



KNOX COUNTY  
2017-2018 CDBG FUNDING REQUEST APPLICATION

**GENERAL INFORMATION**

1. Each applicant must **submit one (1) application for each funding request**. Make sure **Section I: CDBG Funding Request page is on the top** of each request – followed by Sections II, III, etc. – IN THE SEQUENCE LISTED. **DO NOT COMBINE MULTIPLE REQUESTS. EACH REQUEST MUST BE INDIVIDUALLY PACKAGED. PLEASE DO NOT BIND REQUESTS OR PLACE THEM IN A BINDER. STAPLE OR CLIP REQUESTS ONLY.**
2. **Do not alter the Funding Request pages.**
3. **Submit only one (1) original and one (1) complete copy of the application.**
4. **The application submittal DEADLINE is 4:00 p.m. on Tuesday, January 31, 2017.** This submittal is **mandatory** for all those wishing to have requests considered for PY 2017 funding. **Requests submitted after 4:00 p.m. on Tuesday, January 31 2017 will not be considered.** Eligible requests will be kept on file for future consideration in the event of a project cancellation.
5. Early submission of your application(s) is encouraged and will enable us to begin our review process sooner.
6. Federal regulations allow Knox County to allocate up to 15% of the PY 2017 CDBG entitlement for public service activities, which are non-construction activities (e.g., staff and operating costs).
7. The number of requests funded will depend on the size, scope, feasibility and quality of the requests submitted for review and the amount of funding available.
8. No costs associated with the preparation of this application will be paid by the Knox County Community Development Department.

REQUESTS MUST BE RECEIVED  
**NO LATER THAN 4:00 P.M. JANUARY 31, 2017**

AT THE FOLLOWING LOCATION:

**KNOX COUNTY COMMUNITY DEVELOPMENT**

ATTN: Sheila Muenzer

City County Building, Suite 630

400 Main Street

Knoxville, TN 37902-2405

(865) 215-3942

**Please contact our office if translation assistance is needed  
for persons with Limited English Proficiency (LEP).**

**“Si usted necesitara asistencia para este aviso en otro idioma, por favor llame al 694-8880 para mayor información y mencione del Desarrollo Comunitario del Condado de Knox.”**



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**SECTION I**

**CDBG FUNDING REQUEST**

NAME OF AGENCY/APPLICANT: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_NON-PROFIT \_\_\_\_PUBLIC AGENCY

EIN (FEDERAL TAX I.D.) NUMBER: \_\_\_\_\_

DUNS #: \_\_\_\_\_ ( [www.fedgov.dnb.com/webform / 1-866-705-5711](http://www.fedgov.dnb.com/webform/1-866-705-5711))

Women Owned: \_\_\_\_YES \_\_\_\_NO      Minority Owned: \_\_\_\_YES \_\_\_\_NO

Limited English Proficiency (LEP) Translation Services Available: \_\_\_\_YES \_\_\_\_NO

If Yes, Please provide information on the type(s) of service available (Separate Page)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

APPLICATION CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

PROJECT CONTACT (If Different): \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL(S): \_\_\_\_\_

PROJECT TITLE \_\_\_\_\_

FUNDING REQUEST: \$ \_\_\_\_\_

I hereby certify that, to the best of my knowledge, the information submitted with this application is accurate.

Agency Chairman/Board President Signature: \_\_\_\_\_

Agency Chairman/Board President (Print) \_\_\_\_\_

Executive Director/CEO Signature: \_\_\_\_\_

Executive Director/CEO (Print) \_\_\_\_\_



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**SECTION II**

**CDBG PROGRAM REQUIREMENTS**

**ELIGIBLE ACTIVITIES**

All proposed projects or programs must meet eligibility requirements and address one National Objective. Eligible activities include, but are not limited to:

- ∇ Acquisition of real property
- ∇ Clearance and demolition
- ∇ Construction, reconstruction or installation of public facilities including parks, playgrounds, streets and sidewalks, water and sewer improvements, and public buildings (except buildings for the general conduct of government)
- ∇ Economic Development activities, including microenterprise assistance, lending to for-profit businesses and commercial or industrial rehabilitation,
- ∇ Historic Preservation
- ∇ Housing rehabilitation
- ∇ Homeownership assistance
- ∇ Public services
- ∇ Rehabilitation of privately or publicly owned commercial, residential and industrial buildings
- ∇ Related relocation, clearance and site improvements.

