

City of Syracuse

Department of Neighborhood and Business Development



Community Based Development Organization (CDBO) Certification Year 43 (2017 - 2018)

Mayor Stephanie A. Miner
Paul Driscoll, Commissioner



Certification Overview

The City of Syracuse, Department of Neighborhood and Business Development is seeking applications for certification as a Community Based Development Organization (CBDO). In order to be considered for certification, an agency **must submit** a completed certification application combined with a completed Community Development Block Grant (CDBG) application.

Applications for certification are available online at <http://www.syracuse.ny.us/Home.aspx> and for pick up at 201 E. Washington Street Suite 600. All certification applications are due no later than Thursday October 27th at 2pm to the following:

City of Syracuse, NBD
Attn: Wenona Timmons
Wtimmons@syrgov.net
(315) 448-8100

Technical training sessions on how to complete the RFP will be held from October 3rd – October 7th at the Department of Neighborhood and Business Development. Please call 448-8100 to make an appointment.



**CITY OF SYRACUSE, NEW YORK
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
2017-2018 CBDO Certification Application**

1. Applicant Information	
Applicant Name:	
Project Service Area:	
Proposed Service:	
Request for CBDO Services:	\$
Chief official of applicant	
Name	
Title	
Mailing Address	
City, State & Zip	
Phone	
	Email
Designated contact person for this application	
Name	
Title	
Mailing Address	
City, State & Zip	
Phone	
	Email

LCP Tracker Agreement: (Required)

As a CDBG funded agency requesting more than \$100,00, I agree to use LCPtracker for Section 3 reporting to ensure federal compliance.

Click here for more information on requirement for Section 3

2. Program Narrative

Project Description – Please describe the **CBD**O specific services to be funded with Community Development Block Grant (CDBG) funds only.

3. Eligible Activities

The agency will undertake one or more of the following eligible activities (check all that apply):

Neighborhood revitalization projects - which include activities of sufficient size and scope to have an impact on the decline of a geographic location within the City of Syracuse (but not the entire City of Syracuse) designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographic designation; or

Community economic development projects - which include activities that increase economic opportunity, principally for persons of low-and moderate income, or that stimulate or retain businesses or permanent jobs, and projects that consist of one or more such activities that are clearly needed to address a lack of affordable housing accessible to existing or planned jobs; or

Energy conservation projects - which include activities that address energy conservation, principally for the benefit of the low- and moderate-income residents of the City of Syracuse

Please specify your area(s) of operation included in Articles of Incorporation and bylaws: _____

Does agency provide services outside the jurisdiction of the City?
 Yes__ No__

If yes, please provide the following information:

	UNIT	PERCENT
1a. Number of projects/programs located within the City of Syracuse		
1b. Number of projects/programs located outside the City of Syracuse		
TOTAL		
2a. Dollar amount expended for services within the City of Syracuse		
2b. Dollar amount expended for services outside the City of Syracuse		
TOTAL		
3a. Number of City of Syracuse residents receiving services		
3b. Number of Non-City of Syracuse residents receiving services		
TOTAL		
4a. Staff time (hours) expended in projects/programs within the City of Syracuse		
4b. Staff time (hours) expended in projects/programs outside the City of Syracuse		
TOTAL		

4. CFR Requirements

- a. The agency **must** meet the requirements of Exhibit A or Exhibit B. This section is considered complete only if all documentation such as Board By-Laws, Articles of Incorporation, policies and procedures, etc. necessary to provide proof that each objective in Exhibit A or Exhibit B is met.

**Exhibit "A"
Requirement Checklist for 24 CFR 570.204 (c)(1)**

_____ (the agency) is eligible to be designated as a CBDO under 24 CFR 570.204 (c)(1) because it meets **all** of the following requirements:

1. An association or corporation organized under State or local law to engage in community development activities (which may include housing and economic development activities) primarily within an identified geographic area of operation within the City of Syracuse; **and**
As evidenced by: _____
2. Has as its primary purpose the improvement of the physical, economic or social environment of its geographic area of operation, by addressing one or more critical problems of the area, with particular attention to the needs of persons of low and moderate income; **and**
As evidenced by: _____
3. Is either nonprofit or for-profit, provided that any monetary profits to its shareholders or members must be only incidental to its operations; **and**
As evidenced by: _____
4. Maintains at least 51 percent of its governing body's membership for low- to moderate-income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation; **and**
As evidenced by: _____
5. Is not an agency or instrumentality of the City of Syracuse and does not permit more than one-third of the membership of its governing body to be appointed by, or to consist of, elected or other public officials or employees or officials of an ineligible entity (even though such persons may be otherwise qualified under (c)(1)(iv) of 24 CFR 570.204); **and**
As evidenced by: _____
6. Except as authorized above, requires the members of its governing body to be nominated and approved by the general membership of the organization or by its permanent governing body; **and**
As evidenced by: _____
7. Is not subject to requirements under which its assets revert to the recipient upon dissolution; **and**
As evidenced by: _____
8. Is free to contract for goods and services from vendors of its own choosing.
As evidenced by: _____

