



**CITY OF OAK RIDGE
EMERGENCY SOLUTIONS GRANT (ESG)
SUBRECIPIENT APPLICATION PACKAGE
PY2015-FY2016
(JULY 1, 2015 - JUNE 30, 2016)**

The City of Oak Ridge's Emergency Solutions Grant (ESG) funds must be used to accomplish the following Tennessee Housing Development Agency (THDA) and the U.S. Department of Housing and Urban Development (HUD) objectives:

- To help improve the quality of emergency shelters for homelessness;
- To help meet the costs of operating and maintaining emergency shelters;
- To provide essential services so that homeless individuals have access to the assistance they need to improve their situation;
- To provide street outreach services to the homeless; and
- To provide emergency intervention assistance and rapid re-housing services to prevent homelessness and to obtain permanent housing.

This application seeks to aid interested, public (social) service sub-recipients whose goals align with local priorities and also demonstrate the ability to meet the following requirements as outlined in the grant application. *The total amount awarded to any applicant shall not exceed \$62,896.00:*

- Provide a dollar for dollar match for the ESG Program grant award amount;
- Be a member organization of the Tennessee Coalition to End Homelessness (TVCH);
- Certification of participation with the Continuum of Care (CoC); and
- Alignment with the CoC's strategies for preventing and ending homelessness, creating housing stability, and coordination with other local organizations that are planning and carrying out activities related to homelessness prevention and rapid re-housing.

Instructions for this application submission are included with this package to assist you in assembling your complete proposal. All of the information requested must be provided in order for applications to be considered valid. The completed applications must be received by 12:00 p.m. (local time), March 20, 2015. Please submit one copy of the application, and all supporting information to:

City of Oak Ridge
Community Development Department
200 S. Tulane Avenue
Oak Ridge, TN 37830
Attn: Sheryl Ely

Additional information and the 2015 application can be found on the Tennessee Housing Development (THDA) website at <http://www.thda.org/index.aspx?nid=706>.

**INSTRUCTIONS FOR SUBMITTING
2015 EMERGENCY SOLUTION GRANT APPLICATION**

1. Complete pages 2 through 26 of the application.
 - ✓ All applicants must submit one copy of their latest audit or audited financial statement.
2. Answer all questions. If not applicable to your program, please mark N.A.
3. Submit **ONE ORIGINAL** application and supporting information. **DO NOT SUBMIT APPLICATIONS IN BINDERS.**
4. The application must be signed by the appropriate official for your organization or community.
5. The applications are due in THDA's Nashville office by **4:30 p.m. CST, Friday, March 13, 2015**. If you are not certain that your application will be received on time if delivered through regular mail, you should make other arrangements. Applications received late will not be considered.
6. Please submit a complete application. **There will be no cure period.**
7. Submit application to:

Tennessee Housing Development Agency
502 Deaderick Street, Third Floor
Nashville, Tennessee 37243
ATTN: Community Programs Division

FAXED OR E-MAILED APPLICATIONS WILL NOT BE ACCEPTED.

DRAFT

**TENNESSEE HOUSING DEVELOPMENT AGENCY
2015 EMERGENCY SOLUTIONS GRANT APPLICATION
PART I**

1. APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City _____ County: _____

Zip Code: _____ Telephone #: _____

Applicant's E-mail Address: _____

Federal Tax Identification: _____

DUNS Number: _____

Federal Legislative District: House: _____

State Legislative District: House: _____ Senate: _____

Grantee Fiscal Year: Federal ___ State ___ Other ___

2. PROJECT ADMINISTRATOR

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

3. CONTACT PERSON FOR THE APPLICATION

Name: _____

Phone: _____

Email: _____

4. TARGET GROUP:

____ Adult _____ Youth _____ Families _____ Domestic Violence
____ Other (specify): _____

5. COUNTY OR COUNTIES TO BE SERVED: _____

6. FAITH BASED ORGANIZATION? YES NO

7. PRIOR ESG FUNDING?: YES NO

Amount _____ Year _____

8. TOTAL ESG FUNDS REQUESTED: \$ _____

(Must be a minimum of \$35,000 or
a maximum of \$100,000)

