



Service Agency Application 2021 Urban County CDBG Program

Applications due October 23, 2020 by 4:30 pm

Return Applications To: **Macomb Community Action – Community Development**
21885 Dunham Road, Suite 10
Clinton Township, MI 48036

NAME OF PROPOSAL: _____

Check each community to which you are applying and state the amount requested:

- | | | |
|---------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Armada Township \$ _____ | <input type="checkbox"/> Village of Armada \$ _____ | <input type="checkbox"/> Bruce Twp \$ _____ |
| <input type="checkbox"/> Center Line \$ _____ | <input type="checkbox"/> Chesterfield Twp \$ _____ | <input type="checkbox"/> Eastpointe \$ _____ |
| <input type="checkbox"/> Fraser \$ _____ | <input type="checkbox"/> Harrison Twp \$ _____ | <input type="checkbox"/> Lenox Twp \$ _____ |
| <input type="checkbox"/> Macomb Twp \$ _____ | <input type="checkbox"/> Mt Clemens \$ _____ | <input type="checkbox"/> New Baltimore \$ _____ |
| <input type="checkbox"/> New Haven \$ _____ | <input type="checkbox"/> Ray Twp \$ _____ | <input type="checkbox"/> City of Richmond \$ _____ |
| <input type="checkbox"/> Richmond Twp \$ _____ | <input type="checkbox"/> Romeo \$ _____ | <input type="checkbox"/> Shelby Twp \$ _____ |
| <input type="checkbox"/> Utica \$ _____ | <input type="checkbox"/> Washington Twp \$ _____ | |

APPLICANT INFORMATION: Name: _____

Tax ID Number: _____	DUNS # _____
IRS Tax Exempt? _____ (Enclose IRS Letter)	SAM Registration? _____ (Enclose completed search)
Address: _____	City/Zip: _____
Contact Person: _____	Telephone: _____
Contact Person Title: _____	Email: _____
Certifying Officer: _____	Fax: _____
Certifying Officer Title: _____	

PROJECT INFORMATION: The following information must be provided and be complete:

Requested CDBG funding (\$1,500 min.):\$ _____ Total Project Cost: \$ _____

Proposal Addresses RFP Objective # _____

Are there any outstanding findings on your last independent audit? Yes No N/A (Enclose last audit or letter explaining why organization does not receive an audit)

PROJECT ELIGIBILITY:

National Objectives/Project Beneficiaries: Projects must address one of the following national objectives. Select one:

- Proposal directly benefits an area with at least 45.7% LMI persons.
- Proposal is designed to solely benefit low- and moderate-income (LMI) people.
- Proposal directly serves only a limited clientele presumed to be LMI

Area Benefit Only: Identify the area to be served by census tract(s) and block group(s), or shade it/them on a map.

PROPOSAL DESCRIPTION:

Fully describe the organization's purpose, including the population it serves and core services it provides.

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Fully describe the activity to be undertaken with CDBG funds.

Provide the specific cost of providing these services *per person*. If the cost cannot be quantified per person served, quantify it per service, per employee hours, etc.

Provide a breakdown of per unit cost. How are costs calculated?

List all supporting (backup) documentation that will be submitted with your bill.

ACCOMPLISHMENTS:

Identify and list the proposal's intended beneficiaries (e.g. LMI persons, abused children, elderly persons, severely disabled persons, homeless persons, abused spouses, illiterate adults, migrant farm workers, and persons living with AIDS) and the service(s) they will receive. **Only list the number of people who will be served with CDBG funding:**

Beneficiary	Total Number	Number LMI	Service
_____	_____	_____	_____

IMPLEMENTATION SCHEDULE (Assume CDBG fund availability on July 1, 2021)

Start: _____ Complete: _____

BUDGET (List all projected funding. Be sure that the total is same as that presented on page 1.)

Funding Source	Amount of Funding	\$\$\$ Committed? (Y/N)
Requested CDBG	\$	
Public Resources (Identify)		
•	•	•
•	•	•
•	•	•
•	•	•
Private Resources (Identify)		
•	•	•
•	•	•
•	•	•
•	•	•
Total Project Costs	\$	

Funding allocated by a community must be used in that specific community or on its residents. Explain how the funding request was calculated to meet this requirement.

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2 CFR 200: OMB UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR FEDERAL AWARDS

2 CFR 200 requires all pass-through entities to evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and terms and conditions of the subaward prior to the award of funding. The purpose of the evaluation will be to determine the level of monitoring or other special conditions that will be imposed should the activity be selected for funding. Levels of monitoring include: 1) on-site or 2) remote. Examples of other special conditions include but are not limited to: required training and/or technical assistance. In order to comply with 2 CFR 200 your response to the following questions are mandatory. Failure to respond will result in denial of the request for funding.

- 1) Does the organization have prior experience with CDBG funds? (circle one) No Yes

If yes, list the awarding entitlement(s) and amount of the award(s) that your organization has received funding through in the past two years:

- 2) History of performance related to managing prior federal awards: has your organization met compliance with timeliness of reporting and expenditure of funds for all prior grant awards (have funds been recaptured)? (circle one) No Yes N/A – first time grant recipient

If no, please provide an explanation for noncompliance.

