



**CITY OF SAN CLEMENTE  
2024-2025 COMMUNITY DEVELOPMENT BLOCK GRANT**

**PUBLIC SERVICE GRANT APPLICATION**

**APPLICATION DUE: 5:00 P.M. JANUARY 23, 2024**

Submit 1 original application to:  
City of San Clemente  
Community Development Department  
Attn: Mike Linares  
910 Calle Negocio, San Clemente CA 92673

**Also, submit this [Application Form](#) (MS Word format) & other requested documents to:  
[LinaresM-Temp@san-clemente.org](mailto:LinaresM-Temp@san-clemente.org)**

Only complete applications will be considered. Use the checklist below to ensure your application package is complete. Ensure all required text fields and applicable boxes are completed or checked. Click on the applicable box to insert text or checkmark. Avoid hard returns within the text box. Narrative text fields are limited in space, so provide concise responses.

**PLEASE DO NOT MODIFY THE APPLICATION FORM** Organization Legal Name: \_\_\_\_\_

Proposed Program Name: \_\_\_\_\_

CDBG Amount Requested: \$\_\_\_\_\_

.... Application (including Attachment A: Proposed Budget & Attachment B: Proposed CDBG-Funded Personnel)

**SUBMIT THE FOLLOWING MATERIALS AS PDF FILES COPIED TO A USB DATA STORAGE DEVICE**

.... Proposed Program Application or Intake Sheet

.... IRS Tax-Exempt Documentation

.... Current Board of Directors Roster

.... Most Recent 990 Tax Filing (remove password protection)

.....Most Recent Financial Audit & A-133 Single Audit if applicable (remove password protection)

**Please do not submit testimonials, letters of support, or program literature.**

**APPLICANT GENERAL INFORMATION**

A. Organization Legal Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_

C. Proposed Program Name: \_\_\_\_\_

D. Check the **ONE** category that best describes the proposed program

- Youth             Senior             Disabled Adults     Low/Mod General  
 Homeless         Fair Housing     Housing

E. Is this application submitted by a faith-based organization?  Yes     No

F. Is this request for a New  or Existing  program?

G. Location of where service will be provided (i.e., specify if the program is citywide, a street address, a school site, Census Tract/Block Group etc.): \_\_\_\_\_

H. Person to contact regarding this application:

Name: \_\_\_\_\_                      Email Address: \_\_\_\_\_

Telephone: \_\_\_\_\_              Fax: \_\_\_\_\_

I. Federal Tax ID Number: \_\_\_\_\_                      Unique Entity Identifier No: \_\_\_\_\_  
(Required – see [www.sam.gov](http://www.sam.gov))

J. Organization officials that will execute the grant agreement (2 required):

Name: \_\_\_\_\_              Title: \_\_\_\_\_

Name: \_\_\_\_\_              Title: \_\_\_\_\_

**2. COMMUNITY NEED FOR PROGRAM**

- A. Summarize the proposed program and the nature/extent of San Clemente's need for the proposed program. Include information regarding the characteristics of persons to be served (e.g., age, disability, income situation, and other distinguishing characteristics) and data that supports the unmet need for the proposed program in San Clemente. \_\_\_\_\_
  
- B. Discuss if other organizations provide a similar service to San Clemente residents and how the proposed program differs or augments these similar services. Explain why this program is cost-effective compared to similar services provided by another agency. \_\_\_\_\_
  
- C. Provide the following information regarding the anticipated number of individuals to be served by the proposed program from **7/1/2024 - 6/30/2025**:
  - 1. How many unduplicated **individuals will benefit from the proposed activity regardless of City of residence**? \_\_\_\_\_ Individuals
  
  - 2. How many unduplicated **San Clemente residents will benefit from the proposed activity**? \_\_\_\_\_ Individuals
  
  - 3. Of the number of San Clemente residents listed in above (question C2), how many **Low/Moderate-Income San Clemente residents** will be assisted with the requested CDBG funds? \_\_\_\_\_ Individuals
  
- D. Provide a "breakdown" of the number of low/moderate-income San Clemente residents to be served by activity. Each resident obtaining services should only be counted once, even if they receive multiple services. See the example below.

SAMPLE PROGRAM SERVICE GOALS	
SC Residents	Type of Service Provided * If a resident receives multiple services, only count once. <i>Example: Resident receives food bank, rent &amp; utility assistance - resident only counted once under "Direct Assistance"</i>
20	Phone Referrals
50	Counseling Services
10	Food Bank
5	Direct Financial Assistance (rent, mortgage, utility assistance)
85	<b>TOTAL UNDUPLICATED</b>

Program Service Goals	
SC Residents	Type of Service Provided * <i>If a resident receives multiple services, only count once.</i>
	<b>TOTAL UNDUPLICATED</b>

- E. From the list below, select one HUD-required "Objective" and one HUD-required "Outcome" that the proposed activity will address.

**HUD Objectives**

- Create a Suitable Living Environment: Activity designed to benefit the community, families, or individuals by addressing living environment issues.
- Provide Decent Affordable Housing: Housing activity designed to meet individual family or community housing needs.
- Create Economic Opportunities: Activity such as economic development or commercial revitalization that creates or expands job opportunities.

