



### CDBG Public Service Funding - Fiscal Year 2019/2020 **APPLICATION INSTRUCTIONS**

#### **INTRO**

Thank you for your interest in the City of La Habra CDBG Public Service Funding Process. The Instructions and Application documents for Fiscal Year (FY) 2019/2020 have been modified. Please read the instructions and application carefully. Mark your calendar with all the important dates in this document. Once submitted, your application becomes the property of the City of La Habra.

#### **ABOUT CDBG**

The U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program is a flexible program that provides communities with resources to address a wide range of unique community development needs. The program provides annual grants on a formula basis to entitled cities and counties to develop viable urban communities by providing decent housing and a suitable living environment, and by expending economic opportunities, principally for low- and moderate-income persons.

#### **FUNDING AVAILABLE**

The CDBG Public Service application process for non-profit agencies is a competitive process. The submittal of your agency's application is not a guarantee of a positive funding recommendation by the Community Services Commission. Generally, not all agencies applying for funding are granted an award and not all agencies funded receive the full amount they requested. The total amount of funding projected to be available for public services in FY 2019/2020 is estimated to be \$111,000. This amount is subject to change. Separate and complete applications must be submitted for each program/project proposed by an agency.

#### **COST REIMBURSEMENT AGREEMENT**

Grants are provided through a Cost Reimbursement Sub-recipient Agreement. Reimbursement requests are allowed on a quarterly basis; therefore, organizations must have enough working capital to continue services until a reimbursement request can be processed by the City. Only allowable and allocable CDBG project expenses will be reimbursed. The term of the agreement will be July 1, 2019 through June 30, 2020.

#### **CDBG PUBLIC SERVICE FUNDING PROCESS**

The Community Services Commission is appointed by City Council to advise them on community services issues of importance in the community. One of the roles of the Community Services Commission is to conduct public meetings in order to formulate the initial funding allocation recommendation for public service agencies applying for CDBG Public Service Funding. Final recommendations will be presented to City Council for final approval. Questions regarding the funding process may be referred to Susan Louie, Housing Specialist, (562) 383-4111 or [slouie@lahabracal.gov](mailto:slouie@lahabracal.gov).

#### **CDBG PROGRAM OBJECTIVES**

All CDBG funds must be expended on projects or services that comply with the Primary Objective, while meeting one of the three National Objectives: 1) Benefit low- and moderate-income persons, 2) Address conditions of slum and blight, or 3) Meet particular urgent need(s) (such as a flood, earthquake, etc.)

#### **CITY OF LA HABRA CONSOLIDATED PLAN PRIORITY NEED REQUIREMENT:**

Applications for FY 2019-2020 must meet a FY 2015/16-2019/20 Consolidated Plan priority need. The plan is available to view online at <http://www.lhcm.org/1085/Consolidated-Plan-2015-2020>

## **DATA COLLECTION REQUIRED**

- Number of Households/Persons Served
- Number of Households/Persons Served who are La Habra residents
- Race/Ethnicity of each Household/Person Served
- Income Range of each Household/Person Served (range provided by the City)
- Residency of each Household/Person Served must be verified and certified by your organization

## **APPLICATION DUE DATE**

Completed application packages are due no later than 5:00 p.m. on Wednesday, December 12, 2018. Postmarks will not be accepted. Applications may be mailed or delivered to: City of La Habra, Attn: Housing Division, 110 E. La Habra Blvd. La Habra, CA 90631. **Late or incomplete proposals will not be considered for funding and the City reserves the right to determine the completeness of all proposals. Further, the City Council reserves the right to reject any or all proposals. Funding granted in one fiscal year does not guarantee that an applicant will receive future funding.**

## **ORAL PRESENTATIONS**

All applicants are invited to present an optional **three (3)** minute oral presentation to the Community Services Commission. Oral presentations are scheduled for Wednesday, January 9, 2019 at 6:30 p.m. at the Council Chambers located at 100 E. La Habra Blvd., La Habra. **Presentations will be timed and presenters will be stopped once time has expired so please ensure your presentation is no longer than 3 minutes.**

<b>Anticipated Timeline</b>	
10/15/2018	Applications Available
11/14/2018	Community Services Commission Meeting - Establishment of Priority Needs for 2019-2020 Fiscal Year
12/12/2018	Applications Due
01/9/2019	CDBG Applicant Presentations (Optional)
02/13/2019	Community Services Commission Meeting - Recommendations for Funding
03/15/2019 - 04/15/2019	CDBG Action Plan Public Review Period
04/15/2019	City Council - Approval of Annual Action Plan and Final Funding Recommendations

Meeting dates are subject to change. All meetings will be held at a designated facility in the City. For more information, please contact Susan Louie in the Community Development Department at (562) 383-4111 or [slouie@lahabracalifornia.gov](mailto:slouie@lahabracalifornia.gov).



