



## STAFF REPORT

**Report To:** Board of Supervisors **Meeting Date:** January 7, 2021

**Staff Contact:** Mirjana Gavric, Grants Administrator

**Agenda Title:** For Possible Action: Discussion and possible action on the awarding of Community Development Block Grant-COVID 19 ("CDBG-CV") funds for Fiscal Year ("FY") 2021, to be granted to nonprofit organizations in the amount of \$70,426 from the first allocation of funding received by Carson City and \$80,995 from the second allocation of funding received by the City, for a total recommended award of \$151,381. (Mirjana Gavric, MGavric@carson.org)

Staff Summary: The CDBG-CV provides funding for a range of eligible activities that respond to and prevent the spread of COVID-19. Carson City has received a total of \$884,182 from three CDBG-CV allocations in FY 2021: the first was in the amount of \$307,430 ("CDBG-CV I"); the second was in the amount of \$205,504 ("CDBG-CV II"); and the third was in the amount of \$371,248 ("CDBG-CV III"). On September 17, 2020 the Board of Supervisors ("Board") approved \$237,004 to be granted to four local non-profits from the first allocation, leaving \$70,426 in available grant funding. On October 23, 2020, the Carson City Grants Administrator solicited applications from local non-profits a second time. The Application Review Work Group ("ARWG") reviewed and scored the received applications and is recommending that the Board approve a total amount of \$151,381 in awards. If approved, the awards will be funded by the \$70,426 remaining from the first allocation received by the City and \$80,995 from the second allocation.

**Agenda Action:** Formal Action / Motion **Time Requested:** 1 hour

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### Proposed Motion

I move to approve the funding as recommended.

### Board's Strategic Goal

Economic Development

### Previous Action

On September 17, 2020, the Board approved \$237,004 in awards from the CDBG-CV 1A allocation.

### Background/Issues & Analysis

The Board is required to notify the Nevada Governor's Office of Economic Development ("NGOED") of its approval of funding awards from the CDBG-CV allocations. Carson City has received three CDBG-CV allocations totaling \$884,182 for FY 2021. The allocation to the City from CDBG-CV I was for \$307,430; CDBG-CV II was for \$205,504; and CDBG-CV III was for \$371,248.

On September 17, 2020 the Board approved a total of \$237,004 (CDBG-CV IA) of the \$307,430 from CDBG-CV I to be awarded to four non-profit organizations in Carson City along with the City's administrative fee, leaving a remainder of \$70,426 from the first allocation for a second grant application solicitation posting (CDBG-CV IB).

The second grant solicitation for CDBG-CV IB posted on October 23, 2020 and all applications were due November 23, 2020. Carson City received four CDBG-CV applications for CDBG-CV IB with a total request of \$221,806.97 which exceeded the remaining allocation of \$70,426. However, on November 19, 2020, Carson City received \$205,504 for CDBG-CV II. NGOED has allowed Carson City to add the amount allocated from CDBG-CV II (\$205,504) to the remaining balance of CDBG-CV I (\$70,426) for a total of \$275,930 for the second grant solicitation.

Four public service project applications were received, requesting a total of \$221,806.97 in awards. The ARWG recommends that the Board fully fund three of the four applications for a total amount of \$151,381 to be allocated as follows: \$35,677 to Advocates to End Domestic Violence; \$70,426 to the Carson City Senior Center; and \$45,278 to Nevada Health Centers. The remaining \$124,549 from the CDBG-CV II allocation and \$371,248 from the CDBG-CV III allocation will be combined in the next grant cycle which will be advertised in January of 2021.

**Applicable Statute, Code, Policy, Rule or Regulation**

Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383 as amended; 42 U.S.C. 5301 et seq.

**Financial Information**

**Is there a fiscal impact?** Yes

**If yes, account name/number:** Grant Fund 2750620-501225 - G070121007 - CDBG - CV COVID 19 FY21 - 1st Allocation and G070121008 - CDBG - CV 2 COVID 19 FY21 - 2nd Allocation

**Is it currently budgeted?** No

**Explanation of Fiscal Impact:** Remaining amount of \$70,426 from CDBG-CVIA and \$80,955 from CDBG - CVIB, (which had a total award of \$205,504) will be reduced if the recommendation is approved by the Board. Budget will be augmented in accordance with allocations received; amounts not yet awarded by the Board will be budgeted as undesignated.

**Alternatives**

Modify the recommended awards and/or provide alternative direction to staff.

**Attachments:**

[Staff Memo CDBG-COVID 19 IB & II.doc](#)

[Nevada Health Centers Application CDBG-CV 1B.pdf](#)

[AEDV Application CDBG-CV 1B.pdf](#)

[Carson City Senior Center CDBG-CV Application 1B.pdf](#)

[Spirit of Hope Application CDBG-CV 1B.pdf](#)

**Board Action Taken:**

Motion: \_\_\_\_\_ 1) \_\_\_\_\_ Aye/Nay  
2) \_\_\_\_\_ \_\_\_\_\_  
\_\_\_\_\_

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(Vote Recorded By)

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## CARSON CITY, NEVADA CONSOLIDATED MUNICIPALITY AND STATE CAPITAL

### MEMORANDUM

Board of Supervisors Meeting of January 7, 2021

**To:** Mayor and Board of Supervisors  
**From:** Mirjana Gavric, Grants Administrator  
**Date:** December 17, 2020  
**Subject:** CDBG-COVID 19 Funding Proposals-IB &II

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The Board of Supervisors is required to make a final recommendation and approval of funding for the Community Development Block Grant-COVID 19 (CDBG-CV) projects to the Nevada Governor's Office of Economic Development (NGOED). Carson City has received three CDBG-CV allocations totaling \$884,182 for Fiscal Year 2021. The allocation for CDBG-CV I is \$307,430, CDBG-CV II is \$205,504 and CDBG-CV III is \$371,248.

On September 17, 2020 the Board of Supervisors approved \$237,004 (CDBG-CV IA) of the \$307,430 (CDBG-CV I) to four non-profits in Carson City and for the Carson City administrative fee, leaving \$70,426 for a second grant application posting (CDBG-CV IB).

The grant solicitation for CDBG-CV IB posted October 23, 2020 and all applications were due November 23, 2020. Carson City received four CDBG-CV applications for CDBG-CV IB with a total request of \$221,807 which exceeded the remaining allocation of \$70,426. On November 19, 2020, Carson City received \$205,504 for CDBG-CV II of the CDBG-CV distribution. NGOED has allowed Carson City to fund the applications from CDBG-CV IB with the funds from CDBG-CV II; therefore, the Application Review Work Group (ARWG) is making a recommendation to fully fund three of the four applications for a total of \$151,381, leaving \$124,549 to be combined with CDBG-CV III.

On November 19, 2020, Carson City received \$371,248 for CDBG-CV III. The remaining balance from CDBG-CV II of \$124,549 and the allocation of CDBG-CV III of \$371,248 totaling \$495,797 will be available for a Carson City solicitation of applications. The posting will begin January 18, 2021.

The grant project dates are as follows: CDBG-CV IA October 1, 2020 through September 30, 2021. CDBG-CV IB & II January 1, 2021 through December 31, 2021. The remaining funding for CDBG-CV II and CDBG III will be combined for a third grant solicitation with project dates of July 1, 2021 through June 30, 2022.

As part of the abbreviated CDBG Citizen Participation requirement, an online workshop session was held on November 9, 2020 to review the CDBG-CV requirements. The request for applications for CDBG-CV IB & II was posted in Carson NOW, City Hall, Carson City Community Development office and the Carson City website. Applications were also solicited by e-mail to local community service organizations.

Applications were due on November 23, 2020. The ARWG held a conference phone call December 14, 2020, where the ARWG ranked and evaluated the proposed program applications for community need, projected outcome, and compliance with State and HUD requirements. The ARWG consisted of 5 volunteers representing both community members and subject matter experts. These members are:

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- Kristine Currie – Carson City Citizen
- Ada White – Carson City Citizen
- Natalie Wood – Carson City Citizen
- Hannah McDonald – Executive Director Partnership Carson City
- Ed Choklek – Carson City Citizen

**CDBG-CV IB & II PUBLIC SERVICES RECOMMENDATIONS:**

**1) Project Name:** **Sierra Nevada Health Centers, Enhanced Response to COVID-19 and Immunization Preparation**  
**Agency:** Nevada Health Centers  
**Funding Request:** \$45,278.00  
**Recommendation:** **\$45,278.00**  
**Applicant Score:** **87%**  
**Objective:** Serving low- to extremely low-income (LMI) persons.  
**Description:** Nevada Health Centers is requesting funding to help prevent, prepare and respond to the COVID-19 by purchasing vaccine refrigeration units and portable freezers for the vaccine storage. In addition, Nevada Health Centers is requesting funding for HEPA machines, and funds for syringes, needles and sanitation products.

**Funding Recommendation Rationale:** Approved under Section 105(a)(8) of the Housing and Community Development Act of 1974 (HCDA), provisions of public services. The ARWG is recommending full funding for this request, based on the funding available through CDBG-CV. The ARWG felt that the need for this request is essential to the health and wellbeing of Carson City residents. The ARWG fully supports this project.

**2) Project Name:** **Shelter Transportation Vehicle**  
**Agency:** Advocates to End Domestic Violence (AEDV)  
**Funding Request:** \$35,676.97  
**Recommendation:** **\$35,677.00**  
**Applicant Score:** **78%**  
**Objective:** Serving low- to moderate-income (LMI) persons.  
**Description:** AEDV is requesting funding to purchase an 8-passenger vehicle to transport shelter clients and their children to appointments in order to reduce the risk of having both clients and staff contract COVID-19 by riding in staff vehicles.

**Funding Recommendation Rationale:** Approved under Section 105(a)(8) of the Housing and Community Development Act of 1974 (HCDA), provisions of public services. The ARWG is recommending full funding based on the amount of money received from CDBG-CV. In addition, the ARWG made their recommendation centered on the importance of keeping both the AEDV clients healthy and safe as well as the AEDV staff.

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**3) Project Name:** Carson City Senior Center Meals on Wheels COVID-19 Relief  
**Agency:** Carson City Senior Center  
**Funding Request:** \$70,426.00  
**Recommendation:** **\$70,426.00**  
**Applicant Score:** **72%**  
**Objective:** Serving low- to moderate-income (LMI) persons.  
**Description:** The Carson City Senior Center is requesting funds to expand their Meals on Wheels services to seniors who are sheltering in their home and 60 years of age or older as recommended by the Centers for Disease Control and Prevention. In March of 2020, the Carson City Senior Center staff experienced a 125% surge in requests for the Meals on Wheels services. The staff have been working since March of 2020 to help fill the need for this program; unfortunately, there are 17 seniors on their waitlist with an average of 4 phone calls per week requesting to join the program.

**Funding Recommendation Rationale:** Approved under Section 105(a)(8) of the Housing and Community Development Act of 1974 (HCDA), provisions of public services. The ARWG is recommending full funding based on the amount of money received from CDBG-CV. In addition, the ARWG unanimously voted to support this request due to the importance of allowing seniors to have one meal a day delivered to their home.

**4) Project Name:** COVID-19 Prevention, Professional Cleaning, New Housing, Technology  
**Agency:** Spirit of Hope  
**Funding Request:** \$70,426.00  
**Recommendation:** **The recommendation from the ARWG is not to fund this request due to the low application score.**  
**Applicant Score:** **55%**  
**Objective:** Serving low- to extremely low-income (LMI) persons.  
**Description:** The Spirit of Hope is requesting funds to continue their contract with a licensed cleaning company that will provide sanitation for each of their homes. In addition, Spirit of Hope is requesting funds for furnishing homes and computers.

**Funding Recommendation Rationale:** Approved under Section 105(a)(8) of the Housing and Community Development Act of 1974 (HCDA), provisions of public services. The ARWG is not recommending funding for this request due to the low application score. The ARWG has recommended that the Carson City Grants Administrator meet with the Spirit of Hope Director in order to discuss the areas of the application that need improvement. In addition, the ARWG has asked the Grants Administrator to share the ARWG feedback with Spirit of Hope staff. The ARWG has recommended that the Spirit of Hope apply for Carson City Round III of the CDBG-CV funding being advertised in January of 2021, after they have received feedback from the Grants Administrator.

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**Potential Additional Funding Available:**

No additional funding is expected from the Nevada Governor's Office of Economic Development, at this time.

**Eligibility Requirement**

In order to be eligible for funding, every CDBG-funded activity (excluding planning and administration) *must* qualify as meeting one of the three national objectives of the program:

- Benefiting low- and moderate-income (LMI) persons or a low-income area,
- Preventing or eliminating slums or blight, or
- Meeting an urgent community development need due to threat to community health and welfare (e.g. natural disaster emergencies).

Past CDBG public facility and public service projects in Carson City have met the LMI criteria. This means projects that get funded qualify by either:

1. Limited Clientele criteria: Serving persons where at least 51% of the clientele are LMI persons (senior citizens are also classified as LMI under this category); or
2. Area Benefit criteria: Meeting the needs within a service area where at least 51% of the residents in that area are LMI persons. (HUD provides data on the percentage of LMI persons within the Census Block Groups.)

It is very important that the program or project staff document the number of LMI persons served for grant monitoring and audit purposes.

