



CITY OF LODI

APPLICATION FOR

**COMMUNITY DEVELOPMENT BLOCK GRANT
HOME FUNDS**

FISCAL YEAR 2006-2007

FINAL FILING DATE:

JANUARY 13, 2006

5:00 P.M.

(POSTMARKS NOT ACCEPTABLE)

SUBMIT ONE (1) ORIGINAL & TWO (2) COPIES TO:

**COMMUNITY DEVELOPMENT DEPARTMENT
CITY HALL - 221 W. PINE STREET
P.O. BOX 3006
LODI, CA 95241-1910**



GENERAL INFORMATION AND APPLICATION INSTRUCTIONS

- Copies of this application are available at the Front Counter of the Community Development Department, City Hall, 221 W. Pine Street, and through a link on the City of Lodi website: **www.lodi.gov**
- Submit one (1) original and two (2) hard copies of each application, as well as one (1) electronic copy.
 - The original and each copy must be three-hole punched.
 - The electronic copy must be submitted as a MS Word document.
 - Keep a copy of your submittal as a reference.
- Applications must be received at the Community Development Department by 5:00 PM, Friday, January 13, 2006.
- The application must be completed and submitted in its entirety. Any Questions that are deemed not applicable to your funding request should be marked N/A and included with the rest of the application.
- Application information can be submitted on attachments to the original application. The application should be noted *See Attachment #* for easy reference.
- Attachments must be numbered/lettered and must reference the corresponding Section and Question Number from the application.
- The City of Lodi reserves the right to assign funding allocation requests to a different funding source within the program based upon the availability and appropriateness of funding.
- Emergency Shelter Grant (ESG) funding applications should be submitted directly to the County of San Joaquin, Neighborhood Preservation Division, 1810 E. Hazelton Avenue, Stockton, CA 95205, within the same filing deadline.



Schedule of 2006/07 CDBG/HOME Application Reviews

December 6, 2005	Public Meeting - Application Period Open
January 13, 2006	Deadline for applications.
January 16-27, 2006	Initial review of applications. Contact made for clarifications or corrections to applications.
January 30, 2006 - February 10, 2006	Review of eligible applications and scheduled meetings with applicants. Prepare initial Staff recommendations.
February 8, 2006	Monthly CDBG Meeting with County.
<i>February 14, 2006</i>	<i>Shirtsleeve Presentation to City Council (Tentative)</i>
February 15, 2005	Set Public Hearing for March 1, 2006.
February 16, 2006	Presentation of Staff recommendations to City Manager, CDD and various department heads. (9AM - CM Conf Rm)
March 1, 2006	Public Hearing to consider allocation of 2006/07 CDBG/HOME Program funding.
March, 2006	Last day to submit approved allocations to County.
March/April 2006	SJ County Board of Supervisors approve entire package of CDBG/HOME Allocations.
July/August 2006	Authorization to proceed with funded activities after written notice.

SECTION I. GENERAL INFORMATION

1. Name of Organization: _____

2. Mailing Address: _____
Street (No P.O. Box Accepted) City Zip

Project/Program Location: _____
(If different from mailing address)

3. Contact Person: _____
Name Title

Business Telephone Number FAX Number

Email Address: _____

4. Executive Director/Chairperson: _____

Business Telephone Number Email Address

5. Amount of Funding Requested: \$ _____

- Funding Source:
- Community Development Block Grant (CDBG)
 - HOME Investment Partnership (HOME)
 - Emergency Shelter Grant (ESG)

6. Check the category which best describes the type of activity for which funds are being requested:

HOUSING.....(New construction, rehabilitation, acquisition.)

PUBLIC FACILITY.....(Acquisition, new construction, rehabilitation of a facility where a public service or program will be located.)

PUBLIC SERVICE.....(Operational costs of a service or program.)

ECONOMIC DEVELOPMENT.....(Job creation/retention.)

EMERGENCY SHELTER GRANT.....(Emergency shelter services for homeless.)

OTHER _____

SECTION II ORGANIZATION INFORMATION

1. Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Community Development
Housing Organization (CHDO) |
| <input type="checkbox"/> Faith-Based Organization ¹ | <input type="checkbox"/> For-Profit Organization |
| <input type="checkbox"/> Public Agency | |

2. Longevity:

a) Number of years organization has been in business: _____

b) Number of years organization has operated as a 501 (c) (3) _____

c) Has this organization operated under another name? Yes No

If Yes, list all previous names:

d) Number of years organization has conducted the **program** for which funding is requested: _____

SECTION III. FUNDING NARRATIVES (Attach additional sheets as necessary.)

1. Has your organization previously received CDBG, HOME, and/or ESG funding?

a. If yes, when?

b. How much? \$_____

c. Describe the specific use of that funding to date.

2. What other sources of funding are budgeted for the proposed activity? Please list all committed and proposed sources of funding for this project and indicate the status of each source. Attach copies of any commitment letters you may have.

