|  |  |  |
| --- | --- | --- |
| City Logo - Blue - Large | City of Victorville | 14343 Civic Drive  PO Box 5001  Victorville, CA 92393-5001  (760) 243-6312  Fax (760) 269-0044  Fair housing logohcdgrants@ci.victorville.ca.us |
| Development Department  Planning ⬩ Building ⬩ Code Enforcement |
| COMMUNITY PLANNING AnD DEVELOPMENT GRANTS PROGRAM |

**PROGRAM YEAR JULY 1, 2024 THROUGH JUNE 30, 2025**

|  |
| --- |
| **PUBLIC SERVICE PROGRAM** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Organization: |  | Amount requested: | $ |

Application Checklist

Please read this checklist very carefully to ensure your application is complete. A complete application package includes:

|  |  |
| --- | --- |
|  | Completed Application Form |
|  | Articles of Incorporation |
|  | By-laws |
|  | List of Board of Directors including names, titles, terms of office and addresses of all members |
|  | Copy of most recent Audited Financial Statements. If not included, please provide an explanation. |
|  | Copy of most recent Return of Organizations Exempt from Income Tax (Form 990) |
|  | IRS proof of tax exemption determination letter |
|  | Adopted budget for current year |
|  | Printout of SAM.gov Unique Entity ID number |
|  | Copy of Conditional Use Permit (if issued by Planning Department for use at location) |

**Submittal Information:**

1. Be sure to read the Application Instructions and Notice of Funding Availability carefully before filling out an application.
2. City staff will provide technical assistance workshops to aid in the preparation of applications. All parties interested in applying for funding are **required** to attend at least one of the workshops. Please see Notice of Funding Availability or Application Instructions for workshop information.
3. Submit **ONE UNBOUND** copy of thecompleted Application Form for each project along with **ONE** copy of all the required supporting documentation.
4. All pages must be **one-sided** and on 8 ½ x 11 paper. Do not include oversized or undersized pages.
5. The application should not include any extraneous materials, unnecessary packaging, or a letter of transmittal, as they will be discarded.
6. Original hard copy applications must be received via mail, courier, or in person no later than 3:00 p.m. on Friday, January 19, 2024 at the City of Victorville, Planning Department, 14343 Civic Drive, Victorville, CA 92392. Late, emailed or faxed applications will not be considered for funding.
7. For more information or questions contact Liliana Collins, Development Specialist, at   
   (760) 243-6312 or by e-mail at: lcollins@victorvilleca.gov

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit Completed Applications to:**  **City of Victorville**  **Planning Department** Attn: Liliana Collins **14343 Civic Drive**  **Victorville, CA 92392** | |  |  | | --- | --- | | **For City use only** | | | **Received by:** |  | | **Date:** |  | | **Time:** |  | | **Signature:** |  | |

**Application Form**

Please type or print clearly

**PUBLIC SERVICE PROGRAMS** involve the use of CDBG funds to pay the non-construction costs of providing services such as: job training and employment; health care and substance abuse; childcare; recreational services; crime prevention; graffiti removal; services to presumed benefit clientele; and fair housing counseling.

