



**CITY OF NEW BERN, NC  
COMMUNITY DEVELOPMENT BLOCK GRANT  
FUNDING APPLICATION FY 2024  
JULY 1, 2024 – JUNE 30, 2025**

<b>APPLICANT INFORMATION</b>	
<b>Organization Name:</b>	
<b>Mailing Address:</b>	
<b>Project Address (if different):</b>	
<b>Director's Name:</b>	<b>Phone:</b>
<b>Director's Title:</b>	<b>Fax:</b>
<b>E-Mail Address:</b>	<b>Agency Website:</b>
<b>Tax I. D. Number:</b>	<b>UEI Number:</b>
<b>Is this organization registered as a charitable organization under Section 501(c)(3) of the Internal Revenue Code?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is this organization a religious organization?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PROJECT DESCRIPTION AND BUDGET</b>	
<b>1. Project Name:</b>	
<b>2. Project Type: (Public Service, Capital Improvement, etc.)</b>	
<b>3. Brief Project Summary/Description:</b>	
<b>4. Name of Project Manager and contact information:</b>	
<b>5. Project Location:</b>	
<b>6. Project Start Date:</b>	<b>7. Project Completion Date:</b>
<b>8. Total Project Cost:</b>	

<b>9. Total CDBG Funding Requested:</b>										
<b>10. CDBG Funding Request as a Percentage (%) of Overall Project Budget:</b> _____ %										
<b>11. Total # of low/mod clients/households to be served by this project:</b> _____ Please check which of the following applies: Individuals <input type="checkbox"/> or Households <input type="checkbox"/>										
<b>12. Indicate the Priority Need that Best Identifies Your Project:</b> <table border="0"> <tr> <td><input type="checkbox"/> Abused Children</td> <td><input type="checkbox"/> Senior Services</td> </tr> <tr> <td><input type="checkbox"/> Battered Spouses</td> <td><input type="checkbox"/> Housing</td> </tr> <tr> <td><input type="checkbox"/> Services for the Disabled</td> <td><input type="checkbox"/> Homeless Shelter/Transitional Housing</td> </tr> <tr> <td><input type="checkbox"/> Infrastructure Improvements</td> <td><input type="checkbox"/> Serving the special needs population</td> </tr> <tr> <td><input type="checkbox"/> Services for HIV/AIDS</td> <td><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> Abused Children	<input type="checkbox"/> Senior Services	<input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Housing	<input type="checkbox"/> Services for the Disabled	<input type="checkbox"/> Homeless Shelter/Transitional Housing	<input type="checkbox"/> Infrastructure Improvements	<input type="checkbox"/> Serving the special needs population	<input type="checkbox"/> Services for HIV/AIDS	<input type="checkbox"/> Other
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**1. Activity eligibility must meet at least one of the Five-Year Consolidated Goals**

*Select the priority that best fits the proposed project.*

<b>Housing Priority</b>
<input type="checkbox"/> <b>HS-1 Homeownership</b> - Promote and assist low- and moderate-income households who wish to become homeowners by providing down payment assistance, closing cost assistance, and requiring housing counseling training.
<input type="checkbox"/> <b>HS-2 Housing Construction</b> - Promote and assist in financing the development of affordable housing for both rental and for sales housing.
<input type="checkbox"/> <b>HS-3 Housing Rehabilitation</b> - Promote and assist in financing the preservation of existing owner and renter occupied housing stock in the City
<input type="checkbox"/> <b>HS-4 Rent and Utility Assistance</b> - Promote and assist in financing short term rent and utility assistance programs for low- and moderate-income persons who are in danger of becoming homeless.
<b>Homeless Priority</b>
<input type="checkbox"/> <b>HO-1 Housing</b> - Promote and assist in developing housing opportunities for homeless persons and households, and those who may be at-risk of becoming homeless.
<input type="checkbox"/> <b>HO-2 Operations/Support</b> - Support providers who operate housing and/or provide support services for the homeless and persons or families at-risk of becoming homeless.
<input type="checkbox"/> <b>HO-3 Prevention and Rapid Re-Housing</b> - Promote and assist in the prevention of homelessness through anti-eviction and other programs for rapid re-housing.
<b>Special Needs Priority</b>
<input type="checkbox"/> <b>SN-1 Housing</b> - Promote and assist to increase the supply of affordable, decent, safe, sound, and accessible housing for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs through rehabilitation of existing housing and new construction of accessible housing.
<input type="checkbox"/> <b>SN-2 Social Services</b> - Promote and assist in supporting social service programs and facilities for the elderly, persons with disabilities, persons with HIV/AIDS, victims of domestic violence, persons with alcohol/drug dependency, and persons with other special needs.

