

# COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

46<sup>th</sup> Year (2020-2021)

## FAIR HOUSING APPLICATION



Department of Community and Human Development

PREPARED BY THE DEPARTMENT OF  
COMMUNITY AND HUMAN DEVELOPMENT

**DEADLINE TO SUBMIT APPLICATION IS MONDAY, DECEMBER 2, 2019**  
Contact [DCHDServices@elpasotexas.gov](mailto:DCHDServices@elpasotexas.gov) for technical assistance.

**Applicant:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**CDBG Funds Requested:** \_\_\_\_\_

1. Department Name or Legal Name of Entity: \_\_\_\_\_

2. Type of Applicant: \_\_\_\_\_ Government Entity \_\_\_\_\_ Non-Profit Agency

3. Address: \_\_\_\_\_

4. Phone Number: \_\_\_\_\_

5. Contact Person \_\_\_\_\_

a. Name: \_\_\_\_\_ b. Title: \_\_\_\_\_

c. Phone Number: \_\_\_\_\_ d. Email Address: \_\_\_\_\_

6. DUNS Number : \_\_\_\_\_

7. Project Name: \_\_\_\_\_

8. Main Address: \_\_\_\_\_

9. Project Type (select one that applies):

\_\_\_\_\_ Fair Housing

### 10. Funding Information

Amount of CDBG funding request..... \$ \_\_\_\_\_

Amount of other committed cash resources\*..... \$ \_\_\_\_\_

**\*A minimum 10% committed cash contribution from a non-CDBG source must be provided.** City Department applicants who would like to request a waive for this requirement must complete the attached Project Match Waiver Request Form.

Total project cost..... \$ \_\_\_\_\_

I hereby declare that the details furnished in, and attached to, this application are true and correct to the best of my knowledge and belief, and I undertake to inform you of any changes therein, immediately.

\_\_\_\_\_  
Signature  
Director / Executive Director / Chief Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## 11. Project Description

- a. **Summary.** Provide a brief paragraph summarizing the project for which funding is requested.

- b. **Scope of Project.** Identify the target population that will be served by the fair housing activities program. Describe the nature of the services to be offered, the time and location of the services, and the objective of the services. Since the housing services must be linked to the Fair Housing Act (42 U.S.C. 3600-20, as amended), please identify what activities the proposed services will include and their relationship to this Act.

## 12. Project Justification.

- a. **Community Need.** Describe (1) the community problem this project should address, (2) how this project is expected to resolve the given issues, (3) the public benefit that should come from this project.

**13. Agency Capacity.** What is the applicant agency's capacity to administer the programs and/or services that will be provided in the CD-funded facility? Has the agency successfully carried out similar type of programs/services? Identify key staff or consultants who will be responsible for program administration, and a brief resume of their experience.

**14. Outcome Performance Measurement.** HUD requires recipients to assess the outcomes for all its projects. The City of El Paso utilizes an Outcome Performance Measurement System to establish and track measurable outcomes and objectives for all of its HUD-funded programs. All approved applicants will be required to submit an Outcome Performance Measurement Worksheet.

\_\_\_\_\_ Complete attached Outcome Performance Measurement Worksheet.

**15. Relocation Assistance and Payments.** Federal regulations require that all tenants (residential, commercial or industrial) who are permanently or temporarily displaced as a result of CDBG-funded projects must be afforded financial benefits and advisory services.

Will any tenants be permanently or temporarily displaced as a result of this project?

\_\_\_\_\_ Yes\*                      \_\_\_\_\_ No

\*If yes, contact the DCHD's Housing Division at (915) 212-0139 for consultation on relocation benefits

**16. Previous CDBG Assistance.**

a. Has the applicant been awarded previous years' CDBG funding from the City of El Paso for this particular project? \_\_\_\_\_ Yes\*    \_\_\_\_\_ No

\* If yes, indicate below the grant year, the awarded amount and the purpose of the funding. Use an additional sheet, if necessary.

Program Year	Awarded Amount	Purpose of Funding
	\$	
	\$	
	\$	
	\$	

Note: Funding for the ongoing program year must be assigned to one line. One line can be used to describe *all other* previous CDBG funding for *other* years.



**18. Other Funding Opportunities.** Has the applicant requested/applied for funding from other sources, which would cover the same scope of work proposed in this application?

\_\_\_\_\_ Yes\*      \_\_\_\_\_ No

\* If yes, indicate below the funding source, the amount requested, the amount approved/denied, and if this funding request is still pending.

Funding Source	Amount Requested	Amount Approved	Amount Denied	Pending? Y/N
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

**19. Other Funding Sources.** Indicate all other funding sources that will be used to implement the project. This may include commitments from private foundations, private donors, lending institutions, or another federal funding source that will be used to augment or supplement the CD funding. Indicate for each funding source whether the funding will be a grant or loan and any conditions that the funding agency may have placed on the funding.

