**Minnesota Community Development Block Grant**

**Coronavirus (CDBG-CV)**

**Public Service Program Application**

**Minnesota Community Development Block Grant Coronavirus (CDBG-CV)** guidance is located on DEED’s website at <https://mn.gov/deed/government/financial-assistance/community-funding/small-cities.jsp>. This application packet is only for Public Service programs. Other eligible program component applications are available on the same website as the guidance.

The ***Minnesota CDBG-CV*** Program is designed to help non-entitlement and entitlement communities or counties to prepare, prevent, or respond to the health and economic impacts of COVID-19. The activities must serve primarily low-to-moderate income (LMI) persons.

### Public Service Activities

Grantees may provide a new or increased level of a public service. All activities must result in achievement objective, typically by providing services to low-to-moderate income (LMI), low-to-moderate clientele (LMC) or low-to-moderate income persons (LMA) residing in a qualified area.

Total allocation of CDBG-CV funds for this category is $3,000,000 for housing assistance, $1,000,000 for testing kits and PPE and $1,000,000 for food shelf assistance.

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| --- | --- |
| **Activity** | **Description** |
| Housing Assistance | Provide up to six (6) continuous months of emergency payments, up to $6,000, for LMI eligible households, seniors and people living with disabilities economically impacted by COVID-19 to make rent payments, mortgage assistance or utility payments. Payments must be made to the social/service provider of the individual or family. Back due payments are allowed up to six months along with the necessary supporting documentation. Past due payments must be continuous. |
| COVID-19 Testing Kits & Equipment, Supplies, and Materials (Personal Protection Equipment) | Provide for purchase of COVID-19 Testing Kits and Personal Protective Equipment (PPE) to help reduce the risk of exposure to COVID-19. PPE includes and is not limited to gloves, masks, safety plexiglas shield barrier, etc., and to be distributed/utilized within grantee jurisdiction to comply with social distancing requirements. |
| Food Shelf Assistance | Provide food shelves/pantries with increased access to food and delivery support for LMI individuals/families, seniors and people living with disabilities economically impacted by the pandemic and/or inability to access nutritious food. |

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**GENERAL INFORMATION**

* **Applicant must submit two (2) application packets (1 original and 1 copy) of the application on/before** **June 1, 2021.**
* **Applicant must be an eligible non-entitlement general unit of local government or an entitlement community**
* **Applications must tie back to activities which prevent, prepare for, and respond to the coronavirus pandemic.**
* **Activities must meet one of the required national objectives – low-to-moderate income or urgent need. For LMA, at least 51% of the residents in an area must be LMI persons or LMC where benefits are provided to specific groups of persons.**
* **Applications must clearly indicate all the *Minnesota CDBG-CV* activities proposed.**
* **The *Minnesota CDBG-CV* funding request per grantee/activity is described below:**
  + **Housing Assistance:** Assumed maximum assistance per request is $120,000.
  + **COVID-19 Testing Kits and Personal Protection Equipment:** Assumed maximum assistance per request is $40,000.
  + **Food Shelf Assistance:** Assumed maximum assistance per request is $35,000.
* **HUD has provided flexibility for the use of CDBG-CV funding by eliminating the CDBG 15% cap for which the amount of grant funds can be used for public services, providing services to low to moderate income residents.**
* **Depending on the activities proposed, items must be competitively procured whether by bid or quote.**

**Minnesota Community Development Block Grant**

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

**PUBLIC SERVICE**

**PROGRAM APPLICATION**

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**PROJECT TITLE**:

**PROJECT OVERVIEW:** *(Provide a summary of the proposed activities for which funds are being requested to prevent, prepare for and respond to COVID-19)*

**COMMUNITY NEED**

1. Provide a description of the proposed activity(s) and the scope of the project(s).
2. What is the National Objective for each proposed activity(s) in this application?
3. Describe how COVID-19 has/had intensified the need to address the health and/or economic impact of COVID-19 in relation to this activity(s) in your community. Specifically state how the activity(s) will prevent, prepare for and respond to COVID-19.
4. Describe how this need was identified and any community outreach (e.g. surveys, received comments, etc.) that was conducted.
5. Describe how the activity(s) in this application will serve communities disproportionately affected by or at risk of COVID-19? Current low and moderate income limits are listed in the link - <https://www.huduser.gov/portal/datasets/il.html>
6. Describe the current socioeconomic demographics for the assumed beneficiaries of this funding.

**COMMUNITY IMPACT**

1. What are the project objectives and desired outcomes? Be specific, action-focused, achievable and realistic.
2. Are activity(s) ready to start immediately? Describe effective delivery methods for completing projects during the pandemic. How will the project operate and account for quarantine recommendations and the need for social distancing?
3. How will this activity(s) be promoted to the targeted population(s)?
4. Indicate the estimated total number of people/households that this project will assist. How will success be determined?
5. Include a timeline of the project(s) (32-month period). Include a detailed timeline of events including projected start date and overall duration of the project.
6. Describe the plan for tracking and documentation of client demographics, income, race, and ethnicity as necessary. How will data be collected and tracked?
7. How does the project(s) support the economic and/or community development needs during this pandemic and what is the jurisdiction’s plan to overcome these needs?

**COST EFFECTIVENESS**

1. What specifically will the funding be used for and how were costs determined for each proposed activity(s)? Provide a breakdown.
2. Would this project(s) be able to proceed on a reimbursement basis?
3. Who are the project partners? Explain the significance of the project partners and how their involvement will bolster the success of the project? Partnerships are strongly encouraged. ***Note:*** *Please address how duplication of benefits will be addressed in the Duplication of Benefits Plan.*
4. Include local match and in-kind services in the description. A match is not required under this program but, it will be considered during the evaluation process. ***Note:*** *Be sure the costs that are discussed here align with the proposed budget submitted with this application.*

**Please complete the following table below:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MN CDBG-CV PUBCLIC SERVICE activities** | | | | |
| **Activity** | **National Objective (Urgent Need /LMA/LMI/LMC** | **Total No. of Person Benefiting** | **No. of Low to Moderate Income Persons Benefiting** | **How many testing kits are being proposed?** |
| **HOUSING ASSISTANCE** |  |  |  |  |
| A) Rental Assistance |  |  |  |  |
| B) Mortgage Assistance |  |  |  |  |
| C) Utility payment Assistance |  |  |  |  |
| **COVID-19 TESTING KITS/ (PERSONAL PROTECTION EQUIPMENT)** |  |  |  |  |
| **FOOD SHELF ASSISTANCE** |  |  |  |  |
| **TOTAL** |  |  |  |  |