

**CITY OF VENTURA
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
2023-2024 APPLICATION FOR FUNDING**

APPLICATION

Organization Name: _____

Project Name: _____

CDBG Funding Requested: \$ _____

Applications must include a completed Application Form and all attachments listed below. Applications submitted without required information will not be considered for funding. All Attachments are required unless otherwise noted.

- **Attachment A. BUDGET PROPOSAL**
- **Attachment B. IMPLEMENTATION SCHEDULE**
- **Attachment C. BOARD OF DIRECTORS AFFIDAVIT**
- **Attachment D. PROJECT-RELATED ACCOMPLISHMENTS**
- **Attachment E. UNIQUE ENTITY IDENTIFIER (UEI)**
- **REPORTING ACKNOWLEDGEMENT**
- **CHARTER OF ARTICLES OF INCORPORATION**
- **ORGANIZATION BY-LAWS**
- **IRS TAX EXEMPT STATEMENT**
- **BUSINESS LICENSE, LOCAL and/or STATE PERMITS**
- **CURRENT AUDITED FINANCIAL STATEMENT**
- **ORGANIZATIONAL STAFF CHART**
- **SECTION 3 PLAN & other requirements for Acquisition, Rehab, and Construction projects**

**APPLICATIONS MUST BE SUBMITTED VIA EMAIL
BY 5 P.M. ON FRIDAY, MARCH 17, 2023**

Email Applications to: rbecerra@cityofventura.ca.gov

Hint: consider tagging your email for a delivery/read receipt

APPLICANT: _____ PROJECT: _____

SCORING CRITERIA

The following criteria will be considered in assessing the viability & impact of the proposed project, and whether recommend funding to the organization or agency. Please consider these when responding to the questions in this application.

Agency Background and Experience

- ❖ Results in previous program years.
- ❖ Financial health demonstrated via Audit, Management Letter and Agency Response.
- ❖ Staff experience.
- ❖ History Accomplishments with previous CDBG grants

Agency/Organization Capacity

- ❖ Administrative structure of Agency.
- ❖ Evidence of adequate fiscal planning and managerial capabilities.
- ❖ Organization roles and responsibilities.

Statement of Need

- ❖ Unmet or priority need to be addressed with proposed program/project.
- ❖ Documentation supporting need/problem.
- ❖ Urgency of need and proposed plans to address it.
- ❖ Target population and target service delivery area - CDBG low-mod target area.

Project Description

- ❖ Summary of activities, beneficiaries, and implementation of program/project
- ❖ Proposed work plan/timeline.

Program Delivery

- ❖ Clear program goals and objectives that are S.M.A.R.T (Specific, Measurable, Attainable, Relative and Time-bound).
- ❖ Responsibilities and qualifications of persons associated with delivery of program/project.
- ❖ Program viability, with federal funding and without federal funding.
- ❖ Community outreach and involvement of neighborhood/beneficiaries in the program/ project.

Leverage

- ❖ Leveraging of funds (financial support through earned income, private and/or governmental support).

Budget

- ❖ Cost Reasonableness
- ❖ Matching funds, sources of other revenue and expenses (categorize).

APPLICANT: _____ PROJECT: _____

1. ORGANIZATION CONTACT INFORMATION

Organization Name _____

Executive Director Name: _____

Mailing Address: _____

E-mail Address: _____

Phone Number: _____

PROJECT LEAD/CONTACT (Day-to-day contact):

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

A. Briefly describe the purpose of the proposed project. Include the organization’s history and experience in providing this service. Responses should be no more than two or three sentences.

- B. Organizational Capacity.** Summarize the organization's background/capacity to carry out the proposed project. The narrative should address the following points:
- a. Has the organization carried out this project previously? If so, how many years?
 - b. What makes the organization a preferred provider of this service?
 - c. Who in the organization will be directly involved in the administration of this project? Specify job tasks and titles of staff involved with the project.