OR

Exhibit "B"
Requirement Checklist for 24 CFR 570.204 (c)(2)

_____ (the agency) is eligible to be designated as a CBDO because it meets **one** of the following requirements:

Is an entity organized per Section 301(d) of the Small Business Investment Act of 1958 (15 U.S.C. 681 (d)), including those that are profit making;

Or

Is a Small Business Administration (SBA) approved Section 501 State Development Company or Section 502 Local Development Company, or an SBA Certified Section 503 Company under the Small Business Investment Act of 1958, as amended;

Or

Is a Community Housing Development Organization (CHDO) under 24 CFR 92.2, designated as a CHDO by the HOME Investment Partnerships Program by the City of Syracuse, with a geographic area of operation of no more than one neighborhood and has received HOME funds under 24 CFR 92.300 or is expected to receive HOME funds as described in and documented in accordance with 24 CFR 92.300(e)

**COMMUNITY BASED DEVELOPMENT ORGANIZATION
(CBDO) GOVERNING BODY
SELF-CERTIFICATION
FORM A**

LOW- AND MODERATE-INCOME REPRESENTATIVE

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income residents of its geographic area of operation, owners of senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv). This form is to be completed by low- and moderate-income residents of the agency’s geographic area of operation. The Community Development Department requires the following information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

Each low- and moderate-income board member must indicate the number of persons in his/her family, and indicate whether total annual family income exceeds or falls below the listed figure for appropriate family size by indicating a check mark in the boxes below.

NOTE: “Income” is the total annual income of all family members. Additional expected sources of income must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income.

2016 CDBG Income Guidelines– Check the appropriate box:

Family Size	Total Annual Family Income is Above	Total Annual Family Income is At or Below	Amount
1 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$38,750
2 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$44,300
3 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$49,850
4 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$55,350
5 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$59,800
6 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$64,250
7 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$68,650
8 Person	<input type="checkbox"/>	<input type="checkbox"/>	\$73,100

Presumed Low- and Moderate-Income Persons

HUD regulations presume specific populations to be low- and moderate-income. If using this method to certify eligibility, a board member must check the box next to the category(ies) of which he/she is a member:

“Severely disabled” Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

I certify that that I am a low- and moderate-income (or member of a population that is presumed to be low- and moderate- income) resident of the _____ **(CBDO’s name) area of operation.**

Board Member’s Name (Please Print): _____

Board Member’s Signature _____ **Date** _____

Board Member’s Address _____

**COMMUNITY BASED DEVELOPMENT ORGANIZATION
(CBDO) GOVERNING BODY
SELF-CERTIFICATION
FORM B
BUSINESS OWNER/SENIOR OFFICER REPRESENTATIVE**

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv).

Board members, who qualify as owners or senior officers of private establishments and other institutions, located in and serving the agency’s geographic area of operation should complete this form. The Neighborhood and Business Development Department requires the following Information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

CBDO Applicant’s Name: _____

CBDO Geographic Area of Operation: _____

Board Member’s Name (please print): _____

Board Member’s Position: _____

Private Institution’s Name: _____

Private Institution’s Address: _____

Please provide a description of the goods and services provided by the private institution: _____

Please describe board member’s functions, within the business or organization which provide him/her an understanding of, and insight into, the needs of the community served by the CBDO agency:

Please provide the geographic area of operation for the private establishment: _____

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

Board Member’s Signature: _____

Date: _____

**COMMUNITY BASED DEVELOPMENT ORGANIZATION
(CBDO) GOVERNING BODY
SELF-CERTIFICATION
FORM C**

NON-PROFIT OR NEIGHBORHOOD ORGANIZATION REPRESENTATIVE

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv).

Board members, who qualify as representatives of low- and moderate-income neighborhood organizations located in the agency’s geographic area of operation, should complete this form. The Neighborhood and Business Development Department requires the following Information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

CBDO Applicant’s Name: _____

CBDO Geographic Area of Operation: _____

Board Member’s Name (please print): _____

Board Member’s Position/Title: _____

Organization’s Name: _____

Organization’s Address: _____

Please provide a description of the goods and services provided by the neighborhood organization:

Please describe board member’s function(s), within the neighborhood organization, that provide him/her an understanding of, and insight into, the needs of the community served by the CBDO agency:

Please provide the geographic area of operation for the neighborhood organization: _____

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

Board Member’s Signature: _____

Date: _____