

Ft. Smith's Children's Clothing Program Rules and Guidelines

- applicants must be a Ft. Smith resident and send in proof of service address on a copy of their utility bill in your name
- child must be in grades K-12
- application is to be completed by parent/guardian adjusted gross income verification is needed for the past **2 months** for each adult in home
- household must meet income guidelines for your household number
- the family must be affected by the COVID-19 pandemic (a list of supporting documents listed on page two of the Clothing application)
- other documentation may be required for application approval
- applications and documents must be complete to be approved
- if approved for funding a date/time to meet your C-SCDC volunteer to shop will be setup
- a parent/guardians must be present with ID on the scheduled day to shop
- If you miss your scheduled shopping date/time one will not be re-arranged unless circumstances are approved by C-SCDC. If you are late more than 15 minutes for your shopping date you will be considered a no-show.
- C-SCDC volunteers will assist families shopping and make the purchase of approved items for the children (clothing, shoes, coats, etc.)
- funding is available first come first serve until funds are depleted
- each approved applicant will be awarded \$480 clothing purchase at a local Walmart store

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$30,450 | \$34,800 | \$39,150 | \$43,450 | \$46,950 | \$50,450 | \$53,900 | \$57,400 |





C-SCDC

1617 South Zero St.

Fort Smith, AR 72901

Ph. 479-785-2303 ext. 116

Fx. 479-709-9078



Fort Smith's Children's Clothing Program

PARENT/GUARDIAN MUST BE THE STUDENT'S LEGAL GUARDIAN WITH WHOM THE STUDENT PRIMARILY RESIDES

Applicant (Parent/Guardian)

Phone Number

Service/Physical Address

Alternate Contact Name & Number

Spouse

Date of Birth

Phone Number

****It is YOUR responsibility to contact our office A.S.A.P. if your contact information changes****

LIST ALL SCHOOL AGED (K-12) CHILDREN IN HOUSEHOLD (list adults on second page)

| Name | Date of Birth | Age | Name of school | Grade |
|------|---------------|-----|----------------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

By signing below, I confirm: 1) This information that I provided is true & correct; 2) I have read & understand the guidelines of the Children's Clothing Program; 3) I understand that obtaining assistance through the program through false pretenses could result in ineligibility for future programs & other actions up to arrest & prosecution; 4) I hereby authorize C-SCDC representatives to make any necessary calls or inquiries to determine need and program eligibility. 5) I understand that my application is not complete until all necessary documentation has been provided and my application has been approved by C-SCDC. 6) Funds are first come first serve until depleted. C-SCDC reserves the right to deny any application if applicants are found to be ineligible or have provided fraudulent information.

Applicant Printed Name _____

Applicant Signature _____ Date _____

ADDITIONAL ADULTS IN THE HOME (+18 YO.)

| Name | Age | Relationship |
|------|-----|--------------|
| | | |
| | | |
| | | |

Please initial each section after you have read and gathered needed documents. Households must provide the following:

_____ Photo ID (Parent/Caregiver)

_____ Completed application

_____ Current utility bill with service address and parent/guardian's name listed for proof of Ft. Smith residency

_____ Proof of adjusted gross income for all household members receiving income such as (SSD, SSI, SSA). If employed **2 months** of income must be provided for every adult. *** If not employed or receiving any form of income a History of Claims or "CHIST" is required from the unemployment office to prove no income.

_____ Proof you have been directly affected by COVID and have one of the following documents of proof...

1. Pandemic assistance on your unemployment at any point in time 2. a positive COVID test 3. a letter from a current or former employer stating your hours were reduced or you were let go due to COVID

Confirmation: I understand the child(ren) are not eligible for services until this application is received along with ALL requested documents.

Fraudulent Cases: Fraud refers to the deliberate falsification of facts, by word or action, or to concealing the facts in order to deceive and to gain financial or some other personal gain. If one is found to be committing fraud in the Children's Clothing Lottery Program, he or she could be ineligible for future services or suspended from receiving services for your family for up to three years.

Privacy Statement: Children's Clothing Program will share information with Federal, State and City entities to which C-SCDC reports to and/or receives funding from.

Acknowledgement: I acknowledge that by signing this application I have read and understand the terms and agreements of the Children's Clothing Program.

Mail applications & documentation to: P.O. Box 180080. Ft. Smith, AR 72918 Attn. Dana

Drop off applications & documentation to: 1617 S. Zero, Ft. Smith, AR 72901 (drop box by the right side door)
Attn. Dana

If you have questions call Dana @ 479-785-2303 ext. 116

C-SCDC

Community Development Block Grant Program (CDBG) COVID-19 Public Service Payment - Application and Verification Form

Up to \$480.00 total is available to qualifying children impacted by COVID-19 for clothing assistance. To request assistance you must meet the program requirements, submit required documentation, and certify this form before application can be approve.

