDBG Funding Application Guidelines.
- **Applicants will be required to execute a contract with the City before receiving any approved funds. Funding is disbursed on a reimbursement basis. If you do not have the capacity to work on a reimbursement basis, you are ineligible to proceed.**
- All applicants approved for funding **must** provide the City with Certificates of Insurance in a form acceptable to the City for all required insurance.
- Applicants must submit Conflict of Interest Disclosure Form for **all** Board Members, Executive Management, and Program Staff associated with Delivery of Program.
- Projects **must** meet all applicable grant requirements of the U.S. Department of Housing and Urban Development (HUD).
- Applicants **must** demonstrate adequate management and fiscal controls within its current organization to undertake the proposed project.

B. SUBMISSION INSTRUCTIONS:

- Applications must be received by the City no later than 5:00 p.m. MST on Tuesday, April 30, 2024. **NO LATE APPLICATIONS WILL BE ACCEPTED.**
- Applicants are required to submit an electronic application (scanned application), with attachments, signed and dated.
- The electronic copy will be submitted on a USB thumb drive. Each application attachment shall be saved as a separate file on the USB thumb drive and labeled as described on the application checklist (Section 3/page 23).
- Answer all questions applicable to your project concisely and in the space provided. Include attachments as requested. If you have any questions, call 720-760-5545 to speak with the CDBG Office about your project and the application.
- Incomplete or late applications will not be considered. To be considered for funding, the application must be complete with all required attachments. The City reserves the right to negotiate the final scope of work and related funding for any approved applications.
- If you would like a copy of the application in Microsoft Word, please contact glewis@c3gov.com.

Mail the application, postmarked by the deadline, to:

City of Commerce City
Community Development - CDBG Office
7887 East 60th Avenue
Commerce City, CO 80022-4199

Or hand-deliver the application to:

Commerce City Civic Center
7887 East 60th Avenue
Commerce City, CO 80022-4199
Building Department Front Counter
Attn: CDBG Office
Office Hours are 8:00 a.m. to 5:00 p.m.

***Applicants must submit a separate and complete application for each project type for which funding is requested.**

C. REVIEW PROCESS:

- The following must be met or the application will not be reviewed for funding:
 - Application complete, approved, and submitted by Board of Directors or designated representative.
 - Proposed service/program/project meets one of the National Objectives.
- All applicants will be notified of the funding recommendations in writing, on or about September 1, 2024. **Receipt of an award letter is not a guarantee of funding.** Final approval by the Mayor's Budget Review Committee and City Council is required.
- All awards are subject to further pre-contract negotiation, an award of the annual entitlement appropriation by the U.S. Department of Housing and Urban Development to the City of Commerce City and an Environmental Review.

It is the responsibility of the City of Commerce City to ensure that City funds are disbursed and managed in accordance with funding regulations. To fulfill this responsibility, the City of Commerce City will conduct a review of all applicants applying for funding to evaluate their operations, services, projects, and budgets. Any project and/or organization not receiving **a minimum score of 75** is not eligible for further review. Receipt of maximum scoring points is not a guarantee of funding. Receipt of an award letter is NOT a guarantee of funding. **Prior funding awards do not guarantee continued or future funding.**

The City, in its sole and absolute discretion, with or without cause, and without liability of any kind to any applicant, reserves the right to accept or reject any and/or all applications either in whole or in part, waive any informalities or irregularities of any applications, cancel this CDBG Funding Application at any time and/or take any action in the best interest of the City. The City's decision in all matters shall be final. The City reserves the right to contact an applicant if additional information is required.

Agencies who have received prior funding through the City of Commerce City will also be evaluated on past performance in carrying out programmatic activities and contractual compliance.

Factors to be considered are:

- Agency ability to meet service delivery goals
- Timely expenditure of funds
- Timely reporting
- Accuracy of reporting
- Ability to meet audit requirements
- Other programmatic and fiscal contractual requirements.

