

Program Information

1. Program Name: _____
2. Mailing Address: _____
3. City: _____ State: _____ Zip Code: _____
4. Phone: _____ Fax: _____ E-Mail: _____
5. Program Contact Name & Title: _____
(not the grant writer)
6. Service Location(s): _____

7. Hours of Operation for each Service Location listed above:

8. New Program Continuing Program
9. Please check off one HUD activity which best describes your program:

HUD Public Service Matrix Codes - Check Only One			
03C - Homeless Facilities		05F - Substance Abuse Services	
03D - Youth Centers		05G - Battered & Abused Spouses	
03M - Child Care Centers		05H - Employment Training	
03Q - Abused & Neglected Children Facilities		05I - Crime Awareness	
03T - Operating Costs of Homeless/AIDS patients' prog.		05J - Fair Housing Activities	
05 - Public Services (General)		05K - Tenant/Landlord Counseling	
05A - Senior Services		05L - Child Care Services	
05B - Handicapped Services		05M - Health Services	
05C - Legal services		05N - Abused & Neglected Children	
05D - Youth Services		05O - Mental Health Services	
05E - Transportation Services		Other (describe):	

10. Priority Need Category	11. National Objective Code
check only one	
Homeless/HIV/AIDS	Low/Mod Limited Clientele (LMC)
Public Services	

12. Project Primary Purpose Check only one		13. Specific Objective(s) Check only one	
Help the Homeless		Improve the services for low/mod income persons	
Help Persons with HIV/AIDS		End chronic homelessness	
Help Persons with Disabilities		Increase number of persons moving into permanent housing	
Address Public Housing Need			

14. Project – level Accomplishments Check only one			
01 People		Household	

15. Performance Measurement Objectives Check only one		16. Performance Measurement Outcome Check only one	
Suitable Living Environment		Availability/Accessibility	
Decent Housing		Affordability	
Economic Opportunity (for literacy or job training-type program)		Sustainability (for childcare, or day care center programs)	

17. Specific Outcome Indicator Check only one & indicate proposed number			
Number of persons assisted with new access to a service		Proposed number of persons _____	
Number of persons assisted with improved access to a service (funds will be used to increase size, capacity, or location of service).		Proposed number of persons _____	
The number of beds created in overnight shelter or other emergency housing.		Proposed number of beds _____	

18. Describe your proposed program.

19. Identify your program's goals and list all services provided.

20. What outcome measures will your agency utilize, during the one-year grant period, to determine how will the proposed program in this application is serving the community?

21. How is the client involved in determining whether your program is meeting their individual needs?

22. Amount requested in this application: \$ _____ (Total From Line 73 D)

23. Total projected FY 2012-13 funding required for Lompoc Program: \$ _____ (Total From Line 127 D)

24. What will the City's Human Service funds be used for?

25. Will the services being provided reduce City cost or other governmental costs elsewhere?

26. Please list staff for the Lompoc Program and indicate who is to be paid from Lompoc Human Service Funds.

<i>Lompoc Staff Name</i>	<i>Position</i>	<i>Paid from Human Service Funds,</i>	
		<i>Yes, what percentage?</i>	<i>No</i>

27. Include a job description(s) for position(s) to be paid through CDBG.

28. Is this position a new position?

29. Is the position currently filled?

30. What specific factors set this program apart from similar programs in the City of Lompoc?

31. If this is an emergency shelter or transitional housing program, how many beds are there?

32. Is the program or activity to be funded by federal funds accessible to persons with disabilities? (Please explain accessibility of waiting room, if there is a ramp, restroom accessibility for disabled persons, etc.)

33. A “**unit of service**” (definition located in Glossary) for your proposed program is defined as:
34. Give the number of units of service provided last year, if a continuing program:
35. How many units of service is this program projected to provide during FY 2012-13?
36. How did you arrive at this number?
37. Did you meet your projections for FY 2010-11?
38. How many unduplicated low-income persons were served last year, if a continuing program?
39. How many unduplicated low-income persons are projected to be served during FY 2012-13?
40. How did you arrive at this number?
41. Does this program benefit a clientele who are considered a Presumed Benefit? (See definition of “Presumed Benefit located in Glossary) Yes No
42. If No, please describe your method of client eligibility and income verification.
43. How do you inform the community about your program (marketing/publicity)? Are you networking with other agencies within the community?
44. If you charge a fee for your program, briefly explain the payment criteria and attach the current and projected fee schedules. (Fee Schedules, must be included in your application submittals.)
45. If you award scholarships, explain criteria.