<input type="checkbox"/> <b>SN-3 Accessibility</b> - Promote and assist in making accessibility improvements to owner occupied housing through rehabilitation and improve renter occupied housing by promoting reasonable accommodations for the physically disabled.
<b>Community Development Priority</b>
<input type="checkbox"/> <b>CD-1 Infrastructure</b> - Improve the City's infrastructure through reconstruction and new construction of streets, walks, curbs, ADA ramps, retaining walls, sewer, water, storm water management, bridges, bike trails, green infrastructure, etc.
<input type="checkbox"/> <b>CD-2 Community Facilities</b> - Improve the City's parks, recreational centers, community centers, and public community facilities through rehabilitation and new construction.
<input type="checkbox"/> <b>CD-3 Public Services</b> - Improve and increase public service programs for the youth, the elderly, disabled, and in general, public service programs for low- and moderate-income persons.
<input type="checkbox"/> <b>CD-4 Food Programs</b> - Provide assistance for food and nutritional programs for low- and moderate-income persons.
<input type="checkbox"/> <b>CD-5 Public Transit</b> - Promote the development of additional bus routes and improve public transportation for low- and moderate-income persons.
<input type="checkbox"/> <b>CD-6 Demolition and Clearance</b> - Remove and eliminate slum and blighting conditions through demolition of vacant, dilapidated, and abandoned structures throughout the City.
<input type="checkbox"/> <b>CD-7 Architectural Barriers</b> - Remove architectural barriers and make public and community facilities accessible to persons with physically disabled.
<input type="checkbox"/> <b>CD-8 Public Safety</b> - Improve public safety through upgrades to facilities, purchase of new equipment, firefighting and prevention, crime prevention, community policing, and ability to respond to emergency situations.
<b>Economic Development Priority</b>
<input type="checkbox"/> <b>ED-1 Employment</b> - Support and encourage new job creation, job retention, workforce development, employment, and job training services for the unemployed and underemployed persons.
<input type="checkbox"/> <b>ED-2 Financial Assistance</b> - Support business and commercial growth through expansion and new development with technical assistance and low interest loan programs.
<input type="checkbox"/> <b>ED-3 Redevelopment Program</b> - Plan and promote the development and redevelopment of vacant commercial and industrial sites, and facilities, and the revitalization efforts in the Greater Five Points Redevelopment Area and other residential neighborhoods.
<b>Administration, Planning, and Management Priority</b>
<input type="checkbox"/> <b>APM-1 Overall Coordination</b> - Provide program management and oversight for the successful administration of Federal, state, and local funded programs, including planning services for special studies, environmental clearance, fair housing, performance evaluation, monitoring, and compliance with all Federal, state, and local laws and regulations.
<input type="checkbox"/> <b>APM-2 Fair Housing</b> - Provide funds for training, education, outreach, and monitoring to affirmatively further fair housing in the City of New Bern.

**2. What National Objective(s) does your project fit under:**

- Benefits low- and moderate-income persons;
- Aids in the prevention or elimination of slums and blight; or
- Meets another community development need of particular urgency.

### **3. Description of Project & Grant Request:**

*On a separate sheet of paper, please describe the activities to be carried out through this funding request (include attachments):*

- *Describe the full details of the activity being undertaken with CDBG funds (who, what, where and how).*
- *Describe, and quantify where appropriate, the services and outcomes that will be provided as a result of the expenditure of CDBG funds.*
- *How will these services be delivered?*
- *Why are CDBG funds needed to support the project?*
- *How will the CDBG funds leverage other funds?*

### **4. Project Service Area:**

*The Project Service Area refers to the location where project beneficiaries reside or where clients accessing services reside. A Project Service Area may be a broader area that is beyond the actual location of a physical site.*

- *Describe the Project Service Area using street boundaries, census tracts, or other recognizable boundaries – if a proposed project/service is available to all City of New Bern residents, state the service area as City-wide. (Keep in mind the project must serve City of New Bern residents, regardless of the organization's physical location.)*

### **5. Describe the Clientele you intend to serve:**

*The organization must ensure that individuals or households benefiting from CDBG funding are low- and moderate-income. Documentation demonstrating this MUST be obtained for each client. This information will be used to measure the project's performance outcome.*

*On a separate sheet of paper, please answer the following questions:*

- *Is the project serving individual clients or households?*
- *If there is a target population served, explain how the population is selected, income qualified, and monitored.*
- *Describe the process of collecting data for individuals or households and explain what documentation your organization collects to determine income status (i.e. self-surveys, pay stubs, tax forms, bank statements, sworn statements, etc.).*