- 3) If your organization has been issued a monitoring finding, has it been cleared by the funding agency? (circle one) No Yes

If no, please list the finding and your organization's planned course of action to clear the finding:

- 4) Does the key personnel assigned to administer the organization's proposed CDBG program have prior experience administering CDBG funds? (circle one) No Yes

If yes, please describe:

- 5) All contracts will be issued on a reimbursement basis. Does your organization have the financial capacity to administer the proposed program on a reimbursement basis? (circle one) No Yes

If your agency responded "no" to any of the questions above, onsite monitoring will be required as a condition of the award. Subrecipients should note that a secondary evaluation related to performance will be completed during the 4th quarter of each program year. Based on the results of the evaluation a subrecipient's initial monitoring level determination of "remote" may be changed to "on-site".

SAM REGISTRATION/DUNS NUMBER REQUIREMENT

Applicant must read and initial the following:

- I understand that our agency must be registered with SAM before submitting this application. In addition, we must maintain an active SAM registration with current information while having an active Federal award or an application or plan under consideration by the County of Macomb.

_____ **Initial**

- I understand that our agency must provide a **valid** DUNS number, registered and active in SAM, in the application.*

_____ **Initial**

*DUNS numbers may be obtained for free from DUN & Bradstreet.

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CONFLICT OF INTEREST CERTIFICATION

**TITLE 24 – HOUSING AND URBAN DEVELOPMENT CHAPTER V- OFFICE OF ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HUD
Part 570 Community Development Block Grants Subpart K Other Program Requirements
570.611 Conflict of interest.**

(a) Applicability. (1) In the procurement of supplies, equipment, construction, and services by recipients and by subrecipients, the conflict of interest provisions in 2 CFR 200.317 and 200.318 shall apply.(2) In all cases not governed by 2 CFR 200.317 and 200.318, the provisions of this section shall apply. Such cases include the acquisition and disposition of real property and the provision of assistance by the recipient or by its subrecipients to individuals, businesses, and other private entities under eligible activities that authorize such assistance (e.g., rehabilitation, preservation, and other improvements of private properties or facilities pursuant to §570.202; or grants, loans, and other assistance to businesses, individuals, and other private entities pursuant to §570.203, 570.204, 570.455, or 570.703(i)).

(b) Conflicts prohibited. The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a CDBG-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a CDBG-assisted activity, or with respect to the proceeds of the CDBG-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For the UDAG program, the above restrictions shall apply to all activities that are a part of the UDAG project, and shall cover any such financial interest or benefit during, or at any time after, such person's tenure.

(c) Persons covered. The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of subrecipients that are receiving funds under this part.

(d) Exceptions. Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (b) of this section on a case-by-case basis when it has satisfactorily met the threshold requirements of (d)(1) of this section, taking into account the cumulative effects of paragraph (d)(2) of this section.

(1) Threshold requirements. HUD will consider an exception only after the recipient has provided the following documentation: (i) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and (ii) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(2) Factors to be considered for exceptions. In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (d)(1) of this section, HUD shall conclude that such an exception will serve to further the purposes of the Act and the effective and efficient administration of the recipient's program or project, taking into account the cumulative effect of the following factors, as applicable: (i) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available; (ii) Whether an opportunity was provided for open competitive bidding or negotiation; (iii) Whether the person affected is a member of a group or class of low- or moderate-income persons intended to be the beneficiaries of the assisted activity, and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class; (iv) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question; (v) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (b) of this section; (vi) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and (vii) Any other relevant considerations.

By applying for CDBG funds, the Agency certifies that they have read and will comply with the above:

Agency Name:	
Name of Executive Director/CEO and Title:	
Signature of Executive Director/CEO or Designee:	

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SIGNATURE OF AUTHORIZED OFFICIAL

Signature: _____
Typed Name & Title:

Date _____

I am authorized to sign this application on behalf of _____(agency)_____ and certify that its contents are, to the best of my knowledge, true and accurate. I understand that the willful submission of false or misleading information will result in a disqualification of this application and a denial of CDBG funding.

STATE OF MICHIGAN, MACOMB COUNTY ss:

The foregoing instrument was acknowledged before me this _____ (date) _____,

By _____

Notary Public
State of Michigan
County of Macomb
Acting in the County of Macomb

My Commission Expires _____

Enclosures:

- IRS Tax Exemption Letter
- SAM Registration
- Most recent audit
- Subrecipient Risk Assessment Certification
- 2 CFR Part 200 Subpart F Audit Certification Form
- Conflict of Interest Policy/Code of Conduct

