

CITY OF REDDING

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) 2020-21 PROGRAM YEAR APPLICATION

Applications must be received by:
5:00 p.m. on Friday, January 31, 2020

Postmarks will not
be considered.

Submission Address:
City of Redding, City Clerk's Office
Attn.: CDBG Administrator
Redding City Hall
777 Cypress Avenue

Mailing Address:
P.O. Box 496071
Redding, CA 96049-6071

Program or Application Inquiries: (530) 225-4393

The City of Redding does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.

All materials are available in alternate formats and for individuals with disabilities or for individuals with limited English proficiency upon request. Please allow a minimum of 72 hours for your request to be processed.

Contact Michelle Kempsey by telephone at 530-225-4393 or email:
mkempsey@cityofredding.org The TTY relay may be reached by dialing 7-1-1.

VI. CDBG APPLICATION FORM

To ensure that your complete response appears on the printed application, please limit your responses in all fields to the visible space provided. You may attach additional pages as necessary.

Applicant Information

Full Legal Organization Name

Street Address

City

State

Zip Code

Organization Website

Organization President / Exec. Director

Title

Phone Number

E-Mail Address

Contact Person (if different)

Title

Phone Number

E-Mail Address

Proposal Request

A. PROJECT/ACTIVITY PROFILE

Project/Activity Name

Project/Activity Address (Physical)

**Project/Activity Purpose
(One Sentence)**

Total Project/Activity Budget

CDBG Funding Request

Percent of Total Budget

B. PROJECT DESCRIPTION NARRATIVE

Please enter a complete description of the proposed project, its purpose, its beneficiaries, and its proposed location. Include specifics regarding the demographic characteristics of those who will be served by this project. You may attach applicable maps, plans, or brochures.

To ensure that your complete response appears on the printed application, please limit your response to the visible space provided. You may attach additional pages as necessary.

Organization Information and Project Oversight

C. Organization Information

Organization Type (Select One)

Non-Profit

For-Profit

Government*

Year Established

Tax ID#

DUNS #

Government applicants may skip to Section D on following page.

Is your agency a faith-based organization Yes No

If Yes, please address how the separation of the project/activity from the religious activities or organization will be shown.

Organizational Mission Statements

Brief Description of Organization

Population Served

(Include age groups, race & ethnicity, income levels, specific geographic locations, etc.)

D. PROJECT OVERSIGHT

Using the table below, list the key personnel who will be responsible for implementing and/or administering the project. Also include a brief description of their duties in the space provided.

Name	Title	Duties

Will your organization be overseeing the project but not actually completing the proposed work?

- Yes
- No

If yes, please explain who will be completing the proposed work and their qualifications. Also describe your procurement procedures, or process for selecting the individuals/organization that will be completing the work

E. FUNDING HISTORY

Using the table below, list any CDBG funds received in the past four years. List each project separately.

Project	2016-17	2017-18	2018-19	2019-20
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

Funding History - Continued

Has your organization ever had a CDBG-funded project closed before it was completed or requested a timeline extension to complete the project?

Yes, this organization has either requested a timeline extension or had a project cancelled.

No, this organization has never requested an extension or had a project cancelled.

If yes, please explain why the project was cancelled or why an extension was requested.

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F. NATIONAL OBJECTIVES & PROJECT ELIGIBILITY

In order to be eligible for funding, this project must meet at least one of the following National Objectives established by HUD: 1.) benefits low- and moderate- income (LMI) individuals/ households; 2.) addresses the prevention or elimination of slums or blight; or 3.) addresses urgent community development needs. The questions in this section will be used to determine whether the proposed project meets one of these objectives and to determine the overall project eligibility for CDBG funding.

1. Project/Activity Type

- Public/Community Service
- Planning or Fair Housing Activity
- Public Infrastructure/Facility Improvement Project
- Economic Development
- Affordable Housing Development
- Other

2. Are at least 51% of those served by this activity qualify as LMI?

Please refer to Section III of the Application Instructions for the Income Guidelines for LMI benefit determination.

Yes, at least 51% of the population served are LMI individuals/households.

No, this service will not serve LMI individuals/households.

Please indicate projected number of LMI individuals or households that this project will serve.

3. Is the project located within the City of Redding?

Yes

No

CDBG funds are available for activities within the city limits of Redding. If the project will serve participants who do not reside in the City of Redding, list the percentage of participants anticipated to be residents: _____ and the percentage anticipated to be non-residents: _____ (total = 100%)

4. Please select all that apply to the population served by this activity:

This project will help the homeless or prevent homelessness.

