Project Name: _____ **Page:** _____

CITY OF CHINO HILLS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
APPLICATION
Submittal Checklist

APPLICATION DEADLINE:
5:00 P.M. on Thursday, January 5, 2017
APPLICATIONS SENT BY FAX OR E-MAIL WILL NOT BE ACCEPTED.
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

☐ Completed and signed application (including Attachment A); and the following mandatory attachments:

- ☐ Copies of both State and Federal tax exemption determination letters;
- ☐ List of organization's board of directors, board members, and titles;
- ☐ Copy of organization's articles of incorporation and bylaws;
- ☐ Copy of organization's conflict of interest policy;
- ☐ Copy of most recent annual audit or current balance sheet;
- ☐ Copy of lease (if CDBG funding request involves the reimbursement of rental expenses to conduct proposed project or make improvements to property not owned by applicant);
- ☐ For donated space: A letter from outside organization detailing terms of donated space to conduct the proposed project, if applicable;

Submit the original and one additional complete copy of the application, including Attachment A. Submissions should be unbound on white paper with the name of the applying organization and the project name printed in the upper right corner of each page. All pages should be sequentially page numbered. Do not include tabs or colored separation sheets. A person or persons very knowledgeable of all aspects of the proposed project should attend the meetings.

Questions may be directed to
Alma Hernandez, Senior Management Analyst
at (909) 364-2717 or ahernandez@chinohills.org

Project Name: _____ **Page:** _____

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APPLICATION DEADLINE:
5:00 P.M. on Thursday, January 5, 2017
APPLICATIONS SENT BY FAX OR E-MAIL WILL NOT BE ACCEPTED.
LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Please type or use a computer-generated form. Handwritten applications will not be accepted.

1) Name of Agency: _____

2) Name/Title of Workshop Attendee: _____

3) Mailing Address where correspondence about this application is to be sent:

Street	City	State	Zip

4) Physical Address where proposed project is conducted (*if different than mailing address*). Add additional lines if there is more than one location:

Street	City	State	Zip

5) Physical Address where project records will be kept for monitoring purposes. Add additional lines if there is more than one location:

Street	City	State	Zip

6) Federal Tax I.D. No.: _____

7) CA Franchise Tax Board I.D. No.: _____

8) DUNS No.: _____

9) Contact Person's Information:

Name/Title	Email Address
Phone Number	Fax Number

10) Authorized Person's Information (*if same as Contact Person, note "same" below*):

Name/Title	Email Address
Phone Number	Fax Number

11) Project Name: _____

12) Briefly describe the proposed project and what goal(s) it is intended to achieve:

_____

13) Performance Outcome Measurements

The three program performance categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). Please check one or more boxes under the following program performance categories that apply to your proposal.

Availability/Accessibility

This category applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low and moderate-income persons, including persons with disabilities.

☐ Enhances the living environment through new/improved availability

☐ Creates decent housing with new/improved availability

☐ Promotes economic opportunity through new/improved availability

Affordability

This category applies to proposals that provide affordability, through various means, to the lives of low and moderate-income persons.

☐ Enhances the living environment through new/improved availability

☐ Creates decent housing with new/improved availability

☐ Promotes economic opportunity through new/improved availability

Promoting Livable or Viable Communities

This category applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low and moderate-income persons or by removing or eliminating slums or blighted areas.

☐ Enhances the living environment through new/improved availability

☐ Creates decent housing with new/improved availability

☐ Promotes economic opportunity through new/improved availability

14) Please provide a brief explanation of how your proposal will address the selected program performance category. Describe the anticipated quantifiable results of your proposal for the selected category.

_____

15) Please check one that best identifies the nature of the Project in Chino Hills[1]:

☐ Start-Up ☐ One-Time ☐ Continuing ☐ Expansion

16) Project/Activity Type: ☐ Public Service ☐ Capital Improvement *(Requires cost estimate)*

17) If "Capital Improvement" is selected, provide the location of the project by census tract and block group number.

Census Tract _____ Block Group _____

NOTE: Most construction projects (other than some residential rehabilitation) will be required to meet HUD labor requirements, including competitive bidding of contracts, HUD approval of contractor prior to contract award, and payment of prevailing wages.

18) Describe the community need(s) or issue(s) the proposed project/activity will address.

_____

[1] Start-Up – New project/program; One-Time – funding request will fulfill a one-time expenditure need; Continuing – funding request is to continue a previously funded project/program; or Expansion – an existing or a previously-funded project/program that is expanded in scope, not just that more people are served.

**Is the purpose of this project activity to*:

Help prevent homelessness?	☐ Yes	☐ No
Help the homeless?	☐ Yes	☐ No
Help those with HIV/AIDS?	☐ Yes	☐ No
Primarily help persons with disabilities?	☐ Yes	☐ No

19) Identify the specific need being addressed by the proposed project in the 2013-2018 City of Chino Hills Consolidated Plan (see Exhibit D, page 12).

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20) Please identify <u>unduplicated</u> (new clients) persons/households:

<u>Check One:</u> ☑ Persons ☐ Households

Total number of persons or households to be served by the proposed project:

a) Of the total number to be served, how many are Chino Hills residents: _____

b) Of the total number to be served, how many are low/moderate-income: _____

21) Was this project previously funded with Chino Hills or other CDBG funds?

