



CITY OF HANFORD PUBLIC SERVICES APPLICATION 2020-22 Community Development Block Grant

SECTION A: GENERAL INFORMATION

1. Organization Name:
2. Mailing Address:
3. Contact Person: Title:
 Phone Number: Fax:
 Email Address:
4. Executive Person: Phone:
5. Amount of Funding Requested: \$ Total Project Cost: \$

SAM.gov Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DUNS Number:		
Tax ID Number		
Does your business/organization qualify as a Section 3 business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your business minority and/or woman owned (BWB)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Drug Free Policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fair Housing Polices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procurement Policies	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Equal Opportunity Employer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Include the following documentation one copy (1) with original application:

- Organization’s incorporation as a legally incorporated private non-profit organization with 501 (c) (3) current tax-exempt status
- Articles of Incorporation
- Current adopted by-laws
- Current listing of Board of Directors
- Organizational Chart
- Current audit- any entity that expends \$500,000 or more of federal grants or awards in a year is required to undertake an OMB A-133 audit.
- Last year’s State and Federal Tax Returns (State form 199/Federal form 990)

SECTION B: PROPOSED PROJECT DESCRIPTION

1. Provide a detailed description of the proposed activity, including **HOW** the activity will address community needs.

2. Is this activity new, ongoing, or expanded from previous years?

3. Have you previously received CDBG funding for this specific project/activity from the City of Hanford?
 Yes No
4. Is the proposed activity similar to any other project or program currently serving Hanford residents? If so, please explain how the proposed activity supplements any ongoing activity.

4. Identify who will benefit from the proposed activity (e.g. low- moderate-income persons, homeless, youth, and seniors, disabled).

5. Provide an activity **timeline/schedule** (start/completion dates, and other significant stages).

SECTION C: PROPOSED PROJECT ACCOMPLISHMENTS

1. Please briefly describe the activity's proposed accomplishments. (Accomplishments must be described in terms of households served, people served, businesses created, housing units created, jobs created, or public facilities undertaken.) Indicate the number of unduplicated households and persons to be assisted in total and the number to be assisted with CDBG funds for each year of funding requested. Unduplicated means that each household and person served by the project is counted only once during the program year.

	PY2020		PY2021	
	Hhlds	Persons	Hhlds	Persons
Persons Served:				
1. Total assisted with all funds				
2. Assisted with CDBG funds				

- A. Service Units. Identify and define each service unit(s) to be provided. Examples of service units include: emergency shelter bednights, case management hours, meals, vouchers, medical encounters, etc. Each project must track at least one service unit and the service unit(s) tracked should relate to how CDBG funding will be used in the project (e.g., if general operating costs are supported, bednights may be an appropriate service unit; if only case management staff are supported, case management hours provided may be the most appropriate unit).

For each service unit identified, indicate in the table below the total number of service units to be provided and the number of service units to be provided with CDBG funds for each year of funding requested.



Program Year	Service Unit Type	Total Service Units (all funds)	CDBG Supported Service Units
PY2020	1.		
	2.		
PY2020	1.		
	2.		

PERSONS SERVED, THIS ACTIVITY ONLY

PY2020	Hanford Residents	PY2021	Hanford Residents
TOTAL		TOTAL	
Youth (ages 0-17)		Youth (ages 0-17)	
Adults (ages 18-61)		Adults (ages 18-61)	
Seniors (ages 62+)		Seniors (ages 62+)	
Disabled persons		Disabled persons	

PROJECT COSTS

Estimated Total Cost of Project	CDBG Funding Amount	Total Number of Units	Total Cost per Unit	Total CDBG Cost per Unit

SECTION D: PROJECT ELIGIBILITY SECTION

For the purposes of the section, low-income means persons or households earning less than 80 percent of the area median income. For a one-person household, this is currently \$36,300 per year; for a four-person household, it is \$51,850 per year.

- Which U.S. Department of Housing and Urban Development (HUD) national objective does the project meet:
 - Benefits low-income individuals or households;
 - Addresses the prevention or elimination of slums or blight; and/or
 - Meets a particularly urgent community development need.
- If beneficial to low -income individuals or households, which statement best describes this activity?
 - Area Benefit.** The project meets the identified needs of low-income persons residing in an area where at least 51% of residents are low-income. The benefits of this type of activity are available to all persons in the area regardless of income. Examples: street improvements, neighborhood facilities, or facade improvements in neighborhood commercial districts.
 - Limited Clientele.** The project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are low-income. Examples: construction of a senior



center, public services for the homeless, Meals on Wheels for elderly, construction of job training facilities for the handicapped.

Presumed Benefit: Check category **ONLY** if it predominantly represents your clientele.

- | | | |
|---|--|--|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Homeless persons | <input type="checkbox"/> Migrant farmworkers |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Illiterate adults | <input type="checkbox"/> Abused children |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Persons with AIDS | <input type="checkbox"/> Elderly persons |
| <input type="checkbox"/> Adults meeting Bureau of Census' definition of severely disabled persons | | |

3. Total number of low-income Hanford residents to be served by this project: persons OR households
4. Anticipated percentage of low-income Hanford's residents to be served by this project: %

SECTION E: PERFORMANCE AND OUTCOME MEASURES

HUD requires recipients of federal funds to assess the productivity and impact of their programs. Recipients must be able to quantify the effectiveness of programs and establish clearly defined outcomes. All applicants must demonstrate how they will measure the short-term and long-term success of their activities.