Street Outreach \$ _____

Shelter Activities (Essential Services + Operations) \$ _____

Prevention \$ _____

Rapid Re-Housing \$ _____

HMIS \$ _____

Administration (set aside Cities only) \$ _____

MATCHING FUNDS: \$ _____

TOTAL PROGRAM COST \$ _____

9. ALL APPLICANTS MUST INCLUDE:

_____ Most Recent Audit or audited financial statement

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false on the application can subject the individual signing such application to criminal sanction up to and including a Class B Felony.

Mayor, Executive Director or Board Chairman:

Signature: _____

Typed Name: _____

Title: _____ Date: _____

Part II

FY 2015 RESOURCE DOCUMENTATION TABLE

Name of Organization: _____

Data Required	Data Provided
<p>1 Please list existing agencies in the county who serve the homeless. (Include agency name, population served, and bed capacity for each shelter listed)</p>	<p><i>Example: Salvation Army, homeless men, 10 bed shelter</i></p>
<p>2. Please describe the service(s) your agency provides that is not already in existence in your area.</p>	<p><i>Example: Outreach, homelessness prevention, transportation</i></p>
<p>3. Please describe other local events and issues which affect the county's ability to respond to the needs of the homeless population.</p>	<p><i>Example: New employers, new resources available, plant layoffs, natural disasters, decrease in previous services, etc.</i></p>

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Street Outreach

1. Describe activities proposed for Street Outreach:

2. List all position titles, percentage of time and salaries of personnel that will be billed under Street Outreach:

3. List number of clients to be served and objectives of program:

Shelter – Rehabilitation or conversion

1. Briefly describe your renovation project including the address of the building, the specifications for the proposed renovations, the cost estimate for the renovations and total project cost. Please attach a work write-up or estimates to this application.

2. Provide documentation of ownership and age of building:

3. Provide documentation of the property's current market value and the date the building was constructed.

1. How will you ensure that minimum habitability standards are met when rental assistance funds are used to place a homeless household into housing, or move a household to different housing? Who will conduct necessary inspections? **Please attach Habitability Checklist form.**

2. How will you ensure that housing occupied by families with children under the age of six comply with requirements of the Lead Based Paint Poisoning Prevention Act in accordance with 24 CFR parts 35.115(a) and 35.115.125 ? How will the applicant assure that Lead Based Paint inspections are conducted properly? **Please attach LBP standard form.**

3. How will you assure that rent reasonableness tests are conducted for each unit rented? **Please attach Rent Reasonability form.**

4. Explain the assessment process for determining the duration of financial assistance to be provided. If applicable, how will you document that Prevention program participants receiving medium-term rent assistance (3 to 9 months of assistance) be certified for eligibility at least once every 3 months?

5. List all position titles and salaries of personnel that will be billed under Housing Relocation and Stabilization Services (Prevention and/or Rapid Re-Housing). Include salary, percentage of time billed to ESG and indicate whether the position is full- or part-time.

Part V: ESG FISCAL INFORMATION

MATCHED FUNDS

TYPE	DOLLAR VALUE	SOURCE OF MATCH	METHOD OF CALCULATION
<p align="center">Donated Supplies (clothing, furniture, equipment, etc.)</p>	<p align="center">\$ _____</p>		
<p align="center">Cash Donations Or Grants</p>	<p align="center">\$ _____</p>		
<p align="center">Value of Donated Building (Attach documentation)</p>	<p align="center">\$ _____</p>		
<p align="center">Fair Rental or Lease Value (Attach documentation)</p>	<p align="center">\$ _____</p>		
<p align="center">Salaries</p>	<p align="center">\$ _____</p>		
<p align="center">Volunteers (unskilled @ minimum wage)</p> <p>Attach a volunteer job description or list of duties related to ESG activities and a sample time sheet or log to document the volunteer hours.</p>	<p align="center">\$ _____</p>		
<p align="center">Other (Specify)</p>	<p align="center">\$ _____</p>		
<p align="center">MATCH TOTAL</p>	<p align="center">\$ _____</p>		

