

CDBG Project Proposal Form

Please refer to the Instructions for the Project Proposal Form before filling out this document. If you need additional space to answer any section, attach additional sheets of paper.

Contact Information	
Provide a proposed project title	Project Title:
Indicate the name of the individual, organization, or neighborhood proposing the project.	Name:
Indicate the name of the person to direct questions regarding the proposed project.	Contact Person:
Provide the mailing address and e-mail for the contact person.	Address/ E-mail:
Provide the daytime phone number for the contact person.	Phone:
Additional Information	
<p>Travis County Administrative Fiscal Review (AFR) - If the organization has a <u>current</u> AFR on file with Travis County, please indicate that here. If not, please complete the AFR attached to this form and submit it with the Project Proposal.</p>	
<p>Section 3 Certification – if applicable. Please complete the Section 3 certification attached to this form and submit it with the Project Proposal.</p>	
<p>Letters of Interest from other funding sources – if applicable. If other funders have committed funds to the project being proposed, please submit letters of commitment from those funders.</p>	

Please refer to the Instructions for the Project Proposal Form before filling out this document.

Description of Problem/Need

Problem/Need - Describe the problem or need to be addressed in enough detail to convey its seriousness and magnitude.

Project Description

Project Description - Describe the proposed activities and explain how the project addresses the problem or need.

Type of Project - Please choose from the following list to indicate the category that best represents your project.

- | | |
|---|---|
| <input type="checkbox"/> Business and Jobs | <input type="checkbox"/> Infrastructure Needs |
| <input type="checkbox"/> Community Services | <input type="checkbox"/> Public Buildings & Facilities |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Populations with Specialized Needs |

Type of Activity – Please choose from the list of activities on pages 6-7 of the instructions, and indicate below the activity that best matches your project.

Project Description continued

Project Location & Service Area - Indicate the location of the proposed activities. For public improvement projects such as street or water improvements, include all of the street names and address ranges for all persons that would benefit from the activity. Describe the area to be served by the project. If possible, include a map.

Number of People Impacted – Indicate the number of persons, and/or households to be served. If known, indicate an estimate of the number and/or percentage of low-moderate income persons to be served.

Project Cost and Timelines	
If known, provide the total project cost and a copy of the cost estimate or budget.	<p>Estimated Cost of the Project:*</p> <p>\$</p>
If known, indicate the amount of CDBG funds requested for PY 2012.	<p>Amount of CDBG funds requested:</p> <p>\$</p>
If any additional funding sources are needed, indicate the sources and amounts to ensure full funding of the project. Attach any letters of financial commitment. Any additional funds must be committed in writing prior to CDBG project approval. If this is a housing project, please attach a proforma.	<p>Amount and Source of Other Funds:</p>
If applicable, indicate the source of the cost estimate.	<p>Source of the cost estimate:</p>
If known, indicate the proposed schedule for project completion. If a timeline is not available, indicate an approximate number of days for project completion. Keep in mind that grant funding for the 2012 Program Year Cycle is available no earlier than November 1, 2012.	<p>Timeline for Implementation of Project:</p>
<p>*Technical assistance on project cost estimates may be able to be provided by County staff.</p>	

Additional Notes and Information

Answer the question by selecting yes or no.	Has this project received Travis County CDBG funding in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe the project's past performance – Indicate the number of years of funding and details on successes and barriers.

Answer the question by circling yes or no.	Does your organization have experience working with CDBG or other HUD funds? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, describe your organization's past performance – Indicate the number of years of funding and details on successes and barriers.

Thank you for your participation!



**TRAVIS COUNTY HEALTH & HUMAN SERVICES
& VETERANS SERVICE
100 North I.H. 35
P. O. Box 1748
Austin, Texas 78767**

2012 AFR PACKET CHECKLIST AND STANDARDS

Agency Name: _____

A completed application packet includes this checklist and the Common Application and all required attachments.

Applicants must provide:

Provide one copy of the following items.

- Completed Application Checklist (this page)**
- Completed Common Application

Common Application Required Attachments

- Most recent Board roster with officers identified (include name, address, phone, job title, business affiliation, gender, ethnicity and Board term)
- Board minutes from last three meetings
- Current Articles of Incorporation & Agency Bylaws

This application includes general information about 501(c)(3) organizations and is required to be considered for funding from Travis County.

