



Community Development Block Grant Workshop

City of Massillon, Ohio

2021 Program Year

July 1, 2021 – June 30, 2022

About our Program



Title I of the Housing and Community Development Act of 1974:

- The Community Development Block Grant (CDBG) Entitlement Program provides annual grants on a formula basis to entitled cities and counties to develop viable urban communities by providing decent housing and a suitable living environment and expanding economic opportunities, primarily for persons of low to moderate income.

National Objectives

To be eligible for CDBG funding, an activity must meet one of the three national objectives:

- Benefiting low and moderate income persons
 - Preventing or eliminating slum and blight
 - Meeting other Community Development needs having a particular urgency
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1. Benefiting Low and Moderate Income Persons

- L/M Income Area Benefit
 - L/M Income Limited Clientele
 - L/M Income Housing
 - L/M Income Jobs
-
- *Annually, HUD publishes income guidelines for eligibility based on family size
 - *Equal to or less than Section 8 Housing Limits

2. Prevention of Slum and Blight

- Can be eligible on Area or Spot Basis
 - Area must be officially designated by the grantee and meet the definition of a slum, blighted, deteriorated or deteriorating area
 - Spot basis allows grantee to eliminate conditions of blight or physical decay not located in a designated slum or blighted area

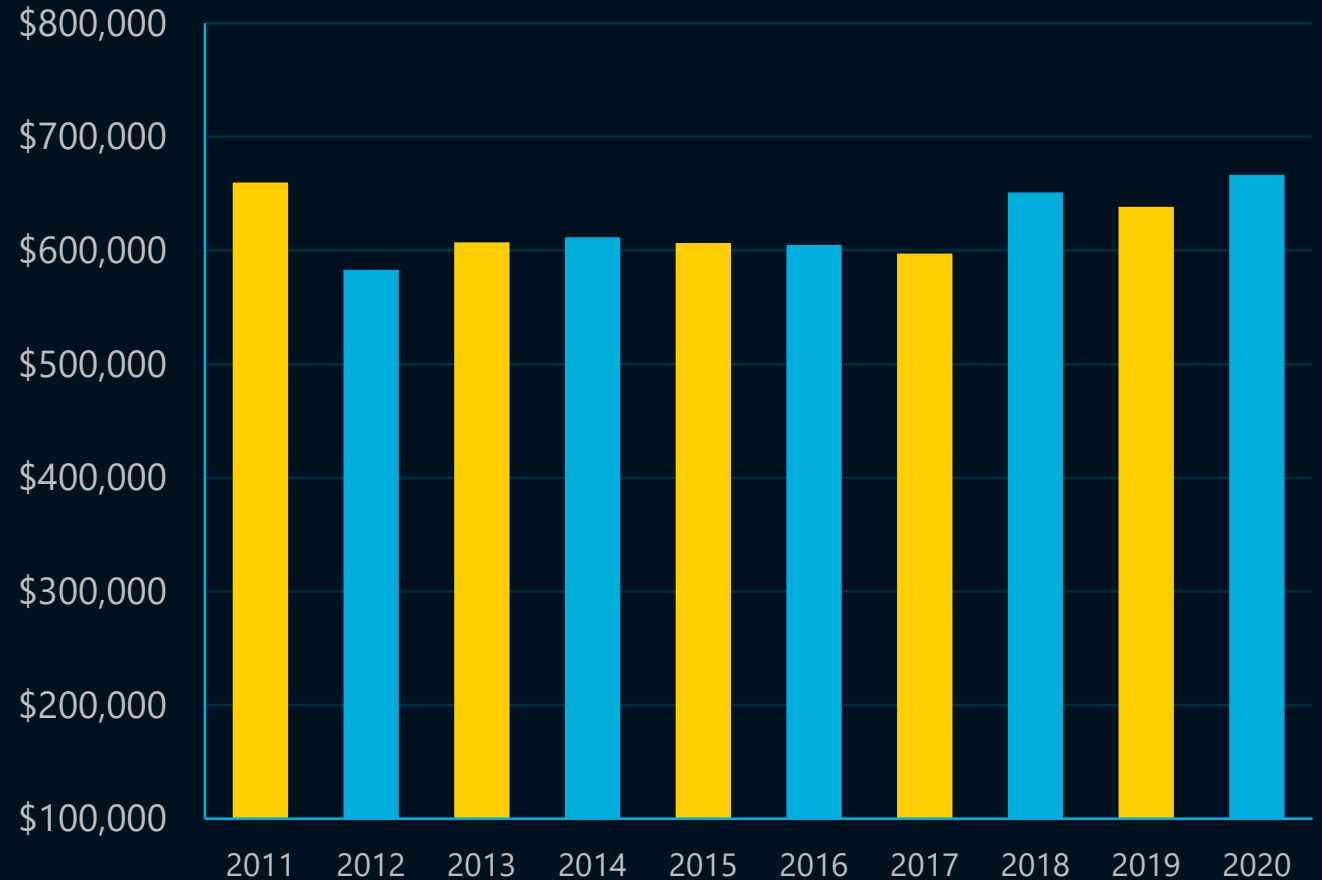
3. Urgent Need

- This is commonly referred to as the “Act of God” clause
- Activities designed to address immediate health/welfare threats of recent origin (18 months or less) that the grantee is unable to finance on its own
- Examples include earthquakes, hurricanes, tornadoes, natural disasters, etc.

