



COMMUNITY DEVELOPMENT PROGRAM

70 Church Street, White Plains, New York 10601
(914) 422-1264 E-Mail: planning@whiteplainsny.gov

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To: Not-for-profit agencies that provide housing to persons with special needs, create affordable housing, and/or make improvements to community facilities that serve the low/moderate income resident population

From: City of White Plains, Department of Planning, Office of Community Development

Date: October 24, 2016

Re: City of White Plains, NY, Community Development Block Grant
Notice of Special Rehabilitation Funding Availability

I. Source and Use of Federal Funds

The City of White Plains is designated as an Entitlement Community by the U.S. Department of Housing and Urban Development (HUD) and as such, receives annual funding through the Community Development Block Grant (CDBG) program. The CDBG Program is a principal revenue source for local communities to address the roots and consequences of poverty. Each year, the City must prepare an Annual Action Plan and submit it to HUD in order to maintain its eligibility to administer these federal funds. The Annual Action Plan for Fiscal Year 2016-17 (FY 2016-17) describes the City's proposed use of approximately \$824,518 in new federal funds anticipated under the CDBG program. 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.

II. Project Funding Availability

The City is accepting applications for loan funding requests for Special Rehabilitation funding. Funds are anticipated to be available to support rehabilitation of special needs housing and community facilities that serve the low/moderate income resident population of the City of White Plains. For 2016-17, approximately \$150,000 is available through the CDBG Special Rehabilitation Fund.

The Special Rehabilitation Fund provides low or zero interest loans to not-for-profit agencies that provide housing to persons with special needs, create affordable housing, and/or construction and/or

make improvements to community facilities that serve the low/moderate income resident population. Projects must be consistent with the City of White Plains Consolidated Plan and 2016-17 Annual Action Plan and CDBG Program Regulations.

Applications will be accepted for CDBG special rehabilitation funds until 4:00 pm on Friday, November 25, 2016. Complete applications must be submitted by the deadline to be considered for funding. Beginning Oct. 24th, applications will be on the City's website, www.cityofwhiteplains.com. Printed applications are available, contact the CD Office. Assistance in completing the application is available, contact the CD Office. Once received, applications will be reviewed and, if deemed complete and appropriate for potential funding, the applicant must present their proposal to the Special Rehabilitation Committee on Monday, December 12, 2016, time TBD. All projects must be complete and paid out by April 1, 2017.

III. **Additional Project Information**

Priority Needs for Special Rehabilitation Projects:

- ✓ Housing for White Plains residents that are special needs
- ✓ Housing and shelter for the homeless
- ✓ Housing for White Plains residents that are low- or moderate-income
- ✓ Community facilities that serve White Plains residents that are low- or moderate-income

Applicants for Special Rehabilitation Projects must:

- Clearly demonstrate the local need for the services to be provided
- Confirm facility user low- and moderate-income status and White Plains resident status, including as percentage of total population served

Applicants for Special Rehabilitation Projects are encouraged:

- To include green building practices, where appropriate
- To include energy efficiency improvements

IV. **Application Review and Selection Process**

The total amount of requests for CDBG Special Rehabilitation Project funding tend to exceed the amount of funding available, and, therefore, funding distribution is determined through competitive evaluation of all complete and appropriate proposals received. Proposals will be evaluated on these criteria:

Assessment of the directness of the benefits to be provided to low and moderate income (LMI) residents of White Plains. This assessment will be guided by the following questions:

- Will the services be available exclusively to LMI persons or predominantly to LMI persons that are White Plains residents?
- Will the services provide palpable, measurable changes in the lives of the participants?
- Will the services have any impact on LMI persons becoming non LMI persons?

Project Needs and Outcomes: The needs that the proposed project will address, evaluates the relationship of project activities to underlying needs, and assesses the likelihood these activities will both meet these needs and have a measurable long-term impact on the community.

Costs and Commitment: Are project costs reasonable and supportable? Is there financial support from other resources for this project?

Project Presentation to the Special Rehabilitation Committee: The applicant must present their proposal to the Special Rehabilitation Committee on Monday, December 12, 2016, time TBD.

Project Timeliness: Is it reasonable that this project can be completed and paid out by the City of White Plains by April 1, 2017? Projects that comply with all CD regulations and can begin on or about January 1, 2017 will be considered.

