



**CITY OF CHINO HILLS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
APPLICATION FOR PUBLIC SERVICE FUNDS**

**APPLICATION DEADLINE:**

APPLICATIONS MUST BE RECEIVED NO LATER THAN **4:00 P.M. ON JANUARY 4, 2019** AT THE COMMUNITY SERVICES DEPARTMENT OFFICE. APPLICATIONS SENT BY FAX OR E-MAIL WILL NOT BE ACCEPTED. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

SUBMIT APPLICATIONS TO: CITY OF CHINO HILLS  
COMMUNITY SERVICES DEPARTMENT  
ATTN: ALMA HERNANDEZ  
14000 CITY CENTER DRIVE  
CHINO HILLS, CA 91709

APPLICATIONS ARE AVAILABLE ONLINE [WWW.CHINOHILLS.ORG/CDBG](http://WWW.CHINOHILLS.ORG/CDBG)

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**Section A – General Program Information Summary**

1. Program Title: \_\_\_\_\_

2. Brief Summary of the Program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Amount Requested: \$ \_\_\_\_\_

4. Check the ONE category that best describes the proposed program:

- Child Care
- Youth Services
- Literacy Program
- Recreation Program
- Services for Seniors
- Homeless Services
- Fair Housing Services
- Substance Abuse Services
- Health Services
- Other Public Service (specify) \_\_\_\_\_

5. Location of where services will be provided (i.e., specify if program is citywide, a street address, a school site, etc) \_\_\_\_\_

6. New Project:  Yes  No

If no, please list start date of project with current CDBG funding: \_\_\_\_\_

If yes, please list how this project is currently funded:

\_\_\_\_\_

\_\_\_\_\_

7. Duplicated Project:  Yes  No

If yes, please list how this project will differ from current available projects: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. If you have receive CDBG funding from the City of Chino Hills in past years, complete the table below for most recent years.

Years Funds Received	CDBG Grant Amount	Name of Funded Program

9. If previously funded by the City of Chino Hills, has your agency ever failed to expend all grant funds that were awarded? If yes, please explain.  Yes  No
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10. If previously funded by the City of Chino Hills, has your agency ever failed to meet established contractual accomplishment goals? If yes, please explain.  Yes  No
- 

11. Please check the appropriate box, which corresponds to the objectives established by HUD. Please select only one from the following choices.

- Suitable Living Environment      Activities that benefit communities/families/individuals by addressing issues in their living environment
- Decent Housing      Housing activities that meet individual family or community needs; should not be used for activities where is an element of a larger effort.
- Creating Economic Opportunities      Activities related to economic development, commercial revitalization, and job creation.

12. Please that the proposed project performance measurement outcome that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices.

- Availability / Accessibility      Activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not only refer to physical barriers.
- Affordability      Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare.
- Sustainability      Activities that promote livable or viable communities or neighborhoods by providing services or by reviving slums or blighted areas.

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**Section B – General Applicant Information**

1. Legal Name of Applicant Organization: \_\_\_\_\_

2. Are you a 501(c) organization?  Yes  No  
(All agencies must complete a Board of Directors Affidavit on page 14)

3. Address of Organization:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Mailing Address (if different from above):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Applicant's Authorized Official:

a. Name of Authorized Official: \_\_\_\_\_

b. Authorized Official's Title: \_\_\_\_\_

c. Authorized Official's Email: \_\_\_\_\_

6. Person to Contact Regarding this Application:

a. Name: \_\_\_\_\_

b. Relationship to Agency: \_\_\_\_\_

c. Street: \_\_\_\_\_

d. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Ext. \_\_\_\_\_

e. Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

f. E-mail: \_\_\_\_\_

7. Project Manager (if different than above):

a. Project Manager Name: \_\_\_\_\_

b. E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

8. Organization's Federal Identification Number (Tax ID #): \_\_\_\_\_

9. Agency Organization DUNS Number: \_\_\_\_\_

10. Are you registered with the California Attorney General Registry of Charitable Trusts?  Yes  No

If yes, please provide your Registry of Charitable Trusts Registration Number: \_\_\_\_\_

11. Has the applicant previously carried out services/programs/projects similar in nature to proposed services/program/project?  Yes  No

12. Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management, and staff's experience in working with projects of this type. If the organization's staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying put similar programs and in working in partnership with other agencies and/or consultants.

