

Program Overview

No data saved

Case Id: 10375

Name: Neighborly Test - 2022/23

Address: 123 Main St

Program Overview



Community Development Funding is evaluated by the Community Services Advisory Committee (CSAC). The primary goal of the CSAC committee is to support programs, services, and use of public resources to address complex social problems such as economic instability, housing, homelessness, and meeting community service needs.

The committee's evaluation criteria listed below is not ranked in order. Criteria is intended to help applicants understand the decision-making process. Final funding recommendations to City Council will be based upon the organization's conformance with the criteria, the City's Consolidated Plan for Housing and Community Development.

1. Meet one of three National Objective for Community Development
 - A. Benefit to low and moderate-income households
 - B. Elimination of slum or blight
 - C. Meeting an urgent community need
2. Overall Value/Cost of the Program
3. Demonstrated Community Need
 - a. As noted in the current Consolidated Plan for Housing and Community Development
 - b. Community Needs identified through public hearings, community surveys
 - c. City Council stated priorities

Printed By: Luisa Garcia on 11/7/2022

1 of 24

4. Agency is a 501 © 3 operating for at least two years in the City of Denton or service City of Denton resident for at least two years.
5. Staff capacity to carry out the services and manage awarded funds.
6. Availability of funding allocated
7. Leverage of other funds for greater impact
8. Ability to expect funds in a timely manager
9. Agency and program viability

A. Agency Information

Completed by naomi.smith@neighborlysoftware.com on
10/17/2022 1:28 PM

Case Id: 10375
Name: Neighborly Test - 2022/23
Address: 123 Main St

A. Agency Information

Please provide the following information.

PART 1. GENERAL INFORMATION

A.1. Agency Legal Name

Tom's Help

A.2. Employer Identification Number

11,111

A.3. Address & Contact Information

123 Main St Denton, TX 11111

A.4. Activity Contact Information (If Different)

987 Back Street Atlanta, GA 30316

A.5. **Contact(s)** — Person or persons to receive all application notices, requests, and application information.

Backup Contact-

Name

Naomi Smith

Email - ~~leave email blank if print notifications is preferred~~

Phone

(678) 469-9410

A.6. **Length of Service-** Answer each question (not applicable for City departments)

A.6.a. **What year was your agency founded?**

1,995

A.6.b. **Years operating in the City of Denton**

5

A.7. Mission

asdf

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A.8. Application Services- please list all programs offered by the agency
asdf

B. Objectives

No data saved

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B. Objectives

Please provide the following information.

PART 2. - MEETING OBJECTIVES

There are priority funding areas and target populations established by HUD and the City of Denton. Please mark all that apply to your clients served by the ACTIVITY to be funded.

B.1. Proposed Activity Meets National Objective

- Providing benefit to low- and moderate-income
- Preventing or eliminating slums or blight
- Meets other urgent community development

B.2. Eligibility Requirements for Beneficiaries

- Presumed Benefit (only in Eligible Categories Below)

Homeless

Severely Disabled Adults

Domestic Violence (DV) Victims

Neglected/Abuse Children Services

Migrant Farm Workers

Illiterate Persons

Persons with AIDS

At Risk of Homelessness

Fleeing, or Attempting to Flee, Domestic Violence, Dating Violence, Sexual Assault, Stalking, or Human Trafficking

- Income Qualified
- Geographic Location
- Other - Please explain in comment box

Comment Box

B.3. Please [describe](#) ~~indicate~~ the community need/persons served:

Emergency Services/Crisis Services

Preventative/Supportive Services

Comment Box

C. Funding Request 1

No data saved

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C. Funding Request 1

Please provide the following information.

PART 3. - FUNDING REQUEST - ACTIVITY, AMOUNT, OUTCOMES

C.1. Activity Name

C.2. Location(s)

C.3. Days & Hours of Operation

C.4. Activity Description

C.5. Total Funding Amount Requested

\$0.00

C.6. ~~IMPACT-OUTCOME STATEMENTS-MEASURES~~ - For the activity to be funded, please describe up to three (3) outcomes impacts. Include the outcome impact description, what will be measured, and targets. (i.e. describe the changes, benefits, or other effects that happen as a result of participating in the activity- outcomes). Outcomes should have a clear and defined unit of measurement. Standardized outcomes may be implemented in contracts for the 2023/24 program year.

<u>ImpactOutcome</u>	Description	Target #	Target %	Total # in Activity
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C.7. PARTIAL FUNDING- How would the project be carried out if only partial funding was awarded?

D. Funding Request 2

No data saved

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D. Funding Request 2

Please provide the following information.

D.1.

Unduplicated: Please provide beneficiary numbers for all applicants activities and also in the activity requested to be funded. If applicant and activity information are the same, please only use the applicant column. For CURRENT and NEXT FY projections are acceptable.

a.

Total Served	Last FY Applicant	Last FY Activity	Current FY Applicant	Current FY Activity	Next FY Applicant	Next FY Activity
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b.

City of Denton Residents	Last FY Applicant	Last FY Activity	Current FY Applicant	Current FY Activity	Next FY Applicant	Next FY Activity
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c. Wait List?

Please provide information below to help identify what is the cost per client/unit that the grant is funding compared to the total program cost.

D.2. Funds will be used to pay (salary, portion of a service fee, rental assistance, pre-development fees, construction costs, etc.)

Funding Item	Amount Requested	# Clients	# Units Delivered	Total Cost	City of Denton
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					Grant Request
	\$0.00				\$0.00

E. Narrative

No data saved

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E. Narrative

Please provide the following information.

E.1. FUNDING NARRATIVE - COMMUNITY NEED(s)

Please provide a description of the activity including how it is designed and implemented to have an impact on the community need(s). Explain client outcomes (changes to clients as a result of participating in the program).

Describe how the proposed funds will be used to support the activity. Also explain the services offered and, all resources needed to implement the activity. USE STATISTICS/CITE SOURCES.

E.2. FUNDING NARRATIVE – IMPACT

Provide a summary of your evaluation system. How do you evaluate the effectiveness of your activity? What is the evaluation process that helps you ensure the activity is meeting the needs of the beneficiaries and creating impact?

E.3. Provide a brief summary of your participation in local coalitions, collaborations, and partnerships that ensure your services are not duplicated and how you are maximizing resources. Describe how your agency/department partners with local agencies, how these collaborations have made a positive impact on the community need, and the impact to your activity. If there is someone in the community doing the same service, please explain what makes you different. What sets you apart?

F. Revenue & Expenses

No data saved

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Address: 123 Main St

F. Revenue & Expenses

Please provide the following information.

F.1. Please click [HERE](#) to download your Revenue and Expense Spreadsheet.

Revenue and Expense Spreadsheet *Required

***No files uploaded*

G. Beneficiaries- Income Qualification

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No data saved

G. Beneficiaries- Income Qualification

Please provide the following information.

Qualifying Income Limits for Federally Assisted Programs										
Maximum Income Levels										
Family	Moderate Income		Low Income		Very-Low Income		Extremely-Low Income			
Size	80% - 65% AMI		65% - 50% AMI		50% - 30% AMI		≤ 30% AMI			
1	\$49,850	- \$40,501	\$40,500	- \$31,151	\$31,150	- \$18,701	\$18,700	-	or below	
2	\$57,000	- \$46,301	\$46,300	- \$35,601	\$35,600	- \$21,401	\$21,400	-	or below	
3	\$64,100	- \$52,101	\$52,100	- \$40,051	\$40,050	- \$24,051	\$24,050	-	or below	
4	\$71,200	- \$57,851	\$57,850	- \$44,501	\$44,500	- \$26,701	\$26,700	-	or below	
5	\$76,900	- \$62,501	\$62,500	- \$48,101	\$48,100	- \$28,851	\$28,850	-	or below	
6	\$82,600	- \$67,151	\$67,150	- \$51,651	\$51,650	- \$31,001	\$31,000	-	or below	
7	\$88,300	- \$71,751	\$71,750	- \$55,201	\$55,200	- \$33,151	\$33,150	-	or below	
8	\$88,300	- \$76,401	\$76,400	- \$58,751	\$58,750	- \$35,251	\$35,250	-	or below	

G.1.a. Using the chart above indicate the number of beneficiaries qualified in each income category. Current and next FY projections are acceptable. (*For presumed benefit, please only fill in only the presumed benefit line and provide the description of qualifying category in Part H.1.b. below. To claim Presumed Benefit, it must be 100% of clients served.)