1. Identify the need this program is addressing. What are the proposed goals to reduce the extent of the problem or need?
2. What are the direct outcomes of the program's activities? What are the long- and short-term benefits that result from the program? Describe the methodology for measuring outcomes. (You need to measure at least one outcome.)

SECTION F: ORGANIZATIONAL CAPACITY

1. Provide an overview of your organization, including length of time in existence.
2. Describe your organization's experience, skills, current services, or special accomplishments that demonstrate your capacity for success.
3. Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award.
4. Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

SECTION G: VOLUNTEER AND SERVICE OPPORTUNITIES

1. Does your organization have a need for volunteers, one-time or ongoing? If so, please describe the types of volunteer opportunities available and the commitments required.

SECTION H: FINANCES AND BUDGET



1. Complete the attached Budget Summary. More detailed budgets may be attached and are recommended for grant applications over \$5,000.
2. The City encourages grant funds to be used primarily as gap funding. Identify sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising). Attach copies of funding commitment letters or other evidence of funding support.
3. How much does your organization currently have in total assets? Of that amount, how much is liquid (e.g., cash) assets? Please indicate if any assets are reserved for specific uses.
4. Do you have a plan to become self-supporting within the next five years? If so, please describe the plan.
5. Have you applied for other grant funding? Please list other grants you have applied for, noting the amount and the status (awarded, pending, or not awarded).
6. Projects that receive grant funding are sometimes awarded less than the amount originally requested. Please indicate here whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, please highlight how that would affect the project scope.

SECTION I: BUDGET SUMMARY

PY2020	CDBG Amount Requested	Other Funds Source	Other Fund Amount	Total Amount CDBG + Other Sources
Personnel*				
Contractual services				
Rent and utilities				
Communications				
Travel				
Materials/supplies				
Other (specify):				
Total Funds				
PY2021	CDBG Amount Requested	Other Funds Source	Other Fund Amount	Total Amount CDBG + Other Sources
Personnel*				



Contractual services				
Rent and utilities				
Communications				
Travel				
Materials/supplies				
Other (specify):				
Total Funds				

***Staff/Salary Breakdown**

Please show all staff positions related to the proposed activity regardless of funding source. If multiple staff members have the same position/title, list them separately (for example, Counselor 1/Counselor 2). **You must submit job descriptions with your application for each position title identified below.**

Position Title	Position current or proposed?	Annual Salary	Annual Fringe Benefits	Total Annual Cost	x	% Time Spent on this Project	=	Total Position Cost Requested
Example: Case manager	Current	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	
					x		=	

PROJECT TIMELINE/MILESTONES*

Start Date:		Completion Date:	
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Applicants must provide a schedule for the program that lists major activities and indicates when the activities will be occurring.

Proposed Project Schedule	
Major Program Activity or Project:	July 1, 2020 – June 30, 2021:
Major Activity 1-	
Major Activity 2-	
Major Activity 3-	
Major Activity 4-	
Final Activity & Result-	

Start Date:		Completion Date:	
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Proposed Project Schedule	
Major Program Activity or Project:	July 1, 2021 – June 30, 2022:
Major Activity 1-	
Major Activity 2-	
Major Activity 3-	
Major Activity 4-	
Final Activity & Result-	

Certification

I hereby acknowledge by applying for CDBG funds, this activity may require compliance in the following areas:



- ◆ Utilization of minority and women contractors
- ◆ Labor Standards Provisions (Davis-Bacon Act)
- ◆ Uniform Relocation Act and Section 104(d)
- ◆ Section 3
- ◆ Environmental Regulations
- ◆ Flood Insurance
- ◆ Lead-Based Paint Assessment and/or Remediation or Abatement
- ◆ Debarred, suspended, and ineligible contractors and sub-recipients
- ◆ Handicapped accessibility
- ◆ Title VI of the Civil Rights Act of 1964
- ◆ Title VII of the Civil Rights Act of 1969 - Fair Housing Act – please complete addendum.

I certify that the information contained in this application is true and correct and that it contains no misrepresentations, falsifications, intentional omissions, or concealment of material facts and that the information given is true and complete to the best of my knowledge and belief. I further certify that no contracts have been awarded, funds committed, or construction begun on the proposed program, and that none will be prior to issuance of a Release of Funds by the Program Administrator.

Signature of Authorized Official _____

Name of Authorized Official _____

Title _____

Date _____

Fair Housing/Equal Opportunity:

The City of Hanford does not discriminate against any person or organization because of race, color, religion, sex, national origin, disability, or familial status. The City meets the provisions of the American's with Disabilities Act, especially Title II, and with Section 504 of the Rehabilitation Act of 1973. All persons and organizations with projects or programs which meet the national objectives of the CDBG program will be considered for funding. **WWW.HUD.GOV/FAIRHOUSING**

