

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC SERVICES GRANT APPLICATION**

**Introduction:**

This application will help City staff and officials make a decision regarding the funding of your project through the Community Development Block Grant (CDBG) program. It will be used for this preliminary review of your funding request only. Completion and submission of this application does not obligate the City of Ontario to allocate CDBG funds to your activity.

FINAL ALLOCATION OF CDBG FUNDS IS BY CITY COUNCIL ACTION ONLY.

***Please be advised that CDBG Contracts allow for an additional one-year renewal of funding***

***pursuant to City Council approval.***

**SECTION I – Project and Agency Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY INFORMATION** | |  | **PROJECT INFORMATION** | |
| Agency Name |  |  | Project Title: |  |
| Not-for-profit organization  (with active 501 (c) status)? | Yes  No |  | Location of services:  (check one) | On site  Off site  Outside of City of Ontario limits |
| Faith-based organization? | Yes  No |  | Program service address: |  |
| Agency’s street address: |  |  | Status:  (check one) | On-going CDBG-funded activity  On-going non-CDBG-funded activity  New multi-year activity  New one-time activity |
| City, State, Zip: |  |  |  |  |
| Agency’s DUNS #:  (**Required**. If your agency does not have one, apply for one) |  |  |  |  |
|  |  |  | The plan for 2017-18 is:  (check one) | To keep the service at the current level  To expand the service above the current level  To reduce the service below the current level  N/A |
| Total Organization Annual Budget in FY 2016-17 | $ |  |  |  |
| Executive Director: |  |  |  |  |
| Telephone No.: |  |  | Total Estimated Cost: | $ |
| Fax No: |  |  | Estimated # of clients to be served | Persons  Households |
| E-Mail address: |  |  |  |  |
| Total Annual Federal Grants in FY 2016-17: | $ |  |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | | |  |  | | |  |
| Program Administrator/Key Contact Person: | |  | | |  | Client Eligibility by CDBG definition:  (check one) | | | 100% L/M Income  Presumed benefit (exclusively seniors, homeless, persons with disabilities, battered spouses, abused children, illiterate, persons living with HIV, or migrant farm workers)  Area Benefit (must be either HUD designated L/M Income Census geographic area or well-defined service boundaries where at least 51% of all residents are L/M income. For the latter, an income survey is required)  None of the above |
| Telephone No.: | |  | | |  |  | | |  |
| Fax No.: | |  | | |  |  | | |  |
| E-mail address: | |  | | |  |  | | |  |
|  | |  | | |  |  | | |  |
|  | | | | | | | | | |
| Brief description of the Project (150 words or less). This description will be used in the application summaries for City Council throughout the application process. | | | | | | | | | |
|  | | | | | | | | | |
| CDBG Funding Requested  (please round to the dollar) | | | $ | | | | | | |
| In FY 2017-18, this service will be paid for: | | | With CDBG as the only funding source  With CDBG as a primary funding source  With CDBG as a secondary funding source | | | | | | |
| Why is CDBG funding needed? | | | To close funding gap  To free up an existing source  To expand client base  To match another funding source  As a contingency  As a reimbursement for funds already expended  Other: | | | | | | |
| If expected, are other funding sources secured? | | | Yes  No | | | | | | |
| Is the primary purpose any of the following: | | | Help prevent homelessness  Help those with HIV/AIDS  Help the homeless  Primarily help persons with disabilities | | | | | | |
| Scope of Services: What types of **activities** will be conducted within your proposed program for CDBG funding? Please provide a comprehensive list of **all** activities to be carried out or services to be provided with the funds requested. | | | | | | | | | |
|  | | | | | | | | | |
| Are there any overlapping services provided by other agencies in the area? | | | | | | | | Yes  No | |
| If yes, please describe what makes the proposed program unique. | | | | | | | | | |
| Program Objectives:  (check one) | Providing improved and suitable living environment (such as crime prevention)  Providing decent housing (such as utility assistance)  Creating economic opportunities (such as job training for L/M persons) | | | Program Outcomes:  (check one) | | | Availability/Accessibility (making needed services available/accessible to qualified clients who will not be able to access otherwise)  Affordability (Making the service affordable to qualified clients)  Sustainability (Making the community or neighborhood more viable) | | |
| How will outcomes be measured? (describe the systems and/or methods that have been/will be used) | | | | | | | | | |
|  | | | | | | | | | |
| What is the service area of the project? (Please be as specific as possible. If project is restricted to certain census tracts, please list the census tracts. If project will be available on a citywide basis, please state citywide). | | | | | | | | | |
|  | | | | | | | | | |
| Does the project satisfy any of these National Objective Related Qualifiers? | | | | Benefiting low-to-moderate income persons  Benefiting all persons in a Qualified Census area  Benefiting an area in which at least 51% of the population is L/M income (a clear delineation of the service area is required and the percentage must be based on a reasonable assumption or an actual survey)  Benefiting a Limited Clientele group (which includes exclusively the homeless, seniors 62 and over, battered spouses, abused children, severely disabled adults, illiterate adults, persons living with HIV/AIDS, or migrant farm workers)  None of the above (program is most likely not eligible) | | | | | |

**SECTION II – Project Budget**

The City’s CDBG funds are extremely limited as compared to needs and should always be considered as a secondary resource to help fill a program/project’s budgetary gap. Applicants must demonstrate that all efforts have been made to leverage other resources for the project before CDBG funding is considered.

