



# Community Development Block Grant Program

Town of Barnstable Planning & Development Department  
 367 Main Street, 3<sup>rd</sup> Floor, Hyannis, MA 02601

## CDBG Application

Please email completed application to: James.Kupfer@barnstable.gov with "CDBG Application" in the subject line.

Organization/Agency Name			
Project Name			
Project Address			
Contact Name & Title			
Mailing Address			
Telephone #			
Email Address			
Website if applicable			
<b>Organization UEI Number</b> Required before funds can be awarded. This number has replaced the DUNS number. More information can be found here: <a href="https://sam.gov/content/duns-uei">https://sam.gov/content/duns-uei</a>		<b>Tax ID or EIN #:</b> (format: 12-3456789)	
Registration with System for Awards Management (SAM)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Required to receive CDBG funds. If you are not currently registered and interested in receiving funds you must register to do business with federal government at: <a href="https://www.sam.gov/SAM/">https://www.sam.gov/SAM/</a> . Registration is free for applicants.			
Anticipated Project Start date			
Anticipated Project Completion date			
Please identify type of organization applying for funds <input type="checkbox"/> 501c3 <input type="checkbox"/> Unit of Government <input type="checkbox"/> Faith based Organization <input type="checkbox"/> Institute of Higher Education			
<b>Amount of Funds Requested</b>			
CDBG Funds Requested		\$	
Funding Leveraged from other Sources		\$	
Please note CDBG funds cannot be used to supplant other funding sources and can only be used for activities that are not paid for by another resource			

## I. Project Eligibility Section

### A. Check the statement below that describes how this project or activity meets one of HUD's National Objectives:

- Low and Moderate Income (LMI) Housing benefit:** The proposed project creates or preserves housing units that are or will be occupied by LMI persons. Income verification is required for all tenants or homeowners in the units assisted.
- LMI Jobs benefit:** The proposed project creates or preserves jobs for LMI persons. Income verification is required including description of job created or retained, number of hours, whether full or part time, if employer provides sick, vacation time and health benefits.
- LMI Limited Clientele (Specific Group):** The proposed project benefits a specific group of people (rather than all residents in a particular area), at least 51% of whom are LMI persons. The following groups are presumed to be LMI: abused children, elderly persons, battered spouses, homeless, severely disabled persons, illiterate persons. *Examples: rehab and other improvements to the senior center, public services for homeless persons or youth or other services for low income families.*
- LMI Area Benefit:** The proposed project meets the identified needs of LMI persons residing in an area where at least 51% of those residents are LMI persons. The benefits of this type of activity are available to all persons in the area regardless of income. Documentation of service area is required. *Examples: street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.*
- SBA Slum/Blighted Area benefit:** HUD limits the amount available for activities that do not meet one of the choices above. Project is in a designated slum/blighted area under State or local law and will address the conditions that qualified the area as slum and blighted.
- Spot Blight (SBS):** Project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. Documentation of the specific conditions and corrective activities required.
- Urgent Need:** To qualify conditions must pose a serious and immediate threat to the health or welfare of the community; be of recent origin (generally, within the past 18 months); other sources of funding are not available and is an eligible activity. The conditions and need must be documented. **If proposed projects addresses COVID 19 and objective above please check both that apply.**

**Low and Moderate Income (LMI)** is defined at 80% or less than the Area Median Income for Barnstable Town MA MSA using HOME program income limits found at:

<https://www.hudexchange.info/programs/home/home-income-limits/>.

Income must be calculated using HUD Part 5 or IRS 1040 definition more information available:

<https://www.hudexchange.info/incomecalculator/>

In addition to compliance with environmental statutes that apply to all projects, construction and rehabilitation activities trigger federal labor standards and wages (Davis Bacon and Related Acts) which must be included when procuring contractors for projects.

In addition to meeting a national objective above projects and programs must be an eligible activity and address goals identified in the Town’s Consolidated Plan and Annual Action Plan available on <https://www.townofbarnstable.us/departments/cdbg/default.asp> .

<b>Check the category which describes the type of funding requested:</b>		
<input type="checkbox"/> Affordable Housing	<input type="checkbox"/> Public Facility	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Economic Development/Job Creation or Retention	<input type="checkbox"/> Public Service	
<input type="checkbox"/> Other please describe:		

**B. Eligible Activities (Check one):**

- Acquisition of Real Property for use as affordable housing or public facility other  
Please describe

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- Assistance to Micro-Enterprise businesses (5 or fewer employees including owners)

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- Job creation or retention for LMI persons (1 job required per \$35,000 requested)

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- Public Facilities and Improvements (i.e. improvements to facilities such as senior center, homeless shelter; or infrastructure i.e. water and sewer or street/sidewalk improvements)

