



# ***City of Desert Hot Springs***

*65-950 Pierson Blvd. • Desert Hot Springs • CA • 92240  
(760) 329-6411*

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## **MEMORANDUM**

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To: Community Development Block Grant Applicants

From: Jason Simpson, Administrative Services Director

**Subject: FY2010 – 2011 Grant Applications**

Included with this memorandum please find:

Notice of Public Meeting

FY2010 – 2011 CDBG Application

Please note that there will be public meetings at the Carl May Community Center, 11711 West Drive, Desert Hot Springs, CA 92240 **on October 21, 2009 (Wednesday) 5:00 pm.**

If you have any questions, you may contact me at 760-329-6411 x 234 or you may attend the meetings.



**City of Desert Hot Springs  
2010-2011 Community Development Block Grant**

**Application Instructions**

The following CDBG Application is intended for the County of Riverside's 2010-2011 CDBG Program Year. This application form is intended for the use by non-profit organizations [501(c)(3)] and government agencies that will be requesting CDBG funds from the five Supervisorial Districts. The County of Riverside's 2010-2011 CDBG funds will not be available until after July 1, 2010. An original and two copies (**total of three**) of the complete 2010-2011 Application dead line is **5:00 PM on November 11, 2009**, and shall be submitted at the following location:

City of Desert Hot Springs  
65-950 Pierson Blvd.  
Desert Hot Springs, CA 92240  
Attn: Administrative Services Director

**Applications received after the above deadline will not be accepted.** A complete application for each activity or project must be submitted by all organizations applying for CDBG funds. All questions must be answered completely, and all required documentation must be attached. If additional sheets are required to complete a response, please continue the answer as an attachment.

**Attachments to the Application:** All applicants must submit a detailed index of all attachments to the CDBG applications. All attachments must be individually tabbed and labeled to correspond to the specific section of the application. Non-profit organizations are only required to submit a copy of their Articles of Incorporation, Bylaws, and board membership with each application.

You are encouraged to submit your application well before the deadline to allow ample time for review, completeness, and accuracy. You may also obtain an electronic version of the application Via Riverside County EDA web site:

<http://www.rivcoeda.org/>

**Minimum Activity Funding:** in an effort to ensure effective, efficient, and appropriate allocation and use of CDBG funds, Riverside County, EDA will not accept or approve any proposed CDBG activity in an amount less than **\$10,000**. The only exceptions to this rule will be a traditionally county-wide activity (city/county, multiple city, etc.) or a project or activity serving a very remote location. These exceptions must be pre-approved by EDA prior to the application submittal.

At this time, the County of Riverside will utilize a **Priority Evaluation and Project Rating System** for all proposals. As part of the review and evaluation process, EDA staff will review and evaluate all proposals utilizing the following checklist:

## **I. ACTIVITY EVALUATION**

- Does the activity address an established need?
- Is the proposed activity eligible (24 CFR 570.201) under the CDBG program?
- Does the proposed activity meet one of the three broad National Objectives?
  - Principally benefit low and moderate income persons;
  - Prevents or eliminates slum and blight; or
  - Addresses an urgent need or problem in the community.
- Has the applicant provided sufficient explanation concerning their ability and willingness to adequately and accurately document the benefit to low and moderate income persons?
- Does the applicant understand the HUD requirement to adequately and accurately identify and document the ethnicity of all persons directly benefiting from CDBG-funded activities?
- Can the project be implemented and completed within a reasonable amount of time (Public Service activities 1 year / all other activities 2 years maximum)?
- Has the applicant identified all the major tasks or components that will be required in carrying out the activity? Are there any potential issues or concerns?
- Has the applicant provided a reasonable estimate of the resources necessary for each component of the project, and has it developed a realistic budget that reflects these resources? Are other sources of funds (leveraging) committed to this project?
- Is the proposed budget for the CDBG-funded activity separate from other activities undertaken by the applicant?