SECTION II
Program Year (PY) 2024 CDBG APPLICATION

A. AGENCY INFORMATION

Applicant Organization or Agency Name: _____

Tax ID Number _____

Unique Entity Identifier (UEI) _____

System for Award Management (SAM) CAGE Code# _____ EXP Date _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ **Title:** _____

Telephone No: _____ E-mail: _____

President/Executive Director/Department Head: _____

Telephone No: _____ E-mail: _____

Location of proposed service/program/project (if different than stated above):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Agency Status

- Non-profit¹
- Housing Authority
- Quasi-Government Agency
- Community-Based Development Organization (CBDO)
- Internal City Department

¹ If a non-profit agency expends \$750,000 or more in federal awards during the Agency's fiscal year they shall have a single audit conducted for that year in accordance with the provisions of 2 CFR200 – *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; Super Circular*; and must submit a copy of the most recent audit to the City in accordance with the requirements.

B. PROJECT DESCRIPTION, AGENCY SUMMARY, AND STATEMENT OF NEED

1. Project Description - All Applicants: Provide a detailed description of your proposed project. This should include a summary of the project and the objectives that the agency/organization will accomplish during the Program Year. (Which CDBG Eligible Activity will this application be undertaking?)

https://www.hudexchange.info/resources/documents/CDBG_Guide_National_Objectives_Eligible_Activities.pdf

Type your response in the text box below. 200 maximum word count.

2. Project Description: Service Delivery: Select one service delivery area:

- Affordable Housing (including rehabilitation) and Homelessness
- Public Facilities Improvements (rehabilitation including acquisition and construction)
- Public Services (select one primary beneficiary below):
 - Low-to-moderate income persons
 - Victims of domestic violence or abuse
 - Special needs population (elderly, disabled adults, illiterate adults)
 - Homeless

3. Project Description - Service Delivery: Select the box below that best describes the project:

- New Project
- Continuation of Existing CDBG Project
- Continuation of an Existing non-CDBG Project
- Expansion of Existing CDBG project
- Expansion of Existing non-CDBG Project

4. Agency Summary – Program Services: Summarize the relevant *professional expertise* of project staff members responsible for implementation of *this project* in their ability to manage or provide program services. If the staff member does not have prior experience in providing the proposed service, please indicate experience and successes carrying out similar programs. Remember to attach all project-relevant staff resumes to this application. Resumes *must include current position* at agency applying for this project.

Type your response in the text box below. 200 maximum word count.

5. Agency Summary - Program Services: Select the response that best describes the project-relevant staff members' experience with program management of grant programs.

Multiple staff members associated directly with the project have relevant program management experience, reflected on their resumes attached to this application.

No other staff members, besides the manager, associated directly with the project have relevant program management experience.

6. Agency Summary – Program Services: Select the response that best describes the project-relevant manager's years of experience managing programs and services. This will reflect on the project manager's resume attached to this application.

5+ years experience in relevant program management

3-5 years experience in relevant program management

1-3 years experience in relevant program management

0-11 months experience in relevant program management

7. Agency Summary: Does this agency have have written policies and procedures in place to:

A. Ensure no person otherwise eligible for services(s) shall solely by reason of their disability, be excluded from participation or be denied benefits offered by your program.

Yes

No

B. Ensure meaningful access to programs and activities for persons with limited English proficiency?

Yes

No

C. Ensure non-discrimination in general?

Yes

No

D. Prevent any conflicts of interest with their staff and Board of Directors?

Yes

No

E. Ensure privacy protection for their clients?

Yes

No

8. Agency Summary: Number of staff dedicated to implementation of this project: _____

9. Agency Summary: The number of staff dedicated to implementation of this project who have experience with City of Commerce City grant programs: _____

10. Agency Summary: The number of staff dedicated to implementation of this project with no grant experience: _____

11. Agency Summary – All Applicants: Provide a detailed project management plan.
Type your response in the text box below. 200 maximum word count.