46. If this is a continuing program, are there any changes anticipated for next year's program, services, staffing, and/or funding? Please describe.

47. If this request is not fully funded, can your proposed program operate with a reduced CDBG award?

48. List the Board of Directors.

<i>Name</i>	<i>Mailing Address and Email (not agency address)</i>	<i>Occupation</i>	<i>Board Office (if any)</i>	<i>Time Served</i>

48b. Describe the selection process for the Agency's Board of Directors. If the Agency has a Lompoc Advisory Board, how does the Board of Directors notify the Advisory Board of policy changes?

49. If your agency has a Lompoc Advisory Board, please list them separately.

<i>Name</i>	<i>Mailing Address and Email (not agency address)</i>	<i>Occupation</i>	<i>Board Office (if any)</i>	<i>Time Served</i>

50. Describe the selection process for the Lompoc Advisory Board. How does the Advisory Board communicate with the Board of Directors?

51. Do you have client representation on your advisory board?

Agency Information

52. Agency Name: _____

53. Mailing Address: _____

54. City: _____ State: _____ Zip Code: _____

55. Phone: _____ Fax: _____ E-Mail: _____

56. Agency Contact Name & Title: _____

57. Agency's Federal Identification Number (Tax ID#) _____

58. Agency Organizational DUNS Number: _____
(If you do not have a DUNS number, go to <http://www.dnb.org> to register)

59. Do you have active registration status with the Central Contractor Registry (CCR)? Yes No
(If you are not registered with CCR, go to <https://www.bpm.gov/ccr/default.aspx> to register. You must obtain a DUNS number prior to registering with CCR).

**Please provide documentation verifying active registration status.

60. Describe your agency, its structure, decision-making process, Mission Statement:

61. How often does your agency conduct an audit?

62. Are audits performed in-house or by an independent entity?

63. When was your last audit conducted?

64. Are there any unresolved issues resulting from past audits?

65. Does your agency fundraise? How often are fundraising events held? Of the total funds raised by your agency, what percentage does the Lompoc Program use? Do you fundraise in Lompoc?

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66. Please describe any financial/budgetary problems or non-payment of non-deferred debt that the agency has faced in the last 5 years. Does your organization have any outstanding litigation or legal issues?
67. How does your agency plan to alleviate outstanding debt (plan of action), if any?
68. How many times did the Board meet in FY 2010-11? What constitutes a quorum as defined by your Agency?
69. How does the community and/or the client file a complaint with your Agency? Describe your complaint resolution process. How many community and/or client complaints has your agency received in the last 5 years?
70. How are discrimination complaints handled? If applicable, does your agency have a Health Insurance Portability and Accountability Act (HIPPA) Privacy Rule and/or a discrimination complaint contact?

Revenue Source Details for Entire Agency

What is your fiscal year (i.e. July to June; January to December, etc.)? _____

Include all fees, foundation grants, government grants, contributions, fundraisers, etc.

	SOURCES OF REVENUE	Prior Year Actual Amount FY 2010-2011	Current Year Budget Amount FY 2011-2012	Projected Amount for FY 2012-2013
	A	B	C	D
71.	Lompoc CDBG/Human Service Funds			
72.	Other Federal Funds			
a.				
b.				
	State/Local Funds (list each)			
a.	County			
b.				
c.				
73.	Private Funds (list each)			
a.				
b.				
c.				
d.				
74.	Other (list each)			
a.				
b.				
c.	Fundraisers			
d.	Donations			
e.	Program Fee			
f.	Endowments (list each)			
g.				
h.				
75.	TOTAL AGENCY REVENUE			
76.	LESS AGENCY EXPENSES (Line XXX)			
77.	TOTAL AGENCY EXCESS OR <DEFICIT>			

Revenue Source Details for Lompoc Program Only

- Use the notation "S" next to dollar amount to indicate secured funding sources.
- Use the notation "U" next to dollar amount to indicate unsecured funding sources.

