



**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
CDBG-CV FUNDING PROPOSAL APPLICATION**

The following information must be completed by each qualified nonprofit organization interested in being considered for CDBG-CV funding. Please type or print clearly. Attach additional sheets or information as necessary. **All information requested must be provided or the application will be considered incomplete and will not be further evaluated for funding consideration. The application must not exceed a total of twenty (20) pages, please reference the Checklist of Required Documents.** (Attachments D and E may also be required depending on the proposed project, but will not count towards the 20 page limit.) **The completed application package, including appropriate attachments, must be submitted prior to 5 P.M. on Monday, November 9, 2020.** Applications may be submitted electronically to Nancy.Melander@calsbadca.gov. Paper copies may be mailed or delivered to the City of Carlsbad, Housing Services, Attn: Nancy Melander, at 1200 Carlsbad Village Drive, Carlsbad 92008. Please note that due to the current COVID-19 emergency, the Housing Services building is closed to the public and paper copies must be delivered by appointment.

Potential applicants who have questions about the CDBG-CV funding should contact Nancy Melander by email at nancy.melander@carlsbadca.gov before 5 p.m., Monday, November 2, 2020. Responses to questions will be posted on the city’s CDBG webpage by Wednesday, November 4, 2020 at <https://www.carlsbadca.gov/services/depts/ns/grants/cdbg.asp>.

In May 2020, the city conducted a Needs Assessment of the community’s highest priorities for addressing the impacts of the COVID-19 crisis. The priorities identified include: 1) making short-term income payments, 2) increasing food security (meal delivering services and food pantries) and 3) providing basic needs. The city encourages applications that address a Needs Assessment priority, but will give preference to applicants that provide short term income payments, in alignment with HUD’s stated objective.

If you’d like to view the needs assessment please visit the city’s website at <https://www.carlsbadca.gov/services/depts/ns/grants/cdbg.asp>.

→**THEME:** Short term income payments

FUNDING APPLICANT

Name of Agency: _____

Address: _____

Federal DUNS Number: _____

PROPOSED PROGRAM/PROJECT

Title of Program/Project: _____

Location of Program/Project: _____

Person completing application: _____ Telephone No.: _____ email: _____

Financial Contact: _____ Telephone No.: _____ email: _____

Program Manager Contact: _____ Telephone No.: _____ email: _____

Executive Director Contact: _____ Telephone No.: _____ email: _____

Requested Funding Amount: \$ _____

Brief Description of Program/Project (Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and objectives of the program/project, **AND how the program/project will prevent, prepare for, or respond to the Coronavirus**):

What Needs Assessment priority does your proposal or activity address? If 'none' please indicate so and why?

Need for the Program and CDBG-CV Funds as it relates to the Coronavirus. Describe the need in our community, how this need is related to the Coronavirus, and why CDBG-CV funds are essential to address this need:

I. ORGANIZATIONAL ABILITY/CAPACITY

- A. This agency is:
- | | |
|--|--|
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> For-profit |
| <input type="checkbox"/> Local public agency | <input type="checkbox"/> State public agency |
| <input type="checkbox"/> Other (Please specify.) _____ | |
- B. What is the purpose/mission of the agency?
- C. How long has this agency been in operation? Please include the date of incorporation?
- D. How long has this agency been providing the proposed program/project?
- E. Please submit an organizational chart for the agency as Attachment B.
- F. Please describe the agency's existing staff positions directly responsible for the proposed program/project and their qualifications and experience in implementing such

a program/project. (Resumes may also be submitted as an optional Attachment C but not in lieu of a complete response.)

G. Please indicate your agency's level of experience with the CDBG program.

CDBG program:

- No or little experience (up to 1 year of using CDBG funds)
- Some experience (2 to 3 years of using CDBG funds)
- Moderate experience (4 to 5 years of using CDBG funds)
- Considerable experience (more than 5 years of using CDBG funds)

H. If you have received federal funds, including CDBG funds, in previous years, have program violation findings ever been made against your agency/organization?

- No Yes

If yes, please explain nature of finding(s) and how finding(s) has been addressed by your organization.

I. Describe the steps that have been completed or must be completed to initiate the project. These may include community support, staffing, securing an appropriate location, marketing, and networking. Describe the program's timeline with dates and times, including the earliest possible start dates, end dates, and milestones as applicable.

II. FINANCIAL CAPACITY/STABILITY

A. Please complete Page 6 itemizing revenues and expenses (sources and amounts) for the proposed program or project in which CDBG-CV funds would be used. Indicate how the requested CDBG-CV funds would relate to the overall proposed budget.

B. Did you receive any of the following sources of funding from the City of Carlsbad within the last two fiscal years (2019-2020 and 2020-2021) for the proposed program/project?

<u>Sources of Funding</u>	<u>No</u>	<u>Yes</u>
CDBG	<input type="checkbox"/>	<input type="checkbox"/>
Community Activities (or other General Fund monies)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please indicate amount and status of previously awarded funds (fully expended, funds remaining, program/project discontinued, etc.).

