



## **Adams County Community Services Block Grant (CSBG) Application for Housing Services Funding ONLY**

Please submit ONE (1) original application containing original signatures, required certification and supporting documents, as applicable. The application and additional requested documentation must be submitted to and received by Adams County CSBG staff at the Human Services Center (1<sup>st</sup> floor, main entrance) by the below deadline.

**Applications are due between 9 a.m. and 12 p.m.  
Friday, Dec. 1, 2017**

**Adams County Human Services Center  
11860 Pecos Street – 1st floor, main entrance  
Westminster, Colorado 80234**

**THE APPLICATION AND ADDITIONAL REQUESTED DOCUMENTATION MUST BE HAND  
DELIVERED TO THE ADAMS COUNTY CSBG STAFF – ESTHER RAMIREZ OR JULIANNA  
NELSON – NO EXCEPTIONS**

**LATE SUBMISSIONS WILL NOT BE ACCEPTED. SUBMISSION OF APPLICATION IS NOT A GUARANTEE OF FUNDING.**

Please answer all required questions as completely and succinctly as possible, check all appropriate boxes, and complete all relevant tables. At our discretion, applicants may be asked to come in for an interview or presentation.

Criteria to be used by Adams County Community Services Block Grant (CSBG) staff and CSBG Advisory Council when reviewing and recommending applicants to Adams County Board of County Commissioners for final approval will be the following:

- Compliance (submitted on time, completed application, fits grant criteria)
- Relationship to county goals and providing services around county's needs
- Performance Measures
- Organizational Capacity
- Budget (clear explanation on application)

NOTE: Please feel free to contact Adams County Human Services CSBG staff at 720.523.2217 for guidance and technical assistance on CSBG regulations, county policies, and application requirements.

## GOALS, OBJECTIVES & PRIORITIES

### PRIMARY CSBG OBJECTIVE

CSBG grant funds are allocated to non-profit organizations that serve Adams County residents with annual incomes at or below 125% of poverty level (2017 Federal Poverty Guidelines attached). Funds are to be used to assist Adams County citizens to become more self-sufficient.

### CSBG FEDERAL OBJECTIVES

The CSBG grant focuses on providing services in the following areas: employment, education and cognitive development, income, infrastructure and asset building, housing, health and social/behavioral development (includes nutrition), civic engagement and community involvement, services supporting multiple domains (e.g., case management), and emergency management/disaster relief.

We are seeking to fund programs that have a **measurable** impact on causes of poverty in the community or to those areas of a community in which poverty is a particularly acute problem. **Programs must include activities that assist individuals with low income around housing services only. Use of the funds for direct services is preferred. Examples include:**

- **Motel vouchers**
- **Rental assistance**
- **Mortgage assistance**

### ADAMS COUNTY STRATEGIC DIRECTION:

The Mission of Adams County is to responsibly serve the Adams County community with integrity and innovation. The Vision of Adams County is to be the most innovative and inclusive county in America for all families and businesses.

### ADAMS COUNTY GOALS:

#### 1. Education and Economic Prosperity

Adams County supports economic prosperity by attracting new businesses, retaining existing businesses, and supporting the growth and development of small businesses. We do that by creating programs that facilitate a highly-skilled and well-educated workforce; support a positive image and brand for Adams County, and foster a viable economic environment for our business community.

#### 2. High Performing, Fiscally Sustainable Government

A high performing government knows and delivers what its citizens want, is customer centric, has an innovative culture, and uses the best technology. We consider the sustainability of our services and service delivery in all areas of government operations. We have the right people in the right jobs and align our resources with our priorities. We implement best practices and empower our people with collaboration, adaptability, and teamwork.

#### 3. Quality of Life


Our citizens feel safe and protected within their neighborhoods. Our communities are visually attractive and have outstanding park, recreational, open space, and cultural amenities. Our citizens are actively engaged in their community. Sustainability of development and natural resource preservation are an integral part of our growth and redevelopment.

#### 4. Safe, Reliable Infrastructure

Adams County provides an appropriate, sustainable, public infrastructure that supports the quality of life of our citizens and employees, meets the needs of our businesses and supports economic development, and is maintained at the level of service our citizens and employees need.

#### 5. Community Enrichment

Adams County provides a human service network that protects the vulnerable in our community. We improve lives through integral community partnerships.