## **II. APPLICANT (ORGANIZATIONAL) EVALUATION**

- Has the applicant ever undertaken the proposed activity before? What were the results?
- Does the applicant have experience with CDBG or other Federal programs? Has the applicant conducted a Single Audit (OMB A-133) within the last two years?
- Does the applicant understand the additional requirements associated with Federal funding?
- Does the applicant have qualified staff for all the necessary functions associated with the proposed activity? Is there adequate staff time available?
- Does the applicant possess adequate administrative structures, management systems, and policies and procedures?
- Does the applicant possess adequate financial stability? Will the applicant be overly dependent upon CDBG funding?

**City of Desert Hot Springs**  
**Community Development Block Grant**  
**FY 2010-2011 Calendar**

October 21, 2009 Wednesday 5:00 pm	Community Meeting at the Carl May Community Center, 11711 West Drive to conduct a Community Development Needs Assessment Survey and distribute CDBG applications to kickoff the FY 2010-11 Community Development Block Grant funding cycle
November 11, 2009 Wednesday 5:00 pm	Deadline to submit CDBG Application to the City of Desert Hot Springs and Community Development Needs Assessment Survey
November 16, 2009 Monday 5:00 pm	Finance Sub-Committee Meeting to review applications at: City of Desert Hot Springs, 65-950 Pierson Blvd. Desert Hot Springs, CA 92240
December 1, 2010 Tuesday	City Council Meeting - for review and approval
December 2, 2009 Wednesday	Forward CDBG applications to Riverside County, EDA
July 2010	HUD approval and release of CDBG funds for local Administration
August 2010	Supplemental Agreements to City Council to activate CDBG Program administration for City of Desert Hot Springs activities/projects

<b>OFFICE USE</b>	
PROPOSAL NUMBER _____	REVIEWER _____
DOCUMENT STAMP DATE RECEIVED: _____	

**CITY OF DESERT HOT SPRINGS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM 2010-2011  
APPLICATION FORM**

**GENERAL INFORMATION:**

Applying Entity or Agency: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program Manager: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (If different from above): \_\_\_\_\_

Grant Writer: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**II. ORGANIZATIONAL HISTORY: (This is applicable only if you are a non-profit organization).**

Date Organization founded: \_\_\_\_\_

Date Organization incorporated as a non-profit organization: \_\_\_\_\_

Federal identification number: \_\_\_\_\_

State identification number: \_\_\_\_\_

Number of paid staff: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

**ATTACH: Current Board of Directors (Label as Attachment II.1)  
Articles of Incorporation and By-Laws (Label as Attachment II.2)**

**III. PROJECT ACTIVITY:**

CDBG Funds Requested: \$ \_\_\_\_\_ (total amount for the project only)

Where will the proposed activity occur (be specific as to the geographic scale of the proposed activity)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility? (**Attachment III. Project Activity.1**)

- Countywide (check if project will serve multiple districts and/or cities).  
City(ies) \_\_\_\_\_  
Community(ies) \_\_\_\_\_  
Regions \_\_\_\_\_  
Other \_\_\_\_\_

What Supervisorial District does the activity occur within? \_\_\_\_\_

*NOTE: EDA will make the final determination of the appropriate service area of all proposals.*

Check ONLY the applicable category your application represents.

- Real Property Acquisition                       Public Service                       Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities Improvements (construction)
- Other: (provide description) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PROJECT NARRATIVE:**

A. Name of Project: \_\_\_\_\_

Specific Location of Project (include street address; if a street address has not been assigned provide APN):

Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

APN: \_\_\_\_\_

**Attach maps** of proposed project(s) location and service area.

B. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity. (Attach additional sheets if necessary – **Attachment IV.B. Project Description**):

C. Provide a detailed description of the proposed use of the CDBG funds only (e.g. client scholarships, purchase a specific piece of equipment, rent, supplies, utilities, salaries, etc.):

D. Outcomes and Performance Measures

Number of clients or units of service to be provided using CDBG funds during the term of the grant: \_\_\_\_\_

**NOTE:** This is based on the expected number of clients to be served if the County funds your project for the requested amount.