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**Eligible Activities**

Eligible activities for the use of CDBG-CV funds and examples of such activities include:

**Buildings and Improvements, Including Public Facilities**

<p>Acquisition, construction, reconstruction, or installation of public works, facilities, and site or other improvements.  <i>See section 105(a)(2) (42 U.S.C. 5305(a)(2)); 24 CFR 570.201(c).</i></p>	Construct a facility for testing, diagnosis, or treatment.
	Rehabilitate a community facility to establish an infectious disease treatment clinic.
	Acquire and rehabilitate, or construct, a group living facility that may be used to centralize patients undergoing treatment.
<p>Rehabilitation of buildings and improvements (including interim assistance).  <i>See section 105(a)(4) (42 U.S.C. 5305(a)(4)); 24 CFR 570.201(f); 570.202(b).</i></p>	Rehabilitate a commercial building or closed school building to establish an infectious disease treatment clinic, e.g., by replacing the HVAC system.
	Acquire, and quickly rehabilitate (if necessary) a motel or hotel building to expand capacity of hospitals to accommodate isolation of patients during recovery.
	Make interim improvements to private properties to enable an individual patient to remain quarantined on a temporary basis.
<b>Assistance to Businesses, including Special Economic Development Assistance</b>	
<p>Provision of assistance to private, for-profit entities, when appropriate to carry out an economic development project.  <i>See section 105(a)(17) (42 U.S.C. 5305(a)(17)); 24 CFR 570.203(b).</i></p>	Provide grants or loans to support new businesses or business expansion to create jobs and manufacture medical supplies necessary to respond to infectious disease.
	Avoid job loss caused by business closures related to social distancing by providing short-term working capital assistance to small businesses to enable retention of jobs held by low- and moderate-income persons.
<p>Provision of assistance to microenterprises.  <i>See section 105(a)(22) (42 U.S.C. 5305(a)(22)); 24 CFR 570.201(o).</i></p>	Provide technical assistance, grants, loans, and other financial assistance to establish, stabilize, and expand microenterprises that provide medical, food delivery, cleaning, and other services to support home health and quarantine.

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**Provision of New or Quantifiably Increased Public Services**

<p><i>Following enactment of the CARES Act, the public services cap has no effect on CDBG-CV grants and no effect on FY 2019-2020 CDBG Grant funds used for coronavirus efforts.</i></p>	Carry out job training to expand the pool of health care workers and technicians that are available to treat disease within a community.
	Provide testing, diagnosis or other services at a fixed or mobile location.
	Increase the capacity and availability of targeted health services for infectious disease response within existing health facilities.
	Provide equipment, supplies, and materials necessary to carry-out a public service.
	Deliver meals on wheels to quarantined individuals or individuals that need to maintain social distancing due to medical vulnerabilities.

**Planning, Capacity Building, and Technical Assistance**

<p>States only: planning grants and planning only grants.  <i>See section 105(a)(12).</i></p>	Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective. These activities are subject to the State's 20 percent administration, planning and technical assistance cap.
<p>States only: use a part of to support TA and capacity building.  <i>See section 106(d)(5) (42 U.S.C. 5306(d)(5).</i></p>	Grant funds to units of general local government to hire technical assistance providers to deliver CDBG training to new subrecipients and local government departments that are administering CDBG funds for the first time to assist with infectious disease response. This activity is subject to the State's 3 percent administration, planning and technical assistance cap.
<p>Entitlement only: data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans. <i>See 24 CFR 570.205.</i></p>	Gather data and develop non-project specific emergency infectious disease response plans.

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If City/County is sponsoring an Applicant, please provide the following details:

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

Organization:	Nevada Health Centers (NVHC)
Street/PO Box:	3325 Research Way
Town/City/Zip Code:	Carson City, NV 89706
Chief Executive Officer:	Walter B Davis.
Phone Number:	775-888-6614
Grant Contact Person:	Michelle Schmitter, VP/Executive Director Foundation
Phone Number:	775-888-6616
e-mail address:	mschmitter@nvhealthcenters.org
<b>DUNS #</b>	139767255
<b>CAGE #</b>	494D3

AUDIT INFORMATION & CDBG-CV FUNDING HISTORY	Grantee	Sub-Recipient
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	YES/NO	<input type="checkbox"/> YES/ <input type="checkbox"/> NO
Has the City/County/Sub-Recipient received federal assistance from CDBG before?	YES/NO	<input type="checkbox"/> YES/ <input type="checkbox"/> NO
If YES, list the dates of the most recent project(s)		
<ul style="list-style-type: none"> <li>July 1, 2020 CDBG grant #20/PS/03-\$31,873 for medical equipment (Carson City CDBG grant)</li> <li>July 20, 2020 – 2020 CARES Act COVID-19 2020 Funds - \$190,004 for construction of minimal contact, free-standing covered area for COVID-19 testing and screening</li> </ul>		
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	YES/NO	YES/ <input type="checkbox"/> NO
If YES, list dates and sources below.		

**FUNDING AGENCY**

**DATE**

No funding has been received from other sources for this project.

## FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:

For details regarding CDBG-CV **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs, Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response, and CARES Act Flexibilities for CDBG Funds Used to Support Coronavirus Response. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide)  
<https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf>  
<https://files.hudexchange.info/resources/documents/CARES-Act-Flexibilities-CDBG-Funds-Used-Support-Coronavirus-Response.pdf>

**National Objective:** All projects must meet a National Objective. Check only one of the following three the choices:

1.  **BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS**

If selecting this National Objective, choose one of the following and provide the necessary supporting information:

- (a)  City/County-wide LMI-A      (b)  Limited Clientele LMI-C  
(c)  Site Specific LMI-S  
(Income Survey required)      (d)  Economic Development LMI-J/Training

**NOTE:** An Income Survey must be submitted and approved by CDBG prior to submitting the grant application.

If LMI-C, indicate which "presumed LMI" category will be served by the project:

- Children who are abused: Extremely low income  
 Spouses who are battered: Low income  
 Adults who are severely disabled: Low income  
 Persons who are homeless: Extremely low income  
 Persons who are illiterate: Low income  
 Persons with AIDS: Low income  
 Persons who are migrant farm workers: Low income  
 Persons who are elderly: Senior center – Mod income; not center-based – Low Income

**Note:** For **Limited Clientele**, **Economic Development**, and **Low/Mod Housing** projects, demographics, ethnicity information and income verification are required for all beneficiaries. Please provide an explanation how the beneficiaries will be counted.

For **economic development projects**, where assistance is being provided to for-profit business(es), include commitment letters from the employer(s) explaining how they will comply with the 51% job creation requirement.

2.  **ELIMINATION OR PREVENTION OF SLUM AND BLIGHT (Not applicable under CDBG-CV)**

If selecting this National Objective, all the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

**NOTE:** Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

3.  **URGENT NEED**

If selecting this National Objective, all the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant’s inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

**NOTE:** This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

**Project Beneficiaries:**

Number of Beneficiaries and Data Sources:

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses	6,308	<input type="text"/>	<input type="text"/>
2. Total number of low/moderate income beneficiaries	3,506	<input type="text"/>	<input type="text"/>
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %	56.33%	<input type="text"/>	<input type="text"/>

The beneficiary figures were calculated or obtained:

a. From the **US Census or HUD LMISD**, cite Web link, Census Tract(s) and Block Group(s)

- i. Web link:  or HUD LMISD
- ii. Census Tract(s):
- iii. Block Group(s):

b. **From an Income Survey**: attach survey methodology, details, and answer the following:

- i. Who conducted the survey and when?

The Nevada Health Centers LMI patient data is based on the most current Federal Poverty Guidelines published in the Federal Register. Sliding scale patients are required to submit proof of household size and proof of income based on payroll stubs, unemployment/ workman's compensation/disability documentation, bank statements and tax returns. The application process can occur at any time during the patient visit but is primarily completed at patient intake. NVHC accesses EVS (Electronic Verification System) to determine patient eligibility with Medicaid. **Results:** Between 6/1/19 and 5/31/20 (FY 20), 3,566 of 6,308 patients seen at the Sierra Nevada Health Center (56.33%) were LMI based on household size and income, as documented at patient intake. Information captured on LMI patients is attached.

- ii. Who conducted the survey and when? The data was collected by Nevada Health Centers patient intake staff at NVHC's Sierra Nevada Health Center located at 3325 Research Way in Carson City, Nevada. Data reflects patients seen between 6/1/19 and 5/31/20. Income data, household size and ethnicity information was collected at patient intake. Has the Survey been verified by CDBG staff?  YES If so, when?

c. Explain how the plan will benefit LMI persons.

Nevada Health Centers is Carson City's largest provider of primary healthcare services to low-income, uninsured/underinsured individuals. Services are provided without regard for insurance status or ability to pay. During the most recent fiscal year (ending 5/31/20), the Sierra Nevada Health Center served 6,308 unique patients through 18,503 visits. In Carson City, per HUD LMISD data, 44.52% of the general population are LMI, but among NVHC's patients, 3,506 (56.33%) are LMI. This number has continued to increase as NVHC patients experience layoffs, especially in the retail and leisure/hospitality sectors which have been prone to job loss or substantial working hour reductions due to COVID. During the same period, the Sierra Nevada Health Centers' patient population included 1,358 patients (19.9%) with no insurance, 2,248 (32.9%) patients on Medicaid, 1,449 (21.2%) on Medicare, and 1,535 (22%) seniors over age 65. Additionally, 2,511 patients (36%) had chronic health conditions making them especially vulnerable to COVID-19 complications.

NVHC's Sierra Nevada Health Center is an essential part of Carson City's healthcare COVID-19 continuum: we can identify, test, and treat COVID-19 patients before their symptoms indicate that they require hospitalization and lengthy, costly medical interventions. Our clinical staff are serving on the frontlines, providing screening, testing and primary health care services surrounding COVID-19. The organization is a critical support system for individuals who are disproportionately impacted by the pandemic, including low-income families, the elderly and those experiencing homelessness.

#### I. SCOPE OF WORK (SoW)

Provide a clear, concise description of the proposed project identifying how the project will prevent, prepare for, and respond to coronavirus including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

The project that NVHC is proposing to prevent, prepare for and respond to the coronavirus pandemic focuses on the acquisition of refrigeration units and a portable freezer for coronavirus vaccine storage; HEPA machines for

Carson City locations to provide a second layer of defense against the spread of the pandemic in medical (including exam rooms) and pharmacy spaces; and replenishing gloves, needles/syringes, and sanitation supplies in order to respond to the second wave of coronavirus cases in Carson City and provide residents with COVID-19 vaccinations when the vaccine is released for distribution (Spring 2021 anticipated). The materials to be acquired will be utilized inside the existing Sierra Family Health Center and Carson City School-Based Health Center spaces and will have no impact on the immediate or adjacent geographical areas.

**PROJECT IMPLEMENTATION SCHEDULE:**

Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12- or 24-month time frame.

TASK	MONTH
<b>PROJECT START UP:</b>	
Project Start-up	January 2021
Receive Letter to Proceed from Carson City	January 2021
<b>PROCUREMENT OF PROFESSIONAL ASSISTANCE (including professional engineers, architects, community development consultants, etc.)</b>	
Securing quotes as necessary	February 2021
<b>PROJECT IMPLEMENTATION:</b>	
Purchase of materials	February 2021
Receipt/inspection of materials	February/March 2021
Install refrigeration units and HEPA machines	March 2021
<b>PROJECT CLOSEOUT:</b>	
Close out all project and financial documents	December 31, 2021
Final payment	December 31, 2021

**II. PROJECT NEEDS ANALYSIS:**

**1. What is the need of the community and how was it determined?**

According to Carson City Health and Human Services (CCHHS), Carson City continues to see increases in COVID-19 cases despite precautions and controlled re-opening. Carson City ended October in an unenviable position, topping Nevada for the highest COVID-19 case rate in the state at 1,153 cases per 100,000 residents. According to CCHHS, the number of positive coronavirus cases in the Quad-County region as of November 12<sup>th</sup> was 2,219, with 1,892 recoveries, 27 deaths and 300 cases remaining active. Half of the individuals who have contracted the coronavirus were infected through community spread. The other half of infections can be traced back to contact with an individual — family, friend, co-worker or another person — who had already tested positive. Increases are expected to continue in the near term despite the precautions implemented to date. The economic impact of COVID-19 also needs to be mitigated in Carson City. Job losses due to business closures and layoffs led to a 412% jump in Carson City unemployment rates between pre-COVID levels (4.1%) and peak levels in April 2020 of

21.0% according to the Bureau of Labor Statistics. The Carson City unemployment rate dropped to 6.8% in September but could increase significantly with any new closures implemented in response to the recent spike in COVID cases. As of November 12, NVHC's Sierra Nevada Health Center had tested 719 patients on site, with 15% (102) testing positive. The health center also participated in drive-up screening clinics in the community in partnership with Carson City Health and Human Services Department. The proposed project will address the community's healthcare needs and assist with lessening COVID-19-related economic impacts by ensuring the safety of Carson City residents being screened, tested and vaccinated for COVID-19.

**2. How is it being addressed presently?**

NVHC is providing no-cost COVID-19 screening and testing, identifying COVID-19 patients before their symptoms indicate that they require hospitalization and lengthy, costly medical interventions. NVHC is supporting the Carson City community in staying safe and healthy by not overloading the last line of defense - reserving the local hospital and its staff for the sickest of the sick. In addition to providing screening, testing, and primary health services to patients in need, NVHC's Sierra Nevada Health Center is also partnering with the Carson City Health and Human Services Department to provide drive-up screening clinics in the community. By identifying members of the Carson City community who are not infected, NVHC is supporting the community's economic vitality; these persons can continue working and/or attending school. Masks and social distancing are currently being utilized by NVHC to prevent the spread of the coronavirus at Carson City locations. The proposed project will add a second line of defense and help NVHC to prepare for the release of COVID-19 vaccines.

**3. What is the proposed response to prevent, prepare for, and respond to coronavirus?**

The proposed response by NVHC to prevent, prepare for and respond to the coronavirus is to acquire refrigeration and freezer units to store vaccines; replenish the supply of gloves, needles/syringes and sanitation supplies needed to continue testing and screening during the second wave of coronavirus cases and the planned vaccination response; and to add a second line of defense against the spread of the virus through the acquisition of HEPA machines that capture particles of 0.01 micron (10 nanometers) and above for all medical and pharmacy spaces at NVHC Carson City locations.