GRANT HISTORY

The following charts depict the CDBG dollars awarded to the City of Massillon for the last ten years.

CDBG AWARD	
2011	\$659,788
2012	\$582,917
2013	\$607,065
2014	\$611,732
2015	\$606,577
2016	\$604,797
2017	\$597,181
2018	\$650,955
2019	\$638,441
2020	\$666,656



HUD Expenditure Requirements for the City

The City has limits on its spending priorities for each program year:

- **Must spend at least 70%, less planning and administrative costs, for activities that benefit low to moderate income persons**
- **Cannot spend more than 20% for administration activities, including Fair Housing.**
- **Cannot spend more than 15% for public service activities**
 - Note: The maximum allowed amount for Public service activities in FY 2020 was \$99,998.40, of which 100% was awarded to local agencies.



Expenditure/Budget Approval Process

- The Annual Action Plan must be submitted to HUD in May.
- Before the plan is submitted City Council must approve the proposed budget.
- Citizen's Participation Plan

City of Massillon CDBG Activities

- Housing Rehabilitation: Emergency and Minor Repair Programs
 - Code Enforcement
 - Target Street Improvements
 - Downtown Street Improvements
 - Clearance/Demolition/Improvements of Buildings
 - Fair Housing
 - Business Facade Repair Program
 - Planning and Program Administration
 - Public Services
-



Application Review and Scoring

CITY OF MASSILLON, OHIO

Community Development Block Grant Program Application for Project Funding FY2021 (July 1, 2021 - June 30, 2021)

Project Name _____

Community Development Block Grant Fund (CDBG)

Total FY 2021 CDBG funds request: \$ _____

Total Estimated Project Cost: \$ _____

Applicant/Organization/Agency

Name: _____

Mailing Address: _____

City & Zip: _____

Contact Person/Title: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Organization's Federal Tax ID # _____

Organization's DUNS Number _____

Name of Representative who attended CDBG Workshop _____

Application Scoring:

- National Objective (0-5 points)
- Project Summary (0-15 points)
- Project Location (0-10 points)
- Mission Objectives (0-15 points)
- Past Experience/Performance (0-15 points)
- Type of Activity (0-10 points)
- New or Existing Service (0-10 points)
- Number of people served (0-10 points)
- Project Budget (0-10 points)

- Total Points Scored (0-100 points)

1. National Objective: Check all that apply (0-5 points)

Benefit to Low/Moderate Income Persons
Prevention/Elimination of Slum & Blight

2. Type of organization (Check all that apply)

Non-Profit Organization
Faith-Based Organization

For-Profit Business or Corporation
Unit of Government

3. Project Timetable

Proposed Start Date: _____

Proposed Completion Date: _____

(CDBG funds would not be available until July, 2021. Please base your timetable accordingly)

4. Project Description

A. Project Summary (0-15 points) - Describe in detail the activities to be carried out with CDBG funds. Attach additional pages if necessary.

B. Project Location (0-10 points) - Describe the location of the project or the geographic area to be served by the activity. Please be aware that the City of Massillon will not provide CDBG funds for any activities outside the corporate limits of Massillon.

C. Mission/Objectives (0-15 points) – What is the rationale for the project – the major results being sought? Why is the project needed? What community need is being met or mitigated? What problem(s) are you attempting to address by requesting funds for this project?

D. Past Experience and Performance (0-15 points) – Include the agency’s length of time in business and experience in undertaking projects of similar complexity as the one for which funds are being requested.

5. Project Goals and Beneficiaries

A. Type of Activity (Select one of the following) (0-10 points)

- Housing (10 points)
- Economic Development (10 points)
- Public Facilities/Public Improvements (10 points)
- Public Services (5 points)
- Homeless housing and support (10 points)

B. Public Service Activity (0-10 points):

- Existing Service (duplication of current services) (5 points)
- New Service (non-duplication of current service) (10 points)
- Quantifiable increase to an existing service (10 points)

C. Project Beneficiaries (0-10 points) - Provide an estimate of the total numbers expected to be served for those categories applicable to the proposed project.

