

Community Grant Application

2017-2018 Application for Public Services Funding



Name of Organization: _____

Project Name: _____

Amount Requested: \$ _____ Tax ID #: _____

Briefly describe how funds will be used: _____

Organization Address: _____ City: _____

Zip Code: _____ Telephone: _____

Fax #: _____ **Has the organization received funding before:** _____

Type of Organization: Nonprofit For-profit Public/Quasi Public

This request is for a: New Program Existing Program

Funding Source Applying for: General Fund (community services, social services, housing programs, homeless services) CDBG - Federal Social Services

Contact person throughout administration of the program:

Name: _____ Title: _____

E-mail: _____

Two officials authorized to sign contracts and expend funds for the organization:

Name: _____ Title: _____

Name: _____ Title: _____

I hereby certify that if funds are granted to our organization, they will be used to benefit residents of the City of San Clemente. We understand that liability insurance will be required for our program activities and that our formal agreement with the City will define other reporting provisions and federally required assurances.

Name: _____ Title: _____

Signature: _____ Date: _____

PART I: Project Description

1. Describe the program/project. If applicable, how does it benefit income eligible populations in San Clemente?

2016 AMI Limits

Household Size	Extremely Low (30% AMI)	Very Low (50% AMI)	Low -Income (80% AMI)
1	\$20,500	\$34,150	\$54,600
2	\$23,400	\$39,000	\$62,400
3	\$26,350	\$43,900	\$70,200
4	\$29,250	\$48,750	\$78,000
5	\$31,600	\$52,650	\$84,250

(Please limit response to the space provided)

2. How does the program/project verify that clients served are low to moderate-income? If you are requesting CDBG funds this question must be answered.

Note: Check the appropriate population if the program/project targets clients representing populations that are presumed low-income. Otherwise, check the appropriate income verification method used in the program/project.

Not applicable; program does not collect income data.

POPULATIONS THAT ARE PRESUMED LOWER-INCOME:

- Elderly adults
- Severely Disabled Adults
- Abused Children
- Victims of Domestic Violence
- Illiterate Adults
- Homeless Persons
- Migrant Farm Workers
- People with HIV/AIDS

INCOME VERIFICATION METHOD

- Pay Stubs / Wage Statements
- W-2s
- Income Tax Returns
- Social Security Documentation (SSI/SSA)
- Bank Statements
- Support Checks Documentation
- Other: _____
- Other: _____
- Other: _____

How will the program/project increase or maintain clients' self-sufficiency? (check all that apply)

- Provision of decent, affordable housing
- Support services/case management (i.e. life skills, budgeting, parenting, etc.)
- Employment / job training
- Education (e.g. G.E.D. preparation/classes, etc.)
- Child Care Assistance
- Income Support
- Legal Assistance
- Health Care Assistance
- Substance Abuse Treatment
- Mental Health Assistance
- Transportation Assistance
- Eviction Prevention
- Job Search
- Housing Search
- Other: _____
- Other: _____
- Other: _____
- Not applicable

4. Describe the proposed program/project outcomes. Be sure to include what the goals are based on (e.g. past years experiences, data from similar programs, needs assessment reports, etc):

(Please limit response to the space provided)

5. What are the outputs used to measure whether the outcomes are achieved? (Refer to RFP for definition of outputs.):

- # of Case management hours
- # of Case management sessions
- # of Bednights
- # of Days housing provided
- # of Persons housed
- # Child care slots provided / # of families receiving childcare
- # of Completed job training program(s)/certifications
- # of Courses taken and/or completed
- Increased Income (# of clients with increased income)
- # of Employed Clients
- # of Clients who remained in their homes
- # of Clients receiving treatment
- # of Clients transported / # of trips delivered or made
- # of Contacts made
- # of Workshops presented / # of Workshop participants
- Other: _____
- Other: _____
- Not applicable

6. Briefly describe the organization's mission and how the program applies to that mission:

(Please limit response to the space provided)

PART II: Client Profile

7. Identify and describe the geographic boundaries of the target area to be served. Attach a map if appropriate (if City-wide, please indicate so).

8. Please complete the chart below:

	San Clemente	Total Clients	% of Clients from San Clemente
Number of clients served in FY 2015			
Number of clients served in FY 2016			
Number of low-income clients served in 2016 (income below \$74,950 for family of 4)			
Clients expected to be served <i>through the proposed activity (July 1, 2017 – June 30, 2018)</i>			

9. Please describe how the expected number of clients served from July 1, 2017 through June 30, 2018 was determined:

10. Describe your target population including any other characteristics of the target population, such as age, sex, ethnic background and other specialized characteristics.

(Please limit response to the space provided)

11. Describe the outreach, marketing plan, and/or activities to obtain potential clients from the target population?

(Please limit response to the space provided)

12. Briefly describe the experience / expertise of the main program/project staff in working with the target population:

(Please limit response to the space provided)

PART III: Program/Project Budget

- 13. Please provide a copy of the organization's budget and most recent audit, or if no audit is prepared, the IRS 990 Tax Return.

- 14. Please briefly explain how City funds will **improve** or **expand** your existing or proposed program/project.

(Please limit response to the space provided)

15. Please provide the proposed 2017/18 (your agency's fiscal year) program/project budget in the chart below. Include the amount of City of San Clemente funds requested for the applicable line item:

Line Item Budget	Budget Amount	City of San Clemente Funds
Personnel Services (detail below)**	\$	
Office or Operating Supplies	\$	
Consultant or Purchased Services	\$	
Rent/Utilities	\$	
Communications	\$	
Travel and Training (for staff):	\$	
Other (specify):	\$	
Other (specify):	\$	
Other (specify):	\$	
Other (specify):	\$	
Other (specify):	\$	
Other (specify):	\$	
Total Project Budget:		

**Personnel Services

If the request for funds includes any personnel services, include the last name and title/position of the person(s) to be supported with City funds:

LAST NAME	TITLE / POSITION
1.	
2.	
3.	
4.	
5.	
6.	
7.	

GRANT APPLICATION DEADLINE: January 23, 2017

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**SUBMIT TO: AMBER GREGG, CITY OF SAN CLEMENTE
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