# City of La Habra

## COMMUNITY DEVELOPMENT

"A Caring Community"

110 E. La Habra Boulevard  
La Habra, CA 90631  
Office: (562) 383-4100

### COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) APPLICATION FOR FUNDING PUBLIC SERVICE PROGRAMS 2019-2020

Submit one (1) original unbound copy of your proposal to the City of La Habra, Attn: Housing Division, 110 E. La Habra Boulevard, La Habra, CA 90631.

Late or incomplete applications will not be accepted. Facsimiles or emails will not be accepted in lieu of original applications.

**APPLICATION DEADLINE: Wednesday, December 12, 2018 at 5:00 p.m.**

#### **Part 1. Agency Background**

Name of Organization: \_\_\_\_\_

Project or Program Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you received funding from City of La Habra in the past? \_\_\_\_\_

If yes, specify Fiscal Year and amount:

FY \_\_\_\_\_ \$ \_\_\_\_\_

FY \_\_\_\_\_ \$ \_\_\_\_\_

FY \_\_\_\_\_ \$ \_\_\_\_\_

Officials authorized to execute contract and expend funds:

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

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

Total Amount of CDBG Funding Request for 2019/2020 Program Year \$ \_\_\_\_\_

CITY USE ONLY    DATE RECEIVED: \_\_\_\_\_ TIME: \_\_\_\_\_ BY: \_\_\_\_\_

Non-Profit Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

Date of IRS non-profit Designation: \_\_\_\_\_

Date of California non-profit Designation: \_\_\_\_\_

Non-profit ID Number: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

**Part II. Project Description**

What is the purpose or mission of the organization?

What types of services does the organization provide?

Does your agency provide services through or in conjunction with any other agencies? If so, how? If not, why not?

**Part III. Goals and Objectives**

Describe the goals you hope to achieve with your program. Specifically, what community needs will these goals address?

Approximately how many clients were served in FY 2017/2018? What are the characteristics of this clientele? If you are requesting funds for only one program among several, which your agency operates, give the data for only the program being proposed.

**Indicate Number of Persons (P)**

		2017/2018 Number of Clients Served	2019/2020 Estimated Number of Clients to be Served
<b>Ethnicity/ Cultural Background</b>	Asian		
	Black/African American		
	White		
	American Indian / Alaskan Native		
	Native Hawaiian / Other Pacific Islander		
	American Indian / Alaskan Native & White		
	Asian & White		
	Black/African American & White		
	Other Multi-Racial		
<b>Total</b>			

**\* HUD requires ethnicity/race information for reporting requirements**

**Income Levels**

Indicate number of persons served in 2017/2018 and the number of persons that you propose/expect to serve in 2019/2020.

	Extremely Low	Very Low Income	Low Income	Other	Total Served
<b>Number of La Habra Residents Served in 2017/2018</b>					
<b>Proposed La Habra Residents to be Served in 2019/2020</b>					

**2018 CDBG - Household Income Limits**

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>Extremely Low Income</b>	\$23,000	\$26,250	\$29,550	\$32,800	\$35,450	\$38,050	\$40,700	\$43,300
<b>Very Low Income</b>	\$38,300	\$43,750	\$49,200	\$54,650	\$59,050	\$63,400	\$67,800	\$72,150
<b>Low Income</b>	\$61,250	\$70,000	\$78,750	\$87,450	\$94,450	\$101,450	\$108,450	\$115,450

**Part IV. Proposed Budget**

Funding amount requested from the City of La Habra \$ \_\_\_\_\_

What will CDBG funds be used for?

Identify other funding sources and amounts:

Identify Sources	Amount of Other Funding
<b>Total</b>	

**Estimated Expenditures**

Categories	From La Habra	From Other Sources
Salaries and Benefits		
Supplies		
Rent		
Communication (Phone, postage, etc. )		
Travel Expenses		
Insurance		
Others (Specify)		
<b>Subtotals:</b>		

(A) Total Estimated Expenditures: \$ \_\_\_\_\_

**Estimated Revenue Sources**

City of La Habra	
Other Cities - Local Funds (Specify)	
County or State (Specify)	
Other Cities - CDBG Funds (Specify)	
Other Federal Programs (Specify)	
Contributions and Fundraising	
Program/Participant Fees	
Others (Specify)	

(B) Total Estimated Income (Should Equal A): \$ \_\_\_\_\_

**Part V. Project Summary**

Briefly describe the proposed project:

\* Need or problem \* Population to be served \* Description and scope of work \* Expected results \* Experience of agency and staff

This narrative should be clear and concise in 1 (one) page or less. Give the number of clients expected to be served and anticipated per unit cost of service. Describe outreach and special efforts to serve **La Habra** residents.

What is your agency's plan to continue moving ahead with this program/project should CDBG funding not/no longer be available to fully or partially fund it?

**Part VI. Certification**

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts.

Name of Authorized Official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_