SUBRECIPIENT RISK ASSESSMENT CERTIFICATION

Sub-Recipient:	County:	DUNS#
Authority		
<p>As required by 2 CFR §200.331(b), the purpose of this assessment is to evaluate subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of a subaward, and to determine appropriate subrecipient monitoring during the grant performance period. Limited program experience, results of previous audits and site monitoring visits, new personnel or new or substantially changed systems, may increase a subrecipient's degree of risk.</p>		
Questions		
<p>1. How many federal grant awards has your organization managed in the past 5 years regardless of awarding agency? <input type="checkbox"/> No grants</p> <p><input type="checkbox"/> 1-3 grants</p> <p><input type="checkbox"/> 4-5 grants</p> <p><input type="checkbox"/> 6+ grants</p> <p>2. What percentage of your grant management staff has fewer than 2 years of grant experience?</p> <p><input type="checkbox"/> 0-25% of staff</p> <p><input type="checkbox"/> 26-50% of staff</p> <p><input type="checkbox"/> 51-75% of staff</p> <p><input type="checkbox"/> 76-100% of staff</p> <p>3. Has your organization had a new or substantially changed financial/accounting system(s) in the past 2 years?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>4. What types of findings (audit site monitoring, etc.) has your organization received within the past 5 years? (Attach a separate sheet explaining any findings resulting in questioned costs or a return of funds.)</p> <p><input type="checkbox"/> Never Audited or No</p> <p><input type="checkbox"/> Unsupported costs (lack of documentation)</p> <p><input type="checkbox"/> Unreasonable use of funds</p> <p><input type="checkbox"/> Questioned costs or required to return funds</p> <p>5. Does your agency have staff primarily dedicated (>50%) to grants management activities? <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
<p><i>I certify the information provided in this assessment is true and accurate, and that all occurrences of prior grant non-compliance have been disclosed.</i></p>		
Authorized Representative Signature:		Date:
Authorized Representative Printed Name:		
Point of Contact Printed Name:	Title:	Email:

2 CFR Part 200 Subpart F Audit Certification Form

Audits of States, Local Governments, Indian Tribes, and Non-Profit Organizations

Contact Information

Subrecipient Name (Agency, Local Government, or Organization):

Authorized Official:

Address:

Email:

Phone#:

Purpose: As a pass-through entity of federal grant funds, the Macomb County is required by 2 CFR Part 200 Subpart F to monitor activities of subrecipients to ensure federal awards are used for authorized purposes and verify that subrecipients expending \$750,000 or more in federal awards during their fiscal year have met the 2 CFR Part 200 Subpart F Audit Requirements. Your entity is a subrecipient subject to such monitoring by Macomb County because it is a non-federal entity that expends federal grant funds received from the County as a pass-through entity to carry out a federal program. 2 CFR Part 200 Subpart F should be consulted when completing this form.

Directions: As required by 2 CFR Part 200 Subpart F, non-federal entities that expend \$750,000 in federal awards in a fiscal year shall have a single or program-specific audit conducted for that year. If your entity ***is not*** subject to these requirements, you must complete Section A of this Form. If your entity is not subject to these requirements, you must complete Section B of this form. When completed, you must sign, date, and return this form with your grant agreement and every fiscal year thereafter until the grant agreement is closed. Failure to return this completed Audit Certification Form may result in delay of grant agreement processing, withholding of federal awards or disallowance of costs, and suspension or termination of federal awards.

SECTION A: Entities NOT subject to the audit requirements of 2 CFR Part 200 Subpart F

Our entity is not subject to the requirements of 2 CFR Part 200 Subpart F because (check all that apply):

We did not expend \$750,000 or more of *total* federal awards during the fiscal year.

We are a for-profit agency. We are exempt for other reasons (describe):

However, by signing below, I agree that we are still subject to the audit requirements, laws and regulations governing the program(s) in which we participate, that we are required to maintain records of federal funding and to provide access to such records by federal and state agencies and their designees, and that the County may request and be provided access to additional information and/or documentation to ensure proper stewardship of federal funds.

SECTION B: Entities that ARE subject to the audit requirements of 2 CFR Part 200 Subpart F

(Complete the information below and check the appropriate box)

We completed our last 2 CFR Part 200 Subpart F Audit on _____ for Fiscal Year ending _____
 There were no findings related to federal awards from Macomb County. No follow-up action is required by Macomb County as the passthrough entity.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is provided electronically to stephanie.burgess@macombgov.org

We completed our last 2 CFR Part 200 Subpart F Audit on _____ for Fiscal Year ending _____ .

There were findings related to federal awards.

A complete copy of the audit report, which includes exceptions, corrective action plan and management response, is provided electronically to stephanie.burgess@macombgov.org.

Our completed 2 CFR Part 200 Subpart F Audit will be available on _____ [enter date] for Fiscal Year ending _____

[enter date]. We will provide electronic copy of the audit report to stephanie.burgess@macombgov.org at that time.

I hereby certify that I am an individual authorized by the above identified entity to complete this form. Further, I certify that the above information is true and correct and all relevant material findings contained in audit report/statement have been disclosed. Additionally, I understand this Form is to be submitted every fiscal year for which this entity is a subrecipient of federal award funds from the Department until the grant agreement is closed.

Signature of Authorized Official: _____

Date: _____

Print Name & Title: _____