

City of Salina CDBG-CV: Meal Program Grant Application

STOP: Before completing the CDBG-CV Grant Application, please read the information below and review required application materials. This digital application cannot be saved and finished later. Do not navigate away from this page during submittal as you will need to start over.

Non-profits providing a meal program within the City of Salina and who are facing increased demands due to the COVID-19 pandemic are eligible to receive assistance through the City of Salina CDBG-CV Grant Funds. CDBG-CV Meal Program grants are intended to provide funds to supplement various programs that provide access to nutritious foods during the COVID-19 crisis.

Eligibility: To be eligible to receive CDBG-CV Meal Program funds, the applicant must be able to demonstrate that at least 51% of the persons served meet the low to moderate-income (LMI) household criteria as defined by HUD. Within the City of Salina, Census tracts 1, 2, 3, and 5 are all LMI qualified. [Click here to see a map of the tracts.](#)

Applicants will need to explain as a part of their application what documentation can be provided in order to confirm 51% of their service delivery is to the LMI qualified Census tracts or that the individuals receiving services reside within LMI qualified Census tracts.

Use of grant funds: CDBG-CV Meal Program grant funds can be directed toward organizations such as Meals on Wheels, for the replenishment of local food banks or to support organizations that provide meal programs for children impacted by the loss of school meal programs.

The use of funds can be for operational relief, including payroll, utilities (City or County owned/billed utilities are not eligible), rent or mortgage payments, inventory (limited to 60 days), and other monthly expenditures. Cost cannot be incurred prior to 03/01/2020. Funds cannot be used to pay back loans.

Amount:

\$35,000 has been allocated for the Meal Program portion of the CDBG-CV funds awarded to the City. This amount was determined by the State of Kansas.

There is no predetermined maximum or minimum amount of money that can be applied for or awarded.

Upon reviewing and determining valid applications, the money will be allocated by evidence of documented need and eligible expenses.

Amount of request may decrease based on availability of funds.

Final award amounts will be set and approved by the Salina City Commission.

Application: The application must be submitted by October 9, 2020 by 5:00 p.m.

In order for an application to be deemed complete, applicants must submit all applicable attachments and required forms with the correct signatures.

Digital applications are recommended and can be filled out by following this application.

If you are unable to fill out an application digitally, please [click here](#), print the application, and submit the application to the following address:

Lauren Driscoll
Community & Development Services
City of Salina
300 W. Ash Street
Salina, KS 67401

Additional Information:

-If awarded, the organization will be required to supply invoices, receipts and proof of payment for funds seeking to be reimbursed. Please note the invoices must be dated 3-1-2020 or later including check number and paid date written on each invoice.

-Each question that is required to have a response on this application is indicated by a red asterick (*).

-Acronyms used in this application: PPP (Paycheck Protection Program), EIDL (Economy Injury Disaster Loan), HIRE Funds (Hospitality Industry Relief Emergency Funds), SBA Loans (Small Business Administration Loans)

-Additional information can be found by hovering over the text on multiple questions.

-An example application can be found [here](#).

Questions please contact:

Lauren Driscoll at CDBGCV@salina.org 785-309-5715

Carol Torkelson, NCRPC ctorkelson@nckcn.com 785-738-2218

This application must be submitted by October 9, 2020 by 5:00 p.m.

I acknowledge that I have read the information above and am ready to proceed with completing this application.

Yes

Part 1 : Basic Information

Submission Date

Organization Information

Organization Name

Date Organization Established

Month

Day

Year

Organization's Primary Address

Street Address

City

State

Zip

Organization's Main Phone Number

Organization's Website

Organization's Social Media

Is the address above for an office outside of Salina?

- Yes
- No

Is there an office located in Salina?

- Yes
- No

Organization's Local Address

Street Address

City

State

Zip

Primary Contact Person

Name

Last Name

First Name

Title/Position

Email

Business Phone Number

Mobile Phone Number

Meal Program Information

Program Title:

Program Website or Webpage

Type of Meal Program Being Applied For:

Meal Delivery

Food Bank

Meal Pick-up and Go

Food Box Pick-up and Go

Dining Location

Please provide a description of the services provided by your program:

Please provide a short description of how COVID-19 has impacted your program:

Please describe how the use of CDBG-CV funds will enhance or sustain this program in response to COVID-19:

What type of working capital would the CDBG-CV funds be used for? (e.g. utilities, payroll, inventory, supplies)

Please list any other resources or partners being used by this program in order to address the impacts of COVID-19.

