



Town of  
Apple Valley

**TOWN OF APPLE VALLEY  
CDBG/HOME PROPOSAL APPLICATION  
FY 2017-2018**



**FINAL DUE DATE: December 19, 2016 4:30 P.M.  
NO EXCEPTIONS**

FOR OFFICE USE ONLY...	
Proposal ID: _____	Amount Requested: \$ _____
Date Received: _____	Amount Recommended: \$ _____

Answer all questions which are applicable to your project as specifically as possible and attach the required and supporting documentation. Please use separate applications if applying for more than one (1) program/project.

**Use tab key to move through fields/Shift + tab moves back to previous field**

**General Information**

<b>Amount Requested (rounded to nearest \$1) (Minimum request/funding allocation \$5,000)</b>	
<b>CDBG Project Name:</b>	
<b>Name of Organization:</b>	
<b>Address (Administrative Office)</b>	
<b>Mailing Address:</b>	
<b>Zip Code</b>	<b>Facsimile Number</b>
<b>Name and Title of Contact Person</b>	
<b>Telephone Number</b>	<b>E-mail Address</b>
<b>DUNS Number</b>	<b>Federal Identification Number</b>
<b>501 (C)(3) Number</b>	
<b>Organizational Structure</b> <input type="checkbox"/> <b>Government or Public Agency</b> <input type="checkbox"/> <b>Non-Profit Organization/Corporation</b> <input type="checkbox"/> <b>Other (Specify)</b>	
<b>Town of Apple Valley Business License Number</b>	
<b>Location of Project (Site Address)</b>	
<b>Legal property Owner</b>	
<b>Project Title</b>	
<b>Program is</b> <b>New for our agency</b> <input type="checkbox"/> <b>An Ongoing Program</b> <input type="checkbox"/>	
<b>Is the program/project located within the Town's CDBG Target Areas (see attached map)?</b>	
<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

Provide a brief description of the proposed activity. Describe: 1) The client base to be served; 2) How and when the service will be provided; and 3) Who will provide the services, i.e., trained volunteers, licensed counselors, medical doctors, etc. 4) Describe in detail the specific service(s) to be provided


**Experience**

Is this agency currently funded by the Town of Apple Valley?    **Yes**             **No**   
 Has this agency previously administered CDBG Funds            **Yes**             **No**

Please describe the agency's experience with CDBG funds:


If the agency has not previously administered CDBG funds, describe the applicant's grant management experience, or how administration of CDBG funds will be managed.


**National Objective and Strategic Plan Priorities**

1. Please check the box next to HUD National Objective that applies to this program. You must meet at least one National Objective if your program/project is to be considered eligible for CDBG funding.

- This program principally serves low and moderate-income persons;
- This program aids in the prevention or elimination of slum and blight, or
- This program addresses a recent and urgent community development need (as defined by HUD)

2. If your program meets the National Objective of principally serving low and moderate-income persons, please check the box that best describes how your program meets this objective. (Select only one).

- You receive income verification from each program participant
- Your program serves only a CDBG Target Area (attach CDBG Target Area Map showing area)
- Your program serves only the following clients (select only one):
 

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

3. Check the goals/needs below that this program will meet from the Town's Consolidated Plan. Your activity must meet at least one priority if the program/project is to be considered eligible for CDBG funding.

**Note: Priorities for goals and needs will be discussed at community and stakeholder meetings scheduled for November/December 2016.** Your participation in these meetings and outreach to clientele will help to determine these goals and priorities.

- Preserve the existing housing stock- rehabilitation
- Expand the supply of affordable housing- acquisition/new construction
- Assist in reducing housing costs of extremely low and very-low-income households- weatherization, replacement of major building components, resolve health and safety issues
- Increase affordable homeownership opportunities- down payment assistance
- Eliminate blighted conditions and substandard housing through enhanced code enforcement activities/ eliminate substandard and blighted conditions through demolition
- Provide shelter and related support services to meet the needs of the homeless population and support the development of a continuum of care system on a region wide basis
- Assist special needs persons with reducing housing costs and meeting their rehabilitation needs- accessibility improvements
- Affirmatively further fair housing and equal access to opportunity for federal, state and local protected classes
- Coordinate public and private efforts to reduce lead based paint hazards and protect young children
- Create safer, more attractive and more accessible neighborhoods and stimulate economic growth and opportunity through the improvement of infrastructure and transit
- Provide public facilities and park improvements
- Provide funding to non profit agencies to expand their services to persons in need.
- Expand the economic base and promote greater employment opportunities for residents

**Performance Measurements**

All programs/projects are required to link goals and activities with objectives, outputs, and outcomes (goals vs actual ). **Please do not over estimate goals. Data received from funded activities will be directly transmitted to HUD.**

1. Describe briefly the overall mission of your agency and/or goal that this program/project plans to address.


2. Using the table below, check the box that best describes the HUD defined outcome and objective that your proposed program/project will meet (select only one). Most public service agencies will select “Enhance suitable living environment through new/improved accessibility” and “Provide economic opportunity through new/improved accessibility.”

