



# CITY OF PALMDALE

## *Community Development Block Grant Program*

### **Project Application ~ Program Year 2017-2018**

#### **AGENCY INFORMATION**

Name of Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Federal Tax I.D.: \_\_\_\_\_ DUNS: \_\_\_\_\_

Type of Agency:  City  Private Non-Profit  Other (*specify*): \_\_\_\_\_

Registered in Central Contractor Registration (CCR):  \_\_\_\_\_

Name of Program or Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Total Funding Amount Requested for the 2017-2018 CDBG Program Year: \_\_\_\_\_

Brief Description of Program: \_\_\_\_\_

#### **NATIONAL OBJECTIVE**

**Community Development Block Grant projects must meet at least one of the following three (3) National Objectives. Please check the National Objective the proposed project intends to meet:**

- 1 a.  Benefits LOW and MODERATE INCOME persons according to income guidelines (a minimum of 51% of those served with household income verified); or
- 1 b.  Benefits abused children, elderly persons, battered spouses, homeless persons, handicapped persons, illiterate persons or migrant farm works (the activity must be designed so that one of these groups are benefited); or
2.  Address SLUM or BLIGHT in a specific area (the area must be qualified and the activity must assist in eradication of slums or blight); or
3.  Address a particularly URGENT community need for which there is no other form of assistance available (*such as disaster relief*).

## REQUIRED DOCUMENTS

The following documents **MUST** be submitted with the application in order to be considered for funding. Applications that do not include **ALL** of the following items will not be considered for funding. **Attach separate sheets as necessary.**

- DETAILED PROJECT DESCRIPTION**  
Include how the project meets at least one of HUD's National Objectives.  
Describe the steps necessary to set up the project, or if applicable, to continue the project.  
Describe how the project will be implemented and who will be responsible for the implementation.  
List the measurable goals to be accomplished for the 2017-2018 CDBG program year (Quantity to be served/completed).  
Describe how the project meets one of HUD's objectives of providing a suitable living environment, decent housing, or economic opportunity with an outcome of availability/accessibility, affordability, or sustainability. The Project should meet one objective and one outcome.
- DETAILED PROJECT BUDGET**  
Include a detailed budget summary of program to be funded. Include all funding sources.  
Complete the "Personnel Costs" worksheet that is provided.  
Complete the "Total Operating Budget – Expenses" worksheet that is provided.  
Complete the "Total Operating Budget – Revenue" worksheet that is provided.  
Direct Assistance.
- ARTICLES OF INCORPORATION/BYLAWS**  
Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.
- NON-PROFIT DETERMINATION**  
Non-Profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Services and the State Tax Franchise Tax Board.
- LIST OF THE BOARD OF DIRECTORS**  
A list of the current board of directors or other governing body of the agency must be submitted. This list must include names, telephone numbers, addresses, occupation or affiliation of each member and must identify the principal officer of the governing body.
- AUTHORIZATION TO REQUEST FUNDS**  
Documentation must be submitted regarding the governing body's authorization to submit the proposed application. Documentation of this requirement consists of a copy of the minutes of the meeting in which the governing body's resolution, motion, or other official action is recorded.
- FINANCIAL STATEMENT AND MOST RECENT AUDIT**  
The agency must submit the most recently completed audit of their organization along with the financial information already requested in the application.
- CONFLICT OF INTEREST STATEMENT**  
The agency must provide a Conflict of Interest provision, which applies to any person who is an employee, officer, or elected official of the agency.
- LONG-RANGE PLAN**  
Provide evidence that the agency had developed a comprehensive long-range plan for a three to five year period, which establishes goals, measurable objectives, and implementation strategies.
- EVIDENCE OF INSURANCE**  
Submit information to provide evidence of Liability and Worker's Compensation Insurance coverage.

## PERSONNEL COSTS

### Wages

*Please provide the following information for each member of your program's staff.*

POSITION OR TITLE	HOURLY RATE *	HOURS PER WEEK	# MONTHS EMPLOYED	TOTAL COST	CDBG SHARE
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
	\$			\$	\$
<b>TOTAL PERSONNEL COSTS</b>				<b>\$ 0.00</b>	<b>\$ 0.00</b>

\* inclusive of fringe benefits.