APPLICANT: _____ PROJECT: _____

2. PROPOSED PROJECT FUNDING – SUMMARY INFORMATION

Project Name: _____

Total Cost: \$ _____

CDBG Request: \$ _____

Additional Funding: \$ _____

Describe source(s) of Additional Funding, uses of funds, and whether funds are secured.

Has Applicant received CDBG funding from City of Ventura in the last four program years (for any project)? Yes No

If yes, identify which year(s) and the amount funded:

2022-2023 \$ _____ 2020-2021 \$ _____

2021-2022 \$ _____ 2019-2020 \$ _____

3. CDBG ELIGIBILITY, NATIONAL OBJECTIVE, LOW/ MOD BENEFIT

A. CDBG Eligibility – Activity Category

Public Services (Note: the City receives limited funding for public service projects)

Special Economic Development

Public Facilities/Improvements

Housing Support Activities

Activities by Community Based Development Organizations

Other – please specify

2023-2024 City of Ventura CDBG Application

APPLICANT: _____ PROJECT: _____

B. National Objective and Low/Mod Benefit Compliance: From the following list, choose the “National Objective/Low-Mod Benefit” category that applies to the proposed project

Low/Mod Income*

Job Creation & Retention

Area Benefit**

Limited Clientele

Housing

* People and/or Households

** Will require Census Tract Information

4. PROJECT NARRATIVE

A. **Purpose, Need, Benefits** – Summarize the project in terms of the following:

- Activities to be undertaken
- Beneficiaries
- Benefits to those served by activities
- Specific need to be met
- Project goals and objectives

B. **Additional/ continued CDBG Funding** – If the proposed Project or Program is currently CDBG-funded, describe how 2023-2024 CDBG funding will expand services, increase benefits, serve more beneficiaries, etc.

2023-2024 City of Ventura CDBG Application

APPLICANT: _____ PROJECT: _____

C. Project/Program Timing

Please complete **Attachment B – Timeline and Implementation Schedule**

D. Collaboration – Identify other potential or actual sources of funds for this project. How about: Describe how the organization plans to collaborate with other groups and/or volunteers in carrying out this project.

E. Reporting and Data Collection – HUD requires agencies to gather and report beneficiary data for individuals and households served with CDBG funding. If your project is funded, you will be expected to report beneficiary data, including names, household size, household income, city of residence, residence address, Race & Ethnicity, and female head of household. All personal data will be confidential and secured.

Additional compliance reporting will be required, as provided for in the Agreement between the City and Applicant.

Please indicate that you read and understand the above regarding CDBG funding reporting requirements.

I understand that the subrecipient will collect data and other required information must be reported if this project is funded.

APPLICANT: _____ PROJECT: _____

5. SCOPE OF SERVICES

Project/Program Description – Describe the tasks that the Organization will undertake in carrying out the proposed service/activity/project/program.

TASK	ACTIVITY
Planning & Administration	

Project Outreach	
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Program Delivery	
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6. PERFORMANCE MEASURES

Performance Measures. List major activities and, for each, identify the direct product/service numbers and the direct outcome/benefit.

<u>ACTIVITY</u> What the program does to fulfill its mission	<u>INDICATOR</u> The direct products of program activities (Include service #s)	<u>OUTCOME</u> Benefits that result from the program

ATTACHMENT A-1: PERSONNEL (SALARIES & BENEFITS) BUDGET

Prepare a Personnel (Salaries & Benefits) Budget for the proposed project including ALL PERSONNEL EXPENSES, regardless of funding source to be used for line item. Indicate which line items will be funded by each anticipated Project Funding Source.

If additional space is needed attach the information on a separate sheet, noting this section # as reference.

