

# Kentucky Community Development Block Grant CARES Act (CDBG-CV) Public Service Project Application Form

<b>For DLG Use Only</b>	<b>SAI Number</b>	<b>If a Project involves Water or Sewer Activities</b>	
<b>20-</b>	<b>KY202010131196</b>	WRIS Number	<b>NA</b>

<b>PROJECT TITLE</b> The Healing Place of Campbellsville – COVID-19
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**APPLICANT**

Legal Applicant <b>City of Campbellsville</b>		CEO Mayor Brenda Allen	E-mail Address <a href="mailto:Brenda.allen@campbellsville.us">Brenda.allen@campbellsville.us</a>		
Street or P. O. Box 110 S. Columbia Avenue, Suite B		City Campbellsville	County Taylor	State KY	ZIP Code + 4 42718-1354
Telephone Number <b>270-465-7011</b>	Fax Number 270-789-0251	DUNS Number 079-663-209	Tax ID Number 61-6002310	SAM Number 3MFZ6	

**APPLICANT'S LDA or SUBRECIPIENT- CHECK BOX IF SUBRECIPIENT IS A FAITH BASED ORGANIZATION**

Name		CEO	Email Address		
Street or P. O. Box		City	County	State KY	ZIP Code + 4
Telephone Number	Fax Number	DUNS Number			

**PARTICIPATING PARTY CHECK BOX IF PARTICIPATING PARTY IS A FAITH BASED ORGANIZATION**

Name The Healing Place, Inc.		CEO Karyn Hascal	Email Address <a href="mailto:Karyn.hascal@thehealingplcade.org">Karyn.hascal@thehealingplcade.org</a>		
Street or P. O. Box 1020 W. Market Street		City Louisville	County Jefferson	State KY	ZIP Code + 4 40202-2630
Telephone Number <b>502-583-0396</b>	Fax Number 502-587-9565	DUNS Number 035-344-733			

**PREPARER**

Name Judy Hachey		Telephone Number 270-866-4200	FAX Number 270-866-2044		
Organization Lake Cumberland Area Development District, Inc.		E-mail Address <a href="mailto:judyh@lcadd.org">judyh@lcadd.org</a>		Certified Administrator Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Street or P. O. Box 2384 Lakeway Dr., P.O. Box 1570		City Russell Springs	County Russell	State KY	ZIP Code + 4 42629-1570

State House District 51	State Senate District 16	Congressional District 01	Area Development District Lake Cumberland
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# Kentucky Community Development Block Grant Public Service Project Application Form Project Summary

**Project Site Address (including ZIP code + 4):**

105 Heistand Farm Road, Campbellsville, KY 42718-8491

**Please provide a detailed description of proposed project. (Describe how the applicant will use funds requested to prevent, prepare for, and respond to coronavirus.)**

The City of Campbellsville is requesting \$200,000 in CDBG-CV funds for The Healing Place of Campbellsville. Operated by The Healing Place of Louisville, The Healing Place of Campbellsville is a part of a larger network of "Recovery Kentucky" centers designed to help ensure safe, stable housing while assisting Kentuckians who are recovering from chronic substance abuse and addiction and moving toward a life of sobriety and productivity.

The Healing Place of Campbellsville, located at 105 Heistand Farm Road in Campbellsville, is a 100-bed long-term, social model recovery program for men. The mission of The Healing Place is to reach individuals suffering from drug and alcohol addiction, provide the tools for recovery, and restore meaningful and productive lives. The Healing Place serves all walk-ins and takes client referrals from a variety of sources, including the Department of Corrections, the Department of Public Advocacy, Drug Courts, Courts, Angel Program, and Casey Law.

The center utilizes the Recovery Kentucky Model, which is a social recovery model that features a peer-driven emphasis on personal responsibility. The Healing Place has admitted 2,616 men into the program since 2009. Seven hundred eight (708) men have completed the program. In addition, there have been four (4) college graduates and 20 men who have received GEDs or high school completions.

Since April 2020, the facility has served 187 clients, guiding them toward recovery. There are currently 84 clients participating in the program. During intake to the center all new residents are required to provide income data to determine eligibility for Section 8 housing, which also establishes their LMI status.

The Healing Place of Campbellsville relies on funding from the Department of Corrections (DOC), Recovery Kentucky CDBG, Supplemental Nutrition Assistance Program (SNAP), and the Kentucky Housing Corporation.

