



**CITY OF REDMOND**

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## COMMUNITY DEVELOPMENT BLOCK GRANT 2020 APPLICATION

Be sure to review the application instructions to ensure your activity is both eligible and competitive. A checklist is available at the end of the application to help ensure your application is complete. Through this program approximately \$170,000 will be available to fund housing development projects in the City of Redmond for Program Year July 1, 2020 thru June 30, 2021. This funding is restricted to strictly program eligible projects and non-profit agency applicants. Approximately \$37,500 in public service funds will be available at this time. Due to limited funding for staffing of this program, applications will be limited to Acquisition (including down-payment assistance) and/or Acquisition/Rehabilitation funding for housing dollars and for personnel costs for public service dollars.

The Request for Proposals will be available beginning Monday, December 9, 2019. Proposals for funding will be due by 4:00pm at City Hall on Thursday, February 21, 2020.

City		State		Zip	
Contact Person		Contact Title			
Contact Email		Contact Phone			
DUNS No.		SAM Expiration Date			
\$ Requested					
Proposal Summary					

**AUTHORIZED AGENCY REPRESENTATIVE CERTIFICATION:** I hereby certify that all the information stated herein is true and accurate; I agree to the required certifications; I have read and understand the program policies and procedures included in the request for proposal; and I am authorized to submit this application on behalf of the agency.

\_\_\_\_\_  
 Signature of authorized agency representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Title

## Bend-Redmond Metropolitan Statistical Area Income Limitations

Median Family Income	FY 2019 Income Limit Category	Persons in Family							
		1	2	3	4	5	6	7	8
\$69,000	Extremely Low Income Limits*	16,100	18,400	21,330	<b>25,750</b>	30,170	34,590	39,010	43,430
	Very Low (50%) Income Limits	26,800	30,600	34,450	<b>38,250</b>	41,350	44,400	47,450	50,500
	Low (80%) Income Limits	42,850	49,000	55,100	<b>61,200</b>	66,100	71,000	75,900	80,800

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services (HHS), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Methodology for income determination for Bend – Redmond MSA can be found at:

<https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn>

- A. **Detailed Activity Description** – In less than one page, describe the activity and state specifically what CDBG funds will be used for. If the activity is part of a larger project, describe the larger project including a general timeline.

B. **Benefited Population** – In the space provided below, describe how this activity will benefit low- and moderate-income (LMI) persons in Redmond. Then complete number 1 or 2 depending on the nature of your activity.

1. If the activity will benefit specific LMI persons (typically meaning participants will be required to provide proof of income), complete the chart below estimating how many persons or households will benefit from the activity.

**Note:** While at least 51% of benefiting individuals must be LMI, it is strongly preferred that at least 70% of those served by the activity be LMI.

Estimated # of Persons/Households Benefiting From the Activity	# of Persons / Households
Low/Moderate Income (LMI)	
Total Persons/Households	
<b>LMI as a Percentage of Total</b>	

OR

2. If the activity is an Area Benefit Activity, attach proof that the service area in which the activity will occur is one in which at least 51% of the residents who will benefit from the activity are LMI. An Area Benefit Activity is one where the location of the activity can qualify it as an eligible activity and where the activity must benefit all residents of that service area (see page 6 of the RFP for additional information).

**Note:** Currently HUD Census Tract 09004 is the only qualifying low-income census tract within Redmond, but other areas of the city may also qualify. Please contact City staff for assistance as location-based eligibility activities are complex.

- Attach a map showing the activity’s location within a qualifying low-income census tract within Redmond (**Attachment 1**).

C. **Location of Activity** – Provide either the address of the activity or a map of the location where the activity will take place (check one).

- Site specific activity – Provide the address: \_\_\_\_\_
- Non-site specific activity – Attach a map showing the activity’s location (**Attachment 2**).

D. **Schedule** – Please detail the activity tasks, including the anticipated start date and completion date, as well as a list of tasks with estimated start and completion dates for each. If you have a schedule in a comparable format you may submit that as an attachment rather than completing the chart below. For housing activities, be sure to address the items below.

- Completion of zoning/planning approvals
- Local funding commitments
- Construction/permanent financing commitments
- Certificate of Occupancy
- Lease-up or sale to beneficiaries
- Timely expenditure of funds (e.g. fund draw schedule for CDBG)

**Note: At least 75% of funds must be expended by March 31, 2020.**

**Note: All site work must STOP once the application for CDBG funding has been submitted per 24 CFR 58.**

- Check here if an alternative schedule is included (**Attachment 3**).

Task	Completion Date

- E. **Budget** – If you have the budget in comparable format you may submit that as an attachment rather than completing the chart below (If this is a development project a detailed Pro-Forma is preferred).  
 Check here if an alternative schedule is included (**Attachment 4**).

