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| City of Rancho Cucamonga  Community Development Block Grant (CDBG) Program  PY22-23 Public Service Application  December 2021 |

City of Rancho Cucamonga

Planning Department

10500 Civic Center Drive

Rancho Cucamonga, CA 91730

## CDBG Application

All organizations wishing to apply for Community Development Block Grant (CDBG) funds must complete all sections of this application to be considered. All applications and required documentation are due no later than **5:00 P.M. on Friday, January 21, 2022**, via e-mail to [dperez@mdg-ldm.com](mailto:dperez@mdg-ldm.com). Late applications will not be accepted. **NO EXCEPTIONS**.

Applications must be typed (not handwritten) and shall be accepted in electronic format only. Applications that are incomplete, have content deficiencies, that are missing required documentation, or that are submitted after the deadline may be rejected. Applicants are advised that this form contains fillable form fields, [screen tips](#ScreenTip" \o "These screen tips will display small pop-up windows when you move your mouse over certain content. These tips provide short descriptions and instructions to assist you in completing your CDBG application.), and was intentionally designed to ensure responses only include pertinent information.

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| **Application Form** | |
|  | Responses to each question are complete and accurate |
|  | The ‘Agency Statement’ section is signed by an authorized official |
| **Required Attachments** | |
|  | Cover letter from the Executive Director of Board President describing the project to be implemented and how it will benefit Rancho Cucamonga residents |
|  | IRS letter confirming your 501(c)(3) non-profit status |
|  | Copy of your Articles of Incorporation and Bylaws |
|  | List of current Board of Directors |
|  | Organizational Chart |
|  | Job descriptions for each position to be funded under this application |
|  | Corporate resolution authorizing an appropriate staff member to execute program applications, agreements, payment requests, and related documents on behalf of the agency related to the City of Rancho Cucamonga CDBG grant |
|  | Most recently filed IRS-990 |
|  | Most recently audited financial statement or Single Audit, or if your agency is not required to perform audits, a current balance sheet and income statement |

If you have any questions or require additional information, please contact Flavio Nunez, Management Analyst, via email at [Flavio.Nunez@CityofRC.us](mailto:Flavio.Nunez@CityofRC.us).

## Agency Information

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| Agency Information | |
| Agency Name:  Agency / Department Name | [Agency Address](#AgencyAddressTip" \o "This is the address where all program correspondence will be sent.):  Street, City, Zip Code |
| Project Name:  Project Name | Project Address:  Street, City, Zip Code |
| [Agency Type](#AgencyTypeTip" \o "Select 'Non-Profit' if your agency is recognized by the IRS as a nonprofit; Select 'For-Profit' if your agency is a corporation or sole proprietorship; Select 'Public' if your agency is a government department.):  Select Agency from Dropdown | Faith-based Organization:  Select Response from Dropdown |
| Federal EIN:  Enter Nine Digit Number | [DUNS No.](#DUNSNoTip" \o "This is a requirement for all CDBG-assisted subrecipients. For more information on how to obtain a DUNS number if your organization does not already have one, visit: http://fedgov.dnb.com/webform/index.jsp):  Enter Nine Digit Number |
| The Proposed Project is:  Select Project from Dropdown | |
| Amount Requested:  $Enter Amount | No. of Unduplicated People to be Served:  Enter No. of Residents to be Served |
| Contact Information | |
| Contact Person for Application | |
| Name:  Name of POC for Application | Title:  Job Title of POC for Application |
| Phone:  Phone No. of POC for Application | Email:  Email of POC for Application |
| Contact Person for Project Implementation | |
| Name:  Name of POC for Project | Title:  Job Title of POC for Project |
| Phone:  Phone No. of POC for Project | Email:  Email of POC for Project |
| Official Authorized to Execute Contracts | |
| Name:  Name of POC for Contracts | Title:  Job Title of POC for Contracts |
| Phone:  Phone No. of POC for Contracts | Email:  Email of POC for Contracts |