Income Category	LAST FY Applicant	LAST FY Activity	CURRENT FY Applicant	CURRENT FY Activity	NEXT FY Applicant	NEXT FY Activity
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G.1.b. How do you target this population? If low-income clients are not your target, please explain how your organization meets needs that could not be met if your program did not exist.? Please limit your responses to the space provided.

H. Beneficiaries- Demographics

No data saved

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H. Beneficiaries- Demographics

Please provide the following information.

H.1.a. BENEFICIARIES AND DEMOGRAPHIC INFORMATION

Please answer by providing annual totals for the categories listed below. Provide numbers for all agency activities and also separate information for the specific activity requested to be funded. If agency only has one activity and the activity information would be the same, please only use the agency/department column. CURRENT and NEXT FY projections are acceptable.

ETHNICITY	LAST FY Agency/Department	LAST FY Activity	CURRENT FY Agency/Department	CURRENT FY Activity	NEXT FY Agency/Department	NEXT FY Activity
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RACE (as defined by HUD)	LAST FY Agency/Department	LAST FY Activity	CURRENT FY Agency/Department	CURRENT FY Activity	NEXT FY Agency/Department	NEXT FY Activity
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FEMALE HEAD OF HOUSEHOLD	LAST FY Agency/Department	LAST FY Activity	CURRENT FY Agency/Department	CURRENT FY Activity	NEXT FY Agency/Department	NEXT FY Activity
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H.2. How many of your staff are past/current recipients of your services?

H.3. How many of your volunteers are past/current recipients of your services?

H.4. What steps do you take to be more diverse and target these populations to deliver your services? [What populations?](#)

I. HR - General

No data saved

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I. HR - General

Please provide the following information.

I.1. Staff Totals

Staff Totals	Number of Staff
Total	0

I.2. Demographics

# Staff	Race	Ethnicity
0		

I.3. Volunteers

# Staff	Race	Ethnicity
0		

I.4. CAPACITY- By checking this box, you affirm that this agency/department has adequate staff/volunteer capacity to meet the grant reporting requirements for monthly financial payment request, beneficiary reporting and performance reporting as well as regular reporting of all monitoring items including: Board Agendas, Minutes, Board Approved Balance Sheets, Board Approved Profit and Loss Statements and others as requested.

NOT APPLICABLE FOR PUBLIC IMPROVEMENT PROJECTS

J. HR Staff List

No data saved

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J. HR Staff List

Please provide the following information.

J.1. Please provide information about staff (years, name, title (function), and annual compensation). Same positions or job titles can be group and listed with a salary ranges and number of positions.

Years with agency (or average)	Name (or #) of positions	FT/PT	Title/Staff Position	Annual Salary or Annual Salary Range
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J.2. Are medical benefits provided to Full time staff?

J.3. Are medical benefits provided to Part time staff?

J.4. Highest paid staff title

J.5. Highest paid staff pay rate (hourly)

\$0.00

J.6. Lowest paid staff title

J.7. Lowest paid staff pay rate (hourly)

\$0.00

J.8. CEO/EXECUTIVE DIRECTOR INFORMATION

J.9. CEO Name:

J.10. CEO Years with Agency:

J.11. CEO Annual Salary or Annual Salary Range:

J.12. CFO/FINANCIAL OFFICER INFORMATION

J.13. CFO Name:

J.14. CFO Years with Agency:

J.15. CFO Annual Salary or Annual Salary Range:

K. HR Board List

No data saved

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Address: 123 Main St

K. HR Board List

Please provide the following information.

K.1. Current Board List

Start	End	Name	Board Position	City of Residence	Email Address
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K.2. Board term length

K.3. Maximum number of consecutive terms allowed

K.4. Please provide explanation for any board members with tenure greater than 6 years

PRESIDENT INFORMATION

K.5. President Name:

K.6. Start Term:

K.7. End Term:

K.8. City of Residence:

SECRETARY INFORMATION

K.9. Secretary Name:

K.10. Start Term:

K.11. End Term:

K.12. City of Residence:

TREASURER INFORMATION:

K.13. Treasurer Name:

K.14. Start Term:

K.15. End Term

K.16. City of Residence:

THIS SECTION
ONLY INCLUDED
IN HUMAN SERVICES
APPLICATION

L. Risk Analysis

No data saved

Case Id: 10375

Name: Neighborly Test - 2022/23

Address: 123 Main St

L. Risk Analysis

Please read the statements below. If you answer YES to any of the statements, please give yourself the applicable points.

RISK FACTOR/RISK VALUE	YES/NO	SCORE
		0

[No statements here](#)

M.Required Documents

No data saved

Case Id: 10375

Name: Neighborly Test - 2022/23

Address: 123 Main St

M.Required Documents

Please provide the following information: (NOT APPLICABLE TO CITY DEPARTMENTS)

ALL Applicants

Please click [HERE](#) to download Application Certification.

Application Certification ***Required**

***No files uploaded*

ALL Applicants except City of Denton Departments

Audit (must be 2019 or later)

city of denton Logo.PNG

IRS 990

city of denton Logo.PNG

Monitoring Reports for the past two fiscal years

***No files uploaded*

Strategic Plan

***No files uploaded*

YTD Profit/Loss Line Item Comparison – 12 months

***No files uploaded*

NEW APPLICANTS ONLY

Articles of Incorporation

***No files uploaded*

Bylaws

***No files uploaded*

Non-Profit Tax Status Certification (IRS Determination Letter)

***No files uploaded*

Submit

Completed by naomi.smith@neighborlysoftware.com on
9/21/2022 3:03 PM

Case Id: 10375

Name: Neighborly Test - 2022/23

Address: 123 Main St

Submit

Please complete

Signature certifies that the City of Denton Community Development Funding Application is:

Completed using accurate organizational information

Approved by the Board of Directors

Applicant's Signature

Naomi Smith

Electronically signed by naomi.smith@neighborlysoftware.com on 9/21/2022 3:03 PM

Today's Date

09/21/2022

THIS SECTION

ONLY INCLUDED

IN HOUSING PROJECT

APPLICATION

L. Housing Project

No data saved

Case Id: 10300

Name: 2022/23 Test - 2022/23

Address: *No Address Assigned

L. Housing Project

Please provide the following information.

Capacity

L.1. Describe your organization's capacity to implement the property project. Who will be involved in the project? (In-house employees, contractors, other agency partners, etc.)

L.2. List projects of similar size and type that your organization has completed.

Activity

L.3. What year was the Unit built?

L.4. Type of Housing Unit

L.5. For Rental Projects: How do you plan to fund the operations and maintenance costs associated with this project? Are these funds available? If not, when will they be?

L.6. Type of Housing Project

L.7. Number of Housing Units in Project

L.8. For Housing Projects, check which type:

- Owner-Occupied Housing
- Rental Housing
- Homeownership Assistance
- Affordable Rental Housing
- Housing for Seniors

- Housing for Disabled
- Fair Housing Programs
- Lead-based Paint Programs
- Energy Efficiency Housing Programs

Timeline

L.9. Provide a timeline of the project including milestone?

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UNIFORM RELOCATION ASSISTANCE AND REAL PROPERTY ACQUISITION POLICIES ACT (URA)

L.10. Does the project require temporary/permanent relocation of occupants?

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants.

Zoning

L.11. What is the current zoning for the property? (Use City Abbreviation)

L.12. Is the project site zoned for the proposed activity?

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance

Permits

L.13. Does the project require the issuance of a permit?

If Yes, provide a status on the permits.

--	--

Environmental

L.14. Has the facility been abated for lead paint or asbestos?

L.15. Has a Phase I or Phase II environmental been completed for the property?

List any known hazards (e.g. asbestos, storage tanks - above or below ground)

Prior Expenditures

L.16. Are there any prior year grant funds remaining?

If Yes, provide the status of the following information.

Project	Year of Funding	Funding Remaining
---------	-----------------	-------------------

Match

L.17. Can additional funding sources on this project or program be used at match by the City of Denton? If yes, provide a list of funding source and amounts.

Funding Source	Amount
----------------	--------

Program Income

L.18. State the amount of program income expected to be derived from this project/program. List the sources and amounts of the income. Describe how the program income will be used.

Expected Program Income	Sources of Income	Amount of Income
-------------------------	-------------------	------------------

M.Required Documents

No data saved

Case Id: 10300

Name: 2022/23 Test - 2022/23

Address: *No Address Assigned

M.Required Documents

Please provide the following information: (NOT APPLICABLE TO CITY DEPARTMENTS)

ALL Applicants

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Application Certification ***Required**

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ALL Applicants except City of Denton Departments

Audit (must be 2019 or later)

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IRS 990

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Monitoring Reports for the past two fiscal years

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Strategic Plan

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NEW APPLICANTS ONLY

Articles of Incorporation

**No files uploaded

Bylaws

**No files uploaded

Non-Profit Tax Status Certification (IRS Determination Letter)

***No files uploaded*

N. Risk Analysis

No data saved

Case Id: 10300

Name: 2022/23 Test - 2022/23

Address: *No Address Assigned

N. Risk Analysis

Please read the statements below. If you answer YES to any of the statements, please give yourself the applicable points.

RISK FACTOR/RISK VALUE	YES/NO	SCORE
		0

Submit

No data saved

Case Id: 10300

Name: 2022/23 Test - 2022/23

Address: *No Address Assigned

Submit

Please complete

Signature certifies that the City of Denton Community Development Funding Application is:

Completed using accurate organizational information

Approved by the Board of Directors

Applicant's Signature

***Not signed*

Today's Date

THIS SECTION
ONLY INCLUDED
IN PUBLIC FACILITY
APPLICATION

L. Public Improvements

No data saved

Case Id: 10297

Name: 22/23 NBLY Test - 2022/23

Address: *No Address Assigned

L. Public Improvements

Please provide the following information.

Public Improvements

L.1. Describe the service area of the project

Upload service area map

Service Area Map

**No files uploaded

Census Tract

L.2. List of Census tracts and block groups in the area. Include a low income percentage for each.

Tract		Low Income %	
-------	--	--------------------	--

Facility/Property Information

L.3. When was the facility built?

L.4. What type of project is it?

L.5. For Infrastructure Projects, check which type:

- Drainage Improvements
- Water/Sewer Improvements
- Street Improvements
- Street Lighting
- Sidewalk Improvements
- Accessibility Improvements

Environmental

Printed By: Luisa Garcia on 11/9/2022

L.6. Has the facility been abated for lead paint or asbestos?

L.7. Has a Phase I or Phase II environmental been completed for the property?

L.8. List any known hazards (e.g. asbestos, storage tanks -above or below ground)

L.9. Will the project include ground disturbance?

Timeline

L.10. Provide a timeline of the project, including a milestone for the following:

--	--

Permits

L.11. Does this project require the issuance of permits?

If Yes, provide a status on the permits.

--	--

Prior Expenditures

L.12. Are there any prior year grant funds remaining?

If Yes, provide the status of the following information

Name of Project	Year of Funding	Funding Remaining	Status of Project
-----------------	-----------------	-------------------	-------------------

M.Required Documents

No data saved

Case Id: 10297

Name: 22/23 NBLY Test - 2022/23

Address: *No Address Assigned

M.Required Documents

Please provide the following information: (NOT APPLICABLE TO CITY DEPARTMENTS)

ALL Applicants

Please click [HERE](#) to download Application Certification.

Application Certification ***Required**

**No files uploaded

ALL Applicants except City of Denton Departments

Audit (must be 2019 or later)

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IRS 990

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Monitoring Reports for the past two fiscal years

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Strategic Plan

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YTD Profit/Loss Line Item Comparison – 12 months

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NEW APPLICANTS ONLY

Articles of Incorporation

**No files uploaded

Bylaws

**No files uploaded

Non-Profit Tax Status Certification (IRS Determination Letter)

***No files uploaded*

N. Risk Analysis

No data saved

Case Id: 10297

Name: 22/23 NBLV Test - 2022/23

Address: *No Address Assigned

N. Risk Analysis

Please read the statements below. If you answer YES to any of the statements, please give yourself the applicable points.

RISK FACTOR/RISK VALUE	YES/NO	SCORE
		0

Submit

No data saved

Case Id: 10297

Name: 22/23 NBLY Test - 2022/23

Address: *No Address Assigned

Submit

Please complete

Signature certifies that the City of Denton Community Development Funding Application is:

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Applicant's Signature

***Not signed*

Today's Date