\*NOTE: See 24 CFR Section 570.201 – 207 for more information on eligible activities.

**INELIGIBLE ACTIVITIES**

Ineligible activities include, but are not limited to:

- ∇ Acquisition, construction, or reconstruction of buildings for the general conduct of government.
- ∇ Political activities.
- ∇ Certain income payments.
- ∇ Construction of new housing.

**INCOME TARGETING**

In general, the annual household income cannot exceed 80% of area median income (AMI), adjusted for family size.



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**PY 2016 INCOME LIMITS**

<b>Household Size</b>	<b>80% Low</b>	<b>50% Very Low</b>	<b>30% Extremely Low</b>
<b>1 Person</b>	<b>\$34,650</b>	<b>\$21,700</b>	<b>\$13,000</b>
<b>2 Person</b>	<b>\$39,600</b>	<b>\$24,800</b>	<b>\$16,020</b>
<b>3 Person</b>	<b>\$44,550</b>	<b>\$27,900</b>	<b>\$20,160</b>
<b>4 Person</b>	<b>\$49,500</b>	<b>\$30,950</b>	<b>\$24,300</b>
<b>5 Person</b>	<b>\$53,500</b>	<b>\$33,450</b>	<b>\$28,440</b>
<b>6 Person</b>	<b>\$57,450</b>	<b>\$35,950</b>	<b>\$32,580</b>
<b>7 Person</b>	<b>\$61,400</b>	<b>\$38,400</b>	<b>\$36,730</b>
<b>8 Person</b>	<b>\$65,350</b>	<b>\$40,900</b>	<b>\$40,890</b>

**Median Income for Knoxville: \$61,900**

Effective 2016

**NATIONAL OBJECTIVES**

The primary objective of the CDBG program is to benefit low and moderate-income persons who earn at or below 80% of the median income and/or reside in census tracts with at least 51% of the population at low and moderate-income levels. Priority will be given to those applications that meet National Objective #1 as stated below. *Without exception, all CDBG program activities must meet at least one of the National Objectives listed below:*

- ▽ **National Objective 1:** Benefits low and moderate-income persons who earn at or below 80% of the median income [24 CFR 570.200(a)(3)].
- ▽ **National Objective 2:** Aids in the prevention or elimination of slums or blight [24 CFR 570.208(b)].
- ▽ **National Objective 3:** Urgent Need – **proposals under this National Objective will not be considered for funding.**



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**\*NOTE:** Section 570.208 of Title 24 of the Code of Federal Regulations lists the criteria to determine whether a CDBG assisted activity complies with the National Objectives stated above.

**Benefit to Low and Moderate Income Persons** – The primary objective is the development of healthy communities “by providing decent housing, a suitable living environment, and expanding economic opportunities principally for persons of low and moderate income.” A CDBG assisted activity “benefits LMI persons” if it meets one of the four following tests:

a. The **Housing Benefit Test** –

- Housing related activities must be occupied by low and moderate-income individuals and families.
- In multifamily buildings (3 or more units), at least 51% of the units must be occupied by low and moderate-income individuals and families.

b. The **Job Creation or Retention Test** -

- At least 51% of the jobs created or “retained” by the business as a result of the CDBG assistance must be either filled by or “available to” low and moderate income individuals. (Jobs are counted on a full-time equivalent basis).
- “Available to” means either: the job does not require special skills or additional education; or, the business agrees to hire someone and train them for the job. In addition, the business and city must try to ensure that low and moderate income individuals get first consideration for filling the job.

c. The **Limited Clientele Test** –

- Only low to moderate income people are allowed to use the facility or service.
- The activity requires users to provide information about their family income and size, and at least 51% of the users are lower income.
- The activity is one that HUD “presumes” that 51% of the users are low income, for example, HUD “presumes” that the elderly, homeless, severely disabled, and illiterate adults are considered to be low income.

d. The **Area Benefit Test** –

- 51% of the residents of the “area” must be low to moderate-income.



