

CITY OF CHICO

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) 2018-19 PROGRAM YEAR APPLICATION

**Applications must be received by:
5:00 p.m. on February 2, 2018**

Postmarks will not be considered.
No electronic submissions.

Submit In Person To:

City of Chico, Housing Division
411 Main Street, 2nd Floor
Chico

Mailing Address:

City of Chico
Housing Division
P.O. Box 3420
Chico, CA 95927

Program or Application Inquiries: (530) 879-6304

INFORMATION, APPLICATION SUBMITTAL INSTRUCTIONS AND CHECKLIST

This is a Competitive process. Submission of an application does not guarantee funding.

APPLICANT QUALIFICATIONS

Applicant Organization must be a 501(c)(3) non-profit organization or local program with a fiscal receiver providing direct or indirect social services that meet a national HUD objective to low-moderate income (< 80% AMI) City of Chico residents. Applicant must have organizational capacity to meet CDBG regulatory and reporting requirements, including, but not limited to: income and demographic information from all assisted persons, capacity to assist limited English proficient persons and provide reasonable accommodations.

If funded, applicant will be required to enter into an agreement and provide the required insurance prior to receiving City funding. See the “**Insurance Requirements**” document to review the current City requirements.

AVAILABLE FUNDING

At this time, the federal allocation for FY 18-19 is unknown. For purposes of this application, the FY 17-18 allocation of \$110,355 will be used as an estimate.

Minimum Grant request is \$15,000.

APPLICATION WORKSHOP

Applicants are strongly encouraged to attend an information workshop to be held on **Wednesday, January 10, 2018 at 10 a.m.** in City Council Conference Room 1, 421 Main Street. Additional information will be provided at the workshop.

CDBG PUBLIC SERVICES GOALS

The City’s 2015-2019 HUD Consolidated Plan establishes the following goals for use of CDBG Public Services funds (in order of priority):

1. Transition homeless persons to permanent housing and greater stability, particularly Chronically Homeless individuals.
2. Overcome impediments to Fair Housing through advocacy, education and legal aid.
3. Provide affordable childcare for Low Income families.
4. Help persons with disabilities improve their quality of life and achieve greater economic security.
5. Improve and support the health, well-being and self-sufficiency of Low-Income seniors.

APPLICATION REVIEW

After the close of the application period, City staff will review each submitted application for completeness, threshold eligibility and CDBG Program eligibility. Applications determined to be either incomplete or ineligible for funding will not be considered. Staff will provide a summary of eligible applications, agency capacity, past performance (if applicable) and other issues to the Ad Hoc Citizen Advisory Committee (CAC) for their review and consideration for recommendation to the City Council for funding.

Eligible applications will be evaluated, in part, according to the following general criteria:

1. Goals: How well do the services and program goals align with the CDBG Public Services goals?
2. Impact: How does the proposed program benefit the program clients and the broader community?
3. Effectiveness: How effectively will the program achieve its goals?
4. Efficiency: How efficiently does the program use City CDBG Public Services funding?
5. Capacity: Does the program demonstrate the capacity to achieve its goals?

Agencies will be asked to make a short (3 min) presentation at the CAC meeting tentatively scheduled the first week in March, 2018. The CAC will meet again the following week, in the evening, to make funding recommendations to be incorporated into the Draft HUD Annual Plan to be presented to Council on April 17, 2018. The complete schedule follows:

Date	Activity
December 14, 2017 & January 4, 2018	Notice of Availability of CDBG Public Services Funding Application Published
January 10, 2018	Information meeting for all prospective applicants to describe application and process; 10 a.m., Conference Room 1, 421 Main Street
February 2, 2018	CDBG Public Services Funding Applications Due to City no later than 5 p.m.
February 5 – February 24, 2018	Review of applications by City staff and Citizen's Advisory Committee (CAC)
Early March, 2018 (date TBD) at 3 p.m.	Agencies present at CAC meeting
Early March, 2018 (date TBD)	CAC meeting to consider applications and make funding recommendations
April 13-May 15, 2018	Draft Annual Action Plan available for comment
April 17, 2018	Draft Annual Action Plan considered by City Council, including recommendations of CAC for Public Services funding
May 15, 2018	Final Annual Action Plan considered by City Council, including final decisions for Public Services funding

