



Housing & Neighborhood Services Division

# FY 2018-2019 Community Development Block Grant (CDBG) Program Funding Application (CFDA 14.218)

(FOR PUBLIC SERVICES AND PUBLIC FACILITIES APPLICATIONS AND PROPOSALS)

**Submission Deadline:**

Thursday, April 19, 2018 , 4:00 p.m.

For technical assistance, contact:  
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## **GUIDELINES FOR COMPLETION OF CDBG APPLICATION**

### ***GUIDELINES FOR PREPARATION OF PROJECT NARRATIVE***

- A. Statement of Problem/Need: Describe the problem or need that the proposed activity is intended to address, based on your understanding of the priorities.
- B. Target Population: Describe the characteristics of the population to be served (i.e., homeless, youth, seniors, persons with disabilities, etc.) or the area to be benefited, and how this population meets CDBG guidelines.
- C. Project Goal and Objectives:
1. State the overall goal of the project and list up to 3 specific objectives; describe the method of approach to be used to accomplish the goals and objectives. One of the objectives will be used for performance measurement during the year (measuring impact of the program).
  2. Indicate the number of service units that will be provided (for example, number of counseling sessions, health screenings, hours of after school activities, etc.), the number of unduplicated clients who will be served, the number of unduplicated clients who are low/moderate-income, and the number of unduplicated clients who are residents of Escondido.
- D. Project Description:
1. Describe the work to be performed, activities to be undertaken, or the services to be provided.
  2. Describe the procedures for documenting program participation, including the racial, ethnic, income and gender characteristics of participants.
  3. Describe the relationship of the proposed activity to other community services addressing the same or similar problem.
  4. Describe the level and form of coordination with other agencies or organizations in this project.
  5. Describe who will be involved with the project. If applicable, attach letters of intent from each participating agency specifying the agency's role, function and contributions to the project.
- E. Previous Accomplishments:
1. If the project has previously received City of Escondido CDBG funding, describe the accomplishments achieved with that funding and the degree to which the objectives were met. If there were difficulties in achieving the objectives, describe how these difficulties or obstacles will be overcome.
  2. If this is a new project, describe how the agency has managed similar projects in the past, the funding sources used in those projects and the accomplishments achieved.
- F. Evaluation:
1. Describe how the project will be evaluated and how the agency will determine outcomes of the project, i.e., the positive results that the project is intended to accomplish. Outcomes (measuring impact of the program) must relate back to objectives and the overall goal.
  2. State one objective (from C1) that will be used for performance measurement.

## ***GUIDELINES FOR PREPARATION OF AGENCY INFORMATION SUMMARY***

### A. Background:

1. Include the agency's mission statement.
2. Indicate the length of time the agency has been in operation and how long the agency has provided services to Escondido residents.
3. Describe the type of services currently being provided by the agency, including the number and characteristics of clients served.

### B. Qualifications:

1. Discuss the agency's capacity to develop, implement and administer the proposed project.
2. Discuss any other projects the agency has managed that are similar to the proposed project.
3. Provide a list of staff persons who will be involved with the project and their qualifications for this work.

### C. Financial:

1. Describe the agency's fiscal management, accounting systems, and audit practices.
2. Describe the experience of the agency in managing federal or State grants.

## ***GUIDELINES FOR PREPARATION OF ATTACHMENT A WORK PLAN***

The work plan should stand as an independent explanation of your proposal, i.e., a reader should be able to clearly understand what you are proposing to do, for whom, how you propose to do it, and by when, without referring to the project narrative. Using the attached work plan sample, **Example 1**, and guidelines below, describe your implementation schedule.

### **GOALS**

A goal is a general statement of how a group of individuals, system organization or community will be different as a result of your project. The statement describes who/what will be affected, in what respect they will be change/improved, and how this change will be accomplished.

#### **Example:**

The goal of the La Vida Buena Project is to increase years of healthy life among low income Hispanic residents of Escondido by reducing sedentary lifestyles to decrease the risk of chronic diseases.

### **OBJECTIVES**

Objectives are specific statements about what will be done to accomplish goals. They answer the basic questions of who, what, how and when. Objectives are specific, measurable and time-limited. Often a single goal has multiple objectives. Please complete a separate work plan form for each objective.

**Example:**

Involve 550 Hispanic adults in regular aerobic exercise by increasing the availability and accessibility of these activities in Escondido by June 30, 2015.

KEY ACTIVITIES

The Key Activities section of the work plan should provide a detailed description of the steps you will follow to accomplish the stated objectives. This section should demonstrate that you have thoroughly considered your proposal and clearly identified how you intend to implement it if funded. See **Example 1** for specific examples.