**A. Applicant Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of applicant: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 2. Mailing address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 3. Contact Person: (Name and title): | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 4. Telephone Number: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 5. Email address: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 6. Physical address of location where the program will be conducted: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Legal property owner: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Is the Program/Project located within the City’s CDBG target area? | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No |
| 9. Local zoning restrictions that would affect the program: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 10. Conditional use permit required? | | | | | | | | Yes, please attach a copy | | | | | | | | | | | | | | | | | No | | | | | |
| 10. Organizational structure (Recipients must be incorporated public or private non-profit organizations): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Government or public agency | | | | | | | | Non-profit Corporation | | | | | | | | | | | | | | Other (Specify) | | | | | | | | |
| 11. Tax exemption status (*e.g*., 501(c)(3), 509(a)(1), etc.: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 12. Federal I.D. Number or Social Security Number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 13. City of Victorville Business License Number (required): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 14. Unique Entity ID number from SAM.gov (required): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Program/Project Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Project type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Public Service | | | | | Fair Housing Services | | | | | | | | | Other (specify): | | | | | | | | | | | | | | | | |
| 2. Name of Program/Project: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Program/project description - Please provide a brief description of the program/project the agency will carry out using the CDBG funds awarded. Please include what specifically the CDBG funds will be used for. Explain how this program/project will be/is implemented, administered, and operated. This description is required for the application to be considered complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Describe the problem(s), need(s), issue(s), or service gap(s) to support the need for this program/project in Victorville. Include demographics, statistics, reports, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Describe the population your agency anticipates serving with these funds and how they will benefit from the implementation of this program/project. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Will the services offered by your organization increase or expand as a result of CDBG assistance? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Estimate the total of unduplicated Victorville residents to be served in 2023/2024: | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Estimate the percentage of persons to be served by this program/project that are low and moderate income and explain how this figure was arrived at. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Please list and briefly describe the outcome measures that are crucial to the success of this project. What strategies or objectives will your agency use to track the progress of meeting the outcome(s)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Collaboration – Identify organizations that your agency partners with and describe their relevant capabilities that result in greater service integration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. National objective and Consolidated Plan Priorities** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Check the HUD National Objective that applies to this program. You must check at least one if your program is to be considered eligible for CDBG funding.  This program principally serves low and moderate-income persons; | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This program aids in the prevention or elimination of Slum and Blight, or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This program addresses a recent and urgent community development need (as defined by HUD). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. If your program meets the National Objective of principally serving low and moderate-income persons, please check the box describing how your program meets this objective (select only one). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You receive income verification from each program participant; or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your program serves only a CDBG Target Area (attach CDBG Target Area Map showing area); or | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your program serves only the following clients (select only one): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Elderly persons | | | | | | | | Homeless persons | | | | | | | | | | | | | | | Severely disabled adults | | | | | | |
|  | Illiterate persons | | | | | | | | Abused children | | | | | | | | | | | | | | | Persons living with AIDS/HIV | | | | | | |
|  | Battered spouses | | | | | | | | Migrant farm worker | | | | | | | | | | | | | | | Veterans | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Please choose the Consolidated Plan goal that best describes your program/project. Please see full subcategory list located in the Application Instructions packet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Supportive services for the homeless and at risk homeless | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Human services | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Need to increase economic development and employment opportunities | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Housing programs | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Accessibility and mobility | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Coronavirus (COVID-19) and other infectious disease responses | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Using the table below, check the box that best describes the HUD defined outcome and objective that your proposed program will meet (select only one).   |  |  |  |  | | --- | --- | --- | --- | | **Outcomes→**  **Objectives↓** | **Availability or**  **Accessibility** | **Affordability** | **Sustainability** | | **Suitable Living**  **Environment** |  Enhance suitable living environment through new or improved accessibility | Enhance suitable living environment through new or improved affordability | Enhance suitable living environment through new or improved sustainability | | **Decent Housing** |  Create decent housing with new or improved availability |  Create decent housing with new or improved affordability |  Create decent housing with new or improved sustainability | | **Economic Opportunity** | Provide economic opportunity through  new or improved  accessibility | Provide economic opportunity through  new or improved affordability | Provide economic opportunity through  new or improved sustainability | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. Proposed Program/Project Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide the financial information in the table below for the appropriate program/project. The budget categories listed below are not intended to be exhaustive or suitable for your particular program. A narrative page may be attached to the application to explain each line item that is not self-explanatory, or to explain how the budget figure was arrived at. Costs should be based on the best information available. When preparing this information, consider the following factors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description** | | | | | | | | | | | **Victorville CDBG share** | | | | | | | | | | | | | | | | | **Other source(s)** | | |
| Personnel (Wages & Fringe Benefits) | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Consultant/Contract Services | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Travel (mileage x rate) | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Space Rent | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Mortgage | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Utilities | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Office Equipment | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Supplies | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Insurance | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Audits | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Other (Specify) | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Other (Specify) | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Other (Specify) | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| Total Cost | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | $ | | |
| **Program Total (CDBG + Other Sources)** | | | | | | | | | | | $ | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Identify the amount of CDBG funds requested in this application | | | | | | | | | | | | | | | | | | | $ | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| 2. Has your organization received CDBG funds from the City of Victorville in the past? If so, list the year(s) (up to five years) and the amount(s) and a brief description of the program or project: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year Funded** | | | **Program/project name** | | | | | | | | | | | | | | | | | | | | | | | | **Grant amount** | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | $ | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. In the table below, identify the amount of funds to be provided by other source(s) for this program. The date of commitment for funding from these other sources must be stated below. Please include funding you are applying for from other communities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source** | | | | | | | | | | | | | | | | | | **Date available** | | | | | | | | | | | **Amount** | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | $ | |
| **Total Amount Committed by Other Sources:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. Authorized Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the best of my knowledge, the information provided on this application is true, complete, and accurate and I am authorized to submit this application on behalf of the applicant agency. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Printed: | | | |  | | | | | | Signature: | | | | | | | | | | | | |  | | | | | | | |
| Title | | | |  | | | | | | Date | | | | | | | | | | | | |  | | | | | | | |
| Telephone #: | | | |  | | | | | | Email address: | | | | | | | | | | | | |  | | | | | | | |