- Over 100 Persons/Households/Businesses (10 points)
- 51 to 100 Persons/Households/Businesses (7 points)
- Less than 50 Persons/Households/Businesses (5 points)

6. Proposed Project Budget (0-10 points)

Keep in mind that your entire budget request may not be funded.

A. Project Budget Sheet

List other funding obtained or solicited for this project (including other public funds, private funds, and foundations). All projects must include funding from other sources. Due to the limited amount of HUD dollars available, no agency’s project can be 100% CDBG funded.

FUNDING SOURCES	COMMITTED AMOUNT	PENDING AMOUNT
TOTAL FUNDING SOURCES	\$ 0.00	\$ 0.00

B. Project Budget Sheet - Allowable expenses are those listed in OMB Circular Cost Principles (A-87 or A-122).





COLUMN A	COLUMN B	COLUMN C	COLUMN D
Budget Line Items (Be specific)	CDBG Funds Requested	Other Funds Committed	Totals (Column B plus Column C)
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
PROJECT TOTALS	\$ 0.00	\$ 0.00	\$ 0.00

- Construction Projects - Please try to get and use a current, itemized industry professional cost estimate when completing this budget.
- Direct vs. Indirect Costs – CDBG funds can only be used to fund direct project costs, no indirect costs (i.e. rental, telephone, clerical costs, etc.) can be considered for funding without submission and approval of an indirect cost allocation plan. Please refer to OMB Circular A-122 for a detailed description of direct and indirect costs. (If requesting CDBG funding for staff salaries, please attach an agency staff chart, listing job descriptions and staff experience.)

Non-profits complete:
If non-profit, attach:
 * Tax status certifications (501 [c](3)) * Board By Laws
 * Board of Directors List * Board minutes for last 3 Meetings
 * Executive Directors report for last 3 months (If not included as part of Minutes) * Agency brochure or narrative outlining services available

7. Signature Section

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT AND ITS SUBMISSION HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT. WITH THIS SUBMISSION, WE ALSO AGREE TO FOLLOW ALL RULES AND REGULATIONS GOVERNING FEDERAL CDBG AND HUD FUNDING.

	
SIGNATURE, CHIEF OFFICIAL	NAME (TYPED OR PRINTED)
	
DATE	TITLE

8. Application Submission

Applications shall be submitted to the following address:

Massillon Community Development Department
 Municipal Government Annex
 151 Lincoln Way East
 Massillon, Ohio 44646

Submission Deadline – February 19, 2021, 4:00 P.M. EST
 Any application received after this date will be returned to the applicant and will not be considered for funding. In addition, any incomplete application will not be considered for funding.

Requisitioning Funds, Monitoring & Reporting

- **If you are awarded funding through the Community Development Block Grant Program it is important to remember that funds provided are paid out on a reimbursement basis only.**
 - **CDBG dollars provided by the City of Massillon to Sub Recipients must be used specifically for Massillon residents.**
 - **Request for funds can be submitted at any time throughout the program year. Many of our sub-recipients submit requests quarterly, while a few do request the entire amount at one time. There are no restrictions/requirements by the City on frequency of draws at this time.**
 - **Supporting documentation must be included with each request. Funding requisitions will no longer be processed until all supporting documentation is received.**
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CITY OF MASSILLON, OHIO
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
REQUISITION FOR FUNDS - SUBRECIPIENT PROGRAMS

Date: _____ Requisition No.: _____

Agency Name: _____

Agency Address: _____

Name of Person Completing Requisition: _____

REQUISITION SUMMARY

Amount of CDBG Contract Award	_____
Total CDBG Payments to Date	_____
Amount Requested Today	_____
Balance of Contract Amount	_____

Total Amount Being Requisitioned at This Time: \$ 0.00 _____

PLEASE ATTACH THE FOLLOWING ITEMS:

- 1.) Attach reimbursement documentation records: Receipts, timesheets, payroll records, etc.
- 2.) Attach Direct Benefit Activities Worksheet (If Applicable or Provided)

NARRATIVE PROGRESS REPORT (Attach additional sheets if necessary)

Progress for The Following Period: _____ TO _____

Please provide a brief narrative report on the accomplishments and progress of this program during the time since the last requisition for funds was submitted. Provide quantifiable data regarding program progress.