**4. Why is the proposed project required to prevent, prepare for, and respond to coronavirus?**

The proposed project is required because conducting public COVID-19 screening and testing is a crucial step in identifying members of the Carson City community who are COVID-positive and will require either isolation or medical treatment to prevent the spread of this highly contagious disease. Information gained from COVID-19 screening enables community health officials to monitor rates of infection and plan a response to increases in infection rates that will reduce transmission and lessen impacts on the local economy. Nevada's shutdown of all non-essential businesses between March 19 and May 29 had a catastrophic effect on the Carson City economy. Now that the State has started to carefully re-open, it is critical that Carson City flatten the curve of COVID-19 transmission; re-closing local businesses could potentially be catastrophic for local businesses. It is also critical for health centers to prepare for administering COVID-19 vaccinations as soon as they become available. On November 9<sup>th</sup>, Pfizer announced in a press release that its coronavirus vaccine candidate was more than 90 percent effective in preventing COVID-19 in study participants. The news from the largest pharmaceutical company in the U.S. came just as the U.S. has been experiencing a record number of cases of the deadly



virus. While not currently available, vaccines are projected to be available for distribution in the spring and mechanisms need to be put in place now to begin coronavirus vaccinations as soon as they are distributed.

**5. How does the proposed project activity meet the need to prevent, prepare for, and respond to coronavirus?**

As the community’s only Federally Qualified Health Center, Nevada Health Centers provides healthcare services to low-to-median income individuals and households who may have limited access to COVID-19 screening, testing or treatment. The proposed project strengthens Carson City’s ability to prevent, prepare for, and respond to the coronavirus by ensuring that NVHC’s Carson City locations can maintain a stock of COVID-19 vaccines which require refrigeration; add a second line of defense against the spread of the virus by acquiring HEPA machines for all medical and pharmacy spaces; and replenish NVHC’s stock of needles/syringes, sanitation supplies and gloves, allowing the Sierra Nevada Family Health Center and Carson City School-Based Health Center to respond to the second wave of cases and prepare for administering COVID-19 vaccinations as soon as they become available.

**6. How will the potential grantee know if the need has been met or the project has prevented, prepared for, and responded to coronavirus?**

Nevada Health Centers will know that the project has succeeded in preventing, preparing for and responding to coronavirus by 1) tracking the number of COVID-19 screenings, tests and vaccinations provided to Carson City residents; 2) tracking the number of patients who receive treatment; and 3) continued coordination with Carson City Health and Human Services on implementing any subsequent measures that will prevent, prepare for and respond to the pandemic. NVHC has data-management systems that will allow the organization to report on the number of LMI persons and households who receive COVID-19 screening, testing, and treatment. Increases in Sierra Nevada Health Center and Carson City overall testing and vaccinations will demonstrate that the project has prevented, prepared for and responded to the coronavirus.

**III. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE**

Please complete the following tables that summarize budget categories and funding sources for the proposed project.

**Project Title:** Nevada Health Centers Enhanced Response to COVID-19 and Immunization Preparation

**Date:** 11/18/20

Cost Category	CDBG-CV	Local		State	Other Federal	Other	Totals
		Cash	In Kind				
Materials (Refrigeration units, HEPA machines, gloves, sanitation supplies, needles/syringes)	\$45,278	0	0	0	0	0	\$45,278
<b>Total Costs</b>	\$45,278	0	0	0	0	0	\$45,278

**Additional Funding Details:**

Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash	\$0			
Local In Kind	\$0			
State	\$0			
Other Federal	\$0			
Other	\$0			

**NOTE:** Please attach letters of commitment or letters of intent for sources of other funding.

**IV. Budget Narrative:**

The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG-CV funds) will be spent. The narrative should provide details of each line item in the budget. Grantees are required to prevent the duplication of benefits, which means grant funds may not be used to pay costs if another source of financial assistance is available to pay that cost.

1. For each CDBG-CV Cost Category item shown in the budget explain:
  - a. how the cost was determined
  - b. the source of the cost estimate, and
  - c. any additional information necessary to explain the cost and necessity of the item.
  - d. how any ongoing costs related to implementation of the project will be funded.

**Materials (\$45,278)**

Material costs include \$15,968 for 32 HEPA machines at \$499 per; a portable freezer @ \$549; two refrigeration units for vaccines at \$4,335 (medical) and \$4,523 (pharmacy) respectively; two temperature monitors for the refrigeration units @ \$550 per; 500 boxes of gloves @ an average of \$12.24 per (prices vary depending on glove size); 10 cases of needles/syringes @ \$299 per; and sanitation supplies totaling \$9,643. Sanitation supplies include: 150 67-ounce bottles of hand sanitizer, 25 6-packs of sanitizer wipes, and 50 surface disinfectant sprays). NVHC secured online estimates for all materials. Material costs are based on current pricing. Nevada Health Centers will pay for any ongoing costs related to COVID-19 supplies and the maintenance of HEPA machines and refrigeration units.

## V. MATURITY & PROJECT READINESS:

Provide details regarding the project applicant's readiness to implement the proposed project:

1. Status of prior work/preliminary planning.  
Preliminary planning has been completed and initial quotes have been secured.
2. Capacity within the jurisdiction/implementing agency to implement the project.

Nevada Health Centers has extensive experience providing testing, immunizations and preventive health care services in Carson City. Last year, NVHC's two Carson City locations provided healthcare services to 6,287 children, adults and seniors. Since the State of Nevada issued an Emergency Declaration related to COVID-19, NVHC has screened 6,751 Nevadans for the coronavirus, including 712 screened through the Sierra Nevada Health Center. (As of November 12, 2020). Additionally, Nevada Health Centers provided 6,287 non-COVID related vaccinations to Carson City residents last year.

3. Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.
  - a. Can this project be done in different phases? YES /  NO
  - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases. NOT APPLICABLE
  - c. If the project is a multi-phase project, have CDBG-CV funds been used in an earlier phase? Please explain. NOT APPLICABLE
  - d. What sources of funding will be sought for future phases? NOT APPLICABLE
4. Ownership information, if applicable: (i.e. construction, acquisition) NOT APPLICABLE
  - a. Who currently holds title to the property involved?
  - b. In whom will the title be vested upon completion of the project?
  - c. Do any rights-of-way, easements, or other access rights need to be acquired? YES / NO
  - d. If "YES", when will the rights be acquired? \_\_\_\_\_
  - e. If the project requires water rights or well permits, have they been acquired? YES / NO
  - f. If "NO", when will the rights/permits be acquired?

## VII. ENVIRONMENTAL REVIEW

1. What level of environmental review is required for the proposed project?
  - a. Environmental Impact Statement (EIS)
  - b. Environmental Assessment (EA)
  - c. Categorically Excluded/ Does not convert to Exempt
  - d.  Categorically Excluded/Converts to Exempt
  - e. Exempt
2. At what stage in the environmental review process is the project at this time? NOT APPLICABLE
3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency.  
NOT APPLICABLE

4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures. NOT APPLICABLE
5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures. NOT APPLICABLE
6. Indicate whether the proposed project involves any of the following:
  - a. Historic structure (designated or 50+ years old) NO
  - b. Historic or prehistoric site NO
  - c. Historic District NO
7. Will this project require or result in the involuntary displacement of any person? YES /  NO
8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

The proposed project will have no negative impacts. The positive impacts will include the following:

- Increased ability to provide coronavirus testing to Carson City residents by ensuring that NVHC's two Carson City locations have the supplies required for COVID-19 testing.
- Increased ability to prevent the spread of the coronavirus through the installation of HEPA machines in medical and pharmacy spaces at all Carson City locations.
- Increased response to coronavirus prevention through COVID-19 vaccinations.

**Planning Grants Only:**

Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective.

1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
2. If "YES", respond to the following questions:
  - a. When and by whom was the previous plan or study conducted?
  - b. What were the conclusions and recommendations?
  - c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.
3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study? YES / NO
4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.
5. This proposed project is a plan or study for:
  - i. Long-term planning \_\_\_\_\_
  - ii. Short-term planning \_\_\_\_\_
  - iii. Project design \_\_\_\_\_
6. Who will be responsible for the implementation of the project? How and when will implementation of the project occur?



## ATTACHMENTS

For the application to be accepted for review, label all attachments and list them in the Attachment Index, ensuring all references are correct. Do not include attachments unless they are needed to understand the project.

1. LMI Patient Data Captured



**Nevada Health Centers, Inc.  
SLIDING FEE APPLICATION**

PATIENT INFORMATION	
Patient Name:	Date of Birth:
Address:	City, State, Zip:
Email:	Phone Number:
How long have you lived at your current address?	Are you homeless? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you eligible for TANF or SNAP? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied for the following: <input type="checkbox"/> Nevada Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> Women's Health Connection <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Other health insurance	
Has your family size or financial situation changed in the previous 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, describe:	

HEAD OF HOUSEHOLD / GUARANTOR INFORMATION AND DOCUMENTATION	
Name of person paying the bill (guarantor):	
Address:	City, State, Zip:
Annual Gross Income:	

HOUSEHOLD MEMBERS			
Family Member Name	Relation	Date of Birth	Family Member Documents

*I hereby certify that the above information is, to the best of my knowledge, true and correct. I further agree to notify Nevada Health Centers of any changes in this information within thirty (30) days of such change. I understand that I must re-qualify annually to maintain my eligibility. I am also aware that this information is reviewed and based upon Federal Poverty Guidelines, published annually by the Federal Government. Sliding Fee payment is due and payable at every visit. Payments made for laboratory ordered by your provider is not included in your slide payment.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name and Title: \_\_\_\_\_



**Nevada Health Centers, Inc.  
SOLICITUD DE DESCUENTOS DE TARIFA VARIABLE**

INFORMACIÓN DEL PACIENTE	
Nombre del paciente:	Fecha de nacimiento:
Dirección:	Ciudad, Estado, Código postal:
Correo electrónico:	Teléfono:
¿Cuánto tiempo ha vivido en su dirección actual?	¿No tiene casa? <input type="checkbox"/> SÍ <input type="checkbox"/> NO
¿Tiene empleo actualmente? <input type="checkbox"/> SÍ <input type="checkbox"/> NO	¿Es elegible para TANF o SNAP? <input type="checkbox"/> SÍ <input type="checkbox"/> NO
¿Alguna vez ha enviado una solicitud para? <input type="checkbox"/> Nevada Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> Women's Health Connection <input type="checkbox"/> Nevada Check Up <input type="checkbox"/> Access to Healthcare <input type="checkbox"/> Otro seguro médico	
¿Ha cambiado el tamaño de su familia o su situación financiera en los últimos 12 meses? <input type="checkbox"/> SÍ <input type="checkbox"/> NO	
Si es así, describa:	

INFORMACIÓN Y DOCUMENTACIÓN DEL JEFE DEL GRUPO FAMILIAR / GARANTE	
Nombre de la persona que paga la factura (garante):	
Dirección:	Ciudad, Estado, Código postal:
Ingresos anuales brutos:	

MIEMBROS DEL GRUPO FAMILIAR			
Nombre del familiar	Relación	Fecha de nacimiento	Documentos del familiar

*Por este medio certifico que la información anterior es, según mi conocimiento, verdadera y correcta. Además, acepto notificar a Nevada Health Centers si hay algún cambio en esta información en los treinta (30) días después de que ocurra. Entiendo que debo volver a calificar anualmente para mantener mi elegibilidad. También estoy consciente de que esta información se revisa y se basa en las Directrices federales de pobreza que publica anualmente el gobierno federal. El pago de la tarifa variable se debe hacer en cada visita. Los pagos por los servicios de laboratorio ordenados por su proveedor no están incluidos en su pago de tarifa variable.*

Firma del paciente: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del testigo: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre y título: \_\_\_\_\_

Poverty Guidelines, all states (except Alaska and Hawaii)

2020 Annual

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	6,380	\$12,760	15,950	16,588	16,971	17,226	17,609	19,140	22,330	23,606	25,520	31,900	38,280	51,040
2	8,620	\$17,240	21,550	22,412	22,929	23,274	23,791	25,860	30,170	31,894	34,480	43,100	51,720	68,960
3	10,860	\$21,720	27,150	28,236	28,888	29,322	29,974	32,580	38,010	40,182	43,440	54,300	65,160	86,880
4	13,100	\$26,200	32,750	34,060	34,846	35,370	36,156	39,300	45,850	48,470	52,400	65,500	78,600	104,800
5	15,340	\$30,680	38,350	39,884	40,804	41,418	42,338	46,020	53,690	56,758	61,360	76,700	92,040	122,720
6	17,580	\$35,160	43,950	45,708	46,763	47,466	48,521	52,740	61,530	65,046	70,320	87,900	105,480	140,640
7	19,820	\$39,640	49,550	51,532	52,721	53,514	54,703	59,460	69,370	73,334	79,280	99,100	118,920	158,560
8	22,060	\$44,120	55,150	57,356	58,680	59,562	60,886	66,180	77,210	81,622	88,240	110,300	132,360	176,480
9	24,300	\$48,600	60,750	63,180	64,638	65,610	67,068	72,900	85,050	89,910	97,200	121,500	145,800	194,400
10	26,540	\$53,080	66,350	69,004	70,596	71,658	73,250	79,620	92,890	98,198	106,160	132,700	159,240	212,320

Poverty Guidelines, all states (except Alaska and Hawaii)