Funds are available on a limited basis. Submitting this application is not a guarantee of assistance. For your privacy, information collected will remain confidential, used only to meet federal and state record keeping requirements, and withheld as applicable from disclosure.

Please print:

| Name(s) | | | | | | |
|--|-----|---------------------|----------------------|--|-------------------------------|--------------------------|
| Residential Address | | | | Phone | | |
| Email | | | | Total Number of qualifying children | | |
| | | | | Data | YES | NO |
| <i>DUPLICATION OF BENEFIT</i> – Have you received, or are aware of being eligible to receive from another source, any financial assistance for the costs listed above, and would the total amount received exceed the total need for those costs? (Execute the DOB form) | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| <i>COVID-19 IMPACT</i> – Have you had work hours reduced, been temporarily or permanently laid off, or other loss of income due to COVID-19? If YES, provide details: _____ | | | | EST. % loss of revenue from one year previous: _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>SUBSISTENCE/EMERGENCY STATUS</i> – Have you received a late payment due, eviction notice or other proof that loss of housing or essential utility services is at risk and emergency payment need? | | | | Number of months unable to pay: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| LMI Household Income Qualification Questions | | | | | | |
| Total Annual Household Income is gross income (before deductions) from all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc.), from all adult members in the family living in the household. Consult the program if unsure. | | | | | | |
| Total Household Income anticipated during the next 12 months | | | | | | |
| Name List <u>all</u> household members, including yourself. | Age | Check if Applicable | | | Annual Gross (Pre-Tax) Income | Source of Income |
| | | Head of Household | Co-Head of Household | Full Time Student 18 Yrs. or Older | | |
| | | | | | \$ | |
| | | | | | \$ | |
| | | | | | | |
| | | | | | \$ | |

| | | | | | | |
|---|--|--|--|--|----|--|
| | | | | | \$ | |
| Add rows as applicable | | | | | \$ | |
| Total Anticipated Annual Household Income: | | | | | \$ | |

CIRCLE the number of household members, including yourself:

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8+ |
|----------|----------|----------|----------|----------|----------|----------|----------|
| \$30,450 | \$34,800 | \$39,150 | \$43,450 | \$46,950 | \$50,450 | \$53,900 | \$57,400 |

Is your **anticipated** total household income **LOWER** or **HIGHER** than the \$ amount listed directly below the number of people circled above?
 If **LOWER**, attach proof of annual household income (such as latest tax return, quarterly tax, or pay stubs). If no proof of income is available obtain a copy of a claims history report at the unemployment office.

| LOWER | HIGHER |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

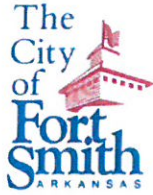
| | | | | | |
|-----------------------------------|--|--|-------------------------------------|--|--------------------------|
| Ethnicity (select one) | | <input type="checkbox"/> Not Hispanic | | <input type="checkbox"/> Hispanic | |
| Race (select one) | | | | | |
| White | | <input type="checkbox"/> | Asian | | <input type="checkbox"/> |
| Black or African American | | <input type="checkbox"/> | Native Hawaiian or Pacific Islander | | <input type="checkbox"/> |
| American Indian or Alaskan Native | | <input type="checkbox"/> | Other or Multi-Racial | | <input type="checkbox"/> |

Applicant Certification: *I certify information given on this form is true and accurate to the best of my knowledge. I am aware there are penalties for willfully and knowingly giving false information. I authorize verification by government representatives, and I will provide additional supporting documentation upon request.*

Signature: _____ **Date:** _____

- Completed applications and necessary documentation may be dropped off at 1617 S. Zero by the right side door, mailed to P.O. Box 180070 Fort Smith, AR 72918, or faxed to 479-709-9078 . All ways need to have Attn: Dana.

| For Program Office Use Only | |
|---|------------------------------|
| Household LMI Qualification Verified: _____ | Staff initials/date: _____ |
| Duplication of Benefit Prevented: _____ | Staff initials/date: _____ |
| Funding Approval: _____ | Manager initials/date: _____ |
| Account Number: _____ | Approved Amount: _____ |



Duplication of Benefits Certification

Date: _____

Applicant Name: _____

Applicant Address: _____

Applicant City, State & Zip Code: _____

Phone number including Area Code: () _____ - _____

The City of Fort Smith is a CDBG-CV grantee and, as such, must establish and maintain adequate procedures to prevent any duplication of benefits. A duplication of benefits occurs when a person, household, business, government, or other entity receives financial assistance from multiple sources for the same purpose, and the total assistance received for that purpose is more than the total need for assistance.