1. BASIC INFORMATION

Agency Legal Name:	_____		
Street Address:	_____	Mailing Address:	_____
City, State, Zip:	_____	City, State, Zip:	_____
Phone Number:	_____	Web site:	_____

Executive Director:	_____	Board Chair:	_____
Phone:	_____	Mailing Address:	_____
Email:	_____	City, State, Zip:	_____
		Phone:	_____

Application Contact:	_____	Financial Contact:	_____
Title:	_____	Title:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

Agency's Fiscal Year:	_____	Volunteer Contact:	_____
		Phone:	_____
		Email:	_____

We affirm that the information in this application is true and accurate and has been authorized by the board of directors.

Board Chairperson (typed name)	Signature
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Executive Director (typed name)	Signature
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2. AGENCY MISSION AND VISION STATEMENTS

a.

Vision: _____

Mission: _____

b. **AGENCY OVERVIEW**

Describe the community issue(s) the agency is attempting to address; please cite independent data sources. Include a description of the target population (the population most at risk of experiencing the issue described) including demographic and geographic characteristics. (500 words max.)

c.

PROGRAMS

Please list the agency's programs and include a brief description of each.

Program Name	Description (25 words max.)
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_____	_____
_____	_____
_____	_____
_____	_____

d Please list the agency's affiliations, licensures, certifications or accreditations.

e Provide agency's number of total clients served last fiscal year.

3. BOARD

- a. **Number of board members:** _____
- b. **Frequency of board meetings:** _____

- c. **Please briefly describe the board and volunteer committee structure including functions and activities.**

- d. **Please briefly describe how the board participates in fundraising activities.** _____

- e. **Does the board review program performance?**
- f. **Does the board annually approve the budget?**
- g. **If necessary, please include further explanation for any items in this section.**

4. FINANCIAL

- a. Yes No **990 forms have been submitted to the IRS.**
- b. Yes No **The agency is current on its payment of payroll taxes.**
- c. **Agency's Current FY Budget: \$_____**
(Excluding In-Kind)

Revenue

- State and Federal Grants: _____%
- City and County Grants/Contracts: _____%
- Fundraising: _____%
- Foundation Grants: _____%
- Special Events: _____%
- Contributions & Major Gifts: _____%
- United Way: _____%
- Client Fees: _____%
- Interest and Other: _____%

Expenses

- Management: _____%
- Program: _____%
- Fundraising: _____%

d. Please briefly describe and estimate the value of in-kind support the agency receives.

e. Yes No The agency has operating reserves of at least one month.

f. Yes No The agency has a current strategic plan that addresses sustaining the organization.

g. Yes No The agency’s audits from the two previous fiscal years show that the agency kept operating expenses within revenues. If no, please explain in k below.

h. Briefly describe how dollars have been used to leverage other funds.

- i. Are County funds used as match for other funding sources? Please list sources and amount matched.**

- j. How much money will the agency be bringing into the community through leveraging? Please describe and include amounts and sources.**

- k. If necessary, please include further explanation for any items in this section.**

5. AGENCY ADMINISTRATION

- a.** **Do financial policies and procedures outline internal controls including separation of duties, accounts receivable, accounts payable, investments, reconciliation and classification of accounts?**
 Yes No

- b.** **The agency has written personnel and operating policies.**
 Yes No

- c.** **Number of paid full and part-time staff, please list both: _____**

Travis County Community Development Block Grant (CDBG) Program Section 3 Overview

Section 3 Overview

Section 3 of the Housing and Urban Development Act of 1968, as amended, requires that recipients of financial assistance provided by the U.S. Department of Housing and Urban Development (HUD), including developers, owners, and contractors and their subcontractors, provide, “to the greatest extent feasible”, training and employment opportunities for low income area residents and contract opportunities for the performance of work by local businesses owned by and/or employing low income residents.

Applicability

Section 3 preference requirements apply to recipients of CDBG for a covered project for which the amount of assistance exceeds \$200,000. Contractors and subcontractors are subject to Section 3 requirements when the amount of assistance exceeds \$200,000 and the amount of the contract or subcontract exceeds \$100,000. If the amount of assistance exceeds \$200,000, but no contract exceeds \$100,000, the Section 3 preference requirements apply only to the recipients. Section 3 applies to subrecipients, professional services or construction work for housing rehabilitation, housing construction or other public construction projects.

Section 3 Residents and Business Concerns

A “section 3 resident” is: 1) a public housing resident; or 2) a low- or very low-income person residing in the metropolitan area or Non-metropolitan County in which the Section 3 covered assistance is expended. Refer to Exhibit 1 for a definition of low and very low income resident.

