



CITY OF WILDOMAR “NON-PROFIT PUBLIC SERVICE” FUNDING APPLICATION

*Application
FY 2019-2020*

**Application Due Date:
Wednesday, May 1, 2019 (5:00 P.M.)**

Submit to Matthew Bassi, Planning Director

**Wildomar City Hall, Planning Department,
23873 Clinton Keith Road, Ste. #201**



City of Wildomar

NON-PROFIT PUBLIC SERVICE FUNDING APPLICATION FOR FISCAL YEAR 2019/20

Application Instructions

The City of Wildomar is inviting eligible non-profit organizations 501(c)(3) to submit proposal applications for one-time City Council funding for the 2019/20 Fiscal Year. This Funding will replace the City's typical CDBG funding for this fiscal year only. Organizations applying for funding must meet one of the standard HUD national objectives. The procedures outlined below must be followed by all non-profit organizations applying for public service funding.

IMPORTANT DATES

APPLICATION DEADLINE

Wednesday, May 1, 2019 by 5:00 p.m.

To be considered for funding, a fully completed application must be submitted to the Planning Department by this date. **Applications received after the deadline will not be accepted.** See "How to Apply" section.

CITY COUNCIL CONSIDERATION

Wednesday, June 26, 2019 (6:30 p.m.)...this is a tentative date.

The City Council meeting to consider these funding applications is tentatively set for a special meeting on June 26, 2019. Please check with the Planning Department 30 days before to verify the actual date.

MINIMUM FUNDING REQUEST AND LEVERAGE FUNDING

Eligible Activities: Applicants seeking funding should refer to the standard HUD Regulations regarding eligible uses. While City Council funding for this fiscal year is not using CDBG funds, the standard CDBG eligible requirements still apply.

Minimum Funding Request: There is no minimum funding request for this one-time funding program, however, the City Council has only allocated \$17,500 to fund non-profit public service originations for FY 2019/20. Actual funding amounts will be determined at the Council's budget meeting *tentatively set for June 26, 2019*.

Leverage Funding: Verification of at least FIVE percent (5%) matching funds must be provided prior to the date of the funding award by the City Council. Funds used to match a previous CDBG grant may not be used to match a subsequent grant award. Applications with zero leveraging will be disqualified. Leverage may include, but are not limited to Federal, state, local, private, donations, in-kind, volunteer hours.

QUALIFYING CRITERIA

Applicants **MUST BE** legally established non-profit entities. This typically means a governmental agency or an entity created under Section 501(c)(3) of the Internal Revenue Code.

- Proposed projects **MUST** meet one of the following federal criteria (24 CFR 507.201) to be eligible:
- The activity predominantly benefits low to moderate-income people (more than 51% of the persons served by the activity).
- The activity eliminates slums or blight.
- The project meets a need having a particular urgency. The condition of urgency must be of recent origin, generally being developed or becoming critical less than 18 months preceding the application for assistance.

In considering application proposals, the City Council will pay particular attention to the amount of benefit received by Wildomar residents. Applicants are strongly encouraged to take special care in identifying and quantifying the program and the number of Wildomar residents who have benefited from the activity in the past, and who would be served by the activity in the next year (See Attachment A).

Selected funding recipients will be required to prepare and submit reports to the City, including quarterly quantifiable performance measures reports, demonstrating the number served and the applicable benefit received.

HOW TO APPLY

1. Complete **Attachment A – City of Wildomar Application and Attachment B (Supplemental Information)** form provided by the City of Wildomar and submit with required attachments to the Planning Department at City Hall, 23873 Clinton Keith Road, Suite #201 by the **deadline date of Wednesday, May 1, 2019 by 5:00 p.m.**

IMPORTANT Reminders:

- All applications must include a detailed index of all attachments to the funding application, and must be individually tabbed and labeled to correspond to the specific section of the application.
 - The application cannot be altered. If additional space is needed to complete a response, continue the answer on an attached sheet, in sequence, and with the section header and numbered responses corresponding with the application.
 - All questions on the application must be answered and documentation requests must be attached. Incomplete applications will not be considered.
2. **Submit two (2) wet signed paper copy originals of the completed application, including attachments, dividers, and labels, etc. (the signed application must also be provided in Pdf format on a CD or flash drive) to:**

Matthew Bassi, Planning Director
23873 Clinton Keith Road, Suite #201
Wildomar, CA 92595

FOR ASSISTANCE

For information regarding the program or eligibility of activities, please call Matthew Bassi, Planning Director, at (951) 677-7751, ext. 213 or email at mbassi@cityofwildomar.org.

