



Grant Application
Program Year 2020-2021
 Economic & Community Development Department
 433 Hay Street – Room 320
 Fayetteville, NC 28301
www.FayettevilleNC.gov
 910-433-1590

Please answer all questions (you may add pages where necessary)

1. Agency/Applicant

Name of Agency/Applicant:			
Street Address	City	State	Zip
Phone	Fax	Website	
Name of Executive Director	Phone	E-mail	
Name of contact person regarding this application	Title	Phone	E-mail
Type of Project (check one) <input type="checkbox"/> Retention <input type="checkbox"/> Expansion <input type="checkbox"/> Start-up		Type of Assistance (check one) <input type="checkbox"/> Housing rehabilitation <input type="checkbox"/> Construction <input type="checkbox"/> Community Development Activities <input type="checkbox"/> Economic Development Activities <input type="checkbox"/> Homeless Services <input type="checkbox"/> Other	
Amount of funding requested \$ _____			

2. Agency Background Information

Type of Business (check one)		
Is your organization an IRS 501 (c) (3) not-for-profit?	_____ Yes	_____ No
If no, is your organization a public agency/unit of government?	_____ Yes	_____ No
Did your organization file Form 990 for the most recent tax year?	_____ Yes	_____ No
Principal product/service(s) applicant provides:		
Date established (should be the date on the Articles of Incorporation):		

5. Program Services Needed

Consolidated Plan Goals and Objectives

Entitlement funds that will be awarded as a result of this RFP must be expended in accordance with the approved “Consolidated Plan”, a five-year strategic plan that is submitted for CDBG and HOME programs. The Consolidated Plan, 2020-2024 includes strategic goals and objectives related to local housing and community development needs that the City expects to achieve during the period. Therefore in addition to complying with a National Objective, all proposals must comply with at least one of the Consolidated Plan Objectives.

The 2020-2024 Consolidated Plan focuses on the three goals outlined below:

Goal 1 Decent Affordable Housing: Provide decent, safe, and affordable housing to improve the quality of lives, households, neighborhoods and community stability.

- Objective 1.1: Preserve, improve and expand the supply of affordable housing for low to moderate-income homeowners and renters
- Objective 1.2: Increase homeownership opportunities.
- Objective 1.3: Create suitable living environments that promote access to quality housing, elimination of blight and the acquisition of land for future affordable housing.

Goal 2- Suitable living environments: Create environments that promote neighborhood improvement, elimination of slum and blight, increase accessibility and support the homeless.

- Objective 2.1: Provide support to the City’s efforts to extend water and sewer to newly annexed areas, pave remaining streets and various community improvements.
- Objective 2.2: Support homeless programs and services providers to reduce the number of homeless while increasing their independence and self-sufficiency.
- Objective 2.3: Provide programs that eliminate slum and blight and increase the appearance of neighborhoods.

Goal 3- Economic Opportunities: Create community investment programs designed to support entrepreneurship, economic empowerment, retention of businesses and job creation opportunities.

- Objective 3.1: Provide loan and grant programs to support the development and expansion of small businesses.
- Objective 3.2: Create job opportunities through entrepreneurship training, job skills training and the coordination of community resources.

6. Project Information

(Project must be located within the city limits of Fayetteville)

Project Location	Street Address	City
------------------	----------------	------

Description of Project:

How will your clients be made aware of this program/project?

Project Information Continued---

Explain why this project/program is needed?

What are the anticipated end- of- year results of this program/project?

Project Start-up:	Project Completion:
Population served:	Geographic area served:
Lengths of time individual clients spend in project/program:	
How does the project meet CDBG/HOME guidelines?	
Discuss the expected results of your project and the proposed benefit to City residents:	

7. Delivery of Services

This portion explains the need for your project and impact on community

A. TOTAL NUMBER OF CLIENTS SERVED (previously funded program by City)

Number of clients served for previous grant year _____

Number of Low/moderate Income _____

Percentage of Low-moderate income _____

Number of Existing Clients: _____ (Present)

a. Number of Low/moderate Income: _____

b. Percentage of low/moderate income: _____

B. PROJECTED NUMBER OF NEW CLIENTS FOR THIS PROPOSAL

Number of Low/moderate Income:

a. Number of Low/moderate Income: _____

b. Percentage of low/moderate income: _____

Is this project a joint effort with another organization? _____ Yes _____ No

If yes, explain _____

8. Program Objectives

Explain how you plan to reach your goals:

Please describe your criteria for success. What do you want to happen as a result of your activities?