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- Public Service ( must be a new service or quantifiable increase in the level of service)

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- Housing Rehabilitation for LMI tenants or LMI homeowners

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- Direct financial assistance to eligible first time homebuyers

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- Commercial and/or Industrial Rehabilitation, including façade improvements and correction of code violations (requires slum/blight designation or job creation)

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- Other, please reference eligible activity from 24 CFR Part 570 available at:**  
<https://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=24:3.1.1.3.4>  
*570.201 Basic Eligible Activities (a)-(q); 570.202 Eligible Rehab activities (a)-(f); 570.203 Special Economic development activities (a)-(c); 570.204 Activities by CBDs (a) and not listed in (b) as eligible under (c). Activities listed under 570.207 are Ineligible*

**KEY:** LMI = Low and Moderate Income (LMI) persons defined by HUD as 80% or less than the area median income for Barnstable Town MA MSA under the HOME program income limits available online at: <https://www.hudexchange.info/programs/home/home-income-limits/>

**c. Does your project benefit any of the following:**

- Abused children
- Elderly persons (age 62 and older)
- Battered spouses
- Homeless persons
- Severely disabled adults (as defined by Bureau of Census\*)
- Illiterate adults
- Persons living with AIDS
- Migrant farm workers
- Other (please specify): \_\_\_\_\_

If yes, how is participation limited to the selected population(s)? \_\_\_\_\_

## II. Project Narrative

II-1. **Community Need:** Why is this project needed by Town of Barnstable residents?

II-2. **Project Description:** Provide detail project description including how it will meet the need above.

II-3. **Service Area:** Will all clients be Town of Barnstable residents? If not, please provide percentage of Barnstable residents served. Regional, Town wide or limited to specific area?

II-4. **New Public Services Program:** Is the proposed project offering a new service and is it available from any other providers in the community? If public service is not new please explain increase in level of service.

<p>II-5. <b>Population served:</b> Identify who will benefit from the proposed activity (i.e. homeless, youth, seniors, disabled, etc.) If designed to benefit persons of LM income, describe the process you will use to identify these persons and ensure that the activity meets this objective.</p>
<p>II-6. <b>Number Served:</b> Please indicate total number served, of those number of LMI persons (households if housing project) served, and percentage of LMI served if serving non-LMI persons</p>
<p>II-6. <b>Cost Benefit:</b> Describe how the overall cost of your proposed project relates to the outputs or outcomes of the project. For example, divide the funding request by the estimated number of people served by this program:</p>
<p>II.7. <b>Leveraged Funds:</b> Has the organization secured additional funding sources or in-kind support to cover the proposed project?</p>
<p>II-8. <b>Self Sufficiency:</b> Will the proposed project be self-sufficient and no longer require CDBG funding after one year?</p>
<p>II-9. <b>Activity timeframe/schedule:</b> Provide an activity timeframe/schedule – include start, completion dates, and other significant milestones.</p>
<p>II-10. <b>Resources and Capacity:</b> Please discuss staff and resources that will be used to execute this project. How population served will be contacted and engaged.</p>
<p>II-11. <b>Collaboration/Partners:</b> Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.</p>

### III. Financial

#### Activity Budget

Please complete the budget summary chart below. More detailed budgets may be attached (and are strongly recommended). Examples of Activity descriptions: Acquisition of land, buildings, or equipment, clearance, new construction, rehab material costs, rehab labor costs, architect/engineering fees, appraisal, inspections, permitting fees (must be paid by a non-CDBG source), legal fees, developer fees, personnel\* and any other activities relative to the project budget. If requesting personnel (staff) funds please also complete the budget detail below.

Activity Description	CDBG funds requested	Leveraged funds	Source of leveraged funds	Total Funds
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
Personnel*	\$	\$		\$
<b>Grand Totals:</b>	\$	\$		\$

*\*Please complete Budget Detail Chart below if personnel costs are included in your proposal.*

#### Budget Detail

Please show all proposed staff positions funded with CDBG funds that relate to the proposed activity. If multiple staff members have the same position/title, list separately (ex. Counselor 1, Counselor 2). Use additional sheet if necessary.

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% Time spend on CDBG project	=	Total position cost requested from CDBG
		\$	\$	\$				\$
		\$	\$	\$				\$
		\$	\$	\$				\$
		\$	\$	\$				\$
		\$	\$	\$				\$
<b>Grand Totals:</b>		\$	\$	\$				\$

**Application Form 1**

**CONFLICT OF INTEREST STATEMENT**

**I.**

This is to certify that no municipal employee of the Town of Barnstable, nor any spouse, parent, child, brother or sister of such municipal employee, has any financial interest in the bidder on this proposal.

