Grants Management
100 N. Midwest Boulevard
Midwest City, OK 73110
405.739.1216

City of Midwest City Career Training Grant Program

The City of Midwest City, through the Oklahoma Department of Commerce (ODOC) issuing U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant Coronavirus Disease Relief Program (CDBG-CV) to prevent, prepare for, and respond to the Coronavirus pandemic. This is in accordance with the March 27, 2020 Coronavirus Aid, Relief, and Economic Security Act (CARES Act). The City of Midwest City will utilize these funds to address those affected economically by the COVID pandemic and unemployed or underemployed due to job loss, layoff, family job loss or other related incident.

The City of Midwest City will provide career-training grants to educational institutions on behalf of eligible Midwest City residents. This program is to be administered by the Grants Management Department staff located at 100 N. Midwest Blvd. Midwest City, Oklahoma. Phone: 405-739-1221. Program to begin on or about January 1, 2022 and will last until funds are expended. The City of Midwest City reserves the right to suspend the Career Training Grant Program at any time. Application to the program does not guarantee funds. Technical eligibility with the guidelines and standards of the program does not guarantee award of a grant. Assistance provided by the program is available to any person meeting the qualifications without regard to race, color, religion, sex, national origin, handicap, or familial status.

Eligibility requirements are as follows:

- Must be at least 18yrs old
- Must be income eligible
- Must be a Midwest City Resident
- Must have been directly affected by COVID-19
- Must be enrolled in licensure, certification or degree seeking program
- Must not be receiving additional assistance for same educational expenses
- Must be willing to maintain correspondence with Grants Office Staff to determine educational and employment outcomes

Income Eligibility

The U.S. Department of Housing and Urban Development determines income guidelines annually. Income is calculated in accordance with 24 CFR 5.609 known as the Part 5 method. The income maximum is 80% of the metro area median family income (See Chart Below). Program participants must document their current source of gross pre-tax income including wages, salary, unemployment benefits, social security, disability and/or retirement benefits.

Fam. Size	1	2	3	4	5	6	7
Income	$41,000	$46,850	$52,700	$58,550	$63,250	$67,950	$72,650

***Income limits subject to change once HUD releases new annual guidelines**

Residency Requirement

Program participants must be a resident within the city limits of the City of Midwest City. Program available to both renters and owner occupants. Applicants must provide proof of residency in their name in the form of a utility bill, deed or lease agreement.

COVID Declaration

Program funding is primarily to address the effects of the COVID-19 pandemic. Program applicants will be required to complete a CDBG-CV Self-Declaration form. The virus or the resulting lockdowns must have directly affected all participants.

Duplication of Benefit Affidavit

Program participants must not have received or be receiving assistance for the same expense being addressed by the federal grant funds. Applicants must complete a provided duplication of benefit affidavit. Any funds that are found to be duplicated must be re-paid by program participant to the City of Midwest City who will subsequently return the issued funding to the Oklahoma Department of Commerce.

Educational Courses

Program applicants must enroll or be currently enrolled in a degree or certification-seeking program at a accredited educational institution. The intent of the program is to result in an employable trade or skill. A course plan, or degree audit should be submitted with the program application.

All grant payments will be made directly to the educational institution on applicant's behalf after program eligibility has been determined. Expenses and Fees will **NOT** be reimbursed to

program participants. An official bursar bill or equivalent will be required. Grant will cover course cost, required fees (i.e. lab fees, facility fees, technology fees etc.), and course materials such as books or materials purchased directly from the educational institution.

Official course transcript will be required after the course completion. Any classes to be dropped must be done so by the deadline indicated by the educational institution. Any fees or expenses resulting from classes dropped after that deadline will be required to be reimbursed to the city.

Program participants must work with the institutions Career Services or Career Advisor office. *If there are any extenuating circumstances that need to be addressed in order to assure program success please discuss these with Grant Staff upon making application. Additional grant assistance may be available in extenuating circumstances.