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**PERFORMANCE MEASUREMENT – The Outcome Framework**

	<b>Outcome 1: Availability/Accessibility</b>	<b>Outcome 2: Affordability</b>	<b>Outcome 3: Sustainability</b>
<b>Obj #1 Suitable Living Env.</b>	Enhance A Suitable Living Environment Through Improved/New Accessibility	Enhance A Suitable Living Environment Through Improved/New Affordability	Enhance A Suitable Living Environment Through Improved/New Sustainability
<b>Obj #2 Decent Housing</b>	Create Decent Housing With Improved/New Availability	Create Decent Housing With Improved/New Affordability	Create Decent Housing With Improved/New Sustainability
<b>Obj #3 Economic Opportunity</b>	Provide Economic Opportunity With New/Improved Accessibility	Provide Economic Opportunity With New/Improved Affordability	Provide Economic Opportunity With New/Improved Sustainability

PLEASE PLACE AN "X" MARK BESIDE YOUR OBJECTIVE AND AN "X" MARK BY THE INTENDED OUTCOME.

OBJECTIVE AND OUTCOME			
Objective (check one)		Outcome (check one)	
1. Create Suitable Living Environment		1. Availability/Accessibility	
2. Provide Decent Affordable Housing		2. Affordability	
3. Provide Economic Opportunity		3. Sustainability	



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**SECTION III**

**NARRATIVE**

**(A.) Project Summary**

Provide a project description stating the number of people and/or housing units expected to result from this project and the targeted client group in relation to the 2015-2020 Consolidated Plan. What is the location of the project and what obstacles (if any) could delay the project start-up or completion? What is the timeline for this project? **Note:** The program year is July 1, through May 31. (Limit narrative to one page).

**(B.) Property Acquisition – (Construction/Rehabilitation Projects Only)**

- Has the agency acquired real property in order to carry out the project or is property acquisition planned? Attach a general location map showing the development site, and a copy of the Deed or Purchase Agreement.
- Has the property owner been informed of your intention to use Federal Funds for this project? If so, attach letter.
- Is the property currently occupied? If so, state the number of tenants and describe in detail how the relocation needs will be met in accordance with Uniform Relocation Act. Include the cost of this in the budget. Has a General Information Notice to tenants informing them of their rights to relocation assistance been issued? If so, attach a copy.
- Is the property historically designated or in an historic district?

**(C.) Construction Information – (Construction/Rehabilitation Projects Only)**

∇ How many units will be:

\_\_\_\_\_ Newly Constructed      \_\_\_\_\_ Rehabilitated  
\_\_\_\_\_ Acquired                      \_\_\_\_\_ Demolished/Cleared



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∇ Will the project participate in an energy efficiency program (Energy Star, LEED)?

\_\_\_\_\_ Yes (provide details)                      \_\_\_\_\_ No

∇ Are there circumstances that may affect the development such as environmental site conditions, presence of lead or asbestos in existing buildings, etc.?

\_\_\_\_\_ Yes (provide details)                      \_\_\_\_\_ No

∇ Will any of the units have full ADA accessibility?

\_\_\_\_\_ Yes (how many)                              \_\_\_\_\_ No

\*\*All Housing Projects must comply with Section 3 of the Housing and Urban Development Act of 1968, as amended by the Housing and Community Development Act of 1992.

**(D.) Lead-Based Paint (Construction/Rehabilitation Projects Only)**

Describe in detail how you plan to address lead-based paint testing and abatement or hazard control on any property built before 1978.

**(E.) Performance Goals**

∇ Total number of persons and/or households benefiting from the proposed project:

\_\_\_\_\_ Households                                      \_\_\_\_\_ Persons

∇ National Objective – Project Eligibility – **CHECK ONLY ONE**

\_\_\_\_\_ Low/Mod Income Persons                      \_\_\_\_\_ Elimination of Slums or Blight

∇ Type of Activity – **CHECK ONLY ONE**

\_\_\_\_\_ Public Service                                      \_\_\_\_\_ Housing  
\_\_\_\_\_ Public Improvement                              \_\_\_\_\_ Public Facility



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∇ Project Specific Activity (All Projects Must Benefit Low and Moderate Income Persons) – **CHECK ONLY ONE**

\_\_\_\_\_ L/M Income Area Benefit\*      \_\_\_\_\_ L/M Income Limited Clientele

\_\_\_\_\_ L/M Income Housing      \_\_\_\_\_ L/M Income Jobs

\* List Census Tract(s) and Block Group(s) \_\_\_\_\_

**(F.) Capacity and Experience of the Organization**

- ∇ Organizational profile, years in operation, resumes of the staff/personnel and experience with Federal programs.
- ∇ Identify the project team by **name, position title, and years of experience** (employee, independent contractor, or volunteer), and their specific responsibilities in this project. If the team is not yet assembled, describe how you will select them.
- ∇ Developer qualifications and experience for this type of project.
- ∇ Description of previous CDBG funded projects.
- ∇ Is your organization registered with the State of Tennessee as a non-profit corporation and in compliance with annual reporting requirements? Attach Articles of Incorporation or Articles of Organization.