ADDITIONAL INFORMATION

City Council funds for this one-time program for Fiscal Year 2019/20 will not be available until after July 1, 2019, and are subject to receipt of authorization to incur costs.

Applicants receiving funding will be required to meet the City insurance requirements, file regular reports to the City of Wildomar regarding their activities, performance measures, and income verification forms for beneficiaries of services funded.

Funding is typically provided on a reimbursement basis for services already rendered and paid for by the non-profit service provider.

The City Council has allocated \$17,500 of funding to be distributed at their discretion. This amount is equal to the typical CDBG public service funds for FY 2019/20 which is equal to no more than 15 percent of the City's total CDBG allotment from the County of Riverside.

Since a great deal of effort is required to put together an application, potential applicants are encouraged to discuss their proposals with the City's CDBG manager in advance to make a preliminary determination on eligibility of the organization and project.

Attachment A

City of Wildomar
Non-Profit Public Service Funding Application
(Fiscal Year 2019/20)

I. GENERAL INFORMATION:

Applying Entity or Agency: _____

Site Location Address: _____

City, State, Zip Code: _____

Telephone Number: _____ Fax: _____

Executive Director Name: _____

Title: _____

Email: _____

What is your organization's mission and vision (Limited to the space below):

How is your program different from other organizations providing the same type of services to Wildomar residents (Limited to the space below):

II. OUTCOMES AND QUANTIFIABLE PERFORMANCE MEASURES SPECIFIC TO WILDOMAR:

NOTE: If your project receives requested funds, the following questions are based on the expected number of **Wildomar** clients to be served.

1. Number of **Wildomar** clients or units of service to be provided using these funds during the term of the 2019/20 fiscal year: _____
2. Length of funded activities or service to **Wildomar clients** (weeks, months, year): _____
3. Unduplicated number of **Wildomar** clients/persons projected to serve (e.g., 25 clients, 50 seniors): _____
4. Units of service (Example: 25 clients x 10 visits = 250 units of service): _____
5. Service will be provided to **Wildomar** (check one or more):
 Men Women Children – Age Range _____
 Men/Women Men/Women/Children Families Seniors
 Severely Disabled Adults Migrant Farm Workers Homeless
6. Number of beds of facility: _____
7. Anticipated number of “new” beds: _____
8. Length of stay (if residential facility): _____
9. If you received CDBG funds in FY 2018/19, how many unduplicated **Wildomar** clients/persons were served by your program from July 1, 2018 through June 30, 2019:

10. If you received CDBG funds in FY 2018/19, please quantify the increase in service that you will be providing in 2019/20 Fiscal Year, and explain why there is a new demand or an unmet need in the community for this service: _____

11. If you did not receive CDBG funds in FY 2018/19, how many unduplicated **Wildomar** clients/persons were served by your program from July 1, 2019 through June 30, 2020:

12. Wildomar Funds Requested (total requested for this project only): \$ _____

13. Provide a detailed description of the proposed use of the CDBG funds only (e.g. client scholarships, purchase of specific piece of equipment, rent, supplies, utilities, salaries, etc.):

Proposed Use of CDBG Funds Only		Amount
	Total	

14. Other leveraging funding:

Leveraging Source of Funds		Amount
	Total	

Attachment B

Please complete the following
supplemental information.

I. **ORGANIZATIONAL HISTORY:** *(This is applicable only if you are a non-profit organization)*

Date Organization founded: _____

Date Organization incorporated as a non-profit organization: *(Non-profits only):* _____

Federal Tax Identification Number: _____

State Identification Number: *(Non-profit agency only)* _____

DUNS Number: _____

Fiscal Year Ends Date: _____

Organization Web Address: _____

Does your Organization expend \$500,000 or more a year in Federal Funds? _____

Number of Paid Staff: _____ Number of Volunteers: _____

Note: Must Attach Current Board of Directors & Articles of Incorporation and By-Laws

Check ONLY the applicable category your application represents.