Program Contact Information:

City of Midwest City - Grants Management Office
100 N. Midwest Blvd
Midwest City, OK 73110
405-739-1216
grantsmgmt@midwestcityok.org

City of Midwest City Career Training Grant Program Application

Applicant: _____ Date: _____

Address: _____ Phone: _____

Email Address: _____

Current Work Status: _____

Career Focus: _____

Training or Certification Required: _____

Educational Institution Where Enrolled: _____

Academic Advisor Name: _____ Email: _____

Are you currently receiving any additional assistance for job training: _____

Additional services or supplies necessary to complete job training: _____

_____

Current Household

Applicant Race: _____ Applicant Ethnicity: _____

	Full Name	Relationship	Age
1.		Head of Household	
2.			
3.			
4.			
5.			

Current Household Gross Income: $_____

How have you or your household been affected by the COVID-19 pandemic?: _____

_____

_____

_____

<u>The following documentation is required with the Application</u>:

Proof of Residency – Current utility bill, deed, or lease naming the applicant

Proof of Income – Current pay stubs, unemployment benefits, disability, or assistance

Income Questionnaire – Included in application packet

COVID Declaration – Included in application packet

Duplication of Benefit Affidavit – Included in application packet

Degree Audit or Course Plan

Proof of enrollment

Additional documentation may be requested/required as the application is reviewed

PLEASE READ AND SIGN THE FOLLOWING AGREEMENT AND CERTIFICATION. YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE(S).

The information included in this application is subject to verification by the U.S. Department of Housing and Urban Development, the Oklahoma Department of Commerce Community Development Division, The City of Midwest City, and their respective agents. Therefore, the Applicant will freely give authorization to obtain information from any sources deemed necessary for verification of the representations made in this application. Further, the Applicant will release and hold harmless from liability any person, firm, organization, agency or other entity that provides information from files in their possession concerning them.

The undersigned, hereinafter referred to as "Applicant," affirms as follows:

1. The information provided is true and accurate.
2. Applicant has needs that can be directly tied to the COVID-19 crisis
3. Applicant has not entered into any agreements, understanding or other arrangement to receive supplemental employment, income payments, or any other subsidy or gift to fully reimburse the educational expenses in this application.
4. Applicant has not sought or received funds to address job training or necessary wrap-up services.

Any funds provided through the grant process that are found to be duplicated from any other source are subject to be recaptured by the City of Midwest City and returned per contract to the Oklahoma Department of Commerce.

By executing this document, Applicant acknowledges and understands that U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000.00 or imprisoned not more than five years, or both.

_____ _____

Applicant Signature Date

ACKNOWLEDGEMENT

State of Oklahoma)
)SS
Oklahoma County)

Before me appeared the above named affiant(s) on the above date, and swore to me that the information contained in this application is true.

_____
NOTARY PUBLIC

COMMISSION EXPIRES:_____

INCOME QUESTIONNAIRE

Name and address of household: _____

_____

We need to know about the income that each member of your household expects to receive in the next 12 months. The following is a list of items the government counts as income in determining eligibility for federal housing assistance. Check **Yes** for a particular type of income if any household member gets it. We'll get the details from you later. Check **No** only if no member of your household gets the particular type of income. **All items must be checked Yes or No.**

Warning: Section 1001 of Title 18 of the U.S. Codes makes it a criminal offense to willfully make false statements, or misrepresentations, of any material fact involving the use or obtaining of federal funds.

1 Employment Income
(This doesn't include employment income of children younger than 18 or live-in aides.)

Wages	Yes	No
Salaries	Yes	No
Overtime pay	Yes	No
Commissions	Yes	No
Fees	Yes	No
Tips	Yes	No
Bonuses	Yes	No
Any other amounts adult household members earn from working for other people or from their own business	Yes	No

2 Benefit Payments
(This includes lump-sum payments received because of delays in processing benefits, but not lump-sum payments of Social Security or Supplemental Security Income.)