PROGRAM OPERATING BUDGET
JULY 1, 2015 – JUNE 30, 2016

Agency: _____

ACTIVITY	ESG	MATCHING FUNDS	CONTRACT TOTAL
Street Outreach			
Salaries			
Travel			
Emergency Services			
Client transportation			
Shelter - Rehab/Conversion			
Rehab/Conversion Estimate			
Inspections			
Shelter – Essential Services/Operations			
Salaries			
Travel / Transportation			
Utilities			
Phone/Communications			
Rent			
Equipment			
Furniture			
Food			

	ESG	MATCHING FUNDS	TOTAL
Shelter – Essential Services/Operations			
Postage			
Printing			
Program Supplies			
Insurance			
Maintenance/Security Staff			
Client Legal Services / Costs			
Childcare			
Emergency Medical			
Counseling			
Job/Educational Training			
Other: _____			
HOMELESSNESS PREVENTION			
Financial Assistance			
Salaries			

Other:			
RAPID RE-HOUSING			
Financial Assistance			
Salaries			
Other:			
HMIS			
Salaries			
Equipment / Fees			
Travel			
Training			
Indirect Costs			
ADMINISTRATION			
Up to 4.5% may be billed for set-aside Cities <i>only</i>			

***If you are budgeting for indirect costs, you MUST submit a current approved cost allocation plan.**

PART VI

NON-PROFIT CHECK LIST

1. Legal Name of Organization: _____
2. IRS Tax Exempt Number: _____
3. A current Certificate of Existence from the Secretary of State's office. The certificate is purchased from the Secretary of State's office and must be dated within 6 months of the application due date.
4. Copy of 501(c)(3) certificate or letter from IRS.
5. Copy of Charter, By-laws and resolutions.
6. List of Board members including names, home address, and occupation, a description of their primary contribution, length of service, income range, and date the term of service expires. (Part VI of Application).
7. Attach the minutes of the most recent Board meeting.
8. Business plan or strategic management plan that demonstrates the agency's short term and long term goals, objectives, and plans to achieve them.
9. Documentation of operating funds from other sources, including how much annually and from what sources.
10. Explanation of any other programs, other than the proposed ESG program, operated by the organization, including the program(s) and its funding source(s).
11. Approval letter from the local government for the proposed activity.
12. For renovation projects, evidence of site control, specifications and work write-ups, and cost estimates, including lead-based paint activities and asbestos removal activities.
13. Part XII: Individual Disclosure Forms completed by the organization's Executive Director, Chairman of the Board and any staff directly involved with decision making for the project (on website).
14. Part XIII: Corporate Disclosure Form signed by the Chairman of the Board or Executive Director on behalf of the organization (on website).
15. Sign the application and submit the ORIGINAL to THDA.
16. ESG Written Standards.

Part VII
NON-PROFIT BOARD COMPOSITION

Copy as necessary for all Board Members

Name: _____

Home Address: _____

Occupation: _____

Primary Contribution to the Board: _____

Length of Board Service: _____ Date Board Term Expires: _____

Name: _____

Home Address: _____

Occupation: _____

Primary Contribution to the Board: _____

Length of Board Service: _____ Date Board Term Expires: _____

Name: _____

Home Address: _____

Occupation: _____

Primary Contribution to the Board: _____

Length of Board Service: _____ Date Board Term Expires: _____

Name: _____

Home Address: _____

Occupation: _____

Primary Contribution to the Board: _____

Length of Board Service: _____ Date Board Term Expires: _____

**PART VIII
CERTIFICATION OF LOCAL GOVERNMENT APPROVAL
FOR NON-PROFIT ORGANIZATIONS**

I, _____,
(Name and Title)

duly authorized to act on behalf of the _____
(Name of Jurisdiction)

hereby approve the following project(s) proposed by _____
(Name of Nonprofit)

which is (are) located in: _____
(Name of Jurisdiction)

BY:	_____	_____
	(Name and Title)	(Date)
	_____	_____
	(Signature)	(Date)

To be signed by local government official.