2020 Monthly

Household /Family Size	50%	*100%*	125%	130%	133%	135%	138%	150%	175%	185%	200%	250%	300%	400%
1	532	\$1,063	1,329	1,382	1,414	1,436	1,467	1,595	1,861	1,967	2,127	2,658	3,190	4,253
2	718	\$1,437	1,796	1,868	1,911	1,940	1,983	2,155	2,514	2,658	2,873	3,592	4,310	5,747
3	905	\$1,810	2,263	2,353	2,407	2,444	2,498	2,715	3,168	3,349	3,620	4,525	5,430	7,240
4	1,092	\$2,183	2,729	2,838	2,904	2,948	3,013	3,275	3,821	4,039	4,367	5,458	6,550	8,733
5	1,278	\$2,557	3,196	3,324	3,400	3,452	3,528	3,835	4,474	4,730	5,113	6,392	7,670	10,227
6	1,465	\$2,930	3,663	3,809	3,897	3,956	4,043	4,395	5,128	5,421	5,860	7,325	8,790	11,720
7	1,652	\$3,303	4,129	4,294	4,393	4,460	4,559	4,955	5,781	6,111	6,607	8,258	9,910	13,213
8	1,838	\$3,677	4,596	4,780	4,890	4,964	5,074	5,515	6,434	6,802	7,353	9,192	11,030	14,707
9	2,025	\$4,050	5,063	5,265	5,387	5,468	5,589	6,075	7,088	7,493	8,100	10,125	12,150	16,200
10	2,212	\$4,423	5,529	5,750	5,883	5,972	6,104	6,635	7,741	8,183	8,847	11,058	13,270	17,693



## 2020 CDBG-CV APPLICATION

<p><b>A. Name of City/County w/address:</b>                  Post Office Box 2529, CC Nevada 89702                  32 Sierra Ave., Carson City, Nevada 89701                  DUNS #: 027915367                  CAGE #: 6MUX3</p> <p><b>B. Name, Title &amp; Phone No. of CDBG-CV Contact Person:</b>                  Lisa Lee                  Executive Director                  775-883-7654</p> <p><b>C. Name and Phone No. of Grant Author:</b>                  Lisa Lee                  Executive Director                  775-883-7654</p>	<p><b>H. Ranking of this Application:</b> Rank <input type="checkbox"/> of <input type="checkbox"/></p> <p><b>I. Total Project Cost:</b> \$ 40,076.97</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">FUNDING SOURCES</th> <th style="text-align: center;">AMOUNT</th> <th style="text-align: center;">STATUS OF COMMITMENT</th> </tr> </thead> <tbody> <tr> <td>CDBG-CV Request</td> <td style="text-align: right;">\$35,676.97</td> <td style="text-align: center;">Requested</td> </tr> <tr> <td>Local Cash</td> <td style="text-align: right;">\$4,400.00</td> <td style="text-align: center;">Secured</td> </tr> <tr> <td>Local In-Kind</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td></td> </tr> <tr> <td>Other Federal</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL ESTIMATED COST</b></td> <td style="text-align: right;"><b>\$40,076.97</b></td> <td></td> </tr> </tbody> </table> <p><b>J. % CDBG-CV:</b> 87.67</p>	FUNDING SOURCES	AMOUNT	STATUS OF COMMITMENT	CDBG-CV Request	\$35,676.97	Requested	Local Cash	\$4,400.00	Secured	Local In-Kind			State			Other Federal			Other			Other			<b>TOTAL ESTIMATED COST</b>	<b>\$40,076.97</b>	
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<b>TOTAL ESTIMATED COST</b>	<b>\$40,076.97</b>																											
<p><b>D. Project Title:</b> Shelter Transportation Vehicle</p> <p><b>E. Address of Project Location:</b>                  32 Sierra Av, Carson City, Nevada 89701  <input type="checkbox"/></p> <p><b>F. Type of Project: (Check One)</b>  <input type="checkbox"/> Planning      <input type="checkbox"/> Community Facilities  <input checked="" type="checkbox"/> <b>Community Service</b>      <input type="checkbox"/> Economic Development  <input type="checkbox"/> Housing Rehab.      <input type="checkbox"/> Other _____</p> <p><b>G. Brief Description of Proposed Project (max. 5 lines)</b>                  Purchase an 8 passenger vehicle to transport sheltered clients and their children to appointments to reduce their opportunity to contract COVID-19.</p>	<p><b>K. Eligible Activity?</b> YES / NO      <b>L. HCDA Citation:</b> 105(a)(8)</p> <p><b>M. National Objective (Check One):</b>  <input checked="" type="checkbox"/> <b>Benefit to Low- and Moderate-Income Persons</b>  <input type="checkbox"/> Elimination or Prevention of Slum and Blight  <input type="checkbox"/> Urgent Need</p> <p><b>N. Is the project a State Priority:</b>  <input checked="" type="checkbox"/> <b>Public Health and Safety</b>  <input type="checkbox"/> Included in an earlier planning process</p> <p><b>O. Project Start Date:</b> 1/2021                  Project Completion Date: 12/2021  <b>NOTE:</b> Planning grants run 7/1/2020 thru 6/30/2021; Construction grants run 7/1/2020 thru 7/1/2022. Extensions are granted at the discretion of the CDBG-CV office.</p>																											
<p><b>NOTE:</b> If the City or County is applying for CDBG-CV funds on behalf of a non-profit organization, list the name, address, phone number and contact person for the non-profit organization on the following page.</p>																												
<p><b>CERTIFICATION of Mayor or Chair:</b> I hereby certify that, to the best of my knowledge and belief, the information in this application is true and correct, and that this application has been duly authorized by the governing body of the applicant.</p>																												
<p><input type="checkbox"/> <u>Brad Bonkowski, Mayor Pro Tempore</u>                  Typed Name and Title</p>	<p>                  Signature</p>	<p><u>11-20-20</u>                  Date</p>																										

If City/County is sponsoring an Applicant, please provide the following details:

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

<b>Organization:</b>	Advocates to End Domestic Violence
<b>Street/PO Box:</b>	Post Office Box 2529
<b>Town/City/Zip Code:</b>	Carson City, Nevada 89702
<b>Chief Executive Officer:</b>	Lisa Lee
<b>Phone Number:</b>	775-883-7654
<b>Grant Contact Person:</b>	Lisa Lee
<b>Phone Number:</b>	775-883-7654
<b>e-mail address:</b>	director@aedv.org
<b>DUNS #</b>	027915367
<b>CAGE #</b>	6MUX3

<b>AUDIT INFORMATION &amp; CDBG-CV FUNDING HISTORY</b>	<b>Grantee</b>	<b>Sub-Recipient</b>
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	<input checked="" type="radio"/> YES <input type="radio"/> NO	YES/NO
Has the City/County/Sub-Recipient received federal assistance from CDBG before? AEDV has not received CDBG funding If YES, list the dates of the most recent project(s)	<input checked="" type="radio"/> YES <input type="radio"/> NO	YES/NO
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	YES/NO	YES/NO
If YES, list dates and sources below. AEDV receives federal grants that are passed through to the state for allocation. None of these funds will be used toward this application request.		

**FUNDING AGENCY**

General Funds

AEDV will match the request with funds that are raised through general donations.

**DATE**

On-going

**FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:**

For details regarding CDBG-CV **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs, Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response, and CARES Act Flexibilities for CDBG Funds Used to Support Coronavirus Response. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide) <https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf> <https://files.hudexchange.info/resources/documents/CARES-Act-Flexibilities-CDBG-Funds-Used-Support-Coronavirus-Response.pdf>

**National Objective:** All projects must meet a National Objective. Check only one of the following three the choices:

**1. X BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS**

If selecting this National Objective, choose one of the following and provide the necessary supporting information:

- (a)  City/County-wide LMI-A
- (b)  **Limited Clientele LMI-C**
- (c)  Site Specific LMI-S (Income Survey required)
- (d)  Economic Development LMI-J/Training

**NOTE:** An Income Survey must be submitted and approved by CDBG prior to submitting the grant application.

If LMI-C, indicate which “presumed LMI” category will be served by the project:

- Children who are abused: Extremely low income
- Spouses who are battered: Low income (AEDV also houses children of victims of abuse)**
- Adults who are severely disabled: Low income
- Persons who are homeless: Extremely low income**
- Persons who are illiterate: Low income
- Persons with AIDS: Low income
- Persons who are migrant farm workers: Low income
- Persons who are elderly: Senior center – Mod income; not center-based – Low Income

**Note:** For **Limited Clientele**, **Economic Development**, and **Low/Mod Housing** projects, demographics, ethnicity information and income verification are required for all beneficiaries. Please provide an explanation how the beneficiaries will be counted.

The emergency shelter provides housing for survivors (male and female) of domestic violence and their children. Shelter intakes will be used to count the number of clients, case notes will document services provided.

For **economic development projects**, where assistance is being provided to for-profit business(es), include **commitment letters** from the employer(s) explaining how they will comply with the 51% job creation requirement.

2.  **ELIMINATION OR PREVENTION OF SLUM AND BLIGHT (Not applicable under CDBG-CV)**

If selecting this National Objective, all the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

**NOTE:** Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

3.  **URGENT NEED**

If selecting this National Objective, all the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant’s inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

**NOTE:** This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

**Project Beneficiaries:**

**Number of Beneficiaries and Data Sources:**

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses	95	<input type="text"/>	<input type="text"/>
2. Total number of low/moderate income beneficiaries	93	<input type="text"/>	<input type="text"/>
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %	97.8	<input type="text"/>	<input type="text"/>

**The beneficiary figures were calculated or obtained:**

Clients provide information regarding their income during the shelter intake which is used to develop an action plan that involves steps to secure job training, employment, housing and childcare.

a. From the **US Census or HUD LMISD**, cite Web link, Census Tract(s) and Block Group(s)

- i. Web link: <https://www.census.gov/quickfacts/carsoncitynevadacounty> or HUD LMISD
- ii. Census Tract(s):
- iii. Block Group(s):

**b. From an Income Survey: attach survey methodology, details, and answer the following:**

**i. Who conducted the survey and when?**

The Case Manager conducts shelter intakes with each client prior to entering the program, documenting income, education, employment, abuse, legal and medical needs, emergency contact, missing identification documents, and history of domestic and sexual violence. The Case Manager verifies income via pay stubs, bank accounts, and any type of payment or benefit throughout a survivors shelter stay. This information is used to develop an action plan with measurable goals toward regaining stability and the economic ability to move from the shelter to a home of their own.

**ii. Has the Survey been verified by CDBG staff? If so, when? (dd/mm/yy)**

Not at this time.

**c. Explain how the plan will benefit LMI persons.**

Advocates to End Domestic Violence (AEDV) operates a 51-bed emergency shelter that can provide up to five months of safe and supportive housing for survivors of domestic violence and their children as well as long-term transitional housing. The shelter offers survivors of intimate partner violence a safe and protective home in which to heal and recover while taking steps to rebuild their lives. For many, the first few weeks of their stay is focused on securing a protection order, addressing medical needs as a result of the abuse, and replacing identification documents that may have been left or taken while fleeing. These documents are necessary for employment, social services, and housing. The majority of survivors whom AEDV aids have been physically and economically abused. An abuser may use finances to control their partner by limiting their access to money or not allowing them to work, forcing them to be dependent, thereby unable to leave the relationship.

Roughly, 98% of those sheltered by AEDV are extreme to low-income. Last year, 79% entered the program without employment, and 64% did not own or have access to a vehicle. For medical appointments, court hearings, job search, childcare, and applications for assistance and housing, most sheltered clients have to rely on public transportation, increasing their exposure to COVID-19 and that of their children. Several recent studies indicate that socioeconomic conditions, such as being low income, increases a person's chance of contracting COVID-19. Many sheltered clients and their children have underlying health conditions that make them more susceptible to complications should they become infected with coronavirus.

Requested CDBG funding will be used to purchase a vehicle to transport survivors and their children to needed appointments, decreasing their risk of exposure while increasing their ability to social distance.

## I. SCOPE OF WORK (SoW)

Provide a clear, concise description of the proposed project identifying how the project will prevent, prepare for, and respond to coronavirus including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

Working with Carson City Toyota, AEDV has researched a vehicle that best meets our client needs, geographical area, weather conditions, maintenance, and affordability. When reviewing different vehicles, size and seat capacity was considered. Last year, the average client had two children under the age of five, requiring a vehicle that can easily accommodate car seats, luggage, and groceries. A large passenger van was considered, but the purchase cost, maintenance, mileage, and ease of mobility ruled it out as most clients have different schedules and their appointments do not coincide. On average, a vehicle is needed to transport one to two families at a time, several times a day, negating the need for a large passenger van. The Toyota Highlander seats 8 passengers and is highly rated for dependability and safety. By purchasing a 2020 model instead of the 2021 model, the price is reduced by roughly \$5,000. Combined with rebates, the total estimated cost is \$35,676.97. AEDV will pay the registration fees and any unforeseen additional expenses with general funds. Should a 2020 model no longer be available, AEDV will pay the difference of a 2021 model from general raised funds. Within 30 days of the CDBG award, it is anticipated the vehicle will be purchased, registered, insured, and in service. The Case Manager and Shelter Manager will be primarily responsible for scheduling and transporting clients to their appointments. A copy of the bill of sale, title, registration, and insurance will be included in the program report. The vehicle will enable survivors to reduce their exposure to a large number of people on public transportation. AEDV staff will enforce wearing face masks and will clean the vehicle between clients to minimize exposure.

### PROJECT IMPLEMENTATION SCHEDULE:

Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12- or 24-month time frame.

TASK	MONTH
<b>PROJECT STARTUP:</b>	
Submit CDBG grant application	11/23/2020
Receive notice of CDBG grant award	1/8/2021 (estimate)
Renew vehicle estimate/availability with the dealership	1/11/2021
Purchase vehicle (depending upon grant award timeline)	1/12/2021
Register/insure vehicle	1/13/2021
<b>PROCUREMENT OF PROFESSIONAL ASSISTANCE</b> (including professional engineers, architects, community development consultants, etc.)	