3. If applying for CDBG funds for a Public Service or Economic Development activity, describe your organizations plan to become self-sustaining, thereby eliminating the need for future CDBG funds.

¹ Generally, a faith-based organization was founded or is inspired by faith or religion. Such organizations often choose to demonstrate that faith by carrying out one or more activities that assist persons who are less fortunate.

SECTION IV. PROJECT INFORMATION

A. PROJECT DESCRIPTION

1. Please provide a concise description of the proposed project (work to be performed, project to be undertaken, or services to be provided) and describe specifically how the requested funding will be used.

2. Describe the location of the proposed project and define the service area(s) for the proposed project. Attach a map denoting the described location and defined service area(s).

3. If this is a collaborative project, name the organizations involved and explain their involvement. Provide letters of intent from each participating agency specifying the agency's role and contribution to the project.

<p>COMPLETE QUESTIONS 4 THROUGH 10 FOR <u>HOUSING AND PUBLIC FACILITY</u> ACTIVITIES ONLY</p>
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4. Please describe all planning/predevelopment steps that have been completed to date. (e.g., architectural plans, engineering, land use approvals, permits, funding commitments, etc.)

5. When will construction start and end? (Include a detailed schedule with all critical milestones.)

6. Provide further information on building or property for which improvements are being proposed. Indicate whether it is owned or rented; if rented, provide conditions and terms of lease. Indicate whether property that would be renovated or purchased with CDBG or HOME funds is currently occupied for residential or commercial/industrial uses.

7. Does the proposed activity conform with the General Plan, zoning, and other regulations? Please describe all planning/predevelopment steps that have been completed to date. (i.e. architectural plans, engineering, land use approvals, permits, etc.).

8. Are there environmental issues, such as flooding, hazardous materials, lead-based paint, or historic preservation that will need to be considered?

Yes No

If yes, please explain.

9. Any construction project over \$2,000 will require payment of prevailing wages. Did you consider paying prevailing wages when developing your project budget?

Yes No

10. If the proposed project includes acquisition and/or rehabilitation of rental property that may require temporary, or permanent displace tenants, this project may be subject to the Uniform Relocation Act and therefore, your budget must include the cost of relocating the displaced tenant. Did you include relocation costs when developing your project budget?

Yes No

COMPLETE QUESTIONS 11 THROUGH 18 FOR PUBLIC SERVICES, ECONOMIC DEVELOPMENT, EMERGENCY SHELTER AND OTHER REQUESTS ONLY.

11. Describe the specific types of services/activities/projects that your organization provides, specifically as they relate to benefiting low and moderate income persons.

CITY OF LODI APPLICATION FOR PROGRAM YEAR 2006-07

12. Is this a new program/service or an expansion of an existing program/service? Please explain.

13. Please describe your organization’s history and experience in providing services to the community. (Provide number of years in operation and accomplishments to date.)

14. Explain how this program differs from other programs providing similar services in Stockton/San Joaquin County. Also indicate any networking or collaboration which occurs with agencies or programs providing the same or like services.

15. Describe the organization’s outreach and service delivery methods.

16. What are the eligibility requirements for your participants? Describe the method you will be using to count and monitor the beneficiaries or program recipients.

17. Please state the average number of clients served, daily and annually by households or persons.

18. For **Economic Development** activities only, indicate the number of full-time and part-time jobs you expect to be created and retained, if your application is funded.

Job Type	Total Full-Time Jobs	Total Jobs Full-Time & Low-Income	Total Part-Time Jobs	Percent of Part-Time Jobs to be Low-Income
Expect to Create				
Expect to Retain				

B. PROJECT GOALS AND OBJECTIVES

1. What is the objective of the proposed project?

2. Describe, in **quantifiable** terms, the goals to be achieved by your project during the proposed funding period.

3. Describe how you will collect data to measure and evaluate your success in meeting your identified goals and objectives.

C. PROJECT BENEFICIARIES

All CDBG and HOME programs must primarily benefit lower income persons. Income verification is required to demonstrate benefit to a MINIMUM of 51 percent unduplicated extremely low-, very low- and low-income persons. Income verifications may include the following types of documentation: tax returns, receipt of public assistance, etc. For projects that provide 100% direct benefit, the project area census data should be included.

1. Indicate the target population(s) most applicable to your project:

<input type="checkbox"/> Abused Children	<input type="checkbox"/> Battered Spouses
<input type="checkbox"/> Severely Disabled Adults	<input type="checkbox"/> Homeless Persons
<input type="checkbox"/> Elderly Persons	<input type="checkbox"/> Migrant Farm Workers
<input type="checkbox"/> Lower Income Youth	<input type="checkbox"/> Lower Income Families
<input type="checkbox"/> Other or Low Income Persons	

2. Provide the number of people or households that will directly benefit from your program daily and annually. Indicate how these numbers were obtained or derived.

3. Describe the method that you will use to verify that beneficiaries are lower income persons including verification of income and residence.

