CITY OF LAKE FOREST
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

2020-2021 APPLICATION

**** DO NOT MODIFY THE APPLICATION FORM ****

A. GENERAL GRANT APPLICANT INFORMATION

1. Name of Proposed Program: _____

2. Location Where Proposed Program Will Be Provided:

_____

3. Applicant Organization Full Legal Name: _____

4. Mailing Address: _____

5. Federal Tax I.D. Number: _____

6. DUNS: _____

7. Name & Title of Applicant Primary Contact: _____

8. Are you a faith-based organization? Yes ☐ No ☐

   Telephone No: _____ Email: _____

9. Organization's Officials Authorized to Execute Contract (two are required):

   Name: _____ Title: _____

   Name: _____ Title: _____

Ensure you submit a complete application and Conflict of Interest questionnaire with original signatures and email the completed application electronically.

Also submit all of the documents listed in section III, B of the Application Instructions in PDF format on a CD-ROM or USB data storage device.

B. PROPOSED PROGRAM INFORMATION

1. Eligible service programs must meet one of three broad national objectives of the CDBG Program. Indicate which of the following national objective the proposed program will address:

☐ Provide benefit to low and moderate-income persons
☐ Aid in the prevention or elimination of slums or blight
☐ Meet a community development urgent need (i.e., disaster recovery from earthquake, floods, etc.)

2. Check the **ONE** category that best describes the proposed program:

☐ Elderly/Frail Elderly Services
☐ Physically/Developmentally Disabled Adults
☐ HIV/AIDS Services
☐ Fair Housing Services
☐ Mental Illness Services
☐ Other Public Services (Specify) _____
☐ Youth Services
☐ Crime Awareness
☐ Homeless Services
☐ Substance Abuse Services
☐ Childcare Services
☐ Health Services

3. Within the space provided below, identify the nature and extent of the community need in Lake Forest to be addressed by the proposed program.

4. In the space below, summarize how CDBG funds will be used. Specify if funds will be used for staff salaries/benefits, program supplies, rent, utilities, etc. If direct client services will be funded, specify the services, e.g., utility payments, rental assistance, etc.

5. In the space below, describe the characteristics of the targeted client population that will benefit from the proposed program. Including information such as age, income level, target area, and other unique characteristics as applicable.

6. Within the space below, describe your organizational and professional qualifications to carry out the proposed program including all appropriate staff professional credentials (as applicable) and related experience (with focus on positions proposed for CDBG funding).

C. PROPOSED PROGRAM BUDGET & GOALS

1. Provide the following proposed program budget information:

   Total agency budget (for **ALL** programs offered): $_____

   Total program budget (**ALL** funds for similar program offered at all public entities): $_____

   FY 2020-21 CDBG funds requested from Lake Forest: $_____

2. Provide the following information regarding the number of **unduplicated** clients to be served by the proposed program between 7/1/2020 & 6/30/2021:

   a. Total number of unduplicated clients to be served by the proposed program **regardless of city of residence**: _____

   b. Of the number of clients identified in "a," the total number of unduplicated **Lake Forest clients** to be served: _____

   c. Of the number of Lake Forest clients identified in "b", total number that will be assisted with requested CDBG funds: _____

3. Is funding request for a New ☐ or Existing ☐ program? If for existing program, how will this program be "expanded" from current program efforts (*limit response to space provided below)*?

4. Has your organization previously received ***ANY*** CDBG funding from the City?
   Yes ☐ No ☐

   If yes, identify the years, amounts and programs funded ***within the past five years***.

YEAR	CDBG GRANT AMOUNT	PROGRAM NAME

Within the past five years, if you also received CDBG funds from other entities, please provide the names of programs, amounts of CDBG received, and funding agencies.

PROGRAM NAME & YR.	CDBG GRANT AMOUNT	FUNDING AGENCY

6. Are you requesting CDBG funding for this program for FY 2020-21 from another city or the County? Yes ☐ No ☐

   If yes, from whom and how much?

CDBG GRANT AMOUNT	NAME OF AGENCY

7. All CDBG-funded activities must meet a HUD Objective and Outcome.

Objectives: Select **one** HUD objective that best applies to the proposed program:

☐ Suitable Living Environment – The activity is designed to benefit community, families, or individuals by addressing issues in their living environment.

☐ Decent Housing – The activity is designed to cover a wide range of housing opportunities that meet an individual family or community need.

☐ Creating Economic Opportunities – The activity will generate economic development, commercial revitalization, or job creation.

Outcomes: Select **one** HUD outcome that best applies to the proposed program:

☐ Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low and moderate-income persons, including individuals with disabilities.

☐ Affordability – The activity provides affordability in a variety of ways for low and moderate-income persons, including creation or maintenance of affordable housing, basic infrastructure hook-ups, or services.

☐ Sustainability (promoting livable & viable communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low and moderate-income persons, or by removing/eliminating slums/blighted areas.

D. PROPOSED 2020-2021 PROGRAM BUDGET

1. Complete the proposed program budget table below:

CATEGORY	LAKE FOREST CDBG	OTHER SOURCES	TOTAL BUDGET
Administration Staff Salaries & Benefits			0.00
Program Staff Salaries & Benefits			0.00
Program Supplies			0.00
Rent/Lease			0.00
Communications			0.00
Utilities			0.00
Insurance			0.00
Professional Services (specify below)			0.00
Other (specify below)			0.00
Other (specify below)			0.00
Other (specify below)			0.00
TOTAL	0.00	0.00	0.00

NOTE: If your program is approved for funding, your request for ***reimbursement*** of budget expenditures must be documented by receipts, time records, invoices, canceled checks, inventory records or other appropriate documentation which fully and completely disclose the amount and nature of the expenditure.

"OTHER" PROGRAM FUNDS TO ASSIST LAKE FOREST RESIDENTS

SOURCE OF "OTHER" PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 2020-21 VIA CONTRACT (RESPOND YES OR NO)
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
		Yes ☐ No ☐
TOTAL	0.00	

2. Provide a response to the following questions related to the proposed use of CDBG funds:

   a. Describe your plans to seek funding to supplement CDBG funding. Describe the sources which are secured and which are pending approval, the amounts sought, and the proposed use of those funds (*limit response to space below)*.

   b. Describe the use of donated goods and services. Estimate the value of these services and describe how you arrived at these amounts (*limit response to space below).*

c. Compliance with Single Audit requirements: In any of the past 3 years has your agency expended more than $750,000 in cumulative federal funds during one fiscal year?
Yes ☐ No ☐

If yes, did your agency prepare a Single Audit compliant with federal regulations?
Yes ☐ No ☐ If yes, provide a copy of most recently completed Single Audit. If no, explain why a Single Audit was not prepared (*limit response to space below).*

d. Discuss if the proposed program will assist Veterans and/or Veterans' families. Include information regarding the specific service to be provided, the number of individuals the program will assist (include the percentage of Veterans to be served by the proposed program), and how Veteran status will be verified (*limit response to space below).*

E. CERTIFICATION

I hereby certify that, if funds are granted from the City of Lake Forest, they will be used to benefit low- and moderate-income residents of Lake Forest. I understand that funding is provided on a reimbursable basis only, that proof of liability insurance will be required and that our formal agreement with the City will define other reporting and programmatic requirements.

I further certify that I am authorized on behalf of the applicant to submit this application for CDBG funding from the City of Lake Forest.

Name: _____ Title: _____

Signature:_____ Date: _____