## Project Information

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| Narrative Questions | |
|  | **Please describe the project services to be provided and how CDBG funds will be used. If the project is currently CDBG-funded, please explain how the services will be expanded and/or modified.** |
| Enter concise response that states the services to be provided, population served, reasonable start and end dates, program costs, positions, and operating expenses to be funded. |

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| Narrative Questions (Continued) | |
|  | **Please describe the level of need for the proposed project in the City. Discuss how the proposed project addresses a 2020-2024 Consolidated Plan – Strategic Plan Goal.** |
| If the activity will provide Fair Housing and landlord / tenant mediation services, describe how your agency will assist the City in the implementation of its Fair Housing Plan that is part of the most recent Analysis of Impediments to Fair Housing Choice |
|  | **Please describe the target population and number of unduplicated residents to be served from July 1, 2022, through June 30, 2023. Describe how the expected number of clients was determined. Explain why this project is needed for this target population. Cite specific data to explain and document need.** |
| Enter concise response that describes how the expected number of clients was determined, explain why this project is needed for this target population, and cite specific data to document need. |
|  | **Describe the project marketing / outreach and service delivery method.** |
| Enter concise description of how you will reach your target population and how your program will be carried out, what service(s) will be provided and who will deliver those services. |
|  | **Describe the anticipated program outcomes and objectives. Indicate how the outcomes and objectives will be measured.** |
| Outcomes and objectives must be results oriented, specific, and measurable. For example, if the project is a workshop, list the number of workshops, how many participants are expected to attend, and how the benefit(s) to the participants will be demonstrated |

## Project Budget

Provide the anticipated [budget](#TotalBudgetTip" \o "Once you have entered the amounts, right click on the 'Total Budget' cell for each column, and select the '!Update Field' option to update the totals) for the proposed CDBG public service project. The [total CDBG project operating budget](#TotalCDBGOperatingBudget2" \o "The total CDBG project operating budget is the sum of your agency’s requested amount from the City and any leveraged funds planned for use towards the City’s CDBG project.) must reflect only those costs of serving CDBG-eligible City residents. Indicate any [leveraged funds](#LeveragedFunds2" \o "Leveraged funds are not required for public service activities but will enhance your proposal. These are other non-CDBG funds such as donations or volunteer labor that will be used in conjunction with the CDBG request to complete the project.) to be used in conjunction with CDBG funds to implement the project. Additionally, provide your total Agency operating budget for each type of operating expense. Please round up to the nearest dollar.

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|  | **Proposed City CDBG Project Operating Budget** | | | **Total Agency Operating Budget** |
|  | **City CDBG Funds Requested** | **[Leveraged Funds](#LeveragedFunds" \o "Leveraged funds are not required for public service activities but will enhance your proposal. These are other non-CDBG funds such as donations or volunteer labor that will be used in conjunction with the CDBG request to complete the project.)** | **[Total CDBG Project Operating Budget](#TotalCDBGOperatingBudget" \o "The total CDBG project operating budget is the sum of your agency’s requested amount from the City and any leveraged funds planned for use towards the City’s CDBG project.)** |  |
| **Personnel** |  | | |  |
| Salaries | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Benefits | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Other | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Supplies** |  | | |  |
| Office Supplies | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Postage | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Other | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Client Services** |  | | |  |
| Cost A | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Cost B | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Cost C | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Operating Costs** |  | | |  |
| Telephone | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Utilities | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Rent (Facility) | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Insurance | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Printing | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Training | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Travel | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Audit | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Other | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Other Costs** |  | | |  |
| Cost A | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Cost B | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Cost C | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Total Budget:** | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

## Agency Capacity

Please complete the table below with information from previous years your agency received CDBG funds from the City of Rancho Cucamonga.

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| --- | --- | --- | --- | --- |
|  | **2018-2019** | **2019-2020** | **2020-2021** | **2021-2022** |
| **Financial Information** |  |  |  |  |
| CDBG Funds Awarded | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| Amount Expended | $ Enter Amount | $ Enter Amount | $ Enter Amount | $ Enter Amount |
| **Program Information** |  |  |  |  |
| Expected People Served | Enter Amount | Enter Amount | Enter Amount | Enter Amount |
| People Actually Served | Enter Amount | Enter Amount | Enter Amount | Enter Amount |

Please list all the sources of funding you anticipate using to implement the City’s CDBG project by source, amount, type, and status. List the amount of CDBG funds you are seeking first, followed by other sources.

