



## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

### APPLICATION PROGRAM YEAR 2023

**Opening Date:** March 20, 2023

**Closing Date:** April 16, 2023

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## Project Readiness Checklist

	Questions	Yes	No	Unknown
1	Is your agency certified by the Internal Revenue as a 501 (c) (3) of the Internal Revenue Code			
2	Has your organization registered with the North Dakota Secretary of State, Charitable Organizations Divisions, as a non-profit organization?			
3	Has your organization operated for more than three (3) years?			
4	Does your agency have a full-time Executive Director?			
5	Does your agency have full-time staff to administer programs?			
6	Does your agency have a written Procurement Policy?			
7	If so, is your Procurement Policy in compliance with OMB Uniform Guidance Part 215.40?			
8	Does your agency have written Conflict of Interest policies?			
9	Does your agency have an accounting system, financial management and payment policies?			
10	Does your organization have a written Drug-Free Workplace Policy?			
11	Does your organization have a Board of Directors?			
12	If this is a public facilities project, does the applicant hold the title to the property?			
13	Is this project an expansion activity?			
14	Is this project an existing activity that has received CDBG funding in prior years?			
15	Does your agency have any unresolved discrimination issues?			
16	Does your agency have any unresolved audit findings?			

**If you answered "NO" or "UNKNOWN" to three or more questions, request technical assistance with the CDBG Program Administrator before the application deadline.**

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**Applicant information**

1. Applicant
  - a. If a construction project, property owner name:
2. Address Phone
3. Contact person Unique Entity Identifier
4. E-Mail address
5. Legal structure of organization, (e.g., public agency, nonprofit)
6. What is the mission or purpose of your organization?
  
7. Is your agency registered with the Federal Government's SAM system?

**Project Information**

1. Amount of CDBG funds requested \$
2. Project name
3. Indicate the service area and/or location of the proposed project.
  - Community-wide
  - Neighborhood specific - low-income area (attach project map)
  - Specific project site: (list address)

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- 4. In detail, briefly describe your project objectives in detail & specifically how CDBG funds will be used to achieve the project goals (*in 200 or more words*).

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**HUD Matrix Code: required\***

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**National Objective**

- 1) **All CDBG funded activities must meet one of the CDBG [National Objectives](#). How will your project meet the objective of benefits for Low-and Moderate-Income persons (LMI)** (these are persons or households having an income equal to or less than Section 8 Housing Assistance Payments Program Low – Income Limits established by HUD).

1a. Indicate how income will be determined:

Application & income verification for beneficiaries

Census data or survey data

LMI area/neighborhood (*see attached Bismarck LMI Area*)

Exclusive Benefit - clients are presumed to be LMI: (If exclusive benefit is claimed, indicate below which limited clientele group will benefit)

Elderly persons

Severely disabled adults

Battered spouses

Migrant farm workers

Homeless persons

Abused children

Persons living with AIDS

Illiterate adults

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**City of Bismarck Consolidated Plan Goals**

Consolidated Plan goals are developed every 5 years and achieved annually through an Annual Action Plan. The Consolidated Plan addresses the City's housing market and community development priorities and strategies. The City of Bismarck's 2020- 2024 Consolidated Plan identified the following goals. **Which goal will the proposed project address? CHECK ONE**

Development or renovation of affordable rental housing

Promote special needs housing

Support efforts to increase homeownership for low-and moderate-income (LMI) households

Support facilities serving homeless individuals and households

Assist in the development of additional housing for the homeless

Provide for homeless service providers

Allocate funds to prevent homelessness

Support public service activities

Improve the quality of public facilities

Improve connectivity and access

Other/specify

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**Project Activity**

1. How soon would you be able to begin the project? (CDBG funds are generally not available until the fall)

2. How long will it take to complete the project? (CDBG funds are generally not available until the fall)

3. Check all activities that will be part of the proposed project:

- |   |                                      |
|---|--------------------------------------|
| Acquisition of property                         | Relocation                           |
| Clearance/demolition                            | Public services/operational expenses |
| Homebuyer assistance                            | Parks/recreational                   |
| Historic preservation                           | Removal of architectural barriers    |
| Infrastructure improvement (e.g., water, sewer) | Other/specify                        |
| Rehabilitation/construction                     |                                      |

Housing: *Specify goals below by number of housing units or beds; or the number of individuals served*

Single family, #

Multi-family, #

Emergency shelter, #

Transitional housing, #

Permanent supportive housing, #

Group home, #

Single Room Occupancy, #

Other/specify

8. What are your priorities if CDBG funding is awarded at a reduced level? What would you be able to accomplish with reduced funding?