**FY 2023 Income Limits  
Craven County, NC MSA**

<b>2023 Income Limit Category</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>
<b>Extremely Low - 30% median income or below</b>	\$15,900	\$19,720	\$24,860	\$30,000	\$35,140	\$40,280
<b>Very Low - 50% of median income</b>	\$26,450	\$30,200	\$34,000	\$37,750	\$40,800	\$43,800
<b>Low - 80% of median income</b>	\$42,300	\$48,350	\$54,400	\$60,400	\$65,250	\$70,100

**LMI Clientele Table**  
*(Based on the income guidelines listed above)*

<b>Low/Moderate Income Persons or Households:</b>	<b>Total Number of Individuals or Households:</b>
<b>30% of median income or below</b>	
<b>30 - 50% of median income</b>	
<b>50 - 80% of median income</b>	
<b>Total # Served:</b>	

**6. Agency Description & Experience:**

*On a separate sheet of paper, briefly describe the following:*

- *Mission of the organization.*
- *Experience of the organization in carrying out the proposed activities/services.*
- *Length of time the organization has provided the proposed activities/services.*
- *Describe how your organization markets its services to clients/consumers. How do clients access your services and programs?*
- *What are your hours and days of operation?*
- *List the names of the board of directors and describe the staff and volunteers who will be involved on this project (including the training of volunteers).*

**7. Budget Breakdown:**

*Please fill out this budget to support your CDBG project request. The final program budget will be incorporated into the Statement of Work section of the organization's*

*subrecipient agreement with the City. On a separate sheet of paper, please provide a brief description of each budget line item.*

**Uses of Funds (Budget):**

<b>Use of Funds</b>	<b>Budget</b>
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
<b>Total:</b>	\$

**Sources of Funds:**

<b>Use of Funds</b>	<b>Budget</b>	<b>Committed (Yes/No)</b>
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>Total:</b>	\$	

*Please note: if this budget is not filled out completely your application will not be complete, which may affect if your proposal is funded.*

**Time Schedule:**

Task	Date
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

**8. Other Items**

*Attach a copy of the following items:*

- *Your organization's budget for the current year showing sources of funds and types of expenses.*
- *Commitment letters from non-CDBG sources or evidence of application(s) for other funds, if available.*
- *Most recent financial audit or statement, including balance sheet and income statement.*
- *Most recent IRS Form 990 submittal (or tax return).*
- *Most recent annual report.*
- *List of current officers and board members.*
- *Articles of Incorporation.*
- *IRS Determination Letter.*
- *Any other appropriate information about your project or organization (annual reports, maps, brochures, newsletters, news articles, etc.)*
- *Drawings, color photos, work summary, and cost estimates for public facility improvement projects.*

**Applications are due to the City of New Bern, Development Services Department, Economic and Community Development Office, 303 First Street, PO Box 1129, New Bern, NC 28563 by 4:00 p.m. on Friday, March 1, 2024. This deadline has been extended to 4:00 p.m. on Thursday, May 9, 2024. Please provide two (2) copies (1 original and 1 copy) of the application and all attachments NOT STAPLED OR BOUND. Application and attachments should be an 8-1/2" x 11" format and addressed to Ms. D'Aja Fulmore, Community Development Coordinator. If you have any questions or would like guidance in completing this application, please contact Ms. D'Aja Fulmore, Community Development Coordinator at (252) 639-7586 or via email at [FulmoreD@newbernnc.gov](mailto:FulmoreD@newbernnc.gov).**



## INFORMATIONAL QUESTIONNAIRE

This document is intended to be filled out by the Chairman of the Board of Directors or some other officer of the board. It is not intended to be completed by the Executive Director. These questions are for information to the City of New Bern and are not used in the consideration of funding under this agreement. Similar questions may be asked as consideration of future funding and your voluntary truthful answers will assist in the evaluation of questions to be asked in the future.

- Yes**     **No**    Does each member of your board have a copy of the latest 990 filed with the IRS?
- Yes**     **No**    Was this document reviewed by the organization's Board of Directors at a regular meeting prior to the filing of the document with the IRS?
- Yes**     **No**    Does each member of your board receive a copy of the audit or letter of compliance when compiled by an outside organization?
- Yes**     **No**    Are members of the Board able to ask questions of the author of this annual review?
- Yes**     **No**    Does an audit committee with some member from outside the organization review the audit or letter of compliance before it is presented to the Board of Directors?
- Yes**     **No**    Has your board of directors discussed voluntary compliance with the NC Nonprofits Standards of Excellence?
- Yes**     **No**    Does at least 75% of your board of directors attend more than 75% of your board meetings?
- Yes**     **No**    Is there a written policy on attendance by Board members?
- Yes**     **No**    Are your board meetings held on a regular schedule that is provided well in advance to all board members, or if changes are made, that they are communicated to all members of the board of directors?
- Yes**     **No**    Is a financial report presented in plain language provided to each member of the Board of Directors at each board meeting?
- Yes**     **No**    Are board members allowed to ask questions of the Executive Director during a portion of each board meetings?
- Yes**     **No**    Does the Board have a copy or access to the Articles of Incorporation, Bylaws, Mission and Vision statements if any?
- Yes**     **No**    Does your Board have a term limitation?