12. Agency Summary – Financial Management: Identify and describe grant administration software and financial management capabilities, and financial grant management policies and procedures the organization possesses in order to manage this project consistent with Federal financial management requirements as set forth in 2 CFR 200. *Type your response in the text box below. 200 maximum word count.*

13. Agency Summary - Financial Management: Describe grant management experience of key staff responsible for financial management of the project. *Type your response in the text box below. 200 maximum word count.*

14. Agency Summary – Financial Management: Select the response that best describes the organization’s financial grant management:

- 3 + years previous experience with City of Commerce City grant programs.
- 1-2 years previous experience with City of Commerce City grant programs.
- Previous experience with similar grant programs outside of City of Commerce City.

15. Agency Summary – Financial Management: Describe internal controls and separation of duties the organization has currently in place to properly manage public funds.

Type your response in the text box below. 200 maximum word count.

16. Agency Summary – Financial Management– All Applicants: This agency/organization has a dedicated Chief Financial or equivalent financial officer. Yes No

17. Statement of Need – Narrative Response - All Applicants - Describe the project’s target population and service delivery area. Support the urgency of meeting this need using current data. *Type your response in the text box below. 200 maximum word count.*

18. Statement of Need - Narrative Response – All Applicants: Describe the community problem or need that this project is designed to address. *Type your response in the text box below. 200 maximum word count.*

19. Statement of Need: Select one population that best describes the project's primary target population:

- Low-to-Moderate Income population, including PHA residents
- Victims of domestic violence or victims of abuse
- Elderly, disabled, or illiterate adults
- Homeless

20. All Applicants – If your organization receives partial funding, will you still be able to complete project by leveraging other funding sources? Describe other funding resources. *Type your response in the text box below. 200*

maximum word count.

Project Timetable

What is the proposed month-to-month timeline for the proposed project? If this is a construction project, include design, City review, and permitting time.

Note: The earliest the City could issue a Notice to Proceed would be in December of the application year. (You may attach a chart or use this one below)

Timetable

2024	
Month	Activity
October 2024	
November 2024	
December 2024	
2025	
Month	Activity
January 2025	
February 2025	
March 2025	
April 2025	
May 2025	
June 2025	
July 2025	
August 2025	
September 30, 2025	

MATCH AND LEVERAGE FORM

Amount of Funding Requested: _____ Total Project Cost: _____

Projected/Approximate # of Persons/Participants to be Served: _____

Projected/Approximate # of Units to be Served: _____

Matching/Leveraged: _____ Pending (Applied for): _____

List funding sources, including amounts, which are committed and properly documented for the proposed project. Indicate the amount, by source in the appropriate column (i.e. match, leverage or applied for amounts).

SOURCE TYPE	MATCH AMOUNT	LEVERAGE AMOUNT	APPLIED FOR AMOUNT	TO BE USED FOR
TOTALS	\$ 0.00	\$ 0.00	\$ 0.00	

Reminder – Failure to attach required documentation of funding sources clearly identified for the funding period of the application will result in the source(s) not being considered in scoring.

CDBG FUNDING APPLICATION PROGRAM YEAR 2024 BUDGET WORKSHEET

SOURCES OF REVENUES		PROPOSED PY 2024
A. FUNDS REQUESTED		
B. SOURCES OF MATCHING FUNDS		
1. Match Funds		
2. Leverage Funds		
3. Donations / In Kind		
C. TOTAL SOURCES OF REVENUE		

Agency Name: _____

Project Name: _____

Project Type: _____

ITEM #	DESCRIPTION OF WORK	TOTAL PROJECT COST	A FUNDS REQUESTED	B SOURCES OF MATCHING FUNDS		
				MATCH FUNDS 1	MATCH FUNDS 2	MATCH FUNDS 3
				01		
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL PROJECT COST						
PERCENTAGE OF TOTAL		100%				

CONFLICT OF INTEREST DISCLOSURE FORM

Federal Law prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the funding sources administered through this jurisdiction (1) 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.