Renew vehicle estimate/availability and cost with the dealership	1/11/2021
Purchase vehicle (depends upon grant award timeline)	1/12/2021
Register/insure vehicle	1/13/2021
*If the vehicle has to be order or transferred from another dealership, the implementation schedule could be delayed by 30 days.	
<b>PROJECT CLOSEOUT:</b>	
Submit final report and purchase documentation	Within 30 days of award

## II. PROJECT NEEDS ANALYSIS:

### 1. What is the need of the community and how was it determined?

The majority of survivors seeking shelter enter the program without a vehicle and must utilize public transportation to access necessary appointments, increasing their exposure to COVID-19 and the possibility of spreading the virus to others in the shelter.

### 2. How is it being addressed presently?

Clients are provided masks, hand sanitizer, and advised to limit their contact while taking the JAC bus. The majority of sheltered clients have small children who, by their nature, can be rambunctious and sociable and often have a difficult time keeping their masks on and hands to themselves. When they ride the bus, it can be challenging to enforce social distancing, increasing their chance of contracting the virus and unintentionally spreading it to others.

### 3. What is the proposed response to prevent, prepare for, and respond to coronavirus?

Clients' temperatures are taken daily, and their health is monitored. If a client or their children should show symptoms of illness, they are quarantined in a separate unit while they await the result of a COVID-19 test. AEDV follows State and Carson City Health and Human Services COVID-19 guidelines for clients and staff.

### 4. Why is the proposed project required to prevent, prepare for, and respond to coronavirus?

By reducing the need to take public transportation, potential exposure will be limited to not only individual clients but to others in the shelter. For many appointments, people are not allowed in the building but must wait outside. Clients would be able to wait in the vehicle and not need to stand in the winter cold with their small children.

### 5. How does the proposed project activity meet the need or to prevent, prepare for, and respond to coronavirus?

By providing transportation, AEDV has the ability to enforce safety guidelines and limit contact. Appointments will be scheduled to limit the number of clients in the vehicle at any one time, ensuring the maximum potential of social distancing. The vehicle will be cleaned between clients, and masks will be worn while in the vehicle.

**6. How will the potential grantee know if the need has been met or the project has prevented, prepared for, and responded to coronavirus?**

By limiting contact with strangers on public transportation and enforcing observation of safe practices, the opportunity to contract COVID-19 will be minimized.

**III. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE**

Please complete the following tables that summarize budget categories and funding sources for the proposed project.

**Project Title: SHELTER TRANSPORTATION**

**Date: 11/11/2020**

Cost Category	CDBG-CV	Local		State	Other Federal	Other	Totals
		Cash	In Kind				
Equipment Vehicle purchase	\$35,676.97						
Vehicle registration (estimated)		800					
Insurance (full coverage / multiple drivers)		2,400					
Accessories Seat covers		1,200					
<b>Total Costs</b>	<b>35,676.97</b>	<b>4,400</b>					<b>40,076.97</b>

**Additional Funding Details:**

Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash	\$4,400	General funds – raised through fundraisers, donations, etc.	Yes	
Local In Kind				
State				



Other Federal				
Other				

**NOTE:** Please attach letters of commitment or letters of intent for sources of other funding.

**IV. Budget Narrative:**

The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG-CV funds) will be spent. The narrative should provide details of each line item in the budget. Grantees are required to prevent the duplication of benefits, which means grant funds may not be used to pay costs if another source of financial assistance is available to pay that cost.

1. **For each CDBG-CV Cost Category item shown in the budget explain:**
  - a. **how the cost was determined;**  
 Research was conducted on the type of vehicle that would best meet the needs of clients and their children. Estimates were secured for three models. The lowest estimate was chosen.
  - b. **the source of the cost estimate, and**  
 The estimates were provided by Carson City Toyota, a local dealership.
  - c. **any additional information necessary to explain the cost and necessity of the item.**  
 The vehicle model was chosen for its reliability, safety, and ability to hold 8 passengers. It was a priority to use a local dealership that has a strong repair service reputation.
  - d. **how any ongoing costs related to implementation of the project will be funded.**  
 The annual insurance and maintenance will be funded through General Funds that are generated by donations, fundraisers, and revenue from Classy Seconds. The cost of maintaining and operating the vehicle was a primary consideration when researching an automobile to transport clients.

**V. MATURITY & PROJECT READINESS:**

Provide details regarding the project applicant’s readiness to implement the proposed project:

1. **Status of prior work/preliminary planning.**  
 AEDV researched several types and models of vehicles that met the program needs while being economical.
2. **Capacity within the jurisdiction/implementing agency to implement the project.**  
 AEDV has a strong history of managing multiple grants, timely reporting, and achieving Scope of Work.
3. **Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.**
  - a. Can this project be done in different phases? YES / NO
  - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases.

- c. If the project is a multi-phase project, have CDBG-CV funds been used in an earlier phase? Please explain.
- d. What sources of funding will be sought for future phases?
- 4. Ownership information, if applicable: (i.e. construction, acquisition)
  - a. Who currently holds title to the property involved?
  - b. In whom will the title be vested upon completion of the project?
  - c. Do any rights-of-way, easements, or other access rights need to be acquired? YES / NO
  - d. If "YES", when will the rights be acquired? \_\_\_\_\_
  - e. If the project requires water rights or well permits, have they been acquired? YES / NO
  - f. If "NO", when will the rights/permits be acquired?

**VII. ENVIRONMENTAL REVIEW:**

- 1. What level of environmental review is required for the proposed project?
  - a. Environmental Impact Statement (EIS)
  - b. Environmental Assessment (EA)
  - c. Categorically Excluded/ Does not convert to Exempt
  - d. Categorically Excluded/Converts to Exempt
  - e. Exempt
- 2. At what stage in the environmental review process is the project at this time?
- 3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency.
- 4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
- 5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
- 6. Indicate whether the proposed project involves any of the following:
  - a. Historic structure (designated or 50+ years old)
  - b. Historic or prehistoric site
  - c. Historic District
- 7. Will this project require or result in the involuntary displacement of any person? YES / NO
- 8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

**Planning Grants Only: Not Applicable**

Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective.

- 1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
- 2. If "YES", respond to the following questions:
  - a. When and by whom was the previous plan or study conducted?
  - b. What were the conclusions and recommendations?

c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.

3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study? YES / NO
4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.
5. This proposed project is a plan or study for:
  - i. Long-term planning \_\_\_\_\_
  - ii. Short-term planning \_\_\_\_\_
  - iii. Project design \_\_\_\_\_
6. Who will be responsible for the implementation of the project?
7. How and when will implementation of the project occurs?

## ATTACHMENTS

For the application to be accepted for review, label all attachments and list them in the Attachment Index, ensuring all references are correct. Do not include attachments unless they are needed to understand the project.

### Attachment Index:

#### Attachments

- |    |                  |
|----|------------------|
| A: | Income Survey    |
| B: | Vehicle Estimate |



Attachment A:      Income Survey

## Advocates to End Domestic Violence

Income Survey for Sheltered Clients

January 2019 – December 2019

When clients enter the shelter, they provide information that answers the following questions. These numbers are only for those that are sheltered, not for clients that utilize AEDV other services:

Number of households:                       38   

Number of Adults without children:      14   

Number of Children:                       50   

Number of Adults 65+                       1   

**ETHNICITY**

Hispanic/Latino                            21   

**RACE**

White                                           42   

Black/African American                   5   

Asian                                           3   

American Indian/Alaskan Native        14   

Native Hawaiian/Other Pacific Islander    2   

Asian and White                         \_\_\_\_\_

Black/African American and White       1   

Am Indian/Alaskan Native and Black \_\_\_\_\_

Other                                        \_\_\_\_\_

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income	\$42,150	\$48,150	\$54,150	\$60,150	\$65,000	69,800	74,600	\$79,400
Below	14	18	21	25	10			
Above								



Attachment B:      Vehicle Estimate

Dick Campagni's

# CARSON CITY TOYOTA

## CAMPAGNI AUTO GROUP

WWW.CARSONCITYTOYOTA.COM 775-882-8211

BUYER		CO-BUYER		Deal #:	20723
ADVOCATES TO END DOMESTIC VIOLENCE				Deal Type:	Retail
CARSON CITY, NV 89701				Deal Date:	10/29/2020
Home #: (775) 751-5495		Home #:		Print Time:	09:40am
Work #:		Work #:		Salesperson:	
VEHICLE					
New	<input checked="" type="checkbox"/>	Stock #:	Description:	VIN:	Mileage:
Used	<input type="checkbox"/>	63676	2020 TOYOTA HIGHLANDER	5TDZZRAH0LS510307	
Demo	<input type="checkbox"/>				
TRADE					
AFTERMARKETS			MSRP:	\$	39,013.00
VEHICLE THEFT	\$	198.00	Discount:	\$	2,211.78
APPEARANCE PACKAGE	\$	249.00	Sale Price:	\$	36,801.22
			Total Financed Aftermarkets:	\$	447.00
			Total Trade Allowance:	\$	0.00
			<b>Trade Difference:</b>	\$	<b>37,248.22</b>
			Documentary Fee:	\$	399.50
			State & Local Taxes:	\$	0.00
			Total License and Fees:	\$	29.25
			<b>Total Cash Price:</b>	\$	<b>37,676.97</b>
			Total Trade Payoff:	\$	0.00
<b>Total Aftermarkets:</b>	\$	<b>447.00</b>	<b>Delivered Price:</b>	\$	<b>37,676.97</b>
			Cash Down Payment + Deposit:	\$	0.00
			Total Rebates:	\$	2,000.00
			<b>Unpaid Balance:</b>	\$	<b>35,676.97</b>

Buyer Signature

Co-Buyer Signature





If City/County is sponsoring an Applicant, please provide the following details:

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

Organization:	Carson City Senior Citizens Center
Street/PO Box:	911 Beverly Drive
Town/City/Zip Code:	Carson City, NV 89706
Chief Executive Officer:	Courtney Warner
Phone Number:	775-283-7235
Grant Contact Person:	Courtney Warner
Phone Number:	775-283-7235
e-mail address:	<a href="mailto:cwarner@carson.org">cwarner@carson.org</a>
<b>DUNS #</b>	14-753-9027
<b>CAGE #</b>	8RJC1

<b>AUDIT INFORMATION &amp; CDBG-CV FUNDING HISTORY</b>	<b>Grantee</b>	<b>Sub-Recipient</b>
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	YES/NO	NO
Has the City/County/Sub-Recipient received federal assistance from CDBG before?	YES/ NO	NO
If YES, list the dates of the most recent project(s)		
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	YES/NO	YES
If YES, list dates and sources below.		

FUNDING AGENCY

DATE

State of Nevada, Aging and Disability Services Division – ACL, Older Americans Act Title III & Nutrition Services Incentive Program (Grant numbers: 01-000-07-1H1-20 (10/1/2019), 01-000-04-24-20 (10/1/2019), 01-000-57-NX-20 (10/1/2019)  
 State of Nevada, Aging and Disability Services Division – ACL, Older Americans Act CARES ACT (Grant Numbers: 01-000-04-2C2X-20 (3/20/2020), 01-000-59-BC3X-20 (4/1/2020), 01-000-67-2X3X-20 (4/1/2020))

**FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:**

For details regarding CDBG-CV **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs, Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response, and CARES Act Flexibilities for CDBG Funds Used to Support Coronavirus Response. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide)  
<https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf>  
<https://files.hudexchange.info/resources/documents/CARES-Act-Flexibilities-CDBG-Funds-Used-Support-Coronavirus-Response.pdf>

**National Objective:** All projects must meet a National Objective. Check only one of the following three the choices:

1.  **BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS**

If selecting this National Objective, choose one of the following and provide the necessary supporting information:

- (a)  City/County-wide LMI-A                      (b)  Limited Clientele LMI-C  
(c)  Site Specific LMI-S                      (d)  Economic Development LMI-J/Training  
(Income Survey required)

**NOTE:** An Income Survey must be submitted and approved by CDBG prior to submitting the grant application.

If LMI-C, indicate which “presumed LMI” category will be served by the project:

- Children who are abused: Extremely low income  
 Spouses who are battered: Low income  
 Adults who are severely disabled: Low income  
 Persons who are homeless: Extremely low income  
 Persons who are illiterate: Low income  
 Persons with AIDS: Low income  
 Persons who are migrant farm workers: Low income  
 Persons who are elderly: Senior center – Mod income; not center-based – Low Income

**Note:** For **Limited Clientele**, **Economic Development**, and **Low/Mod Housing** projects, demographics, ethnicity information and income verification are required for all beneficiaries. Please provide an explanation how the beneficiaries will be counted.

For **economic development projects**, where assistance is being provided to for-profit business(es), include commitment letters from the employer(s) explaining how they will comply with the 51% job creation requirement.

2.  **ELIMINATION OR PREVENTION OF SLUM AND BLIGHT (Not applicable under CDBG-CV)**

If selecting this National Objective, all the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

**NOTE:** Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

3.  **URGENT NEED**

If selecting this National Objective, all the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant’s inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

**NOTE:** This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

**Project Beneficiaries:**

Number of Beneficiaries and Data Sources:

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses	840	<input type="text"/>	<input type="text"/>
2. Total number of low/moderate income beneficiaries	756	<input type="text"/>	<input type="text"/>
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %	90%	<input type="text"/>	<input type="text"/>

The beneficiary figures were calculated or obtained: **Beneficiaries were calculated using the Social Assistance Management System (SAMS), pulling a report for service demographics from client caseload receiving Meals on Wheels from November 2019 through November 20, 2020. The information was obtained directly from the beneficiaries at intake application and assessment. Information is stored and updated annually in the SAMS database. SAMS is managed by the State of Nevada, Aging and Disability Services Division and input is required as a grantee.**

a. From the **US Census or HUD LMISD**, cite Web link, Census Tract(s) and Block Group(s)

- i. Web link:  or HUD LMISD
- ii. Census Tract(s):
- iii. Block Group(s):

b. From an **Income Survey**: attach survey methodology, details, and answer the following:

i. Who conducted the survey and when?