Please use the following table to provide itemized listing of known and expected costs and their associated funding sources. Please round all amounts to the nearest dollar. All costs and budgeted amounts must be based on no more than 12-month needs. Please include the source of any federal, state, or local funds listed and the dates available of these funding sources in the notes section. You may attach additional sheets as needed.

**FY 2017-18 PROJECT BUDGET**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Type** | **Agency Priority**  (1 = highest) | **Total Project Budget**  (Must equal sum of A to F) | **Agency’s Own Funds**  **(A)** | **Known Monetary and In-Kind Donations**  **(B)** | **Desired CDBG Amount**  **(C)** | **Other Federal Funds** | | **State & Local Grants** | | **All Other Funds**  **(F)** |
|  |  |  |  |  |  | **Amount**  **(D)** | **Planned, Applied or Granted?** | **Amount**  **(E)** | **Planned, Applied or Granted?** |  |
| PERSONNEL | | | | | | | | | | |
| Salaries |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Fringe Benefits |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| EQUIPMENT | | | | | | | | | | |
| Computers |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Appliances |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Other |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| OFFICE SUPPLIES | | | | | | | | | | |
| General Office Supplies |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| PROJECT SUPPLIES | | | | | | | | | | |
| Supplies Required for Carrying out the Project |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| OPERATING EXPENSES | | | | | | | | | | |
| Utilities |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Insurance |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Legal Services |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| Transportation Related |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| OTHERS | | | | | | | | | | |
|  |  | $ | $ | $ | $ | $ |  | $ |  | $ |
|  |  | $ | $ | $ | $ | $ |  | $ |  | $ |
|  |  | $ | $ | $ | $ | $ |  | $ |  | $ |
|  |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| **TOTALS** |  | $ | $ | $ | $ | $ |  | $ |  | $ |
| *Notes:* | | | | | | | | | | |

**FY 2017-18 SOURCES OF FUNDS**

Please provide information about each of the Other Federal Funds and State and Local Grant Funds listed in the FY 2017-18 Budget above. You may attach additional sheets as needed.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Funding Awarded** | | **Funding Applied For** | | | **Funding Application Planned** | | |
| **Date** | **Amount** | **Date Applied** | **Anticipated Award Date** | **Amount Applied For** | **Anticipated Application Date** | **Anticipated Award Date** | **Amount Planned** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
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|  |  | **$** |  |  | **$** |  |  | **$** |
|  |  | **$** |  |  | **$** |  |  | **$** |
| *Notes:* | | | | | | | | |

If this program is a continuing program from prior year(s), please complete the following tables.

**FY 2016-17 Actual Expenses to date by Funding Source**

**Expenses through:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Program Budget** | **Total Program Expenses**  (Actual to date) | **Expenses by Funding Type** | | | | | |
| **Agency Funds**  **(A)** | **Donations & In-Kind**  **(B)** | **CDBG Grant**  **(C)** | **Other Federal Funds**  **(D)** | **State & Local Grants**  **(E)** | **Other Funds**  **(F)** |
| $ | $ | $ | $ | $ | $ | $ | $ |
| *Notes:* | | | | | | | |

**FY 2016-17 Projected Expenses through June 30, 2017 by Funding Source**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Total Program Budget** | **Total Program Expenses**  (Projected through June 30, 2015) | **Expenses by Funding Type** | | | | | |
| **Agency Funds**  **(A)** | **Donations & In-Kind**  **(B)** | **CDBG Grant**  **(C)** | **Other Federal Funds**  **(D)** | **State & Local Grants**  **(E)** | **Other Funds**  **(F)** |
| $ | $ | $ | $ | $ | $ | $ | $ |
| *Notes:* | | | | | | | |