Outcomes→ Objectives↓	Availability/ Accessibility		Affordability		Sustainability	
<b>Suitable Living Environment</b>	<input type="checkbox"/>	Enhance suitable living environment through new/improved accessibility	<input type="checkbox"/>	Enhance suitable living environment through new/improved affordability	<input type="checkbox"/>	Enhance suitable living environment through new/improved sustainability
<b>Decent Housing</b>	<input type="checkbox"/>	Create decent housing with new/improved availability	<input type="checkbox"/>	Create decent housing with new/improved affordability	<input type="checkbox"/>	Create decent housing with new/improved sustainability
<b>Economic Opportunity</b>	<input type="checkbox"/>	Provide economic opportunity through new/improved accessibility	<input type="checkbox"/>	Provide economic opportunity through new/improved affordability	<input type="checkbox"/>	Provide economic opportunity through new/improved sustainability

3. Using the template below, please provide an outcome statement summarizing the outputs, outcomes, activities and objectives of your proposed program/project. For a complete outcome statement, be sure to include all four elements; **Output + Outcome + Activity + objective.**

**Example: Output** (50 low and moderate-income persons) + **Outcome** (were provided new/improved accessibility) **Activity** (to counseling services) + **Objective** (for the purpose of enhancing their living environment).


**CDBG Regulation Citation**

Select the eligibility category that pertains to your project:  
*(Most public service organizations will meet the Low/Mod Limited Clientele Benefit category)*

<input type="checkbox"/> Low/Mod Area Benefit	570.208(a)(1)	<input type="checkbox"/> Low/Mod Housing Benefit	570.208(a)(3)
<input type="checkbox"/> Low/Mod Jobs Benefit	570.208(a)(4)	<input type="checkbox"/> Low/Mod Limited Clientele Benefit	570.208(a)(2)
<input type="checkbox"/> Slums/Blight Area Benefit	570.208(b)(1)	<input type="checkbox"/> Slums/Blight Spot Benefit	570.208(b)(2)
<input type="checkbox"/> Slums/Blight Urban Renewal Benefit	570.208(b)(3)	<input type="checkbox"/> Urgent Need	570.208(c)

**Type of Accomplishment**

Select the category type your program is designed to serve. **Indicate the number of Apple Valley clients or units of service you anticipate serving with the requested funds.** Provide numbers next to the applicable category. **Please do not over-estimate the number served. Choose one category only.**

Type	Number Served	Type	Number Served
People (General)		Elderly Households	
Youth		Businesses	
Elderly		Organizations	
Households (Housing)		Other	

**Past Performance (Capacity)**

Indicate how many unduplicated clients were served or how many unduplicated units of service were delivered (accomplishments) for the benefit of **Apple Valley residents/community during the most recent 12-month period:**\_\_\_\_\_

Indicate the total number of unduplicated accomplishments (Clients or Units of Service) achieved for the benefit of **all** jurisdictions (including Apple Valley) during the most recent 12-month period:  
 \_\_\_\_\_

Does your program have income eligibility requirements?     Yes         No

If not, how do you determine eligibility for participation in project or program?


**Purpose of this activity:** (Please check yes only if your services directly benefit the groups indicated below)

- To help prevent homelessness?                       Yes                       No
- To help the homeless?                                     Yes                       No
- To help those with HIV or AIDS?                     Yes                       No

**Location Type**

How will services be delivered? (Check one)

<input type="checkbox"/> Address (specify)
--

<input type="checkbox"/> Community-Wide
<input type="checkbox"/> Low Income Census Tract Area (specify, see map)

**PROPOSED BUDGET  
CONSTRUCTION & MAJOR EQUIPMENT PURCHASE ACTIVITIES  
(To be completed if requesting Capital Project Funds only)**

**New Construction/Rehabilitation/Equipment Purchase**

	Anticipated Costs	CDBG Amount Requested	Committed Funding Source	Committed Amount	Pending Funding Source	Pending Amount
Materials						
Labor						
Design & Engineering						
Equipment						
Other						
Total						

Location	
Ownership of facility/location	
Occupancy Terms if not owned by applicant	
If facility/location is not owned by applicant, is owner willing to enter into binding agreement?	
Description of Activity	
Scheduled Completion time?	
What is the current zoning?	
Is a Conditional Use Permit Required? If yes, please attach a copy of the permit.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Age of existing building, if applicable	
Is the building listed on any local, state, or national historic registers?	