**(G.) Funding Need**

- ∇ Has the agency had problems in the expenditure of Federal funds by the deadline? If so, when and why did this occur?
- ∇ Explain the need for these CDBG funds. What other funding sources are proposed or confirmed for this project? Please attach commitment letters.
- ∇ How will the project be affected if the CDBG funds awarded are less than the amount requested? (Limit narrative to one page).
- ∇ How will this project benefit low and moderate-income individuals and how will the information be documented?

**(H.) BUDGET**

Please complete the appropriate attached budget on the following pages for Public Service projects or Construction/Rehab/Acquisition projects.



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**SECTION IV**

**REQUIRED ATTACHMENTS**

1. Articles of Incorporation and By-Laws.
2. 501 (c)(3) tax exemption letter/Non-Profit Determination.
3. Current 2016 audit/Certified Financial Statement: If the 2016 Financial Audit is unavailable, please submit most current Financial Audit along with an official letter stating when the 2016 Financial Audit will be complete.
4. Organizational Chart.
5. Current list of the board of directors including their phone number and address along with the board appointment date and term expiration date.
6. Project location with site information/documents.
7. Letter(s) of commitment from financial lending institution(s) and all other funding sources.
8. Project Budget – Construction/Acquisition.
9. Project timeline to include key project milestones i.e., estimated start date and completion date (with certificate of occupancy); See **HUD Project Tracking Form – Pre-Contract** for items required prior to a contract agreement (Construction Projects Only).
10. Complete salary information for the Chief Executive Officer and the next highest paid employee\* Per Knox County Ordinance (Ord. No. O-92-5-102, § 1, 7-27-92).
11. Name of person authorized to sign contract documents and request funds.



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**SECTION V**

**PUBLIC SERVICE PROJECTS  
BUDGET**

In column A, list the items for which you anticipate the need for CDBG funds. In column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In column C, provide the projected request for CDBG funds. In column D, provide a description of other state, local or grant funds in addition to volunteer and donated services/resources for this project.

A - BUDGET ITEM	B – CALCULATION Hourly Rate x Hours	C - CDBG REQUEST	D – ALL OTHER PROJECT FUNDS (INCLUDES VOLUNTEER)
<b>PERSONNEL</b>			
<b>Salaried Positions –Job Title</b>			
<b>Salaries Total</b>			
<b>Fringe Benefits</b>			
<b>Personnel Total</b>			
<b>OPERATING COSTS</b>			
Supplies			
Equipment			
Rent/Lease			
Insurance			
Printing			
Telephone			
Travel			
Other: (Be Specific)			
<b>TOTAL OPERATING</b>			
<b>BUDGET TOTAL</b>			

**NOTE: ALL SALARIED AND/OR HOURLY POSITIONS WILL REQUIRE TIME SHEETS FOR PAYMENT**



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### CONSTRUCTION/REHAB/ACQUISITION BUDGET

In column A, list the items for which you anticipate the need for CDBG funds. In column B, provide the calculation explaining how you arrived at the estimated cost of the line item. In Column C, provide the projected request for CDBG funds. In column D, provide a description of other state, local, and grant funds and volunteer or donated services/resources for this project.

A - BUDGET ITEM	B - CALCULATION	C – CDBG REQUEST	D – ALL OTHER PROJECT FUNDS
<b>PERSONNEL</b>			
<b>Salaried Positions –Job Title</b>			
<b>Salaries Total</b>			
<b>Fringe Benefits</b>			
<b>Personnel Total</b>			
<b>DELIVERY COSTS</b>	<b>Provide description of how you arrive at total for each line item</b>		
Acquisition			
Development			
Rehab Hard Costs			
Inspections			
Architectural Engineering			
Permits and Fees			
Insurance			
Legal Fees			
Financing			
Appraisal Costs			
Other (Be Specific)			
<b>TOTAL DELIVERY</b>			
<b>CONTRACT SERVICES</b>			
<b>TOTAL CONTRACT SERV</b>			
<b>BUDGET TOTAL</b>			

**NOTE: ALL SALARIED OR HOURLY POSITIONS WILL REQUIRE TIME SHEETS FOR PAYMENT**