**Income is obtained at the initial intake application and assessment for all Meals on Wheels participants and annually thereafter. The assessment is completed by Carson City Senior Center Case Managers using the current poverty level as standard.**

ii. Has the Survey been verified by CDBG staff? If so, when? (dd/mm/yy)

c. Explain how the plan will benefit LMI persons.

The proposed project will expand Meals on Wheels services for individuals age 60 and older who are sheltering in their home as recommended by the Centers for Disease Control and Prevention (CDC). The Carson City Senior Citizens Center (CCSCC) has been operating a meal delivery service, commonly referred to as Meals on Wheels (MOW), prior to and during the COVID pandemic. Between November 1, 2019 and November 20, 2020, 90% of program participants identified as living below poverty. By offering a delivered meal to a low-income senior, the individual does not need to prioritize what they are able to budget for and frees up money to spend on co-pays, medications, rent and utilities. Seniors who participate in MOW experience food insecurity, are low income, live alone, have a disability and depend on the meal provided. Without providing nutrition services to seniors, many will go hungry and have a poor quality of life. Funded under the Administration for Community Living (ACL) Older Americans Act (OAA), MOW targets seniors who are low income, minority, living in rural communities, limited English proficiency and at risk for institutional care.

## I. SCOPE OF WORK (SoW)

Provide a clear, concise description of the proposed project identifying how the project will prevent, prepare for, and respond to coronavirus including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

Carson City Senior Citizens Center (CCSCC) has been providing nutrition services to older adults since 1975. The nutrition program traditionally consists of two services: congregate lunch, an on-site lunch service and home-delivered meals, commonly known as Meals on Wheels (MOW), delivering meals to homebound seniors unable to shop for groceries or prepare their own meals due to medical hardship, disability, geographic location or lack of transportation. The proposed project seeks funding to expand the MOW Program. MOW covers the entire Carson City county limits. MOW seniors receive one meal delivered each weekday and one frozen meal for each weekend and holiday. In addition to a meal, MOW seniors receive a daily welfare check on their wellbeing from trained, paid employees, all who have been background checked. Due to COVID-19, services are available to anyone 60 and over, regardless of income, and services are provided free of charge with a suggested donation. Most are unable to contribute, and no one is turned away from the inability to pay.

After the state-ordered closure of businesses and services due to COVID-19 on March 16, 2020, MOW experienced a 125% surge in requests for service. Supplemental funding was secured through the appropriation of the Administration for Community Living (ACL), CARES Act for Supportive Services under Title III-B of the Older Americans Act (OAA) to fund unbudgeted emergency expenses. These expenses included: 14-day shelf-stable meal packs, additional delivery vehicle, extra packaging supplies for contactless delivery, and plexiglass for staff and volunteer safety.

MOW is operating at full capacity. State grant funding for MOW funded 90,000 meals delivered from October 1, 2020 through September 30, 2021. Due to COVID-19, CCSCC projects a need of 108,000 meals for this fiscal year. The increase in demand is a direct result of COVID-19 as more seniors are sheltering at home due to directives from the CDC and the Governor's Office for vulnerable populations. There is also the stress of grocery shopping with continued problems with supply chain issues and inventory at the stores. CCSCC would commonly fundraise the gap in demand to funded meals and is currently unable to host events or fundraise due to COVID-19. At this time, CCSCC has activated a waitlist for MOW until a temporary funding stream is secured. It is expected that this increase in demand is temporary and once the threat of the pandemic significantly reduces and vulnerable populations are not recommended to shelter in home, seniors will self-select to remove themselves from the MOW program. There are currently 17 seniors on the waitlist with an average of 4 calls per week to join the program.

In the previous fiscal year (10/1/2019 – 9/30/2020), CCSCC delivered a total of 110,936 meals and saw significant jumps in demand in March 2020: 9,216 meals, April 2020: 12,288 meals, May 2020: 11,579 meals and the last quarter is averaging 8,947 meals per month. The demand continues to increase and CCSCC is left with unstable funding streams (fundraising, donor support, events) that has negatively impacted the organization's ability to grow with the new demand for services. The proposed project provides a temporary solution to expand the program directly related to COVID-19. The requested funding would fund meals that are currently unfunded through any other grant source.

The proposed project would provide funding for 11,108 meals that are currently unfunded. While the projected demand exceeds available CDBG-CV funding, CCSCC is confident in sourcing additional revenue streams to supplement funding meals beyond what CDBG-CV grant funding allots.

**PROJECT IMPLEMENTATION SCHEDULE:**

Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12- or 24-month time frame.

TASK	MONTH
<b>PROJECT START UP:</b>	
Immediately upon award (program is currently in full operation)	ASAP
<b>PROCUREMENT OF PROFESSIONAL ASSISTANCE</b> (including professional engineers, architects, community development consultants, etc.)	
N/A	
<b>PROJECT IMPLEMENTATION:</b>	
Immediately upon award (program is currently in full operation)	ASAP
<b>PROJECT CLOSEOUT:</b>	
End of Meals on Wheels grant cycle (September 30, 2021)	10/15/2021

**II. PROJECT NEEDS ANALYSIS:**

1. What is the need of the community and how was it determined?  
**Food insecurity and isolation continue to create hardship for Carson City seniors. This has been exacerbated by COVID-19. Seniors need access to nutritious meals, delivered to their home. Seniors need a trusted individual to check in on their wellbeing and report problems back to an agency that will follow-up appropriately.**
2. How is it being addressed presently?  
**MOW is currently fully operational. MOW delivers one fresh meal Monday through Friday and a frozen meal for weekends and holidays. Meals are a combination of hot and cold entrees, a variety of proteins (including vegetarian, poultry, beef, pork and seafood), sides, dessert or fruit and milk. The meals meet the 1/3 dietary requirement as set forth by the State of Nevada, Aging and Disability Services Division (ADSD). Meals are delivered by background checked and trained paid staff that not only deliver a meal, they provide a friendly hello to a senior who commonly lives alone and has limited social connections.**
3. What is the proposed response to prevent, prepare for, and respond to coronavirus?  
**CCSCC implemented early interventions to protect the vulnerable population it serves. Before the state-issued mandate, staff were wearing face coverings. Contact-less deliveries and door drops were enacted to socially distance staff from seniors during delivery. Temperature checks and symptom screenings are taken at the start of every shift. CCSCC offers additional time off to quarantine and/or stay home if not feeling well above its current policy. Personal protective equipment, sanitation supplies and face coverings are fully stocked and readily available. CCSCC is proud to strictly adhere to the guidelines set forth by the Governor’s Office.**
4. Why is the proposed project required to prevent, prepare for, and respond to coronavirus?  
**CCSCC’s mission is to enhance the quality of life and independence of seniors. It is unfortunate that seniors are negatively and severely impacted by this pandemic. Support services, such as nutrition, is necessary for their survival and achieved through a safe program like MOW.**
5. How does the proposed project activity meet the need or to prevent, prepare for, and respond to coronavirus?  
**All safety measures and guidelines are strictly adhered to. MOW is able to support seniors who are following the Governor’s Office recommendation to shelter at home and lessen the risk to contract COVID-19.**
6. How will the potential grantee know if the need has been met or the project has prevented, prepared for, and responded to coronavirus?

**CCSCC has already succeeded in its services during the pandemic. Services were instantly adjusted to create a safer, contact-less environment to protect staff and seniors. Continued success is measured by the growth of the program and ensuring that any senior needing MOW receives service instead of waiting on a list for help.**

**III. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE**

Please complete the following tables that summarize budget categories and funding sources for the proposed project.

**Project Title: CARSON CITY SENIOR CENTER MEALS - COVID**

**Date: 10/16/2020**

Cost Category	CDBG-CV	Local		State	Other Federal	Other	Totals
		Cash	In Kind				
Meal Reimbursement	70,426	0	0	0	0	0	0

<b>Total Costs</b>	<b>70,426</b>						

**Additional Funding Details:**

Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash	0			
Local In Kind	0			
State	0			
Other Federal	0			
Other	0			

**NOTE:** Please attach letters of commitment or letters of intent for sources of other funding.

**IV. Budget Narrative:**

The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG-CV funds) will be spent. The narrative should provide details of each line item in the budget. Grantees are required to prevent the duplication of benefits, which means grant funds may not be used to pay costs if another source of financial assistance is available to pay that cost.

1. For each CDBG-CV Cost Category item shown in the budget explain:
  - a. how the cost was determined;  
**Meal Reimbursement: CCSCC’s actual cost to produce and deliver one meal is \$6.34. This amount is divided by the available grant funds of \$70,426 which will fund 11,108 additional meals.**
  - b. the source of the cost estimate, and  
**This is calculated by a spreadsheet designed by ADSD that adds all costs associated with the nutrition program (raw food, supplies, wages, utilities), divided by the total meals served for that fiscal year (FY2019/20).**
  - c. any additional information necessary to explain the cost and necessity of the item.
  - d. how any ongoing costs related to implementation of the project will be funded.

CCSCC anticipates that as the threat of the pandemic reduces and communities return to normal functioning, previous revenue streams will return and the ability to host fundraisers and events will provide security and support for continued growth of the MOW program.

#### V. MATURITY & PROJECT READINESS:

Provide details regarding the project applicant's readiness to implement the proposed project:

1. Status of prior work/preliminary planning.  
**CCSCC's MOW program is fully operational and needs no additional preparation to implement the proposed project.**
2. Capacity within the jurisdiction/implementing agency to implement the project.  
**CCSCC has no restrictions to implement the project as proposed.**
3. Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.
  - a. Can this project be done in different phases? **No, this is not project that can be done in phases**
  - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases.
  - c. If the project is a multi-phase project, have CDBG-CV funds been used in an earlier phase? Please explain.
  - d. What sources of funding will be sought for future phases?
4. Ownership information, if applicable: (i.e. construction, acquisition) **N/A**
  - a. Who currently holds title to the property involved?
  - b. In whom will the title be vested upon completion of the project?
  - c. Do any rights-of-way, easements, or other access rights need to be acquired? YES / NO
  - d. If "YES", when will the rights be acquired? \_\_\_\_\_
  - e. If the project requires water rights or well permits, have they been acquired? YES / NO
  - f. If "NO", when will the rights/permits be acquired?

#### VII. ENVIRONMENTAL REVIEW

1. What level of environmental review is required for the proposed project?
  - a. Environmental Impact Statement (EIS)
  - b. Environmental Assessment (EA)
  - c. Categorically Excluded/ Does not convert to Exempt
  - d. Categorically Excluded/Converts to Exempt
  - e. Exempt
2. At what stage in the environmental review process is the project at this time?
3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency.
4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.



6. Indicate whether the proposed project involves any of the following:
  - a. Historic structure (designated or 50+ years old)
  - b. Historic or prehistoric site
  - c. Historic District
7. Will this project require or result in the involuntary displacement of any person? YES / NO
8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

**Planning Grants Only: N/A**

Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective.

1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
2. If "YES", respond to the following questions:
  - a. When and by whom was the previous plan or study conducted?
  - b. What were the conclusions and recommendations?
  - c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.
3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study? YES / NO
4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.
5. This proposed project is a plan or study for:
  - i. Long-term planning \_\_\_\_\_
  - ii. Short-term planning \_\_\_\_\_
  - iii. Project design \_\_\_\_\_
6. Who will be responsible for the implementation of the project?
7. How and when will implementation of the project occurs?

**ATTACHMENTS**

For the application to be accepted for review, label all attachments and list them in the Attachment Index, ensuring all references are correct. Do not include attachments unless they are needed to understand the project.

**Attachment Index:**

- 1) Meal Cost Spreadsheet
- 2) Service Demographics
- 3) Client Registration Form
- 4) FY 19/20 Meal Count

## Income Certification 2019

### Carson City

The Governor's Office of Economic Development requires documentation of the income of beneficiaries in order to meet federal guidelines for the Community Development Block Grant Program. Please complete the following information as it applies to your household size. Information will be kept in the strictest confidence.

**Directions:** After identifying the number of persons in your household in the table below, check if your **total household income** is below or above the income level shown for your area.

