

CARE ACT SUPPORT FUND CIP APPLICATION

Coronavirus CARE Act Support Funds must be used to prevent, prepare for, and respond to the Coronavirus and must help contribute to the business, individual or non-profit's ability to remain open, retain employees, remain in housing and/or provide critical services during this public health crisis. Coronavirus CARE Act Support funded activities must result in a benefit to individuals/households that are equal to or below 80% of the Adjusted Median Income as that term is defined by the U.S. Department of Housing and Urban Development. Funds may not be used for expansion or capital improvements.

ACTIVITY TITLE: _____

DATE: _____

PREPAROR'S NAME: _____

AGENCY: _____

PHONE #: _____

E-MAIL: _____

ACTIVITY DESCRIPTION:

Please describe how funding will be used to prevent, prepare for, or respond to the Coronavirus:

ACTIVITY SPECIFIC - BENEFICIARY INFORMATION:

Estimated number of low-moderate income Beneficiaries supported by CIP Project funding request: _____

Number of Agency Staff supported by funding request: _____

AGENCY INFORMATION:

Is the Agency a: Sole Proprietor or an Individual Partnership Corporation 501(c)(3) non-profit Other (Specify) _____

Agency's service area (for ALL agency programs): Manchester Greater Manchester Statewide (check all that apply)

City of Manchester Charter Article IX, Sec. 9.03 and HUD 24 CFR 570.611 prohibit employees and public officials of the City of Manchester from having any direct or indirect financial or personal interest in the outcome of any matter or transaction coming before the agency of which he/she is a member or by which he/she is employed. This questionnaire must be completed by each agency/non-profit organization applying for City of Manchester Community Improvement Program funding. The purpose of this questionnaire is to determine if the applicant, any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

Is there any member(s) of the agency's staff, Board of Directors, or governing body who is or has/have been within **one year** of the date of this application (a) a City employee or consultant, (b) a member of the Board of Mayor and Aldermen, (c) a member of another City agency or commission?

Yes No

If yes, please indicate: (a) (b) (c)

Name of individual(s): _____ Job Title(s): _____

Is there any member(s) of the agency's staff, Board of Directors, or governing body who is/are business partners or family members of a **current** (a) City employee or consult, (b) a member of the Board of Mayor and Aldermen, (c) a member of another City agency or commission?

Yes No

If yes, please indicate: (a) (b) (c)

Name of individual(s): _____ Job Title(s): _____

Indicate type of connection (Family or Business): _____ If Family, indicate relationship: _____

Is your agency a member of the Continuum of Care? _____

Does your agency comply with HMIS reporting requirements? _____

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CIP ACTIVITY REQUEST HISTORY:

Is this a First Time Request: Yes No

If no, please provide the most recent funding year: _____

If no, please provide the most recent funding award: _____

If no - What is the anticipated increase in level of services that will result from project funding approval? _____

BUDGET DESCRIPTION:

Activity Budget Description (Please fill in appropriate line items)				Agency Budget Description	
OPERATIONAL SUPPORT LINE ITEM		CAPITAL REQUEST LINE ITEM			
SALARIES & WAGES		DESIGN/ ENGINEERING		Total Agency Operating Budget (for all programs)	_____
FRINGES		CONSULTANT FEES		Total Percentage of Agency's Administrative	_____ %
CONSULTANT FEES		CONSTRUCTION ADMIN		Total Amount of Agency Revenue Expected From All Sources	_____
ACTIVITY EQUIPMENT		LAND ACQUISITION			
ACTIVITY OVERHEAD		CONST. CONTRACTS			
OTHER (SPECIFY)		OTHER (SPECIFY)			
TOTAL		TOTAL			

ACTIVITY FUND SOURCES: INCLUDE ALL SOURCES (Including CIP Requested Amount)

Amount	Source
_____	CIP Funds _____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL ACTIVITY BUDGET _____	

CARE ACT SUPPORT FUND CIP APPLICATION INSTRUCTIONS:

The CIP CARE Act Support Fund Application is designed to be straightforward and as easy to complete as possible. Most of the information requested is self-explanatory. Please do not hesitate to call the CIP Program Staff at 624-6450 with any questions.

Please e-mail your completed application to the Planning & Community Development Department.

E-mail: kroy@manchesternh.gov

Activity Title/Agency - Self-explanatory.

General Description/Activity Description - This section provides information to the CIP Staff as to the intent, expected results, and beneficiaries of the proposed activity. Please also include the alternatives/ impacts if the project or program was not approved.

Activity Specific – Beneficiary Information – This section is made up of two (2) questions and requires the Agency to provide estimate for the number of unduplicated beneficiaries for the entire Activity. The Agency needs to estimate the number of Agency Staff who will be supported by CARES funding.

Agency Information – This section provides the CIP Staff background information on the applying agency. The six (6) questions are self-explanatory.

CIP Activity Request History – The “Is this a First Time Request” question is self-explanatory. If this activity has been funded in the past, please list the most recently funded year and amount of the award. Additionally, be sure to address what the anticipated increase in level of services that will result from activity funding approval.

Budget Description – This section requires specific funding and budgeting information related to both the CIP Project Funding Request and the Agency.

Activity Budget Description - Operations Support Line Item and Capital Request Line Item - These are line item components of the overall CARES Activity Budget Request. For example, “Operational Support Line Item” has six components to it and filling in each component will give the CIP Staff a better understanding of what constitutes the total CARES funding request. If you are submitting a capital request for activity funding, then complete the “Capital Request Line Item” section. Please fill out appropriate line items that are specific to your CARES funding request (i.e., only complete the Operational Support Line Items if you are proposing a public service project). For example, if your agency is requesting \$25,000 of CARES funding, the line items for operational support or Capital Request should total \$25,000.

Agency Budget Description – This section includes three (3) questions directly related to the overall Agency Operating Budget. The first two questions are self-explanatory and ask the Agency to provide the Total Operating Budget and the Total Percentage of the Agency Operating Budget used for Administrative Costs. The last question, “Total Amount of Agency Revenue Expected From All Sources (except tuition and fees)” is looking for how much of the Agency’s Operating Budget is funded through Federal, State, Local, or Private grants and/or endowments, donations/fundraising, annual campaigns, and/or in-kind services. The number the Agency provides should not include any funds self-generated by the Agency such as program tuition or fees collected from clients or insurance.

Activity Fund Sources - If your activity will be funded in whole or in part by sources other than the CARES funding, please list them. Include all sources separately, including CARES, in the “Total Activity Budget” line. Estimating the amount of project funding is acceptable as we are just trying to get a picture of the type of funding that will support the activity.