- Real Property Acquisition
- Public Service
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities Improvements (construction)
- Infrastructure
- Homeless Activities
- Economic Development
- Administration
- Other: (provide description)

II. PROJECT/ACTIVITY/SERVICE NARRATIVE:

A. Name of Project/Activity/Service: _____

B. Provide a detailed description of the proposed use of the CDBG funds ONLY. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity. (Attach additional sheets if necessary)

C. Outcomes and Performance Measures

Number of unduplicated clients or units of service to be served using CDBG funds during the term of the grant (number of jobs created and/or businesses assisted using CDBG funds):

Time-frame CDBG funds will be expended (does not extend to Public Service Activities) (weeks, months, years):

Total number of unduplicated clients/units to be served with ALL funding sources (e.g., 25 clients x 10 visits = 250 units of service):

Number of beds of facility (if residential facility): _____

Anticipated increase in number of beds (if residential facility): _____

Length of stay (if residential facility): _____

D. Provide goals and objectives of the project, service, activity. How will you measure and evaluate the success of the project/service/activity to meet the goals and objectives?

E. Discuss how this project/service/activity directly benefits low- and moderate- income residents.

F. Respond to box (a) & (b) only if this application is for a publicservice project/service/activity.

(a) Is this a NEW service/activity/service provided by your agency?

Yes

No

(b) If service is not new, will the existing project/activity/service level be substantially increased or improved

Yes

No

G. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

H. Attach Estimated Timeline for Project Implementation:

III. PROJECT BENEFIT:

While your proposal is not being funded in Fiscal Year 2019/20 by federal CDBG funds, the City nonetheless is requiring that your proposal meet at least one (1) of three (3) National Objectives of the typical CDBG program. Indicate the category of National Objective to be met by your activity:

CATEGORY 1: Benefit to low-moderate income persons (must be documented). Please choose either subcategory A, B or C.

A. LIMITED CLIENTELE:

The project/activity/service serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low- moderate income persons.

B. CLIENTELE PRESUMED (to be principally low- and moderate-income persons):

The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories and their ethnicity.

The activity will benefit (check one or more)

- Abused children

- Battered spouses

- Elderly persons

- Severely disabled adults

- Homeless persons

- Illiterate adults

- Persons living with AIDS

- Migrant Farm workers

C. Describe your clientele to be served by the project/activity/service.

CATEGORY 2: Area Benefit - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. This determination is based upon 2000 Census data, until further notice. If you need assistance in determining the appropriate census data, please call EDA.

Census Tract and block group numbers:

CT BG CT BG

CT BG CT BG

CT BG CT BG

Enter Total population in Census Tract(s)/Block Group(s): _____

Enter % of low-moderate population in Census Tract(s)/Block Group(s): _____

CATEGORY 3: Prevention or Elimination of Slums and Blight: The proposed project or activity must directly benefit an identified slum and blighted area.

Is the proposed project located in an area with determinable indications of slum and blight?
(Applicant should contact EDA first if proposing to use this National Objective Category)

Yes or No

If yes, attach map of the area with the site highlighted and provide additional documentation of the existence of slum/blight, e.g. photos, news stories, reports, etc.

Provide the Percentage of Deteriorated Buildings/Qualified Properties: _____

Slum/Blight Designation Year: _____

Public Improvement Type and Condition: _____

Describe the Boundaries of the Slum/Blight area(s):

CATEGORY 4: Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons

Proposed Job Creation/Retention:

Total jobs expected to Create: _____

Total jobs expected to Retain: _____

CATEGORY 5: Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income:

Proposed Assistance to Businesses

(Clearance and/or rehabilitation activities; financial assistance to manufacture or expansion.)