PART IX
CERTIFICATION OF MATCHING FUNDS

The _____

(Name of local government or approved private, nonprofit organization)

certifies that the matching supplemental funds or in-kind support contribution required by the State of Tennessee's Emergency Shelter Grant Program will be provided. Included in the program narrative is a description of the proposed sources and amount of such supplemental funds.

(Name and Title)

(Signature)

(Date)

To be signed by local government official or board chairperson, as applicable.

Part X: Certification of Participation with Continuum of Care

That the activities proposed in the ESG application are aligned with our Continuum of Care’s strategies for preventing and ending homelessness, creating housing stability, and coordinated with other local organizations that are planning and carrying out activities related to homelessness prevention and rapid re-housing.

Certifying Official Name:
Title
Signature
Date

PART XI: INDIVIDUAL DISCLOSURE FORM

TENNESSEE HOUSING DEVELOPMENT AGENCY

ESG PROGRAM DISCLOSURE AND CERTIFICATION

The undersigned, in order to participate in the ESG Program operated by the Tennessee Housing Development Agency, supplies the following information and certifies to the accuracy of such information.

Please be advised that disclosure does not automatically bring denial of participation. However, failure to provide a completed disclosure of unfavorable information or providing false information on this form can be grounds for denial of participation and can subject the individual signing such form to criminal sanctions under state law. All questions are to be answered to the best of signatory's knowledge with no requirement to investigate.

1. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have never** been convicted of a felony in Tennessee or any other state; OR
- I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have been** convicted of a felony in Tennessee or in another state. The details of which are as follows:

2. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have never** been fined, suspended, debarred nor been the subject of a disciplinary investigation by a federal agency (includes FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) involving financial or housing activities; OR
- I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have** been fined, suspended, debarred nor been the subject of a disciplinary investigation by a federal agency (includes FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) involving financial or housing activities to the best of my knowledge except:

3. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have not** filed for bankruptcy or reorganization at the present time; OR to the best of my knowledge except: (If such a filing has happened within seven (7) years please explain:
- I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **am in or have** filed for bankruptcy or reorganization at the present time (or within seven years) and the details are as follows:

4. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, hold the following licenses from a state regulatory authority. Please provide license numbers and identify state.

5. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity **have never** had (a) license issued by a state regulatory authority suspended or (b) been the subject of a disciplinary investigation by THDA or any other state regulatory authority; OR

I, or any entity with which I am or have been affiliated in an ownership or decision making capacity **have had** (a) license issued by a state regulatory authority suspended or (b) been the subject of a disciplinary investigation by THDA or any other state regulatory authority; OR

Signature: _____

Typed or Printed Name _____

Title: _____ Date: _____

In order to protect the integrity of Agency programs, the Agency Board hereby adopts a policy that those receiving money directly from contracts or administering contracts involving money will be required to file a disclosure form at the time that an application is filed and which will be updated when money is disbursed. The form will ask for information about activities which could be considered criminal in nature; activities which could show financial instability; or activities which have brought disciplinary action by a governmental regulatory agency.

The disclosure form will be applicable to the various grant programs such as ESG, HOME, NSP, the Low Income Housing Tax Credit program and other programs administered by the Agency's Community Programs Division. Individuals applying for single family home loans or to be landlords or tenants in the rental assistance program already make disclosures to meet federal requirements. Originating Agents and Servicing Agents have contracts which serve to protect the Agency's position.

These forms should be filed by affected individuals, and decision makers for entities other than individuals when the Agency is supplying \$20,000 or more to the recipient. Decision makers would include senior management and/or board members. Government officials do not have to fill out disclosure forms. Non-profit organizations which already must file accountings and other types of disclosure can submit a request for waiver upon a showing of comparable disclosure to another oversight agency. Such waiver requests will be considered by the Audit and Budget Committee of the Agency.

