



**CITY OF HUNTINGTON BEACH  
COMMUNITY DEVELOPMENT BLOCK GRANT 2014/2015  
APPLICATION FOR NON-CONSTRUCTION/PUBLIC SERVICES**

**\*\*\*Applications must be received Friday, February 21, 2014 at 4:00 PM\*\*\***

PLEASE SUBMIT ONE ORIGINAL PROPOSAL TO:

**CITY OF HUNTINGTON BEACH  
ATTENTION: SIMONE SLIFMAN, PROJECT MANAGER  
OFFICE OF BUSINESS DEVELOPMENT  
2000 MAIN STREET  
HUNTINGTON BEACH, CA 92648**

**QUESTIONS: (714) 375-5186  
SIMONE.SLIFMAN@SURFCITY-HB.ORG**

Proposals must be consistent with the 2010-2015 Consolidated Plan adopted by the City of Huntington Beach. The Consolidated Plan is available for review online and at the City of Huntington Beach Office of Business Development at the above-listed address. Other resources available on the website include income guidelines, downloadable maps and a sample subrecipient agreement at: <http://www.huntingtonbeachca.gov/government/departments/ed/cdbg/>.

Please be sure to read and answer all questions fully. Keep answers informative, yet concise and add a supplementary page if additional space is needed. Only original, signed applications received by the deadline will be accepted. Postmarks will not be accepted in lieu of timely submittal. The City of Huntington Beach reserves the right to reject any or all proposals.

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**APPLICATION CERTIFICATION** – to be signed by a person with the authority to enter into an agreement or MOU; for example, a City Department Head, CEO, or Executive Director of a Non-Profit Agency.

Organization:

I certify that the application for Community Development Block Grant funds for 2014/2015 is true and correct. I understand additional documentation will be required if award is granted. If awarded CDBG funding, I understand that my organization will enter into a subgrantee agreement (or MOU if awarded to a City Department) and will be able to comply with HUD regulations and the City's insurance requirements, as shown in the sample subgrantee agreement, by November 30, 2013. Without entering into an agreement and having approved insurance certificates by the City Attorney, my organization will be required to forfeit CDBG funding.

Name:

Title:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Use Only:

HUD Matrix Code: \_\_\_\_\_

National Objective: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

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**APPLICANT INFORMATION**

Organization Name:

Contact:

Organization Address:

Federal Tax ID Number:

Telephone:

Fax Number:

Email:

**Nonprofit applicants must attach a form of confirmation of 501C status.** If awarded funds, Articles of Incorporation and listing of Board of Directors will be required.

**Applicants other than City Departments:** Please provide the mission statement and purpose of your organization:

**PROPOSAL SUMMARY**

CDBG Grant Request Amount:

New Project:      Yes      No

Project Name:

Continuation of Existing Project/Program?      Yes      No

Please describe the project you propose to implement with City of Huntington Beach CDBG funds and how the project will benefit the citizens of Huntington Beach:

From the City’s Consolidated Plan, please explain which priorities are advanced by your proposal. City the Priority, Needs, and Objective(s), if applicable, and reference the page number(s) of the Consolidated Plan. A link to the plan is on the front page of the application. Please attach a supplementary page if more space is needed.

**PROPOSAL DESCRIPTION**

HUD requires that the number of persons in a household, household income, ethnicity, and female head of household information is verified. Clientele are not allowed to self-certify their income.

**Attach a copy of your client data form. If not applicable, check here:**

a) Will this activity serve on a City-wide basis?                      Yes                      No

If not, then describe the neighborhood and/or service area where your program will be implemented and attach a map where this activity will be conducted.

b) For this particular project, complete the following table for the income categories of unduplicated numbers of persons or households for the years indicated:

Check One:                      Persons                      Households

	<b>2011/12 Actual</b>	<b>2012/13 Actual</b>	<b>2013/14 Estimated</b>	<b>2014/15 Projected</b>
Extremely Low Income 30% AMI				
Very Low 50% AMI				
Low 80 % AMI				
81% and above				
<b>Total all served</b>				
<b>Percent Low Mod</b>				
<b>Percent HB Residents</b>				

c) Describe your capacity to implement the program/project. You may include staff experience, licenses, credentials and facilities.

d) Is this project a collaborative effort?      Yes      No      If yes, please describe below.

e) Please describe in detail how you establish your client's eligibility for service.

f) What program outcomes, other than statistics of unduplicated people or households as required by HUD, are expected to be achieved by the program and what methods will be used specifically to measure such outcomes?

g) If your project will serve persons who are in a "presumed benefit" category (not subjected to income verification), then check here

*Presumed benefit:*

*Activities that exclusively serve a group of persons in any one or a combination of the following HUD-approved categories may be presumed to benefit 51% of the residents who are low to moderate income. Since these groups are presumed to be low and moderate income, individual income verification is not required, although other client statistics will be required. HUD presumed benefit categories include:*

<i>Elderly persons 62 years and older</i>	<i>Battered spouses</i>
<i>Homeless persons</i>	<i>Abused children</i>
<i>Migrant farm workers</i>	<i>Severely disabled adults</i>
<i>Persons living with HIV/AIDS</i>	<i>Illiterate persons (includes non-English speakers)</i>

- h) If there is a difference between 2013/2014 estimated service levels and the projected service levels for 2014/2015, briefly explain the reason for the projected difference and what data has been used to make these projections.

## BUDGET

Enter the amounts for each line item requested to be funded through the grant. If not currently funding by CDBG through the City of Huntington Beach, please leave that item blank. Personnel costs include salaries and benefits. Under "Operational Costs," identify each line item and the amounts to be funded through the grant and then enter a subtotal for total Operational Costs. Purchasing of equipment and supplies must be related directly to the delivery of service. Finally, please indicate the percentage of CDBG funds that are relevant to the total Huntington Beach activity. The budget will become an exhibit to the subrecipient agreement or MOU. If the grant award is less than requested, a revised budget will be required. Add additional pages if needed to fully present your budget.

### Specific Project Proposal – Budget Detail 2014-2015

	CDBG	Total Program	Number of CDBG-funded staff:
<b>Personnel</b>			
<b>Operating Costs</b>			
<b>1.</b>			<b>Notes:</b>
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>Operating Costs Subtotal</b>			
<b>PROGRAM TOTAL</b>			
<b>Percentage of CDBG</b>			

How will the project proceed if CDBG funding from the City of Huntington Beach is not provided?

Please complete the following to identify your funding resources:

	<b>2011/12 Actual</b>	<b>2012/13 Actual</b>	<b>2013/14 Estimated</b>	<b>2014/15 Projected</b>
CDBG Huntington Beach				
CDBG – Other Cities				
Other Government Grants				
Fund Raising				
Fees				
Private Grants				
<b>TOTAL:</b>				

**Nonprofit applicants:** Please provide a link to a location where your organization’s most recent IRS Form 990 can be found:

**For non-City applicants:** Please provide a link to a location where information can be found regarding compensation of your organizational executives: