



City of Apache Junction

Non-Profit Requirements to request Community Development Block Grant or State Special Project funding

For consideration of funds for your Non-Profit Organization, please complete the following information and return along with the Project Description Form, prior to the end of the Technical Assistance period as published in the newspaper. For further information, assistance in completing this form, or if you have a disability and require a reasonable accommodation (e.g. sign interpreter), contact Heather Patel at (480) 474-2635, fax (480) 982-7010, TDD (480) 983-0095, or hpatel@ajcity.net

1. Name where facility is held - _____
2. Size of the facility - _____
3. Facility owner - _____
4. Facility operator - _____
5. Hours of operation - _____
6. Entity that holds Title - _____
7. Name of entity that operates and maintains facility - _____
8. Income guidelines and eligibility criteria - _____
9. Operating and Maintenance Budget - _____
10. Service provided - _____
11. Number of recipients - _____
12. Time period of services - _____

Please provide the following:

Letter of Intent to provide future funds of up to one year after CDBG funds are spent (sample provided)
Project budget
Lease agreement (minimum 3 years)
501-c3 status
Articles of Incorporation
By-laws
current board of directors
last audit and financial statements
Civil Rights certification (see enclosed)
Financial Management certification (see enclosed)



City of Apache Junction

Project Description Form

1. Briefly describe the community development or housing need that you have identified. Please include information such as how the need was identified, location, how long the problem has been present.

2. What is your proposed solution to this need? Who would benefit from this solution?

3. Approximately how many dollars will it take to address this need?

4. Are there currently funds available to address this need? If yes, from what source?

5. Who could provide this solution? City _____ Local non-profit _____ Other _____

6. Do you represent an organization that could provide the solution? Yes _____ No _____

If yes, is this organization a 501 (c) (3) non-profit organization as recognized by the Internal Revenue Service? Or, does it have other IRS documents verifying tax exempt status?

Yes _____ No _____ Application made _____

Does the organization have the following documents?

Article of incorporation _____

Current by-laws _____

List of current board members _____

Most recent audit or financial review _____

Statement of ADA compliance _____

Civil Rights certification _____

7. To be eligible for consideration, a project must be able to be completed in 12 months. Can this project be completed by this date? Yes _____ No _____ Not sure _____

Any project deemed to be unable to be completed by this date will be retained and considered during the next public input process.

Name _____

Address _____

Phone _____ Fax _____ E-mail _____

Agency representing _____

Please Note: Applications should be sent to Heather Patel, City of Apache Junction, 300 East Superstition Blvd, Apache Junction 85119. For further information, assistance in completing this form, or if you have a disability and require a reasonable accommodation (e.g. sign interpreter), contact Heather Patel at (480) 474-2635, fax (480) 982-7010, TDD (480) 983-0095, or hpatel@ajcity.net.

SAMPLE LEGALLY BINDING COMMITMENT DETERMINATION

In my capacity as the attorney for the [name of applicant], I have determined that the [date and description of document, i.e. letter, minutes, etc.] signed by [name] of the [name of organization], located at [address] which is a [legal form of organization] committing \$_____ to the [name of applicant community] to assist in the completion of the [name of CDBG project]

[Description]

Contingent upon the [name of applicant] receiving a CDBG grant in the amount of \$_____ is a legally binding commitment enforceable under the laws of the State of Arizona [and the ordinances of the - name of applicant community].

Signature

Date

Typed Name

Attestation:



NON-PROFIT ORGANIZATION CIVIL RIGHTS CERTIFICATION
(Required of all CDBG funded projects utilizing Non-Profit Organizations)

Applicant:
Non-Profit:

Please complete this form and include it with the Application to the Arizona Department of Housing, Revitalization/CDBG Program. No funds can be disbursed for your CDBG contract until this form has been received and approved by the CDBG Program.

NOTE: If the answer is **NO** to any items on this form, please include a written explanation detailing how system integrity is maintained in an equivalent manner. Each explanation on the attachment should start with the letter and number of the item.

1. Does the non-profit have a written policy that requires that all advertisements for employment indicate that the non-profit organization is an equal opportunity employer? Yes No
2. Attached is a copy of the non-profit organization's employment application form. Yes No
3. Does the non-profit organization have written employment and personnel policies? Yes No
4. Identify, by title, the person responsible for updating/revising these policies.
5. Do these policies include procedures for filling and processing of civil rights complaints? Yes No
6. Identify where the employment/personnel policies are located in the non-profit organization.
7. Is there a written procedure that requires that all new employees be notified of these written personnel policies, provided with a copy, and given an opportunity to review them or that new employees are notified of where they are located and how they can be reviewed? Yes No
8. Does the non-profit organization have a written affirmative action plan? Yes No
9. Is the non-profit organization under a court order to develop and implement such a plan? Yes No
If yes, provide additional information, such as the date of the court order and the type of action required.
10. Does the non-profit organization display non-discrimination/EEO posters? Yes No
If yes, identify locations.

11. Has the non-profit organization received any employment-related civil rights complaints in the current or prior calendar year? Yes No

If yes, describe the number and type.

12. Identify where the files for such complaints are located.

13. Describe the status of each such complaint.

14. If involved in housing programs, each non-profit organization must undertake at least one activity to “affirmatively further fair housing.” Check off the activity(ies) undertaken and **attach documentation**.

- a. Display a Fair Housing Poster? Yes No

Location:

- b. Display Fair Housing brochures or publications Yes No

c. Location:

- d. Other, PSAs, promotion of non-discriminatory advertising using the Fair Housing logo, news releases, etc. (documentation attached) Yes No

- e. Maintain a Fair Housing file with distribution lists, location, etc. for CDBG review. Yes No

- f. Does your non-profit organization have a process to receive and resolve housing discrimination complaints? Yes No

If yes, describe the system, the number of complaints received in the current or prior calendar year, and the status of each complaint.



**504 Compliance: NON-DISCRIMINATION AGAINST
INDIVIDUALS WITH DISABILITIES**

Please identify the position, by title, responsible for the implementation of each action AND describe the status actions taken to satisfy the components below.

Component	Status	Responsible Person/Title
1. Communications (TTY/Az Relay, etc.)		
2. Self Evaluation Plan	<i>(to include date adopted)</i>	
3. Transition Plan	<i>(to include date adopted)</i>	
4. 504 Coordinator		
5. Grievance Procedures	(comments in status section to include number of grievances and the status of their resolution)	



WORKFORCE COMPOSITION

EMPLOYMENT

Demographic Category	Number/ #	Percentage/ %	Hispanic/Latino Ethnicity/#	Percentage/ %
Single Race Categories				
<i>White</i>				
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
Multi-Race Categories				
<i>American Indian/Alaskan Native & White</i>				
Asian & White				
Black/African American & White				
American Indian/Alaskan Native & Black/African American				
Other				
Other Single- or Multi-Racial				
Non-Hispanic/Latino Ethnicity				
TOTAL				

If the CDBG Program has questions about this form, the person to contact is:

Typed Name

TelephoneNumber/Email

Mailing Address

CERTIFICATION

(This form should be certified by the Personnel Director, Manager, or other person with the authority to verify to the accuracy of the information provided.)

I hereby certify that all information provided on this form is accurate.

Signature

Title

Typed Name

Date



FINANCIAL MANAGEMENT CERTIFICATION
(Required of all CDBG-funded projects utilizing non-profit organizations)

Applicant:

Non-Profit:

Please complete this form and include it with the Application to the Arizona Department of Housing, Revitalization/CDBG Program. Please also note that it is the responsibility of the non-profit organization to notify the Applicant and ADOH/CDBG Program of any changes in the information provided in the form.

NOTE: If the answer is **NO** to any items on this form, please include a written explanation detailing how system integrity is maintained in an equivalent manner. Each explanation on the attachment should start with the letter and number of the item.

Complete sections A through F, if CDBG funds are received and/or disbursed by the non-profit organization. When CDBG funds are not being received or disbursed by non-profit organizations, complete only sections E and F.

A. ACCOUNTS

1. Identify the (internal) name/number of the separate CDBG account for this contract (code used in your system) designation.
2. Identify the account name/number in the financial institution where CDBG funds are ultimately deposited.
3. Identify the name/number of the separate CDBG leverage account (within the non-profit organizations internal system) for this contract (or N/A).
4. Will CDBG funds be deposited in a non-interest bearing account? Yes No
5. Does the non-profit organization have a chart of accounts that will be used for the CDBG Program funds? Yes No

B. INTERNAL CONTROLS: PERSONNEL

1. Identify the person(s), by title, which approves expenditures for the CDBG Program.
2. Identify the person(s), by title, which have authority to sign checks.

3. Identify the person(s), by title, who is/are responsible for maintaining financial records (e.g., entering information in ledgers) and identify where these records will be kept.

C. INTERNAL CONTROL: PROCEDURES

1. Does the non-profit organization use sequentially pre-numbered receipt forms? Yes No
2. Are these forms periodically accounted for? Yes No
3. Identify the person, by title, responsible for such periodic accounting.
4. How frequently are the receipts reconciled with the deposits as shown on the bank statement?
5. Identify the person, by title, responsible for this function.
6. Describe the system to ensure that books are kept current.
7. Identify the person, by title, responsible for this function.
8. How frequently are general ledger balances reconciled with subsidiary ledger balances?
9. Identify the person, by title, responsible for this function.
10. How long after the receipt of the monthly bank statement is it reconciled?
11. Identify the person, by title responsible for this function.

D. CASH DISBURSEMENT PROCEDURES

1. Does the non-profit organization have a written policy prohibiting the signing of blank checks? Yes No
2. How many signatures are required on all checks/warrants pertaining to the CDBG account?
3. Are there written procedures for recording, voiding, and retaining voided and defaced checks? Yes No

4. Are there written procedures that require payment on an original invoice only? Yes No
5. Are there written procedures that require that canceled invoices and supporting documentation are marked "paid" to avoid duplicate payments? Yes No
6. Are all invoices reviewed and marked as "OK to pay" before payment is made? Yes No

E. PROPERTY MANAGEMENT

1. Does the non-profit have a fixed assets ledger? Yes No
2. Are all items on the ledger tagged? Yes No
3. How frequently is a property inventory conducted?
4. Identify the person, by title, responsible for ensuring that the inventory list is the same as the actual list of equipment/property.
5. Identify, by title, the property management/inventory officer.

F. PROFESSIONAL LIABILITY INSURANCE/ERRORS AND OMISSIONS

1. Identify the name of the insurance company.
2. Indicate the amount of the bond.

CERTIFICATION

(This form should be certified by the Finance Director, Manager, or other person with the authority to verify to the accuracy of the information provided.)

I hereby certify that all information provided on this form is accurate.

Signature

Title

Typed Name

Date

If the CDBG Program has questions about this form, the person to contact is:

Typed Name

Telephone Number

Email