This project will help those with AIDS/HIV.

This project will help persons with disabilities.

5. Please select all that apply regarding the nature of this activity:

This project is a historic preservation activity.

This project will improve a public facility or building that is accessible to the general public.

This project will address issues related to urban blight or physical decay.

6. Does your proposed project address an identified gap in service or current need in the community?

Yes, this service is unique and addresses an unmet need in the community

No, a similar service is provided locally by another agency/organization

Please explain how your project is
unique or different from similar services
that may exist in the community

7. Fee for Service

Will there be a fee charged for services associated with this project?

Yes, a fee will be charged for services.

No, a fee will not be charged for services.

If yes, please explain how fees are
determined and the approximate cost to
the participant

8. Program Income

Will this project generate any program income, such as loan repayment or interest?

Yes, this project may generate program income.

No, this project will not generate any program income.

If yes, please explain how program income
may be generated and administered by
your program

9. Timeline

If CDBG funding is awarded for this project, it is anticipated that funds will be expended by the end of the program year (June 2021), If you anticipate that your project will require an extension beyond the end of the program year, please explain below. Include anticipated start and end dates associated with the project, as well as any phases or milestones to justify your proposed timeline.

G. ECONOMIC DEVELOPMENT PROJECTS

For economic development activities, please complete the following Section. All others, please proceed to the next section of this application.

1. Please select all that apply:

This project will provide or facilitate employment activities such as job creation, job retention or training

At least 51% of the jobs created by this activity are designed to be taken by LMI individuals.

This project involves the improvement of a facility that will benefit one or more businesses and result in the creation or retention of jobs.

This project will serve micro-enterprise owners/developers who are LMI.

2. Number of full-time positions expected to be created or retained through this activity

3. Number of part-time positions expected to be created or retained through this activity

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Proposed Budget and Project Funding

H. TOTAL PROJECT BUDGET TABLE

Use the following format to present the proposed line item budget for your project. In Column A, list the items you anticipate budgeting for the entire project during the 2020-21 Program Year. In Column B, provide the projected request for CDBG funds. In Column C, provide the total of other funds to be used. In Column D, list the name(s) of the other funding source(s). In Column E, list the total line item budget. Round requests/sources to the nearest ten dollars. Be specific, including project line items not funded by CDBG.

Column A Budget Item	Column B CDBG Request	Column C Other Sources	Column D List Name(s) of Other Sources	Column E Total Budget
PERSONNEL (List Position titles and total funding request for program year including benefits)				
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
OPERATING COSTS (i.e. supplies, equipment, rent/lease, land acquisition, permits, fees, insurance, and other direct project costs)				
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
BUDGET TOTAL	\$	\$		\$

1. Cost per Participant

Based on the total CDBG funding request for this project and the anticipated amount of service recipients, what is the total CDBG cost per service recipient? (Divide the total CDBG request by the total number of service recipients)

2. Minimum Grant Amount

Given the potential cost burden associated with the administration of these grant funds, please indicate whether there is a minimum grant amount that your organization will accept:

3. Partial Funding

CDBG is not a guaranteed funding source. Please describe the effect of partial or no CDBG funding on the proposed project. Please indicate how the project would be adjusted to a funding amount that may be lower than the requested amount and how the project would be impacted.

4. Fundraising Activities

What fundraising activities has your organization undertaken in the past year and what has been the success of those activities?

5. Performance Measures and Other Information

Use this section to describe your performance measures. You may also include additional justification for this project or to discuss any project information that has not been addressed elsewhere in this application.

Conflict of Interest and Application Authorization

Conflict of Interest:

Federal, State, and City law prohibits employees and public officials of the City of Redding from participating on behalf of the City in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicants family members or business partners is or has been within one year of the date of this application one of the following: (1) a City employee or consultant, (2) a City Council Member, or (3) a member of the Community Development Advisory Committee (CDAC).

Checking the **Yes, possible conflict of interest** box does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.

No; no conflict of interest.

Yes; possible conflict of interest. (Please Explain Below)

Authorized Signature:

To the best of my knowledge, the information provided on this application and all attached forms is true and I am authorized to submit this application on behalf of the applicant's organization/ agency.

Name and Title: _____ Phone: _____

Signature: _____ Date: _____