PART XII: CORPORATE DISCLOSURE FORM

The undersigned, in order to participate in the ESG Program operated by the Tennessee Housing Development Agency, supplies the following information and certifies to the accuracy of such information.

Please be advised that disclosure does not automatically bring denial of participation. However, failure to provide a completed disclosure of unfavorable information or providing false information on this form can be grounds for denial of participation and can subject the individual signing such form to criminal sanctions under state law. All questions are to be answered to the best of signatory's knowledge with no requirement to investigate.

2. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have never** been convicted of a felony in Tennessee or any other state; OR

I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have been** convicted of a felony in Tennessee or in another state. The details of which are as follows:

2. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have never** been fined, suspended, debarred nor been the subject of a disciplinary investigation by a federal agency (includes FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) involving financial or housing activities; OR

I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have** been fined, suspended, debarred nor been the subject of a disciplinary investigation by a federal agency (includes FHA, VA, FDIC, USDA/RD (formerly FmHA), IRS, etc.) involving financial or housing activities to the best of my knowledge except:

3. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **have not** filed for bankruptcy or reorganization at the present time; OR to the best of my knowledge except: (If such a filing has happened within seven (7) years please explain:

I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, **am in or have** filed for bankruptcy or reorganization at the present time (or within seven years) and the details are as follows:

4. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity, hold the following licenses from a state regulatory authority. Please provide license numbers and identify state.

5. I, or any entity with which I am or have been affiliated in an ownership or decision making capacity **have never** had (a) license issued by a state regulatory authority suspended or (b) been the subject of a disciplinary investigation by THDA or any other state regulatory authority; OR

- I, or any entity with which I am or have been affiliated in an ownership or decision making capacity **have had** (a) license issued by a state regulatory authority suspended or (b) been the subject of a disciplinary investigation by THDA or any other state regulatory authority; OR

Corporation: _____

BY: _____

Typed or Printed Name _____

Title: _____ Date: _____

In order to protect the integrity of Agency programs, the Agency Board hereby adopts a policy that those receiving money directly from contracts or administering contracts involving money will be required to file a disclosure form at the time that an application is filed and which will be updated when money is disbursed. The form will ask for information about activities which could be considered criminal in nature; activities which could show financial instability; or activities which have brought disciplinary action by a governmental regulatory agency.

The disclosure form will be applicable to the various grant programs such as ESG, HOME, NSP, the Low Income Housing Tax Credit program and other programs administered by the Agency's Community Programs Division. Individuals applying for single family home loans or to be landlords or tenants in the rental assistance program already make disclosures to meet federal requirements. Originating Agents and Servicing Agents have contracts which serve to protect the Agency's position.

These forms should be filed by affected individuals, and decision makers for entities other than individuals when the Agency is supplying \$20,000 or more to the recipient. Decision makers would include senior management and/or board members. Government officials do not have to fill out disclosure forms. Non-profit organizations which already must file accountings and other types of disclosure can submit a request for waiver upon a showing of comparable disclosure to another oversight agency. Such waiver requests will be considered by the Audit and Budget Committee of the Agency.

There will be one public meeting scheduled to provide technical assistance and those interested in applying for CDBG funds can also request assistance by appointment. Please call **Sherith Colverson** at (865) 200.6989 to schedule a meeting or a phone conference.

**APPLICATION FOR 2015 CDBG FUNDS
CITY OF OAK RIDGE, TENNESSEE**

<p>Applicant (name of organization/agency):</p> <p>Applicant Mailing Address:</p> <p>Contact Name/Title:</p> <p>Phone:</p> <p>Email:</p>	<p>Non-Profit, Tax-Exempt ID#:</p> <p>Is your organization a certified 501 (c) (3)? (please circle)</p> <p>No / Yes</p> <p>Attach a copy of your Certificate of Incorporation</p>
<p>Name of program/project:</p> <hr/> <p>Location of program/project:</p>	<p>Amount of CDBG funds requested:</p> <p>Has this program/project previously received CDBG funds? (please circle)</p> <p>No / Yes</p> <p>If Yes, please specify the year this activity first received CDBG funding.</p>
<p>Program/project description (please limit your description to the space provided; the description must include the days and hours of the project/program OR <u>attach</u> project implementation schedule, <i>if applicable</i>):</p> 	
<p>Has your organization completed similar programs/projects? (please circle)</p> <p>No / Yes</p> <p>If Yes, please list in adjacent box the names, location and completion of dates of similar programs/projects.</p>	
<p>A. Please give a short <i>description of your organization</i> including 1. Date established 2. Size of the membership, and 3. Its role and/or purpose in the community. Also, please <u>list all officers</u>. Feel free to <u>attach this response to the application form</u>.</p> 	