Include all fees, foundation grants, government grants, contributions, fundraisers, etc.

	SOURCES OF REVENUE	Prior Year Actual Amount FY 2010-2011	Current Year Budget Amount FY 2011-2012	Projected Amount for FY 2012-2013
	A	B	C	D
78.	Lompoc CDBG/Human Service Funds			
79.	Other Federal Funds			
a.				
b.				
80.	State/Local Funds (list each)			
a.	County			
b.				
c.				
81.	Private Funds (list each)			
a.				
b.				
c.				
d.				
82.	Other			
a.				
b.	Fundraisers			
c.	Donations			
d.				
e.	Program Fee			
f.	Other			
g.				
h.				
83.	Program Revenue			
84.	TOTAL PROGRAM RESOURCES (Lines XX + XX)			
85.				
86.	Volunteer Hours (valued at \$10.00 per hr)			

Agency Expenses

Annotate expenses using the symbol “*” to any outstanding debts from prior years.

	Prior Year Actual Amount FY 2010-2011	Current Year Budget Amount FY 2011-2012	Projected Amount for FY 2012-2013
EXPENSES CATEGORY			
87. Salaries			
88. Employee Benefits			
89. Payroll Taxes			
90. Office Expenses/Rent			
91. Utilities			
92. All Other Expenses (List by Categories)			
93.			
94.			
95.			
96.			
97.			
98.			
99.			
100.			
101.			
102.			
103.			
104.			
105.			
106.			
107. TOTAL AGENCY EXPENSES			

Lompoc Program Expenses Only

Annotate expenses using the symbol “*” to any outstanding debts from prior years.

	EXPENSES CATEGORY	Prior Year Actual Amount FY 2010-2011	Current Year Budget Amount FY 2011-2012	Projected Amount for FY 2012-2013
	A	B	C	D
108.	Salaries			
109.	Employee Benefits			
110.	Payroll Taxes			
111.	Office Expenses/Rent			
112.	Utilities			
113.	Equipment			
114.	Supplies			
115.	All Other Expenses (List by Categories)			
116.				
117.				
118.				
119.				
120.				
121.				
122.				
123.				
124.				
125.				
126.				
127.				
128.				
129.				
130.				
131.				
132.	TOTAL PROGRAM EXPENSES			

INCOMPLETE APPLICATIONS (INCLUDING THOSE MISSING REQUIRED ATTACHMENTS) WILL NOT BE CONSIDERED FOR FUNDING

READ THIS FIRST:

Agencies that have applied for Lompoc CDBG funding in the past year and are currently funded by the City do not need to submit Articles of Incorporation, By-Laws, IRS 501 (c) (3) Form, and Financial/Accounting Procedures, if they are on file in this office and they have not been revised since initially funded.

CERTIFICATION

The persons named below, hereby certify that the information contained in this application is true and accurate; that this application has been authorized by the applicant agency; and acknowledges that the City of Lompoc is not responsible for any error or omissions herein.

Printed Name: _____

Date: _____

Signature: _____

Title: _____

Required Attachments

- Board of Director's Authorization to Request Funds
(Documentation must be submitted from the agency's governing body (Board of Directors) authorizing the Executive Director to submit the funding request. This authorization may be a signed letter from the Chairperson of the governing body or a signed copy of the board minutes authorizing the representative of the agency to negotiate for and contractually bind the agency.)
- Copy of latest Federal Tax Return **SIGNED**
- Copy of most recent Audit by **CPA**
- Copy of most recent Financial Statement
- Copy of Agency IRS 501 (c) (3) Letter
- Copy of Articles of Incorporation and By-Laws
- Copy Conflict of Interest documentation (see Glossary)
- Copy Evidence of Insurance
- Copy of Financial/Accounting Procedures (see Glossary)
- Copy of Client Intake Form (showing HUD required income, ethnic/racial, female head of household response options) and self certification of eligibility status, if applicable
- Current and projected fee schedules
- Resume for Program Administrator
- Resume for Fiscal Officer
- Organizational Chart
- Ten (10) unstapled copies of one (1) signed original application, for a total of ELEVEN (11) total copies of the application to be submitted (Only one (1) copy of "required attachments," please.)