Length of CDBG-funded activities or service (weeks, months, year): \_\_\_\_\_

Unduplicated number of clients/persons projected to serve (e.g., 25 clients, 50 seniors)  
\_\_\_\_\_

Units of service (Example: 25 clients x 10 visits = 250 units of service) \_\_\_\_\_

Service will be provided to (check one or more):

Men       Women       Children       Men/Women

Men/Women/Children       Families

Seniors       Severely Disabled Adults      Range of children's ages \_\_\_\_\_

Migrant Farm Workers       Homeless

Number of beds of facility \_\_\_\_\_

Anticipated number of "new" beds \_\_\_\_\_

Length of stay (if residential facility) \_\_\_\_\_

E. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be both qualitative and quantitative)?

F. Discuss how this project directly benefits low- and moderate- income residents.

G. Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes \_\_\_\_ No \_\_\_\_

(b) If service is not new, will the existing public service activity level be substantially increased or improved?

H. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

I. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

V. **PROJECT BENEFIT:**

All CDBG-funded activities must meet at least one of three National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity:

**CATEGORY 1: Benefit to low-moderate income persons (must be documented).**

Please choose either subcategory A, B, or C.

**A. Area Benefit:**

The project or facility serves, or is available to, all persons located within an area where at least 51% of the residents are low/moderate-income. This determination is based upon 2000 Census data. If you need assistance in determining the appropriate census data, please call EDA.

Census Tract and block group numbers:

CT\_\_\_\_\_ BG\_\_\_\_\_ CT\_\_\_\_\_ BG\_\_\_\_\_

CT\_\_\_\_\_ BG\_\_\_\_\_ CT\_\_\_\_\_ BG\_\_\_\_\_

CT\_\_\_\_\_ BG\_\_\_\_\_ CT\_\_\_\_\_ BG\_\_\_\_\_

\_\_\_\_\_ # Total population in Census Tract(s) / block group(s)

\_\_\_\_\_ # Total low-moderate population in Census Tract(s) / block group(s)

**B. Limited Clientele:**

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

**C. Clientele presumed to be principally low- and moderate-income persons:**

The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> Abused children          | <input type="checkbox"/> Homeless persons         |
| <input type="checkbox"/> Battered spouses         | <input type="checkbox"/> Illiterate adults        |
| <input type="checkbox"/> Elderly persons          | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Migrant Farm workers     |

Describe your clientele to be served by the activity.

**CATEGORY 2: Prevention or Elimination of Slums and Blight: The proposed project or activity must directly benefit an identified slum and blighted area.**

Is the project located in a Redevelopment Area? Yes \_\_\_\_ No \_\_\_\_

If yes, attach map of the area with the site highlighted, and provide the Redevelopment Project Area (excerpts accepted) which documents the existence of slum/blight. Also, document the specific redevelopment objectives pertaining to the proposed project. (Label attachments: V Category 2, Exhibit 1, 2, etc.) *NOTE: this National Objective Category must be approved by EDA in writing prior to the submittal of your application.*

**CATEGORY 3: Documented Health or Safety Condition of Particular Urgency:**

Condition shall have been of recent (18 months) origin and must be designated by the Board of Supervisors. Provide documentation which demonstrates the health or safety condition has existed within the previous 18 months. (Label attachments: V Project Benefit, Category 3, Exhibit 1, 2, etc.) *NOTE: this National Objective Category must be approved by EDA in writing prior to the submittal of your application.*

**VI. MANAGEMENT CAPACITY:**

- A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds. Include within the description a resource list (partnerships) in addition to the source and commitment of funds for the operation and maintenance of the program.