Budget Items	CDBG Funds	Other Funds (List in section 7 below)	Total Cost
<b>1. Public Services</b>			
- Personnel Costs (wages & benefits)			
- Equipment & Supplies			
- Other			
- Other			
<b>2. Economic Development / Job Creation</b>			
- Microenterprise loans			
- Transportation or child care			
<b>3. Housing</b>			
- Acquisition			
- Rehabilitation (owner-occupied or rental units)			
- Purchase assistance for LMI homebuyers			
<b>4. ADA &amp; Infrastructure</b>			
<b>5. Activity Administration (max 20% of total costs)</b>			
- Personnel Costs (wages & benefits)			
- Equipment & Supplies			
- Overhead (utilities, rent, insurance, etc.)			
- Other			
- Other			
<b>6. Other Costs (Specify Below)</b>			
<b>Total Activity Costs</b>			

<b>7. Other Funding Sources</b>	
Funding Source	Amount
<b>Total</b>	



G. **Agency Information** – Please attach the documents listed below and respond to the following items regarding your agency.

- Proof of non-profit status (**Attachment 6**)
- Current articles of incorporation and bylaws (**Attachment 7**).
- List of current board members (**Attachment 8**)

1. Briefly describe the agency's background, mission and service history.

2. Please list key personnel that will be assigned to this activity, their job titles, qualifications, and the role that they will play in the activity.



**Agency Information** *(continued)*

3. Describe the agency's administrative capacity to complete the activity, including its experience in implementing and managing activities similar to the proposed activity.

4. Briefly describe the agency's financial stability as it pertains to the agency's capacity to successfully complete the project.

**H. General Questions** – Please respond to the following items.

1. Describe how your activity will address an identified need or problem in a way or to a degree not already being achieved in the community.

2. Describe the ways in which your activity will have a long-term impact on the need or problem being addressed and how you will evaluate the impact.

**General Questions** *(continued)*

3. Please list any similar activities or projects done by your agency and how this activity will add to or improve upon your existing services.

4. Describe the agency's readiness to proceed with the activity. For example, if the purchase of property is involved, is the property currently available for purchase? Is staff currently available or is the agency ready to proceed with hiring staff?

**Note:** Activities involving land acquisition may want to attach a detailed proforma Project Feasibility and Readiness.

- Check here if attaching proforma Project Feasibility & Readiness (**Attachment 9**).

I. **Activity Specific Questions** – Please complete any applicable questions for your activity. Please only respond to questions that apply to your activity. For those that do not apply, please mark n/a.

**Public Service**

**N/A**

1. If this is an expansion of an existing service of your agency, please describe how it is a quantifiable increase in the current service.

**Economic Development / Job Creation**

**N/A**

1. Describe how your project will create living wage jobs for low-income persons, how you have defined 'living wage' and what sources you have consulted to develop your definition of 'living wage'.

**Activity Specific Questions** *(continued)*

**Acquisition of Land or Structures / Housing Programs**       **N/A**

1. Describe the time period in which the property will remain affordable and how your agency plans to ensure that it remains affordable for the specified time period (minimum of 5 years period of affordability).

2. Describe the location, including proximity to community amenities and services such as public transportation, employment, social/health services, recreational, educational, etc. For housing programs (such as down payment assistance), describe the geographic area it will serve.



**J. Other Information**

Please use this page to include any other information you feel will assist in our review of your proposal. Feel free to include or reference other attachments.

**K. Certifications**

By signing the first page of this application, the authorized representative of the agency with binding authority certifies the following statements:

- Organization has no conflict of interest with any City of Redmond appointed or elected representatives and does not employ city appointed or elected representatives or their families.
- Organization will comply with federal requirements to be observed by organizations being funded with CDBG funds, including compliance with federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, and Non-Discrimination, Section 109, Title VI and EO 11246. All requirements are described in 24 CFR 570 Subpart K (CDBG Entitlement Grants).
- The proposed activity has been approved by the agency’s Board of Directors.
- Authorized representative certifies that this CDBG application package has been reviewed and all information provided in this application and attachments is true and correct.
- Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the applicant.

**L. Completion Checklist**

- Completed Application (**REQUIRED**)
- Attachment 1 – Census tract map if an Area Benefit Activity (if applicable)
- Attachment 2 – Location map if a non-site specific location (if applicable)
- Attachment 3 – Schedule in comparable format (if applicable)
- Attachment 4 – Budget in comparable format (if applicable)
- Attachment 5 – Documentation of other funding commitment (if applicable)
- Attachment 6 – Proof of non-profit status (**REQUIRED**)
- Attachment 7 – Current articles of incorporation and bylaws (**REQUIRED**)
- Attachment 8 – List of current board members (**REQUIRED**)
- Attachment 9 – Proforma of Project Feasibility and Readiness (if applicable)
- Attachment 10 – Site plan of land acquisition (if applicable)

In addition to the attachments above, the applicant is welcome to attach any other material you believe will assist in your proposal.

- Attachment 11 – \_\_\_\_\_
- Attachment 12 – \_\_\_\_\_
- Attachment 13 – \_\_\_\_\_
- Attachment 14 – \_\_\_\_\_
- Attachment 15 – \_\_\_\_\_