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**Project Beneficiaries**

CDBG primary beneficiaries must be very low- and low-income individuals (LMI) AND eligible projects must also be consistent with one of the program's national objectives: **1)** Benefit low- and moderate-income persons; **2)** Aid in the prevention or elimination of slums or blight; or **3)** Activities designed to meet community development needs having a particular urgency.

**Refer to page 19 of this application for guidance on LMI areas in Bismarck**

1. Estimate the number of beneficiaries – Indicate whether the estimate is in households or persons:

Total # of LMI households

Total # of LMI persons

2. List any special group that will benefit from the project (*e.g., elderly, disabled, homeless, chronically homeless*):

3. What will be accomplished upon project completion (*e.g., feet of water line, # of houses repaired, people served*)?

4. Describe any outreach plans and your client selection process.

5. How does your agency plan to ensure compliance with requirements concerning gathering income, race, ethnicity, and other data for clients/beneficiaries?

6. How does your agency plan to ensure compliance with requirements concerning duplication of benefits?

7. How does your agency plan to ensure compliance with requirements concerning Lead Based Paint?



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**Construction Projects**

**1. Project Site--Do you?**

Own

Plan to lease (Length of lease):

If leased, name of building owner

Other (e.g., contract for deed)

**2. Whenever Federal funds are used in a project involving acquisition, rehabilitation, or demolition of real property Uniform Relocation Action (URA) policies apply, refer to [24 CFR Part 42](#) for detailed regulations.**

**a. Will the project cause temporary or permanent relocation of any tenants, homeowners, or businesses?**

YES (if yes, explain your relocation and displacement plans below)

NO

**b. Identify any known issues**

Asbestos, lead based paint, or other hazardous substance

Flooding; flood plain; flood insurance; drainage issues

Change in building use (e.g., commercial to residential)

Zoning change or variance needed

Building code compliance

New construction/addition to existing structure

Adjacent to industrial site or facility with hazardous materials (e.g., propane storage)

Other:

**3. How will the project take into consideration applicable requirements of the American with Disabilities Act (ADA) and Fair Housing Act requirements?**

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4. How will plans/specifications be developed? Who will oversee construction and what is their experience?

5. Attach a project timetable.

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**Public Service**

1. Is the proposed activity?

A new service

A measurable increase in existing services

**Explain:**

2. Will CDBG funds replace any other state or local government funds in your budget?

No

Yes (if yes, explain below)

3. Briefly describe community need for the service.

4. How will accomplishments be measured & the program evaluated?

5. Public service activities generally receive CDBG funds for only one year. How will the activity be funded thereafter?

6. How will the proposed activity take into consideration ADA and Fair Housing Act requirements?

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**Subrecipient Performance**

**Answer the following questions if you are currently implementing a CDBG project. If you have completed a CDBG project (s) previously or have never received CDBG funding, skip to the next section.**

1. List CDBG project(s) currently underway:

2. What has been accomplished to date?

3. Describe any delays or issues with the project.

4. When do you expect to complete the project(s)?

5. What will you do to ensure that the project(s) will be completed in a timely manner?

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**Subrecipient Experience & Capacity**

Priority will be given to activities that have a clear plan of action that is consistent with the budget and that demonstrate the applicant has the capacity to implement the proposed plan and is consistent with the City of Bismarck's Con-Plan goals.

1. Has the City conducted a risk assessment of your agency in the past?

No (If no, go to the 'New Applicant' section)

Yes (If yes, please answer the next questions)

2. Have there been any major changes made to the following (check all that applies)? If so, attach a description of the changes.

By-laws or governance of your agency

Accounting system, financial management and payment policies

Procurement

Personnel policies

Conflict of interest policies

3. Does your organization have a written conflict of interest policy?

No

Yes (If Yes, Does the policy include)

a) A definition of the relationships that are viewed as conflict of interest with your! policy and/or procedures? !!!!Yes No

b) A process for an individual to report a conflict of interest? !!!! Yes No

c) Does your organization review the information provided by employee and verify that an employee is removed from participation when a conflict is identified? Yes No

d) Policy/rule on gratuities? Yes No

Explain

4. What was the date of your agency's most recent audit? Submit the following documents with this application (check documents submitted)

**Applications submitted without the following will be considered incomplete.**

Recent Audit

Weaknesses or significant deficiencies identified in audit, attach a brief description of the actions taken to correct the weaknesses or deficiencies.

