



City of San Bernardino 2021-2022 CDBG Application Public Service Activity

Part 1: Agency Information

Name of Agency:

Agency Address:

Name of Activity:

Activity Address (if different from Agency Address):

Agency Address
 Existing Activity that will provide enhanced and/or expanded

Prior Years City of San Bernardino CDBG Funding:

	2017-2018	2018-2019	2019-2020
CDBG Funds Awarded			

Amount Spent:

Agency Type (Check One)
 Public/Quasi-Public
 For-Profit
 Non-Profit

(If a Non-Profit, attach verification of 501 (c)3 status)

Employer Federal ID#: _____ DUNS Number: _____

Contact person for contract award (name, title, phone and email address):

	Name:
	Title:
	Phone:
	Email:

Contact person for application (name, title, phone and email address):

	Name:
	Title:
	Phone:

	Email:
Two officials authorized to sign contracts and expend funds for the organization (name and title):	
	Name:
	Title:
	Name:
	Title:

PART 2: Statement of Applicant

The undersigned acknowledges the following:

1. By submission of this application, the organization agrees that the application will become a public document.
2. To the best of his/her knowledge and belief, all information provided is true and correct and all estimates for funding and/or accomplishments are reasonable.
3. No revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
4. The City of San Bernardino may request or require changes in the information submitted which it deems reasonable for any and all information provided.
5. If the activity is recommended and approved by the Mayor and City Council, the City reserves the right to fund less than the full amount requested. The City also reserves the right to reduce and/or cancel the allocation if federal entitlement funds are cancelled, reduced, or rescinded.
6. The City of San Bernardino reserves the right not to fund any submittals received.
7. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
8. The past program and financial performance will be considered in reviewing this application.
9. Services funded with City of San Bernardino CDBG funds are only to be provided to eligible San Bernardino Residents at no cost during the grant period.
10. If this activity is funded, the City or a designated agency by the City will conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for program expenditures.
11. If the program is funded, the City will perform an environmental review prior to the obligation of funds.
12. If the program is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention, reporting, accomplishments, and all local and federal requirements.
13. Program funding does not guarantee its continuation in subsequent program years.
14. Proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the City, its employees and agents as additional insured) must be submitted to the City prior to receiving funds.
15. Written signature authority from the organization's governing body indicating who can execute contracts and amendments on its behalf will be submitted to the City prior to receiving funds.
16. The organization agrees to abide by the City of San Bernardino Conflict of Interest Policy. Areas of concern would include Board of Directors or staff member's families having a monetary interest in any contract, and other matters that may give the appearance of a conflict of interest.

By signing below, the applicant acknowledges the above.

Name: _____ Title: _____
Signature: _____ Date: _____

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Part 3. Program Description

Please describe the activity and how CDBG funds will be used. If the program is a continuation of a currently funded CDBG activity, please explain how the services will be expanded or modified.

(Be concise in stating the nature and eligibility of the project, reasonable start and end dates, program costs, positions and operating expenses to be funded. Please do not exceed space provide for all narrative responses). [24 CFR 570.200(a), 570.201 - 570.208, 570.503]

Please describe the target population and number of unduplicated San Bernardino residents to be served from the approval of this activity through June 30, 2022. Describe how the expected number of clients was determined. Explain why this program is needed for this target population. [24 CFR 570.200(a), 570.201 - 570.208, 570.503]

Describe the activity marketing/outreach and service delivery method.

(Please describe how you will reach your target population and how your activity will be carried out, what service(s) will be provided and who will deliver those services.) [24 CFR 570.200(a), 570.201 - 570.208, 570.503]

State the program outcomes and objectives. Indicate how the outcomes and objectives will be measured.

(Outcomes and objectives must be results-oriented, specific, and measurable. For example, if the program is a workshop, list the number of workshops, how many participants are expected to attend, and how the benefit(s) to the participants will be demonstrated.)

[24 CFR 570.200(a), 570.201 - 570.208, 570.503]

Part 4: Operating Budget

(Provide a summary of operating expenses for the Agency as a whole and for the proposed activity seeking CDBG funding. The activity budget must reflect only those costs serving CDBG-eligible San Bernardino residents. Please round up to the nearest dollar.) [24 CFR 570.502 - 570.504, 570.506, 570.507, 5760.610; CFR Parts 84 or 85, and OMB Circular A-87, A-122 Treasury Circular 107.5]

	Total Agency Budget*	Proposed CDBG Budget		
		City of San Bernardino CDBG	Leveraged Funds**	Total CDBG Program
Personnel Services				
Salaries				
Benefits				
Other				
Personal Services Subtotal				
Supplies				
Office Supplies				
Postage				
Other				
Supplies Subtotal				
Direct Client Services (DCS)				
a.				
b.				
c.				
Direct Client Services				
Operating Expenses (OE)				
Telephone				
Utilities				
Rent (Facility)				
Liability Insurance				
Printing				
Training				
Travel				
Audit				
Other				
Operating Expenses				
Other Operating Expenses (OOE)				
a.				
b.				
c.				
Other Operating Expenses				
Total Operating Budget				

* Attach a copy of the Agency's most recent audited financial statement, or, if your organization is not required to perform audits, copies of your most recent balance sheet and income statement.

** Leveraged funds are not required for CDBG funded activities, but will enhance your proposal. Leveraged funds are the other non-CDBG funds that will be used in conjunction with the CDBG request to complete the activity. Leveraged funds can be a combination of cash, gifts, in-kind donations, or volunteer labor. These funds must be firmly assigned to the activity and immediately available.

If leveraged funds will be used, please describe the source and amount of funds and how they will be used.

Part 5. Agency Experience

a. List and briefly describe similar activities your Agency has previously undertaken.

[24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85]

b. Discuss the outcomes of the activities mentioned above in measurable terms.

[24 CFR 570.200(a), 570.201 - 570.208, 570.503]

c. Explain how the Agency will verify that clients are eligible for CDBG assistance.
[24 CFR 570.200(a), 570.201 - 570.208, 570.503]

d. Describe the Agency's experience in working with CDBG and other federal funds in communities other than the City of San Bernardino. Include outcomes. [24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85]

e. Describe the Agency's experience in working with the City of San Bernardino CDBG and other funds. Please include outcomes. [24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85]

f. List the Agency's personnel, consultants, and/or volunteers who will be carrying out the program and their qualifications.

[24 CFR 570.506 - 570.507, 570.601, 507.602, 570.607(b), 570.610 - 570.611; 24 CFR Parts 84 or 85]

g. Describe the Agency. For each person listed in the previous question, please provide their salary, cost of benefits and the percentage of their time that will be charged to the program. For each position to be funded under this application, please attach a current job description.

[24 CFR 570.506, 570.507, 570.610; 24 CFR Parts 84 or 85]

h. Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. If none, please state none. [OMB Circular A-133]

Please attach a letter from your Executive Director or Board President describing the need for your program and how the program will meet that need.