

## CITY OF COSTA MESA 2024-2025 COMMUNITY DEVELOPMENT BLOCK GRANT PUBLIC SERVICE GRANT APPLICATION

## \*\*DO NOT MODIFY THE APPLICATION FORM\*\*

# Application is due at 2:00pm, Friday, February 9, 2024 Submit application to: Mikelle Daily, Grant Administrator mikelle.daily@costamesaca.gov Costa Mesa City Hall – 2nd Floor 77 Fair Drive, Costa Mesa, CA 92626 Legal Name of Organization: Program Name: Primary Contact for Application: (Name & Title) CDBG Amount Requested: (\$15,000 min, \$30,000 max) \$ To be considered for funding: a completed electronic application, hard-copy application and USB drive with required documents (refer to application guidelines) must be submitted by the due date and time.

1. Applicant Organization Information	n
Mailing Address:	
Federal Tax I.D. #:	
UEI: (unique entity ID)	
Primary Contact Telephone/Email:	
Organization's Officials Authorized to Exec	ute Contract (two are required):
Name	Title
Name	Title
Faith-based organization:	Yes No

\*\*Eligible public service programs must meet the CDBG national objective of providing benefit to low and moderate-income persons\*\*

2. Applicant Progra	am Information			
Program Name:				
Location where service will be provided:	Citywide: Specific Location(s):			
CDBG Amount Requested:	\$			
Other Funding for this Program:	\$			
Check the <b>one</b> category	that best describ	oes the	proposed program:	
Senior/Frail Elderly Serv	r/Frail Elderly Services (05A) Youth Services (05D)			
Physically/Developmentally Disabled Services (05B)			Health Services (05M)	
Persons with HIV/AIDS Services (03T)			Homeless Services (03T)	
Fair Housing Services (0	Fair Housing Services (05J or 21A)		Substance Abuse Services (050)	
Legal Services (05C)	Child Care Services (05L)			
Other Public Services (s	Other Public Services (specify):			
Does the proposed program serve Veterans?  Yes  No			No	
If yes, what is the total % of Veteran clients served by the program?				
Brief Program Summary:				
	pplies, rent, utilities,	etc. If d	Specify if funds will be used for staff irect client services will be funded, spe	cify the

3. Community Need:
Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is
specific to Costa Mesa. Specifically address how the proposed program will impact the identified
community need and how a service gap will be eliminated or demonstrably reduced. Describe the
characteristics of the targeted client population that will benefit from the proposed program, including
information such as age, income level, target area and other unique characteristics as applicable.
4 Organization Canacity 9 Experience
4. Organization Capacity & Experience:
State your organization's experience in carrying out the proposed program including information about
State your organization's experience in carrying out the proposed program including information about the length of time the organization has provided the proposed service(s), partnerships & collaborations
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Costa Mesa in past y	` `	DBG-CV) funding from the Ci elow for most recent years to	ty of
		CDBG public service grant fu	ınds.
YEAR FUNDS RECEIVE		NAME OF FUNDED PROG	
If province of the dod b	v Coata Masa CDDC haa	vous against availad to avail	المام مع
	y Costa Mesa CDBG, has If yes, explain reasons:	your agency ever failed to ex	•
		Yes	No
If provide uply funded b	0 1 14 0000		
	· ·	your agency ever failed to me	eet
	y Costa Mesa CDBG, has shment goals? If yes, expla	in reasons:	
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	· ·	in reasons:	
contractual accomplis	shment goals? If yes, expla	in reasons:	No
If your agency has no list 3 references for the	shment goals? If yes, explant treceived CDBG funding for proposed program in the	rom Costa Mesa in the last 2	No
If your agency has no	shment goals? If yes, expla	rom Costa Mesa in the last 2 table below:	No
If your agency has no list 3 references for the	ot received CDBG funding for proposed program in the Grant Provider Contact	rom Costa Mesa in the last 2 table below:	No years,
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			eived CDBG funds fro , amounts of CDBG re	
Program Name	Pr	rogram Year(s)	CDBG Grant Amount	Funding Agency
			,	
5. Budget Level	rag	ing:		
Are you requesting fu	und	ing for this program	n for FY 2024-2025 fro lation, etc? If yes, from	
Grant Amount		Name of Agency	& Funding (e.g., ESG)	)
Describe the use of cand describe how yo			rvices. Estimate the vants.	alue of these services

