

City of Pico Rivera
Community Development Block Grant
Fiscal Year 2019/2020

PUBLIC SERVICE APPLICATION

DEADLINE

The Deadline for returning completed applications is 5:00pm, Friday, March 8, 2019. Postmarks and late applications will not be accepted. All application must be returned to

Community & Economic Development Department
Attn: Julia Gonzalez, Deputy Director
6615 Passons Boulevard
Pico Rivera, CA 90660

REQUIRED REVIEW

Prior to submitting a proposal, it is required that you review "Playing by the Rules: A Handbook for CDBG Sub-recipients on Administrative Systems". Please pay special attention to chapters two and five. The handbook can be located at the following link: <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>

REQUIRED DOCUMENTS

Please submit the following information along with your completed application by the abovementioned deadline.

- Completed and Signed Application – Parts I-VI
- Articles of Incorporation
- Non-Profit Determination – 501(c)3 IRS Letter (if applicable)
- List of Board of Directors
- Organizational Chart
- Most Recent Audited Financials
- Resumes of Key Administrators
- Job Descriptions for Personnel/Positions Listed in Application
- Most Recent Certificates of Insurances.

CONTACT

If you have any questions regarding the City of Pico Rivera's CDBG Program, please contact:

Contact	Julia Gonzalez, Deputy Director
Phone	(562) 801-4447
Email	juliagonzalez@pico-rivera.org

I. APPLICANT AND PROJECT/ACTIVITY INFORMATION

Legal Name of Organization/Agency	
Program/Activity Title	
Physical Address	
City, State, ZIP	

Type of Organization	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Government	<input type="checkbox"/> For-Profit
Tax ID			
DUNS Number			
Name of Workers' Compensation Insurance (Government exempt)			
Coverage Amount (\$)			
Expiration Date			
Name of General Liability and Property Damage Insurance (Government exempt)			
Coverage Amount (\$)			
Expiration Date			

Name of Applicant Contact	
Title	
Mailing Address	
City, State, ZIP	
Email	
Phone	
Fax	

Amount of CDBG Funds Requested (\$)		
Approximate Total Number of Unduplicated Beneficiaries (Persons or Households) to be Served		
Type of Beneficiary	<input type="checkbox"/> Persons	<input type="checkbox"/> Households
Groups that the Program/Activity will Serve (Check all that apply)	<input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Disabled Persons <input type="checkbox"/> Battered Spouses	<input type="checkbox"/> Abused/Neglected Children <input type="checkbox"/> Households <input type="checkbox"/> Community <input type="checkbox"/> Housing Units <input type="checkbox"/> Public Facilities <input type="checkbox"/> Businesses

II. CDBG ELIGIBILITY

<p>CDBG Eligible Activity Categories Please choose the CDBG Eligible Activity Category for your proposed project.</p>	<p><input type="checkbox"/> Public Service. Improves community public services and facilities, including but not limited to those concerned with employment, fair housing and homeownership, homelessness, crime prevention, child care, health, drug abuse, education or recreational needs.</p> <p><input type="checkbox"/> Public Facilities/Improvements</p> <p><input type="checkbox"/> Housing/Special Activities by Subrecipients</p> <p><input type="checkbox"/> Economic Development</p> <p><input type="checkbox"/> Acquisition and/or rehabilitation of real property</p> <p><input type="checkbox"/> Other. Click to specify</p>
<p>CDBG National Objective Compliance Your proposed project/activity must meet at least one of HUD's CDBG National Objectives. Please check all that apply to your proposal.</p>	<p><input type="checkbox"/> Benefits Low and Moderate Income (LMI) Individuals/Households.</p> <p><input type="checkbox"/> Addresses the prevention or elimination of slums or blight.</p>
<p>Meetings National Objectives Check all statements that describe how your proposed project/activity meets one of the National Objectives above:</p>	<p><input type="checkbox"/> Low/Moderate Area Benefit – The project serves only a limited area which is proven by current Census data or survey to be a low-income area. By choosing this category you must be able to prove your project/activity primarily benefits low/moderate income households.</p> <p><input type="checkbox"/> Low/Moderate Limited Clientele – The project/activity benefits a specific group of people (rather than all areas in a particular area), at least 51% of whom are low/moderate income persons. Income verification for clients must be provided for this category. The following groups are presumed to be low/moderate: abused children, elderly persons (62 or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS and migrant farm workers.</p> <p><input type="checkbox"/> Slum or Blight on an Area Basis – Area basis activities must be within an officially designated area as defined under State or local law, and addresses one or more of the conditions that contributed to the deterioration of the area.</p>

III. PROJECT NARRATIVE

PROJECT/PROGRAM DESCRIPTION. Briefly describe the proposed service/activity/project to be carried out with the funds requested.