## Adams County Community Services Block Grant (CSBG) Application for Housing Services Funding ONLY

1. Organization Name:

Address:

Phone:

Fax:

Website Address:

2. Name of Executive Director of Organization:

Phone:

E-mail:

3. Name of Project Manager for this project:

Phone:

E-mail:

4. Name of Fiscal Contact for this project:

Phone:

E-mail:

5. All agencies must be able to demonstrate that clients of CSBG programs or services will be low-income individuals and/or families living at 125% Federal Poverty Level or below. Describe how customer eligibility based on Federal Poverty Level is determined, evaluated, and tracked for the purpose of CSBG program activities.

6. All agencies will be required to submit one Affidavit of Legal Residency for each client 18 years of age and older served through CSBG funds. Will your agency be able to comply with this State requirement?

Yes  No

7. All agencies will be required to complete and submit an address and income verification for all clients served through CSBG funds. Will your agency be able to comply with this Federal requirement?

Yes  No

8. All agencies will be required to develop, implement, and submit written policies and procedures for determining eligibility for clients served through CSBG funds. Will your agency be able to comply with this State requirement?

Yes  No

9. If the proposed project requires customers to complete an application or there is a selection process (e.g., emergency assistance, human services program, etc.), describe what procedures will be used to ensure customers receiving assistance will be selected through an open and equitable process and that greatest community needs are addressed.

10. Please describe the notification process and grievance procedures for customers who are declined assistance.


## I. Program Description

CSBG-funded programs are required to report outcomes on various goals the specific program is working on. Please note that this information and its outcomes will be a required report for each end of program year. Therefore, this information must be as accurate to your program.

1. Amount of CSBG funds being requested: \$
2. How many **unduplicated individuals** does your **entire organization** serve annually?
3. How many of those **unduplicated individuals** are **Adams County** residents?
4. How many Adams County residents at or below 125% of poverty level will be served by this project?
5. Is this project a new approach or new program that needs seed money for testing or implementation purposes?  Yes  No

Explain if yes:

6. Description of Project. What specific strategies and services will be employed through the project to address the needs of the individuals to be served.
7. Describe the expected outcomes for the clients or community that will be achieved. Include the projected number of unduplicated customers to be served and the projected success rate:
8. How will success be measured? Include the outcome indicators, the data collection and/or measurement tool, the person(s) responsible for evaluation and the frequency of data and evaluation. Include both quantitative and qualitative evaluation techniques.

9. What other resources (volunteers, in-kind donations, etc.) including their estimated value will be utilized for this project?
10. This is a reimbursement-based grant program. Will your agency be able to pay for expenditures and carry those for 30 to 45 days prior to being reimbursed?  
 Yes  No
11. What population does **this project** target? (select all that apply)  
 Youth  Seniors  Mentally Ill  Homeless  Other:
12. What specific geographical area(s) in Adams County will you focus on and why?
13. Explain how program participants will specifically benefit from services to be provided.
14. What problems/barriers have you encountered/do you anticipate encountering when providing the services/activities of this project?
15. How are you planning to address the problems/barriers identified above?
16. Adams County may have several non-profit organizations providing this service or a similar service. What makes your organization uniquely qualified to provide this service?
17. How will this project be implemented to include participation of other agencies and Adams County programs (partnerships, collaborations, etc.)? BE SPECIFIC.
- 

## II. Budget

1. What is your agency's fiscal year (Jan-Dec; Jun-May; Oct-Sept, etc.)?
2. What other funding has your agency received from Adams County over the past two years? **INCLUDE OTHER COUNTY DEPARTMENTS, DIVISIONS (USE TABLE BELOW)**

Description of Funds (Ex. CSBG, CDBG, TANF, County General Fund, etc.)	Amount	Last Year	Current Year

3. What percentage of your CSBG request is for **direct client services**?
4. Complete the attached project budget form.
5. Attach your agency's most current annual report. Fiscal reports must be stated in accordance with Generally Accepted Accounting Principles (GAAP).
6. Attach your agency's **current** agency budget and budget for **next year** (year for which funds are requested).
7. What are your long-range fundraising plans (endowment fund, fundraisers, etc.)?
  