SUBMIT THE FOLLOWING BY 5:00 P.M. FRIDAY, FEBRUARY 2, 2018:

Application Form (Pages 1 through 14) – Original

Applicants must complete and submit the Application Form (pages 1 through 14). Please complete each question in the area provided. Your responses must clearly and concisely describe and justify each task presented in the proposal. You are responsible for supplying sufficiently detailed information for staff and the Community Development Ad-Hoc Citizen's Advisory Committee (CAC) to fully evaluate the proposal. Be sure to include the signed Conflict of Interest and Application Authorization on page 14.

The Application is a "fillable PDF" which is available online; complete, print and submit original signed application.

DO NOT BIND THE SUBMISSION WITH ANYTHING OTHER THAN A STAPLE OR CLIP.

<p>No hand-written applications will be accepted</p>

Additional Required Attachments – One (1) Copy

- Articles of Incorporation
- Adopted By-Laws
- List of current Board of Directors, including contact information
- Most recent annual Audit and/or current Financial Statement

All completed forms must be received by the Housing Division by 5:00 p.m. February 2, 2018. Electronic submission, applications postmarked after the deadline or late applications **will not** be accepted.

CITY OF CHICO
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PUBLIC SERVICES FUNDING APPLICATION
FISCAL YEAR 2018-19

To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided.

APPLICANT INFORMATION:

Legal Name of Organization: _____

Executive Director/CEO/Department Head: _____

Executive Director/CEO/Department Head Phone #: _____

Application Contact Person/Title: _____

Application Contact Phone # : _____

Address: _____

City/State/Zip: _____

E-Mail: _____ Website: _____

Is the Organization or fiscal receiver a California non-profit corporation? Yes No
(If "no," organization is ineligible)

Does your agency employ 15 or more individuals? Yes No

If yes, name of Section 504 Coordinator: _____

Tax ID # _____ DUNS # _____ *

*Required

For information regarding Federal DUNS numbers go to <http://fedgov.dnb.com/webform>

Name of Program Applying for CDBG Funds:

Is the organization faith based? Yes No

If yes, explain how the funded program will be separate from religious activities/requirements: _____

Is this request for: (check one) On-Going Support New Program

For Staff Use Only: Complete Application received by deadline: Yes No

THRESHOLD: (Note: questions 1-4 must be answered completely in order to determine if your application meets threshold requirements in order to be considered for funding)

1. City CDBG Public Services Funding Request: _____ (no less than minimum of \$15,000)

2. Does the Organization serve primarily low income (less than 80% AMI) or disabled clients?
____ Yes ____ No

3. Will 100% of the CDBG funds be used to serve low income clients or households within the city limits of Chico? ____ Yes ____ No

4. Please select which **one** of the 5 Public Services priorities listed in the City’s Consolidated Plan your Program addresses (select only one primary goal, even if you feel your Program addresses more than one. Programs not addressing one of these goals will not be considered for funding):

____ Transition homeless persons to permanent housing and greater stability, particularly chronically homeless individuals.

____ Overcome impediments to Fair Housing through advocacy, education and legal aid.

____ Provide affordable childcare for low-income families.

____ Help persons with disabilities improve their quality of life and achieve greater economic security.

____ Improve and support the health, well-being and self-sufficiency of low-income seniors

PROGRAM/ACTIVITY:

5. Describe (1) the services (Program) to be provided with requested City CDBG Public Services Funding, and (2) how your Program addresses the City CDBG Public Services priority selected in Question #4 above. Be as specific as possible.

Additional space for item number 5 if needed.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing additional space for item number 5 if needed.

6. Who are the targeted beneficiaries or clients (include eligibility criteria)?

7. Describe proactive outreach efforts or programmatic elements that foster access to your organization's services by under-represented (racial minorities, limited English speakers, disabled-physical or mental impairment) groups in our community.