***GUIDELINES FOR PREPARATION OF THE BUDGET***

**THE BUDGET CONSISTS OF TWO PARTS -- A LINE ITEM BUDGET AND A BUDGET NARRATIVE.**

LINE ITEM BUDGET

- Please provide an itemized budget detailing all project expenses. Include the total cost of the project and indicate the amount of CDBG funds and other funding sources to be allocated to each line item. Please develop budget line items appropriate to your project expenses. Line items are not specified to accommodate the variety in types of project expenses submitted for CDBG funds. **Example 2 is provided as an example and is not intended to serve as a model.**

BUDGET NARRATIVE

- Please provide a description and justification of each budget line item. In general, each narrative statement should describe:
  - what the specific item is
  - how the specific item relates to the project
  - how the amount was arithmetically determined
- Please refer to **Example 3** for an example of the level and type of information to be included in the budget narrative.

**CITY OF ESCONDIDO  
COMMUNITY DEVELOPMENT BLOCK GRANT  
PROGRAM  
APPLICATION FOR FUNDS**

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City/State Zip

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address (if different than above): \_\_\_\_\_

Project Manager: \_\_\_\_\_

Brief Summary of the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Project Cost: \$ \_\_\_\_\_

Less Other Funding Sources (**Required**):

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total 2018-2019 CDBG Funding Request:** \$ \_\_\_\_\_

Which National Objective will be met? (Section B above) \_\_\_\_\_

Which local priorities will be met? (Section D above) \_\_\_\_\_

Number of unduplicated clients to be served during the year: \_\_\_\_\_

Has agency received past CDBG or human services funding through the City of Escondido?

\_\_\_\_\_yes \_\_\_\_\_no

If yes, please identify year, amount, and purpose (1995 to present only). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Agency Director or Board President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title:

## Application Document Checklist

A complete application for CDBG funding shall include the required information listed below. Applications/proposals should be presented in the following sequence:

- Project Narrative (Statement of Problem/Need, Target Population, Project Goal and Objectives, Project Description, Previous Accomplishments, and Evaluation)
  - Agency Information Summary (Background, Qualifications, Financial)
  - Application for Funds form (form on Page 4 of this packet)
  - Attachments:
    - A. Project Work Plan (form on Page 6)
    - B. Project Line Item Budget and Budget Narrative (form on Page 7, plus narrative)
    - C. Environmental Review form (form on Page 8)
  - Current List of Agency's Board of Directors
  - Proof of Tax Exempt Status (IRS letter)
  - Letters of Collaboration (if applicable)
  - Articles of Incorporation of Agency
  - By-laws of Agency
  - Request for Taxpayer Identification Number
  - Letter from Board of Directors designating the authorized agent for the contract
  - City of Escondido Business License (required, unless deemed exempt)
- Applications which are missing any of the above information will be deemed "incomplete" and may not be considered. City reserves the right to request clarification or any additional information deemed necessary from the applicant.
- Insurance requirements **must** be met before execution of the contract. Insurance is an eligible expense. (Guidelines for Obtaining Approval of a Certificate of Insurance Naming the City of Escondido as Additionally Insured are available from the Housing and Neighborhood Services Division Counter or, (760) 839-4579. An original Certificate and Additional Insured Endorsement must be submitted prior to contract execution.)

**ATTACHMENT A**  
**PROJECT WORKPLAN**  
**Fiscal Year 2018-2019**

**Organization:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Goal Statement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Objective:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Key Activities	Date

If the proposed program has more than one objective, please submit a separate work plan form for each objective. You may wish to make a copy of this page prior to completion.

**ATTACHMENT B**

**BUDGET**

**Fiscal Year 2018-2019**

Organization: \_\_\_\_\_

Project Title: \_\_\_\_\_

ITEM	ESCONDIDO FUNDING	OTHER FUNDS		PROJECT TOTAL
		AMOUNT	SOURCE	
<b>Personnel</b>				
Salaries/Labor				
Benefits				
Other				
<b>Operating Expenses</b>				
<b>Professional Services</b>				
<b>Total</b>				

A budget narrative must accompany this form.