- B. **Please attach to this application a line item budget indicating all funding sources and uses of those funding sources for this activity. Clearly indicate the CDBG share of the costs. Also indicate the percentage of CDBG funds to be used for administrative expense, bearing in mind that the cap is 15% on CDBG funds used for overhead and program administration.**
- C. **Will your project include any matching funds? If so, please list the type of match and estimated amount.**
- D. **Will your project be using leveraged funds? If so, please list the source of leveraged funding and the amount.**

If applicable, attach any award letters for other funding sources to this application.

Please respond to the questions below regarding your proposal's relevance to the City of Oak Ridge's Consolidated Plan's Goals and Objectives. A copy of this is available for your review on the City's Community Development Department's website at:

<http://www.oakridgetn.gov/department/CommDev/Planning-Division/CDBG-Program>

- A. **List the proposed outcomes and indicators for the CDBG subrecipient funding period of 1/1/2015-6/30/2015:**

- B. **What is the goal of your organization's proposed activity?**

- C. **In what ways is the proposed activity consistent with the City's 2014-2017 Consolidated Plan?**

- D. **What are the direct public services to be provided to low-and moderate-income persons?**

- E. **Which eligible public (social) service activities does this proposal address? Please check any that apply.**

- Employment services (e.g. job training)
- Crime prevention & public safety
- Child care
- Health services
- Substance abuse services (e.g. counseling and treatment)
- Fair Housing Counseling
- Education programs
- Energy conservation
- Services for senior citizens
- Services for homeless persons
- Welfare services (excluding income payments)
- Down payment assistance
- Recreational assistance
- Food programs

Other (please list):

F. Is this activity targeted at a particular population (e.g. elderly, disabled, youth, homeless or at-risk of being homeless, unemployed or under-employed)? Please describe:

G. What measurable performance indicators will be used to evaluate the effectiveness of this activity?

H. What outcomes will result from this activity?

I. Which one of the three CDBG National Objectives is being addressed by the proposed program/project? Check one:

- Benefit to at least 51% low-and moderate-income residents of Oak Ridge**
- Elimination of slums & blight**
- Meets an emergency need not funded by another funding source**

J. Please complete the following information for the proposal submitted to the closest anticipated outcome:

- Anticipated percentage of project benefit to low- and moderate-income persons _____
- Anticipated total number of low- and moderate-income person who will receive benefit _____
- Extent to which the project eliminates slums and blight (*e.g. little, moderate, extensive*) _____
- Extent to which the project addresses an emergency need not funded by other sources _____

K. Please describe the indicators in the community that directed your agency to develop the proposed activity. *Please substantiate your justifications by references to any surveys, or other supporting documents or occurrences your organization views as relevant.*

L. Please define the service area/neighborhood that will be served by the proposed activity.

M. What other agencies has your organization consulted with or collaborated with to maximize resources and avoid duplication of services?

N. If this is a collaborative application for funding, which agency is the designated lead agency and why?

O. Please explain why your agency/collaboration is well suited and has the capacity to undertake the proposed activity?

P. Does this proposal represent an innovative or creative approach to an Oak Ridge problem?
Please explain:

ATTACHMENTS REQUIRED

It is ***required*** that you submit the following information as attachments to this application:

1. The applicant's most recent annual financial report
2. The applicant's 501 (c) (3) Certificate of Incorporation
3. The applicant's most recent audit or treasurer's report, if requesting funding of \$20,000 or more
4. At least (2) letters of support, which clearly list name and title of agencies or individuals providing the of support for this application
5. Funding commitment letters from all other funders of the this proposed application's activity

INSTRUCTIONS

APPLICATION SUBMISSION:

- Please type or legibly print all information. If application is not readable, it will be returned to the applicant.
- Submit all responses on forms/associated attachments as necessary.
- Do not revise/delete application format if preparing from an electronic version.
- Your application will be returned to you if your form or original application questions are altered.

