



## CDBG 2021/2022 GRANT APPLICATION

**Public Services**

### COVER SHEET



Application due date: On or before **May 28, 2021 by 5:00 PM**

City of Madera CDBG Contact: Alex Estrada (559-661-3690)

(For office use only) <b>DATE &amp; TIME SUBMITTED:</b>
Applicant Name:
Physical Address:
Mailing Address:
Program Name:
If you have Non-profit Internal Revenue Code Section 501(c)(3) status, enter your organization's Federal Tax ID Number:
Grant Administrator (Principal contact) First & Last Name and Title: Telephone Number and Email Address:
Program/Project Administrator (Manages Day-to-Day Tasks of Program) First & Last Name and Title: Telephone Number and Email Address:
Amount Requested: \$ _____

# CDBG APPLICATION SUBMITTAL CHECKLIST

## (To Be Submitted with Application)

**For All CDBG Applicants (Include all of the following in your application)**

<p>1 original completed application</p> <p><input type="checkbox"/> Font: 12 point</p> <p><input type="checkbox"/> Paper: 8 1/2 x 11</p> <p><input type="checkbox"/> Single-sided, <u>no double-sided pages</u>, single-spaced and numbered consecutively</p> <p><input type="checkbox"/> One-inch top, bottom, left and right margins</p> <p><input type="checkbox"/> Emailed applications should be submitted as a PDF document (not in Microsoft Word format)</p> <p><input type="checkbox"/> No dividers</p>	<p><input type="checkbox"/> Grant Application Coversheet</p> <hr/> <p><input type="checkbox"/> Program/Project Narrative (Background, Need, Work Plan Narrative, Evaluation, Significance &amp; Applicability)</p> <hr/> <p><input type="checkbox"/> Program/Project Timeline</p> <hr/> <p><input type="checkbox"/> Budget Table</p> <hr/> <p><input type="checkbox"/> Supporting Documentation (Staff Work Experience/Knowledge/Education Narrative for Key Staff Including Project Lead)</p> <hr/> <p><input type="checkbox"/> Marketing/Outreach Plan</p> <hr/> <p><input type="checkbox"/> Client Eligibility/Income Verification Plan (If Not Assumed Benefit)</p> <hr/> <p><input type="checkbox"/> References</p>
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### **Submittal Option**

- 1) Email to:  
[astrada@madera.gov](mailto:astrada@madera.gov)

## **CITY OF MADERA**

### **COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC SERVICE 2021/2022 PROPOSAL APPLICATION**

Community Development Block Grant (CDBG) is administered by the U.S. Department of Housing and Urban Development (HUD). HUD distributes annual CDBG allocations to entitlement communities such as City of Madera. For fiscal year 2021/2022 the City of Madera's CDBG allocation is \$935,259. This amount allows up to \$187,052 for Administration proposals (20%), \$140,289 for Public Services (15%) proposals to low- and moderate-income households (according to household size by total gross annual income) and approximately \$607,918 for Capital Projects/Public Improvements.

Each year, an Annual Action plan is developed by the City of Madera. An Action Plan is an assessment of the community needs that are most pressing in the community. It is data and community-based driven, includes extensive input from different groups in as well as individuals, and ultimately provides guidance for City of Madera staff on how to utilize these funds to respond to the identified needs in the community. The 2021-2022 Action Plan was developed as follows:

#### **Needs Identification Methods 2021/2022**

The Priority Needs were developed after the data was collected using four complementary methods:

- Secondary Data Analysis
- Interviews
- Group Video Discussions
- Community-wide Quantitative Survey

The community needs that were identified by participants and survey respondents were prioritized based, in part, on approaches supported by The Office of Community Planning and Development of the U.S. Department of Housing and Urban Development (HUD), the Centers for Disease Control and Prevention, the National Community Development Association and others.

#### **Needs Prioritization and Funding Criteria**

The prioritization process suggests that on an annual basis, funded projects will:

- Address at least one of the identified Top Need Areas;
- Address one or more of the Target Services; and/or
- Continue services recognized by the community as essential.

#### **Applications for Funding**

Applications for funding through the City of Madera CDBG program shall adhere to CDBG funding criteria. The City of Madera's internal departments and not-for-profit agencies will adhere to the following criteria.