Single Audit form (FFATA)

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5. List staff responsible for the CDBG project (including administration, financial, project implementation).
6. Has anyone from your staff been jailed or convicted of a felony or currently under criminal investigation?      No      Yes (*please explain*)
7. Is the proposed project a new activity for your agency?      No      Yes (*please explain*)
8. Has your agency had any lawsuits files or pending since the last review?  
No      Yes (*please explain*)
- a. Attach a description of any unresolved discrimination issues in your agency and any accessibility needs in your office or agency programs. Please include plans to address any such concerns.
9. Has any other granting entity placed special conditions or special financial restrictions on their award to your agency?      No      Yes (*please explain*)
10. Has your agency applied for a short-term loan for operational costs in the past year?  
No      Yes (*please explain*)
11. Has any other granting entity placed special conditions or special financial restrictions on their award to your agency?      No      Yes (*please explain*)

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**New Applicants**

1. How long has your agency been in existence?
  
2. Has your agency ever administered a CDBG grant or any Federal grant (e.g., one that has previously been completed)?  

No      Yes (*If yes, list project(s) below*)

**a)** Describe any issues with the project or projects (e.g., non-compliance, timeliness, cost)?
  
3. List the people who will be involved with the administration of the CDBG grant, their job titles & experience with grant administration.  
  

**a)** List Board members of the organization.
  
4. Date of the most recent audit?
  
5. Are there any unresolved audit findings?      No      Yes (*if yes, please explain below*)

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6. Name of the person charged with financial oversight of the CDBG expenditures and fiscal compliance:

7. Are written accounting procedures, procurement, conflict of interest, and personnel policies in place and available upon request?    Yes            No (If no, explain below)

8. Has any other granting entity placed special conditions or special financial restrictions on their award to you?





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**Project Budget**

**Part A. Sources of Funds**

List Sources:

	Amount	Funds Pending	Funds Secured*	In-kind Funds
CDBG				
<b>TOTAL</b>				

\*Attach letter(s) of documentation for secured funding and cost estimates as applicable.

**Part B. Project Expenses**

List Expenses:

Total Cost

CDBG Funds Requested

<b>TOTAL</b>		

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**Certification**

I certify that the information in this application is true and accurate. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed project, and that none will be prior to City approval, completion of all required environmental reviews, issuance of a Authority to Use Grant Funds (AUGF) by HUD, and receipt of an executed agreement with the City. The applicant recognizes that the allocation of funds is based on City priorities; that the allocation of CDBG funds is contingent upon availability; and that allocation of funds must comply with HUD regulations, City policies, City Zoning, and City Building Codes. The applicant organization has reviewed its projects and services for compliance with the Americans with Disabilities Act and further certifies that it complies with and prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act. The Applicant certifies that it will abide by conflict of interest and code of conduct standards required for HUD programs.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Title)*

