



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	Community Vaccination Clinic
Applicant Organization(s):	Logan City Fire Department

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
X	<u>Area Benefit:</u> Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
	<u>Limited Clientele Benefit:</u> Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	<u>Housing Benefit:</u> Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	<u>Job Creation & Retention Benefit:</u> Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
X	<u>Urgent Need Benefit:</u> Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?

(According to the LMI Income Limit Table (see above))

(Mark one)

X	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

X	Abused children
X	Elderly persons
X	Battered spouses
X	Homeless persons
X	Severely disabled persons
X	Illiterate adults
X	Persons living with AIDS
	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

X	Yes
	No
	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
	Food Assistance Program
	Non-Profit Assistance Program
	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
X	Other: Vaccination clinic

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
X	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.



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PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	Community Vaccination Clinic		
Applicant Organization(s):	Logan City Fire Department		
SECTION I: Applicant Information			
Primary Contact Name:	Brad Hannig		
Title:	Fire Chief		
Phone:	435-716-9512		
Email:	brad.hannig@loganutah.org		
Secondary Contact Name:	Rod Tomkinson		
Title:	Assistant Chief of EMS		
Phone:	435-716-9514		
Email:	rod.tomkinson@loganutah.org		
Physical Address:	76 E 200 N Logan, Utah 84321		
	Street Address (include suite number)		City, State, ZIP
Mailing Address:	76 E 200 N Logan, Utah 84321		
	Street Address (include suite number) / PO Box		City, State, ZIP
Phone(s):	435-716-9500		
DUNS # (www.dnb.com)	070935598	FEIN:	87-6000243
Logan Business License #:	NA	www.	fire.logautah.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	Logan City Fire Department is a career department with 67 full time employees. Our mission is to reduce the risk of fire, medical and hazardous events in the community we serve through professionalism, dedication and excellence. Our commitment is to preserve and improve our community's quality of life by being knowledgeable, innovative, involved, and relevant. We provide life-saving services in response to various types of emergencies all over Logan City and the surrounding area. Our Fire Prevention Bureau provides community education and annual fire prevention building inspections.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$200,000.00	Match (see match description in Section IV): \$	Total Activity Cost: \$200,000.00
Activity Description: - What are you going to do? - Where are you going to do it? - How are you going to accomplish it? - Include a location map (as applicable). - Be as descriptive as possible in detailing your activity.	- We are partnering with the Bear River Health Department (BRHD) to assist with administering the COVID-19 vaccination program to the public. - With assistance from the BRHD, we will use the fire stations within our department as vaccination clinics. - Department personnel will be trained to screen and administer candidates for the vaccination. We will use the funding provided to cover the costs associated with staffing the clinic with full-time and part-time off-duty personnel. (See the attached Incident Action Plan for a detailed description of the activities.) We will also look into the possibility of a mobile vaccination unit to reach those who cannot get to a vaccination site.	
Estimate of Beneficiaries: - Provide an estimate of the number of beneficiaries for the activity. - Provide a description of the type of people who will benefit from the activity. - If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. - How will project meet the local strategic goal?	Our clinic will be able to serve approximately 500+ people per day in a 4-day period (Monday-Thursday), for the duration of the program, which is estimated to be a period of 6 months or until everyone who wants to be vaccinated has had the opportunity. The clinic will be available to all demographic groups as designated by the BRHD.	
Projected Start Date: 02/08/2021		Projected End Date: 08/31/2021
Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	Complete grant application	02/02/2021
	Train employees in the program	02/12/2021
	Obtain supplies from BRHD (no cost to us)	02/08/2021
	Track payroll expenses for duration of program	08/31/2021

SECTION III: Organization

Organization Capabilities	How long has your organization been operating? Since 1880 Has your organization ever received a federal grant? Yes No Has your organization ever received a CDBG grant? Yes No Does your organization currently collect clientele data, including income, demographic, and residence information? Yes No Has your organization ever conducted competitive bidding, such as a sealed bid? Yes No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	The BRHD will be responsible for immunization records. LCFD will be responsible for tracking employees participating in the program.
Describe your organizations experience with records management, especially any grant management experience.	The Department's administrative assistant will be responsible for tracking hours worked during the vaccination clinic. She tracked expenditures and reimbursement requests for several grants in the Logan City Parks and Recreation Department for eight years.
Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.

SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications

I certify and acknowledge that:

(Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)

X	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
X	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
X	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
X	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
X	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
X	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Brad Hannig, Fire Chief	02/02/2021
Representative for the Applicant Organization; Signature	Printed Name	Date

LOGAN CITY FIRE DEPARTMENT
OPERATIONAL PLAN

**VACCINE
ADMINISTRATION
COVID-19**

OPERATIONAL PERIOD EFFECTIVE

Monday February 8, 2021 Through February 12, 2021



NOT FOR PUBLIC DISTRIBUTION

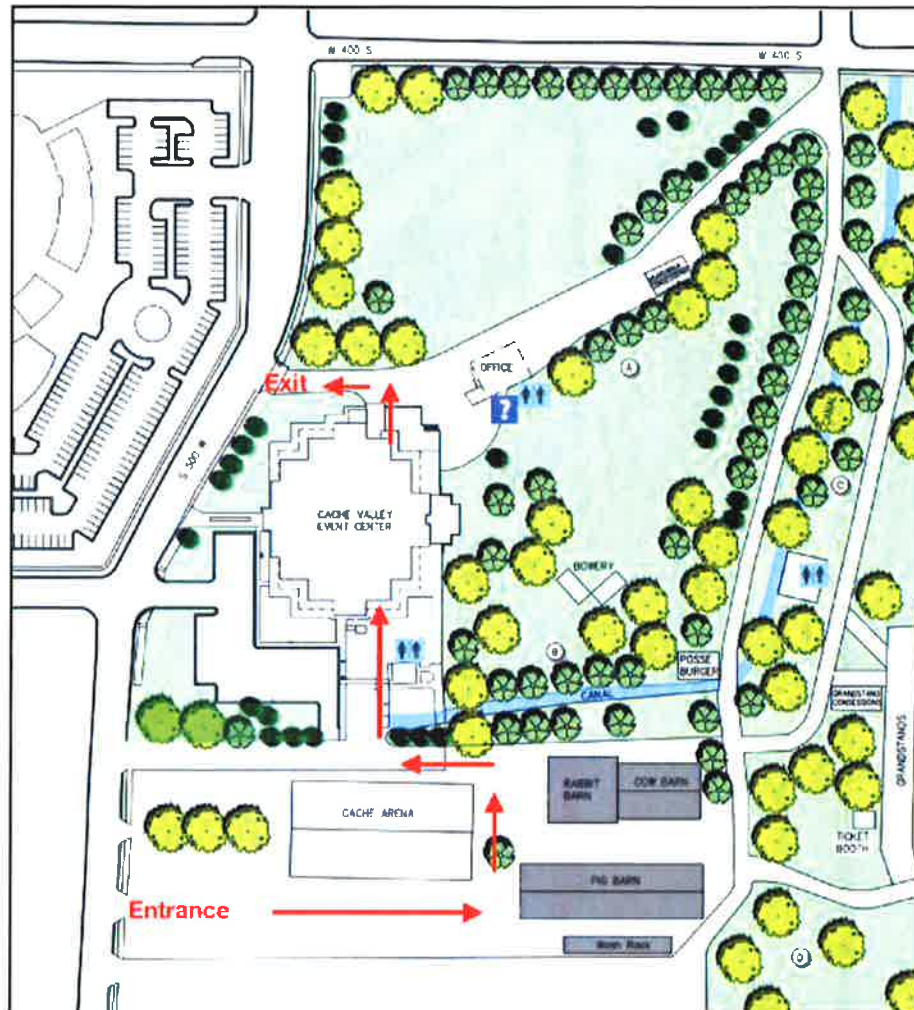
Incident Briefing

With the anticipated number of COVID-19 vaccines that will need to be administered to the public, Logan City Fire Department (LCFD) is partnering with Bear River Health Department (BRHD). Through this partnership, we will develop a plan that meet the objectives of personnel safety, best practices for vaccine administration, and venue placement with traffic flow options.

Incident Objectives

- LCFD will assist BRHD with the administration of COVID-19 vaccinations
- Shifts will be filled as BRHD sets dates and times needed
- Shifts will consist of two LCFD personnel per five-hour shift
- LCFD will work with BRHD to find venues for future sites to hold clinics for designated demographic and special needs populations
- Initial operations will commence the week of February 8, 2021 through February 12, 2021 with shifts being from 9:00 to 14:00 and 14:00 to 19:00
- LCFD personnel will act under the direction of a BRHD representative during the operational period
- Cost of LCFD Personnel will be covered by Logan City at an average rate of \$30.00 an hour dependent on employees pay rate
- BRHD will provide all PPE and other supplies needed for LCFD personnel to operate safely in the task assigned
- LCFD personnel participating in these events have either
 1. Had a positive test for COVID-19 or
 2. Received both doses of the COVID-19 vaccination
- If the need is presented for a mobile solution, LCFD will provide a vehicle with two personnel accompanied by 1 BRHD personnel
- BRHD will be responsible for inventory and storage of all vaccine vials
- BRHD will be responsible to train LCFD personnel on tasks to be performed prior to any assignment
- BRHD will maintain IT responsibilities for sign up appointments when venues are selected.

MAP February 8-12th Event



Communications Plan

LCFD

Chief Brad Hannig

435-716-9512

Assistant Chief of Operations Doug Fullmer

435-716-9513 cell 435-760-6056

Assistant Chief of EMS Rod “Hoss” Tomkinson

435-716-9514 cell 435-994-0764

BRHD

Jordan Mathis

435-650-7222

Rachel Rigby Staffing

801-508-4728

Mike Weibel Logistics

435-792-6500

Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations

OVERVIEW OF THIS DOCUMENT

This checklist is a step-by-step guide to help clinic coordinators/supervisors overseeing vaccination clinics held at satellite, temporary, or off-site locations follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation. This checklist outlines CDC guidelines and best practices that are essential for patient safety and vaccine effectiveness. **A clinic coordinator/supervisor at the site should complete, sign, and date this checklist EACH TIME a vaccination clinic is held.** To meet accountability and quality assurance standards, all signed checklists should be kept on file by the company that provided clinic staffing.

INSTRUCTIONS

1. A staff member who will be at the vaccination clinic should be designated as the clinic coordinator/supervisor. (This individual will be responsible for completing the steps below and will be referred to as “you” in these instructions.)
2. Review this checklist during the planning stage of the vaccination clinic—well in advance of the date(s) when the clinic will be held. This checklist includes sections to be completed before, during, and after the clinic.
3. **Critical guidelines for patient safety and vaccine effectiveness are identified by the stop sign icon: . If you check “NO” in ONE OR MORE answer boxes that contain a , DO NOT move forward with the clinic. Follow your organization’s protocols and/or contact your state or local health department for guidance BEFORE proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.**
4. Contact your organization and/or health department if you have any concerns about whether vaccine was transported, stored, handled, or administered correctly, concerns about whether patients’ personal information was protected appropriately, or concerns about other responses that you have marked as “NO” on rows that do not have the .
5. This checklist should be used in conjunction with CDC’s Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf. For information about specific vaccines, consult the vaccine manufacturer’s package insert.
6. **This checklist applies ONLY to vaccines stored at REFRIGERATED temperatures.**
7. Sign and date the checklist upon completion of the clinic or completion of your shift (whichever comes first). *(If more than one clinic coordinator/supervisor is responsible for different aspects of the clinic, you should complete only the section(s) for which you were responsible.*)
8. Attach the staff sign-in sheet (with shift times and date) to the checklist (or checklists if more than one clinic supervisor is overseeing different shifts), and submit the checklist(s) to your organization to be kept on file for accountability.

