

**2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT**

**PUBLIC SERVICE GRANT APPLICATION**

### Application is due 3:00 PM January 31, 2024

### Late Applications will not be accepted

Submit 2 original applications & back up documentation to:

*Amy Sells*

*Jurupa Valley City Hall*

*8930 Limonite Ave., Jurupa Valley CA 92509*

### AND

Email the completed application form to: asells@jurupavalley.org

Check each item included in your application package. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; “Tab” from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature**

**MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name:

Program Name:

CDBG Amount Requested: $

Application

Attachment A: Proposed Budget

Attachment B: CDBG Funded Personnel

Attachment C: City Of Jurupa Valley Campaign Contribution Disclosure Statement (Pursuant to Government Code Section 84308)

IRS Tax Exempt Documentation

Most Recent Financial Audit & 990 Tax Filing

1. **APPLICANT GENERAL INFORMATION**
   1. Organization Legal Name:
   2. Address:
   3. Program Name:
   4. CDBG Amount Requested: $
   5. Check the **ONE** category that best describes the proposed program

|  |  |
| --- | --- |
| Elderly/Frail Elderly Services | Youth Services |
| Physically/Developmentally Disabled Services | Crime Awareness |
| Persons with HIV/AIDS Services | Homeless Services |
| Fair Housing Services | Substance Abuse Services |
| Severe Mental Illness Services | Child Care Services |
| Other Public Service (specify) | Health Services |

* 1. Is this application submitted by a faith-based organization?

Yes  No

* 1. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.):
  2. Person to contact regarding this application & program administration:

Name:       Email Address:

Telephone:       Fax:

* 1. Federal Tax ID Number:       K. DUNS Number:

1. Officials Authorized to Sign Contracts & Expend Funds:

Name:       Title:

Name:       Title:

1. **APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)**

Provide a brief summary of how the proposed program will address a need in Jurupa Valley, your agency’s capacity/experience to carry out the activity & administering CDBG funds, and how CDBG grant funds will be used.

1. **Community Need**

Provide data relevant to the need for the proposed program in Jurupa Valley. Ensure information is specific to the City. Ensure you specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated/demonstrably reduced.

1. **ORGANIZATION CAPACITY & EXPERIENCE** 
   1. State your organization’s experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (include license, academic credentials, etc.) & other relevant information.
   2. Summarize your organization’s experience administering CDBG public service grant funds.
   3. List 3 references for 3 grant fund providers that have funded the proposed program. NA

|  |  |  |  |
| --- | --- | --- | --- |
| **Grant Provider** | **Grant Provider Contact Name**  **Telephone # & email** | **Grant Amount** | **Dates Covered by Grant Funds** |
|  |  | $ |  |
|  |  | $ |  |
|  |  | $ |  |

1. Compliance with 2 CFR Part 200(Single Audit):
2. In any of the past 3 years, has your agency expended more than $750,000 in federal funds during a fiscal year? Yes  No
3. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes  No  If “**Yes**” please provide a copy of most recent Single Audit.
4. **PROGRAM INFORMATION** 
   1. Complete the following budget summary for the proposed program.
      1. 2023-2024 Jurupa Valley CDBG Grant Funds Requested: $
      2. Total 2023-2024 Program Budget: $
      3. Total 2023-2024 Agency Budget: $
   2. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline.
   3. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C “CDBG Funded Personnel”** must be completed).

Full-Time Staff:       Part-Time Staff:

Contract Staff:       Volunteers:

1. What percentage of the organization’s total budget is spent on fundraising & overall administration?      %
2. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:
   1. Total number of unduplicated program clients, **regardless of city of residence,** that will be service by the program between 7/1/2023 & 6/30/2024?       Individuals
   2. Total number of unduplicated **Jurupa Valley clients** that the program will serve by the program between 7/1/2023 & 6/30/2024?       Individuals
   3. What % of the total program budget will be used to serve unduplicated Jurupa Valley residents?      %
3. Is this a new program? Yes  No  If this is **not** a “New” program, how will this program be expanded from current program efforts?
4. **HUD REQUIREMENTS**

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2023 through 6/30/2024:

1. Number of unduplicated Jurupa Valley residentsthe program will serve **with requested CDBG funds**?       Individuals.