	<u>Amount Received</u>	<u>Status</u>
CDBG funds		
Community Activities/Other		

C. Did you receive any federal funds, including CDBG-CV funding from other cities?

No Yes (Please list funds below)

<u>Program Source</u>	<u>Amount Received</u>
	\$
	\$
	\$

III. BENEFITS & BENEFICIARIES

A. How accessible or convenient is the proposed program/project to Carlsbad residents? (Please be specific such as direct services to client's home, transportation provided to and from facility, or relation to public transportation.)

B. What is the approximate percentage of your clients that have annual family incomes in each of the following ranges: (Percentages should add to 100%)

_____ % of clients are at 30 percent or below of the area median income
_____ % of clients are between 31 and 50 percent of the area median income
_____ % of clients are between 51 and 80 percent of the area median income
_____ % of clients are above 80 percent of the area median income

C. Please describe how low-and-moderate income persons will benefit from the proposed program/project. Include the need or problem to be addressed in relation to Consolidated Plan housing and community development priorities, as well as the population to be served or the area to be benefited. (Reference Consolidated Plan Priorities)

D. Please indicate the number of clients benefiting from the proposed activity and the percentage that are Carlsbad residents.

Persons of which _____% are Carlsbad residents

E. Does your agency focus its activities on populations with special needs?

No Yes (Please specify)

Please specify which special needs populations. (homeless individuals/families, persons with disabilities, persons with substance abuse problems, veterans, farmworkers and day laborers, seniors, children, etc.)

F. Does your organization charge recipients for the provided services?

No Yes (Please specify) \$ _____

IV. IMPLEMENTATION OF ACTIVITY

A. Please submit a schedule for implementation as Attachment E if this proposal is for construction, rehabilitation, property acquisition, and construction related activities, or a new public/community service program/project. Acquisition of property or construction related projects must also include an Attachment D for plans, scope of work, cost estimates, property listing, or other appropriate documents. **THE AGENCY MUST ENSURE THAT THE ACTIVITY IS TO PREVENT, PREPARE FOR, OR RESPOND TO THE CORONAVIRUS.**

V. DOCUMENTATION

- A. How will the beneficiaries' information be collected and documented?
- B. What documentation will be used to prove the funds are going to the prevention, preparation or response to the Coronavirus?
- C. How will the outcomes be measured, collected, and documented?

VI. PARTNERSHIPS, COLLABORATION, AND OUTREACH

A. Describe how you are collaborating with other agencies such as the County Continuum of Care and other non-profit organizations and/or agencies to form a cohesive approach to the coronavirus. What steps will you take to make sure there is not a duplication of services? How will you reach out to families and businesses in need?

I, the undersigned, do hereby attest that the above information is true and correct to the best of my knowledge.

Signature

Title

Date

NOTE: Applications must include a resolution from your organization's Board of Directors authorizing the person signing above to submit funding applications and to enter into funding agreements if selected.

Information below to be completed by Housing Services Department staff.

Date Received:

Date Reviewed:

Staff Person Completing Review:

National Objective:

Local Objective:

Eligibility Determination:

CDBG-CV PROJECT BUDGET

Organization: _____ **Total organization budget \$** _____

Program/Project name requesting funds: _____

CDBG funds requested: \$ _____ **Total program/project budget: \$** _____

Note: Indicate with an asterisk (*) funds that are volunteer time or in-kind contribution.

- | | | |
|---|-------------------------------------|------------|
| 1. Sources of funding for program/project: | (S)Secured or (A)Anticipated | |
| a. Funding requested from the City | \$ _____ | (S) or (A) |
| b. Other federal funds (if any) | _____ | (S) or (A) |
| c. State or local government funds | _____ | (S) or (A) |
| d. Donations and contributions | _____ | (S) or (A) |
| e. Fees or memberships | _____ | (S) or (A) |
| f. In-kind contributions / Volunteer time | _____ | (S) or (A) |
| g. Other funding _____ | _____ | (S) or (A) |
| h. TOTAL PROJECT FUNDING (project budget) | \$ _____ | (S) or (A) |
|
 | | |
| 2. Uses of CDBG-CV funds requested for the program/project: (1.a.) | | |
| a. Wages and salaries | \$ _____ | |
| b. Personnel benefits | _____ | |
| c. Materials and supplies | _____ | |
| d. Program expenses and evaluation | _____ | |
| e. Rent and utilities | _____ | |
| f. Insurance | _____ | |
| g. Mileage (____@ 58¢/mile) | _____ | |
| h. Incentives and Special Events | _____ | |
| i. Indirect costs | _____ | |
| j. _____ | _____ | |
| k. _____ | _____ | |
| l. TOTAL REQUESTED FUNDING (same as 1.a.) | \$ _____ | |

3. Percentage of project budget represented by CDBG-CV request _____ %

4. If your project will require future funding, please provide information about how the program will be funded.