13. Does the organization have liability coverage?  Yes  No

If Yes, in what amount and with what insurance agency?

Amount: \_\_\_\_\_ Insurer: \_\_\_\_\_

14. Does the organization have fidelity bond coverage for principals on staff who handle the organizations account?  Yes  No

If Yes, in what amount and with what insurance agency?

Amount: \_\_\_\_\_ Insurer: \_\_\_\_\_

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**Section C – Program Description Narratives**

1. Please describe the target population you intend to serve in your program.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need.

3. Describe the proposed project: How will your agency use these grant funds to address the unmet community needs described above? **Please be sure to include what the requested grant funds will be used for specifically.**

4. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program.
- a. Total number of unduplicated clients, regardless of city of residence, that the program will be serviced during the program year: \_\_\_\_\_
  - b. Total number of unduplicated City of Chino Hills clients that the program will service during the grant year: \_\_\_\_\_
  - c. Total number of unduplicated City of Chino Hills clients that will be served with the requested CDBG funds during the grant year: \_\_\_\_\_
  - d. What is the total proposed program budget for the grant year? \_\_\_\_\_
  - e. What percentage of the total program budget will be used to serve unduplicated Chino Hills residents? \_\_\_\_\_

5. Proposed Program Budget

Specific Cost Item/Description	CDBG Amount Requested	Other Funds Source	Other Funds Amount	Total Amount CDBG + Other Sources
Total				

6. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?  Yes  No

If yes, please explain what services can be offered with lower funding.



7. Is there a fee charged or donation suggestion for your services?  Yes  No  
If Yes, attach a copy of the fee schedule, and describe pricing methodology in the space below.

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**Section D – Outcomes**

1. What ***outcome measures*** will your agency utilize during the one-year grant period to determine how well the program proposed in this application is serving the community? Please provide at least three specific measures. *Please note, if awarded funds, agency will be required to report on outcome measures quarterly.*

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**Section E – Beneficiary Information**

1. **Verification of Eligibility:** Please identify the beneficiaries of this proposed project.  
**Select LMA or LMC.**

**Low/Moderate Income Area Benefit (LMA)**

**Number of Persons Served:** \_\_\_\_\_

**Census Tract and Block Group:** \_\_\_\_\_

**Area Population:** \_\_\_\_\_ **LMI Population:** \_\_\_\_\_ **Percent LMI:** \_\_\_\_\_

**Low/Moderate Income Limited Clientele (LMC)** (please attach blank intake form)

**Self-Certification:**  Yes  No  
Clients independently “self-certify” on a membership form, intake form, etc.

**Client Document Review:**  Yes  No  
Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff.

**Presumed Beneficiaries:**  Yes  No  
Place a checkmark in the box that describes the beneficiaries of the proposed service.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Abused Children          | <input type="checkbox"/> Battered Spouses     | <input type="checkbox"/> Elderly Persons   |
| <input type="checkbox"/> Severely Disabled Adults | <input type="checkbox"/> Homeless Persons     | <input type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant Farm Workers |  |

2. **Ethnicity and Race**

a. Does your organization request information on whether your clients are of Hispanic ethnicity?  Yes  No

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races?  Yes  No

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African and White
- American Indian or Alaska Native and Black or African American
- Other (this category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

c. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement:

