

**Minnesota Community Development Block Grant**

**COVID-19 (CDBG-CV)**

**Grantee Summary Information Sheet (GSIS)**

Please complete all sections that **apply** to the proposed project. If you are unsure which sections apply, refer to the **Minnesota Community Development Block Grant Coronavirus (CDBG-CV)** guidance located on DEED website at <https://mn.gov/deed/government/financial-assistance/community-funding/small-cities.jsp>

If the same person is responsible for multiple duties, insert only their name in each section, the full contact information is needed only once.

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| **Authorized Official and Environmental Certifying Officer Information (Mayor or Board chair)** |
| Name |  |
| Title |  |
| AddressCity, State, zip |  |
| Phone |  |
| Email |  |
| Federal ID#  |  |
| State ID# |  |
| State Vendor # |  |
| Applicant DUNS # |  |

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| **Applicant (proposal) Author** |
| Name |  |
| Title |  |
| Address |  |
| Phone |  |
| Email |  |

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| **Authorized Financial Officer/Administrator****(Signer on DEED pay request form)** |
| Name |  |
| Title |  |
| Address |  |
| Phone |  |
| Email |  |

If the authorized signatory is no longer with the organization, a formal letter authorizing a new signatory must be submitted to DEED.

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| **Primary Implementation Agency** |
| Name of Organization |  |
| DUNS # |  |
| Name |  |
| Title |  |
| AddressCity, State, zip |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation program |  |

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| **Environmental Review Coordinator *(required for all projects)*** |
| Name of Organization (if different than primary) |  |
| Name  |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Fair Housing/Equal Opportunity Coordinator *(required for all projects)*** |
| Name of Organization (if different than primary) |  |
| Name  |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Labor Standards Coordinator (required for Commercial rehab or retrofitting/repurposing buildings)** |
| Name of Organization (if different than primary) |  |
| Name  |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Property Inspector**  |
| Name of Organization (if different than primary) |  |
| Name  |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Income Verification Coordinator**  |
| Name of Organization (if different than primary) |  |
| Name  |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Field Administrator**  |
| Name of Organization (if different than primary) |  |
| Name |  |
| Title |  |
| Phone |  |
| Email |  |
| List experience with federal or state rehabilitation programs |  |

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| **Broadband Service Provider** |
| Name of Organization |  |
| DUNS# |  |
| Contact person |  |
| Title |  |
| Phone |  |
| Email |  |
| Will provider be using an internal engineer on this project? If yes, include the engineer/firm’s contact information. |  |

**Co-Funder contact information:** list all agencies also supporting the proposed project, both committed and pending (examples may include: MN Housing, Greater MN Housing, Public Facilities Authority, Rural Development, and local sources of if other than applicant).

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| **Agency** |  |
| Name of primary point of contact  |  |
| Address |  |
| Phone |  |
| Email |  |
| Type of funding (ie; state, local, federal) |  |

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| --- | --- |
| **Agency** |  |
| Name of primary point of contact  |  |
| Address |  |
| Phone |  |
| Email |  |
| Type of funding (ie; state, local, federal) |  |

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| --- | --- |
| **Agency** |  |
| Name of primary point of contact  |  |
| Address |  |
| Phone |  |
| Email |  |
| Type of funding (ie; state, local, federal) |  |

***Copy and paste more boxes, if needed.***

What is the applicant’s administrative capacity to manage the grant financially and to comply with CDBG-CV program requirements? Please provide detailed information on who will have oversight of the project and the parties involved to carry out each activity listed above. What is the capacity of the staff within the agency? In this response, detail any Small Cities Development Program and/or CDBG experiences.

**Comments/Feedback:**

Please indicate any other activities that are not a part of this application that your community needs in preventing, preparing for, and responding to the novel coronavirus (COVID-19) pandemic.