V. Submission

Applications should be submitted to:
Grace Medina, CD Assistant
White Plains Department of Planning
Community Development Office
70 Church Street
White Plains, NY 10601

**Please do not hesitate to contact us with any questions:
City of White Plains, Community Development Office
914-422-1300
planning@whiteplainsny.gov**



City of White Plains Community Development Program Special Rehabilitation Fund Application Instructions

APPLICATION INSTRUCTIONS: Applicants are advised to read the Application Instructions before completing the application. Applicants for the City's Year 2016 Community Development Block Grant (CDBG) Program Special Rehabilitation Fund must complete the attached forms and submit them to the Community Development Office, 70 Church Street, White Plains, New York 10601. The application must be complete in all respects including requested attachments.

APPLICATION SUBMITTAL: The deadline date for all applications is Friday, November 25, 2016, 4:00 pm. All applications must be submitted by the deadline date. Applications must be typed.

APPLICATION SELECTION PROCESS: All applications will be reviewed for compliance with application requirements and for determination of project eligibility. Incomplete applications and ineligible applications will not be considered. All complete and appropriate applications will be presented to the Special Rehabilitation Committee for their review. Applicants must present their proposal to the Special Rehabilitation Committee on Monday, December 12, 2016, time TBD.

Requests for CDBG Special Rehabilitation Project funding tend to exceed the amount of funding available, and, therefore, funding distribution is determined through competitive evaluation of all complete and appropriate proposals received. Proposals will be evaluated on these criteria:

Assessment of the directness of the benefits to be provided to low and moderate-income (LMI) residents of White Plains. This assessment will be guided by the following questions:

- Will the services be available exclusively to LMI persons or predominantly to LMI persons that are White Plains residents? A minimum of 51% served must be LMI.
- Will the services provide palpable, measurable changes in the lives of the participants?

Project Needs and Outcomes: The needs that the proposed project will address, evaluates the relationship of project activities to underlying needs, and assesses the likelihood these activities will both meet these needs and have a measurable long-term impact on the community.

Costs and Commitment: Are project costs reasonable and supportable? Is there financial support from other resources for this project?

Project Timeliness: Is it reasonable that this project can be completed and paid out by the City of White Plains by April 1, 2017? Projects that comply with all CD regulations and can begin on or about January 1, 2017 will be considered.

Organizational Capacity: Applicants will be evaluated on past performance with City funds and capability to handle financial resources and follow procedures for effective control. Evidence demonstrating previous experience of the applicant, the key staff of the agency and the adequacy of existing financial control procedures will be considered.

ITEM #1: APPLICANT/CONTACT PERSON

Please list the legal name and address of the agency, and the name, title and address of the contact person who will be working with the Community Development staff on this project.

ITEM #2: PROJECT INFORMATION

- Project Title & Proposed Location (self-explanatory)
- Estimate total number of persons to be served by the project for which funds are being requested.
- Estimate # low and moderate income White Plains residents to be served
- Indicate Priority Need
- Indicate Total Amount of CDBG funds requested
- Indicate Total Project Cost for this Project/Program

ITEM #3: PROJECT ELIGIBILITY

To be eligible for CDBG funding, a project must qualify as an eligible activity. Indicate which category on application.

ITEM #4: PROJECT BENEFIT

To be eligible for CDBG funding, a project must meet one of the three (3) national objectives of the CDBG Program. We are requesting that your project meet the national objective described below:

- a. Provide a benefit to low- and moderate-income persons
- b. Eliminate slums and blight; or
- c. Meet an urgent need (disaster or catastrophic emergency)

ITEM #5: PROJECT DESCRIPTION

Briefly describe proposed project and the work to be performed. The narrative should include the purpose for the project, the needs or problems to be addressed, how the needs were determined, how will success of the project be determined, etc. Include WHAT you will do, WHO you will serve (provide documentation of how clientele is determined), WHY the project is needed, WHERE will project/program be located and WHAT will CDBG funds be used for.

ITEM #6: PROJECT BENEFICIARIES (self-explanatory)**ITEM #7: PERFORMANCE OUTCOME MEASURES**

HUD has instituted performance measures to gather information to determine the effectiveness of programs funded by CDBG. Select one project objective and one outcome that your project will achieve.