Name and credentials of clinic coordinator/supervisor: _____

Name of facility where clinic was held: _____

Address where clinic was held (street, city, state): _____

Time and date of vaccination clinic shift (the portion you oversaw): _____
Time (AM/PM) Date (MM/DD/YYYY)

Time and date when form was completed: _____
Time (AM/PM) Date (MM/DD/YYYY)

Signature of clinic coordinator/supervisor: _____

BEFORE THE CLINIC (Please complete each item before the clinic starts.)

VACCINE SHIPMENT			
YES	NO	N.A.	
☐	☐	☐	Vaccine was shipped directly to the facility/clinic site, where adequate storage is available. (<i>Direct shipment is preferred for cold chain integrity.</i>)
VACCINE TRANSPORT (if it was not possible to ship vaccines directly to the facility/clinic site)			
YES	NO	N.A.	
☐	☐	☐	Vaccines were transported using a portable vaccine refrigerator or qualified container and pack-out designed to transport vaccines within the temperature range recommended by the manufacturers (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines). <u>Coolers available at general merchandise stores or coolers used to transport food are NOT ACCEPTABLE. See CDC's Vaccine Storage and Handling Toolkit for information on qualified containers and pack-outs: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.</u>
☐	☐	☐	The person transporting the vaccines confirmed that manufacturer instructions for packing configuration and proper conditioning of coolants were followed. (<i>Your qualified container and pack-out should include packing instructions. If not, contact the company for instructions on proper packing procedures.</i>)
☐	☐	☐	The person transporting the vaccines confirmed that all vaccines were transported in the passenger compartment of the vehicle (NOT in the vehicle trunk).
☐	☐	☐	A digital data logger with a buffered probe and a current and valid Certificate of Calibration Testing was placed directly with the vaccines and used to monitor vaccine temperature during transport.
☐	☐	☐	The amount of vaccine transported was limited to the amount needed for the workday.
VACCINE STORAGE AND HANDLING (upon arrival at facility/clinic)			
YES	NO	N.A.	
☐	☐	☐	If vaccines were shipped, the shipment arrived within the appropriate time frame (according to manufacturer or distributor guidelines) and in good condition.
☐	☐	☐	If the vaccine shipment contained a cold chain monitor (CCM), it was checked upon arrival at the facility/clinic, and there was no indication of a temperature excursion during transit. CCMs are stored in a separate compartment of the shipping container (a CCM may not be included when vaccines are shipped directly from the manufacturer). <i>Note: CCMs are for one-time use and should be thrown away after being checked.</i>
☐	☐	☐	Upon arrival at the facility/clinic (either by shipment or transport), vaccines were immediately unpacked and placed in proper storage equipment (i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain the manufacturer-recommended temperature range). <i>Follow the guidance for unpacking and storing vaccines specified in CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.</i>
☐	☐	☐	Upon arrival at the facility/clinic, vaccines were still within the manufacturer-recommended temperature range (i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines).
☐	☐	☐	Upon arrival at the facility/clinic, vaccines remained protected from light (per manufacturer's package insert) until ready for use at the vaccination clinic.
☐	☐	☐	Upon arrival at the facility/clinic, expiration dates of vaccines and any medical equipment (syringes, needles, alcohol wipes) being used were checked, and they had not expired.
CLINIC PREPARATION AND SUPPLIES			
YES	NO	N.A.	
☐	☐	☐	A contingency plan is in place case vaccines need to be replaced.
☐	☐	☐	An emergency medical kit (including epinephrine and equipment for maintaining an airway) is at the site for the duration of the clinic.

If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.** Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

☐	☐		All vaccination providers at the site are certified in cardiopulmonary resuscitation (CPR), are familiar with the signs and symptoms of anaphylaxis, know their role in the event of an emergency, and know the location of epinephrine and are trained in its indications and use.
☐	☐		There is a designated area at the site for management of patients with urgent medical problems (e.g., fainting).
☐	☐		Adequate infection control supplies, including hand hygiene supplies, adhesive bandage strips, individually packaged sterile alcohol wipes, a sufficient number of sterile needles and syringes, and biohazard sharps container(s) are provided.
☐	☐		Needles in a variety of lengths are available to optimize injection based on the prescribed route/technique and patient size.
☐	☐		Reasonable accommodations (e.g., privacy screens) are available for patient privacy during vaccination.
☐	☐		Staff members administering vaccines have reviewed vaccine manufacturer instructions for administration before the vaccination clinic.
☐	☐	☐	If using a standing order protocol, the protocol is current and available at the clinic/facility site.
☐	☐		A sufficient number of screening forms are available at the clinic/facility site.
☐	☐		A sufficient number of Vaccine Information Statements (VISs) are available at the clinic/facility site.
☐	☐		A designated clean area for vaccine preparation has been identified and set up prior to the clinic.
☐	☐		A qualified individual has been designated to oversee infection control at the clinic.

DURING THE CLINIC (Please complete each item while the clinic is occurring and review at the end of your shift.)

VACCINE STORAGE AND HANDLING (at facility/clinic)

YES	NO	N.A.	
☐	☐		Vaccines are being kept in proper storage equipment that maintains the manufacturer-recommended temperature range (<i>i.e., a portable vaccine refrigerator or qualified container and pack-out specifically designed and tested to maintain correct temperatures when opened and closed during the clinic</i>).
☐	☐		Vaccine temperature is being monitored during the clinic using a digital temperature data logger with a buffered probe (placed directly with vaccines) and a current and valid Certificate of Calibration Testing. <i>Follow the temperature monitoring guidance specified in CDC's Vaccine Storage and Handling Toolkit: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf.</i>
☐	☐	☐	If vaccines are being stored in a storage unit at the site, vaccine temperature data are being reviewed and documented a minimum of 2 times during each clinic workday (preferably at the beginning and middle of an 8-hour shift) to ensure they remain at correct temperatures (<i>i.e., between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines</i>). <i>If you are a VFC provider, check with your state immunization program for specific requirements for vaccine temperature monitoring during mass vaccination clinics.</i>
☐	☐	☐	If vaccines cannot be stored in a storage unit at the site, they are being kept in the portable vaccine refrigerator or qualified pack-out with a temperature monitoring device (with a probe in a thermal buffer) placed as closely as possible to the vaccines, and temperatures are being read and recorded <u>at least once an hour</u> . The container is being kept closed as much as possible.
☐	☐		Vaccines are being protected from light during the vaccination clinic per the manufacturer's package insert.

VACCINE PREPARATION

YES	NO	N.A.	
☐	☐ 		Expiration dates of vaccines (and diluents, if applicable) are being checked again during preparation, and only vaccines that have not expired are being administered.
☐	☐		Vaccines are being prepared in a clean, designated medication area, away from any potentially contaminated items.
☐	☐	☐	If using reconstituted vaccines, they are being prepared according to the manufacturer's guidelines.

If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.** Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

☐	☐	☐	Vaccines are being prepared at the time of administration.
☐	☐	☐	If vaccines are predrawn from a multidose vial, only the contents of 1 multidose vial (a maximum of 10 doses per vial), are being drawn up at one time by each staff member administering vaccines.
☐	☐	☐	If using single-dose or multidose vials, syringes are being labeled with the name of the vaccine and dose.
☐	☐		Once drawn up, vaccines are being kept in the recommended temperature range. <i>(Questions about specific time limits for being out of the recommended temperature range should be referred to the manufacturer.)</i>

VACCINE ADMINISTRATION

YES	NO	N.A.	
☐	☐	☐	Vaccine Information Statements (VISs) are being provided to every patient, parent, or guardian before vaccination (as required by federal law).
☐	☐	☐	All patients are being screened for contraindications and precautions for the specific vaccine(s) in use before receiving that vaccine(s).
☐	☐	☐	Staff is using proper hygiene techniques to clean hands before vaccine administration, between patients, and anytime hands become soiled.
☐	☐	☐	If gloves are being worn by staff administering vaccines, they are being changed and hands are being cleaned using proper hygiene techniques between each patient.
☐	☐	☐	Staff is triple-checking labels, contents, and expiration dates or beyond use dates (as noted in the manufacturer's package insert, if applicable) before drawing up and administering vaccine.
☐	☐		Vaccines are normal in appearance (i.e., not discolored, without precipitate, and easily resuspended when shaken).
☐	☐		If injectable vaccine is being administered, a new needle and new syringe are being used for each injection. Needles and syringes should never be used to administer vaccine to more than one person.
☐	☐	☐	Each staff member is administering only the vaccines they have prepared.
☐	☐	☐	If more than one vaccine type is being administered, separate preparation stations are set up for each vaccine type to prevent medication errors.
☐	☐		Single-dose vials or manufacturer-filled syringes are being used for only one patient.
☐	☐		Vaccines are being administered using aseptic technique and following safe injection practices.
☐	☐	☐	Seats are provided so staff and patients are at the same level for optimal positioning of anatomic site and injection angle to ensure correct vaccine administration.
☐	☐		Staff is identifying injection site correctly. (For intramuscular route: deltoid muscle of arm [preferred] or vastus lateralis muscle of anterolateral thigh for adults, adolescents, and children aged ≥3 years; vastus lateralis muscle of anterolateral thigh [preferred] or deltoid muscle of arm for children aged 1-2 years; vastus lateralis muscle of anterolateral thigh for infants aged ≤12 months. For subcutaneous route: thigh for infants aged <12 months; upper outer triceps of arm for children aged ≥1 year and adults [can be used for infants if necessary].)
☐	☐		Staff is inserting needles quickly at the appropriate angle: 90° for intramuscular injections (e.g., injectable influenza vaccines) or 45° for subcutaneous injections (e.g., measles, mumps, rubella vaccine).
☐	☐		Staff is administering vaccines to the correct patient (e.g., if a parent/guardian and child or two siblings are at the vaccination station at the same time, patient's name and date of birth are verified prior to vaccination).
☐	☐	☐	Staff is administering vaccines using the correct route per manufacturer instructions.
☐	☐	☐	Staff is administering the correct dosage (volume) of vaccine.
☐	☐		Staff has checked age indications for the vaccines and is administering vaccines to the correct age groups.
☐	☐		For vaccines requiring more than 1 dose, staff is administering the current dose at the correct interval, if applicable. Follow the recommended guidelines in Table 3.1 of the <i>General Best Practice Guidelines for Immunization</i> : www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf .
☐	☐		If vaccine administration errors are observed, corrective action is being taken immediately.