What % of these individuals will be of low/moderate income?    %

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for “****presumed beneficiary****” category clients; however, documentation of “presumed beneficiary” status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

1. Does the proposed program application/intake form collect all HUD-required information?

Yes  No  If “**Yes**,” how is this information documented?

a. Self-Certification

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category  List category

If “**No**,” how will this information be collected & reported to the City?

1. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?”    %  Not Applicable

*HUD defines* ***chronically homeless*** *as:*

*(1) An individual who:*

*(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &*

*(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &*

*(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;*

*(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or*

*(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.*

1. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD’s “objectives” & “outcomes.”

**Objective -** Check the box (**only one**) that best applies to the proposed program:

Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.

Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.

Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

# Outcomes - Check the box (only one) that best applies to the proposed program.

Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.

Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).

Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

1. **CODE ENFORCEMENT ACTIONS.** Has your organization, or property owned or leased by your organization, ever been the subject of a code enforcement investigation or action by the City of Jurupa Valley alleging violations of the Jurupa Valley Municipal Code or State law? If so, please provide an explanation of the allegations, the case number of the investigations, the dates of the investigation and the outcome of the investigations.
2. **LEGAL USE** Is the service of your business a legal use within the City/County it resides?
3. **CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Jurupa Valley (“City”) by the Board of Directors of **{Insert Applicant Name}** (“Applicant”). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Jurupa Valley residents. Applicant understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Applicant fails to serve eligible Jurupa Valley residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. Applicant also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name:

Title:

Signature Date

**ATTACHMENT A**

**Proposed 2023-2024 Program Budget**

**Program Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **CDBG** | **Other** | **Total** |
| Agency Administration Staff Salaries & Benefits | $ | $ | $ |
| Program Staff Salaries & Benefits | $ | $ | $ |
| Program Supplies | $ | $ | $ |
| Rent/Lease | $ | $ | $ |
| Communications | $ | $ | $ |
| Utilities | $ | $ | $ |
| Insurance | $ | $ | $ |
| Professional Services  (Specify) | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| Other (Specify) | $ | $ | $ |
| **TOTAL** | **$** | **$** | **$** |

**List Source of “Other” Program Funds to be use to Assist JV Residents**

|  |  |  |
| --- | --- | --- |
| **Source of Other Program Funds** | **Amount of Other Program Funds** | **Funds Secured for FY 23-24 with a Contract?** |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
|  | $ | Yes  No |
| **TOTAL** | **$** |  |

**ATTACHMENT B**

**CDBG Funded Personnel**

**Check Box If** **Not Applicable**

**LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING 2023-2024 CDBG FUNDING**

**Agency Administration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary** | **Annual Benefits** | **Total Compensation** | **CDBG Funds Requested** | **% of Time Position is Dedicated To Jurupa Valley CDBG Activity** |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |

**Proposed Program Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary** | **Annual Benefits** | **Total Compensation** | **CDBG Funds Requested** | **% of Time Position is Dedicated To Jurupa Valley CDBG Activity** |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |

**Proposed Program Contract Staff**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Annual Salary** | **Annual Benefits** | **Total Compensation** | **CDBG Funds Requested** | **% of Time Position is Dedicated To Jurupa Valley CDBG Activity** |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |
|  | $ | $ | $ | $ | % |

**Application Supplemental for Homeless Services**

* + 1. Describe your experience with analyzing and interpreting U.S. Census and other official forms of data related to homelessness.
    2. Describe your organization's experience with developing a homelessness outreach effort to collect new data.
    3. Describe your organization's experience with developing, proposing, and implementing results-oriented solutions to mitigate and serve the homeless population.
    4. Describe your organization's familiarity with social services in the Jurupa Valley, Riverside County, and greater Southern California areas.
    5. Describe your organization's familiarity with the Community Development Block Grant process and other streams of Federal, State, or Local revenue.