ITEM #8: PROJECT SITE

Applicant must have ownership and clear deed to property. All project cost estimate(s) must be verified by a Certified Professional, ie Architect. Include name and contact information.

ITEM #9: RELOCATION

Indicate whether the project will result in relocation of households or businesses, either on a temporary or permanent basis.

ITEM #10: ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES
(Self-explanatory)**ITEM #11: EMPLOYMENT CLIENT PARTICIPATION - (Self-explanatory)**

ITEM #12: PROPOSED PROJECT BUDGET

Indicate the entire cost of the project, as well as those portions CDBG funds will be used to pay. Please delineate this information in the separate columns provided on the Proposed Project Budget Sheet. F

ITEM #13: COMMITTED FUNDS

Identify sources and amounts of committed funds your agency has received for this project in current program year. If capital project involving funds allocated in various phases or years, indicate amount of funds committed in previous years.

ITEM #14: PROPOSED REVENUE SOURCES

Indicate the proposed revenue sources for this project.

ITEM #15: RECEIPT OF PRIOR CDBG FUNDS

If your organization has received CDBG funds in the past, please complete the table, identifying grantors, the grant amounts, the years of award and which project was assisted. Please list the most recent award first.

ITEM #16: ORGANIZATION INFORMATION

Describe purpose, services offered, staffing positions, financial management, etc.

ITEM #17: CONFLICT OF INTEREST QUESTIONNAIRE - (self-explanatory)

ITEM #18: ATTACHMENTS

A. Articles of Incorporation and Bylaws

Documents recognized by the State as formally establishing a private corporation, business or agency. (501 (c)(3) documentation)

B. Federal Tax Exemption Determination Letter

Non-profit organizations must submit tax-exemption determination letter from the Federal Internal Revenue Service.

C. List of Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Board of Directors' authorization to request funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Board of Directors' designated authorized official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organization chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions share of responsibility.

- G. Resume of Chief Program Administrator
- H. Resume of Chief Fiscal Officer
- I. Most recent Audit/financial statement
- J. Copy of IRS Form 990 – Return of Organization Exempt from Income Tax
- K. Statistical Report for last 12-month period
- L. Conflict of Interest Questionnaire
- M. Documentation of Committed Funds. (e.g. award letter, letter from lender, etc.)

**City of White Plains
Community Development Program
Special Rehabilitation Fund Application**

Year 2016 -17 CDBG Special Rehabilitation Application

DUE DATE: Friday, November 25, 2016, 4:00 PM

1. APPLICANT (agency)

Name

Title (if applicable)

Address

CSZ

Tel No.

Email

CONTACT PERSON

Name

Title (if applicable)

Address (work)

CSZ

Tel No. (work)

Email (work)

2. PROJECT INFORMATION

PROJECT TITLE:		
LOCATION (<i>Address or specific description</i>)		
Total # of persons this project will serve? (_____)	How many low-to-moderate income? (_____)	How many are White Plains residents? (_____)

CDBG \$'s REQUESTED: \$ _____ TOTAL PROJECT COST: \$ _____

3. PROJECT ELIGIBILITY (see instructions)

To be eligible for CDBG funding, a project must qualify as an eligible activity under the CDBG Program. Check the category that applies to your project. (check one only)

- Affordable Housing Rehabilitation and/or Construction**
Housing for persons with special needs, homeless, and/or low- or moderate-income.
- Community Facilities and Improvements**
Neighborhood centers, senior centers, recreational facilities, centers for persons with special needs, and/or removal of architectural barriers.

4. PROJECT BENEFIT (National Objective)

To be eligible for CDBG funding, a project must meet a national objective of the CDBG Program. From the two categories below, check the one (only one) under which the project qualifies:

- [] 1. **Benefit to low/moderate income persons (includes elderly, persons with disabilities and persons who are homeless) (Check only one)**
 - i. On **AREA** basis
 - ii. Provide **SERVICES** to low/moderate income persons.
 - iii. Provide **HOUSING** to low/moderate income persons.