Social Security	Yes	No
Supplemental Security Income (SSI)	Yes	No
Workers' Compensation	Yes	No
Disability Pay or Benefits	Yes	No
Unemployment Benefits	Yes	No
Severance Pay	Yes	No
Annuities	Yes	No
Insurance Policy Payments	Yes	No
Pensions	Yes	No
Retirement Fund Benefits	Yes	No
Death Benefits	Yes	No
Any other benefit payments (e.g., veterans disability, black lung sick benefits, dependent indemnity compensation)	Yes	No

3 Welfare Assistance
(This includes lump-sum payments received because of delays in processing benefits, but not grants or other amounts received specifically for medical expenses or care and equipment for a disabled person.) Yes No

4 Alimony and/or Child Support
(This includes adoption assistance payments.) Yes No

5 Interest, Dividends, and Other Income from household assets

Interest from bank accounts or bonds	Yes	No
Dividends from stocks or mutual funds	Yes	No
Income distributed from trust funds	Yes	No
Money from renting household assets	Yes	No
Any other interest, dividends, or rent	Yes	No

6 Lottery Winnings paid in periodic payments Yes No

7 Money or Gifts regularly given by persons not living in the unit
(This includes rent or utility payments regularly paid by someone on behalf of the household, but doesn't include recurring amounts paid directly to a child care provider, gifts of groceries, utility rebates paid to senior citizens, payments received for the care of foster children, or gifts received on a nonrecurring basis.) Yes No

8 Any Other Source of Income? Yes No

If yes, please specify:_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I hereby certify that all of the above information is true and correct to the best of my knowledge.

Signature of head of household _____ Date _____

CDBG- CV Self-Declaration Form

Applicant Information	
Name:	Address:
County:	Phone Number:

Declaration of Employment:

I _____ declare that my principal employment has been impacted by COVID-19 and that presently: [ ] I am working [ ] I am not working

Declaration of Income and Family size:

I declare that my household income last (select one) ____month **or** ___ year was $_____. I also certify that a total of _____ people (including spouse, children, parents, grandparents, etc.) are living in my household.

Declaration of Assistance:

I declare that I have received the following assistance from other sources:

_____

_____

I certify that the information that I provided is correct and true. I understand that this information will be used to determine my eligibility for assistance and if there is information found to be duplicative, I may be required to repay funds.

Applicant Signature:_____ **Date:**_____

CDBG-CV HOUSEHOLDER
DUPLICATION OF BENEFITS AFFIDAVIT

INSTRUCTIONS/INFORMATION:

The Affidavit must be signed by the head of household applying for financial assistance under the CDBG-CV funded Career Training Grant Program.

By signing this Affidavit, the applicant certifies to the accuracy of the information provided.

Financial assistance available under this program comes from the U.S. Department of Housing and Urban Development (HUD). If fraud is committed to obtain housing or utility assistance from HUD, the applicant could be 1) required to repay all overpaid assistance received, 2) fined, and/or 3) imprisoned.

AFFIDAVIT

This Affidavit shall be considered part of the application for grant assistance through the CDBG-CV funded City of Midwest City Career Training Grant Program.

Read this carefully to be sure the information in it is true and complete before signing. The information affirmed by this Affidavit and included in the application is subject to verification by HUD, The Oklahoma Department of Commerce Community Development Division, the City of Midwest City, and their respective agents.

The undersigned, hereinafter referred to as "Applicant," affirms as follows:

1. The information provided herein and in the accompanying application is true and accurate.
2. Applicant has experienced a job loss, reduction of hours, or significant reduction in income related to the COVID-19 health crisis.
3. Applicant has not fully replaced lost income with other sources, including supplemental employment, income payments, or any other grant, subsidy, or gift.
4. Applicant is a resident of Midwest City, Oklahoma.
5. Applicant is unable to afford educational expenses due to unemployment or underemployment as a result of the health crisis.

By executing this Affidavit, Applicant acknowledges and understands that Title 18 of United States Code Section 1001 makes it a violation of federal law for a person to knowingly and willfully:

(a) falsify, conceal, or cover up a material fact;

(b) make any materially false, fictitious, or fraudulent statement or representation; or

(c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government.

[Signatures on subsequent page]

APPLICANT SIGNATURE

_____
Applicant's Signature

_____
(Print Applicant Name)

_____
Co-Applicant's (if any) Signature

_____
(Print Co-Applicant (if any) Name

NOTARY SIGNATURE

STATE OF OKLAHOMA)
) SS
OKLAHOMA COUNTY)

This instrument was acknowledged before me this on _____.
(day) (month) (year)

_____
(Print Applicant Name) (Print Co-Applicant if any)

_____ _____
Notary Stamp Notary Public Signature