

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM NOTICE OF FUNDING AVAILABILITY (NOFA)

The City of Carlsbad is announcing the start of the application cycle for the FY 2021-22 Community Development Block Grant Program. The CDBG program is a federally funded program and is administered by the city to provide decent housing, a suitable living environment, and the expansion of economic opportunities principally for lower income persons and households.

The city anticipates receiving \$536,522 in CDBG funds from the U.S. Department of Housing and Urban Development (HUD) for the 2021-2022 program year.

To view the full Notice of Funding Availability for the CDBG programs, please visit: https://www.carlsbadca.gov/services/depts/ns/grants/cdbg.asp.

The completed application package, including appropriate attachments, must be submitted prior to 5 P.M. on Wednesday, March 17, 2021. 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, CA 92008.

Potential applicants who have questions regarding the application should contact Nancy Melander by email at nancy.melander@carlsbadca.gov or by calling 760-331-8322.

The proposed timeline for the grant review process is as follows:

Process and Timeline for Allocation of Funding			
Feb. 24, 2021	Issue NOFA		
March 17, 2021	Applications Due		
Week of March 22, 2021	Application review and recommendation by the CDBG Advisory Committee		
10-day public review/comment May 11, 2021	City Council approval of allocations and FY2021-22 Action Plan		



COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM FY 2021-22 FUNDING PROPOSAL APPLICATION

The following information must be completed by each qualified nonprofit organization interested in being considered for CDBG funding. Please type or print clearly. Attach additional sheets or information as necessary. All information requested <u>must</u> 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 Wednesday, March 17, 2021. 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, CA 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 regarding CDBG funding should contact Nancy Melander by email at nancy.melander@carlsbadca.gov.

→THEME:		
FUNDING APPLICANT Name of Agency:		
A.1.1		
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:

Requ	ested Fu	inding Amount: \$
	-	tion of Program/Project (Describe the work to be performed, including the activities to be or the services to be provided and the goals and objectives of the program/project):
I.	ORG/	ANIZATIONAL ABILITY/CAPACITY
	A.	This agency is: ☐ Nonprofit ☐ For-profit ☐ Local public agency ☐ State public agency ☐ Other (Please specify.)
	В.	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)

ATTACHMENT B

	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 organization	•	re of finding(s)	and ho	w finding(s) has b	een addressed	by your
	project. The location, ma	ese may incluarketing, and i	ude communit networking. D	y suppessoribe	or must be cor port, staffing, se the program's ti dates, end date	curing an appi meline with da	opriate tes and
FINANC	IAL CAPACIT	Y/STABILITY					
	Please complete Page 6 itemizing revenues and expenses (sources and amounts) for the proposed program or project in which CDBG funds would be used. Indicate how the requested CDBG funds would relate to the overall proposed budget.						
	•	•	•		funding from the 121) for the propo	•	
	Sources of F	unding				<u>No</u>	<u>Yes</u>
	CDBG Community	Activities (or o	ther General F	und mo	onies)		
If yes, please indicate amount and status of previously awarded funds (fully expended, funds remaining, program/project discontinued, etc.).					ended, funds		
CDBG	funds	<u>.</u>	Amount Receiv	<u>ed</u>	<u>Status</u>		
Community Activities/Other							
C.	Did you re	ceive any fede	ral funds, inclu	ding CE	BG funding from	other cities?	
	□ No	o			Yes (Please list	funds below)	
	Program S		Amount Receiv	<u>ed</u>			

II.

