



MEMO

Date: March 6 , 2017

Proposal ID: 2017 03-06 DCH-2

To: BOCC

From: Meghan DeBolt, Director

Intent – Program Funding for services to benefit low-to moderate-income individuals in Walla Walla, Columbia and Garfield Counties.

Topic

1. Name of Grant/Program: CDBG - Public Service Grant for which Blue Mountain Action Council serves as the subrecipient Community Action Program
2. New Grant Renewing Grant Term (# of years) 1
3. Is the grant unchanged, and does not require Current Expense funding?
Yes No **(If YES, please skip to number 24)**
4. How will this grant benefit the county's citizens? Increase or improve direct services to low-to moderate-income individuals in Walla Walla, Columbia and Garfield Counties
5. Is this a program grant or an equipment grant? Program Grant
6. Is this a "one-time only grant" or is it renewable ? If renewable, how long is grant anticipated to last? Annual renewal cycle
7. If this is a new grant how will the grant support a current program OR how will the program change? N/A
8. Does this grant require up front funds? Yes No If **YES**, what is the source of the up-front funds needed to cover costs prior to initial and continuing reimbursements being received?
9. How many employees (new or current) will be paid by the grant?
New 0 Current 0
10. If this grant requires new hire(s) and grant ends, how will unemployment costs be funded? N/A

11. Will the grant require matching funds; i.e., in-kind, cash, Employment Security, Social Security, FICA, PERS, etc? Yes No If **YES**, what?
12. Would the grant allow for an annual COLA in salary, increase in medical insurance premiums or increases in any personnel benefits? Yes No
13. What fund would support a cash match (if required)? N/A
14. If required what is the **TOTAL** cost of the match over the life of the grant? N/A
15. What fund would support the administration of the grant? CDBG Public Service grant provides \$3,500 as a line item for County Administration
16. Will the grant allow for the County cost allocation plan to be funded? Yes No
17. Would the grant require the county to provide office space and/or additional equipment to administer the program? Yes No If **YES**, what are the requirements?
18. Would the program require use of a county vehicle or personal vehicle? Yes No If **YES**, would the grant provide for the cost of the automobile and/or liability insurance? Yes No
19. Would the grant require activities by other county offices/departments? (i.e. legal review, technology services assistance, new BARS numbers.) Yes No If **YES**, what activities? Accounting functions for processing monthly A-19 billing to Commerce and annual contract management and monitoring.
20. Would acceptance and completion of the grant project in any way OBLIGATE the County to create/enact new ordinance or policies? Yes No If **YES**, what obligations?
21. Does this grant project include any activities that may fall outside the county's standard policies (personnel policies on travel, hours of work, training required, reimbursement for meeting refreshments, paying for meeting space, etc.?) Yes No
22. Will outside consultants be solicited to work on the grant and if so, is a process in place for appropriate selection and oversight of consultant activities? Yes No If **YES**, what is the funding source for consultant fees?
23. For a program grant, how would the program be funded after the grant expires? (It should be understood that once grant funding ends, either the program ceases OR the funding for the program needs to be absorbed within the


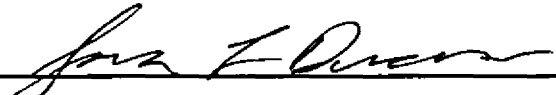
department's or office's existing budget) **OR** justification must be provided that the program has been and will continue to save or benefit taxpayers. The program is an ongoing part of the work of the Community Action Program. Should the funding expire, or be reduced, the scope of work of the Blue Mountain Action Council would also be reduced.

24. Please attach to this proposal a synopsis of the grant or a copy of the fact sheet.

Please see Attached

25. **Please feel free to submit additional information as needed.**

26. **Conclusion/Recommendation** Walla Walla County Board of County Commissioners approve the application for the Community Development Block Grant for Public Services for Blue Mountain Action Council to continue service provision in Walla Walla, Columbia and Garfield Counties.

Submitted By		Disposition	
Meghan DeBolt	DCH 03/06/2017	<input checked="" type="checkbox"/> Approved	
Name	Department	Date	<input type="checkbox"/> Approved with modifications
			<input type="checkbox"/> Needs follow up information
Name	Department	Date	<input type="checkbox"/> Denied
			
			BOCC Chairman
			Date 3-6-2017

Additional Requirements to Proposal

- Modification
- Follow Up

- Copies to:
- 1) Requesting Office/Department
 - 2) Susan Dombrosky, Auditor's office
 - 3) Commissioners' File

PROJECT SUMMARY

1.	Grant Type	CDBG Public Services Grant			
2.	Jurisdiction	Walla Walla County	Telephone	509-524-2652	
	Mailing Address	PO Box 1753	Fed Tax ID #	91-600001381	
	Street Address	314 W. Main	SWV #	SWV0003171-09	
	City	Walla Walla	DUNS #	619391951	
	Postal Code + 4	99362-8607	SAM.gov expires	06/30/2017	
	Email	mdebolt@co.walla-walla.wa.us			
3.	Contact Person	Debbie Dumont	Title: Human Services/Contracts Manager		
	Mail Address	PO Box 1753			
	Street Address	314 W. Main	Telephone	509-524-2652	
	City	Walla Walla			
	Postal Code +4	99362-8607			
	Email	ddumont@co.walla-walla.wa.us			
4.	Subrecipient	Blue Mountain Action Council	Title CEO		
	Contact Person	Kathy Covey			
	Mail Address	1520 Kelly Place, Suite 140	Telephone	509-529-4980	
	Street Address	1520 Kelly Place, Suite 140	DUNS #	040196040	
	City	Walla Walla	Organization Category(s)	Non-Profit Organization	
	Postal Code	99362-8607			
	Email	Email: kcovey@bmacww.org			
5.	Fiscal Year	From	January	To	December
6.	County(s) served by grant:	Walla Walla, Columbia, Garfield			
7.	State Legislative District:	16th	Congressional District:	5th	
8.	Brief Project Description: <i>To provide direct public services for low- and moderate-income persons in the county(s) listed above.</i>				

