

**2010 APPLICATION FOR FUNDING  
PUBLIC SERVICES/PUBLIC FACILITIES & IMPROVEMENTS  
EMERGENCY SHELTER SET-ASIDE  
Housing & Urban Development/Community Development Block Grant Program**

Please read the entire application carefully and follow instructions.

- ⇒ A completed application which includes a copy of 501 (c) (3) Non-Profit Certification and Liability must be received in our office located at 801 Main Street, Room 201, by Friday, February 19, 2010.
- ⇒ Complete Zoning Compliance Certification Form
- ⇒ Address all questions and/or comments to the Community Development staff at (409) 880-3763.
- ⇒ Grant awards will only be available after the City of Beaumont complies with the regulations and statues as outline in the Housing and Community Development Act of 1974.

**Funding for Public Services or Public Facilities and Improvements limited to**

Please provide the information requested below:

A: Background Information

1. Name of Organization/Non-Profit \_\_\_\_\_  
Contact Person/Title \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Program Year: 2010 (July 01, 2010 - June 30, 2011)
3. Amount and type of CDBG funds requested \_\_\_\_\_  
(Activates involving construction/rehab of any size or type are considered Public Facilities and Improvements)
4. Check one:  New Service  
 Quantifiable increase in level of service
5. Copy of Certification for 501 (c) (3) Non-Profit Organization **(Exhibit A)**
6. Copy of Liability Insurance **(Exhibit B)**

B: Program information (list question, and attach sheets where necessary)

1. Briefly describe the capacity (experience) of the organization and its ability to implement and manage the proposed activity. \_\_\_\_\_

---

---

---

---

---

---

2. Briefly explain how CDBG dollars will assist the organization in implementing the proposed activity. \_\_\_\_\_

---

---

---

---

---

---

3. Describe the staffing structure of the organization. \_\_\_\_\_

---

---

---

---

---

---

4. Submit organizational budget **and** detailed project budget indicating proposed use of CDBG funds requested. Quotes may be provided as an estimate of your project, please note that a quote does not take the place of a project budget. **(Exhibit C)**

The organization requesting funding must be able to prove that it is leveraging its funds by obtaining at least 25% of its funding from other sources. Please detail leverage of funds, explain below and show in Project Budget. \_\_\_\_\_

---

---

---

---

---

---

5. Submit names and addresses of Board of Directors. **(Exhibit D)**

6. Briefly describe the nature of the organization and how it benefits low to moderate income families in the Beaumont Community. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If funded, how many low to moderate income persons will benefit from the proposed activity? *Please provide number of persons served or benefited by activity, where possible, and not entire organization.* (This number will be used to judge performance measurement. Although counting persons, keep in mind number of households served and of households served, number of female head of households). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of people \_\_\_\_\_                      Number of Low/Mod people \_\_\_\_\_**

8. Check the benefit category that addresses your organization.
- The public service is available to all of the residents in a particular area and at least 51% of these residents are low to moderate-income person. (*Must be located in a Census Tract that is populated by 51% or more low to moderate income individuals and families*).
- The public service is limited to a specific group of people at least 51% of whom are low to moderate income persons. Services qualifying under this category must benefit a limited clientele. (Presumed benefit: Abuse Children, Elderly Persons, Battered Spouses, Homeless persons, Adults meeting the Bureau of Census' definition of Severely Disabled Persons, Illiterate Adults, Persons living with AIDS and Migrant Farm Workers)

9. Check the area of service that your organization responded to in the last year.
- |  |  |
|--|--|
| <input type="checkbox"/> Job Training                        | <input type="checkbox"/> Health Care                   |
| <input type="checkbox"/> Child Care                          | <input type="checkbox"/> Education programs            |
| <input type="checkbox"/> Recreation Programs                 | <input type="checkbox"/> Fair Housing Activities       |
| <input type="checkbox"/> Public Safety Services              | <input type="checkbox"/> Services for Homeless Persons |
| <input type="checkbox"/> Services for Senior Citizens        | <input type="checkbox"/> Energy Conservation           |
| <input type="checkbox"/> Drug Abuse Counseling and Treatment | <input type="checkbox"/> Counseling/Testing            |
| <input type="checkbox"/> Services for Mentally Ill Persons   |  |

Other type of service provided (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C: Construction/Renovation

1. If any portion of funding will be used for construction, please indicate the nature of said construction.

---

**\*\*\*\* SPECIAL NOTE: Construction projects in excess of \$2000 must adhere to labor standards in compliance with the requirements imposed by Davis-Bacon and Related Acts (DBRA).**

**Any construction project selected for funding will have to pass all environmental phases and a Release of funds must be received from the United States Department of Housing and Urban Development before any construction project may proceed.**

**Disclaimer/Acknowledgement**

**To all Public Service/Public Facilities and Improvement Applicants:**

Please be aware that in order to receive funding consideration for the City of Beaumont's 2010 Public Facility/Public Service grant awards, applicants must understand that:

- \_\_\_ Submission of all required data is essential;
  
- \_\_\_ Projects involving new construction, rehabilitation, acquisitions or installation of equipment will be given priority, and
  
- \_\_\_ Submission of a grant application does not guarantee funding. The funding process is a multi-stage process, finalized and awarded by the City of Beaumont's Mayor and Council Members.
  
- \_\_\_ Applicants that are awarded Community Development Block Grant Funds must attend a mandatory Orientation Conference.
  
- \_\_\_ Applicants receiving Community Development Block Grant funds for constructions projects in excess of \$2000 must adhere to labor standards in compliance with the requirements imposed by Davis-Bacon and Related Acts (DBRA). Construction projects may not begin until all Environmental Requirements are met, Release of funds received from the U.S. Department Housing and Urban Development and Pre-Construction Conference scheduled with the Community Development Staff has taken place.

Please acknowledge the above by placing a mark in the box that you have read and understand each of the statements and sign below.

Organization: \_\_\_\_\_

By: \_\_\_\_\_

Name/Title

Date

**CITY OF BEAUMONT  
COMMUNITY DEVELOPMENT DEPARTMENT  
ZONING COMPLIANCE CERTIFICATION**

Name of Organization: \_\_\_\_\_

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

Service Location: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Application for federal funding from the Community Development Block Grant Division of the City of Beaumont requires certification that your organization is in compliance with all applicable ordinances of the Planning and Zoning Division.

**OFFICE USE ONLY**

Zoning Designation at Location: \_\_\_\_\_

Permitted

Not Permitted

Permitted with a Specific Use Permit

\_\_\_\_\_  
Signature of Code Enforcement Officer

\_\_\_\_\_  
Date







