



**CITY OF RANCHO SANTA MARGARITA
2016-2017 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

APPLICATION DUE DATE - 12:00 PM FEBRUARY 5, 2016

Submit 1 original application to:

Mike Linares
City of Rancho Santa Margarita
22112 El Paseo Rancho Santa Margarita CA 92688

**Also submit this Application Form (MS Word format) by the due date/time to:
mlinares@cityofrsm.org**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. To complete the application, *click* on applicable box to insert text or check mark; *Tab* from field to field. Avoid hard returns within text box. Narrative text fields are limited in space so provide concise responses.

PLEASE DO NOT MODIFIED THE APPLICATION FORM

Organization Legal Name: _____

Proposed Program Name: _____

CDBG Amount Requested: \$_____

.....Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A CD-ROM

.....Proposed Program Application or Intake Sheet

.....IRS Tax Exempt Documentation

.....Current Board of Directors Roster

.....Most Recent 990 Tax Filing

.....Most Recent Financial Audit (and A-133 Single Audit if applicable)

Please do not submit testimonials, letters of support, or program literature.

APPLICANT GENERAL INFORMATION

A. Organization Legal Name: _____

B. Mailing Address: _____

C. Proposed Program Name: _____

D. Check the **ONE** category that best describes the proposed program

Youth Senior Disabled Adults Low/Mod General

Homeless Fair Housing Housing

E. Is this application submitted by a faith-based organization? Yes No

F. Is this request for a New or Existing program?

G. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): _____

H. Person to contact regarding this application:

Name: _____ Email Address: _____

Telephone: _____ Fax: _____

I. Federal Tax ID Number: _____ DUNS Number: _____

J. Organization officials that will execute agreement (2 required):

Name: _____ Title: _____

Name: _____ Title: _____

2. COMMUNITY NEED FOR PROGRAM

- A. Summarize the proposed program and the nature/extent of Rancho Santa Margarita's (RSM) need for the program. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, other distinguishing characteristics), and data that supports the unmet need for the proposed program in RSM. _____

- B. Discuss if other organizations provide a similar service to RSM residents and how the proposed program differs or augments these similar services? Explain why you consider this program to be costs effective when compared to similar services provided by another agency. _____

C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program from 7/1/2016 - 6/30/2017:

1. How many unduplicated **individuals regardless of city of residence** will benefit from the proposed activity? _____ Individuals
2. How many of the individuals listed above will be **unduplicated RSM residents**? _____ Individuals
3. Of the RSM residents listed above, how many will be assisted with requested CDBG funds? _____ Individuals

D. From the list below, select one HUD-required “Objective” and one HUD-required “Outcome” that will be addressed by the proposed activity.

HUD Objectives

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

HUD Outcomes

- Availability/Accessibility: Services, infrastructure, housing or shelter will be made available/accessible to Low- & Moderate-Income people, including the disabled.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people including creation/maintenance of affordable housing, basic infrastructure or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community or neighborhoods by making them livable or viable by providing benefits to Low- and Moderate-Income people.

E. Regarding the “Outcome” selected above, describe how success & effectiveness of proposed services will be measured. Include definition of success/effectiveness, tools to measure program success/effectiveness, the % of individuals served that will met the success/effectiveness threshold & how clients will be tracked after they leave the program to measure outcome. If outcome measurements are not in place discuss steps to be taken to implement performance measurements.

3. ORGANIZATION CAPACITY AND EXPERIENCE

A. Summarize your organization’s experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.), and other relevant information. _____

B. Has your agency received CDBG funding from the City of RSM in the past? Yes No

C. Summarize your organization’s experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
		\$	
		\$	
		\$	

D. Are you requesting CDBG funding for this program from any other City or the County?
 Yes No If “Yes,” from whom and how much?

City/County	CDBG Amount Requested
	\$
	\$
	\$

E. Will volunteers, donated good/services, and/or fundraising activities be used to supplement the proposed program? Yes No Summarize these efforts. _____

F. Compliance with OMB Circular A-133 (Single Audit):

1. In any one of the past 3 years, has your agency expended more than \$500,000 in federal funds during a fiscal year? Yes No

2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If “Yes,” provide a copy of most recent Single Audit. If “No” explain why a Single Audit was not prepared. _____

4. PROGRAM INFORMATION AND BUDGET

A. Complete the following budget summary for the proposed program.

- 1. 2016-2017 CDBG Grant Funds Requested: \$ _____
- 2. Total 2016-2017 Program Budget: \$ _____
- 3. Total 2016-2017 Budget for ALL programs offered by your agency: \$ _____

B. Outline how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.). Include information how requested funds will directly benefit RSM residents. Ensure that **Attachment A “Proposed Program Budget”** is reflective of this outline. _____

C. Provide the following information regarding full-time, part-time, contract and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B “CDBG Funded Personnel”** must be completed.)

Full-Time staff: _____ Part-Time staff: _____
Contract staff: _____ Program volunteers: _____

5. CLIENT INTAKE INFORMATION

- A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes No

If “**Yes**,” how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/pay checks:

If “**No**,” how will this information be collected and/or reported to the City? _____

*Note: Income documentation is not required but requested for “**presumed beneficiary**” category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farm workers. Documentation of “presumed beneficiary” status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes No

If “**Yes**,” list the category _____

- C. Submit a copy of the proposed program application/intake form with your original application submission package.

6. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Rancho Santa Margarita (“City”) by the Board of Directors of **{Insert Agency Name}** (“Agency”). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Rancho Santa Margarita residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to this agreement and consistent with applicable federal regulations. If the Agency fails to serve eligible Rancho Santa Margarita residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: _____

Title: _____

Signature

Date

ATTACHMENT A
PROPOSED 2016-2017 PROGRAM BUDGET

BUDGET CATEGORY	CDBG \$	OTHER \$	TOTAL \$
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$	\$	\$

List Source of "Other" Program Funds

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$	

ATTACHMENT B
PROPOSED CDBG FUNDED PERSONNEL
(Only list staff for which CDBG funding is requested)

Not Applicable

AGENCY ADMINISTRATION STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO RSM CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%