- Yes**     **No**    Is there a limit on terms that can be served by an officer of the Board?
- Yes**     **No**    Has each member of the Board of Directors provided a Conflict of Interest statement?
- Yes**     **No**    Has your organization adopted a Whistle Blower Policy?
- Yes**     **No**    Has your organization adopted a record retention policy?
- Yes**     **No**    Is the organization in compliance with Sarbanes-Oxley?
- Yes**     **No**    Has any member of the organization's Board of Directors ever been denied access to financial statements, minutes of the board or other material that are considered part of the transparency of governance?
- Yes**     **No**    Does the organization have a solicitation license from the State?
- Yes**     **No**    Is there a procedure for grievances to be filed by volunteers?
- Yes**     **No**    Does the Board provide an evaluation of the impact of the organization?
- Yes**     **No**    Does the Board evaluate itself annually?
- Yes**     **No**    Does the Board of Directors govern with a desire for Openness?
- Yes**     **No**    Is there a Strategic Plan for funding?
- Yes**     **No**    Does the Board approve an annual budget by a formal vote?
- Yes**     **No**    Is there a written statement of expectations for members of the Board of Directors?
- Yes**     **No**    Does each member of the Board of Directors contribute financially to the Organization?

## STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of New Bern may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. The applicant will participate in required interview(s) for project assessment and cooperatively assist in the review process.
4. That, if the project(s) is recommended and approved by the selection committee, the City of New Bern reserves the right to reduce and/or cancel the allocation if federal entitlements are canceled, reduced, or rescinded.
5. The City of New Bern reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. By submission of this application, the organization agrees to abide by the City of New Bern's locally established policies and guidelines.
8. Past program and financial performance will be considered in reviewing this application.
9. Services are to be provided at no cost to citizens during the grant period. All program income (i.e., fees, repayments, foreclosures, etc.) must be remitted to the City of New Bern.
10. If the project is funded, the City of New Bern, or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. If the project is funded, the City of New Bern will perform an environmental review prior to the obligation of funds.
12. If a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City of New Bern.

- 13. A project’s funding does not guarantee its continuation in subsequent action plans.
- 14. Provide written signatory authority from the organization’s governing body indicating who can execute contracts and amendments on its behalf.
- 15. Disclosure by attached memo of matters that may give the appearance of a conflict of interest. (i.e., City of New Bern staff members/employees, elected officials, staff members’ families, elected officials’ families)

**I hereby acknowledge the above statement.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## CERTIFICATION

The undersigned certifies the information contained herein is true, accurate, and complete to the best of his/her knowledge and belief. The applicant agrees to comply with all Federal, State, and City policies and requirements affecting the CDBG program. The signatory declares that he/she is an official of the organization, is authorized to file this application, and certifies that the information in this application is true and accurate, to the best of his/her knowledge. In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the Development Services Department, 303 First Street, New Bern, NC 28560 no later than 4:00 p.m. on Friday, March 1, 2024. This deadline has since been extended to **4:00 p.m. on Thursday, May 9, 2024**

- 1 original and 1 copy of the application with **all** questions completed. ***If an area does not apply, state N/A, do not leave a question blank.***
  
- Articles of Incorporation and Bylaws
  
- Current List of Board of Directors
  
- Certified Organization Audit/Financial Statements of most recent year
  - a. Copy of OMB A-133 Audit (required if \$750,000 in aggregate Federal funds expended), or
  - b. Financial statements audited by a CPA (only if not qualified for A-133), or
  
- IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
  
- Copy of IRS Form 990 filed for most recent year
  
- Form W-9 (can be obtained at [www.irs.gov](http://www.irs.gov))
  
- Current Fiscal Year Agency Budget, including all funding sources
  
- Job Descriptions for this activity/project
  
- Organizational Chart
  
- An Executed Statement of Applicant Form
  
- An Executed Signature Authorization Form

**I hereby confirm that this packet contains all materials requested.**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**