



**CITY OF MARTINSBURG, WEST VIRGINIA  
 FY 2020 COMMUNITY DEVELOPMENT  
 BLOCK GRANT-CORONAVIRUS (CV) APPLICATION**

**APPLICANT INFORMATION**

<b>Organization Name:</b>		<b>Date:</b>	
<b>Mailing Address:</b>			
<b>Physical Address (if different):</b>			
<b>Primary Contact Name/title:</b>		<b>Phone:</b>	
<b>E-Mail:</b>		<b>Fax:</b>	
<b>Board Chair Name/email:</b>		<b>Agency Website:</b>	
<b>Tax I. D. Number:</b>		<b>DUNS Number:</b>	
<b>Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No

**PROJECT DESCRIPTION AND BUDGET**

<b>CDBG -CV Type:</b> ___ <b>Prevention of COVID</b> ___ <b>Preparation for COVID</b> ___ <b>Response to COVID</b>	
<b>1. CDBG-CV Project Summary/Description:</b>	
<b>2. Project Location:</b> _____ <b>Does this program/project serve the City of Martinsburg:</b> _____	
<b>3. Is this new, existing, or one time project?</b>	<b>4. Project Duration: start and end date:</b>
<b>5. Total COVID Project Cost:</b>	
<b>6. Total CDBG-CV Funding Requested:</b>	
<b>7. CDBG-CV Fund Request as a Percentage (%) of Overall Project Budget:</b> _____ %	
<b>8. Total # of low/mod clients/households served by project:</b> _____ <b>Please check one of the following: Individual</b> ___ <b>or Household (HH)</b> _____	
<b>9. Indicate the Priority Need that Best Identifies Your Project:</b>	
<input type="checkbox"/> Abused Children	<input type="checkbox"/> Senior Services
<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Housing

- |  |  |
|--|--|
| <input type="checkbox"/> Services for the Disabled   | <input type="checkbox"/> Homeless Shelter/Transitional Housing |
| <input type="checkbox"/> Infrastructure Improvements | <input type="checkbox"/> Serving the special needs population  |
| <input type="checkbox"/> Services for HIV/AIDS       | <input type="checkbox"/> Other _____                           |

**1. Activity eligibility must meet at least one of the Five Year Consolidated Goals**

Select the strategy that best fits the proposed project.

Housing Strategy
<input type="checkbox"/> <b>HS-1 Homeownership</b> – Assist low- and moderate-income homebuyers to purchase homes through down payment / closing cost assistance and associated housing counseling.
<input type="checkbox"/> <b>HS-2 Rental Housing</b> – Provide rental assistance for low- and moderate-income renters.
<input type="checkbox"/> <b>HS-3 Housing Construction</b> – Increase the number of affordable housing units in the community for owners and renters.
<input type="checkbox"/> <b>HS-4 Housing Rehabilitation</b> – Conserve and rehabilitate existing affordable housing units occupied by owners and renters in the community by addressing code violations, emergency repairs and handicap accessibility.
<input type="checkbox"/> <b>HS-5 Fair Housing</b> – Promote fair housing choice through education and outreach
Homelessness Strategy
<input type="checkbox"/> <b>HO-1 Housing</b> - Support the Continuum of Care's efforts to provide emergency shelter, transitional housing, and permanent supportive housing, and other permanent housing opportunities.
<input type="checkbox"/> <b>HO-2 Operations/Support</b> Assist providers in the operation of housing and support services for the homeless and persons or families at-risk of becoming homeless.
Other Special Needs Strategy
<input type="checkbox"/> <b>SN-1 Housing</b> – Increase the supply of affordable, accessible, decent, safe, and sanitary housing for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing buildings and new construction.
<input type="checkbox"/> <b>SN-2 Social Services</b> – Support Social Service programs and facilities for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs.
<input type="checkbox"/> <b>SN-3 Transportation.</b> Support the expansion of public transportation and ACCESS Service to assist the elderly, persons with disabilities, and persons with other special needs to have transportation for medical appointments and other essential needs.
Community Development Strategy
<input type="checkbox"/> <b>CD-1 Community Facilities</b> Improve parks, recreational facilities, and trails including accessibility improvements to public buildings and all community facilities in the City.
<input type="checkbox"/> <b>CD-2 Infrastructure</b> - Improve the public infrastructure through rehabilitation, reconstruction, and new construction, of streets, sidewalks, bridges, curbs, walkways, water, storm water, sanitary sewer, handicap accessibility improvements/removal of architectural barriers, etc.
<input type="checkbox"/> <b>CD-3 Public Services</b> - Improve and increase public safety, programs for youth, the elderly, and disabled, and general social/welfare public service programs for low- and moderate-income persons.

- CD-4 Public Safety** – Improve public safety facilities, equipment, crime prevention, community policing, and ability to respond to emergency situations.
- CD 5 Clearance/Demolition** – Remove and eliminate slum and blighted conditions through demolition of vacant, abandoned, and dilapidated structures.

### Economic Development Strategy

- ED-1 Employment** – Support and encourage job creation, job retention, and job training opportunities.
- ED-2 Development** – Support business and commercial growth through expansion and new development. Support business and commercial growth through expansion and new development.
- ED-3 Redevelopment** - Plan and promote the development, redevelopment and rehabilitation of vacant commercial and industrial sites.
- ED- 4 Financial Assistance** – Support and encourage new economic development through local, state, and Federal tax incentives and programs such as Tax Incremental Financing (TIF), tax abatements (LERTA), Enterprise Zones/Entitlement Communities, Section 108 Loan Guarantees, Economic Development Initiative (EDI) funds, Opportunity Zones, etc.
- ED- 5 Access to Transportation** – Support the expansion of public transportation and access to bus and automobile service to assist residents to get to work or training opportunities.