- ✓ All (100%) of the funds received from the City of Madera must serve Madera residents. Funding will be denied if it is found that this requirement is not met.
- ✓ Address at least one of the identified Top Needs Areas. (See Attachment A)

Applicant must respond to all the following sections. Refer to the Scoring Rubric for point allocation per section:

**SUMMARY OF COMMUNITY NEED OR PROBLEM TO BE ADDRESSED:** (Describe the community need or problem to be addressed by the proposed program. State how and by whom the need was identified. Cite your sources (e.g., U.S. 20XX Census Data Table X.)

**EXISTING SERVICES:** List other agencies currently addressing the need or problem described above.

Explain how your program supplements or complements existing services without duplicating them.

Describe the method used to measure the effectiveness (outcomes) of services. Identify measurable goals and objectives. Attach a copy of the program's evaluation documentation.

Which National Objective does your program meet?

Which measurable objectives does your program meet?

How will your program meet its goals in one year?

What financial resources, other than City are available for this program? Have applications for other funds been submitted? Explain. If funds other than CDBG are proposed, please provide supporting documentation/letters of commitment.

Describe in detail all proposed plans for fund raising for this program. What is the projected net income from fund raising? If net fund raising is not increasing, please explain (be specific).

What was done to receive public input/participation? Please provide details. What did the public input/participation identify? Include documentation of support for the proposal such as meeting minutes, letters and petitions.

If service is offered outside the Madera city limits, include the list of funding sources and supporting documentation/letters of commitment that support these program services.

When there is an overflow of clients, how is it determined whom to serve?

Discuss your program's/project's successes.

Discuss your program's/project's past performance (2015 to 2020).

Discuss how your program/project shall document that it provides either a new service or a quantifiable increase in the level of service.

CLIENT POPULATION		
1. Indicate the total number of potential clients in the community who require your services.		
2. Indicate the total number of <u>unduplicated</u> clients you intend to serve during the term of this proposed program/service (12 months).		
3. If this program was funded last year, has there been a change in the composition of the target population to be served and/or shift in the geographic target area?	Yes	No
4. Are income criteria used to establish eligibility for services? (If yes, attach a copy of the documentation to establish income eligibility by household size and household gross annual income. Acceptable forms of documentation include two years of tax documents, six months of paycheck stubs, six months of checking and savings statements, retirement accounts, 401(b)(3) or 401K plans, etc.		
5. Is a fee schedule used? (If yes, attach a copy of the fee schedule.)		

Provide the following demographic information for the total number of unduplicated clients as indicated in No. 2 above:

AGE	0 - 5	6 - 12	13 - 17	18 - 34	35 - 54	55 - 59	60 - 64	65 +
GENDER	Female							
	Male							
FEMALE HEAD								

<b>Ethnic Categories*</b>	<b>No.</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. This information is considered non-sensitive and does not require any special protection.

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” can be used in addition to “Black” or “African American.”
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

## FY 2021-22 CDBG PROJECT

**AGENCY:** \_\_\_\_\_

**PROJECT NAME:** \_\_\_\_\_

### **MISCELLANEOUS PROJECT COSTS:**

Administrative Costs (not to exceed 10% of total grant)

\_\_\_\_\_

Supplies

\_\_\_\_\_

Postage

\_\_\_\_\_

Consultant Services

\_\_\_\_\_

Maintenance/Repair

\_\_\_\_\_

Publications/Printing

\_\_\_\_\_

Transportation/Travel Required for Business

\_\_\_\_\_

Rent (portion allocated to this program)

\_\_\_\_\_

Equipment Rental

\_\_\_\_\_

Insurance

\_\_\_\_\_

Utilities

\_\_\_\_\_

Telephone

\_\_\_\_\_

Other Expenses (Specify):

\_\_\_\_\_

### **CIP REQUESTS ONLY:**

Lead-based paint assessment/abatement

\_\_\_\_\_

Construction/Renovation

\_\_\_\_\_

Consultant/Professional Services

\_\_\_\_\_

Construction Management

\_\_\_\_\_

Other Expenses (Specify):

\_\_\_\_\_

**TOTAL CDBG PROJECT BUDGET:**

\_\_\_\_\_

## **CITIZEN PARTICIPATION:**

Proposals should include evidence of citizen support for activity.