Loan, grant or cash?	Amount	Funding Source	Purpose	Special conditions (if applicable)
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
<b>TOTAL</b>	\$			

# FAIR HOUSING APPLICATION-SPECIFIC COMPLETENESS CHECKLIST

Applicant must complete the following Completeness Checklist to confirm that all required documents have been attached to the application. Documents must be attached to the application in order for the applicant's submission to be considered completed.

For  
Applicant  
Use

## THIS SECTION APPLIES TO ALL APPLICANTS

For  
DCHD  
Use

\_\_\_\_\_ General Completeness Checklist from Policies and Procedures with related attachments \_\_\_\_\_

\_\_\_\_\_ Applicant designee attended mandatory training workshop \_\_\_\_\_

\_\_\_\_\_ Outcome Performance Measurement Worksheet \_\_\_\_\_

**GENERAL COMPLETENESS CHECKLIST  
(FROM POLICIES AND PROCEDURES)**

The following documents must be attached to each application; those submitting an LOI should only follow this checklist after the LOI has been approved. This checklist does not apply to City departments. Refer to your respective application for an additional completeness checklist that provides further requirements that are unique to the program.

For  
Applicant  
Use

For  
DCHD  
Use

**THIS SECTION APPLIES TO ALL APPLICANTS**

- Assurances A – Acceptance of Grant Conditions and Terms of CDBG, HOPWA and ESG
- Assurances C – Assurance of Compliance with Ordinance No. 9779
- Assurances D – Accessibility / Letter of Assurance
- Attendance of the Mandatory Training Workshop by appropriate personnel
- Zoning Conformance – must attach Zoning Verification Letter

**THIS SECTION APPLIES TO NON-MUNICIPAL GOVERNMENT ENTITIES  
AND NON-PROFIT AGENCIES ONLY**

- List of Current Board of Directors (Certified by Board President and Secretary)
- Certified audit, completed within past 12 months, and covering a period ending on a date after January 31<sup>st</sup> from two years prior to the upcoming program year (e.g., an audit covering a period ending on a date after January 31, 2018 must be submitted for an application that is being submitted for the 2020 program year)
- Written minute action and/or Board approval documentation signed by the Board President authorizing submittal and signature of the CDBG application by Board President (or other authorized representative)

**THIS SECTION APPLIES TO NON-PROFIT AGENCIES ONLY**

- Assurances B – Assurances of Applicant Eligibility for Non-Profit Organizations
- Certificate of Status from the Texas Secretary of State
- Organizational By-Laws
- IRS 501 (c)(3) certification letter



# Fair Housing Attachment 1

## Outcome Performance Measurement Worksheet

(must be completed by all applicants)

The Outcome Performance Worksheet is composed of five project components:

1. **Objective** – describes the goal of the project based on its intent. Applicant must select one objective from the following options:
  - a. **Create a suitable living environment.** This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, literacy or elderly health services.
  - b. **Provides decent affordable housing.** This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.
  - c. **Create economic opportunities.** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

Note: Most public facilities projects meet objective #1.

2. **Outcomes** - reflect the changes the applicant expects to occur in clients' lives and/or the community as a result of the proposed activity. Applicant must select one outcome from the following options:
  - a. **Improve availability and/or accessibility.** This outcome applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low-to-moderate income (LMI) persons, including persons with disabilities. Accessibility does not refer only to physical barriers; it also includes making the affordable basics of daily living available and accessible to LMI people in the neighborhoods in which they live.
  - b. **Improve affordability.** This outcome applies to activities that provide affordability in a variety of ways in the lives of LMI persons. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
  - c. **Improve sustainability.** This outcome applies to projects where the activity is aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to LMI persons through multiple activities or services that sustain communities or neighborhoods.

Note: Most public facilities projects meet outcome #1.

3. **Output Indicator** – number of persons, or households, which will be assisted or served by this project.
4. **Description** – description of the project proposal.
5. **Outcome Statement** – a compilation of items #1-4.

*Output Indicator + Outcomes + Description + Objective = Outcome Statement*

For example, 52 households (*output*) will have new access or availability (*outcome*) to public sewer (*activity*) for the purpose of creating a suitable living environment (*objective*)

**Provide the following information to complete your Outcome Performance Worksheet:**

**1. What is your project's objective? Select one of the following:**

- Create a suitable living environment
- Provide decent affordable housing
- Create economic opportunities

**2. What is your project's outcome? Select one of the following:**

- Improve availability and/or accessibility
- Improve affordability
- Improve sustainability

**3. Provide project output indicator:** \_\_\_\_\_

**4. Provide short description of activity being performed:**

**5. Generate project outcome statement:**

*(Output Indicator + Outcomes + Description + Objective = Outcome Statement)*