## TOTAL OPERATING BUDGET - EXPENSES

*Use Whole Dollars Only*

	A <i>Audited/Most Recently Completed Year*</i> _____ to _____	B <i>Current Operating Year</i> _____ to _____	C <i>Proposed Budget July 1, 2017 to June 30, 2018</i>
<b>PERSONNEL EXPENSES</b>			
Salaries (incl. benefits & taxes)			
Professional & Consultant Fees			
Other Personnel Related Items			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>BUILDING EXPENSES</b>			
Occupancy			
Utilities/Communications			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>SERVICE AND SUPPLIES</b>			
All supplies/equipment costs			
Travel, Transp., and Conference.			
Membership Dues			
Awards and Grants	\$0.00		
Insurance	\$0.00		
Miscellaneous Expenses			
Specific Assistance to Individuals			
Other Expenses-Explain Below			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

## OTHER EXPENSES

Item(s): \_\_\_\_\_ Amount: \_\_\_\_\_ Item(s): \_\_\_\_\_ Amount: \_\_\_\_\_

Item(s): \_\_\_\_\_ Amount: \_\_\_\_\_ Item(s): \_\_\_\_\_ Amount: \_\_\_\_\_

**Explanation of  
Other  
Expenses:**

## TOTAL OPERATING BUDGET - REVENUE

*Use Whole Dollars Only*

	<b>A</b> <i>Audited or Most Recently                      Completed Year*</i> _____ to _____	<b>B</b> <i>Current                      Operating Year</i> _____ to _____	<b>C</b> <i>Proposed Budget                      July 1, 2017 to                      June 30, 2018</i>
<b>PUBLIC SUPPORT</b>			
Contribution			
Foundation & Private Grants			
Fundraising/Special Events			
Legacies & Bequests			
Other Federated Organizations			
United Way			
Miscellaneous Organizations			
Other			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>GOVERNMENT</b>			
Federal			
State			
Local			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>OTHER REVENUE</b>			
Membership Dues			
Program Service Fees			
Investment Income			
Transfer from Other Fund			
All Other Revenue			
<b>SUB-TOTAL</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>
<b>TOTAL REVENUE</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>

**Provide a list of other sources of funds (i.e., CDBG funds from other cities or counties, private sources, United Way, etc.) with amount, source, and date awarded, if applicable.**

Source: \_\_\_\_\_ Date Awarded: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**ORGANIZATIONAL INFORMATION**

*Please check either "YES" or "NO" for the following questions and provide the requested data for the twelve (12) month period ending June 30, 2016.*

**LEGAL REQUIREMENTS FOR NON-PROFIT AGENCIES**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. The agency is incorporated as a non-profit organization and currently has exempt tax status (501)(c)(3) of the IRS Code and 2370(d) of the California Code. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The agency has maintained its California tax-exempt status.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Agency has maintained their Non-Profit Corporation status by filing the appropriate documents:  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Form 990 with the IRS  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Form 199 with the California Franchise Tax Board   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Statement of Domestic Non-Profit Corporation with the Secretary of State of California   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

***The undersigned hereby certifies that:***

- The information contained in this document is complete and accurate;
- The proposed program described in this application meets one of the National Objectives governing the use of Community Development Block Grant (CDBG) funds;
- The applicant shall comply with all Federal and City policies and requirements affecting the CDBG program;
- If the project is a facility, the sponsor shall maintain and operate the facility for it's approved use throughout its economic life; and
- Sufficient funds are available from non-CDBG sources to complete the project, as described, if CDBG funds are not allocated to the applicant.

\_\_\_\_\_  
Name and Title of Authorized Applicant Representative

\_\_\_\_\_  
Signature of Authorized Applicant Representative

\_\_\_\_\_  
Date

Applications must be received no later than: **2:00 pm, Thursday, January 12, 2017 at City of Palmdale, Attn: Sarah Scott, Neighborhood Services, 38250 Sierra Highway, 2<sup>nd</sup> Floor, Palmdale, CA 93550.** Post marked and e-mailed applications will not be accepted.

CDBG Contact Person: **Sarah Scott – Housing Coordinator (661) 267-5126 or [sscott@cityofpalmdale.org](mailto:sscott@cityofpalmdale.org)**

*\*\* Application is available via e-mail in Microsoft Word format, upon request\*\**