

Project Name: \_\_\_\_\_ 2011-2012 CDBG Capital Development



**City of Lompoc**  
**APPLICATION FOR RESERVATION**  
**Community Development Block Grant Program**  
Capital Development Application for 2011-2012

*Note: Submit Original + 1 Copy.  
Use 12 pt. Font size or larger.*

**Part A.**

1. Project Title: \_\_\_\_\_
  
2. Project Address: \_\_\_\_\_
  
3. Name of Applicant: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
  
 Telephone Number: \_\_\_\_\_ fax: \_\_\_\_\_  
 email: \_\_\_\_\_
  
4. Amount of funding requested: \_\_\_\_\_
  
5. Activity Type:
 

Predevelopment	New Construction
<input type="checkbox"/> Acquisition	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Rehabilitation	Will this Project require Lead-Based Paint Mitigation? _____ yes                      _____ no
  
6. Briefly describe your program or project proposal (include total square feet to be constructed or rehabilitated, if available). What will City CDBG funds be used for?

*(Please attach site plans and elevations.)*

7. Describe the target population the proposed program will benefit or serve. Include how the program will benefit low and moderate-income persons. Describe method by which program will comply with CDBG income guidelines and requirements used to qualify participants who will benefit from the proposed program.

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8. Problem/ Need Statement: Please describe in detail the need for the proposed project **OR** the problems that will be solved as a result of the project. Include information, such as statistical data, to justify the need or outline the problem.
  
9. Proposed Project Description: Please describe in detail the proposed project. Include information on how the project will meet the need.
  
10. What is the estimated date of construction or program start?  
Attach a list of major benchmarks in the development and implementation of the project, including specific dates of when funding commitments are expected and completion dates.
  
11. Phasing: Since funding is limited, please describe phasing alternatives if feasible. If this is a project which is phased or on which work has been done previously, please describe work done to date.
  
12. Will you collaborate with other partners in implementing the proposed project? If so, please identify the collaborative partners and describe how the proposed project will be designed and implemented. Attach resumes and references for each member of the proposed development team (i.e. developer, architect, consultants, project coordinator, etc.)

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**Part B.**

Please attach architect's, contractor's or engineer's estimate of project costs. Please note that federal labor standards and Davis-Bacon prevailing wages may apply. You will need to submit the Davis-Bacon wage decision and applicable work classification(s). If project involves acquisition, attach copy of appraisal.

**BUDGET FOR PROPOSED CAPITAL DEVELOPMENT PROJECT**

	<b>Agency: Project:</b>	<b>Total Project Budget Column A</b>	<b>Total Funds Committed Column B</b>
1	<b>Sources of Funds:</b> CDBG Funds City of Lompoc		
2			
3			
4			
5			
6			
7			
8	<b>TOTAL FUNDING</b>		

	<b>Estimated Costs:</b>	<b>Total Project Budget</b>	<b>CDBG Portion of Budget Column B</b>
9	Design/Engineering/Environmental		
10	Property Acquisition		
11	Building Construction		
12	Financing/ Legal		
13	Relocation		
14	Demolition or Clearance		
15	Site Improvements /Landscaping		
16	Admin/ Activity Delivery		
17	Off-Site Improvements		
18	Reserves/ Contingency		
19	Other (Specify)		
20	Other (Specify)		
21	<b>TOTAL COSTS (Add 9-20)</b>		

Note: Figure in Line 1, Column A, and Line 21, Column B, must equal the amount of funds requested in Part A, #4. Figure in Line 21, Column A must equal Line 8, Column A.

If the proposed project has been recently acquired (in the last 90 days) or sale is in process, attach documentation of "site control" (such as grant deed, escrow or option agreement).

13. Attach an operating budget and a minimum 15-year cash flow projection (include a Business Plan if this project will generate income / CDBG Program Income).

**Part C.**

1. Description of Agency Services:  
Please describe in detail the services your agency provides and how they are unique from the services provided by other agencies.
2. Please provide the following attachments:
  - Copies of Articles of Incorporation and By-laws, Partnership Agreements, etc.
  - Current List of board of directors and local advisory board, if applicable
  - Copy of most recent annual audit report and/or financial statements (3 most recent years)
  - Copy of most recent Form 990 and Schedule A Federal Tax Return (3 most recent years)
  - Copies of current and prior year's financial statements
  - Budget information for the current fiscal year and next fiscal year
  - Copy of board authorization to apply for this grant / loan.
  - Certificates of insurance covering Worker's Compensation and General Liability
  - Appraisal
  - Preliminary Title Report (if available)
  - Escrow Documentation (if available)

Although the following Questions #3-11 do not directly relate to your proposed project, please provide the information requested if applicable to your agency or organization. For those questions that do not apply, please so indicate with "N/A".

3. Indicate the number of unduplicated persons served by your agency for all programs in Lompoc in  
Projected  
2010 \_\_\_\_\_ ( \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_ )      2011: \_\_\_\_\_ ( \_\_/\_\_/\_\_ - \_\_/\_\_/\_\_ )
4. Have you been funded in the past under the CDBG program?  
\_\_\_ Yes                      \_\_\_ No
5. How do you cooperate or network with other existing related programs, organizations or community resources?

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6. List the annual funding sources and amounts for the entire Agency or organization in the table below. These figures should agree with the figures in the financial statements for your agencies' most recent prior fiscal year.

<b>Funding Sources Table</b>	
<b>Source</b>	<b>Amount</b>
Federal Government	\$
State Government	\$
County Government	\$
Local Government	\$
United Way	\$
Contributions	\$
Fundraising	\$
Program Service Fees	\$
Private Foundations	\$
Other (specify):	\$
Other (specify):	\$
Other (specify):	\$
<b>TOTAL</b>	<b>\$</b>

7. How long have you been in existence and provided services to the community?
8. How do you provide a service that reduces City costs or other government costs elsewhere?
9. How do you provide services at an efficient level and at the least possible cost?
10. Do you utilize volunteers for direct services?  Yes  No

If so, please explain and indicate the total number of hours of volunteer labor used per year and for what purpose:

(If you do not utilize volunteers for direct services because the circumstances do not allow for them or the situation is not appropriate, you may wish to make a comment to clarify your reasoning.)

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**Part D.**

**CERTIFICATION OF APPLICATION**

I certify that the information in this application is true and accurate to the best of my ability and knowledge. I understand that City staff or other persons appointed by staff or City Council may call or visit my current or proposed project site at any time during the funding process to verify the information presented in this application.

By:

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of Applicant Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Agency (if applicable)

DO NOT WRITE OR TYPE BELOW THIS LINE

\_\_\_\_\_  
Date of Receipt

By: \_\_\_\_\_  
City Staff

**Application for CDBG Capital Development Funds due:  
Friday, January 21, 2011 by 5:00 p.m.**

1. Submit original application with one (1) copy.
2. Applications must be typed (handwritten applications will not be accepted).
3. Use 12 pt font size or larger.