



Town of
Apple Valley

**TOWN OF APPLE VALLEY
CDBG/HOME PROPOSAL APPLICATION
FY 2018-2019**



**FINAL DUE DATE: February 6, 2018 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

Amount Requested (rounded to nearest \$1) (Minimum request/funding allocation \$4,000)	
CDBG Project Name:	
Name of Organization:	
Address (Administrative Office)	
Mailing Address:	
Zip Code	Facsimile Number
Name and Title of Contact Person	
Telephone Number	E-mail Address
DUNS Number	Federal Identification Number
501 (C)(3) Number	
Organizational Structure <input type="checkbox"/> Government or Public Agency <input type="checkbox"/> Non-Profit Organization/Corporation <input type="checkbox"/> Other (Specify)	
Town of Apple Valley Business License Number	
Location of Project (Site Address)	
Legal property Owner	
Project Title	
Program is New for our agency <input type="checkbox"/> An Ongoing Program <input type="checkbox"/>	
Is the program/project located within the Town's CDBG Target Areas (see attached map)?	
Yes <input type="checkbox"/>	No <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 2017. Your participation in these meetings and outreach to clientele will help to determine these goals and priorities.

HOUSING

- Increase the supply of transitional housing for homeless, victims of domestic violence, etc.
- Increase the supply of affordable multi-family rental units
- Rehabilitation of low income owner occupied single family residences
- Increase the supply of affordable housing for low income veterans
- Increase the availability of down payment assistance for low income homebuyers
- Increase code enforcement activity in deteriorated areas to improve neighborhood esthetics/property values
- Reduce overcrowding in occupied properties
- Establish rent control for affordability
- Encourage development of inclusive housing development- mixed income

HOMELESS SERVICES

- Support development of ‘one stop’ resource centers to assist homeless/ at risk homeless by providing multiple reentry services at one location
- Support the provision of food and nutrition services
- Provide utility assistance to at risk homeless
- Support the Homeless Outreach Proactive Enforcement (HOPE) program
- Provide resource directories for available services
- Encourage collaboration between stakeholders to unify services
- Support efforts to increase volunteerism in human services programs

ECONOMIC DEVELOPMENT/EMPLOYMENT OPPORTUNITY

- Increase job opportunity through education and job training programs
- Encourage business development through business management education
- Collaborate with agencies providing trade skills training
- Encourage provision of education/training that meets the needs of local business
- Support job creation with proactive business development policies

HUMAN SERVICES

- Support programs that develop responsible, motivated and educated youth
- Support development of arts, music and culture
- Support programs that support a healthy lifestyle
- Develop public facility amenities that facilitate community involvement and recreation
- Disseminate fair housing information
- Encourage programs to unite youth, seniors, veterans and disabled persons in mentoring and caregiving

ACCESSIBILITY AND MOBILITY

- Support efforts to improve mobility in the community
- Identify and remove barriers that impede accessibility
- Support transit systems that improve access to employment, education, recreation, etc.
- Support collaborative efforts to improve community and regional transit

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	
Suitable Living Environment	<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
Decent Housing	<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
Economic Opportunity	<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						
Totals						

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, 2018 TO JUNE 30, 2019**

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 .535			
Utilities (Specify type and estimate yearly expense)			
Insurance (Specify type)			
Equipment (Specify type and quantity)			
Materials/Supplies (Specify type)			
Miscellaneous			
Sub Totals			
Total Budget (CDBG + Other)			

The minimum funding amount request for CDBG activities is \$4,000.

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., Tuesday February 6, 2018. 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