III. BENEFITS & BENEFICIARIES

Α.	(Please		ices to	sed program/project to Carlsbad residents? client's home, transportation provided to and n.)
В.		s the approximate percentage of following ranges: (Percentages s	-	lients that have annual family incomes in each ld to 100%)
		% of clients are between 31	and 50 p and 80 p	ow of the area median income percent of the area median income percent of the area median income the area median income
C.	progra Plan h	m/project. Include the need or	r probler ment pri	me persons will benefit from the proposed m to be addressed in relation to Consolidated orities, as well as the population to be served idated Plan Priorities)
D.		indicate the number of clie tage that are Carlsbad residents		efiting from the proposed activity and the
	Persons	s of which% are Carlsbac	l residen	ts
E.	Does y	our agency focus its activities or	populat	ions with special needs?
		No		Yes (Please specify)
	disabili			. (homeless individuals/families, persons with lems, veterans, farmworkers and day laborers,
F.	Does y	our organization charge recipier	nts for th	e 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.

Eligibility Determination:

V.	V. DOCUMENTATION			
A. How will the beneficiaries' information be collected and documented?				
	В.	How will the outcomes be measured, collected, and documented?		
VI.	PAR	NERSHIPS, 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 in serving the low inome and most vulnerable populations.		
I, the unders	signed, d	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 Division staff.		
Date Receive	ed:			
Date Review	ved:			
Staff Person	Complet	ing Review:		
National Ob	jective:			
Local Object	ive:			

ATTACHMENT B

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CDBG-CV PROJECT BUDGET

Organization:		Total organization budget \$			
Pro	ogram/Project name requesting funds:				
CD	DBG funds requested: \$	Total program/project	budget: \$		
No	ote: Indicate with an asterisk (*) funds that	are volunteer time or in-kir	nd contribution.		
1.	Sources of funding for program/project:		(S)Secu	ured 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 ti	me		_ (S) or (A)	
	g. Other funding			(S) or (A)	
	h. TOTAL PROJECT FUNDING (project	budget)	\$	_ (S) or (A)	
2.	Uses of CDBG funds requested for the p	rogram/project: (1.a.)			
	a. Wages and salaries		\$	_	
	b. Personnel benefits			_	
	c. Materials and supplies			_	
	d. Program expenses and evaluation			_	
	e. Rent and utilities			<u>-</u>	
	f. Insurance			_	
	g. Mileage (@ 56 cents/mile caler	ndar year 2021)		_	
	h. Incentives and Special Events			<u>-</u>	
	i. Indirect costs			<u>-</u>	
	j			<u>-</u>	
	k			<u>-</u>	
	I. TOTAL REQUESTED FUNDING (sai	me as 1.a.)	\$	_	
3.	Percentage of project budget represente	ed by CDBG request	%	<u> </u>	

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

CITY OF CARLSBAD CDBG FUNDING APPLICATION PACKAGE CHECKLIST OF REQUIRED DOCUMENTS

		-	equired of all CDBG-CV applicants. All applicants must been provided in the past.	t provide all of the documents		
] Во	ard of Directors' resc	plution authorizing submittal of application	(1 Copy)		
			olution designating official(s) authorized its on behalf of organization	(1 Copy)		
-	Note: One resolution both authorizing submittal of applications and entering into agreements may be substituted or the above two documents.)					
] Lis	t of Board of Directo	rs	(1 Copy)		
	☐ Financial Audit Report for the most recently ending Fiscal Year			(1 Copy)		
	☐ Funding proposal application.					
Appli	catio	n form format is to r	emain as it is provided in Request for Proposal package	e.		
	s inc	luded after the first	venty (20) pages total, <u>including</u> attachments A, B, C be 20 pages in an application package will not be distr			
	✓	Attachment A	Executive Summary (required)			
	✓	Attachment B	Organizational chart (required)			
	✓	Attachment C	Resumes of identified key personnel (Optional)			
	✓	Attachment D	Implementation schedule for construction, rehabilitati acquisition, other construction related, or new public/applicable)			
	✓	Attachment E	Acquisition of Property or Construction Related Project plans, scope of work, estimate of costs, listing of proappropriate documentation. (if applicable)			

Please note that the attachment of brochures or other information will **not be accepted** in lieu of completing each question on the Funding Proposal Application. Additionally, any other attachments, such as newspaper articles, not directly related to the application will **not be accepted**.