Number of household members: 840

Number of disabled household members: 442

Number of household members 65+ 821

If female, are you the head of the household? Yes 241 No \_\_\_\_\_

ETHNICITY

Hispanic / Latino  
Yes 63 No \_\_\_\_\_

RACE

White 726  
 Black/African American 8  
 Asian 18  
 American Indian/Alaskan Native 24  
 Native Hawaiian/Other Pacific Islander 2  
 Am. Indian/Alaskan Native and White 7  
 Asian and White 0  
 Black/African American and White 0  
 Am Indian/ Alaskan Native and Black 0  
 Other 0

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Income	\$39,050	\$44,600	\$50,200	\$55,750	\$60,250	\$64,700	\$69,150	\$73,600
Below	90.1%							
Above	1.6%	1.2%	2.0%	0.004%	1.6%	0.004%	0.004%	2.4%

Optional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Responder's Signature

11/20/2020  
 \_\_\_\_\_  
 Date



1014710-500823

GENERAL FUND  
RESERVED FUND BALANCE - GENERAL FUND  
FELONY DUI COURT  
6/30/2020

BALANCE 6/30/19 0.00

**RESTRICTED**  
NRS 176.0613

ACCOUNT #:  
1014080-435223 27,943.00

1014710-500823 ~~(26,125.23)~~  
27,565.11

BALANCE 6/30/20 ~~1,817.77~~  
377.89

Increase (DECREASE) 1,817.77

**COURTS**

GENERAL FUND  
RESERVED FUND BALANCE - GENERAL FUND  
**ARBITRATION SERVICES - NRS 19.0315**  
6/30/2020

BALANCE @ 6/30/19 19,646

ACCOUNT #:  
1011080-441760 5,375

1014710-500621 0

BALANCE @ 6/30/19 25,021

Increase (decrease) 5,375

**RESTRICTED**

No salaries charged beginning fy 16

**COURTS**

GENERAL FUND  
RESERVED FUND BALANCE - GENERAL FUND  
DISTRICT COURT AB65  
6/30/2020

BALANCE @ 6/30/2019	33,711.40	
ACCOUNT #		<b>RESTRICTED</b>
		19.0302
	113,867.00	
1014080-441781	<del>423,856.00</del>	
1014710-500433	(504.00)	
1014710-500878	(73,397.86)	
1014710-507778	0.00	
1014710-506578	(189.00)	
1014710-506565	0.00	
	<u>73,487.54</u>	
BALANCE @ 6/30/2020	<u><del>-83,476.54</del></u>	
INCREASE (DECREASE)	49,765.14	

**COURTS**

Date: 11/12/2020 08:51  
CRTR7198

Account Distribution Report  
FIRST JUDICIAL DISTRICT - CARSON  
From: 07/01/2019 08:09:04.49  
To: 07/01/2020 08:07:24.84  
Account: DISTRICT COURT FEES AB  
Receipt Location: All  
Report Type: Both  
Detail: No

Page: 1

ACCOUNT SUMMARY

Total Distributed: 113,867.00

ACCOUNT

DISTRIBUTED AMOUNT

DISTRICT COURT FEES AB 65 (DIS020)

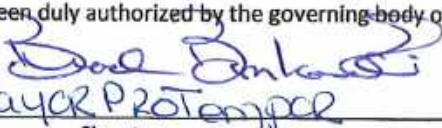
113,867.00

\*\*\* End of Report \*\*\*





## 2020 CDBG-CV APPLICATION

<p><b>A. Name of City/County w/address:</b>  <u>Carson City Department of Finance</u>  <u>201 N. Carson St. #3, Carson City, NV 89701</u>                  DUNS #: <u>073787152</u>                  CAGE #: <u>BGAZ5</u></p> <p><b>B. Name, Title &amp; Phone No. of CDBG-CV Contact Person:</b>  <u>Jon Rogers</u>  <u>President – Board of Directors</u>  <u>775-225-4440</u></p> <p><b>C. Name and Phone No. of Grant Author:</b>  <u>Jon Rogers</u>  <u>President – Board of Directors</u>  <u>775.225.4440</u></p>	<p><b>H. Ranking of this Application:</b> Rank <input type="checkbox"/> of <input type="checkbox"/></p> <p><b>I. Total Project Cost:</b> \$ <u>46,209</u></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">FUNDING SOURCES</th> <th style="text-align: left;">AMOUNT</th> <th style="text-align: left;">STATUS OF COMMITMENT</th> </tr> </thead> <tbody> <tr> <td>CDBG-CV Request</td> <td style="text-align: right;">70,426.00</td> <td style="text-align: center;">Requested</td> </tr> <tr> <td>Local Cash</td> <td></td> <td></td> </tr> <tr> <td>Local In-Kind</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td></td> </tr> <tr> <td>Other Federal</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td><b>TOTAL ESTIMATED COST</b></td> <td style="text-align: right;"><b>70,426.00</b></td> <td></td> </tr> </tbody> </table> <p><b>J. % CDBG-CV:</b> <u>100</u></p>	FUNDING SOURCES	AMOUNT	STATUS OF COMMITMENT	CDBG-CV Request	70,426.00	Requested	Local Cash			Local In-Kind			State			Other Federal			Other			Other			<b>TOTAL ESTIMATED COST</b>	<b>70,426.00</b>	
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Other Federal																												
Other																												
Other																												
<b>TOTAL ESTIMATED COST</b>	<b>70,426.00</b>																											
<p><b>D. Project Title:</b> <u>Covid Prevention - Professional Cleaning/New Housing/Technology</u></p> <p><b>E. Address of Project Location:</b>  <u>411 N Division Street</u>  <u>Carson City, NV 89703</u></p> <p><b>F. Type of Project: (Check One)</b>  <input type="checkbox"/> Planning      <input type="checkbox"/> Community Facilities  <input checked="" type="checkbox"/> Community Service      <input type="checkbox"/> Economic Development  <input type="checkbox"/> Housing Rehab.      <input type="checkbox"/> Other _____</p> <p><b>G. Brief Description of Proposed Project (max. 5 lines)</b>                  Professional cleaning of Spirit of Hope residential homes rented to low income individuals that would otherwise be homeless. Residents are unable to clean and sanitize to the proper level to reduce the contraction of Covid. Rental of two additional homes to address homeless on waitlist and computers for case management staff.</p>	<p><b>K. Eligible Activity?</b> <input checked="" type="checkbox"/> YES / NO      <b>L. HCDA Citation:</b> <u>105(a)(8)</u></p> <p><b>M. National Objective (Check One):</b>  <input checked="" type="checkbox"/> Benefit to Low- and Moderate-Income Persons                  Elimination or Prevention of Slum and Blight                  Urgent Need</p> <p><b>N. Is the project a State Priority:</b>  <input checked="" type="checkbox"/> Public Health and Safety  <input type="checkbox"/> Included in an earlier planning process</p> <p><b>O. Project Start Date:</b> <u>12/1/2021</u>  <b>Project Completion Date:</b> <u>12/31/21</u></p> <p><b>NOTE:</b> Planning grants run 7/1/2020 thru 6/30/2021; Construction grants run 7/1/2020 thru 7/1/2022. Extensions are granted at the discretion of the CDBG-CV office.</p>																											
<p><b>NOTE:</b> If the City or County is applying for CDBG-CV funds on behalf of a non-profit organization, list the name, address, phone number and contact person for the non-profit organization on the following page.</p>																												
<p><b>CERTIFICATION of Mayor or Chair:</b> I hereby certify that, to the best of my knowledge and belief, the information in this application is true and correct, and that this application has been duly authorized by the governing body of the applicant.</p>																												
<p><input type="checkbox"/> <u>Bracl Bankowski, Mayor Pro Tempore</u>                  Typed Name and Title</p>	<p><u></u>                  Signature</p>																											
<p><u>11-20-20</u>                  Date</p>																												

If City/County is sponsoring an Applicant, please provide the following details:

Development/Non-Profit Agency (Non-Profit, Housing Authority, etcetera):

Organization:	Spirit of Hope Inc
Street/PO Box:	411 N. Division Street
Town/City/Zip Code:	Carson City, NV 89703
Chief Executive Officer:	Ellen Jackson
Phone Number:	775.315.0121
Grant Contact Person:	Jon Rogers
Phone Number:	775-225.4440
e-mail address:	Jayraj89703@sbcglobal.net
<b>DUNS #</b>	076625234
<b>CAGE #</b>	8PMC2

AUDIT INFORMATION & CDBG-CV FUNDING HISTORY	Grantee	Sub-Recipient
Does the City/County/Sub-Recipient expect to receive \$750,000 or more in direct and indirect (i.e. through State agencies) in federal financial assistance during any fiscal year of the project period? If so, the CDBG office requires a copy of the single audit for the year(s) of the project, if funded.	YES/NO	YES/NO
Has the City/County/Sub-Recipient received federal assistance from CDBG before?	YES/NO	YES/NO
If YES, list the dates of the most recent project(s)  September 2020 – Purchase transport van		
If NO, has the City/County/Sub-Recipient received federal financial assistance from any source – directly or indirectly – in the current or most recent fiscal year?	YES/NO	YES/NO
If YES, list dates and sources below.		

FUNDING AGENCY

DATE

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**FEDERAL REQUIREMENTS ON PROJECT ELIGIBILITY:**

For details regarding CDBG-CV **Eligible Activities**, refer to the following link for the HUD Guide to National Objectives and Eligible Activities for State CDBG Programs, Quick Guide to CDBG Eligible Activities to Support Coronavirus and Other Infectious Disease Response, and CARES Act Flexibilities for CDBG Funds Used to Support Coronavirus Response. [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide)  
<https://files.hudexchange.info/resources/documents/Quick-Guide-CDBG-Infectious-Disease-Response.pdf>  
<https://files.hudexchange.info/resources/documents/CARES-Act-Flexibilities-CDBG-Funds-Used-Support-Coronavirus-Response.pdf>

**National Objective:** All projects must meet a National Objective. Check only one of the following three the choices:

1.  **BENEFIT TO LOW AND MODERATE INCOME (LMI) PERSONS**

If selecting this National Objective, choose one of the following and provide the necessary supporting information:

- (a)  City/County-wide LMI-A      (b)  Limited Clientele LMI-C  
(c)  Site Specific LMI-S  
(Income Survey required)      (d)  Economic Development LMI-J/Training

**NOTE:** An Income Survey must be submitted and approved by CDBG prior to submitting the grant application. **See attachment 1**

If LMI-C, indicate which “presumed LMI” category will be served by the project:

- Children who are abused: Extremely low income  
 Spouses who are battered: Low income  
 Adults who are severely disabled: Low income  
 Persons who are homeless: Extremely low income  
 Persons who are illiterate: Low income  
 Persons with AIDS: Low income  
 Persons who are migrant farm workers: Low income  
 Persons who are elderly: Senior center – Mod income; not center-based – Low Income

**Note:** For **Limited Clientele**, **Economic Development**, and **Low/Mod Housing** projects, demographics, ethnicity information and income verification are required for all beneficiaries. **Please provide an explanation how the beneficiaries will be counted.** Spirit of Hope Inc. provides housing for all our clients. **Our count is based on the number of people in our provided housing as of September 20, 2020**

For **economic development projects**, where assistance is being provided to for-profit business(es), **include commitment letters** from the employer(s) explaining how they will comply with the 51% job creation requirement.

2.  **ELIMINATION OR PREVENTION OF SLUM AND BLIGHT (Not applicable under CDBG-CV)**

If selecting this National Objective, all the following must be included with this application:

- (a) Slum/Blight Criteria selected
- (b) Additional Documentation (Photos, Letters from Officials, etcetera)
- (c) Slum/Blight Declaration/Resolution

**NOTE:** Include a copy of the declaration of Slum and Blight or the Redevelopment Area authorization passed by the City Council/County Commission as an attachment.

3.  **URGENT NEED**

If selecting this National Objective, all the following criteria must be met:

- (a) Determination of immediate threat – when and by whom; include documentation
- (b) Applicant’s inability to finance
- (c) Confirmation that no other financial sources are available
- (d) Confirmation that threat did **not** exist for more than 18 months prior to application

**NOTE:** This grant funding provides for an interim solution to a problem of urgent nature until funding for a permanent solution can be secured.

**Project Beneficiaries:**

Number of Beneficiaries and Data Sources:

	Persons	Households or Jobs	Businesses
1. Total number of individuals/jobs/businesses	40	<input type="text"/>	<input type="text"/>
2. Total number of low/moderate income beneficiaries	35	<input type="text"/>	<input type="text"/>
3. Percentage of LMI beneficiaries (Divide line 2 by 1) %	87.5	<input type="text"/>	<input type="text"/>

The beneficiary figures were calculated or obtained:

a. From the **US Census or HUD LMISD**, cite Web link, Census Tract(s) and Block Group(s)

- i. Web link:  or HUD LMISD
- ii. Census Tract(s):
- iii. Block Group(s):

b. From an **Income Survey**: attach survey methodology, details, and answer the following:

- i. Who conducted the survey and when? At the time our clients move into our houses, they report their income as part of our standard practice. Our income data is derived directly from these intake surveys

ii. Has the Survey been verified by CDBG staff? If so, when? (dd/mm/yy) **Not at this time**

c. Explain how the plan will benefit LMI persons.

Spirit of Hope Inc provides affordable, clean, sober, and nurturing housing to low income people from all walks of life using a "housing first" approach to solving homelessness in our community. The housing we provide gives our clients a stable base from which to address the conditions in their life that resulted in them being housing insecure. Many of our clients have underlying health conditions that make them more likely to have bad outcomes if they catch COVID-19. Under the CARES grant Spirit of Hope was awarded funds for semi-monthly cleaning and disinfecting of the homes currently in use by a professional cleaning company ensuring a clean and healthy environment. This CDBG grant will also ensure that Spirit of Hope can continue to engage a licensed reputable company is providing cleaning services. In addition, Spirit of Hope has a growing waitlist of low-income homeless individuals in immediate need of housing. These funds will allow Spirit of Hope to rent two additional homes including furniture, appliances, bedding, linens, complete kitchen supplies, washer and dryers. Spirit of Hope needs to purchase portable computers for the case workers to record and manage each clients vitals related to Covid as well as the daily monitoring of the day to day care and medical needs.

#### **I. SCOPE OF WORK (SoW)**

Provide a clear, concise description of the proposed project identifying how the project will prevent, prepare for, and respond to coronavirus including any milestones, reports, and deliverables (task and an end product) expected to be provided. Fully describe all activities for all parts of the proposed project; a description of the immediate and adjacent geographical areas; any and all effects the project will have on the geographical areas; any and all contemplated actions. Maps and photographs may be an attachment to the application, if applicable.

Through this project Spirit of Hope will contract with a licensed cleaning company that will provide a deep cleaning and sanitizing of each of the homes, this includes washing walls, base boards, all flat surfaces/counters, kitchen, bathrooms, floors, ceiling fans, and light fixtures. Then on a bi-monthly basis the cleaning company will service each home to maintain the same level of cleanliness and sanitation. Spirit of Hope works with individuals that have varying degrees of health issues and the physical exertion needed for this type of deep cleaning and sanitizing just isn't possible. Spirit of Hope will rent two additional homes to address the 20+ people on the waitlist, especially with the colder weather setting in. Funds will also be used to completely furnish the homes. With computers Spirit of Hope case workers will be able to track and record each clients information, statistics and monitor mediations/wellness in real time which will be maintained in each client folder.