Therefore, please answer the following disclosure questions:

1. Are you currently a (Please Check One):

- Board Member Commission Member Officer
- Executive Management Staff Staff directly associated with delivery of program

2. State position held: _____

3. Are you a business partner of any City of Commerce City employee(s), member of City Council?

(Please Check One): No Yes

If yes, please state the name of the City employee(s) and the Department, City Council Member(s):

4. Are you, or any immediate family member, a City of Commerce City employee(s), member of City Council?

(Please Check One): No Yes

If yes, please state the name of the City employee(s) and the Department, City Council Member(s) and the relationship:

Signature: _____ Name: _____

Name of Current Employer: _____ Date: _____

(1) 24 C.F.R. §570.611 (CDBG) and 2 C.F.R. §200.112 (ESG) and/or any other citations applicable to any future funding that may be awarded to this jurisdiction.

Signatures and Certifications

The applicant certifies all information in this proposal is given for the purpose of obtaining Federal funding assistance under the City of Commerce City’s CDBG Program. The applicant agrees to comply with all regulations issued pursuant to the Community Development Block Grant (CDBG) Program.

The applicant agrees not to discriminate on the basis of race, color, sex, religion, national origin, familial or disability status, sexual orientation, ancestry, creed, or marital status in the execution of this funding application’s project.

The applicant certifies, by submission and execution of this application, neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

I certify all information provided in this CDBG grant application is true and complete. I certify this application has been duly authorized by the governing body of the application. I authorize the confirmation of any or all statements contained in this application and any other information pertinent to this application and my organization.

I understand any false information or omission of information in this application can subject the individual signing such application to criminal sanctions up to and including a Class B Felony. Falsifications or omissions would likely disqualify my organization’s application for grant funding. I have read, understand, and by my signature, agree with the above statements.

Authorized Representative (Please print)	Title
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Signature	Date
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Signatures and Certifications (cont'd)

I have reviewed this application and agree the provided description, goals, impact, budget, and all other aspects of the described project are current and accurate. If my organization receives CDBG funds, I agree the project will be completed as presented in this application (without modification, unless approved by Commerce City).

Project Manager (Please print)

Title

Signature

Date

Other Submission Documentation Requirements

Please include the relevant documentation for all required and applicable items.

Organizational Information

1. IRS Determination 501(C)(3) Ruling - Required for Nonprofit Organizations

2. Provide a copy of the *original* IRS determination letter indicating status.

3. Incorporation Confirmation – Required for Nonprofit Organizations

Include a Certificate of Good Standing from the Colorado Secretary of State Business registration.

4. List of key personnel who will be working on this project.

The list or attachment should include each staff member’s name, title, and resume. Identify who will be responsible for planning, implementation, follow-up, recordkeeping, accounting, and reporting. Include an organizational chart.

5. List of Current Board of Directors Members.

The list or attachment should include all board and committee members for your organization with their names, occupations, and/or community affiliations.

Financial Information

6. Most recent Form 990 or 990EZ

7. Financial Audit

Provide the most current financial audit conducted on the agency and the results of the audit. If the agency is required to complete a 2 CFR 200 Subpart F audit, that audit must be included as well. If the audit found a deficiency or a material weakness, a response and plan of action to correct the deficiency/material weakness must be included. If an audit has not yet been completed, state this in the grant narrative and make sure to include attachments #8 and #9, as necessary.

The City will require either an updated clear financial audit or a formal response showing the actions taken by the agency to address the audit findings before a project can be considered for funding.

8. Year-to-Date Financial Statements

Submit a Statement of Financial Position (Balance Sheet) and Statement of Activities (Income and Expense Statement) for the most recent fiscal year. If your fiscal year is the calendar year, submit reports for 2024, as well as the annual financial reports for 2023 if not included in the audit. *Fiscal reports must be reported in accordance with*



Generally Accepted Accounting Principles (GAAP).

9. Agency Budget

Include the organization’s current budget. Also attach a budget for next year (the year in which funds are being requested), if your organization has next year’s budget drafted.

Compliance Information

10. A Board of Director’s resolution authorizing the submission of this CDBG application, if applicable.

11. Proof of Ownership, if applicable.

If requesting funds for a housing, facility, or infrastructure improvement project provide proof of ownership.