Titled: \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**II.**

I/We the undersigned or immediate family hereby certifies that the following Town of Barnstable employee or employees have a financial interest in the business, company, partnership or similar entity which is proposing on the contract:

Titled: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of Employee(s): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

**III.**

Notarized required for either certification.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**IV.**

If any principal of your firm and/or if any employee of your firm, who will work on this project, has ever been an employee of the Town of Barnstable, list them below:

Name: \_\_\_\_\_

Town Department where worked: \_\_\_\_\_

Last Date of Employment with the Town: \_\_\_\_\_

**Application Form 2**

**Town of Barnstable  
CERTIFICATE OF NONCOLLUSION**

The undersigned certifies under penalties of perjury that this bid or proposal had been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.

Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires: \_\_\_\_\_



### Application Form 3

#### STATE CERTIFICATIONS

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have complied with all laws of the Commonwealth of Massachusetts related to taxes, reporting of employees and contractors, and withholding and remitting child support.

Further, per Executive Order of 481, I shall not knowingly use undocumented workers in connection with the performance of all Town of Barnstable contracts; that pursuant to federal requirements, I shall verify the immigration status of all workers assigned to such contracts without engaging in unlawful discrimination; and that I shall not knowingly or recklessly alter, falsify, or accept altered or falsified documents from any such worker(s). I understand and agree that breach of any of these terms during the period of each contract may be regarded as a material breach, subjecting me to sanctions, including but not limited to withholding of payments, contract suspension or termination.

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(Name of individual submitting bid or proposal)

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(Signature of individual submitting bid or proposal)

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(Name of Business)

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(Date)

**Application Form 4**

**SIGNATORY AUTHORITY – Project Name:** \_\_\_\_\_

At a duly constituted meeting of \_\_\_\_\_ held on \_\_\_\_\_  
(Name of Organization) (Date)

at which all Directors were present or waived notice, it was voted that:

\_\_\_\_\_  
(Name) (Officer)

of this organization, be and he/she is hereby authorized to execute contracts and bonds in the name and on behalf of said organization, and affix its Corporate Seal thereto, and such execution of any contract or obligation in this organization’s name on its behalf of such

\_\_\_\_\_ under seal of the organization, shall  
(Officer)

be valid and binding upon this organization.

A TRUE COPY,  
ATTEST:

\_\_\_\_\_  
(Clerk)

Place of Business: \_\_\_\_\_

Date of this Contract: \_\_\_\_\_

I hereby certify that I am the clerk of the \_\_\_\_\_  
\_\_\_\_\_ that \_\_\_\_\_

Is duly elected \_\_\_\_\_ of said organization, and the above  
Vote had not been amended or rescinded and remains in full force and effect as of the date of this  
contract.

\_\_\_\_\_  
(Clerk)

(CORPORATE SEAL)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public  
personally appeared \_\_\_\_\_, proved to me through  
satisfactory evidence of identification, which were \_\_\_\_\_  
to be the person whose name is signed on the preceding or attached document in my presence.

\_\_\_\_\_  
(Notary Public)  
My Commission Expires:

IF A CORPORATION, COMPLETE ABOVE OR ATTACH TO EACH SIGNED COPY OF THE CONTRACT A NOTARIZED COPY OF VOTE OF CORPORATION AUTHORIZING THE SIGNATORY TO SIGN THIS CONTRACT. IF ATTESTING CLERK IS THE SAME PERSON AS THE INDIVIDUAL EXECUTING THIS CONTRACT, HAVE SIGNATURE NOTARIZED ABOVE.

## Application form 5

### Instructions for Submitting Attachments – **Important Please Read**

#### List of Required Attachments:

- 501(c)(3) Letter of Tax Determination Status from the Internal Revenue Service (IRS)
- One (1) copy of agency's most recent financial audit
- One (1) copy; MA Certificate of Good Standing
- *Additional information may be requested as needed to determine eligibility*

#### Certifications

Please sign below to certify compliance with the following:

- Applicant certifies the organization is registered with the State of Massachusetts and licensed to do business in the Town of Barnstable and
- Applicant certifies the organization is current in all required State, Federal and Local tax filings
- Has a DUNS number and current registration with the System for Awards Management (SAM.gov) and is not excluded from federal contracts
- I certify organization has complied with the Audit requirements of 2 CFR Part 200, Subpart F, available online: <https://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f> , as demonstrated by attached most recent audit
- I agree to provide additional information as may be requested
- I certify that I am authorized to submit this application and execute a grant agreement on behalf of the entity listed
- I certify that I will submit the required the attachments listed above and understand that my application will not be reviewed until submitted.

**I hereby certify under pains and perjury that the information provided in this application and required attachments is true and accurate and packet contains all required materials.**

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Signature of Authorized Signer

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Printed Name

Date:

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