8. How do you address the needs of limited English proficient speakers?

9. Has the organization had any fair housing/equal opportunity complaints filed within the last year?

Yes No

If yes, what was the outcome?

10. Complete the following chart listing the **primary** activities of your Program, their indicators, outcomes and measurement tools (list no more than 5 activities). **Activities** are specific, definable services; **Outcomes** are the client benefits or changes that result from your services; **Indicators** describe how you see, hear or read the change or benefit (can be quantitative, such as numbers, percentages, ratios or qualitative which describes changes in perception or awareness); **Measurement Tools** are the resources you use to collect the indicator data.

ACTIVITY <i>What the Program does to serve clients</i>	OUTCOME(S) <i>Benefits that result from the activity</i>	INDICATOR(S) <i>Describes to what degree benefit/change has happened</i>	MEASUREMENT TOOLS <i>What you use to gather the outcome data</i>
<i>Example: Financial Literacy Classes</i>	<i>Increased knowledge of how to establish and maintain a monthly household budget, contributing to financial security and self-sufficiency</i>	<i># of exiting families who report they now use a monthly budget to manage expenses and savings</i>	<i>Follow up survey at completion of class and program exit</i>

ACTIVITY <i>What the Program does to serve clients</i>	OUTCOME(S) <i>Benefits that result from the activity</i>	INDICATOR(S) <i>Describes to what degree benefit/change has happened</i>	MEASUREMENT TOOLS <i>What you use to gather the outcome data</i>

11. How will your Program benefit the community indirectly, beyond direct services to clients?

12. Does your Program use an evidence-based or evidence-informed model of services? If so, please describe. If not, what data can you provide which describes the effectiveness of your service model?

13. Describe how you evaluate your Program services and to what extent you consider client feedback and the involvement of the Board of Directors in Program evaluation. Provide an example of the way in which the Program has been modified in response to such feedback and evaluation.

14. How does your Program collaborate with other community agencies to enhance the impact of your services? What are the benefits of this collaboration?

15.A. Will your Program provide housing units? If so, circle “households” at Question 15.B. Otherwise circle “persons”.

15.B.

	Estimated 2017-18 Served	Estimated 2018-19 To Be Served
Total number of Persons / Households		
Total City of Chico Residents / Households		
How many City Residents / Households <u>utilizing CDBG funds</u>		
CDBG Received	\$	
CDBG Requested		\$
Cost per Participant / Household	\$	\$

16. If City funding is not available, how does this change the operation of the Program? Would you seek to fill the gap from other funding sources?

17. Describe your organization's fundraising efforts during the past year (include annual events, specific campaigns and any other relevant information demonstrating community fiscal support).

18. What are the most significant trends and/or changes that are currently affecting your Program's operation and the people you serve? How is your organization responding to these trends/changes?

19. Describe the skills and experience of staff that will work directly on the Program. Who will oversee the Program? How will the Program be managed?

20. Has your organization been audited in the past year by an individual or firm other than the City of Chico? If yes, by whom and what is the date of the most recent financial audit? Has any audit of your organization found discrepancies or problems? If yes, explain.

21. Program Budget Table

Proposed Program Budget 2018-2019

Budget Category	Proposed Program "CDBG" Portion		Other Funds (Non-CDBG)				
	Direct Related Costs	General Admin Costs of Service Provider	Other Federal Funds	State/ Local Funds	Private Funds	Other	Totals
A. Salaries & Wages							
B. Fringe Benefits							
C. Consultant/Contract Services							
TOTAL PERSONNEL BUDGET							
D. Office Rent							
E. Utilities							
F. Telephone							
G. Office Supplies							
H. Equipment							
I. Printing/Duplication							
J. Travel/Conference							
K. Other:							
TOTAL NON-PERSONNEL BUDGET							
TOTAL PROJECT BUDGET							

* Please revise this form and annotate budget items as needed

Split CDBG costs between direct costs associated with implementing the proposed activity and general administration costs used to operate the non-profit.