In particular, the loss of revenue from the DOC due to the pandemic, along with the unexpected expenses of the personal protective equipment and the sanitization supplies that were needed in order to properly respond to and prevent the virus and ensure the health and safety of clients, have significantly impacted The Healing Place's financial situation. The Center projects a loss of more than \$200,000 by the end of 2020.

As a non-profit, The Healing Place of Campbellsville cannot function without financial assistance. The City of Campbellsville does not have the financial resources, which have also been strained by the pandemic, to assist The Healing Place in offsetting expenses and lost revenue.

## Kentucky Community Development Block Grant Public Service Project Application Form Project Funding Summary

### FINANCING

Include all funding amounts and sources. Please complete all appropriate columns and indicate the status of funds as "Approved", "Applied For", or "Committed". In-kind contributions should be listed separately on the chart below.

Source	Amount	Project %	Type	Rate	Term	Status of Funds
CDBG	\$190,000	95%				
CDBG Admin/Planning	\$10,000	5%				
<b>Subtotal - CDBG</b>	<b>\$200,000</b>	<b>100%</b>	<b>Grant</b>			<b>Applied</b>
<b>Total</b>	<b>\$200,000</b>					

Source of In-Kind Contributions	Estimated Amount
NA	
<b>Total</b>	

### APPLICATION CERTIFICATION

To the best of my knowledge and belief, information in this Form is true and correct. Applicant also agrees to comply with requirements of 24 CFR Part 58.

I am aware that the proposed project may be removed from further consideration should it be determined that there are significant discrepancies in the information provided, and/or false, inaccurate or incomplete information has been given.

\_\_\_\_\_  
Signature, Chief Executive Officer

\_\_\_\_\_  
Mayor  
Title

\_\_\_\_\_  
Brenda Allen  
Name Typed

\_\_\_\_\_  
Date

**Kentucky Community Development Block Grant  
Public Service Project Application Form  
NATIONAL OBJECTIVES IDENTIFICATION  
Low and Moderate Income**

In the first column, list each proposed CDBG activity that will benefit persons of Low and Moderate Income (LMI), exclude planning and administration activities. In the second column provide the applicable Code of Federal Regulations (CFR) citation for LMI benefit. In the third column, respond to the following for each activity. *(Attach additional pages if necessary)*

- 1) Identify source documentation for determining LMI benefit *(e.g. survey, census tract)*
- 2) Explain how each activity will benefit LMI individuals *((1)area benefit, (2)limited clientele, (3)housing, (4)job creation or retention)*
- 3) Provide description of survey method *(if applicable)*

Cost Summary Activity Number	CFR Citation	LMI Benefit
6	570.483(b)(2)(ii)(B) and (C)	<ol style="list-style-type: none"> <li>1. Family income verification will be required to determine that at least 51% are LMI. LMI is determined by Section 8 housing qualification.</li> <li>2. Limited Clientele will have access to recovery services to overcome addiction and become sober, productive members of society.</li> <li>3. During intake to The Healing Place of Campbellsville, all new residents must provide income data to determine eligibility for Section 8 housing and therefore establish their LMI status.</li> </ol>

Describe how LMI information was assembled

- Community wide
- Census tract/block area  *(list census tract numbers, attach copy of map and other documentation)*
- Survey
- Other *(describe)* \_\_\_\_\_  See LMI Benefit #3 above

**Please Include the Following**

- 1) Attach Certification of Area Income Eligibility *(if surveys were conducted)*
- 2) Attach LMI Worksheets *(if applicable)*
- 3) Attach Sample Survey *(if applicable)*

Note: For CFR (LMI) determination, refer to the HUD Guide to National Objectives for State CDBG program  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/comm\\_planning/communitydevelopment/library/stateguide](http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/library/stateguide)

**Kentucky Community Development Block Grant Application**  
**Public Service Project Application Form**  
**NATIONAL OBJECTIVES IDENTIFICATION**  
**Certification of Area Income Eligibility**

*To be used by applicants using income surveys as the basis for proving LMI benefit*

I certify that a household income survey will be performed for the CDBG project area upon admittance to the facility to determine the percentage of low and moderate income (LMI) residents. LMI determination will be based on the HUD Section 8 housing income limits.

The survey will be carried out in conformance with the 2020 Kentucky CDBG Program Guidelines. To the best of my knowledge, the results of the income survey are true and accurate reflection of current economic conditions in the activity service area.

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Signature, Chief Executive Officer

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Date