New Businesses expected to assist: _____

Existing Businesses expected to assist: _____

Enter Total Businesses Expected to Assist: _____

IV. LEVERAGING:

A. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

B. If commitments are pending, indicate amount requested and attach documentation regarding previous year's funding. (Include: Funding Source, Amount Requested, Date Available, Type of Commitment and Funding):

Funding Source	Amount Requested	Date Available	Type of Commitment	Funding

C. Identify other funding sources (commitments of applications) from other sources to assist in the implementation of this activity.

D. Provide a summary, by line item, of your organization's previous year's Income and Expense Statement (*Attach Summary Income and Expense Statement*).

V. MANAGEMENT CAPACITY:

A. Describe your organization's experience in managing and operating projects or activities funded with CDBG or other Federal funds.

B. Attach a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program. (Include: Source, Activity, Year, Allocation, Amount Expended.)

Source	Activity	Year	Allocation	Amount Expended

C. Management Systems:

Does your organization have written and adopted management systems (i.e. policies and procedures, including personnel, procurement, property management, record keeping, financial management, etc.)?

Yes or No

D. Capacity (*Ability to manage program and grants*):

Please provide a list of the names, phone number, and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project. In addition to the list, provide a detailed organizational chart. (*Attach List and Detailed Organizational Chart*)

E. Should the applying entity be awarded City funds, please identify the primary project objectives and goals using an *Estimated Timeline for Project Implementation* (Include *Objective/Goal, State Date, and Completion Date*):

OBJECTIVE/GOAL	START DATE	COMPLETION DATE

VI. FINANCIAL INFORMATION:

A. Proposed Project/Activity/Service Budget

Complete the following annual program budget to begin July 1, 2019. If your proposed City funded activity will start on a date other than July 1, 2014, please indicate starting date. If these budget line items are not applicable to your activity, please attach an appropriate budget. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the activity for which you are requesting CDBG funding - not for the budget of the entire organization or agency. (EXAMPLE: The Valley Senior Center is requesting funding of a new Senior Nutritional Program. The total cost of the program is \$15,000. A total of \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. Other non-CDBG funding will be used to pay pick-up the remaining costs for the program).

	TOTAL PROJECT/ ACTIVITY/SERVICE BUDGET (<u>Include CDBG Funds</u>)	CDBG FUNDS REQUESTED
I. Personnel		
A. Salaries & Wages	\$ _____	\$ _____
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
SUB-TOTAL:	\$ _____	\$ _____
II. Non-Personnel		
A. Space Costs	\$ _____	\$ _____
B. Rental, Lease or Purchase of Equip.	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Utilities	\$ _____	\$ _____
G. Other Costs	\$ _____	\$ _____
SUB-TOTAL:	\$ _____	\$ _____

III. Other

A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ _____	\$ _____
SUB-TOTAL:	\$ _____	\$ _____

GRAND TOTAL: \$ _____ \$ _____

APPLICATION CERTIFICATION

Undersigned hereby certifies that (check the box after reading each statement, provide the authorized person's name, and sign the document):

- The information contained in the project application is complete and accurate.
- The applicant agrees to comply with all Federal and City policies and requirements imposed on the project funded in full or part.
- The applicant acknowledges that the Federal assistance made available through the City's one-time funding program will not be used to substantially reduce prior levels of local (NON- CDBG) financial support for community development activities.
- The applicant fully understands that any facility built or equipment purchased with these City funds shall be maintained and/or operated for the approved use throughout its economic life.
- If City funds are approved by Council, the applicant acknowledges that sufficient funds are available or will be available to complete the project as described within a reasonable timeframe.
- On behalf of the applying organization, I have obtained authorization to submit this application for City funding. (Documentation Attached = Minute Action and/or written Board Approval signed by the Board President).

Print Name/Title

Authorized Representative: _____

Signature: _____

DATE: _____

Applicant's Check-list:

Please check the box for each required document that is attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

- Slum Blight Documentation
- Articles of Incorporation and Bylaws
- Project Activity Map
- Project Description
- Project Benefit, Category 1, Benefit to low income persons, Documentation
- Project Benefit, Category 2, Area Benefit, Census Tracts/Block Groups
- Project Benefit, Category 3, Slum Blight Prevention, Slum/Blight Documentation
- Income and Expense Statement
- Management Capacity
- Board Written Authorization approving submission of application