Agency's Certification and Reimbursement Request Form	
Agency Name	Contract # <small>(if applicable)</small>
Program Name	
Name of Agency Contact	Agency's Address

I. Agency's Certification and Reimbursement Request	
I hereby certify:	
<input type="checkbox"/> The information presented on this form is true and complete to the best of my knowledge;	
<input type="checkbox"/> All programs and services have been executed in accordance with the terms and requirements of the contract;	
<input type="checkbox"/> All expenses for which payment is being requested herein were incurred by the above-referenced program(s);	
<input type="checkbox"/> All approved Board minutes and agendas have been received by the Community Development Department;	
<input type="checkbox"/> A signed and dated Client Report, Narrative Report, and Fund-Raising Report have been received by the Community Development Department;	
<input type="checkbox"/> All supporting documentation to substantiate this request has been received by the Community Development Department.	
<input type="checkbox"/> The agency is in full compliance with the terms and conditions of the above referenced contract.	
I hereby request reimbursement for approved program expenses to date in the amount of \$ _____.	
Signature of Agency Contact _____	Date _____
II. Monitor's Certification	
I have reviewed the documents submitted for the _____ quarter by the above-referenced agency and agree that all services and expenditures have been satisfactorily completed in accordance with all applicable requirements and terms of the above referenced contract number.	
I hereby approve payment to the agency in the amount of \$ _____.	
Signature of Monitor _____	Date _____
III. Community Development Manager's Certification	
I hereby approve payment to the agency in the amount of \$ _____.	
Signature of Community Services Director _____	Date _____

CITY OF MASSILLON COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Sub-recipient Report: Direct Benefit Activities

Project Activity: _____

Agency Name: _____

Agency Address: _____

Contact Person (Name/Title): _____

Report Period: _____ **From:** _____ **To:** _____

HUD PERFORMANCE OUTCOME MEASUREMENT SYSTEM

HUD Required Performance Output Indicators

Amount of Money Leveraged by CDBG-Funded Activity	Amount
Other Federal Funds Leveraged	
State Funds Leveraged	
Local (City) Funds Leveraged	
Private Funds Leveraged	
Total Funds Leveraged	\$ 0.00

Persons Assisted by this CDBG-funded Activity	Total
Total Number of Unduplicated Persons Assisted	
Total Number of Disabled Persons Assisted	

Income Status (% of Median Family Income "MFI")	Total
Total Persons Assisted (0-30% MFI)	
Total Persons Assisted (31-50% MFI)	
Total Persons Assisted (51-80% MFI)	
Total Persons Assisted (>80% MFI)	

Race / Ethnicity of Persons Assisted	Total	Hispanic or Latino
SINGLE RACE PERSONS		
White		
Black or African American		
American Indian or Alaskan Native		
Asian		
Native Hawaiian or Other Pacific Islander		
MUTLI-RACE PERSONS		
American Indian or Alaska Native & White		
Asian & White		
Black or African American & White		
American Indian or Alaska Native & Black		
Other Multi-Racial		
Total Number of Persons Assisted:	0	0

Signature: _____

Date: _____

Massillon

City of Champions

PY 2021 CDBG SUB RECIPIENT INTAKE SHEET

I. General Information

Date: _____
 Gender: Male Female
 Female Head of Household?
 Number of Persons in Household: _____
 Total Annual Household Income: \$ _____

II. Racial Characteristics (Must Select One)

Single Race

- White
 Black
 Asian
 Amer. Indian/Alaskan Native

Multi Race

- American Indian/Alaskan Native & White
 Asian & White
 Black/African American & White
 Amer. Indian/Alaskan Native & Black/African Amer.

Also Hispanic? (NOTE: Per HUD, if you do not identify your racial background as belonging to any of the race groups above, check "White" and indicate here also if you are of Hispanic Ethnic background.)

III. Household Income

Based on the household annual income and number of persons in the household information you provided above, circle one from the current income limits below that is the closest to your income, yet above your income, with the household size that matches yours.

CIRCLE ONE

Household Size/ Income Group	1	2	3	4	5	6	7	8
30%	14,600	16,700	18,800	20,850	22,550	24,200	25,900	27,550
Low	24,350	27,800	31,300	34,750	37,550	40,350	43,100	45,900
60%	29,220	33,360	37,560	41,700	45,060	48,420	51,720	55,080
Moderate	38,950	44,500	50,050	55,600	60,050	64,500	68,950	73,400

IV. Certification

Applicant Self-Certify

I, _____, hereby certify that the information provided above is accurate and true to the best of my knowledge. I understand that I will be held accountable for providing false information,

Applicant Signature

Date

Agency Certify

I, _____, hereby certify that I have verified the household information above and that the applicant is eligible for services. I understand that I will be held accountable for providing false information,

Agency Signature

Date

Important Dates:

- February 19th, 2021 Applications due to CD Director by 4p.m.
- March 15th, 2021 Application review by City has been completed
- April 1st - April 30th 30 day comment period
- May 15th, 2021 Annual Action Plan due to HUD
- July 1st, 2021 Begin FY 2021 CDBG Program
- June 30, 2022 Deadline to submit request for funds

Questions





THANK YOU!

Samantha Walters
Anna Jordan

Phone
330-830-1721

Email
swalters@massillonohio.gov
ajordan@massillonohio.gov