**CITY OF JURUPA VALLEY**

**CAMPAIGN CONTRIBUTION DISCLOSURE STATEMENT**

**(Pursuant to Government Code Section 84308)**

**Background**

As of January 1, 2023, Government Code section 84308 (Political Reform Act) requires local elected officials, including city council members, members of the boards of supervisors, and other local elected officials, to recuse themselves from future proceedings involving “parties,” “participants” or their agents who have contributed more than $250 within the past 12 months. A local elected official who has willfully or knowingly accepted, solicited or directed such a contribution is disqualified from a proceeding involving the party, participant or agent’s contract, license, permit, or use entitlement, and must accordingly disclose that fact on the record, unless the violation is properly cured. A local elected official may cure the violation and thus participate in the proceeding if the official returns the prohibited contribution within 30 days from the time the official “knows, or should have known, about the contribution and the proceeding involving a license, permit, or other entitlement for use.” Violations committed whereby a local elected official accepts a prohibited contribution during the proceeding cannot be cured.

The Political Reform Act also requires a party to a proceeding before an agency involving a license, permit, or other use entitlement to “disclose on the record of the proceeding any contribution in an amount of more than two hundred fifty dollars ($250) within the preceding 12 months by the party or the party’s agent.”

The Political Reform Act also encompasses contributions from “participants,” non-parties or their agents who actively support or oppose the agency’s decision and have a financial interest.

The City of Jurupa Valley has developed a program to monitor fundraising activity to avoid potential conflicts and enable the timely curing of violations. The early disclosure of disqualifying campaign contributions by property owners, developers, redevelopers, and other donors will promote transparency and efficiency in local governance.

It is the applicant’s obligation to familiarize itself with the provisions of Government Code Section 84308, as it now exists or may be amended.

This form must be filled out and submitted to the City Clerk by the Applicant: 1) On the date its Application is submitted to the City; and 2) second, on the day prior to the Application being heard before the City Council, Planning Commission, Community Development Advisory Committee, or Public Works Advisory Committee or continued hearings thereof.

**Applicant Disclosure**

1. What contract, license, permit, or use entitlement is being applied for:

Land Use Entitlement(s).

Community Development Block Grant Funding.

Community Services Grant Funding.

Other license or permit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name and address of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Type of business entity of Applicant (ie., individual, individual doing business as, corporation, limited liability company (LLC), limited partnership (LP), general partnership (GP), limited liability partnership (LLP), , or another type of business entity:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name and address of Applicant’s principal, employee, consultant, or other agent responsible for the processing of the Application:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Please explain the professional relationship with the applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Please list the names of any, “participants,” as defined in Government Code Section 84308, with whom the Applicant is associated that made a “contribution” within the previous twelve (12) months of the date this form was signed to individual candidates who serve on the City Council, Planning Commission, Community Development Advisory Commission, or Public Works Advisory Committee or who are alternates thereof or City officers. “Participants,” as defined in Government Code Section 84308, shall include, but not limited to, individuals, corporations, limited liability companies (LLC), limited partnerships (LP), general partnerships (GP), limited liability partnerships (LLP), or another type of business entity, as well as compensated lobbyists or other financially interested individuals either testifying in person before the City Council, Planning Commission, Community Development Advisory Commission, Public Works Advisory Committee or City officer or otherwise acting to influence such bodies. “Contribution” is defined in Government Code Section 84308.

6. Have you, an agent, or a participant, as defined in Government Code Section 84308, made a “contribution(s),” as defined in Government Code Section 84308, in a total amount exceeding $250 on your behalf to members of the City Council, Planning Commission, Community Development Advisory Commission, or Public Works Advisory Committee, alternates thereof, City officers, or any candidate for elective office before which the Application will be heard within the 12 months prior to filing this form? Yes:\_\_\_\_\_. No: \_\_\_\_\_.

A. If yes, please list the name of the person to whom the contribution was made and the date thereof.

**I certify under the penalty of perjury that the foregoing responses are true and correct.**

**DATED: 2024**

**APPLICANT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  
Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:  
Title