1. What was done to receive public input/participation? Please provide details. What were the outcomes? Include documentation of support for the proposal such as meeting minutes, letters and petitions.
2. Note complaints that have been received, etc.
3. Evidence of collaboration with other agencies within the community.

Please see Priority Needs for the 2021/2022 Action Plan (Attachment A) and eligible CDBG Census Tracts (Attachment B) map. Public Service recipients shall be a minimum of 51% or more designated as low- to moderate-income. Public Service recipients may be qualified as Presumed Benefit (homeless persons, persons with disabilities and seniors).

## **REFERENCES**

Please provide the name, title, company/agency, phone and email address for three references.

Staff will contact references and obtain “Yes” and “No” responses for the following:

- Was your experience working with this agency successful?
- Have you seen at least one very successful project developed by this organization/agency?
- Do you think they are doing a good job in Madera?

<b>Name</b>	<b>Title</b>	<b>Company/Agency</b>	<b>Phone</b>	<b>Email Address</b>



## **SPONSORING AGENCY MANAGEMENT**

### **CORPORATION DIRECTORS:**

How often does the Board meet? \_\_\_\_\_

What was the average number of Board members attending meetings last year?

\_\_\_\_\_

Based on the bylaws, what is the minimum and maximum number of seats on the Board?

\_\_\_\_\_ Minimum \_\_\_\_\_ Maximum

Please provide the following information:

Date of Incorporation: \_\_\_\_\_

IRS Employer Number: \_\_\_\_\_

Attach current Board of Directors' roster, including the names, addresses, occupations and number of years served on the Board.

### **FINANCIAL:**

If additional funds are received, please describe the source, the amount and provide supporting documentation.

How often are financial records audited, and by whom? \_\_\_\_\_

Are the treasurer and/or other financial officers bonded? \_\_\_\_\_

If so, for how much? \_\_\_\_\_

List any judgments or pending lawsuits against the agency or program:

\_\_\_\_\_

List any outstanding obligations:

\_\_\_\_\_

**RESOLUTION/CERTIFICATION:**

We, the Board of Directors of \_\_\_\_\_ do hereby resolve that on \_\_\_\_\_, 2021, the Board reviewed this application and, furthermore, the Board in proper motion and vote approved this application for submission to the City of Madera.

Furthermore, we certify that the agency making this application is (1) non- profit, (2) tax exempt, and (3) incorporated in the State of California, and has complied with all applicable laws and regulations. To the best of our knowledge, all information presented herein is correct and complete.

Dated: \_\_\_\_\_, 2021

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Email Address \_\_\_\_\_

By: \_\_\_\_\_  
President of the Board of Directors

This application and the information contained herein are true, correct and complete to the best of my knowledge.

By: \_\_\_\_\_  
Executive Director

**EMAIL THE APPLICATION TO: [astrada@madera.gov](mailto:astrada@madera.gov)**

**DUE DATE: May 28, 2021, 5:00 p.m.**

**CITY CDBG CONTACT: [astrada@madera.gov](mailto:astrada@madera.gov)  
559-661-3690**

<b>CDBG 2021/2022 Applicant Scoring Rubric</b>		
<b>Criteria</b>	<b>Points</b>	<b>Committee Member Ranking</b>
Ability to Address Community Need or Priority Please refer to Priority Needs chart on page 3	20	
Work Plan and Capacity Please refer to Question No. 4.	15	
Ability to Address a National Objective with Measureable Outcomes and Meets a Priority Need Please refer to Question No. 5.	30	
Schedule Please refer to Question No. 7.	10	
Ability to Locate Other Funds/Fund Raise Please refer to Question No. 9.	5	
Public Input Received Please refer to Question No. 10.	10	
References Please refer to Question No. 16	10	
<b>Total</b>		

# Attachment A

## City of Madera Five-Year Consolidated Plan 2020-2024 Priorities



## ATTACHMENT B

ELIGIBLE CDBG CENSUS TRACTS ARE: 5.02 (to the north), 6.02, 6.03, 6.04 8 AND 9  
THESE ARE THE ELIGIBLE TRACTS WHERE CDBG  
PROGRAMS AND PROJECTS MUST OCCUR

