

Community Grant Application

2020-2021 Application for Public Services Funding



Name of Organization: _____

Project Name: _____

Amount Requested: \$ _____

Tax ID : _____ DUNS #: _____

Briefly describe how funds will be used: _____

Organization Address: _____

Zip Code: _____ Telephone: _____

Fax #: _____ **Has the organization received past City funding?**

Yes No

Type of Organization: Nonprofit For-profit Public/Quasi Public

This request is for a: New Program Existing Program

Funding Source Applying for:

General Fund (community, social, and homeless services, and housing programs)

CDBG - Federal Social Services

Contact person throughout administration of the program:

Name: _____ Title: _____

Email: _____ Phone: _____

Two officials authorized to sign contracts and expend funds for the organization:

Name: _____ Title: _____

Name: _____ Title: _____

I hereby certify that if funds are granted to our organization, they will be used to benefit residents of the City of San Clemente. We understand that liability insurance will be required for our program activities and that our formal agreement with the City will define other reporting provisions and federally required assurances.

Name: _____ Title: _____

Signature: _____ Date: _____

PART I: Project Description

1. Describe the program/project and how it addresses a community need. Include specific information about the service need in San Clemente.

(Please limit response to the space provided)

2. How does the program/project verify that clients served are low to moderate-income?

If you are requesting CDBG funds this question must be answered.

Note: Check the appropriate population if the program/project targets clients representing populations that are presumed low-income. Otherwise, check the appropriate income verification method used in the program/project.

2019 Area Median Income Limits:

Household Size	Extremely Low (30% AMI)	Very Low (50% AMI)	Low –Income (80% AMI)
1	\$24,950	\$41,550	\$66,500
2	\$28,500	\$47,500	\$76,000
3	\$32,050	\$53,450	\$85,500
4	\$35,600	\$59,350	\$94,950
5	\$38,450	\$64,100	\$102,550

Not applicable; program does not collect income data – **NOTE: Income documentation is required for CDBG funded programs.**

POPULATIONS THAT ARE PRESUMED LOWER-INCOME:

- Elderly adults (Age 62+)
- Severely Disabled Adults
- Abused Children
- Victims of Domestic Violence
- Illiterate Adults
- Homeless Persons
- Migrant Farm Workers
- People with HIV/AIDS

INCOME VERIFICATION METHOD

- Pay Stubs / Wage Statements
- W-2s
- Income Tax Returns
- Social Security Documentation (SSI/SSA)
- Bank Statements
- Support Checks Documentation
- Other: _____
- Other: _____
- Other: _____

3. How will the program/project increase or maintain clients' self-sufficiency? (Check all that apply.)

- Provision of decent, affordable housing
- Support services/case management (i.e. life skills, budgeting, parenting, etc.)
- Employment / job training
- Education (e.g. G.E.D. preparation/classes, etc.)
- Child Care Assistance
- Income Support
- Legal Assistance
- Health Care Assistance
- Substance Abuse Treatment
- Mental Health Assistance
- Transportation Assistance
- Eviction Prevention
- Job Search
- Housing Search
- Other: _____
- Other: _____
- Other: _____
- Not applicable

4. Describe the proposed program/project outcomes. Be sure to include what the goals are based on (e.g. past years experiences, data from similar programs, needs assessment reports, etc.):

(Please limit response to the space provided)

5. What are the outputs used to measure whether the outcomes are achieved?

- ___ # of Case management hours
- ___ # of Case management sessions
- ___ # of Bednights
- ___ # of Days housing provided
- ___ # of Persons housed
- ___ # Child care slots provided / # of families receiving childcare
- ___ # of Completed job training program(s)/certifications
- ___ # of Courses taken and/or completed
- ___ Increased Income (# of clients with increased income)
- ___ # of Employed Clients
- ___ # of Clients who remained in their homes
- ___ # of Clients receiving treatment
- ___ # of Clients transported / # of trips delivered or made
- ___ # of Contacts made
- ___ # of Workshops presented / # of Workshop participants
- ___ Other: _____
- ___ Other: _____
- Not applicable

6. Briefly describe the organization's mission and how the program applies to that mission:

(Please limit response to the space provided)

PART II: Client Profile

7. Identify and describe the geographic boundaries of the target area to be served. Attach a map if appropriate (if City-wide, please indicate so).

8. Please complete the chart below:

	San Clemente	Total Clients	% of Clients from San Clemente
Number of clients served in FY 2018-19			
Number of clients projected to be served in FY 2019-20			
Clients expected to be served <i>through the proposed activity (July 1, 2020 – June 30, 2021)</i>			

9. Please describe how the expected number of clients served from July 1, 2020 through June 30, 2021 was determined:

10. Describe your target population including any other characteristics of the target population, such as age, sex, ethnic background and other specialized characteristics.

(Please limit response to the space provided)

11. Describe the outreach, marketing plan, and/or activities to obtain potential clients from the target population?

(Please limit response to the space provided)

12. Briefly describe the experience / expertise of the main program/project staff in working with the target population. Also describe your experience managing grant funds:

(Please limit response to the space provided)

PART III: Program/Project Budget

13. Please provide a copy of the organization’s IRS 990 Tax Return, financial statement, and most recent audit.

14. Please briefly explain how City funds will **improve** or **expand** your existing or proposed program/project.

(Please limit response to the space provided)

15. Please provide the proposed 2020-21 program/project budget in the chart below. Include the amount of City of San Clemente funds requested for the applicable line item:

Line Item Budget	Total Program/Project Budget	City of San Clemente Funds
Agency Staff Salaries/Benefits **	\$	\$
Program Staff Salaries/Benefits **	\$	\$
Office Supplies	\$	\$
Program Supplies	\$	\$
Agency/Program Rent/Utilities	\$	\$
Agency/Program Communications	\$	\$
Insurance	\$	\$
Other (specify):	\$	\$
Other (specify):	\$	\$
Other (specify):	\$	\$
Other (specify):	\$	\$
Other (specify):	\$	\$
Other (specify):	\$	\$
Total Project Budget:	\$	\$

** **Staff Salaries/Benefits:** If the request for funds includes any staff salaries/benefits, include the title/ position of the person(s) and total annual compensation to be supported with City funds:

Title / Position	Total Annual Salary/Benefits	City Funds Requested	% of Staff Time Dedicated to San Clemente Program
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

GRANT APPLICATION DEADLINE: Thursday, January 23, 2020 at 5:00 PM

NUMBER OF COPIES: 6 COPIES PAPER CLIPPED – 3 HOLE PUNCH PAPER – 2 sided copies. Also submit electronic copy of the application to the email indicated below in PDF format.

**SUBMIT TO: MEREDITH SCOTT, CITY OF SAN CLEMENTE
910 Calle Negocio, Suite 100, San Clemente, CA 92673**

**CONTACT FOR QUESTIONS: GABRIEL PEREZ
PEREZG@SAN-CLEMENTE.ORG
(949)361-6196**