SUBMIT APPLICATION TO:

Sherith Colverson
City of Oak Ridge
Community Development Department
200 S. Tulane Avenue
Oak Ridge, TN 37830

If you have any questions, please contact Sherith Colverson at (865) 200.6989 or
SColverson@oakridgetn.gov

ATTACHMENT A
City of Oak Ridge
PY2014 / FY2015 CDBG Entitlement Program
EVALUATION MODEL

All applicants will be evaluated based on:

1. How well the proposed project meets the City Council's priority and direction for spending CDBG Entitlement funds for public (social) services;
2. Whether the applicant organizations have the skills, capacity, and integrity to manage the funding and implement their proposed project(s);
3. Completeness and following directions for application and required attachments.

Overall, the applicant must demonstrate the proposed project is CDBG eligible, and that 100% of the benefit is directed towards Oak Ridge residents.

The maximum total amount awarded to any applicant will be \$34,077.00.

Applicants: Please provide evidence of these evaluation criteria in either your form application or in an attached document(s) submitted at the time with your application.

Evaluation Criteria #1 – Community Priority

Up to 25 Points

Priority	CDBG Project Category	Points	Definition and Examples
1	Public (Social Services)	15	Provides people of low to moderate income with loans, assistance with closing costs, rent subsidies, rent, counseling, educational programs, and non-housing subsidies. Examples include but are not limited to: providing rent for transitional houses for people leaving shelters and institutions, supplementing rent for qualified people, supplements toward closing costs on mortgages, providing housing incentives for people of low to moderate income, child care programs, counseling on budgeting, education on how to obtain a loan, counseling for how to obtain housing, counseling on how to obtain a job, job training, and emergency help with utilities, medicine and transportation.
2	Leveraged Funding Available for Proposed Project	10	Strategic leveraging of funding has been identified and secured for applicant’s proposed project/program. “Leveraged” funding is a financial commitment toward the costs of a project/program from an outside source other than the City of Oak Ridge and the applicant. Leveraging can be achieved by a commitment from the grantee or through various partnerships (public or private entities).

Evaluation Criteria #2 – Financial Strength

25 Points

1. Up to 5 points may be earned based on a review of the financial stability demonstrated by the applicant and established financial systems. The applicant is expected to indicate how an activity will be funded in the future, if the project is an ongoing program.
2. Up to 5 points may be earned based on the financial capacity indicated by audited financial statements and past financial performance.
3. Up to 15 points may be earned based on evidence of matching funds. Matching funds are the contribution by the applicant toward eligible costs of the project in the form of cash, in-kind, or donated materials.

Evaluation Criteria #3 – Organizational Strength

25 Points

1. Up to 5 points may be earned based on demonstration of adequate staffing.
2. Up to 10 points may be earned based on demonstration of adequate record keeping methods and reporting.
3. Up to 10 points may be earned based on how well the organization administering the project has demonstrated effective and efficient management throughout its history.

Evaluation Criteria #4 – General Considerations

25 Points

1. Up to 20 points may be earned based on the project's contribution to the Manhattan District Overlay and/or the CDBG Geographic Target Area.
2. Up to 5 points may be earned based on the catalytic effect of the project in the community as a whole - does it directly cause another good thing to happen? How?

Attachment B
City of Oak Ridge
PY2014 / FY2015 CDBG Entitlement Program
SUMMARY OF ELIGIBLE CDBG PROGRAM ACTIVITIES

This is a summary of the activities that are eligible for assistance under the Community Development Block Grant (CDBG) Program pursuant to the governing regulations of the Code of Federal Regulations, Title 24, Part 570, as amended. For a more complete description, please consult the regulations.

