Carson City
Community Development Block Grant (CDBG) Program
Fiscal Year 2010–2011
****Request for Proposals****

An electronic version of this document is available from the CDBG Coordinator
Email request to:

Return Completed Applications To: **CARSON CITY PLANNING DIVISION**
2621 NORTHGATE LANE, SUITE 62
CARSON CITY, NV 89706

APPLICATIONS ARE DUE: **JANUARY 19, 4:00 P.M.**

DEADLINE: *The date and hour deadline established is* ***FIRM*** *due to HUD submittal deadlines. Any proposal received* ***AFTER*** *the deadline* ***WILL NOT*** *be considered for funding.*

APPLICATION COVER SHEET

1. Agency Name: Friends in Service Helping (F.I.S.H.)
2. Agency Mailing Address: 138 East Long Street, Carson City, NV 89706
3. Project Name: FISH Facility Improvement Project
4. Project Address/location: 138 East Long Street, Carson City, NV
5. Agency Director: Jim Peckham, Executive Director
6. Board Chairperson: Darcy Houghton
7. Contact person (see instructions): Jim Peckham
   Phone number: 775-882-3474 E-Mail: jim@nvfish.com
   Fax: 775-884-0308 Website (if applicable) www.nvfish.com
8. What is your funding request for FY 2010–2011? $ 43,300
9. Type of funding requested (Check One):

   _____ Public Service
   _____ Economic Development
   __X__ Public Facility/Improvement
   _____ Housing

BRIEF PROJECT DESCRIPTION:
Please provide a one-sentence description of your project (not your organization).
Our project will consist of facility improvements to our East Long Street buildings that will insure a safe and well-maintained environment for the homeless, low-income and hungry clients we serve.

Carson City
Community Development Block Grant Program (CDBG) Application

I. PROJECT ELIGIBILITY

A. This project meets at least ONE of the HUD national objectives listed below (please check all that apply)

__X__ 1. Benefits low/moderate income individuals/households
_____ 2. Addresses the prevention or elimination of slums or blight
_____ 3. Meets a particularly urgent community development need

B. Check all statements that describe HOW this project or activity meets one of the National Objectives above:

____ ***L/M Area Benefit***: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. ***Examples:*** street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts.

_X__ ***L/M Limited Clientele:*** the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. ***Examples:*** construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

____ ***L/M Housing:*** the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing.

____ ***L/M Jobs:*** the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. ***Examples:*** loans to pay for the expansion of a factory, assistance to a business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons.

____ ***Microenterprise Assistance:*** the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections.

____ ***Slum or Blighted Area:*** the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area.

____ ***Spot Blight:*** the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. ***Examples:*** historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building.

C. Project Category (check one):

____ Acquisition of Real Property

____ Disposition of Real Property (sale, lease or donation)

__X__ Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds).

____ Privately-Owned Utilities

____ Public Service (i.e., a new service or an **increase** in the level of service

____ Relocation Payments and Assistance to Displaced Persons

____ Removal of Architectural Barriers, Handicapped Accessibility

____ Housing Rehabilitation

____ Historic Preservation

____ Commercial or Industrial Rehabilitation, including façade improvements and correction of code violations

____ Special Economic Development or assistance to microenterprises

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix III). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects that provide a clear description of the project with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed activity, including how the activity will address the National Objective indicated and whether the activity is new, ongoing, or expanded from previous years.

   The main facility for F.I.S.H., located on E. Long Street, houses our administrative offices, counseling area, client showers and laundry, our Food Bank, Thrift Store, Kitchen-Dining Room, the Ross Medical Center and our Educational Room. Our aging buildings are beginning to show signs of significant wear and deterioration that present potential hazards and further damage if not addressed. We need to address fire suppression, roof repairs and flooring issues in our buildings. Funding from the City's CDBG would allow us to address these facility improvements. Our project would also meet the City's high priority goal of addressing improvement needs at neighborhood facilities as our buildings are located in an identified low-income neighborhood and serves the needs of families in area, as well as thousands of low-income, homeless and hungry families throughout our community.

2. Describe who will benefit from the proposed activity:

   Virtually all of the low-income and homeless clients F.I.S.H. serves (8,756 people received assistance in 2009) will benefit from the facility improvements. Our clients are diverse (Hispanic, Native American, seniors, disabled, etc.). Community members from 12-step programs and area non-profits who use our Education Room will also benefit.

3. If your project is designed to serve a limited clientele, please indicate the population you will be serving with your project:

   _____ Abused Children _____ Illiterate Persons __X__ Homeless Persons
   _____ Battered Spouses _____ Elderly _____ Severely Disabled Adults
   _____ Migrant Farm Workers __X__ Other (Please explain) See Below

4. If your project will not be serving one of the above categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income:

   In addition to serving the homeless, F.I.S.H. provides services to low-income individuals and families. All of our clients complete an intake form that requires income information in order to qualify individuals and families for F.I.S.H. services.