If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.** Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

☐	☐		☐	Multidose vials are being used only for the number of doses approved by the manufacturer.
☐	☐			Vaccines are never being transferred from one syringe to another.
☐	☐			Used needles and syringes are being immediately placed in a sharps container following administration. (Needles are NOT being recapped.)
☐	☐		☐	Any persons with a needlestick injury, a vaccine administration error, or an urgent medical problem are being evaluated immediately and referred for additional medical care if needed.
☐	☐			Patients are being encouraged to stay at the clinic for 15 minutes after vaccination to be monitored for adverse events.

VACCINE DOCUMENTATION

YES	NO	N.A.	
☐	☐		Each vaccination is being fully documented with name of person vaccinated; vaccination date; vaccine type, lot number, manufacturer; patient receipt of Vaccine Information Statement (VIS), including edition date and date VIS was provided; injection site; vaccination route; dosage; and name, title, and office/company address of person who administered the vaccine.
☐	☐		Patients are receiving documentation for their personal records and to share with their medical providers.

AFTER THE CLINIC (Please complete each item after the clinic was conducted.)

POST-CLINIC ACTIONS

YES	NO	N.A.	
☐	☐		Temperature of remaining vaccine was checked and recorded at the end of clinic. If not still at manufacturer-recommended temperature (<i>i.e.</i> , between 2-8° Celsius or 36-46° Fahrenheit for ALL refrigerated vaccines), follow your organization's protocols and/or contact your state or local health department for guidance.
☐	☐	☐	Any remaining vaccine in provider predrawn syringes, opened multidose vials, or activated manufacturer-filled syringes (MFSs) was properly discarded. <i>An MFS is activated when the sterile seal is broken (i.e., cap removed from needle or needle added to the syringe). If absolutely necessary, a partially used multidose vial may be transported to or from an off-site/satellite facility operated by the same provider, as long as the cold chain is properly maintained, the vaccine is normal in appearance, and the maximum number of doses per vial indicated by the manufacturer has not already been withdrawn, or the beyond use date indicated by the manufacturer has not been met. However, a partially used vial cannot be transferred from one provider to another or across state lines, or returned to the supplier for credit.</i>
☐	☐	☐	Viable, unused vaccine was placed back in proper storage equipment that maintains the manufacturer-recommended temperature range at the end of the clinic day, and was not stored in a dormitory-style or bar-style combined refrigerator/freezer unit under any circumstances. (This includes vaccine transported for a multi-day clinic to a remote location where adequate storage at the site is not available.)
☐	☐	☐	Any needlestick injuries were recorded in a sharps injury log and reported to all appropriate entities (e.g., local health department and your organization).
☐	☐	☐	Any vaccine administration errors were reported to all appropriate entities.
☐	☐		All biohazardous material was disposed of properly.

POST-CLINIC DOCUMENTATION

YES	NO	N.A.	
☐	☐	☐	Vaccinations were recorded in the jurisdiction's immunization information system (IIS) or vaccine registry, where available.
☐	☐	☐	If not submitted to an IIS or vaccine registry, vaccination information was sent to primary health care providers as directed by an established procedure based on state or jurisdiction regulations.
☐	☐	☐	Any adverse events were reported to the Vaccine Adverse Event Reporting System (VAERS): https://vaers.hhs.gov/index

If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.** Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

☐	☐		All patient medical information was placed in secured storage locations for privacy protection.
☐	☐		The staff sign-in sheet was attached to this document (with shift times, clinic location, and date).

N.A. means Not Applicable.

This checklist was adapted from materials created by the California Department of Public Health, the Centers for Disease Control and Prevention, and the Immunization Action Coalition.

ADDITIONAL INFORMATION AND RESOURCES

If you are concerned that CDC guidelines were not followed during your vaccination clinic held at a satellite, temporary, or off-site location, contact your organization and/or state or local health department for further guidance.

CDC's guidelines and resources for vaccine storage, handling, administration, and safety:

Vaccine storage and handling: www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

Vaccine administration:

www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html

www.cdc.gov/vaccines/hcp/admin/admin-protocols.html

www.cdc.gov/vaccines/hcp/admin/resource-library.html (includes a short video on intramuscular injection)

Injection safety: www.cdc.gov/injectionsafety/providers.html

Vaccine Information Statements: www.cdc.gov/vaccines/hcp/vis

The Immunization Action Coalition has a skills checklist for staff administering vaccines: www.immunize.org/catg.d/p7010.pdf

The Immunization Action Coalition and the Alliance for Immunization in Michigan have patient education materials available:

Screening tools: www.immunize.org/handouts/screening-vaccines.asp

Vaccination after-care:

Children: www.immunize.org/catg.d/p4015.pdf

Adults: www.aimtoolkit.org/docs/vax.pdf

The Immunization Action Coalition has information on the medical management of vaccine reactions:

Children and adolescents: www.immunize.org/catg.d/p3082a.pdf

Adults: www.immunize.org/catg.d/p3082.pdf

Manufacturers' product information and package inserts with specific, detailed storage and handling protocols for individual vaccines: www.immunize.org/packageinserts/pi_influenza.asp

This checklist is a valuable resource for use in temporary mass vaccination clinics and other vaccination exercises such as those conducted at Vaccine Points of Dispensing (PODs) or Vaccination and Dispensing Clinics (VDCs) as part of Public Health Emergency Preparedness (PHEP) program activities.

Medical waste disposal is regulated by state environmental agencies. Contact your state immunization program or state environmental agency to ensure that your disposal procedures comply with state and federal regulations.

If you check "NO" in ONE OR MORE answer boxes that contain a , **DO NOT move forward with the clinic.** Follow your organization's protocols and/or contact your state or local health department for guidance *before* proceeding with the clinic. Do not administer any vaccine until you have confirmed that it is acceptable to move forward with the clinic.

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	Little Lambs Emergency Diaper & Hygiene Distribution Program
Applicant Organization(s):	Little Lambs Foundation For Kids Inc.

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300
• HUD NATIONAL OBJECTIVE (mark one)								

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	<u>HUD CDBG reference guide</u>
x	Area Benefit: Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
	Limited Clientele Benefit: Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	Housing Benefit: Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	Job Creation & Retention Benefit: Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	Urgent Need Benefit: Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)? (According to the LMI Income Limit Table (see above)

(Mark one)

X	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

X	Abused children
	Elderly persons
X	Battered spouses
X	Homeless persons

X	Severely disabled persons
X	Illiterate adults
	Persons living with AIDS
X	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

X	Yes
	No
	Unsure

• HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
	Food Assistance Program
X	Non-Profit Assistance Program
	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	Little Lambs Emergency Diaper & Hygiene Distribution Program
Applicant Organization(s):	Little Lambs Foundation For Kids Inc.

SECTION I: Applicant Information

Primary Contact Name:	Edward Ted Chalfant		
Title:	Executive Director		
Phone:	435-764-4439		
Email:	Littlelambsofutah@aol.com		
Secondary Contact Name:	Stefanee Chalfant		
Title:	Program Manager		
Phone:	435-512-1980		
Email:	Love4literacy@netscape.net		
Physical Address:	1125 west 400 north suite 200	Logan, Utah 84321	
	Street Address (include suite number)	City, State, ZIP	
Mailing Address:	1125 west 400 north suite 200	Logan, Utah 84321	
	Street Address (include suite number) / PO Box	City, State, ZIP	
Phone(s):	435-764-4439		
DUNS # (www.dnb.com)	080614149	FEIN:	47-1339945
Logan Business License #:	080614149	www.	littlelambsofutah.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	Little Lambs Foundation for Kids is a 501(c)3 nonprofit organization that provides diapers and baby supplies to low-income families and comfort kits to children who are placed in foster-care, entering emergency shelters and escaping domestic violence. Little Lambs Foundation for Kids provides Utah children and families with basic necessities that they can't afford or otherwise do not have access to.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request:	Match (see match description in Section IV):	Total Activity Cost:
\$ 29,513.52	\$ 29,513.52	\$ 58,631.04
Activity Description: What are you going to do? Where are you going to do it? How are you going to accomplish it? Include a location map (as applicable). Be as descriptive as possible in detailing your activity.	Little Lambs is asking for emergency assistance or funding to partner with our Little Lambs Diaper Assistance Program for families During the Covid-19 Virus Epidemic- Little Lambs is supporting families during this stressful and difficult time with diapers, wipes, hygiene items, cleaning/laundry supplies and hand sanitizer to families who cannot afford to purchase these items, families who are not able to locate these items due to an inadequate supply on store shelves or to families that their employment status has been affected due to the outbreak. The Little Lambs Diaper Distribution Program helps families in need of assistance by distributing each qualified family with a supplemental amount of 60-75 diapers , package of wipes , cleaning/laundry supplies/hygiene kit and if needed formula. Families will be asked to call and give their child/children name and name of the family and size of the diaper needed. As the family arrives they will use our drive up lane for pickup to minimize the risk of exposure for their family as well as staff at Little Lambs. Little Lambs will then place the items on our pickup table where the family picks up their items, places them in their car and exits without risk of contracting or risk of spreading any illnesses.	
Estimate of Beneficiaries: Provide an estimate of the number of beneficiaries for the activity. Provide a description of the type of people who will benefit from the activity. If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. How will project meet the local strategic goal?	Since the beginning of the Covid-19 Pandemic Little Lambs has been serving an average of 226 Logan City families with 416 children per month with diapers, wipes and hygiene items. With a 26.8 % poverty rate in Logan City according to the US Census Bureau and the increasing unemployment status our program has grown 550 percent in just the past 9 months. Little Lambs is experiencing increased program growth as families hardships continue due to Covid-19 related illnesses, loss of hours, families further debt due to being quarantined and those who have suffered job losses. This program is aimed to help all multicultural families no matter race, religion or national origin who are faced with the financial difficulties to properly provide these basic needs for their children and their families.	
Projected Start Date: March 1, 2021		Projected End Date: May 31, 2021
Project Timetable	Milestone/goals	Proposed Completion date

- What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Little Lambs Emergency Diaper & Hygiene Distribution Program	May 31, 2021
Financials: Attach any additional information as needed. Activity budget - Indicate which budget item(s) CDBG-CV (#2) funds will be used for - Indicate which items match funds will be used for Activity funding sources - Breakdown of sources (include non-monetary sources) - Indicate 'committed funds' vs. 'anticipated funds' - Leveraging ratio Explanation of ongoing financial support - How will the program or project be financially sustainable without future CDBG funds?	Activity budget	
	Covid-19 Little Lambs Emergency Diaper and Wipe Distribution Program. Needed Items-Per Child Diapers- Average Retail Price - \$0.25 per diaper (150 average) = \$37.50 Per Child Wipes - Average Retail Price - \$1.99 per pack wipe (2 per month) = \$3.98 Per Child Hygiene/Cleaning Supplies - \$ 5.00 per child per month = \$5.00 =\$46.98 Per Monthly Diaper/Wipe Cost for each Logan City Child served= \$46.98 approximately 416 children served per month = \$19,543.68 x 3 months =58,631.04 Little Lambs is willing to share with the cost of providing this program to Logan City Residents affected by the COVID-19 virus. Little Lambs is asking Logan City to provide \$29,315.52 in financial assistance Little Lambs to provide \$29,315.52 in needed items for the project.	
	Activity funding sources	
	The Little Lambs Covid-19 Emergency Diaper and Wipe Distribution Program is a temporary program in response to the current economic situation in Cache Valley. Any future situations that may arise may apply for further assistance in the Little Lambs Monthly Diaper Bank Program designed to help families that fall below the national poverty guidelines.	
	Explanation of ongoing financial support	

	The Little Lambs Covid-19 Emergency Diaper and Wipe Distribution Program is a temporary program in response to the current economic situation in Cache Valley. Any future situations that may arise may apply for further assistance in the Little Lambs Monthly Diaper Bank Program designed to help families that fall below the national poverty guidelines.
SECTION 111 Organization	
Organization Capabilities	How long has your organization been operating? 6 years 6 months Has your organization ever received a federal grant? Yes No X Has your organization ever received a CDBG grant? Yes X No Does your organization currently collect clientele data, including income, demographic, and residence information? Yes X No Has your organization ever conducted competitive bidding, such as a sealed bid? Yes No X Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes No X
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	Little Lambs Foundation has a safe social distance drive thru system. Recipients must provide name , city of residence, number of children in the home, number of adults in the home and the reason for assistance.
Describe your organizations experience with records management, especially any grant management experience.	The Little Lambs Foundation Executive Director and Program Director write and manage all grants including reporting and file keeping for the past 6 ½ years.

Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> • If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. • In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. • If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.	
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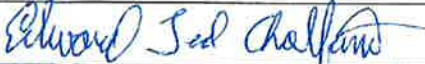
SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of

Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.

- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications	
I certify and acknowledge that: (Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)	
X	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
X	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
X	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
X	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
X	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
X	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Edward Ted Chalfant	2/1/2021
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	COVID-19 Emergency Assistance Effort
Applicant Organization(s):	Cache Community Food Pantry

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
X	Area Benefit: Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
	Limited Clientele Benefit: Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	Housing Benefit: Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	Job Creation & Retention Benefit: Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	Urgent Need Benefit: Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?

(According to the LMI Income Limit Table (see above))

(Mark one)

X	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

☐	Abused children
☐	Elderly persons
☐	Battered spouses
☐	Homeless persons
☐	Severely disabled persons
☐	Illiterate adults
☐	Persons living with AIDS
☐	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

☒	Yes
☐	No
☐	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

☒	Eligible activity category
☒	Food Assistance Program
☐	Non-Profit Assistance Program
☐	Emergency Shelter Assistance Program
☐	Homeless Prevention Assistance Program
☐	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
☐	Planning, capacity building, and technical assistance
☐	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

☒	Strategic objective
☐	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
☒	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
☐	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	COVID-19 Emergency Assistance Effort
Applicant Organization(s):	Cache Community Food Pantry

SECTION I: Applicant Information

Primary Contact Name:	Matt Whitaker		
Title:	Executive Director		
Phone:	(435) 753-7140		
Email:	matt@cachefoodpantry.com		
Secondary Contact Name:	Sam Brand		
Title:	Director of Development		
Phone:	(801) 205-2103		
Email:	sam@cachefoodpantry.com		
Physical Address:	359 South Main Street, Logan, UT 84321		
	Street Address (include suite number)	City, State, ZIP	
Mailing Address:	359 South Main Street, Logan, UT 84321		
	Street Address (include suite number) / PO Box	City, State, ZIP	
Phone(s):	(435) 753-7140		
DUNS # (www.dnb.com)	83-238-9050	FEIN:	87047725844
Logan Business License #:	OL-20-09829	www.	Cachefoodpantry.com
Organization Description: (i.e. mission, longevity, staff, services, programs)	Emergency food assistance.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$50,000.00	Match (see match description in Section IV): \$	Total Activity Cost: \$50,000.00
Activity Description: • What are you going to do? • Where are you going to do it? • How are you going to accomplish it? • Include a location map (as applicable). • Be as descriptive as possible in detailing your activity.	• What are you going to do? Use the grant dollars to pay for rising food costs to meet the demand of residents of Logan City and pay for upgrading our two (2) coolers in the shopping area so our beneficiaries can easily access the food they need. • Where are you going to do it? At our Logan, UT location which is located at 359 South Main St. Logan, UT 84321. • How are you going to accomplish it? Purchasing food will happen at local grocery stores in Logan, UT. The coolers will be ordered may be delivered from a 3rd party vendor.	
Estimate of Beneficiaries: • Provide an estimate of the number of beneficiaries for the activity. • Provide a description of the type of people who will benefit from the activity. • If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. • How will project meet the local strategic goal?	• Provide an estimate of the number of beneficiaries for the activity. The \$50,000.00 will provide needed food assistance for nearly 250 families • Provide a description of the type of people who will benefit from the activity. All demographics, ethnicities, genders, and ages. • If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. How will project meet the local strategic goal? By providing food assistance to those in need here in Logan, UT.	
Projected Start Date: March 1, 2021		Projected End Date: June 30, 2021
Project Timetable • What are the achievable milestones/goals for the project or activity? • Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	To provide food for 250 families	June 30, 2021

SECTION III: Organization	
Organization Capabilities	How long has your organization been operating? <u>28 Years</u> Has your organization ever received a federal grant? ☒ Yes ☐ No Has your organization ever received a CDBG grant? ☒ Yes ☐ No Does your organization currently collect clientele data, including income, demographic, and residence information? ☒ Yes ☐ No Has your organization ever conducted competitive bidding, such as a sealed bid? Yes ☒ No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes ☒ No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	We collect an application from participants with basic identification information. Through our application process, which entails proof of income and address.
Describe your organizations experience with records management, especially any grant management experience.	We have over 30 years of grant writing, requesting, and accepting of grant funds experience and management of said funds.

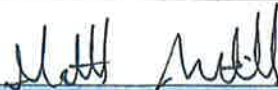
Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.
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SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.

- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications	
I certify and acknowledge that: (Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)	
X	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
X	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
X	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
X	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
X	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
X	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Matt Whitaker	Jan. 29, 2021
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	COVID-19 Emergency Assistance Effort #2
Applicant Organization(s):	Cache Community Food Pantry7

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
X	Area Benefit: Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
	Limited Clientele Benefit: Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	Housing Benefit: Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	Job Creation & Retention Benefit: Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	Urgent Need Benefit: Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?

(According to the LMI Income Limit Table (see above))

(Mark one)

X	Yes
	No

	Unsure
--	--------

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

	Abused children
	Elderly persons
	Battered spouses
	Homeless persons
	Severely disabled persons
	Illiterate adults
	Persons living with AIDS
	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

X	Yes
	No
	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
X	Food Assistance Program
	Non-Profit Assistance Program
	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
X	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
X	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
X	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	COVID-19 Emergency Assistance Effort #2
Applicant Organization(s):	Cache Community Food Pantry

SECTION I: Applicant Information

Primary Contact Name:	Matt Whitaker		
Title:	Executive Director		
Phone:	435-753-7140		
Email:	matt@cachefoodpantry.com		
Secondary Contact Name:	Sam Brand		
Title:	Director of Development		
Phone:	(801) 205-2103		
Email:	sam@cachefoodpantry.com		
Physical Address:	359 South Main Street, Logan, UT 84321		
	Street Address (include suite number)	City, State, ZIP	
Mailing Address:	359 South Main Street, Logan, UT 84321		
	Street Address (include suite number) / PO Box	City, State, ZIP	
Phone(s):	(435) 753-7140		
DUNS # (www.dnb.com)	83-238-9050	FEIN:	87047725844
Logan Business License #:	OL-20-09829	www.	Cachefoodpantry.com
Organization Description: (i.e. mission, longevity, staff, services, programs)	Emergency food assistance.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$50,000.00	Match (see match description in Section IV): \$	Total Activity Cost: \$50,000.00
Activity Description: - What are you going to do? - Where are you going to do it? - How are you going to accomplish it? - Include a location map (as applicable). - Be as descriptive as possible in detailing your activity.	1) What are you going to do? a) Use the grant dollars to pay for rising food costs to meet the demand of residents of Logan City and/or use the funds to help build an additional warehouse in the rear of our current building that will allow us to store all of our food and supplies at our location and to remodel or current building to enable a larger refrigeration system and create a larger store room for our customers to shop easier. 2) Where are you going to do it? a) At our Logan, UT location which is located at 359 South Main St. Logan, UT 84321. 3) How are you going to accomplish it? a) Purchasing food will happen at local grocery stores in Logan, UT and/or use the funds for construction costs for the new warehouse i.e. electrical, plumbing, AC/HVAC, interior and exterior construction costs. For the construction project we will bid out the project and choose the best builder and contractors for the project.	
Estimate of Beneficiaries: - Provide an estimate of the number of beneficiaries for the activity. - Provide a description of the type of people who will benefit from the activity. - If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. - How will project meet the local strategic goal?	1) Provide an estimate of the number of beneficiaries for the activity. a) The \$50,000.00 will provide needed food assistance for nearly 100 families or be used to build a new warehouse that will allow us to store all of the donated and purchased food to the pantry. 2) Provide a description of the type of people who will benefit from the activity. a) All demographics, ethnicities, genders, and ages. b) We service about 8,000 families and about 18,000 individuals annually 3) If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. 4) How will project meet the local strategic goal? a) By providing food assistance to those in need here in Logan, UT. And to provide sufficient space for all of our donated and purchased goods for our customers.	
Projected Start Date:		Projected End Date:
Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	To purchase fresh food for individuals and families	Feb 28, 2021
	Construction costs – building warehouse plans for construction interior and/or exterior costs	Dec 31, 2021

Financials: Attach any additional information as needed.	Activity budget
Activity budget • Indicate which budget item(s) CDBG-CV (#2) funds will be used for • Indicate which items match funds will be used for	1) Immediate budget needs: \$50,000.00 a) Construction plans b) New refrigeration system c) Remodel interior of existing building
Activity funding sources • Breakdown of sources (include non-monetary sources) • Indicate 'committed funds' vs. 'anticipated funds' • Leveraging ratio	Activity funding sources No additional funding will be needed for the food.
Explanation of ongoing financial support • How will the program or project be financially sustainable without future CDBG funds?	Explanation of ongoing financial support We will be seeking additional funds for the construction costs by contacting local and national businesses to donate up to \$2,000,000 for the completely new warehouse and the remodel project.

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SECTION III: Organization

Organization Capabilities	How long has your organization been operating? 27 Years Has your organization ever received a federal grant? ☒ Yes ☐ No Has your organization ever received a CDBG grant? ☒ Yes ☐ No Does your organization currently collect clientele data, including income, demographic, and residence information? ☒ Yes ☐ No Has your organization ever conducted competitive bidding, such as a sealed bid? Yes ☒ No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes ☒ No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	We collect an application from participants with basic identification information. Through our application process, which entails proof of income and address.
Describe your organizations experience with records management, especially any grant management experience.	We have over 30 years of grant writing, requesting, and accepting of grant funds experience and management of said funds.

Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.
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SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.

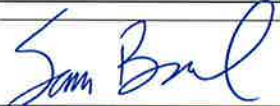
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications

I certify and acknowledge that:

(Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)

☒	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
☒	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
☒	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
☒	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
☒	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
☒	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Sam Brand	Nov 2, 2020
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV ELIGIBILITY WORKSHEET

Proposed Activity Name:	Emergency Shelter Assistance
Applicant Organization(s):	CAPSA

LMI Income Limit Table								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$38,550	\$44,050	\$49,550	\$55,050	\$59,500	\$63,900	\$68,300	\$72,700

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
	<u>Area Benefit:</u> Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
X	<u>Limited Clientele Benefit:</u> Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	<u>Housing Benefit:</u> Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	<u>Job Creation & Retention Benefit:</u> Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	<u>Urgent Need Benefit:</u> Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?
 (According to the LMI Income Limit Table (see above))

(Mark one)

X	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

	Abused children
	Elderly persons
X	Battered spouses
X	Homeless persons
	Severely disabled persons
	Illiterate adults
	Persons living with AIDS
	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

X	Yes
	No
	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
	Food Assistance Program
	Rental, Mortgage & Utility Assistance Program
	Small Business Assistance Program
	Non-Profit Assistance Program
X	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
X	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV FUNDING APPLICATION

Activity Name:	Emergency Shelter Assistance
Applicant Organization(s):	CAPSA

SECTION I: Applicant Information

Primary Contact Name:	Jill Anderson		
Title:	Executive Director		
Phone:	435-753-2500		
Email:	Jill@capsa.org		
Secondary Contact Name:	Lori Humphreys		
Title:	Business Support Director		
Phone:	435-753-2500		
Email:	Lori@capsa.org		
Physical Address:	308 West 1000 North Logan, Utah 84321		
	Street Address (include suite number)		City, State, ZIP
Mailing Address:	PO Box 3617 Logan Utah 84321		
	Street Address (include suite number) / PO Box		City, State, ZIP
Phone(s):	435-753-2500		
DUNS # (www.dnb.com)	946340650	FEIN:	870413330
Logan Business License #:	OL-20-09535	www.	www.capsa.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	CAPSA Mission: To provide safe, caring, and confidential shelter, advocacy, and support for victims of domestic violence and sexual assault, and to reduce incidents of abuse through prevention education. CAPSA started in 1976, originally known as the Cache Valley Rape Crisis Team. Law enforcement started using the team for domestic violence as well and volunteers started sheltering victims in their own homes. Today, CAPSA provides a range of supportive services to survivors with the goal of helping them create safe and stable homes for their families.		

	CAPSA provides a 24-hour support line, emergency shelter, advocacy support, clinical therapy, and housing services. CAPSA has a staff of 52 expert trained staff to provide services 24 hours a day, seven days a week. In addition, we benefit from the services of over 75 volunteers each year.
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SECTION II: Proposed Activity		
CDBG-CV Funding Request: \$ 30,000	Match (see match description in Section IV): \$ 30,000	Total Activity Cost: \$ 60,000
Activity Description: • What are you going to do? • Where are you going to do it? • How are you going to accomplish it? • Include a location map (as applicable). • Be as descriptive as possible in detailing your activity.	SUPPLIES: We are requesting funds for PPE, telehealth technology supplies, professional cleaning services of on-site shelter, and cleaning supplies. HOTEL STAYS: Non-congregate shelter alternatives through renting hotel rooms.	
Estimate of Beneficiaries: • Provide an estimate of the number of beneficiaries for the activity. • Provide a description of the type of people who will benefit from the activity. • If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. • How will project meet the local strategic goal?	CAPSA provides emergency shelter to more than 300 individuals annually, transitional housing for more than 50 families each year, and supportive services to an additional 1,200 individuals experiencing domestic and/or sexual violence. CAPSA provides shelter and services to victims of domestic violence and sexual assault. CAPSA clientele typically mirror the demographics of our community. This project will increase access to safe and healthy emergency shelter by spreading people out in order to maintain social distance between clients and quarantine those exhibiting symptoms or testing positive for COVID-19. It will allow our organizations to keep the necessary supplies and equipment readily at hand to prevent, prepare for, and respond to COVID-19.	
Projected Start Date: 11/15/2020		Projected End Date: 06/30/2022

Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	Supplies purchased, cleaning ongoing	
	Hotel Stays	
Financials: Attach any additional information as needed. Activity budget - Indicate which budget item(s) CDBG-CV funds will be used for - Indicate which items match funds will be used for Activity funding sources - Breakdown of sources (include non-monetary sources) - Indicate 'committed funds' vs. 'anticipated funds' - Leveraging ratio	Activity budget	
	CDBG Funds: Supplies & Cleaning: \$10,000 Hotel stays: \$20,000 Match Funds: Supplies and Cleaning: \$10,000 Hotel Stays: \$20,000	
	Activity funding sources	
	SOURCES: CDBG, Private Donations, State Funding All are committed 1 to 1 ratio	
	Explanation of ongoing financial support	

Explanation of ongoing financial support ----- How will the program or project be financially sustainable without future CDBG funds?	CDBG funds are requested for one-time purchases. CAPSA will continue to seek support from the community for ongoing needs. We will watch the progress of the situation of COVID-19 and continue to seek emergency funds where available as the pandemic and the needed responses continue to unfold.
SECTION III: Organization	
Organization Capabilities	How long has your organization been operating? _____ 40+ Years Has your organization ever received a federal grant? ☒ Yes No Has your organization ever received a CDBG grant? ☒ Yes No Does your organization currently collect clientele data, including income, demographic, and residence information? ☒ Yes No Has your organization ever conducted competitive bidding, such as a sealed bid? ☒ Yes No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? ☒ Yes No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	CAPSA has a database system that collects detailed client demographic information that is used to report to various federal, state, and local funding sources. CAPSA serves a HUD presumed LMI group – battered spouses.

Describe your organizations experience with records management, especially any grant management experience.	CAPSA manages over 15 federal grants each year from the Department of Justice as well federal pass through funds from state agencies. Our administrative Team members have over 45 year of experience combined in grant and financial management.
Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.

SECTION IV: CDBG-CV Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and

state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.

- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV will not fund any salaries with sub-awards.

SECTION V: Certifications

I certify and acknowledge that:
(Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)

☒	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
☒	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
☒	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
☒	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
☒	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
☒	I have reviewed Section IV: CDBG-CV Program Information and understand the requirement contained within.

	Jill Anderson	2/02/2021
Representative for the Applicant Organization; Signature	Printed Name	Date

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	COVID Relief for On-Line Classes for Adult Immigrants
Applicant Organization(s):	English Language Center of Cache Valley, Inc.

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
	<u>Area Benefit:</u> Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
	<u>Limited Clientele Benefit:</u> Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	<u>Housing Benefit:</u> Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	<u>Job Creation & Retention Benefit:</u> Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	<u>Urgent Need Benefit:</u> Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?
 (According to the LMI Income Limit Table (see above))

(Mark one)

X	Yes
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	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

	Abused children
	Elderly persons
	Battered spouses
	Homeless persons
	Severely disabled persons
X	Illiterate adults
	Persons living with AIDS
	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan? (Mark one)

X	Yes
	No
	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
	Food Assistance Program
X	Non-Profit Assistance Program
	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).



X	Strategic objective
	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
X	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.

COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	COVID Relief for Education for Adult Refugees and Other Migrants
Applicant Organization(s):	English Language Center of Cache Valley, Inc.

SECTION I: Applicant Information

Primary Contact Name:	Katie Jensen
Title:	Director
Phone:	435-881-4477 or 750-6534 ex3

Email:	katie@elc-cv.org		
Secondary Contact Name:	Jessica Francom		
Title:	Assistant Director		
Phone:	435-750-6534		
Email:	Jessica@elc-cv.org		
Physical Address:	1544 N. 200 W. Logan, UT 84341		
	Street Address (include suite number)		City, State, ZIP
Mailing Address:	same		
	Street Address (include suite number) / PO Box		City, State, ZIP
Phone(s):	435-750-6534		
DUNS # (www.dnb.com)	363791505	FEIN:	87-0609428
Logan Business License #:	0L-20-05291	www.	www.elc-cv.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	The English Language Center of Cache Valley, Inc. teaches English, basic life skills, U.S. Citizenship preparation, and employment education to adult refugees and other immigrants. These services act as a catalyst for real education-based change leading to opportunities for individual and community prosperity, self-sufficiency, and cultural integration. ELC has been in operation for 22 years. We teach 500-600 adult refugees and other adult immigrants in our English for Speakers of Other Languages classes. We have a director, and assistant director, 20 qualified instructors, and 2 other support staff. Between 250-300 community members serve as volunteers yearly at our center. We have an 8 member Board of Directors who meet monthly to discuss ELC's finances and programs. ELC has a yearly audit which proves we are wise with our donations. We change lives at ELC. ELC is the only full-time organization in the Cache Valley for students who need our services. We teach daily classes as well as job seekers workshops.		

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SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$	Match (see match description in Section IV): \$	Total Activity Cost: \$
Activity Description: • What are you going to do? • Where are you going to do it? • How are you going to accomplish it? • Include a location map (as applicable). • Be as descriptive as possible in detailing your activity.	ELC, like many organizations, has been hard-hit by the COVID disaster. We had to cancel our large, annual Benefit Dinner which brings in a substantial part of our funding. Currently, we have a funding gap of at least \$30,000 due to this cancelation. We need help! This proposed project will be done at the English Language Center of Cache Valley (ELC). Currently, we are teaching all of our classes online. This may need to continue for several months. It is absolutely essential that we have the equipment necessary to reach our refugee/immigrant students as they are extremely vulnerable during this time. Our 18 teachers are all involved in this online teaching project. Classes are provided daily. We have situations such as groups of refugee single mothers who, many times, are unable to attend classes due to childcare or other issues which will continue after the coronavirus situation ends. The items asked for in this proposal would allow us to teach these low-literacy adults all year round in their homes or at ELC Online classes would use curriculum from research-based curriculum such as Step Forward. Included in this curriculum are English speaking, reading, and writing in English skills as well as basic life skills such as shopping, banking, housing, banking, basic laws, employment, schooling for their children, and life in our community. A number of our refugee students are single mothers who are responsible for several children. Without these vital skills, these people have an extremely difficult time navigating the system. We already have experience in teaching online. This does not mean that we will not be holding regular classes at our center. We will be doing business as usual as soon as this crisis has passed but we still need to be able to reach students who aren't able to come to our center. DUE TO THE INCREASE IN COVID NUMBERS AND THE FACT THAT OUR STUDENTS ARE IN HIGH-RISK GROUPS, it	