COMMUNITY NEED. Does your proposed project/activity address an identified gap in service or current need in the community? Document the need for the project/program.

BENEFIT. Discuss how the project/program provides benefit to low-income persons.

COLLABORATION. Has your organization/agency developed this project in collaboration with other groups/organizations? If so, please list the groups/organizations and describe their roles in this project.

SIMILAR RESOURCES. Is a similar service provided by another agency/organization? If so, how will your program/activity differ?

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OUTREACH. Discuss outreach efforts for the proposed service/activity/project.

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PERFORMANCE SCHEDULE. Prepare a Work Plan for implementation/completion of the services and activities. Identify activities and completion dates below.

Activity	Completion Date

OTHER SOURCES OF FUNDS. List all other funding sources that will be used to undertake the proposed project/program and status of each source.

Source Name	Committed or Pending	Fund Amount (\$)	Current Status

IV. PROPOSED PUBLIC SERVICE BUDGET

Scope of work and use of CDBG funds must be directly related. The CDBG funds requested must be used to provide a direct benefit/service to low- or moderate-income residents of the City of Pico Rivera. Proof of income eligibility and current residence must be acquired from all recipients. Adequate documentation must also be provided by the Agency to support costs associated with the services provided. This includes such support as timesheets to demonstrate the amount of time spent on each service, cancelled checks to demonstrate payment, client intake forms to demonstrate who received the service and any other documentation deemed necessary to show a direct correlation between the service provided and the costs associated with them.

Please use the following format to present your proposed line item budget:

- Column A: List the items for which you anticipate the need for CDBG Funds during FY 2019/2020.
- Column B: Provide the projected request for CDBG funds.
- Column C: Provide the total of other funds to be used.
- Column D: List the name of the other funding source.
- Column E: List the total line budget. Please round your request to the nearest ten.

Column A BUDGET ITEM	Column B CDBG REQUEST (\$)	Column C OTHER SOURCES (\$)	Column D NAMES OF OTHER SOURCES	Column E TOTAL BUDGET (\$)
Personnel*				
Personnel Total				
Non-Personnel				
Rent/Lease				
Supplies				
Utilities				
Equipment				
Services				
Printing				
Admission/Enrollment				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Non-Personnel Total				
TOTAL PROJECT BUDGET				

*For personnel, complete the following CDBG-Funded Personnel Tables.

CDBG-FUNDED PERSONNEL

Check this box if CDBG funds will NOT be used to fund personnel.

If CDBG funds will be used to fund personnel, complete the following tables, as appropriate. Only list personnel that will be paid with CDBG funds.

AGENCY ADMINISTRATION

Job Title	Annual Salary (\$)	Annual Benefits (\$)	Total Compensation (\$)	CDBG Funds Budgeted (\$)	Time Position is Dedicated to CDBG Activity (%)

PROPOSED PROGRAM STAFF

Job Title	Annual Salary (\$)	Annual Benefits (\$)	Total Compensation (\$)	CDBG Funds Budgeted (\$)	Time Position is Dedicated to CDBG Activity (%)

KEY PERSONNEL DUTIES. Provide a list of the duties of key personnel listed above.

Job Title	Duties

COST RATIONALE. If you consider it necessary, explain why your program/activity costs is reasonable.

PROGRAM CHANGES. If you received CDBG funding last year, has there been an increase in service that you will provide during FY 2019/2020? Explain why there is a new demand or an unmet need in the community for this service.

IMPACT OF NO CDBG FUNDING. Describe the effect of partial or no CDBG funding on your project/activity.

V. CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of Pico Rivera from participating on behalf of the City in any transaction in which they have a financial interest.

This questionnaire must be completed and submitted by each applicant for CDBG program funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is or has been, within one year of the date of this questionnaire, (a) a City Employee or (b) a City Councilmember?

Yes No

If Yes, please list the name(s) and information requested below:

Name of Person	Job Title	Relationship	City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire, (a) a City Employee or Consultant or (b) a City Councilmember?

Yes No

If Yes, please list the name(s) and information requested below:

Name of Person	Job Title	Relationship	City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of (a) a City Employee or (b) a City Councilmember?

Yes No

If Yes, please list the name(s) and information requested below:

Name of Person	Relationship	Tie	If Family, Indicate Relationship

VI. SIGNATURES

Authorized Signature

To the best of my knowledge, the information provided on this application is true, and I am authorized to submit this application on behalf of the applicant agency.

Print Name Title

Signature Date

Authorized Signature

I have read "Playing by the Rules: A Handbook for CDBG Subrecipients on Administrative Systems" with special attention to chapters two and five.

Print Name Title

Signature Date