**HUD Outcomes**

- Availability/Accessibility: Services, infrastructure, housing, or shelter will be made available/accessible to Low- & Moderate-Income people, including the disabled.
- Affordability: The activity will provide affordability for Low- & Moderate-Income people, including the creation/maintenance of affordable housing, basic infrastructure, or services.
- Sustainability (Promoting Livable or Viable Communities): The program/project will improve the community or neighborhoods by making them livable or viable by providing benefits to Low- and Moderate-Income people.

- E. Regarding the "Outcome" selected above, describe how the success and effectiveness of proposed services will be measured. Include a definition of success/effectiveness, tools to measure program success/effectiveness, and the percentage of individuals served that will meet the success/effectiveness threshold. Discuss steps to implement performance measurements. If outcome measurements are not in place. \_\_\_\_\_

**3. ORGANIZATIONAL CAPACITY AND EXPERIENCE**

- A. Summarize your organization's experience in carrying out the proposed program. Include information regarding the length of time providing service, professional qualification of staff (including license, academic credentials, etc.), and other relevant information. \_\_\_\_\_
- B. Has your agency previously received CDBG funding from the City of San Clemente? Yes  No
- C. Summarize your organization's experience administering CDBG public service grant funds.

Name of City or County Providing Prior CDBG \$	Year Funds Received	CDBG Grant Amount	Program Funded
		\$	
		\$	
		\$	

- D. Will volunteers, donated goods/services, and/or fundraising activities be used to supplement the proposed program? Yes  No  If "Yes," summarize these efforts. \_\_\_\_\_
- F. Compliance with OMB Circular A-133 (Single Audit):
  - 1. In any one of the past three years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes  No
  - 2. During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes  No  If "Yes," provide a copy of the most recent Single Audit. If "No," explain why a Single Audit was not prepared or provide a copy of the agency's most recent independent audit. \_\_\_\_\_

**4. PROGRAM INFORMATION AND BUDGET**

A. Complete the following budget summary for the proposed program.

- 1. 2024-2025 CDBG Grant Funds Requested: \$ \_\_\_\_\_
- 2. Total 2024-2025 Program Budget: \$ \_\_\_\_\_
- 3. Total 2024-2025 Budget for **all programs offered by your agency:** \$ \_\_\_\_\_

B. Identify how requested CDBG funds will be utilized (e.g., staff salaries, benefits, program supplies, insurance, direct client assistance, etc.). Include information on how requested funds will directly benefit San Clemente residents. (Ensure that **Attachment A, "Proposed Program-Budget,"** reflects this outline.) \_\_\_\_\_

C. Provide the following information regarding full-time, part-time, contract, and volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for personnel costs, **Attachment B, "CDBG Funded Personnel,"** must be completed.)

Full-Time staff: \_\_\_\_\_                      Part-Time staff: \_\_\_\_\_  
Contract staff: \_\_\_\_\_                      Program volunteers: \_\_\_\_\_

**5. CLIENT INTAKE INFORMATION**

- A. HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity, and income of assisted households.

Does the proposed program application/intake form collect this information?

Yes  No

If "**Yes**," how is the information documented?

1. Self-Certification:
2. Analysis of household income documents such as tax returns/paychecks:

If "**No**," how will this information be collected and/or reported to the City? \_\_\_\_\_

*Note: Income documentation is not required but requested for "**presumed beneficiary**" category clients. Per HUD regulations, presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, and migrant farmworkers. Documentation of "presumed beneficiary" status is required.*

- B. Will the proposed program exclusively serve presumed beneficiaries?

Yes  No

If "**Yes**," list the category \_\_\_\_\_

**6. CERTIFICATION**

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of San Clemente ("City") by the Board of Directors of **{Insert Applicant Name}** ("Applicant"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income San Clemente residents. Applicant understands that general liability, auto liability insurance, and workers' compensation insurance are required and will be provided per a grant agreement to be executed between the City and the Applicant. Applicant understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered according to this agreement and consistent with applicable federal regulations. If the Applicant fails to serve eligible San Clemente residents during the term of the contract or fails to substantially attain projected accomplishments (defined as at least 75% of the projected number of persons to be served), Applicant may be required to repay all or a portion of funds already disbursed to the Applicant by the City and/or forego receipt of additional grant funds. The Applicant also certifies that it complies with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide the program.

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

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

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Signature

Date



**ATTACHMENT A**  
**PROPOSED 2024-2025 PROGRAM BUDGET**

BUDGET CATEGORY	CDBG \$	OTHER \$	TOTAL \$
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**List Source of "Other" Program Funds**

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	ARE FUNDS ALREADY SECURED VIA CONTRACT?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>	<b>\$</b>	

**ATTACHMENT B**  
**PROPOSED CDBG FUNDED PERSONNEL**  
*(Only list staff for which CDBG funding is requested)*

Not Applicable – no CDBG funding is requested for staff.

**AGENCY ADMINISTRATION STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO SC CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO SC CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

**PROGRAM CONTRACT STAFF**

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO SC CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%