Total Working Capital Need:

List any and all other funding you are currently seeking, including but not limited to, bank loans, SBA loans, public or private loans, grant funding, etc.

- | | |
|--|---|
| <input type="checkbox"/> SBA | <input type="checkbox"/> City |
| <input type="checkbox"/> Network Kansas / HIRE | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Main Street | <input type="checkbox"/> Community Foundation |
| <input type="checkbox"/> E-Community | <input type="checkbox"/> MCAC |
| <input type="checkbox"/> Banker / Financing | <input type="checkbox"/> SPARK |
| <input type="checkbox"/> | |

Will full or part-time jobs be retained as a result of the funds?

- Yes
- No
- Unknown

Part 2 : Conflict of Interest and Additional Information

Are you an immediate family member of an employee or an elected office of the City of Salina or Saline County?

- Yes No

Part 3: DUNS Number

NOTE:

Your Business's DUNS number is not the same as your Tax EID. To receive funds from CDBG-CV, businesses will be required to have a DUNS number. To find or establish a DUNS number, navigate to <https://www.dnb.com/duns-number.html>

All federal grant applicants must have a Dun and Bradstreet "DUNS" number (Data Universal Numbering System) to apply for or renew grants, or submit plans under mandatory grant programs. The Office of Management and Budget (OMB) will use the identifier for tracking purposes, and to validate address and point of contact information. A universal identifier also eliminates the need for separate identification numbers in different federal agencies.

Duns #

Part 4: LMI (Low Moderate Income) Location Requirements

Only a geographical portion of the City of Salina qualifies as LMI. Of the 10 Census tracts making up the City of Salina, 4 tracts (1, 2, 3, and 5) are LMI qualified. These 4 tracts represent about 34% of the City of Salina's population.

The CDBG-CV grant requires that 51% of all served by the meal program must be LMI qualified. This means the program must operate in an LMI tract or be able to account for those served who reside in an LMI tract.

Do you recognize and understand that 51% of all people served by the meal program must reside in an LMI qualified Census tract?

- Yes
- No

Unfortunately, you have indicated that you are not able to comply with the necessary requirement of this grant. Therefore, your application will not be approved and you will not be awarded funds.

If you are able to rectify the issue at a later date, please apply again.

If you need further assistance or have questions, contact Carol Torkelson at: 785-738-2218

Are you able to verify that 51% of those served by your meal program are residents of an LMI qualified Census tract?

- Yes
- No

Unfortunately, you have indicated that you are not able to comply with the necessary requirement of this grant. Therefore, your application will not be approved and you will not be awarded funds.

If you are able to rectify the issue at a later date, please apply again.

If you need further assistance or have questions, contact Carol Torkelson at: 785-738-2218

Please explain what type of documentation and data collection you would use in order to ensure that 51% of people served reside in an LMI qualified Census tract:

Part 5: Budget

Step 1: Right-click on the link below and choose to open in a new tab or window to ensure this page does not close.

Step 2: Download the Budget Form.

Step 3: Complete the form and save it to your device.

Step 4: Upload the form to the Required Field (*) below.

Link to Budget Form : Click [here](#).

Link to an example of a complete Budget Form: Click [here](#).

Upload Budget Expense Report

Part 6: Required Attachments

Current Payroll Report

Upload your Current Payroll Report below.

This form is only required if asking for payroll re-imbursement and must include last name, hours worked, rate of pay, pay period weekly, bi-weekly, or monthly.

Place an asterisk by current employees from date of application with it signed and dated by the owner.

Upload Current Payroll Report

Meal Program Letter

Upload Business Owner Letter below.

This letter is required and must explain how the effects of COVID-19 has shut down or will shut down the business if funding is not secured and be signed and dated by a contact person for the meal program.

Upload Meal Program Letter

2019 IRS Schedule C

This form is required if the business is a Sole Proprietorship.

If a Sole Proprietorship, upload your 2019 IRS Schedule C for use in calculation of wage eligibility

Upload 2019 IRS Schedule C

Form Submitted By

First Name

Last Name

Email

I certify that the information submitted in this application is true and correct to the best of my knowledge. I further understand that any false statements or incorrect information could result in need of further clarification or denial of funds.