



**CITY OF HUNTINGTON BEACH  
COMMUNITY DEVELOPMENT BLOCK GRANT 2020/2021  
APPLICATION FOR NON-CONSTRUCTION/PUBLIC SERVICES**

**\*\*\*Applications must be received by Friday, January 10, 2020 at 4:00 PM\*\*\*  
Please submit one original and 14 copies of the application package, including all attachments. Please  
review 2020/21 Application Handbook for submission instructions.**

**CITY OF HUNTINGTON BEACH  
ATTENTION: ROBERT RAMIREZ, E.D. PROJECT MANAGER  
Community Development/Business Development  
2000 MAIN STREET  
HUNTINGTON BEACH, CA 92648**

**QUESTIONS: (714) 375-5186  
[ROBERT.RAMIREZ@SURFCITY-HB.ORG](mailto:ROBERT.RAMIREZ@SURFCITY-HB.ORG)**

Please be sure to read and answer all questions fully. Keep answers informative, yet concise. 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 2020-2021 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 June 1, 2020. 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: \_\_\_\_\_



From the City’s 2015-2019 Consolidated Plan, please specify and explain which priorities and goals are advanced by the program proposed for funding. Please also specify the page number(s) of the Consolidated Plan you reference. You may attach a supplementary page if more space is needed, but please be concise. Priority Needs begin on page 95 of the Plan, in Section SP-25. Goals begin on page 110, in Section SP-45. A link to the plan can be found in the Application Handbook or directly at [http://www.huntingtonbeachca.gov/files/users/economic\\_development/HB-2015-2019ConsolidatedPlanAdmin.Amendment1.6.30.16.pdf](http://www.huntingtonbeachca.gov/files/users/economic_development/HB-2015-2019ConsolidatedPlanAdmin.Amendment1.6.30.16.pdf). **PLEASE NOTE:** The City is currently updating its 5-year Consolidated Plan, so the City’s Priority Needs for 2020-2024 have not been determined and will not be finalized until March 2020. Please review slides 42 – 51 for current survey results for 2020-2024 Priority needs at: <https://www.huntingtonbeachca.gov/files/users/business/2020-2024-Consolidate-Plan-Community-Meeting.pdf>.

**PROPOSAL DESCRIPTION**

HUD requires that the number of persons in a household, household income, ethnicity, and female head of household information is verified. For some programs age and address is also required.

**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) If your project will serve persons who are in a “presumed benefit” category (not subjected to income verification), 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>

c) 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>2017/18 Actual</b>	<b>2018/19 Actual</b>	<b>2019/20 Estimated</b>	<b>2020/21 Projected</b>
Extremely Low Income 30% AMI				
Very Low 50% AMI				
Low 80 % AMI				
81% and above				
<b>Total all</b>				
<b>Percent Low</b>				
<b>Percent HB</b>				

d) Describe your organizational capacity to implement the program/project, including financial capability, staff experience, credentials, and facilities.

e) Is this project a collaborative effort? \_\_\_\_Yes \_\_\_\_No If yes, please describe below.

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

g) Please identify anticipated qualitative outcomes to be achieved through the program and what methods will be used specifically to measure and evaluate such outcomes.

- h) For continuing programs of all kinds (regardless of previous CDBG funding from the City of Huntington Beach), if there is a difference between 2019/2020 estimated service levels and the projected service levels for 2020/2021, briefly explain the reason for the projected difference, and explain the data used to make these projections.

**BUDGET**

Enter the amounts for each line item requested to be funded through the grant **related to the program for which 2020/2021 CDBG funding is requested**. 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. 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 services. Indicate the percentage of CDBG funds that are relevant to the total Huntington Beach activity.

**Specific Project Proposal – Budget Detail 2020/2021**

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

Please complete the following to identify your funding resources for the program for which you are requesting 2020/2021 CDBG funding.

	<b>2017/2018 Actual</b>	<b>2018/2019 Actual</b>	<b>2019/2020 Estimated</b>	<b>2020/2021 Projected</b>
CDBG Huntington Beach				
CDBG – Other Cities				
Other Government Grants				
Fund Raising				
City				
Fees				
Private Grants				
<b>TOTAL:</b>				

Due to limited funding for public services, grant awards are often for less than the requested amounts. Please describe the specific adjustments that will be made to your program in the event this should occur.

**Nonprofit/Non-City applicants only:**

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

Please indicate the total annual organizational budget for your current fiscal year (all programs):  
\$ \_\_\_\_\_

Please provide the total salary of the organization’s highest compensated executive:  
\$ \_\_\_\_\_