**SECTION III – Agency Capacity and Program Management System**

Appropriate level of capacity of an agency is key to the success of carrying out a program funded with Federal grants. This includes the agency’s management structure, administrative system and establishment, financial resources, financial and accounting systems and prior experience with as well as performance in running Federal grant programs. History has proven that a lack of appropriate capacity to comply with all the Federal regulations and requirements governing the CDBG program can jeopardize the program. Please use this page to assess your agency’s capacity and explain how the program/project you are requesting CDBG funding for will be carried out. To assist your assessment, you are required to read HUD’s Playing By the Rules manual (viewable and downloadable at <http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17104.pdf>). **The City reserves the option to conduct its own assessment of your agency’s capacity before making a recommendation for funding.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List all members of your current Board of Directors: | Name | | | Occupation | | Years on Board |
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| Does your agency have:  (check all that apply) | | Non-home based office space  24-hour designated business phone line or answering service  Full-time program manager/administrator  Full-time secretarial/clerical person  Certified financial/accounting person on staff  Certified procurement/purchasing person  Computerized system for financial management and accounting (such as QuickBooks, Peachtree, Microsoft Excel)  Secured client records filing system (for client confidentiality)  Designated independent financial audit service  Annual financial audit or financial reporting  Written policies and procedures for hiring, personnel and financial management, addressing employee or client complaints, etc.  Longer than two (2) years experience in recent years carrying out a similar program within this agency funded with Federal grant | | | | |
| To the best of your knowledge, select the statement that best describes your current systems and your plans to address compliance issues:  (check one) | | | Meet HUD’s requirements  Not sure and would need City’s assessment to make that determination  Do not meet HUD’s requirements now, but will make all necessary changes or add capacity for compliance  Do not and will not be able to meet HUD’s requirements  Have reviewed HUD’s requirements, but do not understand them and need further explanation. | | | |
| Should CDBG funds granted be less than requested, choose one as your preference: | | | Withdraw application for funding this year  Scale down the program resulting in less clients served  Make changes to the program without reducing the number of clients served  Make up the differences with other funds available to my agency  Not sure | | | |
| If your program is not awarded any CDBG funds, what would happen to your program: | | | Scale down the program resulting in less clients served        Estimated reduction in clients served  Make changes to the program without reducing the number of clients served  Make up the differences with other funds available to my agency  Not sure | | | |
| **Insurance Requirements**  The City of Ontario requires general liability insurance, automobile liability insurance (if any vehicles are operated for any organizational purpose that the City has funded), and worker’s compensation and employer’s liability insurance (if any individuals are employed by your organization). **NOTE** – if you funding request is approved, the City will require that new insurance certificates and endorsements be issued pursuant to City requirements. The City of Ontario requires minimum limits of liability insurance to be not less than $1,000,000 per occurrence. For a more detailed description of the City insurance requirements, please refer to the sample CDBG contract, Item 32. | | | | | | |
| Name of Insurance Company | | | Effective Dates of Policy | | Limits of Liability | Deductibles per Occurrence |
| **General Liability Insurance** | | | | | | |
|  | | |  | | $ | $ |
| **Automobile Liability** | | | | | | |
|  | | |  | | $ | $ |
| **Worker’s Compensation** | | | | | | |
|  | | |  | | $ | $ |
| Please attach copies of the Certificates of Liability Insurance for the above-mentioned insurance policies of this application. ***NOTE*** *– no allocation of funds will be awarded without the submission of required Certificates of Liability Insurance.* | | | | | | |

**SECTION IV – Certification**

The undersigned certifies that:

(a) The information contained in this document is complete and accurate;

(b) The proposed program/project described in this application meets one of the National Objectives governing the use of Community Development Block Grant (CDBG) funds;

(c) The applicant shall comply with all federal and City policies and requirements affecting the CDBG program;

(d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life;

(e) Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are allocated to the applicant; and

(f) The applicant has reviewed the Subrecipient Contract and is able to comply with the Contract if funds are awarded, including the insurance requirements.

*Signature of Authorized Applicant Representative Date*

*Print Name and Title of Authorized Applicant Representative*

**Submit three complete sets (one original and two copies) of the completed application and all documents listed in the attached checklist to the following address:**

City of Ontario

Housing and Municipal Services Agency

208 West Emporia Street

Ontario, CA 91762

Attn: Katryna Gonzalez, Senior Project Manager

You will be contacted in writing regarding the receipt and status of your grant application. If you have any questions regarding your grant application or the CDBG program in general, please contact Katryna Gonzalez, Senior Project Manager, at (909) 395-2322 or [kgonzalez@ontarioca.gov](mailto:kgonzalez@ontarioca.gov).

**APPLICATION DUE DATE: FEBRUARY 17, 2017, 5:00 P.M.**

**NO LATE OR FAXED APPLICATIONS WILL BE ACCEPTED**

**SECTION V – Application Checklist**

Project Title:

To be considered for funding, all applications **must** be completed in its entirety with the following documents attached at the time of submission.

|  |  |
| --- | --- |
|  | Completed application form |
|  | IRS Tax Exempt Determination Letter |
|  | *If not applicable, please explain:* |
|  | Recent Tax Submission (i.e., IRA Form 990) |
|  | *If not applicable, please explain:* |
|  | Most Recent Audit |
|  | *If not applicable, please explain:* |
|  | Certificates of Liability Insurance (i.e., General Liability, Automobile Liability, and Worker’s Compensation and Employer’s Liability Insurance) |
|  | *If not applicable, please explain:* |
|  | Conditional Use Permit (if applicable) |
|  | *If not applicable, please explain:* |

Please submit three complete sets (one original and two copies) of the completed application and all required documents to the following address no later than **February 17, 2017 at 5:00 PM**.

**City of Ontario**

**Housing and Municipal Services Agency**

**208 West Emporia Street**

**Ontario, CA 91762**

**Attn: Katryna Gonzalez, Senior Project Manager**

If you have any questions regarding the required documents to be submitted or need assistance with this application, please contact Katryna Gonzalez, Senior Project Manager, at (909) 395-2322 or kgonzalez@ontarioca.gov.