9. National Objective:	<input checked="" type="checkbox"/> Principally benefits low- and moderate-income persons or households.		
10. Annual Project Budget:	CDBG	\$ 46,988	
	CDBG Program Income	\$	
	Other Federal	\$	
	Other State	\$	
	Local Public	\$	
	Private	\$	
	TOTAL	\$	
11. Project Beneficiaries:	Level of Service	(N) # of persons - new or continuing access to a service: ____	
		(I) # of persons - improved access to a service: ____	
		(S) # of persons - service that is no long substandard: ____	
	# of Persons		LMI Percentage: ____%
	# of LMI Persons		
12. How were the numbers of beneficiaries determined?	<input checked="" type="checkbox"/> LMI Limited Clientele		
13. Street address, city and zip code of primary location of subrecipient services (if different than 4.):			
14. Certification of Chief Administrative Official: <i>The information provided in the application is true and correct to the best of the government's belief and knowledge and it is understood the state may verify information, and that untruthful or misleading information may be cause for rejection of this application or termination of any subsequent grant contract.</i>			
Signature		Date	
Meghan DeBolt		Director	
Print Name		Title	

PROJECT SUMMARY INSTRUCTIONS

The Project Summary should be the first page inside the cover of the application. **Every block must be accurately completed before the application is submitted.** Not completing this form slows down the Commerce's processing of your application, entry into state and federal databases, and your availability to CDBG funds.

1. Predetermined: CDBG Public Services Grant
2. Jurisdiction information:
 - Provide the postal code + 4, required by the federal contracts database.
 - The federal tax identification number is usually a "91-" number.
 - The jurisdiction's statewide vendor (SWV) number is necessary to release funds from the state to the local government. You can obtain a SWV number at:
<http://des.wa.gov/services/ContractingPurchasing/Business/VendorPay/Pages/default.aspx>
 - A Data Universal Number System (DUNS) number is required for recipients of federal funds. Obtain a DUNS number at: fedgov.dnb.com/webform
 - **List the expiration date of the applicant jurisdiction's SAM.gov registration. Recipients of federal funds must renew their registration each year in the System for Award Management (SAM).** You can create or update your record in SAM.gov at sam.gov/portal/public/SAM.
3. Provide information on the person who will be the county contact for Commerce during the CDBG grant contract period.
4. Provide information on the subrecipient that will benefit from the project or receive CDBG funds as a pass through.
 - Provide the organization's legal name for contracting purposes
 - List the organization category: Non-Profit, Faith-Based, or Institute of Higher Education
 - A Data Universal Number System (DUNS) number is required for subrecipients of federal funds. Obtain a DUNS number at: fedgov.dnb.com/webform
5. List the month and day of the applicant's fiscal year from beginning to end.
6. List the county(s) to be served by this grant since some subrecipient agencies serve a multiple county area.
7. List the numbers of the state and congressional districts.
8. Predetermined
9. Predetermined: LMI Limited Clientele, based on the Benefit Table.
10. Summarize the annual project budget amount and funds leveraged for the July - June grant contract period.
 - List the applicable 2017 CDBG total award (which includes county administration funds) from the CDBG Public Services Grant Amounts table on page 9. The CDBG amount cannot exceed the amount requested in the Resolution of Certifications of Compliance or CDBG maximum limits.
 - CDBG program income is any income generated from the use of a prior or current CDBG award (not just Public Services Grants) that totals at least \$35,000 in a calendar year.
 - List by type the estimated amounts of other funding sources to be used for the service(s) you list on your Project Description form. In the unlikely case that CDBG is the only funding source for the service program(s), then list only the CDBG amount in box 10.
 - There is no match requirement to receive CDBG grant funds.

11. List the number of project beneficiaries for the July - June grant contract period. First complete the application's Project Description and LMI Benefit Table before summarizing the data here.
 - Estimate the total number of unduplicated persons for each level of service (N, I or S). If you estimate a person is to receive more than one service, pick the best one for these estimates so the numbers of persons in the level of service rows **add up** to the total number of persons to be served.
 - Based on agency data and income qualification criteria for the CDBG-funded services, estimate the number of LMI persons to benefit.
 - Divide the number of LMI persons by the number of persons to calculate the LMI percentage. **The LMI percentage must be at least 51%.**
 - Detailed demographic data on actual persons served will be reported on the Quarterly Beneficiary Reporting Form, provided on page 69.
12. Predetermined
13. List the street address, city and postal code of primary location of subrecipient services (if different than 4.) If CDBG funds will be used primarily for services offered from a satellite office rather than the subrecipient main office, list the address of that satellite office instead.
14. This form and certification must be signed by the county's Chief Administrative Official or the county official designated in the Certification of Compliance must sign. An **ORIGINAL** signature must be submitted.