8. Should CSBG funding **not** be available for this project, what are your funding alternatives?

Outline other sources of funding that will contribute to this project (Please include CSBG funding amount being requested):

Government Grants	\$	Individual Contributions	\$
Government Loans	\$	Fees/Earned Income	\$
Foundations	\$	Workplace Giving Campaigns	\$
Businesses	\$	In-Kind Contributions	\$
Events	\$		
Other	\$	(Describe Other):	
TOTAL	\$		



Please provide detailed information regarding **exactly** what you will use grant funding for. Lump sum, one-line item descriptions **will not** be accepted, unless you are requesting to use these funds on one item only. **Please be mindful of your request and all that it will entail. For example, if you are requesting salary, be thoughtful and include any other employee expenditures such as mileage for that employee, office supplies for that employee, etc. This will be your final budget and any changes will need County approval.**

**CSBG PROJECT BUDGET - EXAMPLE**

Budget Line Items – Activity Costs	Amount of County Funds Requested
Salary: Case Manager	\$20,000
Salary: Project Manager	\$5,000
Operating Supplies	\$20,000
Travel – Mileage	\$3,000
<b>TOTAL (must equal amount being requested)</b>	<b>\$48,000</b>

**CSBG PROJECT BUDGET**

Budget Line Items – Activity Costs	Amount of County Funds Requested
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL (must equal amount being requested)</b>	<b>\$</b>

<p>Please provide a budget narrative to justify your expenses.</p> <p><b>Example using the information above:</b>  Salary: Case Manager- Works with clients to determine eligibility, establishes and tracks goals, \$10/hr + \$2.50/hr in benefits = \$12.50/hr X 1600 hours per year = \$20,000  Contractor: 1<sup>st</sup> Bank– Finance First program \$5000  Operating Supplies: Office Supplies \$5000, Test Books \$10,000, Certificates \$5000 = \$20,000  Mileage – Taking Clients to job interviews, housing possibilities = \$.50/mile X 6000 miles</p>

# COVER PAGE

Use this checklist to make sure your Application includes the required documentation.

- One (1) original application containing original signatures and attachments
- Proof of being a Colorado Corporation in good standing
- Proof of 501(c) (3) tax-exempt status from the Internal Revenue Service (IRS)
- Most recently audited financial statements
- Board of Directors Information (Occupations and/or Community Affiliations **AND** Anti-Discrimination Statement Adopted by the Board)
- Names and Qualifications of Key Staff
- Final Certification Form
- Cover Page
- Client Eligibility Policies and Procedures

# CERTIFICATION FORM

I certify that \_\_\_\_\_ (Agency Name) is in good standing with all applicable State of Colorado, Departments of Adams County Government, including, but not limited to, the Tax Assessor, Public Utilities and Building Inspections.

This application is true and complete to the best of my knowledge and I further understand by this submission that \_\_\_\_\_ (Agency Name) must adhere to all grant regulations and requirements as well as any additional federal requirements that may be applicable.

I further agree, if awarded funding, to attend a contract review session, to read Adams County's proposed contract thoroughly, and provide Adams County Human Services with a scope of services and/or any outstanding documentation prior to the grant award.

I certify that all information provided in this grant application is true and complete. I understand that any false information or omission may disqualify my agency from further consideration for grant funding. I authorize the investigation of any or all statements contained in this application and any other information pertinent to this application and my agency and its employees, officers and board members.

I have read, understand, and by my signature agree with the above statements and authorize the investigation of my agency as set forth above.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Executive Director or Authorized Representative Signature

\_\_\_\_\_  
Date

**125% of the Federal Poverty Level Guidelines**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$15,075	\$1,256	\$290
2	\$20,300	\$1,692	\$390
3	\$25,525	\$2,127	\$491
4	\$30,750	\$2,563	\$591
5	\$35,975	\$2,998	\$692
6	\$41,200	\$3,433	\$792
7	\$46,425	\$3,869	\$893
8	\$51,650	\$4,304	\$993
Each Add'l	\$5,225	\$435	\$100

**DO NOT ALTER THE FORMAT OF THIS APPLICATION**

A **COMPLETE** APPLICATION AND ADDITIONAL REQUESTED DOCUMENTATION MUST BE SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE DETERMINED ELIGIBLE FOR CONSIDERATION

**ANY** MISSING OR INCOMPLETE INFORMATION WILL RESULT IN A **FORFEITURE** OF APPLICATION. EACH SECTION MUST BE **FULLY** COMPLETED.

**DO NOT** ATTACH ANYTHING OTHER THAN AS REQUESTED IN THE INSTRUCTIONS

**DO NOT** INSERT “SEE SECTION X”, “SEE LETTER”, OR “SEE ATTACHED” IN **ANY** SECTION OF THIS APPLICATION

**PLEASE RETURN PACKET IN TYPEWRITTEN FORM TO:**

**ATTN: CSBG Program Staff  
ADAMS COUNTY HUMAN SERVICES CENTER  
11860 PECOS ST. – 1ST FL. MAIN ENTRANCE  
WESTMINSTER, CO 80234**

**APPLICATIONS MUST BE RECEIVED ON**

**DECEMBER 1, 2017 BETWEEN 9am and 12pm**

**NO EXCEPTIONS**