	will be necessary for us to continue online classes. We are asking for the following items in this proposal. The listed technology items are essential to strengthen our program: • Color Copy Machine: We don't have a color copy machine. We need one because giving colored handouts is essential to our lower level students who need to learn colors and descriptive words. Cost: Approximately \$7,500. • Webcams: We need 8 webcams for our online teaching. Cost: \$320 for 8. • Mics for classroom: We need 4 portable mics to amplify teacher voices. Cost \$5,200 for 4. • Wifi Amplifier: Our wifi signal is weak. We need to amplify our signal. We have volunteers who will install this. Cost \$1,500																								
Estimate of Beneficiaries: • Provide an estimate of the number of beneficiaries for the activity. • Provide a description of the type of people who will benefit from the activity. • If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. • How will project meet the local strategic goal?	This COVID relief project will benefit at least 500 adult immigrants yearly. Students will be a nearly equal mix of men and women. Some are newly arriving refugees. We serve many single mothers, victims of human trafficking, and victims of war and other atrocities. Family sizes are an average of 4 children per household with some families being much larger. 95% of our students are in the extremely low to low income range. They come to us from all over the world and reside mostly in Logan, with only 25% living outside of the Logan City limits. <table> <tr> <th>Quarter</th><th># of Students (counts all students in every class)</th></tr> <tr> <td>Summer</td><td>218</td></tr> <tr> <td>Fall</td><td>229</td></tr> <tr> <td>Winter</td><td>243</td></tr> <tr> <td>Spring</td><td>217</td></tr> <tr> <td>Yearly Total</td><td>907</td></tr> <tr> <td>Unduplicated (doesn't count repeat students)</td><td>500</td></tr> <tr> <td colspan="2">Income Levels (% by level)</td></tr> <tr> <td>Extremely Low</td><td>51%</td></tr> <tr> <td>Very Low</td><td>33%</td></tr> <tr> <td>Low</td><td>11%</td></tr> <tr> <td>High</td><td>5%</td></tr> </table>	Quarter	# of Students (counts all students in every class)	Summer	218	Fall	229	Winter	243	Spring	217	Yearly Total	907	Unduplicated (doesn't count repeat students)	500	Income Levels (% by level)		Extremely Low	51%	Very Low	33%	Low	11%	High	5%
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Low	11%																								
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	Country of Origin # of Countries this year: 59 Student Residence Cache county 25% Logan 75% This project aligns perfectly with the strategic goal to 'support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.' We are well-above the limit on the low/moderate income percentage. This COVID Relief project will be heavily used to more effectively teach English concepts to our students.
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Projected Start Date:		Projected End Date:	
Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date	
	ELC will continue to teach students on-line	2/30/2020	
	ELC will continue to enroll online students.	ongoing	
	ELC will use items sought in this grant now and in the future	ongling	
	**ELC will expend funds when they are received, depending on when that is.		

Financials: Attach any additional information as needed. Activity budget - Indicate which budget item(s) CDBG-CV (#2) funds will be used for - Indicate which items match funds will be used for	Activity budget Paid for with CDBG funds: Color copy machine: \$7,500 Webcams: 320 Mics for classrooms: 5,200 Wifi Amplifier: 1,500 Total \$14,520 \$3,630 (25% Match) will be given by ELC through installation provided by our Cache Valley Bank donated IT team Activity funding sources
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Activity funding sources

- Breakdown of sources (include non-monetary sources)
- Indicate 'committed funds' vs. 'anticipated funds'
- Leveraging ratio

Explanation of ongoing financial support

- How will the program or project be financially sustainable without future CDBG funds?

Source: Name of the entity government (G), foundation (F), corporate (C), individual (I), special events (S), or other (O).	Amount	Status Committed (C) or Anticipated (A)
1)Skaggs Family Endowment (O) (endowment)	\$90,000	C
2)George & Dolores Dore Eccles Foundation (F)	\$20,000	C
3)Sorenson Legacy Foundation (F)	\$25,000	C
4)Marriner Eccles Foundation (F)	\$5,000	C
5)Cache Education Foundation (F)	\$30,000	C
6)LDS Foundation (F)	\$10,000	C
7)ELC Benefit Dinner (S)	\$70,000	Canceled for 2020
8)C. Scott and Dorothy Watkins Foundation (F)	\$10,000	C
9)Richard K and Shirley Hemingway Foundation (F)	\$9,000	C

Explanation of ongoing financial support

Leveraging Ratio: The ELC does not have any debt. We run solely off income and gained interest from our endowment. This indicates an excellent likelihood for the longevity of our program.

ELC has a solid base for funding and has never operated 'in the red'. We receive funding from philanthropic foundations, community donations, and allowed percentages of interest of an endowment from the L.S. Skaggs Family. We participate in a yearly financial audit performed by Allred Jackson's reputable CPAs. Allred Jackson continually reminds us that we are one of the most organized and fiscally sound small organizations that they work with. We have a 7-member board of directors that meets monthly to oversee our finances. ELC also has internal controls and extensive policies and procedures where finances are concerned. We also have a 22-year record of fiscal responsibility and a great plan for succession.

Our program will continue to function at full speed ahead. We just need some assistance right now due to COVID-19.

SECTION III: Organization

Organization Capabilities	How long has your organization been operating? <u>22 years</u> Has your organization ever received a federal grant? <u>Yes</u> No Has your organization ever received a CDBG grant? <u>Yes</u> No Does your organization currently collect clientele data, including income, demographic, and residence information? <u>Yes</u> No Has your organization ever conducted competitive bidding, such as a sealed bid? <u>Yes</u> No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? <u>Yes</u> No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	100% of students who register for classes at ELC fill out an intake form that captures all necessary demographics. These demographics are then entered into our student database for analysis and reporting. The forms are updated quarterly to ensure that they capture the most relevant information
Describe your organizations experience with records management, especially any grant management experience.	ELC has a 22-year history of successfully operating with grants. Most of our funders have been with us for 10-20 years. ELC has a grant database that is updated each time there is any activity with a grant. ELC's endowment is held by Goldman Sach's. We receive reports about the endowment quarterly. ELC's board of directors provide a second set of eyes as the ELC director reports to them monthly about funding.

Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.
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SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to

demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.

- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications	
I certify and acknowledge that: (Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)	
x	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
x	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
x	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
x	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
x	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
x	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

Katie Jensen	Katie Jensen	10/21/2020
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	Non-Profit Assistance Program – COVID-19 Hardship
Applicant Organization(s):	Common Ground Outdoor Adventures

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
	<u>Area Benefit:</u> Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
x	<u>Limited Clientele Benefit:</u> Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	<u>Housing Benefit:</u> Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	<u>Job Creation & Retention Benefit:</u> Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	<u>Urgent Need Benefit:</u> Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?
 (According to the LMI Income Limit Table (see above))

(Mark one)

x	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

	Abused children
	Elderly persons
	Battered spouses
	Homeless persons
x	Severely disabled persons
	Illiterate adults
	Persons living with AIDS
	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

x	Yes
	No
	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
	Food Assistance Program
x	Non-Profit Assistance Program
	Emergency Shelter Assistance Program
	Homeless Prevention Assistance Program
	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
	Planning, capacity building, and technical assistance
	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
x	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	Non-Profit Assistance Program – COVID-19 Hardship
Applicant Organization(s):	Common Ground Outdoor Adventures

SECTION I: Applicant Information

Primary Contact Name:	Samantha Macfarlane		
Title:	Executive Director		
Phone:	(435) 713-0288		
Email:	sammie@cgadventures.org		
Secondary Contact Name:			
Title:			
Phone:			
Email:			
Physical Address:	335 N. 100 E. Logan, Utah 84321		
	Street Address (include suite number) City, State, ZIP		
Mailing Address:	335 N. 100 E. Logan, Utah 84321		
	Street Address (include suite number) / PO Box City, State, ZIP		
Phone(s):	435-713-0288		
DUNS # (www.dnb.com)	002674521	FEIN:	84-1385181
Logan Business License #:	OL-11-09830	www.	cgadventures.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	Common Ground Outdoor Adventures, a City of Logan based non-profit organization, has been providing life enhancing outdoor recreation activities for individuals with disabilities since 1993. The organization provides a wide range of outdoor activities such as exercise classes, cycling, downhill skiing and destination camping trips that improve individuals health. The organization provides critical support to individuals with disabilities during the COVID-19 pandemic combating social isolation and inactivity. Participation provides therapeutic benefits for individuals, including increased self-confidence, independence, healthy lifestyles, the development of caring relationships and the stress reduction qualities found in time spent in nature.		

	Participation also provides respite for family members and care providers. Seventy nine percent of those served fall in the low to very-low income categories.
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SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$16,684	Match (see match description in Section IV): \$0.00	Total Activity Cost: \$16,684
Activity Description: - What are you going to do? - Where are you going to do it? - How are you going to accomplish it? - Include a location map (as applicable). - Be as descriptive as possible in detailing your activity.	The organization provides critical support to individuals with disabilities during the COVID-19 pandemic. Support is targeted through both in-person and virtual lessons, activities, and social check 'ins focused on combating social isolation and inactivity. Activities include yoga/meditation/exercise classes via virtual outlets, zoom check 'in meetings and arts and craft activities, in-person, socially distanced outdoor activities such as downhill skiing, cross-country skiing, hiking, cycling, canoeing, etc. Activities are offered to family groups, individuals, schools, and agencies. The organization has suffered significant financial loss due to the pandemic. Contributions received from special events, foundations and individuals have declined. CDBG funds will be used to acquire PPE needed to safely offer in-person activities and keep staff healthy, support the organizations utility expenses for nine months, and purchase snacks, craft materials, and other small activity supplies that will be given to directly participants for use in both virtual and in-person activities.	
Estimate of Beneficiaries: - Provide an estimate of the number of beneficiaries for the activity. - Provide a description of the type of people who will benefit from the activity. - If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum.	During our last fiscal year (Oct 1, 2018 – Sept 30, 2019) 350 individuals with disabilities participated in 3300 user days. Of the 350 182 or 51% reside in the City of Logan. Programs are provided for youths and adults with disabilities of all ages. Seventy-nine percent of these participants fell in the low or very-low income limit areas. Participants are all ages, ranging from pre-school age to senior citizens. Each person has a physical, cognitive, mental or multiple disabilities. CGOA serves people with disabilities of all ages, race, ethnicity and income level.	