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| **Source** | **Amount** | **Type** | **Loan Terms** | **Status** |
| Rancho CDBG | $ Enter Amount | Grant | N/A | Applied |
| Source Name | $ Enter Amount | Select Type | Enter Terms | Select Status |
| Source Name | $ Enter Amount | Select Type | Enter Terms | Select Status |
| Source Name | $ Enter Amount | Select Type | Enter Terms | Select Status |
| Source Name | $ Enter Amount | Select Type | Enter Terms | Select Status |

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| Narrative Questions | |
|  | **Please list and describe similar projects your agency has previously implemented.** |
| Enter concise response that lists similar services your agency has provided. |
|  | **Discuss the outcomes of the programs mentioned above in measurable terms.** |
| Enter concise response that describes the number of clients served and the timeframe in which those accomplishments were achieved |

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| Narrative Questions (Continued) | |
|  | **Explain how your agency will verify that clients are eligible for CDBG assistance.** |
| Enter concise explanation of your agency’s procedures to verify and document the eligibility of clients to receive services. |
|  | **Describe your agency’s experience in working with CDBG and other federal funds in communities other than Rancho Cucamonga, including outcomes.** |
| Enter concise description of your agency’s experience and outcomes with other federal funding opportunities. |
|  | **List your agency’s personnel, consultants, and/or volunteers who will be carrying out the program and their qualifications** |
| Enter concise description personnel that will be implementing the CDBG project and their qualifications. |
|  | **Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. Additionally, identify and briefly describe any lawsuits (regardless of outcome), claims, or settlements in the past five (5) years. If none, please state none.** |
| Enter concise description of your agency’s experience with oversight agencies and legal interventions over the past five (5) years. If none, please state “none.” |

## Agency Statement

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| The undersigned acknowledges the following: | |
|  | That, by submission of this application, the agency agrees that it will become a public document. |
|  | That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable. |
|  | That no revisions may be made in connection with this application once the deadline for submission has passed. |
|  | That the City of Rancho Cucamonga may request or require changes in the information submitted which it deems reasonable for all information provided. |
|  | That the agency will cooperatively assist in the application review process. |
|  | That, if the project is recommended and approved by the City Council, the City reserves the right to fund less than the full amount requested. The City also reserves the right to reduce and / or cancel allocations if federal entitlements are cancelled, reduced, or rescinded. |
|  | The City of Rancho Cucamonga reserves the right not to fund any submittals received. |
|  | By submission of this application, the agency agrees to abide by the federal regulations applicable to this project. |
|  | That past programmatic and financial performance will be considered in reviewing this application. |
|  | That services are to be provided only to eligible residents at not cost during the grant period. |
|  | That, if the project is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for project expenditures. |
|  | That, if the project is funded, the City will perform an environmental review prior to the obligation of funds. |
|  | That, if the project is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention and reporting, local and federal requirements, and circumstances that would trigger grant suspensions and terminations. |
|  | That a project’s funding does not guarantee its continuation in subsequent program years. |
|  | That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the City, its employees and agents as additional insured) will be submitted to the City prior to receiving funds. |
|  | That written signature authority from the agency’s governing body indicating who can execute contracts and amendments on its behalf will be submitted to the City prior to receiving funds. |
|  | That the agency agrees to abide by the City of Rancho Cucamonga’s Conflict of Interest Policy. Items of concern would include Board of Directors or staff members families having a monetary interest in any contract made by the City, and other matters that may give the appearance of a conflict of interest. |

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| By signing below, the applicant acknowledges the above. | | |
| **Name:**  Name of POC for Contracts |  | **Title:**  Title of POC for Contracts |
|  |  |  |
| **Signature:** |  | **Date:**  Select Date from Dropdown |