**PROJECT IMPLEMENTATION SCHEDULE:**

Provide the timeline that indicates activities and estimated dates to complete the project in the HUD recommended 12- or 24-month time frame.

TASK	MONTH
<b>PROJECT START UP:</b>	
December 31, 2020 Grant funding awarded	January 2021
Secure 3 quotes and hire company to start Jan 1, 2021	January 2021
Identify two rental properties	January 2021
Purchase 6 laptop/table computers	January 2021
<b>PROCUREMENT OF PROFESSIONAL ASSISTANCE (including professional engineers, architects, community development consultants, etc.)</b>	
<b>PROJECT IMPLEMENTATION:</b>	
Secure grant	December 2020
Secure 3 bids	Dec 2020 or January 21
Sign contract to clean homes	Jan 2021
Identify two rental properties and sign leases	Jan 2021
Purchase laptop/table computers	Jan 2021
<b>PROJECT CLOSEOUT:</b>	
End cleaning contract	Dec 2021

**II. PROJECT NEEDS ANALYSIS:**

1. What is the need of the community and how was it determined? **The need is based on health and safety of the Spirit of Hope residents. Covid is a disease that is easily spread and with a vulnerable population it is critical to enact measures that keep them safe. The need is also based on cold weather is setting in with homeless seniors in need of affordable housing.**
2. How is it being addressed presently? **Spirit of Hope currently has a short-term CAREs grant providing cleaning services through December 31, 2020. Without this funding these services would not be provided. Spirit of Hope receives calls daily from local agencies wishing to place clients in our homes. Without more homes these individuals have to be turned away.**

3. What is the proposed response to prevent, prepare for, and respond to coronavirus? **Spirit of Hope exercises great care in working with its residents, education on Coronavirus is most important, social distancing, wearing masks and frequent hand washing is enforced.**
4. Why is the proposed project required to prevent, prepare for, and respond to coronavirus? **Without a clean and sanitary environment for people to live in the possibility of being exposed to the coronavirus is greatly heightened.**
5. How does the proposed project activity meet the need or to prevent, prepare for, and respond to coronavirus? **Having each home professionally cleaned helps to prevent the coronavirus from infiltrating and/or spreading in our group homes.**
6. How will the potential grantee know if the need has been met or the project has prevented, prepared for, and responded to coronavirus? **Spirit of Hope is confident that with the proper cleaning and sanitizing of its homes the residents are better protected from contracting the coronavirus and have a greater understanding of the need to adhere to the social distancing, masks and hand washing requirements. So far, we have had no clients test positive for COVID-19. If we have no cases among our clients through the end of 2021, then this grant will be considered a success. While homelessness and poverty will always be with us, Spirit of Hope works to**
7. **improve the lives of those who would otherwise be alone and/or homeless. Residents in Spirit of Hope home greatly improve in their mental and physical health over time after being in a supportive caring environment.**

### III. PROPOSED PROJECT BUDGET & BUDGET JUSTIFICATION NARRATIVE

Please complete the following tables that summarize budget categories and funding sources for the proposed project.

Project Title:

Date:

Cost Category	CDBG-CV	Local		State	Other Federal	Other	Totals
		Cash	In Kind				
Professional Cleaning Services	70,426.00						70,426.00
<b>Total Costs</b>	<b>70,426.00</b>						<b>70,426.00</b>

**Additional Funding Details:**

Type of Funding	Amount (\$)	Sources of Funding	Secured? YES/NO	If not, when? (dd/mm/yy)
Local Cash				
Local In Kind				
State				
Other Federal				
Other				

**NOTE:** Please attach letters of commitment or letters of intent for sources of other funding.

**IV. Budget Narrative: See Attachment 2**

The narrative needs to provide detail of how all sources of funding were determined and how all funds in the total budget (and in particular CDBG-CV funds) will be spent. The narrative should provide details of each line item in the budget. Grantees are required to prevent the duplication of benefits, which means grant funds may not be used to pay costs if another source of financial assistance is available to pay that cost.

1. For each CDBG-CV Cost Category item shown in the budget explain:
  - a. how the cost was determined;
  - b. the source of the cost estimate, and
  - c. any additional information necessary to explain the cost and necessity of the item.
  - d. how any ongoing costs related to implementation of the project will be funded.

**V. MATURITY & PROJECT READINESS: See Attachment 2**

Provide details regarding the project applicant's readiness to implement the proposed project:

1. Status of prior work/preliminary planning.
2. Capacity within the jurisdiction/implementing agency to implement the project.
3. Is the proposed project part of a larger project? If so, please ensure this has been addressed in the Scope of Work.
  - a. Can this project be done in different phases? YES / NO
  - b. If yes, please list the phases and provide a brief summary of each. Indicate if the City/County is planning to submit an application on any future phases.
  - c. If the project is a multi-phase project, have CDBG-CV funds been used in an earlier phase? Please explain.
  - d. What sources of funding will be sought for future phases?



4. Ownership information, if applicable: (i.e. construction, acquisition)
  - a. Who currently holds title to the property involved?
  - b. In whom will the title be vested upon completion of the project?
  - c. Do any rights-of-way, easements, or other access rights need to be acquired? YES / NO
  - d. If "YES", when will the rights be acquired? \_\_\_\_\_
  - e. If the project requires water rights or well permits, have they been acquired? YES / NO
  - f. If "NO", when will the rights/permits be acquired?


**VII. ENVIRONMENTAL REVIEW**

1. What level of environmental review is required for the proposed project? **None**
  - a. Environmental Impact Statement (EIS)
  - b. Environmental Assessment (EA)
  - c. Categorically Excluded/ Does not convert to Exempt
  - d. Categorically Excluded/Converts to Exempt
  - e. Exempt
2. At what stage in the environmental review process is the project at this time?
3. If other state or federal agencies are involved in this project and require an environmental review, provide the name and address of the agency and the name and phone number of the contact person at that agency.
4. What are the anticipated short-term and/or temporary environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
5. What are the anticipated long-term and/or permanent environmental impacts associated with this project? Describe both positive and negative effects and, if necessary, proposed mitigation measures.
6. Indicate whether the proposed project involves any of the following:
  - a. Historic structure (designated or 50+ years old)
  - b. Historic or prehistoric site
  - c. Historic District
7. Will this project require or result in the involuntary displacement of any person? YES / NO
8. Describe impacts, other than environmental, both positive and negative, which are expected as a result of this project. Quantify as much as possible. If necessary, include an attachment to the application.

**Planning Grants Only: Not Applicable**

Grant funds to units of general local government may be used for planning activities in conjunction with an activity, they may also be used for planning only as an activity. These activities must meet or demonstrate that they would meet a national objective.

1. Has a plan or study previously been conducted for the same or a similar project? YES / NO
2. If "YES", respond to the following questions:
  - a. When and by whom was the previous plan or study conducted?
  - b. What were the conclusions and recommendations?
  - c. If any of the recommendations were implemented, describe the results. If no action was taken, explain why not.
3. Will the plan contain a section detailing how to address the conclusions and implement recommendations resulting from the plan or study? YES / NO
4. If YES, explain when the recommendations will be implemented. If no action is recommended, explain why not.

- 
5. This proposed project is a plan or study for:
    - i. Long-term planning \_\_\_\_\_
    - ii. Short-term planning \_\_\_\_\_
    - iii. Project design \_\_\_\_\_
  6. Who will be responsible for the implementation of the project?
  7. How and when will implementation of the project occurs?

#### **ATTACHMENTS**

For the application to be accepted for review, label all attachments and list them in the Attachment Index, ensuring all references are correct. Do not include attachments unless they are needed to understand the project.

Attachment 1 – Income Survey

Attachment 2 – Budget Narrative and Project Readiness

**SPIRIT OF HOPE  
CDBG-CV ATTACHMENT 1**

<u>House Location</u>	<u>Name</u>	<u>Income</u>	<u>Ethnicity</u>	<u>Income Below \$41,250.00</u>
1129 Elk Ridge	Linda	9000	White	YES
	Julia	9492	White	YES
	Delores	9936	White	YES
	Joel	18000	White	YES
	Patricia	13200	White	YES
872 Kerrine	Kathy	9252	White	YES
	Colene	Guardians Office	White	Unknown
	Anna	9360	White	YES
	Heidi	Guardians Office	White	Unknown
	Rose	Guardians Office	White	Unknown
908 E. Robinson	Nancy	11400	White	YES
	Karen	10596	White	YES
	Dax	15600	White	YES
	Lisa	9600	White	YES
	Kat	9372	White	YES
3411 Desatoya	Ken 9252	Black YES	Scott 9372	White YES
	Johnny	9000	Black	YES
	Justin	10200	White	YES
4802 Heron Road	Charles	10824	White	YES
	Jimi	10956	White	YES
	Richard	Guardians Office	White	Unknown
	James	10128	White	YES
1615 North Division	Kathleen	10800	White	YES
	Shauna	14400	White	YES
	Johnny	14700	White	YES
1620 La Mirada	Jerry 9372	White YES	Stacey 9600	White YES
	Dennis	13200	White	YES
	Shane	10560	White	YES
	Ronald	31200	White	YES
3277 Dartmouth	Tina/Wayne	14400	White	YES
	Joanne	Guardians Office	White	Unknown
	Brandon	24960	White	YES
	William	9600	White	YES
	Bobby	8868	White	YES
889 West Bonanza	Mia	13200	White	YES
	Chad	15600	White	YES
	Aric	8975	White	YES
	Clayton	9576	White	YES
3139 Sunrise Court	TBD	Drug Court Referral	TBD	Unknown

Total 35/40=87.5%

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**Spirit of Hope**  
**CDBG-CV 2020 Grant Budget**

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Covid Cleaning Service (twice a month/24 weeks @ \$2,000)	\$ 53,186.00
Rent & Deposit 2 Homes (\$1,800 Rent & 1,800 Deposit Each)	\$ 7,200.00
Furniture/Appliances/Dishes/Linens, etc for 2 homes	\$ 8,000.00
Case Management Computers	\$ 2,040.00
	<u>\$ 70,426.00</u>

**IV. Budget Narrative:**

Currently Spirit of Hope through funds awarded by the 2020 CAREs grant \$35,000 has been allocated for five months of cleaning and sanitizing of the rental properties managed under Spirit of Hope. This CAREs Grant contract ends December 31, 2020 in keeping with the funding requirements. It is evident that the coronavirus will still be a threat to the community and especially the residents of Spirit of Hope into 2021, therefore Spirit of Hope is requesting funds to continue this important service to protect those vulnerable residents.

The cost of these services is built from the bids received in 2020 for the CAREs grant. Based on those estimates and the fact that the homes have already been receiving weekly cleaning and sanitization through the current vendor, it is estimated that the homes can be maintained for 2021 for \$53,186.00 of the grant funds available.

Spirit of Hope is also requesting funds to secure two additional rental homes to address the growing waitlist. The budget reflects the initial cost of \$1,800 first months rent plus an \$1,800 security deposit per house or a total of \$7,200. The cost of the rental property after that will be paid by the rents collected by the residents. Just today Spirit of Hope received two calls from local agencies looking for housing for two gentlemen. Both men in their seventies one living in his car and one paying \$500 per month to live in a shed in someone's backyard with no facilities. With the weather turning very cold the very lives of this population are in danger. Each property will need to be fully furnished with everything found in a standard home, beds, couch, chairs, tables, lamps, kitchen ware, linens, rugs, trash cans, and supplies. Spirit of Hope has estimated this cost to be \$4,000 per home or a total of \$8,000.

Lastly, Spirit of Hope needs to automate its current client tracking and reporting with laptops/tablets to use in the field for the day to day interactions with each resident. This technology will be used, but not limited to, recording temperatures, document mental and physical conditions, monitor medications and track appointments. It is estimated six basic Acer laptop/tables will cost \$299.99 each plus shipping.

**V. MATURITY & PROJECT READINESS:**

Spirit of Hope already has experience with the hiring and implementation of providing professional cleaning services (through the 2020 CAREs grant) to its residents and can have the services ready to begin January 2021. Once the grant is awarded Spirit of Hope will utilize the month of December and January to obtain bids and secure the contract.

The current cleaning contract has been a great success and has been seamless in implementing within the rental properties. The cleaning project is not a stand-alone program it is simply an effort to ensure the Spirit of Hope residents are safe and living in a clean environment reducing the possibility of contracting the coronavirus.

Without grant funding this cleaning project would not be in place and the residents would be at a higher risk of contracting coronavirus. Once funding is exhausted, Spirit of Hope will continue seeking other funding sources to continue this service until the coronavirus has been eliminated or a vaccine is in place.

Once Spirit of Hope has found a rental property that is appropriate for its clientele, there is a very short turn around time to get the utilities established, furniture and supplies put in place and residents ready to move-in. Spirit of Hope has been housing residents for 10 years and has great experience in this area.

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#### Operating System:

- Chrome OS™

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10/27/2020

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- 1x USB 2.0
- 1x Microphone/Headphone Combination Jack
- 1x Kensington Lock

**Power Supply:**

- Lithium Ion Battery

**Additional Information:**

- Bonus Acer Wireless Mouse and Sleeve
- Dimensions: 11.42" W x 8.11" L x 0.74" H
- Approximate Weight: 2.31lbs

### Specifications

Brand	Acer
Computer Type	2-in-1
Delivery Type	Warehouse Pick-up
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Features	Integrated Webcam
Memory (RAM)	4 GB
Model	CP311-3H-K6XD
Operating System	Chrome OS
Optical Drive	No Optical Drive
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