6. Proposed Program Budget:	
2024-2025 Costa Mesa CDBG Grant Funds Requested:	\$
Total 2024-2025 Program Budget:	\$
Total 2024-2025 Agency Budget:	\$
Percentage of Agency's total budget spent on fundraising and overall administration?	%
7. Proposed Program Goals:	
Total number of <b>unduplicated clients, regardless of city</b> that will receive services by the program between 7/1/24-	
Total number of <b>unduplicated Costa Mesa clients</b> that v services by the program between 7/1/24-6/30/25?	vill receive
Percentage of low-income unduplicated Costa Mesa cliebelow 80% of the County's median income)?	ents (at or

### 8. HUD Requirements:

Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity and income of assisted households. Income documentation is not required for programs that exclusively serve a "presumed benefit" population; 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.

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

Yes

No

How is income information documented?

- Self-Certification (HUD requires full income documentation for up to 20% of program beneficiaries)
- b. Analysis of household income documents such as tax returns/paychecks
- c. Program serves presumed beneficiary category

A copy of the current or proposed program application/intake form must be submitted with the application

Is funding request for a New or Existing program? If for existing program, how will this
program be "expanded" from current program efforts?

Compliance with OMB Circular A-133 (Single Audit):		
In any of the past 3 years, has our agency expended more than \$750,000 in federal funds during a fiscal year?	Yes	No
During this year(s), did your agency prepare a Single Audit in compliance with OMB Circular A-133?	Yes	No
If yes, please provide a copy of the most recent Single Audit. If r why a Single Audit was not prepared:	no, please explai	n

All CDBG-funded activities must meet a HUD Objective and Outcome.			
Objectives: Select one HUD objective that best applies to the proposed program:			
Suitable Living Environment – The activity is designed to benefit community, families, or individuals by addressing issues in their living environment.			
<u>Decent Housing</u> – The activity is designed to cover a wide range of housing opportunities that meet an individual family or community need.			
<u>Creating Economic Opportunities</u> – The activity will generate economic development, commercial revitalization, or job creation.			
Outcomes: Select one HUD outcome that best applies to the proposed program:			
<u>Availability/Accessibility</u> – The activity makes services, infrastructure, housing or shelter available/accessible to low and moderate-income persons, including individuals with disabilities.			
<u>Affordability</u> – The activity provides affordability in a variety of ways for low and moderate-income persons, including creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.			
Sustainability (promoting livable & viable communities) — The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low and moderate-income persons, or by removing/eliminating slums/blighted areas.			

9. Proposed 2024-2025 Program Budget:		
Program Name:		

Budget Category	CDBG	Other	Total
Administration Staff Salaries & Benefits			
Program Staff Salaries & Benefits			
Program Supplies			
Rent/Lease			
Communications			
Utilities			
Insurance			
Professional Svcs			
Other (Specify)			
Other (Specify)			
Other (Specify)			
TOTAL			

List Source of "Other" Program Funds to be used to assist Costa Mesa Residents				
Source of Other Program Funds	Amount of Other Program	Funds Secured for FY 24-25		
	Funds	with a contract?		
TOTAL				

# CDBG Funded Personnel

**Check Box if Not Applicable.** 

List only positions for which you are requesting CDBG funding						
Proposed Administration Staff						
Position Title	Annual Salary	Annual Benefits	Total Compensation	CDBG funds Requested	% of time position is dedicated to Costa Mesa CDBG activity	
Proposed Prog	ram Staff					
Position Title	Annual Salary	Annual Benefits	Total Compensation	CDBG funds Requested	% of time position is dedicated to Costa Mesa CDBG activity	

10. <u>Certification</u>				
I hereby certify that I am authorized to submit this application for CDBG public service				
grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of				
("Agency"). If grant funds are granted, funds will be				
used solely to benefit low- and moderate-income Costa Mesa residents. Agency				
understands that general liability insurance, 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 Agency. Agency 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 Agency fails to serve eligible Costa Mesa				
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), Agency may be required to repay all or a portion of funds already disbursed				
to the Agency by the city and/or forego receipt of additional grant funds. Agency 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:				