Salaries: List all positions, and the # of Full-time, Part-time, and/or Contract employees anticipated for each title.	# FT	# PT	# C	ALL FUNDING SOURCES FOR PROJECT (Specify Source)					PROPOSED BUDGET BY LINE ITEM
				Source #1:	Source #2:	Source #3:	Source #4:	Source #5:	
				City CDBG					
A.									
B.									
C.									
D.									
E.									
F.									
Benefits: List each									
Worker's Comp									
Retirement									
Medical/Dental									
Other									
SUBTOTALS									

**ATTACHMENT A-2
BUDGET SUMMARY & BENEFICIARY DATA**

BUDGET SUMMARY

Budget Summary - Use data from Attachment A to complete items "A" & "B" below. Provide separate data for **Ventura CDBG Budget** and **Total Program Budget**.

		VENTURA CDBG BUDGET	TOTAL PROGRAM BUDGET
A.	PERSONNEL BUDGET		
B.	OPERATING BUDGET		
C.	TOTAL BUDGET (A+B=C)		

BENEFICIARY DATA

Beneficiaries – Indicate the anticipated number & type of clients (beneficiaries*) who will benefit from the proposed services. **Note: Beneficiaries funded with Ventura CDBG must be residents of the City of Ventura.**

		VENTURA CDBG BENEFICIARIES	TOTAL PROGRAM BENEFICIARIES
D.	Beneficiaries in the Program		
E.	Cost per Funded Beneficiary (C ÷ D = E)		
F.	Types of Beneficiaries (select category number from list below)		

1. Homeless
2. Elderly Persons
3. Abused Children
4. Battered Spouses
5. Severely Disabled Adults

**ATTACHMENT A-4
STATUS OF PROPOSED FUNDING SOURCES**

List all funding sources indicated in Attachment A, including the amount awarded and/or pending. Indicate whether the funding is public or private.

	FUNDING SOURCE	AWARDED AMOUNT (\$)	PENDING AMOUNT(\$)	TOTAL BY FUNDING SOURCE	PUBLIC (Yes or No)	PRIVATE (Yes or No)
1	City of Ventura CDBG					
2						
3						
4						
5						
6						
7						
8						
	TOTAL FUNDING					

ATTACHMENT B PROJECT IMPLEMENTATION SCHEDULE

ORGANIZATION:

For each Goal or Milestone, indicate which month(s) the activity will occur by marking an "X" in the corresponding month. Include Start and Completion dates/ activities. See example below.

	Performance Goals/ Milestones (Briefly describe anticipated project milestones &/or goals.)	2023						2024					
		July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June
Example:	Start Project: Prepare intake form, draft publicity materials.	X	X										
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
	Anticipated Completion of Project:												

APPLICANT: _____ PROJECT: _____

ATTACHMENT C – BOARD OF DIRECTORS AFFIDAVIT

Board of Directors Affidavit. All applicant Agencies must complete this affidavit listing the members of the Board of Directors and all other officers. This affidavit must accompany the application. If there are changes in the Board membership after the request is submitted, the City of Ventura must be notified in writing.

In submitting this funding request, I (Designee) _____ depose and say that I am _____ of _____
(President, Vice President, Executive Chair, etc.)

(Insert name and address of Agency)

The other members and officers of the Board of Directors of this Agency are: *(List names of Board members and attach an additional sheet, if necessary)*

Name	Title	Term Expires
1.		
2.		
3.		
4.		
5.		

Date: _____ at _____
(City, State)

The appropriate Agency designee must sign and affix the seal.

I certify and declare under penalty of perjury that the foregoing is true and correct.

Print Name

Signature and Title

(Corporate Seal)

APPLICANT: _____ PROJECT: _____

ATTACHMENT D – PROJECT-RELATED ACCOMPLISHMENTS

Past and Projected Accomplishments. Indicate the number of unduplicated Persons (P) and/or Households (H) served or projected to be served by your organization.

NUMBER OF UNDUPLICATED PEOPLE & HOUSEHOLDS SERVED*						
	2020-2021		2021-2022		2022-2023	
	P	H	P	H	P	H
Very-Low Income						
Low-Income						
Moderate-Income						

- Report only Ventura residents/households