## 2. What National Objectives does your COVID project/program fit under:

- Benefit low- and moderate-income persons;
- Aid in the prevention or elimination of blight; or
- Meet other community development needs of particular urgency.

## 3. Description of Project & Grant Request:

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

- *Define the full details of the activity being carried out with CDBG-CV funds only, (who, what, where and how);*
- *How is your agency assisting in preventing, preparing for, and responding to the COVID-19 in relation to the City's Consolidated Plan?*
- *Describe, and where appropriate quantify, the services and outcomes provided as a result of the expenditure of CDBG-CV funds (for example meals provided; class hours provided; service hours provided; emergency assistance provided; number of clients served; etc);*
- *If requesting funds for a public improvement project, provide a description of the scope of work needed and how the repairs/improvements will benefit low-to-moderate income residents of the City of Martinsburg affected by COVID-19? How has the COVID-19 affected your project?*
- *How much revenue has your agency/organization lost due to COVID-19? Have you applied for other new funding sources, did you receive it? Why are the CDBG-CV funds needed to support the program/ project;*
- *How will the CDBG-CV funds leverage other funds/fund raising efforts?*

**4. Project Service Area:**

*The Project Service Area refers to the location that project beneficiaries reside or where clients accessing services reside. A Project Service Area may differ substantially from the organization’s specific location.*

- Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all Martinsburg residents, state the service area is city-wide. (Keep in mind the project must serve majority Martinsburg residents, regardless of the organization’s physical location.)

**5. Describe the Clientele you are serving:**

The organization must ensure that Individuals or households benefiting from CDBG-CV funding are low and moderate income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project’s performance outcome.

- Is the project serving individual clients or households?
- If there is a target population served, explain how the population is selected, qualified, and monitored.
- Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, self-certifications, etc.).

**FY 2020 HUD Income Limits  
Martinsburg, WV HUD Metro FMR Area**

<b>2020 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
<b>Extremely Low – 30% median income or below</b>	\$15,650	\$17,850	\$21,720	\$26,200	\$30,680	\$35,160
<b>Very Low – 50% of median income</b>	\$26,050	\$29,750	\$33,450	\$37,350	\$40,150	\$43,100
<b>Low – 80% of median income</b>	\$41,650	\$47,600	\$53,550	\$59,450	\$64,250	\$69,000

**LMI Clientele Table**

*(Based on the income guidelines listed above)*

<b>Low/Moderate Income Persons or Households:</b>	<b>Total Number of Individuals or Households:</b>
<b>30% of median income or below</b>	
<b>30-50% of median income</b>	
<b>50-80% of median income</b>	

<b>80% or above median income</b>	
<b>Total # Served:</b>	

**6. Agency Description & Experience:**

Please submit on a separate sheet of paper or include the following:

- Mission of the organization- include a copy;
- Experience of the organization in carrying out the proposed activities/services (staff experience and experience; who will be in charge of the tracking/monitoring);
- Length of time the organization has been involved in providing the proposed activities/services;
- If this is a new service/activity – implementation plan and who will manage it;
- Describe how your organization reaches its clients/consumers. How do clients access your services and programs?
- Describe the staff and volunteers who have been involved in this program/project.

**7. Budget Breakdown:**

*Please fill out this budget for your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization’s subrecipient agreement with the City.*

**Uses of Funds (Budget):**

Use of Funds	Budget
1. Salaries	\$
2. Fringe Benefits	\$
3. Supplies/Materials	\$
4. Administrative Costs	\$
5. Donations	\$
6. Other	\$
<b>Total:</b>	<b>\$</b>

**Sources of Funds:**

Use of Funds	Budget	Committed (Yes/No)
1. CDBG	\$	
2. CDBG-CV	\$	
3. Other Fed funds	\$	
4. State and local funds	\$	
5.	\$	
6.	\$	
<b>Total:</b>	<b>\$</b>	

*Please note: if this budget is not filled out, your application will not be complete and points will be deducted from your proposal.*

**8. Other Items:**

Attach a copy of the following items:

- Organization Budget for current year showing sources of funds and types of expenses.
- Commitment letters from non-CDBG sources or evidence of application for funds, if available
- Most recent financial audit or statement, including balance sheet and income statement
- Most recent IRS Form 990 submittal (or tax return)
- Most recent annual report
- Current Officer and Board Member list
- Articles of Incorporation **(if not CDBG-funded in last 3 years)**
- IRS Determination Letter **(if not CDBG-funded in last 3 years)**
- Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)
- Drawings, color photos, work summary, and cost estimates for public facility improvement projects.

**Applications are due by Thursday, June 11, 2020 by 4:00pm.**

**Please provide two (2) copies of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be in an 8-1/2" x 11" format. Comments may be sent to Nancy Strine at [nstrine@citymartinsburg.org](mailto:nstrine@citymartinsburg.org).**

**Page 7 of 7 CERTIFICATION**

The undersigned certifies the information contained herein is true, correct and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal and City policies and requirements affecting the CDBG-CV program. The signatory declares that he/she is an official of the application, is authorized to make this application, and certifies that the information in this application is true and correct, to the best of his/her knowledge.

***Submitted by:***

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date