12. Environmental Assessments or Reviews, if applicable.

If requesting funds for a housing, facility, or infrastructure improvement provide copies of any environmental assessments or reviews conducted on the property in the past 5 years.

Project Information

13. Photographs/Renderings/Plans, if applicable.

If requesting funds for housing, facility, or infrastructure improvement projects please provide concepts, photos, and/or plans illustrating the requested upgrades or improvements.

14. Policies and Procedures, if applicable.

If requesting funds to expand a current project, provide the Policies and Procedures for the project.

15. Partnerships, if applicable.

If the project is collaborative, provide letters from partnering organizations on their letterhead verifying the partnership. Describe in detail the partner’s responsibilities, accomplishment timelines, and funding obligations.

16. Brochures/Flyers - optional

You are welcome to provide relevant brochures, flyers, and other materials which discuss the project(s) and/or individuals served.

SECTION III APPENDIX
REQUIRED DOCUMENT CHECKLIST AND
LABELING PROCEDURES

✓	Required Document	Divider Tabs Labeled in Binder As:	Document Labeled on USB Thumb Drive As:
	Completed Application	Application	1_ Application
	Completed Match and Leverage Form (Section II, page 16)	Match and Leverage Form	2_ Match and Leverage Form
	Completed Budget Worksheet (Section II, page 17)	Budget Worksheet	3_ Budget Worksheet
	Completed Project Timeline (Section. II, page 15)	Project Timeline	4_ Project Timeline
	Resolution from the Board of Directors authorizing the application for and use of funds from the City of Commerce City	Authorization Resolution	5_ Authorization Resolution
	Organization Chart with employee names and titles.	Organization Chart	6_ Organization Chart
	List of all current or proposed staff names and titles directly associated with proposed grant/program.	Program Staff	7_ Program Staff
	Job descriptions with pay scales for Executive Director, Fiscal Officer, Program Administrator, and Program Staff and any other proposed positions to be funded.	Job Descriptions	8_ Job Descriptions
	Resumes of Executive Director, Fiscal Officer, Program Administrator, Program Staff, copies of certifications, and consultant contract (if applicable).	Resumes	9_ Resumes
	Client confidentiality procedures to ensure confidentiality of client files.	Confidentiality	10_ Confidentiality Procedures
	List of Current Board Members	Board of Directors	11_ Board of Directors
	Conflict of Interest Disclosure Forms for all Board Members/Commission Members, Executive Management/Officers, <i>and</i> Program Staff associated with Delivery of Program (Section II, page 18 of this document).	Conflict of Interest	12_ Conflict of Interest
	Letters of commitment and/or awards from other funding sources for this project (As applicable)	Other Funding Sources	13_ Other Funding Sources
	Most recent Form 990 or 990EZ	Financial Records	14_ 990(EZ)
	Year-to-Date Financial Statement	Financial Statement	15_ Financial Statement
	Most recent Certified Audit, Management Letter, and Agency Response	Audit	16_ Audit
	IRS 501(c)(3) Determination Letter	Nonprofit Ruling	17_ Determination Letter
	Most recent Organization By-Laws	Organization By-Laws	18_ Organization Bylaws
	Certificate of Non-profit Status	Certificate of Non-Profit Status	19_ Certificate of NonProfit Status
	Articles of Incorporation	Articles of Incorporation	20_ Articles of Incorporation
	Procedures for selecting contractors and consultants, and agency purchasing policies.	Selection Procedures	21_ Selection Procedures
	Proof of General Liability Coverage	Liability Coverage	22_ Liability Coverage
	SAM.gov Registration Confirmation	SAM.gov	23_ SAM.gov
	Other documents as applicable (i.e., construction or acquisition related project documents)	Other, as applicable	24_ Other

*If you have any questions,
please contact George at the CDBG Office at:*

*glewis@c3gov.com
720-760-5545
or visit c3gov.com/CDBG*

Thank you for applying