\_\_\_\_\_

\_\_\_\_\_

**Section F - Financial Information**

1. What is your agency's fiscal year end date? \_\_\_\_\_
2. What fiscal year did this most recent audit include? \_\_\_\_\_  
Please attach a copy of your organizations audited financial statements for the most recent fiscal year.
3. Does your Board of Directors have an audit committee?  Yes  No
4. Are there any outstanding financial audit findings which remain unresolved? If Yes, please explain.  Yes  No

\_\_\_\_\_

\_\_\_\_\_

5. Describe the organization's experience with Federal program funding.

**Federal Grant Experience within past 5 years:**

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount

- a. Has your agency expended more than \$750,000 in federal funds in its last operating year?  Yes  No

**If you answered "Yes" to question a, please answer questions b and c below. If you answered "no" to question a, please proceed to question 6.**

- b. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)?  Yes  No

- c. Are there any outstanding single audit findings which remain unresolved? If Yes, please explain.  Yes  No

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6. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

7. Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month?  Yes  No

8. Does your organization have any outstanding litigation or other legal issues? If yes, please attach written explanation as a separate sheet.  Yes  No

**Section G – Certifications – All Certifications must be executed in BLUE INK**

**Agency Certification**

The undersigned agency hereby certifies that:

- a. The information contained herein and in all attachments is complete and accurate;
- b. The agency shall comply with all federal policies and requirements applicable to the CDBG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities;
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to operate the project as proposed.

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**(Name of Agency)**

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**(Typed Name of Agency Official)**

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**(Title of Agency Official)**

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**(Agency Official Signature)**

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**(Date of Signature)**

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**(Telephone Number of Agency Official)**

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**(Email address of Agency Official)**

**Conflict of Interest**

All applicant Agencies must complete this affidavit listing all the members of the Board of Directors and all other officers. If there are changes in the Board membership after the request is submitted, the City of Chino Hills must be notified in writing.

**In submitting this funding request, I, Designee \_\_\_\_\_  
depose and say that I am \_\_\_\_\_  
[insert title, President, Vice President, etc.] of \_\_\_\_\_**

\_\_\_\_\_ **[insert name and address of Agency].**

The other members and officers of the Board of Directors of this Agency are:  
(Please list names of current Board Members and attach an additional sheet if necessary):

Name:	Title:	Term Expires:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

**DATE:** \_\_\_\_\_

**AT:** \_\_\_\_\_ **(City & State)**

**APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE CORPORATE SEAL:**

I certify and declare under penalty of perjury that the foregoing is true and correct.  
(MAKE NOTE THAT IF AGENCY HAS NO BOARD, PLEASE HAVE DIRECTOR SIGN AND MARK THIS N/A.)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name and Title**

**Conflict of Interest**

Federal law (24 CFR 570.611) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Community Development Block Grant or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

If your agency has a conflict, please fill out A, otherwise, go to B.

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A. Please provide the names of agency's board members that are currently a City Employee, and/or on the City Council this includes prior service for one year: \_\_\_\_\_

I hereby verify the agency understands that City of Chino Hills must request in writing and HUD may grant an exception to the provisions under 24 CFR 570.611(d). The funds requested will not be guaranteed for the proposed project unless HUD grants an exception. The agency could then apply in the next funding cycle.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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B. I hereby certify to the best of my knowledge and belief that no staff member, member of the Board of Director's, nor officer of \_\_\_\_\_ (agency) is currently, nor has been within one year of the date of this application, employed by the City of Chino Hills nor a member of the Chino Hills City Council.

I further attest that no staff member, member of the Board of Director's, nor officer of the applicant agency, is a business partner or immediate family of a City employee or a member of the Chino Hills City Council.

Funds requested will not be used to pay the salaries of any of the applicant agency's staff who is or has been within one year of the date of this application a City employee or a member of the Chino Hills City Council. Nor will the applicant agency award a subcontract to any such individual.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist of Required Documents

Note: This completed checklist must be turned in with application. The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
- Evidence of Insurance – General Liability Certificate with additional insured endorsement**
- Most recent financial audit**
- Program fee schedule, if applicable**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**