

If you checked that your organization is a non-profit 501(c) corporation, please attach a list of the *names and addresses of your board members*.

Please provide a brief description of the services and programs your agency provides?

B. Prior Funding

Has your agency ever been approved for funding under this program? Yes ____ No ____

If your agency has been awarded funding, what year did you receive funding?

If yes, has all of the funds awarded been drawn down from Brazoria County and spent?

Yes ____ No ____

If all of the funds have not been spent, please explain the reasons why it has not:

What accomplishments were achieved with the prior funding?

C. PERSONNEL

Does your agency have a personnel policy manual? Yes ____ No ____

Does it include a non-discrimination clause? Yes ____ No ____

Does it include procedures for filing grievances? Yes ____ No ____

Total number of current employees at all locations: _____

Total number of current employees at this location: _____

Total number of employees to be hired for the proposed service or program: _____

Provide a listing of the key staff and employees, their primary job duties, and other pertinent information relating to your proposed project. If Community Development Block Grant (CDBG) funds will be used to hire personnel, please provide a brief job description of these positions. Include any qualification requirements (licenses, training, education, etc.) which will be required.

D. PROJECT SUMMARY. Briefly describe the proposed project, service or activity. The narrative should include the need or problem to be addressed as well as the population and area to be served. **Include an estimate of the number of clients or persons that will benefit from the proposed program or service.** Also describe your method of approach to address the problem and the anticipated benefits.

E. ITEMIZED BUDGET. List an itemized budget specifying line item costs such as salaries, contract services, supplies, equipment, etc. Provide as much detail as possible.

Line Item Description	Grant Funds	Other Funds	Total
Cumulative Total:	\$	\$	\$

F. SOURCES AND AMOUNTS OF OTHER FUNDING. List all other amounts and sources of funding to be utilized to **support the proposed project, service or activity.**

G. FINANCIAL INFORMATION

When does your fiscal year end? _____

Does your agency prepare monthly financial statements? Yes ____ No ____

Does your agency prepare monthly program status reports for the services, programs, and activities currently administered? Yes ____ No ____

Do you submit any reports to another funding agency? Yes ____ No ____

Do you have any written policies concerning the keeping of records on the services, programs, and activities currently administered by your agency? Yes ____ No ____

Your agency will be required to retain all records pertinent to expenditures involving the use of CDBG funds for a period of five years after termination of all services and activities funded.

H. AUDIT REQUIREMENTS

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, the Federal government requires that organizations receiving \$300,000 or more in Federal financial assistance in a fiscal year must have an audit performed. Agencies receiving \$300,000 in Federal financial assistance which are approved for funding will be required to provide Brazoria County with two copies of the annual audit within thirty (30) days of receiving it.

Does your organization receive more than \$300,000 in Federal funds? Yes ____ No ____

Does your organization conduct an annual audit each year? Yes ____ No ____

If your agency conducts an annual audit even though you receive less than \$300,000 in Federal funds, you will be required to submit a copy of this audit report to Brazoria County.

I. INSURANCE

Does your agency have liability insurance coverage? Yes ____ No ____

If yes, please provide *proof of insurance* with this application.

Your agency will be required to hold harmless, defend and indemnify the county from any and all claims, actions, suits, charges, and judgments whatsoever that arise out of your agency's performance or nonperformance of the services or programs called for in the application.

Does your agency have fidelity bond coverage for the person who will handle CDBG funds or authorize requests for payments?

Yes _____ No _____

If yes, please provide *a copy of this fidelity bond* with this application.

The amount of the fidelity bond coverage will be specified in the agreement between your organization and the County. Typically, the amount of the bond will be that same as the amount of grant funds awarded to your organization.

Does your agency have workers compensation insurance? Yes _____ No _____

If yes, please provide *proof of insurance* with this application.

If your proposal is selected for funding, your agency will be required to have a fidelity bond, to maintain general liability insurance in the amount of at least \$100,000 and to provide workers' compensation insurance coverage for all employees involved in the performance of grant-funded services or activities funded during any fiscal year CDBG funds are received. Proof of this insurance will be required to be submitted to the County.

J. CONFLICT OF INTEREST STATEMENT

I hereby covenant that I or any officer or employee of this agency/organization does not have and shall not acquire any financial interest, direct or indirect, which would conflict in any manner or degree with the performance of services or activities proposed in this application. Also, on behalf of the agency/organization, I further certify that no person having any financial interest shall be employed or retained. These conflict of interest provisions apply to any person who is an employee, agent, consultant, officer, or elected or appointed official of Brazoria County or any of the participating jurisdictions or other subrecipients which are receiving funds under the CDBG Entitlement Program.

Signed by:

Name: _____

Title: _____

IMPORTANT NOTICE: ANY ORGANIZATION THAT RECEIVES GRANT FUNDING FROM THE COUNTY OF BRAZORIA UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICES FUND MAY BE REQUIRED TO PARTICIPATE IN A WEBCARE SYSTEM. PLEASE CONTACT JENNIFER CRAINER, BRAZORIA COUNTY COMMUNITY DEVELOPMENT DEPARTMENT, AT (979) 864-1220 DURING REGULAR BUSINESS HOURS FOR MORE INFORMATION.