A “Section 3 business concerns” are businesses that can provide evidence that they meet one of the following: 1) 51 percent or more owned by Section 3 residents; or 2) At least 30 percent of its fully time employees include persons that are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or 3) Provides evidence, as required, of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications in the above two paragraphs.

Section 3 Compliance

To comply with Section 3 requirements, the Travis County CDBG program will examine and consider amongst other factors the contractor’s or vendor’s potential for success by providing employment and business opportunities to low- and very low-income residents prior to acting on any proposed contract award. Towards this end, the County will include a local opportunity plan for CDBG-sponsored projects. As part of the response to bid solicitations, request for proposals, services or qualifications, businesses will be required to certify that a Section 3 Local Opportunity Plan will be submitted to the County if they are awarded a CDBG-funded contract.

Section 3 Local Opportunity Plan

A sample local opportunity plan is attached as Exhibit 2 along with Section 3 definitions on Exhibit 3. Recipients will be expected to maintain documentation of activities and outreach attempts. Recipients can use the form in Exhibit 4 to document the eligibility of their workers as Section 3 eligible residents. Additional information about Section 3 can be found on HUD’s website at the following URL:

<http://www.hud.gov/offices/fheo/section3/section3.cfm> .

Exhibit 1: Section 3 Income Limits

All residents of public housing developments of the Travis County Housing Authority qualify as Section 3 residents. Additionally, individuals residing in Travis County who meet the income limits set forth below can also qualify for Section 3 status.		
Eligibility Guideline (Effective June 2011)		
Number in Household	Low Income	Very Low Income
1 individual	\$41,950	\$26,250
2 individuals	\$47,950	\$30,000
3 individuals	\$53,950	\$33,750
4 individuals	\$59,900	\$37,450
5 individuals	\$64,700	\$40,450
6 individuals	\$69,500	\$43,450
7 individuals	\$74,300	\$46,450
8 individuals	\$79,100	\$49,450

Exhibit 2: Section 3 Local Opportunity Plan

(Name of Contractor), hereby agrees to implement the following specific affirmative action steps to increase the utilization of business concerns located within the Travis County boundaries.

1. Implement procedures to notify Section 3 residents and business concerns about training and employment opportunities generated by Section 3 covered assistance.
2. Implement procedures to notify Section 3 business concerns about the availability of contracting and subcontracting opportunities generated by Section 3 covered assistance.
3. Use notification methods to reach a broad segment of Section 3 residents that may include advertising in local advertising media, placing signs at the project site, contacting the Travis County Housing Authority, and contacting community organizations, employment agencies, and other public or private institutions operating and servicing the project area.
4. Notify potential contractors and subcontractors contemplating work on Section 3 covered projects of their responsibilities.
5. Incorporate the Section 3 Clause (verbatim) into all covered solicitations and contracts as per Section 24 CFR Part 135.38.
6. Refrain from entering into contracts with contractors or subcontractors that are in violation of the Section 3 regulations.
7. Appoint or recruit a staff member to act as Equal Opportunity Officer to coordinate the implementation of this plan.
8. Submit quarterly reports as required by the Travis County CDBG program reporting Section 3 employment activities.
9. Maintain records, including copies of correspondence, memoranda, etc., which document that all of the above affirmative action steps have been taken.

We, the officers / representatives of _____, have read and fully agree to this plan, and agree to become a party to the full implementation of this program.

IN WITNESS WHEREOF, the undersigned, being duly authorized, has caused this document to be

executed in its name on the _____ day of _____, ____.

Signature of Authorized Representative

Title

Exhibit 3: Section 3 Definitions

Employment Opportunities Generated by Section 3 Covered Assistance – all employment opportunities generated by the expenditure of Section 3 covered projects including management and administrative jobs. Management and administrative jobs include architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups; and jobs directly related to administrative support of these activities, e.g. construction manager, relocation specialist, payroll clerk, etc.

Low Income Person – families (including single persons) whose incomes do not exceed 80% of the area median family income, with adjustments for smaller and larger families.

New Hires – full-time employees for permanent, temporary, or seasonal employment opportunities.

Section 3 – Section 3 of the Housing and Urban Development Act of 1968, as amended (12 USC 1701u)

Section 3 Business Concern – a business concern,

- a. That is 51% or more owned by Section 3 residents; or
- b. Whose permanent, full-time employees include persons, at least 30-percent of whom are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents; or
- c. That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontractors to be awarded to business concerns that meet the qualifications set forth in paragraph “a” or “b” above.