Part 1

☐ I **HAVE NOT** applied for or received funding assistance from Federal, state, local programs or from other sources.

☐ I **HAVE** received funding assistance from the following programs to assist in responding to the impact of the Covid-19 Pandemic:

1) Lender/Grant Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific):

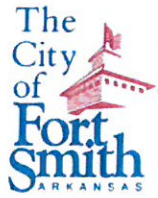
2) Lender/Grant Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific):



3) Lender/Grant Program Name:

Amount requested: \$

Amount received: \$

Date received:

How funds are being used (please be specific):

☐ **I HAVE APPLIED FOR funding assistance**, and my application is **PENDING** from the following programs:

1) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

2) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

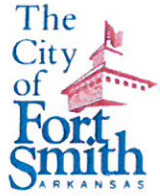
3) Lender/Grant Program Name:

Amount requested:

How funds will be used (please be specific):

The following is a list of potential funding sources but may not include all available funding:

| | |
|---|--|
| Paycheck Protection Program (SBA) | Economic Injury Disaster Loan (SBA) |
| Express Bridge Loan (SBA) | Debt Relief Program (SBA) |
| Disaster Relief Fund (FEMA) | Public Assistance Program (FEMA) |
| Emergency Food and Shelter Program (FEMA) | Unemployment Insurance Provisions (Treasury) |
| The Coronavirus Relief Fund (Treasury) | Economic Impact Payments (Treasury) |
| Commodity Supplemental Food Program (USDA) | Child Nutrition Program (USDA) |
| SNAP – WIC (USDA) | Nutrition Assistance Block Grant (USDA) |
| Disaster Household Distribution (USDA) | Summer Food Service Program (USDA) |
| Emergency Food Assistance Program (USDA) | Pandemic EBT (USDA) |
| SNAP Emergency Allotments (USDA) | Community Living Allocation (HHS) |
| Dislocated Workers Grant (Labor) | Supplemental EAA (EDA) |
| <i>Any other state, federal or city funding sources</i> | Religious or Church contributions |



Part 2: CERTIFICATION

As a recipient of a CDBG-CV funds under the applicable Agreement, I assert that:

I will not apply for more funding than needed for the eligible activity or project for which CDBG-CV funds are provided. For example, if I have \$200 available from another source towards each month's rent and I am applying for CDBG funds to pay for \$500 in monthly rent / mortgage payment, CDBG-CV funds will be limited to \$300 per month for up to six months. All funds for this assistance will be paid directly to the service provider / landlord / mortgage lender. No payments will be made to the applicant.

I understand that duplication of benefits (DOB) are prohibited under the federal Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act).

I will immediately report to the City of Fort Smith's Office of Community Development if I apply for or accept any financial assistance from other funding sources (federal, state, local or private) that constitute a duplication of benefits received under the Microenterprise and Small Business Relief Grant Programs.

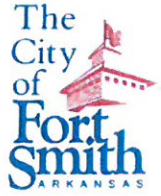
I acknowledge that any duplication of funds may either have to be paid back to the City of Fort Smith or that the grant funds may be reduced by a corresponding amount.

Subrogation

In consideration of Department of Housing and Urban Development funds from the City, the Applicant hereby assigns to the City all of its future rights to reimbursement and all payments received from any grant, subsidized loan, or insurance policies of any type or coverage or under any reimbursement or relief program related to or administered by the Federal Emergency Management Agency or the Small Business Administration or Medicaid, Medicare or other program(s) to the extent of proceeds paid on behalf of the Applicant under this Certification and that are determined in the sole discretion of the City to be a duplication of benefits ("DOB"). DOB shall be defined as financial assistance, available to the Applicant, that can be used to pay for the costs described under the application for assistance that are to be paid for by this grant (CDBG-CV1).

Upon receiving any proceeds or any funds paid for the public service applied for from other relief programs or loan programs for this public service in the application, Applicant agrees to immediately notify the City. If some or all of the proceeds are determined to be a DOB, the portion that is a DOB shall be paid to the City forthwith.

I understand that this certification is appended to and part of the Application that the Applicant executes with the City for CDBG-CV funds and is a condition of funds being paid on my behalf.



I certify that the information that I have provided above is an accurate and complete disclosure. I understand that to perjure myself in order to obtain assistance is a fraudulent offense for which I can be prosecuted.

Date: _____/_____/ 2020

Applicant signature: _____

Applicant printed name: _____

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.