How will you measure the program's success?

10. Organizational Budget

Income

<u>Source</u>	<u>Amount</u>
<i>Support</i>	
Government grants _____	\$ _____
Foundations _____	\$ _____
Corporations _____	\$ _____
United Way or other federated campaigns _____	\$ _____
Individual contributions _____	\$ _____
Fundraising events and products _____	\$ _____
Membership fee _____	\$ _____
In-kind support _____	\$ _____
Investment income _____	\$ _____
 <i>Revenue</i>	
Government contracts _____	\$ _____
Earned income _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Income	\$ _____

Expenses

<u>Item</u>	<u>Amount</u>
Salaries and wages _____	\$ _____
FICA _____	\$ _____
Medicare _____	\$ _____
Workmen's Compensation _____	\$ _____
Retirement _____	\$ _____
Unemployment Insurance _____	_____
Insurance and Bonds _____	_____
Medical Insurance _____	_____
Training _____	_____
Travel _____	_____
Supplies _____	\$ _____
Printing and copying _____	\$ _____
Telephone and fax _____	\$ _____
Postage and delivery _____	\$ _____
Rent and utilities _____	\$ _____
In-kind expenses _____	\$ _____
Depreciation _____	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____
Total Expense	\$ _____
Difference (Income less Expense)	\$ _____

11. Project Budget

Please provide a narrative describing how budget amounts were determined as justifications of expenditures

INCOME

Source

Amount

Support

Government grants

\$

Foundations

\$

Corporations

\$

United Way or other federated campaigns

\$

Individual contributions

\$

Fundraising events and products

\$

Membership income

\$

In-kind support

\$

Investment income

CERTIFICATIONS AND ACKNOWLEDGEMENTS

The undersigned hereby makes application to the City of Fayetteville Economic & Community Development through its Program Grants for funding in the amount of \$_____ for the purpose of (Describe purpose of request.)

It is understood by the applicant that this is a formal application for financial assistance. The applicant also understands that the Economic & Community Development Department will not be responsible for any costs incurred by the applicant in developing and submitting this application and that all applications submitted become the property of Economic & Community Development and a matter of public record.

The applicant believes the project can be completed within the development plan and budget set forth and certifies that the information in the exhibits and attachments is true, correct and complete to the best of the applicant's knowledge and belief. The applicant understands that any false statement in this application may disqualify the agency/provider/firm from participation in the program.

By execution of the Application, the applicant understands and agrees that Economic & Community Development will conduct its own independent review and analysis of the information provided in the application, and that such review or analysis will be made for the sole and exclusive benefit and protection of the Economic & Community Development Department.

It is understood and agreed by the applicant that, for the purposes of determining the terms under which a Commitment may be made, the City may require changes in the information contained herein (including attachments) or in any documentation or materials now or hereafter submitted in connection with this application. It is further understood by the applicant, that additional information may be requested in order to facilitate the decision making process.

Attest (signature)

Authorized Official (signature)

Typed Name _____

Typed Name _____

Title _____

Title _____

Date _____

Date _____

Please attach the following information to this application:

Attachments

1. Finances

- Most recent financial statement from most recently completed year, audited if available, showing actual expenses. This information should include a balance sheet, a statement of activities (or statement of income and expenses) and functional expenses
- Organization budget for current year, including income and expenses.
- Project Budget, including income and expenses (if not a general operating proposal).
- Additional funders. List names of corporations and foundations from which you are requesting funds, with dollar amounts, indicating which sources are committed or pending.

2. List of board members and their affiliations.

3. Brief description of key staff, including qualifications relevant to the specific request.

4. A copy of your current IRS determination letter (or your fiscal agent's), indicating tax-exempt 501(c) (3) status.

Proposal Checklist

- Cover sheet
- Cover letter
- Proposal narrative
- Articles of Incorporation and Bylaws
- State and federal tax exemption determination letters
- Certificate of Good Standing with the State (aka Certificate of Existence)
- IRS Form 990
- Name and addresses of board members and their affiliations
- Board of Directors' authorization to request funds
- Board of Directors' designation of authorized official
- Organizational Chart
- Brief description of key staff and qualifications
- Resume of Program Administrator
- Resume of Fiscal Officer
- Annual Financial Statement(s) and most recent Audit
- Conflict of interest policy
- Proof of liability insurance and worker's compensation insurance