Section 3 Definitions (continued)

Section 3 Covered Assistance –

- a. Assistance provided under any HUD housing or community development program that is expended for work arising in connection with the construction, reconstruction, conversion, or rehabilitation of housing (including reduction and abatement of lead-based paint hazards), other public construction which includes buildings or improvements (regardless of ownership) assisted with housing or community development funds.
- b. Public housing development assistance provided pursuant to Section 4 of the 1937 Act;
- c. Public housing operating assistance provided pursuant to Section 9 of the 1937 Act;
- d. Public housing modernization assistance provided pursuant to Section 14 of the 1937 Act;

Section 3 Covered Contracts – a contract or subcontract (including a professional service contract) awarded by a recipient or contractor for work generated by the expenditure of Section 3 covered assistance, or for work generated by the expenditures of Section 3 covered assistance, or for work arising in connection with a Section 3 covered project. Section 3 covered contracts do not include contracts for the purchase of supplies and materials. However, whenever a contract for materials includes the installation of the materials, the contract constitutes a Section 3 covered contract.

Section 3 Resident – a public housing resident or an individual who resides in the metropolitan area or non-metropolitan county in which the Section 3 covered assistance is expended and who is considered to be a low to very-low income person.

Subcontractor – any entity (other than a person who is an employee of the contractor) which has a contract with a contractor to undertake a portion of the contractor’s obligation for the performance of work generated by the expenditure of Section 3 covered assistance, or arising in connection with a Section 3 covered project.

Very low-income person – families (including eligible single persons) whose income does not exceed 50% of the area median family income, with adjustments for smaller and larger families.

Exhibit 4: Resident Employment Opportunity Data

Eligibility for Preference

A section 3 resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in Section 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program).

Certification for Resident Seeking Section 3 Preference in Training and Employment

I, _____, am a legal resident of the _____

_____ and meet the income eligibility guidelines for a low- or very-low-income person as published on the reverse.

My permanent address is:

I have attached the following documentation as evidence of my status:

- Copy of lease
- Copy of receipt of public assistance
- Copy of Evidence of participation in a public assistance program.
- Other evidence

Signature _____

Print Name and Date _____

Self Certification for Section 3 Business Concern

Travis County Community Development Block Grant Program

I. BASIC INFORMATION

Name of Business/Company _____

Address of Business _____

Type of Business (corporation, partnership, sole proprietorship) _____

Owner/official Representative _____

Phone Number/Email address _____

II. TYPE OF SECTION 3 BUSINESS CONCERN

The business listed above certifies that it qualifies as a Section 3 business concern under the check marked category below:

- 1) Is 51% or more owned by Section 3 residents; or
- 2) Whose permanent, full-time employees include persons at least 30% of whom are currently Section 3 residents; or
- 3) Provides evidence of a commitment to subcontract in excess of 25% of the dollar amount of all subcontracts to be awarded to qualified Section 3 business concerns

Income Limits

All residents of public housing developments of the Travis County Housing Authority qualify as Section 3 residents. Additionally, individuals residing in Travis County who meet the income limits set forth below can also qualify for Section 3 status.		
Eligibility Guideline (Effective June 2011)		
Number in Household	Low Income	Very Low Income
1 individual	\$41,950	\$26,250
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5 individuals	\$64,700	\$40,450
6 individuals	\$69,500	\$43,450
7 individuals	\$74,300	\$46,450
8 individuals	\$79,100	\$49,450

Placing a check mark under category 1 or 2 implies that you (the official representative of the business) required each employee or owner to fill out the Section 3 resident self-certification form, so that you could truthfully claim qualification under either category. Section 3 Resident certifications do not need to be submitted with this form, but MUST be kept in your business records. This certification is valid for a period of three (3) years.

III. VERIFICATION

The Company hereby agrees to provide, upon request, documents verifying the information provided above. The applicant acknowledges that the information provided on this form may

be disclosed to the public in response to requests made under the Freedom of Information Act. This applicant waives or releases any rights or claims it may have against the release of such information.

In addition, the applicant authorizes the information provided to be added to a database of Section 3 businesses, which will enable my business to receive notification of contracting opportunities for future Section 3 covered projects. I understand that this list may be accessed by Travis County and its subgrantees, contractors and developers working on Section 3 covered projects. YES () NO ()

Under penalty of perjury, I certify that I am the _____ (title) of the company listed above; that I am authorized by the company to execute this affidavit on its behalf; that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Name (signature): _____ Date: _____

Name (print): _____ Title: _____