## Acquisition

**Total Acquisition Costs: \$** \_\_\_\_\_

	Anticipated Costs	CDBG Amount Requested	Committed Funding Source	Committed Amount	Pending Funding Source	Pending Amount
Acquisition						
Inspection						
Escrow						
<b>Totals</b>						

Location	
Building Age:	
Name of project/building	
Description	
Current owner	
Current owner's address	
Owner phone number	
Broker name	
Broker phone number	

**BUDGET FOR CDBG FUNDING  
PUBLIC SERVICE ACTIVITIES  
JULY 1, 2017 TO JUNE 30, 2018**

**Please provide budget justification regarding positions, hourly rates, number of hours budgeted; types and estimated yearly utility costs, types and quantities of equipment, supplies, insurance, and other miscellaneous categories, as appropriate.**

**FUNDING SOURCE: APPLE VALLEY CDBG FUNDING**

<u>Category</u>	<u>CDBG</u>	<u>Other Funds</u>	<u>Line Item Description</u>
Salaries/Fringe Benefits (Position, hourly rate x number of hours per year)			
Consultant & Contract Services (Position, hourly rate x number of hours per year)			
Travel: (Specify purpose) Mileage/Rate _____X.56 Other			
Utilities (Specify type and estimate yearly expense)			
Insurance (Specify type)			
Equipment (Specify type and quantity)			
Materials/Supplies(Specify type)			
Miscellaneous			
<b>Sub Totals</b>			
<b>Total Budget (CDBG + Other)</b>			

**The minimum funding amount request for CDBG activities is \$5,000.**

**If requesting assistance for billing and/or acquisition, please include copies of Utility Bills/Supply Estimates/Office Equipment Costs, as applicable.**

**Proposed Budget Continued**

Please indicate any additional funding sources budgeted, allocated or requested for the program or project. Provide documentation for each committed funding source.

Funding Source	Amount	Purpose	(Please check one) Pending/Committed	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Certification**

The undersigned certifies that:

The information contained in the project proposal is complete and accurate;

The sponsor shall comply with all federal and Town policies and requirements affecting the CDBG program;

If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life; and

Sufficient funds are available to complete the project as described, if CDBG funds are approved.

\_\_\_\_\_  
Signature, Authorized Official

\_\_\_\_\_  
(Type Name and Title)

\_\_\_\_\_  
Date



# **APPLICANTS MUST SUBMIT ONE ORIGINAL OF THIS APPLICATION AND ALL REQUESTED DOCUMENTATION**

THE FOLLOWING DOCUMENTS MUST BE INCLUDED AT THE TIME OF APPLICATION SUBMITTAL OR THE APPLICATION IS SUBJECT TO REJECTION:

1.  Completed Application Form
2.  Copy of Articles of Incorporation;
3.  By-Laws;
4.  List of Board of Directors (full names, titles, term of office and addresses of all members);
5.  Organizational Chart
6.  Current Organizational Annual Financial Report (prepared by a qualified and independent entity);
7.  Copy of 501(c)(3);
8.  Current Fiscal Year Budget (Applicants must submit a proposed budget (page 6 for Construction and Major Equipment Purchase activities, page 7 for Acquisition, and pages 8 & 9 for Public Service activities. Applicants submitting for Construction and Major Equipment Purchase activities must have attended the current fiscal year Consultation Meeting and must have had prior discussions with the Town of Apple Valley CDBG Administrator.
9.  Agency's Mission Statement
10.  CDBG Target Area Map (If program is located within or will serve a target area)
11.  *Optional* - Please submit any additional information, such as newsletters, annual reports and fundraising literature that will assist the review committee in its evaluation of your application. Copy and size submittals to 8.5 x 11 format.

## **Instructions**

Completed application packets must be received by this office by 4:30 p.m., Monday December 19, 2016. Completed packets should include: a signed original along with attachments. Application must be unbound , one-sided and on 8 ½ X 11 paper. Do not include oversized or undersized pages. The application should not include any extraneous materials, unnecessary packaging, or a letter of transmittal, as they will be discarded. Please allow sufficient time if application is sent via mail or courier as applications received after the deadline cannot be processed.

# CPD Maps Consolidated Plan and Continuum of Care Planning Tool

Low-Mod Census Tracts



APPLE VALLEY