☑ Yes ☐ No

If yes, indicate the year(s) in which CDBG funds were received; the granting agency; the amount of funding, and whether the allocation was expended within the program year.

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22) If your organization is a non-profit organization, provide and/or attach the following documentation as applicable:

1. Copies of both State and Federal tax exemption determination letters;
2. List of organization's board of directors, board members, and titles.
3. Copy of organization's articles of incorporation and bylaws;
4. Copy of organizational chart;
5. Copy of organization's Conflict of Interest Policy;
6. Copy of most recent annual audit or current balance sheet;
7. Copy of lease (if CDBG funding request involves reimbursement of rental expenses to conduct proposed project or make improvements to the property not owned by applicant);
8. Letter from outside organization detailing terms of donated space to conduct the proposed project; if applicable.

23) Is your organization considered a faith-based organization?

☐ Yes ☐ No

24) Describe organization's mission and goals.

25) Provide number of years the organization has been in existence; describe number, type, and complexity of programs/services administered; provide number of staff and major kinds of responsibilities; and describe accounting and financial reporting system.

26) Total Funding Request: $

Project Name: _____ **Page:** _____

Public Service Budget

Minimum grant request is $5,000

(A) PERSONNEL/STAFF COSTS: Please complete the following tables

WAGES: Please provide the following information for each member of your program's staff necessary to administer the proposed program for CDBG funding. If applicable, add additional positions needed as the result of any proposed increase in services, and estimate costs accordingly.

POSITION/TITLE	VOLUNTEER (Y/N)	HOURLY RATE	HRS. PER WK.	MONTHS EMPLOYED	TOTAL COST	CDBG SHARE
		$ 0.00			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
		$			$	$
				SUBTOTAL FOR WAGES	$ 0.00	$ 0.00

FRINGE BENEFITS:

TYPE OF COSTS	PERCENT OF SALARY	TOTAL COST	CDBG SHARE
FICA	0.00%	$	$
SUI	0.00%	$	$
OTHER	0.00%	$	$
	SUBTOTAL FOR FRINGE BENEFITS	$ 0.00	$ 0.00

	TOTAL COST	CDBG SHARE
TOTAL PERSONNEL/STAFF COSTS	$ 0.00	$ 0.00

(B) PROPOSED PROGRAM BUDGET OVERVIEW: Include all costs associated with the proposed program

A) COST CATEGORY	B) TOTAL COST	C) CDBG SHARE
SPACE RENTAL	$	$
UTILITIES	$	$
GENERAL LIABILITY INSURANCE	$	$
AUTOMOBILE LIABILITY INSURANCE	$	$
WORKER'S COMPENSATION INSURANCE	$	$
OTHER INSURANCE:	$	$
CONSULTANT SERVICES	$	$
TRAVEL	$	$
SUPPLIES	$	$
EQUIPMENT	$	$
OTHER:	$	$
OTHER:	$	$
OTHER:	$	$
TOTAL SUPPLIES AND SERVICES	**$** 0.00	**$** 0.00

	TOTAL COST	CDBG SHARE
TOTAL PROGRAM COSTS	$ 0.00	$ 0.00

Project Name: _____ **Page:** _____

Capital Improvement Budget

You must submit one or more written cost estimates from a licensed and insured contractor with this application.

Guidance: Please use the following to present your CDBG request for funding.
In column A, list budgeted items for your project/activity.
In Column B, provide the projected amount and calculation for each budgeted item.
In Column C, provide the calculation and projected amount for CDBG request of funds.

A) COST CATEGORY	B) TOTAL COST	C) CDBG SHARE
PERSONNEL EXPENSES	$	$
TOTAL PERSONNEL	$ 0.00	$ 0.00
DELIVERY COSTS		
ACQUISITION	$	$
SITE DEVELOPMENT	$	$
MATERIALS	$	$
PHYSICAL INSPECTIONS	$	$
ARCHITECTURAL ENGINEERING	$	$
REHAB LOAN COSTS	$	$
PERMITS AND FEES	$	$
INSURANCE	$	$
LEGAL FEES	$	$
FINANCING	$	$
APPRAISAL COSTS	**$**	**$**
TOTAL DELIVERY COSTS	$ 0.00	$ 0.00
CONTRACT SERVICES		
	$	$
	$	$
TOTAL CONTRACT SERVICES	$ 0.00	$ 0.00
BUDGET TOTAL	**$** 0.00	**$** 0.00

CITY OF CHINO HILLS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION
Certification

The undersigned hereby certifies that:

1. The information contained in the project proposal is complete and accurate.
2. Application has been duly authorized by the governing body of the applicant to act on its behalf.
3. The agency shall comply with all Federal, State, and City policies and requirements affecting the CDBG program.
4. Sufficient funds are available to complete the project as described, if CDBG funds are approved.

_____
Organization

_____
Project Name

_____
Print Name and Title of Authorized Person

_____ _____
Signature of Authorized Person Date Signed

Project Name: _____ **Page:** _____

CITY OF CHINO HILLS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
APPLICATION
Attachment A

PROGRAM WORK SCHEDULE

The information provided will be used to track project progress through Quarterly Project Progress Reports. The projected goal/outcome should be broken down at least by quarters (see example below), but may be broken down into smaller time frames:

Time Frame	Task/Deliverable	Person Responsible