<u>Source</u>	<u>Activity</u>	<u>Year</u>	<u>Allocation</u>	<u>Amount Expended</u>
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- B. Management Systems

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

- C. Capacity:

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project. Provide a detailed organizational chart (**Attachment VII-C, Exhibits 1, 2, etc.**)

- D. Should the applying entity be awarded CDBG funds, please identify the primary project objectives and goals using an *Estimated Timeline for Project Implementation*:

<u>OBJECTIVE DATE</u>	<u>START DATE</u>	<u>COMPLETION</u>
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**VII. FINANCIAL INFORMATION:**

**A. Proposed Project Budget**

Complete the following annual program budget to begin July 1, 2010. If your proposed CDBG-funded activity will start on a date other than July 1, 2010, please indicate starting date. If these budget line items are not applicable to your activity, please attach an appropriate budget. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the activity for which you are requesting CDBG funding - not for the budget of the entire organization or agency. (EXAMPLE: The Valley Senior Center is requesting funding of a new *Senior Nutritional Program*. The total cost of the program is \$15,000. A total of \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. Other non-CDBG funding will be used to pay pick-up the remaining costs for the program).

FUNDS	TOTAL ACTIVITY/ PROJECT BUDGET	CDBG
	<u>(Include CDBG Funds)</u>	<u>REQUESTED</u>
I. Personnel		
A. Salaries & Wages	\$ _____	\$ _____
B. Fringe Benefits	\$ _____	\$ _____
C. Consultants & Contract Services	\$ _____	\$ _____
<b>SUB-TOTAL</b>	\$ _____	\$ _____
II. Non-Personnel		
A. Space Costs	\$ _____	\$ _____
B. Rental, Lease, or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ _____	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ _____	\$ _____
F. Other Costs	\$ _____	\$ _____
<b>SUB-TOTAL:</b>	\$ _____	\$ _____
III. Architectural/Engineering Design	\$ _____	\$ _____
IV. Acquisition of Real Property	\$ _____	\$ _____
V. Construction/Rehabilitation	\$ _____	\$ _____
VI. Indirect Costs	\$ _____	\$ _____
<b>TOTAL:</b>	<b>\$ _____</b>	<b>\$ _____</b>

B. Leveraging

Identify other funding sources (commitments or applications) from other sources to assist in the implementation this activity. **Attach current evidence of commitment** (Attachment VI-B, Exhibits 1, 2, etc.). If commitments are pending, indicate amount requested and attach documentation regarding previous year's funding.

<u>Funding Source</u>	<u>Amount Requested</u>	<u>Date Available</u>	<u>Type of Commitment</u>
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C. Provide a summary by line item of your organization's previous year's income and expense statement. (**Attachment VI-C, Exhibits 1, 2, etc.**)

D. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify sources and indicate outcome.

If no, please explain

E. Was this project previously funded with CDBG funds? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when?

Is this activity a continuation of a previously funded (CDBG) project? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**VIII. APPLICATION CERTIFICATION**

Undersigned hereby certifies that (initial after reading each statement and sign the document):

- \_\_\_\_\_ 1. The information contained in the project application is complete and accurate.
  
- \_\_\_\_\_ 2. The applicant agrees to comply with all Federal and County policies and requirements imposed on the project funded in full or part by the CDBG program.
  
- \_\_\_\_\_ 3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities.
  
- \_\_\_\_\_ 4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life.
  
- \_\_\_\_\_ 5. If CDBG funds are approved, the applicant acknowledges that sufficient funds are available or will be available to complete the project as described within a reasonable timeframe.
  
- \_\_\_\_\_ 6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. (**DOCUMENTATION ATTACHED** Minute Action and/or written Board Approval signed by the Board President).

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name/Title  
Authorized Representative: \_\_\_\_\_

**IX. APPLICATION CHECKLIST**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	NO	ATTACHMENT
<input type="checkbox"/>	<input type="checkbox"/>	1. Board of Directors
<input type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Description
<input type="checkbox"/>	<input type="checkbox"/>	5. Project Benefit, Category 2. Slum Blight Documentation
<input type="checkbox"/>	<input type="checkbox"/>	6. Project Benefit, Category 3, Urgency
<input type="checkbox"/>	<input type="checkbox"/>	7. Leveraging
<input type="checkbox"/>	<input type="checkbox"/>	8. Income and Expense Statement
<input type="checkbox"/>	<input type="checkbox"/>	9. Management Capacity
<input type="checkbox"/>	<input type="checkbox"/>	10. Board Written Authorization approving submission of application