CITY OF LAKE CHARLES



<u>DRAFT</u>

SUBSTANTIAL AMENDMENT TO THE 2019 ANNUAL ACTION PLAN

EXECUTIVE SUMMARY

DRAFT SUBSTANTIAL AMENDMENT TO THE 2019 ANNUAL ACTION PLAN TO ADD COMMUNITY DEVELOPMENT BLOCK GRANT – CORONAVIRUS FUNDS

The Lake Charles Community Development Division (CD) is the overall administrative agent for the Federal Community Development Block Grant (CDBG) Program and HOME Investment Partnerships (HOME) Program, funded through the Federal U.S. Department of Housing & Urban Development (HUD). These programs are intended to support the goals of providing decent housing, providing a suitable living environment and expanding economic opportunities for low and moderate income people.

In order to receive grant funds the Community Development Division must submit a five-year Consolidated Plan to HUD. Each year, throughout the five-year plan, the City must develop an Action Plan describing how these funds will be used. Any substantial changes in funding or activities requires a substantial amendment.

On March 27, 2020 the United States Congress passed The Coronavirus Aid, Relief, and Economic Security ("CARES") Act (H.R. 748). The bill provided \$5 billion for CDBG to rapidly respond to the coronavirus pandemic (COVID-19) and the economic and housing impacts caused by it, including activities to prevent, prepare for, and respond to COVID-19.

The City of Lake Charles will receive \$1,005,428 in CARES Act Community Development Block Grant – Coronavirus (CDBG-CV1 and CDBG-CV3) funding. A Substantial Amendment to the 2019 Annual Action Plan is required by the U.S. Department of Housing and Urban Development (HUD) to report on the activities the City of Lake Charles will fund with these additional resources. A fifteen-day (15) day public comment period is required for an action plan amendment per the City's Citizen Participation Plan.

The CDBG-CV funds allocated under the CARES Act may be used for a range of eligible activities that prevent and respond to the spread of infectious diseases such as COVID-19. The Administration is recommending allocating the CDBG-CV funds as follows:

| Project Title | Description | Allocation |
|-------------------------------|--|--------------|
| Rental/Mortgage Assistance | Funds will be used to provide rental assistance to 125 families/households negatively impacted by COVID-19. All monies will be paid directly to the landlords/apartment complexes on behalf of the affected families/households. Funds will be used to provide mortgage assistance to a maximum 36 families/household negatively impacted by COVID-19. | \$355,428.00 |
| | All monies will be paid directly to the lender on behalf of the affected families/households. The City of Lake Charles will partner with local non-profits to administer these programs which will include administrative fees. All recipient families/households must be low-to-moderate income and reside within the city limits of Lake Charles. | |

| Total CDBG-CV Allocation | | | | |
|---------------------------|---|--------------|--|--|
| UNPROGRAMMED | Funds will be programmed later as a substantial amendment. | \$100,000.00 | | |
| Stabilization Fund | These monies can be used for wages and salaries, lease/mortgage payments, health and safety improvements, utility payments and/or inventory. Business must commit to retaining at least one employee from a low-to-moderate household. If the owner doesn't employ any low-to-moderate persons the owner(s) must qualify as low-to-moderate in order to receive assistance. | | | |
| Small Business | The City will operate a Small Business Stabilization Fund to provide emergency working capital to assist small businesses impacted by COVID-19. The purpose of this program is to provide immediate financial support to assist in sustaining existing small businesses that have been adversely impacted by COVID-19 and local and State "Stay at Home" orders. The City is making fifty \$5,000 forgivable loans available to local small businesses with twenty or fewer employees. | \$250,000.00 | | |
| Mental Health Services | Funds may also be used for the purchase of PPEs for staff and clients and equipment needed for outpatient therapy sessions. The programs will provide mental health assistance to 100-150 low-to-moderate income families/households. | | | |
| | The City of Lake Charles will partner with a local non-profit to provide mental health assistance which will provide outpatient therapy for low-to-moderate income persons and families in relation to the rise in number of mental health cases due to COVID-19. This assistance will support activities that expand mental health services that have experienced an upward trend in mental health needs since local and State "Stay at Home" orders were issued. | \$300,000.00 | | |

For the purpose of an expedited use of the CDBG-CV funding and to allow for funds to be utilized to best address the impact that COVID-19 has had on the health and economy of local municipalities, the CARES Act eliminates the cap on the amount of funds a grantee can spend on public services, removes the requirement to hold in-person public hearings in order to comply with national and local social distancing requirements and limitations on public gatherings, and allows grantees to be reimbursed for COVID-19 response activities regardless of the date the costs were incurred.

PUBLIC REVIEW

Pursuant to HUD regulations, the City's Citizen Participation Plan for grant programs and consolidated plan requires the City of Lake Charles to publish a 15-day comment period. Public comments will be included in the Substantial Amendment to the 2019 Action Plan that will be submitted by HUD. Following submission to HUD, the City will post the final adopted plan on the City's website.