How will project meet the local strategic goal?																										
Projected Start Date: 2/1/21		Projected End Date: 8/30/21																								
Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals		Proposed Completion date																							
	Maintain utilities, phone, internet, at both of the organizations facilities (Logan, Utah and Beaver Mountain facility) for 9 months		2/1/21 - 7/31/21																							
	Successfully serve 300 low-income persons with disabilities		2/1/21 - 7/31/21																							
	Purchase and utilize PPE to safely protect staff and participants during in-person activities.		2/1/21 - 7/31/21																							
	Provide snacks and supplies for activities to combat social isolation and inactivity during due to COVID-19.		2/1/21 - 7/31/21																							
Financials: Attach any additional information as needed.	Activity budget																									
	<table border="0"> <tr> <td>Utilities</td> <td>\$672 x 9 mos</td> <td>\$</td> <td>6,048</td> </tr> <tr> <td>Phone/Internet</td> <td>\$562 x 9 mos</td> <td>\$</td> <td>5,058</td> </tr> <tr> <td>Gas</td> <td>\$142 x 9 mos</td> <td>\$</td> <td>1,278</td> </tr> <tr> <td>PPE and cleaning supplies</td> <td></td> <td>\$</td> <td>2,800</td> </tr> <tr> <td colspan="2">Activity supplies (snacks, craft materials, journals, pencils etc)</td> <td>\$</td> <td>1,500</td> </tr> <tr> <td colspan="2">TOTAL</td> <td>\$</td> <td>16,684</td> </tr> </table>			Utilities	\$672 x 9 mos	\$	6,048	Phone/Internet	\$562 x 9 mos	\$	5,058	Gas	\$142 x 9 mos	\$	1,278	PPE and cleaning supplies		\$	2,800	Activity supplies (snacks, craft materials, journals, pencils etc)		\$	1,500	TOTAL		\$
Utilities	\$672 x 9 mos	\$	6,048																							
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Activity supplies (snacks, craft materials, journals, pencils etc)		\$	1,500																							
TOTAL		\$	16,684																							
Activity budget - Indicate which budget item(s) CDBG-CV (#2) funds will be used for - Indicate which items match funds will be used for	Activity funding sources																									

Activity funding sources ----- ----- • Breakdown of sources (include non-monetary sources) • Indicate 'committed funds' vs. 'anticipated funds' • Leveraging ratio Explanation of ongoing financial support ----- ----- • How will the program or project be financially sustainable without future CDBG funds?	City of Logan, CDBG: \$16,684 Explanation of ongoing financial support The organization has been negatively impacted financially by the impacts of COVID-19 on the economy. These emergency funds will ensure the organization's future as economic uncertainty has hit the organization hard as a direct result of COVID-19. The physical and mental well-being of this low income, vulnerable population is critical during COVID-19 and the needs of these community members should not go unmet. Without support the organization is vulnerable and the needs of individuals with disabilities in our community could go unmet. The organization has significantly cut its budget by reducing staff but has obtained grants for two AmeriCorpsVISTA members who will assist in seeking resiliency, providing services, and funding programs.
SECTION III: Organization	
Organization Capabilities	How long has your organization been operating? <u> 27 </u> Years Has your organization ever received a federal grant? Yes No Has your organization ever received a CDBG grant? Yes No Does your organization currently collect clientele data, including income, demographic, and residence information? Yes No Has your organization ever conducted competitive bidding, such as a sealed bid? Yes No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes No

Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	CDBG surveys will be filled out by EVERY person with a disability receiving services prior to their participation in any activity.
Describe your organizations experience with records management, especially any grant management experience.	Samantha Macfarlane, Executive Director has successfully managing multiple prior CDBG sub grantee awards through the City of Logan as well as over 150 foundation and state grants.
Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.

SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.

- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications	
I certify and acknowledge that: (Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)	
x	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
x	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
x	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
x	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
x	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.

x	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.
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	Samantha Macfarlane	02/02/2021
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	Gleaning and Food Distribution
Applicant Organization(s):	Utah State University- Cache Community Gleaning Team

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
☒	Area Benefit: Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
☐	Limited Clientele Benefit: Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
☐	Housing Benefit: Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
☐	Job Creation & Retention Benefit: Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
☐	Urgent Need Benefit: Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?
(According to the LMI Income Limit Table (see above))

(Mark one)

☒	Yes
☐	No
☐	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

☐	Abused children
☐	Elderly persons
☐	Battered spouses
☐	Homeless persons
☐	Severely disabled persons
☐	Illiterate adults
☐	Persons living with AIDS
☐	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

☒	Yes
☐	No
☐	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
☒	Food Assistance Program
☐	Non-Profit Assistance Program
☐	Emergency Shelter Assistance Program
☐	Homeless Prevention Assistance Program
☐	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
☐	Planning, capacity building, and technical assistance
☐	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
☐	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
☒	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
☐	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	Gleaning and Food Distribution
Applicant Organization(s):	Utah State University- Cache Community Gleaning Team

SECTION I: Applicant Information

Primary Contact Name:	Charles Miller		
Title:	Gleaning Coordinator		
Phone:	210-860-6164		
Email:	usugleaningteam@aggies.usu.edu		
Secondary Contact Name:	Kate Stephens		
Title:	Center for Community Engagement Associate Director		
Phone:	469-571-4890		
Email:	Kate.stephens@usu.edu		
Physical Address:	7205 Old Main Hill Rm 318 Logan, UT 84322-7205		
	Street Address (include suite number)	City, State, ZIP	
Mailing Address:	7205 Old Main Hill, Rm 318 Logan, UT 84322-7205		
	Street Address (include suite number) / PO Box	City, State, ZIP	
Phone(s):	435-797-9681		
DUNS # (www.dnb.com)	072983455	FEIN:	87-6000528
Logan Business License #:		www.	https://www.usu.edu/communityengagement/index
Organization Description: (i.e. mission, longevity, staff, services, programs)	The Cache Community Gleaning team is a collaborative effort through various USU offices. Volunteers serve to reduce food waste in Cache Valley and provide nutritious food for students and community members. From June to October, fruit may not be harvested, ultimately going to waste. The Cache Community Gleaning team makes sure a large portion of this produce goes towards feeding families, students, and people across Cache Valley instead of being wasted. The Student Nutritional Access Center (SNAC) is a program dedicated to the education and nourishment of USU students. Volunteers and employees work to feed students through an on campus food pantry, and to reduce food waste through Campus Kitchen and a USU chapter of Food Recovery Network. SNAC educates students about nutritional and financial choices to build a positive base for years to come as a young adult consumer.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$ \$5,000	Match (see match description in Section IV): \$ \$3,000	Total Activity Cost: \$ \$8,000
Activity Description: • What are you going to do? • Where are you going to do it? • How are you going to accomplish it? • Include a location map (as applicable). • Be as descriptive as possible in detailing your activity.	The USU Gleaning Team and the SNAC pantry are requesting \$5,000 for a food transportation vehicle. This vehicle would be instrumental in allowing both organizations to continue their work. For the Gleaning Team, it would allow the organization to continue gathering fruit across the valley and transporting equipment. For the SNAC pantry, it would allow them to continue transporting food items from the Cache Community Food Pantry to serve students directly on campus. Gleaning takes place across Cache Valley, utilizing the myriad resources available to landowners to grow produce throughout the county. The Cache Community Gleaning Team gathers from all corners, and needs a vehicle to transport equipment as well as produce to serve families with fresh fruit.	
Estimate of Beneficiaries: • Provide an estimate of the number of beneficiaries for the activity. • Provide a description of the type of people who will benefit from the activity. • If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. • How will project meet the local strategic goal?	Approximately 875 people per week are benefitting from the Gleaning team and the SNAC pantry. Both students and LMI people who are approved by the Cache Community Food Pantry are able to benefit from the services provided by SNAC and the Cache Community Gleaning Team.	
Projected Start Date:		Projected End Date:
Project Timetable • What are the achievable milestones/goals for the project or activity? • Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	Gather at least 10,000 lbs of produce from private tree owners	Nov. 1st
	Distribute approximately 2,000 lbs of food per week to USU Students	Ongoing

Financials: Attach any additional information as needed.	Activity budget
Activity budget • Indicate which budget item(s) CDBG-CV (#2) funds will be used for • Indicate which items match funds will be used for	Transportation for Gleaning and SNAC pantry operations. This grant will allow the programs to purchase a vehicle which will be set aside exclusively for the purpose of keeping students and community members of Cache Valley fed.
Activity funding sources • Breakdown of sources (include non-monetary sources) • Indicate 'committed funds' vs. 'anticipated funds' • Leveraging ratio	Activity funding sources Gleaning: \$3000 in committed USU student fees that support the Student Sustainability Office.
Explanation of ongoing financial support • How will the program or project be financially sustainable without future CDBG funds?	Explanation of ongoing financial support The effort is supported with \$3,000 of annual student fees to the Student Sustainability Office.

SECTION III: Organization	
Organization Capabilities	How long has your organization been operating? <u>50 years</u> Has your organization ever received a federal grant? Yes <u>No</u> Has your organization ever received a CDBG grant? Yes <u>No</u> Does your organization currently collect clientele data, including income, demographic, and residence information? Yes <u>No</u> Has your organization ever conducted competitive bidding, such as a sealed bid? Yes <u>No</u> Has your organization ever had to meet Davis Bacon requirements on a federally funded project? Yes <u>No</u>
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	We will collect the Cache Community Pantry's data to confirm the LMI status of recipients of the gleaned fruit.
Describe your organizations experience with records management, especially any grant management experience.	The Cache Community Gleaning Team and SNAC pantry, as entities within USU, have the programmatic capabilities and abilities to successfully implement and manage the proposed project. USU manages hundreds of federal, state, and local grants on an annual basis through the office of sponsored programs.
Evidence of financial stability:	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the <u>TWO</u> most recently-completed fiscal years, including the: • balance sheet - AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider. All USU audited statements at: https://controllers.usu.edu/report/single-audit

SECTION IV: CDBG-CV (#2) Program Information - Please Review

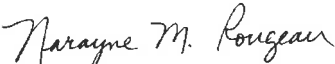
- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications

I certify and acknowledge that:

(Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)

☒	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
☒	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
☒	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
☒	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
☒	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
☒	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Narayne M. Rougeau Grant & Contract Officer	Oct. 23, 2020
Representative for the Applicant Organization; Signature	Printed Name	Date



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) ELIGIBILITY WORKSHEET

Activity Name:	Employee communication stipend
Applicant Organization(s):	The Family Place Utah

LMI Income Limit Table for FY2020								
Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Income Limits	\$41,550	\$47,450	\$53,400	\$59,300	\$64,050	\$68,800	\$73,550	\$78,300

1. HUD NATIONAL OBJECTIVE (mark one)

A. Which HUD National Objective category does the proposed activity meet? (mark one)

X	Low/Moderate Income Category	HUD CDBG reference guide
	<u>Area Benefit:</u> Project serves a specified geographic area identified by the census as being at least 51% LMI. Applicant must be able to prove that projects primarily benefit LMI households.	Page 3-7
X	<u>Limited Clientele Benefit:</u> Project benefits a specific group of people who are at least 51% LMI persons. Applicant must provide income verification from clients.	Page 3-14
	<u>Housing Benefit:</u> Contributes to improved or increased quantity of residential structures to be occupied by LMI persons.	Page 3-19
	<u>Job Creation & Retention Benefit:</u> Creates or retains permanent jobs of which 51% will be filled by or available to LMI persons.	Page 3-24
	<u>Urgent Need Benefit:</u> Meets a need having a particular urgency.	Page 3-41

B. Do at least 51% of the activity beneficiaries qualify as low/moderate income (LMI)?
(According to the LMI Income Limit Table (see above))

(Mark one)

X, 88%	Yes
	No
	Unsure

C. Please mark if at least 51% of the activity beneficiaries qualify as a presumed benefit category (Mark all that apply).

☐	Abused children
☐	Elderly persons
☐	Battered spouses
☐	Homeless persons
☐	Severely disabled persons
☐	Illiterate adults
☐	Persons living with AIDS
☐	Migrant farm workers

D. Do at least 51% of the activity beneficiaries reside in Logan?

(Mark one)

X 53.5%	Yes
☐	No
☐	Unsure

2. HUD ACTIVITY CATEGORY

Which Eligible CDBG-CV Activity Category is the proposed activity? (mark one).