5. How will the CDBG funds be used on this project?
Funds will (1) update the fire suppression system in the Kitchen, (2) replace the 30+ year old roofs on the Ross Medical Center and Education Room, (3) remove the deteriorating tile floor in the Thrift Store and (4) repair roof damage on the Admin./Food Bank building and the Thrift Store. If not fully funded, additional funds will be sought.

6. Where will the project be located and what is the geographic target area that will be served by this project?

X ☐ Target Area (specify geographic area) _138 East Long Street, Carson City_____
OR
☐ Community-wide

For Public Improvement Projects only

1. Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.)
Our facility improvement project will be limited to our East Long Street facility buildings and not part of a larger project.

2. Can this project be done in different phases? __**X**__ Yes _____ No
If YES, explain.
There are four targeted facility improvements. In order of importance, we need to complete the fire suppression upgrade first in the Kitchen, then the roof replacement on the Ross Medical Center and Education Room, then the flooring tile removal in the Thrift Store, and finally the roof repairs on the other buildings.

3. Have CDBG funds been used for an earlier phase? _____ Yes __X__ No

4. Who currently holds title to the property involved?
F.I.S.H. Emergency Referral Service Program, Inc. owns the buildings. In 2005, the City very generously provided CDBG support which allowed us to make the down payment to purchase our buildings.

5. With whom will title be vested upon completion?
F.I.S.H. Emergency Referral Service Program, Inc. owns the buildings.

6. Do any rights-of-way, easements or other access rights need to be acquired?
_____ Yes __X__ No

7. If the project requires water rights or well permits, have they been acquired?
_____ Yes __X__ No

For Economic Development projects:

1. identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired.

   "Not Applicable"

For Housing Projects please indicate:

The number of homes to be rehabilitated: _____

The number of persons to be benefited: _____

Not Applicable

III. PROJECT MEASUREMENT

The Carson City CDBG Program, in compliance with Department of Housing & Urban Development (HUD) directives, has implemented a Performance and Outcome Measurement System into the application and grant/project administration process. When completing this section, keep in mind that ***outputs*** are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and ***outcomes*** are the benefits or changes that result from the program (such as how well the service met the client needs).

1. Please identify the quantifiable, projected **outputs** of this program/project.
   Our facility improvement project will (1) upgrade the fire suppression system in our Kitchen-Dining Room, (2) replace the roofs on the Ross Medical Center and Education Room, (3) remove the deteriorating floor tiles in the Thrift Store, and (4) repair roof damage on the Administration/Food Bank building and the Thrift Store.

2. Please quantify the **total** number of persons intended to benefit from program/project output.
   In 2009, the Kitchen served 20,000+ meals , the Ross Medical Center had 1,235 patient visits, roughly 100 people/month attended community 12-step programs in the Education Room, $200,000+ was raised at the Thrift Store and 763 Store vouchers were given, 111,791 Food Bank meals were given and 8,756 people were supported by F.I.S.H.

3. Of the total number of persons in Question 2, above, how many of these are low-to-moderate income (LMI)?
   All of the individuals receiving support from F.I.S.H. are low-income or homeless. The income level of the Education Room visitors is mostly unknown. We would suspect that many are in fact low-to-moderate income, but we do not request that information.

4. Please identify the quantifiable, projected **outcome** of this program/project. (How will the outputs benefit the total number of persons in Question 2, above?)
   Our facility improvements will insure a safe and available environment for all F.I.S.H. clients. Our Kitchen-Dining Room will be able to continue to serve meals, the Ross Medical Center will continue to see patients, the Education Room will support community groups, our Thrift Store will be safe for visitors and families needing items, our Food Bank will continue to provide meals and we can serve all those in need. We will track all that use these services.

5. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?
   F.I.S.H. does and will continue to track all those who use our services. Our intake forms collect a variety of information including income, ethnicity, residency and age. All patients served by the Ross Medical Center are first qualified based on income level and all their medical visits are tracked by the medical staff. We know how many groups use the Education Room. We track the number of meals given by the Food Bank as well as those served in our Kitchen-Dining Room. We will be able to report on a monthly, quarterly and annual basis on the number of clients we serve.

IV. CDBG PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

Project Title: FISH Facility Improvement Project **Program Expenses FY 2010-11**	**CDBG Funds Requested**	**Leveraged Funds**	**Total Funds**
Salaries and Benefits			
Rent and Utilities			
Mortgage			
Equipment			
Equipment Maintenance & Repair			
Office Supplies			
Operating Supplies			
Postage and Shipping			
Printing and Publications			
Advertising and Promotion			
Subscriptions and Dues			
Liability/Other Insurance			
Professional Fees			
Other project costs: (Specify Below)			
Kitchen Fire Suppression Update	$2,900		$2,900
Ross Medical Center & Education Room Roof Replacement	$23,000		$23,000
Thrift Store Tile Floor Removal	$15,000		$15,000
Admin./Food Bank & Thrift Store Roof Repairs.	$2,400		$2,400
Note: if not fully funded additional support from private foundations will be secured.		TBD based on CDBG amount.	
TOTALS	$43,300		$43,000