OMB Number: 4040-0004

Expiration Date: 12/31/2022

| Application for Federal Assistance SF-424 | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| * 1. Type of Submission: Preapplication Application Changed/Corrected Appli | * 2. Type of Application: * If Revision, select appropriate letter(s): Image: Continuation * Other (Specify): Image: Cation Revision | | | | | | | |
| * 3. Date Received: 4. Applicant Identifier: 72-6000641 72-6000641 | | | | | | | | |
| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: B-20-MW-22-0004 | | | | | | | |
| State Use Only: | | | | | | | | |
| 6. Date Received by State: | 7. State Application Identifier: | | | | | | | |
| 8. APPLICANT INFORMATION | | | | | | | | |
| * a. Legal Name: City of L | ake Charles | | | | | | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): * c. Organizational DUNS: 72-6000641 1602826610000 | | | | | | | | |
| d. Address: | | | | | | | | |
| Street2: * City: Lake Cha | 326 Pujo Street | | | | | | | |
| * State: LA: Lou Province: * Country: USA: UN * Zip / Postal Code: 70601-4: | ITED STATES | | | | | | | |
| e. Organizational Unit: | | | | | | | | |
| e. Organizational Unit: Department Name: Community Development | | | | | | | | |
| f. Name and contact information of person to be contacted on matters involving this application: | | | | | | | | |
| Prefix: Mrs. Middle Name: * Last Name: Dellafosse Suffix: | * First Name: Kimberly | | | | | | | |
| Title: Assistant City Administrator | | | | | | | | |
| Organizational Affiliation: | | | | | | | | |
| * Telephone Number: 337-491-1388 Fax Number: | | | | | | | | |
| * Email: kimberly.dellafosse@cityoflc.us | | | | | | | | |

| Application for Federal Assistance SF-424 |
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| * 9. Type of Applicant 1: Select Applicant Type: |
| C: City or Township Government |
| Type of Applicant 2: Select Applicant Type: |
| |
| Type of Applicant 3: Select Applicant Type: |
| |
| * Other (specify): |
| |
| * 10. Name of Federal Agency: |
| United States Department of Housing and Urban Development |
| 11. Catalog of Federal Domestic Assistance Number: |
| 14.218 |
| CFDA Title: |
| |
| |
| * 12. Funding Opportunity Number: |
| * Title: |
| |
| |
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| |
| 13. Competition Identification Number: |
| |
| Title: |
| |
| |
| |
| 14. Areas Affected by Project (Cities, Counties, States, etc.): |
| Add Attachment Delete Attachment View Attachment |
| |
| * 15. Descriptive Title of Applicant's Project: |
| Amendment to 2019 Annual Action Plan for CARES Act funding |
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| Attach supporting documents as specified in agency instructions. |
| Add Attachments Delete Attachments View Attachments |

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| Application | for Federal Assistanc | e SF-424 | | | | | | | |
| 16. Congressi | ional Districts Of: | | | | | | | | |
| * a. Applicant | * b. Program/Project LA | | | | | | | | |
| Attach an addit | ional list of Program/Project C | Congressional Distric | cts if needed. | | | | | | |
| | | | Add Attachn | nent Delete | Attachment | View Attachment | | | |
| 17. Proposed | Project: | | | | | | | | |
| * a. Start Date: | 10/01/2020 | | | 1 | b. End Date: | 09/30/2021 | | | |
| 18. Estimated | Funding (\$): | | | | | | | | |
| * a. Federal | | 1,005,428.00 | | | | | | | |
| * b. Applicant | | | | | | | | | |
| * c. State | | | | | | | | | |
| * d. Local | | | | | | | | | |
| * e. Other | | | | | | | | | |
| * f. Program In | come | | | | | | | | |
| * g. TOTAL | | 1,005,428.00 | | | | | | | |
| * 19. Is Applic | ation Subject to Review By | y State Under Exe | cutive Order 12 | 372 Process? | | | | | |
| a. This ap | plication was made availab | le to the State und | er the Executive | e Order 12372 Pro | ocess for review | on . | | | |
| _ | m is subject to E.O. 12372 b | | | | | | | | |
| | n is not covered by E.O. 12 | | | | | | | | |
| * 20. Is the Ap | plicant Delinquent On Any | Federal Debt? (If | "Yes." provide | explanation in a | ttachment.) | | | | |
| Yes | X No | | | | , | | | | |
| If "Yes", provid | de explanation and attach | | | | | | | | |
| | | | Add Attachm | Delete | Attachment | View Attachment | | | |
| 04 tBu similar | a this seclication 1 section | . (4) 4- 41 | | | | | | | |
| herein are tru comply with a | ig this application, I certify ie, complete and accurate iny resulting terms if I acce criminal, civil, or administ | e to the best of n ept an award. I am | ny knowledge. aware that any | I also provide to false, fictitious, | he required ass or fraudulent st | surances** and agree to | | | |
| * * I AGRE | | | | | , | | | | |
| | ertifications and assurances, | or an internet site | where you may | obtain this list, is | contained in the | announcement or agency | | | |
| specific instruct | ions. | | ,, | | | | | | |
| Authorized Re | epresentative: | | | | | | | | |
| Prefix: | Mr. | * Firs | st Name: Nich | nolas | | | | | |
| Middle Name: | Е. | | | | | | | | |
| * Last Name: | Hunter | | | | | | | | |
| Suffix: | | | | | | | | | |
| * Title: Ma | ayor | | | | | | | | |
| * Telephone Number: 337-491-1381 Fax Number: | | | | | | | | | |
| *Email: nhunter@cityoflc.us | | | | | | | | | |
| * Signature of A | uthorized Representative: | | | | | * Date Signed: | | | |
| | | | | | | | | | |
| | Company and a second second | | | | | | | | |