The primary objective of the CDBG Program is the development of viable urban communities, by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income. Funds must be used to carry out three broad national objectives:

- benefit to low and moderate income families;
- aid in the prevention or elimination of slums or blight;
- Or activities designed to meet an emergency need.

Basic Eligible Activities—§570.201

- (a) Acquisition of real property for a public purpose;
- (b) Disposition of real property acquired with CDBG funds;
- (c) Public facilities and improvements including acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements;
- (d) Clearance and demolition, including removal of buildings and improvements;
- (e) Provision of public services, which are directed toward improving the community's public services and facilities and which are either new services or a quantifiable increase over the existing level of services. Costs are subject to a regulatory maximum of 15 percent of the CDBG Grant;
- (f) Interim assistance in areas exhibiting objectively determinable signs of physical deterioration and where immediate action is necessary to arrest deterioration, and where permanent improvements will be carried out as soon as practicable;
- (g) Payment of non-Federal share required in connection with a Federal grant aid program undertaken as part of CDBG activities;
- (h) Completion of urban renewal projects;
- (i) Relocation payments for permanently or temporarily relocated individuals, families, businesses, nonprofit organizations, and farm operations in accordance with applicable regulations;
- (j) Payment to housing owners for losses of rental income incurred in holding, for temporary periods, rental units for persons displaced by relocation activities;
- (k) Housing services;
- (l) Privately owned utility improvements;
- (m) Construction of housing under Section 17 of the Housing Act of 1937.
- (n) Home ownership assistance (requires HUD review);
- (o) Micro enterprise Assistance: Provision of assistance to facilitate economic development;
- (p) Technical assistance to public or nonprofit entities to increase capacity,
- (q) Assistance to institutions of higher education.

Eligible Rehabilitation and Presentation Activities—§570.202

- (a) Building and Housing rehabilitation;
- (b) Building and Housing rehabilitation financing assistance;
- (c) Code enforcement activities;
- (d) Preservation of historic properties;
- (e) Renovation of closed buildings;
- (f) Lead-based paint hazard evaluation and reduction;

ATTACHMENT B, Continued:

Special Economic Development Activities—§570.203

Eligible activities may be carried out as part of an economic development project. In addition, special economic development activities that are appropriate to carry out an economic development project are authorized under this part.

Special Activities by Community-Based Development Organizations (CBDOs)—§570.204

Assistance may be provided to certain eligible subrecipients to carry out a neighborhood revitalization, community economic development or energy conservation project.

Planning and Capacity Building Activities—§570.205

Planning activities, urban environmental design, identification of actions that will implement such plans, and activities designed to improve the grantee's capacity to plan and manage programs and activities may be eligible.

Eligible Administrative Costs—§570.206

Reasonable costs of overall program management, coordination, monitoring, evaluation, fair housing activities, and other goods and services required for administration of the program are eligible. These costs are subject to a regulatory maximum of 20 percent of the Grant.

Fair Housing Strategies

Included in the City of Oak Ridge Community Development Block Grant
Consolidated Plan for the Period of July 1, 2014-June 30, 2017

1. The City government will continue to support fair housing by proclaiming “April is Fair Housing Month,” by formal City Council action and by input to the media.
2. The City will continue to appoint members to the Board of Housing Code Appeals whereby charges of housing discrimination may be addressed.
3. The City will continue to address the issue of emergency housing in a fair manner through its public service programs, and through referrals to private, state and federal programs.
4. The City will support affordable housing programs with local housing providers and make applications for funding of rehabilitation grants and other housing assistance.
5. The City’s housing-related staff will seek out further opportunities for training regarding fair housing.
6. The City staff requires all sub-recipients to promote Fair Housing with all of their clients.
7. The City staff will use non-traditional as well as traditional means, aimed to reach the lower-income, less-educated population, to make sure they are aware of fair housing laws and policies.
8. The City will add a short message on its monthly utility bills that Fair Housing is the City’s policy, with a telephone number for questions.