22. **Total Local-Only** Agency Operations budget—columns for 2017-18 and estimated for 2018-19

ORGANIZATION NAME _____

AGENCY REVENUES

<u>INCOME SOURCES:</u>	FY 2017-18	Estimated FY 2018-19
1. BEGINNING BALANCE (July 1)	_____	_____
2. State/Federal Grants (Specify)	_____	_____
_____	_____	_____
_____	_____	_____
3. City of Chico CDBG Funding	_____	_____
4. Community Donations/Fundraising	_____	_____
5. Fees for Services	_____	_____
6. Other Income Sources:	_____	_____
_____	_____	_____
_____	_____	_____
7. TOTAL INCOME (Add Items 2-6)	_____	_____
8. TOTAL FUNDS AVAILABLE (Item No. 1 plus Item No. 7)	_____	_____

AGENCY EXPENDITURES

	FY 2017-18	Estimated FY 2018-19
<u>TOTAL FUNDS AVAILABLE:</u>	_____	_____
<u>EXPENDITURES:</u>		
1. Salaries/Employee Benefits	_____	_____
2. Expenses:		
Travel Expenses	_____	_____
Office Space Expenses	_____	_____
Consumable Supplies	_____	_____
Equipment Expenses	_____	_____
Utilities Expense	_____	_____
Insurance Expense	_____	_____
3. Other Operating Expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Capital Expenses (show detail on separate sheet and attach)	_____	_____
5. TOTAL EXPENDITURES	_____	_____
ENDING BALANCE (Total Funds Available Minus Total Expenditures)	_____	_____

23. **Total Agency Operations budget**—columns for 2017-18 and estimated for 2018-19 (to be used in addition to Total Local-Only **if** your Agency is part of a larger organization i.e. regional, state-wide, etc.)

ORGANIZATION NAME _____

AGENCY REVENUES

<u>INCOME SOURCES:</u>	FY 2017-18	Estimated FY 2018-19
1. BEGINNING BALANCE (July 1)	_____	_____
2. State/Federal Grants (Specify)	_____	_____
_____	_____	_____
_____	_____	_____
3. City of Chico CDBG Funding	_____	_____
4. Community Donations/Fundraising	_____	_____
5. Fees for Services	_____	_____
6. Other Income Sources:	_____	_____
_____	_____	_____
_____	_____	_____
7. TOTAL INCOME (Add Items 2-6)	_____	_____
8. TOTAL FUNDS AVAILABLE (Item No. 1 plus Item No. 7)	_____	_____

AGENCY EXPENDITURES

	FY 2017-18	Estimated FY 2018-19
<u>TOTAL FUNDS AVAILABLE:</u>	_____	_____
<u>EXPENDITURES:</u>		
1. Salaries/Employee Benefits	_____	_____
2. Expenses:		
Travel Expenses	_____	_____
Office Space Expenses	_____	_____
Consumable Supplies	_____	_____
Equipment Expenses	_____	_____
Utilities Expense	_____	_____
Insurance Expense	_____	_____
3. Other Operating Expenses:	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
4. Capital Expenses (show detail on separate sheet and attach)	_____	_____
5. TOTAL EXPENDITURES	_____	_____
ENDING BALANCE (Total Funds Available Minus Total Expenditures)	_____	_____

CONFLICT OF INTEREST

Federal, State, and City law prohibits employees and public officials of the City of Chico from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicants family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, or (2) a City Council Member.

Checking the **Yes; possible conflict of interest** box does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.

___ No; no conflict of interest.

___ Yes; possible conflict of interest. (Please explain below)

By submitting this application, agency understands it must have organizational capacity to meet CDBG regulatory and reporting requirements, including, but not limited to: collection of income and demographic information from all assisted persons, capacity to assist limited English proficient persons and provide reasonable accommodations.

Authorized Signature:

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant's organization/agency.

NOTE: Programs using a Fiscal Receiver must have signatures by both the program director and a representative authorized to sign on behalf of the Fiscal Receiver.

Name of Non-Profit Representative
Or Fiscal Receiver Representative

Signature
(Fiscal Receiver or Organization Representative)

Date

Name/Signature of Program Director
(If different from above)