4. Describe the method used to gather demographic and other statistics for reporting purposes. (Include the name of software, if applicable.)

D. DEMOGRAPHIC INFORMATION (Numbers provided should be based upon historic levels or supportable projections.)

1. Indicate the number of residents, by jurisdiction, expected to benefit from the proposed activity.

Stockton	_____
Unincorporated San Joaquin County	_____
Lodi	_____
Manteca	_____
Tracy	_____
Escalon	_____
Lathrop	_____
Ripon	_____
TOTAL	_____

2. Indicate the percentage of clients to be served by income level:

Extremely Low Income _____% (< 30% Median) Very Low Income _____% (31-50% Median) Low Income _____% (51-80% Median)

3. Indicate the percentage (%) of Clients by sex to be served:

Male _____% Female _____%

4. Indicate the percentage (%) of clients to be served by age group:

0-5 _____%, 6-12 _____%, 13-21 _____%, 22-54 _____%,
55-75 _____%, Over 75 _____%

5. Indicate the number and percentage of the clients to be served:

	NUMBER	PERCENTAGE
American Indian or Alaska Native		
Asian		
Black or African American		
Hispanic		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		
TOTALS:		
Handicapped		
Female Head of Household		

6. What is the basis for the provided demographic information?

E. PROJECT PHASING

1. Can the proposed project be divided into smaller projects, if necessary?

- Yes No

2. Is the proposed project part of a larger project involving more than one phase?

- Yes No

3. Please attach a description and map of the overall project area for environmental assessment purposes.

- Attached Previously Provided

SECTION V. FINANCIAL INFORMATION

1. For CDBG and HOME applicants, provide a proposed line-item budget for this activity indicating the sources and uses of funds. The format for the budget should be four columns with the first column consisting of a line item description; the second column indicating, by line item, the proposed expense/revenue excluding proposed CDBG/HOME assistance; the third column indicating the proposed CDBG/HOME assistance in the appropriate line(s); and the fourth column totaling columns 2 and 3 and reflecting the agencies proposed fiscal year budget. (Sample line-item budget can be found on the last page of the application.)
2. Provide a copy of your organization's financial statement for the most recent completed fiscal year. Include a balance sheet and income and expenditure statement.
3. Provide a copy of letter or audit indicating review of most recent financial statement from certified and/or public accountant.
4. If non-profit, provide proof of non-profit status; copy of determination letter from State Franchise Tax Board or Federal Internal Revenue Service confirming non-profit status.

SECTION VI. AUTHORIZED SIGNATORY

I hereby certify that I have read this application and the exhibits thereto, and know the contents thereof, and that the statement therein are true, and that I have been authorized by the governing board to submit this application.

Authorized Representative Signature

Date

Printed Name and Title

SAMPLE BUDGET WORKSHEET

Note: The completed sample worksheet is intended to show the level of detail the City and County is seeking for the budget only and does not necessarily reflect appropriate project cost effectiveness, leveraging ratios, or other application criteria.

Applicant: WE'RE THE BEST ORGANIZATION	Activity Cost		
Activity: ABC PUBLIC SERVICE ACTIVITY			
Program Implementation (Direct Program Cost)	CDBG Only	Other Sources	Total
Task 1: Develop workshop training materials	\$10,000	\$5,000	\$15,000
Task 2: Newspaper ads for workshop (12 @ \$125 ea)	\$1,000	\$500	\$1,500
Task 3: TV and radio ads (6 @ \$350 ave. ea)	\$10,000	\$1,100	\$2,100
Workshop supplies (pencils, chalk, paper supplies, pens, etc.) @ \$5/student, 300 students per year	\$0	\$1,500	\$1,500
Workshop classroom rent, including utilities: 8 hrs./mo. @ \$ 25/hr for 4 months	\$800	\$0	\$800
TOTAL Program Implementation	\$12,800	\$8,100	\$20,900
Personnel/Other Costs (Program Administration)			
Workshop Coordinator: 1,000 hours @ \$25/hr., including benefits (developing and conducting workshops	\$25,000	\$0	\$25,000
Workshop Clerical Support: 240 hours @ \$11.50/hr., no benefits (typing workshop materials, program accounting)	\$2,760	\$0	\$2,760
Workshop Manager: 48 hours @ \$55/hr., including benefits (general grant administration)	\$2,640	\$0	\$2,640
Workshop staff travel expenses, 120 miles round trip @ .30 per mile	\$360	\$0	\$360
Annual subscription to "Workshop Times" magazine	\$0	\$25	\$25
1-day seminar "Workshop Techniques for the 21st Century" in Sacramento, August 2005, for 2 staff persons @ \$500 each (includes seminar fee, travel, lodging, and meals	\$0	\$1,000	\$1,000
TOTAL Personnel/Other Costs	\$30,760	\$1,025	\$31,785
TOTAL CDBG REQUEST	\$43,560		
TOTAL ACTIVITY COST - ALL SOURCES COMBINED TOTAL		\$9,124	\$52,685