**ATTACHMENT C**

**ENVIRONMENTAL REVIEW SECTION**

**FOR COMPLIANCE WITH FEDERAL REGISTER 24 CFR PART 58**

1. Project Name: \_\_\_\_\_
2. Supporting Agency/Representative: \_\_\_\_\_
3. Contact Name: \_\_\_\_\_ Phone/FAX: \_\_\_\_\_
4. Detailed Project Description (or attachment): \_\_\_\_\_
5. Location of Proposed Site (address): \_\_\_\_\_
6. \*Assessor Parcel Number: \_\_\_\_\_
7. \*Assessor Parcel Map - to be attached: \_\_\_\_\_
8. \*Zone and General Plan designation: \_\_\_\_\_
9. \*Permitted Use or Conditional Use: \_\_\_\_\_
10. \*\*Is the site within a 100-year or 500-year floodplain \_\_\_\_\_  
If yes, give community number and map panel number: \_\_\_\_\_
11. Size of Site: \_\_\_\_\_
12. Site of Facility (proposed or existing): \_\_\_\_\_
13. Size of Expansion (if proposed): \_\_\_\_\_
14. Number of Staff: \_\_\_\_\_
15. Number of Clients: \_\_\_\_\_
16. Schedule - Days & Hours of Operation: \_\_\_\_\_
17. Client Capacity & Staff Level: \_\_\_\_\_
18. Client Profile: \_\_\_\_\_
19. Amount of Funding Requested: \_\_\_\_\_
20. Is there more than one funding year involved? \_\_\_\_\_

\* Information available through City of Escondido's Planning Department (760) 839-4671

\*\* Information available through City of Escondido's Engineering Department (760) 839-4651 x3823

EXAMPLES

**Example 1**

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PROJECT WORKPLAN

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Organization: ABC Agency Fiscal Year 2018-2019

Project Title: Project Help

Goal Statement: Reduce the risk of violent crime and drug/alcohol use among middle school youth from low-income families in Mission Park Area by improving learning, social and parenting skills.

Objective: #3. By June 30, 2018, 100 low-income parents of Mission Middle School youth will have enrolled and 80 parents will have completed 4 parent education sessions.

Key Activities	Date
3.1 Conduct needs assessment with target population gatekeepers	10/31/15
3.2 Conduct focus groups with parents of participating youth to determine most effective approaches and strategies	11/30/15
3.3 Design parent education curriculum and program structure and materials	01/14/16
3.4 Train staff and parent volunteers to lead/facilitate parent education programs	02/01/16
3.5 Pilot parent education program at Grant Middle School	02/15/16
3.6 Graduation and evaluation	05/01/16

## Example 2

### BUDGET

Organization: ABC Agency Fiscal Year **2018-2019**

Project Title: Project Help

ITEM	CITY FUNDING	OTHER FUNDS		PROJECT TOTAL
		AMOUNT	SOURCE	
<b>PERSONNEL</b>				
<b>A. Salaries</b>				
1. Executive Director \$3,000/mo @ 5% for 12 mos		1,800	SDCF	1,800
2. Project Coordinator \$2,000/mo @ 100% for 11 mos	11,000	11,000	SDCF	22,000
3. Instructors 3 @ \$10/hr. 4hrs/wk, 18 weeks	2,160			2,160
<b>B. Benefits</b>				
20% of salaries	2,630	2,560	ABC	5,190
<b>OPERATING EXPENSES</b>				
A. Space Rent	1,080			1,080
B. Materials	175			175
C. Transportation	135			135
D. Incentives		1,890	ABC	1,890
<b>TOTALS</b>	17,180	17,250		34,430

## Example 3

### BUDGET NARRATIVE - PROJECT HELP

#### OVERVIEW

The total cost of Project Help is \$34,430. This proposal requests \$17,180 in CDBG Public Services funding from the City of Escondido. The agency also plans to generate \$17,250 from other sources to fully support Project Help. ABC Agency plans to provide \$4,450 from its reserve fund and has applied to the San Diego Community Foundation for the balance of \$12,800 to fully fund Project Help.

#### EXPENSES

##### I. PERSONNEL

###### A. Salaries

1. Executive Director - Provides general oversight and fiscal management for the project. \$3,000/month @ 5% for 12 months = \$1,800.
2. Project Coordinator - Provides program development and administrative management of project. \$2,000/month @ 100% for 11 months = \$22,000.
3. Instructors - Provide parent education classes. 3 instructors @ \$10/hr, 4 hrs/wk, 18 weeks = \$2,160.

###### B. Benefits

Includes health and dental coverage, social security, disability insurance and life insurance. Estimated at an average of 20% of salaries.  $\$25,960 \times .20 = \$5,190$ .

##### II. OPERATING EXPENSES

###### A. Space Rent

Rental of classroom space for parent education sessions. 3 rooms/week @ \$20 x 18 weeks = \$1,080.

###### B. Materials

Paper, notebooks and duplicating expenses to produce 100 parent notebooks and 8 facilitator notebooks. Estimate  $100 @ 50/\text{pgs} @ .03 + 8 @ 100/\text{pgs} @ .03 = \$175$ .

###### C. Transportation

Mileage for parent volunteers. 3 volunteers @ 10 mi/wk @ .25/mi x 18 wks = \$135.

###### D. Incentives

Cash stipends and discount coupons for focus group participants (12), childcare volunteers (5) and parent facilitators (4). Estimate 21 stipends @ average \$5 x 18 weeks = \$1,890.