- [] 2. **Prevention or elimination of slums and blight**

5. PROJECT DESCRIPTION *(See instructions)*

Describe specifically the purpose of the project, identifying the problems the project is intended to help solve. Include **WHAT** you will do, **WHO** you will serve, **WHY** the project is needed, **WHERE** you will do it, **WHAT** you will fund with CDBG funds and **WHEN** will the project start and be completed

(NOTE: More information is requested later; this space is for a brief overview of your project.)

WHAT will you do?
WHO will you serve? WHO is your targeted clientele? (Provide documentation of how clientele is determined)
WHERE will project/program operate?
HOURS & DAYS of operation?
WHEN will project/program start and end?
WHAT will federal funds be used for?

6. PROJECT BENEFICIARIES

Please identify the PRIMARY beneficiaries this project will serve. Information should relate only to activities supported by the *requested CDBG funding*. If serving a special needs population group (e.g. elderly, disabled, HIV/AIDS, mentally ill, etc.), then indicate the percentage of total beneficiaries that have each particular special need. (Check the appropriate categories below.)

✓		✓		✓		
	Low and Moderate income					
	Homeless		Individuals		Families	%
	Elderly		Individuals		Families	%
	Frail Elderly		Individuals		Families	%
	Youth (in general)		Individuals		Families	%
	At-risk children and youth		Individuals		Families	%
	<i>Specify type of risk:</i>					
	Severely Mentally Ill		%			
	Persons with Disabilities		%			
	Persons with Alcohol/other Drug Addictions		%			
	Persons with HIV/ADS		%			
	Victims of Domestic Violence		%			
	Veterans		%			

7. PERFORMANCE OUTCOME MEASURES

The U. S. Department of Housing and Urban Development (HUD) has instituted performance measures to determine the effectiveness of programs funded with CDBG. Information obtained on the local level will be reported to HUD which will enable HUD to describe performance results at the National Level. HUD's outcome performance measurement system has three objectives and three outcomes which are listed below.

A. Select one of the following that best fits your project objective:

	Suitable living environment
	Decent affordable housing
	Create economic opportunity

B. Select at least one of the following that describes the outcome your project will achieve:

(NOTE: Outcomes show how programs benefit a community or people served.)

	Availability/Accessibility (Applies to activities that make services, infrastructure, housing, shelter, or employment opportunities available or accessible to low income persons by improving or providing new services, etc.)
	Affordability (Applies to making an activity more affordable for low-income persons.)
	Sustainability (Using resources in a Targeted area to help make the area more viable or livable.)

8. PROJECT SITE

A. Site Control: Indicate below the status of the project site and attach documentation of site control: *(Applicant must own and obtain clear deed of property)*

Applicant owns property: Date acquired: _____

B. Zoning: If zoning is not known, contact the Planning Department at 914-422-1300

1) Project structure type is: Residential Commercial Other: _____

2) What is current zoning classification of project site? _____

3) Is site zoned correctly for the proposed activity?: Yes No

If No, then provide an explanation of efforts and timetable to change zoning or obtain variance:

9. RELOCATION

Does project require temporary/permanent relocation or moving of occupants of a structure?

YES *(If yes, project is subject to The Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA).*

NO

1. How many units are vacant? _____

2. How many units are occupied? _____

Requires: Temporary and/or Permanent Displacement?

3. How many of the occupied units are by:

Owners ____ Renter ____ Businesses ____

4. What is the projected total relocation cost? \$ _____

5. Describe relocation plans, including timetable, notifications to seller and occupants:

10. ACCESSIBILITY FOR PERSONS WITH PHYSICAL DISABILITIES

Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled, whenever feasible. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats 17-19 inches (must meet ADA requirements) from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf. (All must meet current ADA requires)

For Physical Improvement/Development Projects:

- Will completed project meet ADA standards for accessibility by the disabled? Yes No

If you responded "No" above, describe accessibility problems and method to address problems, including funding and timetable: _____.

11. EMPLOYMENT AND CLIENT PARTICIPATION

A. Non-Discrimination: Do you notify the public that you do not discriminate based on race, color, religion, gender, sexual orientation, national origin, age or disabilities in hiring practices or provision of services? If not, please provide documentation.

- Yes, currently Not currently Willing to adopt practice

12. PROPOSED PROJECT BUDGET

Budget for Physical Improvement/Development Projects Only:

Include all items associated with implementing the activities described in the project.