X	Eligible activity category
☐	Food Assistance Program
X	Non-Profit Assistance Program
☐	Emergency Shelter Assistance Program
☐	Homeless Prevention Assistance Program
☐	Acquisition, construction, reconstruction, rehabilitation, or installation of public works, facilities, buildings, and site or other improvements
☐	Planning, capacity building, and technical assistance
☐	Other:

3. LOGAN CITY STRATEGIC OBJECTIVES (PY2019-2023)

Which Logan City Strategic Objective is met by the proposed activity? (mark one).

X	Strategic objective
☐	Contribute to neighborhood infrastructure or facility improvement and/or remediation of access & mobility barriers in all neighborhoods.
X	Support eligible agencies serving low/moderate income populations by funding programs or facilities that improve or increase services.
☐	Contribute to Community Development planning documents and CDBG program administration.



COMMUNITY DEVELOPMENT BLOCK GRANT

Debbie Zilles, CDBG Coordinator

435-716-9021 / debbie.zilles@loganutah.org

PY2019 CDBG-CV (#2) FUNDING APPLICATION

Activity Name:	Employee communication stipend
Applicant Organization(s):	The Family Place Utah

SECTION I: Applicant Information

Primary Contact Name:	Sheryl Goodey		
Title:	Executive Director		
Phone:	435-890-2893		
Email:	sheryl@thefamilyplaceutah.org		
Secondary Contact Name:	Holly Frischknecht		
Title:	Grant Writer		
Phone:	801-661-6711		
Email:	holly@thefamilyplaceutah.org		
Physical Address:	1525 N. 200 W. Logan, UT 84321		
	Street Address (include suite number)	City, State, ZIP	
Mailing Address:	P.O. Box 6055, Logan, UT 84321		
	Street Address (include suite number) / PO Box	City, State, ZIP	
Phone(s):	435-752-8880		
DUNS # (www.dnb.com)	964793355	FEIN:	87-0398053
Logan Business License #:	OL-18-10272	www.	thefamilyplaceutah.org
Organization Description: (i.e. mission, longevity, staff, services, programs)	The mission of The Family Place is to protect children and strengthen families. For over 38 years, The Family Place has been resolute in our commitment to protect children from abuse and neglect; to provide parents with information, resources and support; and to facilitate the healing process for victims of abuse and those who have experienced trauma.		

SECTION II: Proposed Activity		
CDBG-CV (#2) Funding Request: \$ 38,520	Match (see match description in Section IV): \$ 33,480	Total Activity Cost: \$ 72,000
Activity Description: - What are you going to do? - Where are you going to do it? - How are you going to accomplish it? - Include a location map (as applicable). Be as descriptive as possible in detailing your activity.	In March, The Family Place Utah determined that the majority of our employees should work at home in order to keep them and our clients safe from the coronavirus. We purchased laptops for those who needed them to do their job from home. However, we haven't covered any internet or phone costs that individual employees pay to keep their internet and cell phones working. They must have internet and phones in order to do their work, such as meet with clients online or by phone to provide therapy, education, administration, and customer service. Providing this kind of support to our community is more important now than ever with the increased mental health challenges many are facing. To address this need, we will provide \$40 for a communication stipend that employees can put towards their internet or phone bills. The Executive Director of The Family Place will oversee who qualifies for this stipend. We will provide this option to employees that work from home for up to three years.	
Estimate of Beneficiaries: - Provide an estimate of the number of beneficiaries for the activity. - Provide a description of the type of people who will benefit from the activity. - If you have any demographic data relating to your estimated beneficiaries, please attach data as an addendum. - How will project meet the local strategic goal?	Each year our Logan location provides services to approximately 760 individuals and also provides donations (food, clothing, hygiene items) to individuals who stop by our location. Approximately 88% of our Logan location clients are at low-to-moderate income levels for their households. (Data is attached.) All of the clients who use our services will benefit from this project because it will quality services continue to be available to them through therapy, education, and coordination for family support they may need. Our employees will also benefit because they will have to assume less of the burden of cost they pay for by working at home. Many of our employees are also Logan residents and they are experiencing stress and financial pressures just as many throughout our city and country are feeling at this time. Providing some relief to our employees who have been covering their entire communication costs up to now will translate into the positive services they can provide to the community members they serve. This supports the local strategic goal because the majority of our clients are low/moderate income populations and the therapy services and education opportunities The Family Place provides through our employees at home are helping to improve these clients' lives.	
Projected Start Date:		Projected End Date:
Project Timetable - What are the achievable milestones/goals for the project or activity? - Include major purchases/costs associated with the program.	Milestone/goals	Proposed Completion date
	The achievable milestone will be reached when The Family Place employees serving residents of Logan City with therapy, educational opportunities, and customer service or individuals in crisis receive a monthly stipend to assist in their communication costs.	December 31, 2023
	-No major purchases will be made. The Family Place has provided laptops to employees but our employees pay for their own internet and phone services.	

Financials: Attach any additional information as needed.	Activity budget
Activity budget • Indicate which budget item(s) CDBG-CV (#2) funds will be used for • Indicate which items match funds will be used for	\$40 communication stipend x 50 employees = \$24,000 annual cost \$24,000 x 3 years = \$72,000 total cost Match funds of \$33,480 will be applied. CDBG request will cover the \$38,520 of the cost.
Activity funding sources	Activity funding sources
• Breakdown of sources (include non-monetary sources) • Indicate 'committed funds' vs. 'anticipated funds' • Leveraging ratio	We are anticipating that the match future donations and grants will fund The Family Place match.
Explanation of ongoing financial support	Explanation of ongoing financial support
• How will the program or project be financially sustainable without future CDBG funds?	We will provide communication stipend assistance for employees working from home for up to three years. We will then re-evaluate to determine if the stipend is still necessary. This current need has been brought on primarily by the impact of Covid-19. We anticipate that many of these adjustments may change the way future business and service providers operate. As these work norms adjust, we will continue to adapt to new and more efficient ways of delivering our services to families in Logan.

SECTION III: Organization	
Organization Capabilities	How long has your organization been operating? <u>38</u> years Has your organization ever received a federal grant? X Yes No Has your organization ever received a CDBG grant? X Yes No Does your organization currently collect clientele data, including income, demographic, and residence information? No X Yes Has your organization ever conducted competitive bidding, such as a sealed bid? X Yes No Has your organization ever had to meet Davis Bacon requirements on a federally funded project? X Yes No
Explain how you will collect clientele information for the activity (this does not apply to LMI Area Benefit category projects).	The Family Place conducts in-takes for all clients before we provide services. During the in-take process, demographic information, including household size, gender of head of household, income, race, and place of residence information is collected on our universal intake form and stored in an electronic database. The Family Place currently performs grant and contract management for numerous grant awards from the federal, state, and local governments, and private donors. Financial statements including job costing is performed using QuickBooks software. Income and expenses are tracked and reports are regularly made to management and clients. We are experienced with cost reimbursable contracts including compliance with Davis Bacon requirements for Community Development Block Grants having completed projects for Logan City, Hyrum City, and Smithfield City. Records are maintained and eligible costs are supported by documentation. Annually an independent audit is performed by a private CPA and reported to the Utah State Auditor.
Describe your organizations experience with records management, especially any grant management experience.	Evidence of an applicant's financial stability must be provided as part of this application. This includes the submission of audited financial statements for the organization from the TWO most recently-completed fiscal years, including the: • balance sheet AND • income statement <i>Please Note:</i> 1) If the applicant is a division of a much larger organization (i.e. USU, United Way), sections of the financial statements specific to the applicant will most likely suffice. 2) In cases where audited statements are not available for an otherwise eligible organization, the City of Logan may elect to consider an unaudited submission. 3) If the organization does not have two years of financial statements for any reason, please provide another indication of financial stability, which the City of Logan may elect to consider.
Evidence of financial stability:	

SECTION IV: CDBG-CV (#2) Program Information - Please Review

- Match Description - A 1 to 1 monetary match is required for all HUD LMI Clientele National Objective projects that have participants from outside of Logan City boundaries. The 1 to 1 match can be reduced based on one year of verifiable program participant residency data. This reduction must be approved by the Logan City CDBG Coordinator.
- Total CDBG-CV (#2) funding cannot exceed the percentage of clients that reside in Logan
- In order to be considered for CDBG-CV (#2) funding, a proposed activity shall meet at least one HUD National Objective, at least one Logan Strategic Objective, and shall be an eligible CDBG-CV activity.
- Logan CDBG-CV (#2) funding allocations are made by the Logan City Council and will adopt the final funding by resolution.
- Proposed activities are also subject to various, separate consents from the State Historic Preservation Office, US Fish & Wildlife Service, US Congress, US Department of Housing and Urban Development, and US Environmental Protection Agency. As such, significant delays which are out of the control of the City of Logan may delay the ability to officially announce funding and/or to commence the project.
- Availability of funding is subject to Congressional approval and award of funds.
- The recipient of CDBG-CV (#2) funding shall enter into a Subrecipient Agreement with the City of Logan and must comply with any HUD certification requirements and other federal and state regulations mandatory to the operation of the program, as well as all Logan CDBG procedures. Failure to submit any documentation requested by the City of Logan to demonstrate program compliance may result in administrative sanctions up to and including rescission of funding.
- Logan CDBG sub-awards are paid on a reimbursement basis.
- Public comment should be made in writing to the CDBG Coordinator or Logan City Council during the public review/comment period.
- Applicant organizations must have a local business license from the City of Logan (435-716-9230), a DUNS number from Dun and Bradstreet (free at www.dnb.com), and, as applicable, an FEIN and 501(c)(3) from the IRS (www.irs.gov) and be registered the Utah Div. of Corporations.
- Expenditures related to the activity may not be made until clearance is granted from the CDBG Coordinator. Reimbursements for expenses cannot be made until federal funding is received.
- Davis Bacon requirements must be met for all construction activities.
- Logan City CDBG-CV (#2) will not fund any salaries with sub-awards.

SECTION V: Certifications

I certify and acknowledge that:

(Mark each box with an 'X' to demonstrate concurrence; failure to mark a box and sign at the bottom shall constitute an ineligible application.)

x	I am duly authorized by the applicant organization to submit this application on behalf of the applicant organization.
x	The information provided on this form and accompanying application materials is verifiable and accurate to the best of my knowledge.
x	The application contacts will produce information to the CDBG Coordinator to further verify or expound on this CDBG-CV application in a timely manner.
x	There are no outstanding violations related to myself, the applicant organization or its property, with city divisions, including but not limited to: Building Safety, Neighborhood Improvement, Planning.
x	The applicant organization will permit pictures and other information about this application to be published or otherwise shared for purposes related to the Logan CDBG program.
x	I have reviewed Section IV: CDBG-CV (#2) Program Information and understand the requirement contained within.

	Sheryl Goodey	10/22/2020
Representative for the Applicant Organization; Signature	Printed Name	Date