Mail or deliver application with attachments to:

City of Lompoc
Community Development Dept.
100 Civic Center Plaza
Lompoc, CA 93436
(805) 875-8041

By the Deadline of Friday, February 10, 2012 by 4:00 p.m.

Glossary of Terms

Unit of Service – A measure of service such as a meal provided, a counseling session, a scholarship, etc. The unit of service will benefit either a Household or Individual.

Conflict of Interest Documentation - A Conflict of Interest statement is required by federal rules governing the CDBG Program (24 CFR 570.611; 24 CFR 85.36; and OMB A-110, Attachment O, paragraph 3(a)). Essentially this is a statement by your agency that states “*except for the use of CDBG funds to pay for salaries and other related administrative or personnel costs*, the general standard is that no employee, agent, or officer of the agency, who exercises decision-making responsibility with respect to CDBG funds and activities, is allowed to obtain a *financial interest in or benefit* from CDBG activities, or have a financial interest in any contract, subcontract or agreement regarding those activities or in the proceeds of the activities”.

Faith Based Organization - Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the CDBG program. Neither the Federal government nor a State or local government receiving funds under CDBG programs shall discriminate against an organization on the basis of the organization’s religious character or affiliation. Organizations that are directly funded under the CDBG program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs, or services funded under this part. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded under this part, and participation must be voluntary for the beneficiaries of the HUD-funded programs or services.

Female Head of Household - A female who is the primary income earner with or without children or spouse present.

Financial / Accounting Procedures - a document that describes the agency’s fiscal management including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Presumed Benefit - Activities that **exclusively** serve a group of persons in any one or a combination of the following categories may be presumed to benefit persons 51% of whom are low- and moderate-income: abused children, battered spouses, elderly persons, adults meeting the Bureau of Census’ reports definition of “severely disabled”, homeless persons, illiterate adults, persons living with AIDS/HIV, and migrant farm workers

Senior - A person who is 62 years of age or older.

Performance Measurement Objectives – Here are the definitions and some examples which best describes the purpose of the public service activity:

Suitable Living Environment: Public service activities that benefit communities and individuals by addressing issues that impact their living environment, such as establishing an after school program for high school kids to prevent/ reduce crime in a target neighborhood.

Decent Housing: Housing counseling activities that assist low and moderate-income individuals or households resolve tenant/ landlord disputes.

Creating Economic Opportunities: Activities that expand economic opportunities for low- and moderate-income persons, such as offering job training and placement for persons with disabilities.

Performance Measurement Outcomes – IDIS allows only one selection that best fits the activity:

Availability/ Accessibility activities make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people. For instance, opening a day care

center for student in a neighborhood high school so that educational opportunities remain available and accessible to young mothers.

Affordability activities provide affordability to low- and moderate-income persons. For instance, providing free housing counseling to low- and moderate-income families to enable them to obtain such assistance without charge.

Sustainability activities are aimed at improving communities, to make them more livable or viable. For instance, establishing programs in a local community center to provide neighborhood children with structured activities after school.

Que. #17 **Specific Outcome Indicator**

Number of persons assisted with **new access** to a service.

New access to a service is when a service is offered for the first time. This indicator would be used in the instance when a public service has not previously been available to these households. For instance, the grantee might elect to fund a new job transportation program for working mothers. No such program currently exists in the jurisdiction and so this is access to a new service for these households.

Number of persons assisted with **improved access** to a service.

Improved access to a service is when a service was offered, but the public service activity allowed the grantee to expand the service, in terms of size, capacity, or location. For instance, assume that an existing meals on wheels program only provided lunch and the expanded service provides lunch and dinner service. For these elderly households, this would constitute improved access. *If a grantee is re-funding an on-going program, the improved access indicator is generally used.*