Line Item	Total Project Amount (including CDBG)	***CDBG Portion Only
Demolition	\$	\$
Relocation	\$	\$
Architectural Services	\$	\$
Lead-Based Paint Assessment/Abatement	\$	\$
Insurance/Bonding	\$	\$
Construction Management	\$	\$
Construction	\$	\$
*Other (specify):	\$	\$
TOTAL	\$	\$

*** Applicant should provide documentation showing evidence to the extent and firmness of commitments to complete proposed project/programs timely. CDBG funds should **not** be sole source for the proposed projects/programs. HUD has implemented changes in preventing activities from remaining open with no action for long time periods.

* Please specify, if not specified, this line item will not be considered.

12. COMMITTED FUNDS

Identify sources and amounts of committed funds for current program year for this project.
(Documentation of committed funds must be submitted with application.)

Source	Funding Amount	Budget Line Item Covered by Funds

13. PROPOSED REVENUE SOURCES

CDBG Funding Request	\$
Applicant's Contribution	\$
Other government contributions:	\$
Federal (Specify)	\$
State (Specify)	\$
Local (Specify)	\$
Private Contributions (Specify)	\$
TOTAL PROJECT REVENUES	\$

14. RECEIPT OF PRIOR CDBG FUNDS

- A. Has this organization received a CDBG grant in the past? [] Yes [] No
- B. If yes, fill in below:
 - Year(s) of award(s) _____
 - Grant amount(s) \$ _____ \$ _____ \$ _____ \$ _____

15. ORGANIZATION INFORMATION

- A. Background – Include the length of time the agency has been in operation, date of incorporation, the purpose of the agency and type of corporation.
- B. Describe all services and programs offered. If a license to operate your agency is necessary, submit a copy of the license.
- C. Describe the agency's existing staff positions and qualifications.
- D. Do you have a personnel policy manual with an affirmative action plan and grievance procedure?
- E. Describe the agency's fiscal management including financial reporting, record keeping, accounting systems, payment procedures and audit requirements.
- F. Provide evidence of financial accountability such as a recent audit or annual accounting with balance sheets.

NOTE: Audit Requirements – In accordance with the Office of Management and Budget Circulars A-133, A-128 and A-110, the Federal Government requires that non-profit organizations receiving \$500,000 or more in federal financial assistance in a fiscal year must secure an audit.

16. CONFLICT OF INTEREST QUESTIONNAIRE

- a. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to participate in the decision making process for approval of this application? [] Yes [] No

- b. Are any employees, agents, consultants, officers, or elected officials of the agency requesting funds in a position to gain inside information with regard to approval of this application? [] Yes [] No
- c. Will any employees, agents, consultants, officers or elected officials of the agency requesting funds obtain a financial interest from this activity? [] Yes [] No
- d. Will any employees, agents, consultants, officers of the agency requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the 2016 program year and one year thereafter? [] Yes [] No

If you are approved for funding and have answered YES to any of the above questions, a disclosure notice must be issued and a 15-day public comment period must be held prior to execution of the Year 2016 grant agreement or release of funds.

I, _____, certify that the applicant meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with these conditions. I also certify that the organization is a certified IRS 501(c)(3) non-profit organization.

Signature, Executive Director or CEO

Date

Signature, Board of Directors President

Date

17. ATTACHMENTS

A. Articles of Incorporation and Bylaws

Documents recognized by the State as formally establishing a private corporation, business or agency. (501 (c)(3) documentation)

B. STATE & FEDERAL Tax Exemption Determination Letters

Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board.

C. List of Board of Directors

A list of the current Board of Directors or other governing body of the agency must be submitted. The list must include the name, telephone number, address, occupation or affiliation of each member and must identify the principal officers of the governing body.

D. Board of Directors' authorization to request funds

Documentation must be submitted of the governing body's authorization to submit the funding request. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion or other official action is recorded.

E. Board of Directors' designated authorized official

Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

F. Organizational Chart

An organization chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure, and which identifies any staff positions of share responsibility.

G. Most recent Audit/financial statement

H. Copy of IRS Form 990 – Return of Organization Exempt from Income Tax

I. Most recent Annual Report

J. Conflict of Interest Questionnaire

K. Documentation of Committed Funds (e.g. award letter, letter from lender, etc)

***Applicant must attach all attachments before submitting.**