Name of the Organization

*(Date)*

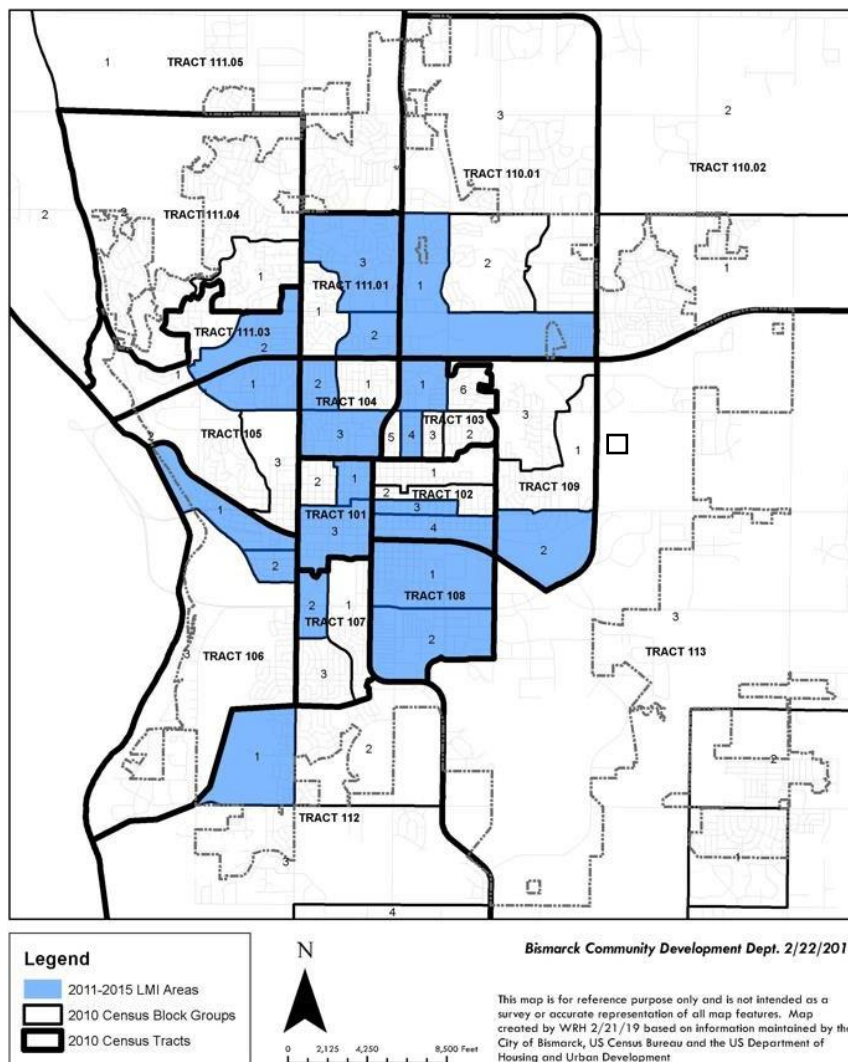
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## Low-to-Moderate-Income Area

Activities qualifying for funding based on their location must be in a Low-to Moderate-Income Area (LMA). An area is considered to meet the test of being LMA if there is a sufficient large percentage (51%) of LMI persons residing in the service area as determined by the most recently available Decennial Census/American Community Survey (ACS) information, together with the Section 8 income limits that would have applied at the time the income information was collected by the Census Bureau.

The Office of Community Planning and Development (CPD) provides estimates of the number of persons that can be considered Low-, Low- to Moderate-, and Low-, Moderate-, and Medium-income persons based on special tabulations of data from the 2011-2015 ACS 5-Year Estimates. The following block groups are classified as LMI Areas in the City of Bismarck

### 2011-2015 LMI Areas - Bismarck, ND





OMB Circular 2 CFR 200 subpart F – Single Audit Certification FFATA

City of Bismarck, North Dakota

Subrecipient Name:		Subrecipient Address:	
Subrecipient DBA:	City:	State:	ZIP Code:
Subrecipient Unique Entity #:	Subrecipient Parent Unique Entity #:	Subrecipient Place Of Performance (POP):	
Representative:			
Telephone Number:	E-mail Address:		

Our most recent published and completed fiscal audit is: (please provide copy)

Our entity is subject to the 2 CFR 200 Subpart F Single Audit requirements, as our entity expended \$750,000 or more in total Federal awards for the most recent fiscal year ending. An audit will be completed and submitted to the Federal Audit Clearinghouse per 2 CFR 200 Section 200.512.

OR

Our entity is exempt from the Single Audit/2CFR 200 Subpart F requirements for the following reason:

Our entity expended less than \$750,000 in total federal awards for the fiscal year noted above.

Other (please explain below):



FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA)

In your business or organization’s (the legal entity to which the Unique Entity ID number you provided belongs) preceding completed fiscal year, did you receive:

- 1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements

AND

- 2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements

Yes No (If you answered “No”, please proceed to CERTIFICATION section below)

\* If you answered “yes” to question 1 and 2 above, then please complete question 2a:

- a) Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the DUNS number you provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes (proceed to CERTIFICATION section) \*\*No (continue to question 2b)

- b) \*\*If you answered “no” to the question 2a, then please complete the below question:

Please provide the names and total compensation of the top 5 employees:

Empty box for providing names and total compensation of the top 5 employees.

CERTIFICATION

I certify that the information provided for the entity addressed above is accurate and if required, the audit report will be submitted no later than 9 months after the fiscal year ending noted above.

Form with fields for Printed Name, Title, Entity Representative’s Signature, and Date.

RETURN COMPLETED FORM WITH APPLICATION:

City of Bismarck
Community Development Department
221 N 5th St.
Bismarck, ND 58501
Phone: (701) 355-1840