# Application Package

# City of Hawthorne
# Community Development
# Block Grant Program

## Program Year 2010
July 1, 2010 to June 30, 2011

All applications must be completed and
submitted to the City Clerk's office
on or before
4:00 P.M., Thursday March 11, 2010.

City of Hawthorne
Dept. of Planning and Community Development
4455 West 126th Street
Hawthorne, CA 90250

# City of Hawthorne
# Department of Planning and Community Development

## Community Development Block Grant (CDBG) Program Guidelines

**All applications must be completed and submitted to the City Clerk's office on or before 4:00 P.M., Thursday March 11, 2010. Applications must be on the attached form. Incomplete or late applications will not be processed and will be returned to the applicant.** In order for the application to be considered complete, it must include all items listed in the application and application checklist, regardless of whether or not these items were submitted in prior years.

### What is CDBG?

The source of funding is from a Community Development Block Grant (CDBG) received through the U. S. Department of Housing and Urban Development. CDBG funds are for the specific use of benefiting low/moderate income households. In order to be eligible for these funds, your organization must provide a benefit to City of Hawthorne residents and be able to document that a majority (at least 51%) of the participants served have income at or below 80% of the median family income for the area, income shown below as moderate income:

| Household Size | Annual Income Limit | | |
|---|---|---|---|
| | Extremely Low | Low | Moderate |
| 1 | $16,650 | $27,750 | $44,400 |
| 2 | $19,050 | $31,700 | $50,750 |
| 3 | $21,400 | $35,700 | $57,100 |
| 4 | $23,800 | $39,650 | $63,450 |
| 5 | $25,700 | $42,800 | $68,550 |
| 6 | $27,600 | $46,000 | $73,600 |
| 7 | $29,500 | $49,150 | $78,700 |
| 8 | $31,400 | $52,350 | $83,750 |

### What is the Proposal Review Process?

All applicants (agencies) must be incorporated as a non-profit and have the proper IRS 503C tax exemption.

Public service proposals require signed acknowledgment that insurance coverage, including but not limited to Workers Compensation, General Liability and Professional Liability, will be required before CDBG funds can be made available to approved projects.

Public facilities proposals will not be accepted as complete without an Estimated Annual Maintenance and Operation Budget Form. These elements of the proposal provide assurances of long-term benefits to CDBG funded improvements.

The Department of Planning and Community Development will review all proposals for eligibility and consistency with the national CDBG objectives and the goals and objectives of the adopted Consolidated Plan. The proposal will be ranked as to whether it is incorporated in the Preliminary Action Plan recommendation to City Council.

The City Council will hold public hearings on the Preliminary and Final Action Plans prior to submission of the Action Plan, Program Year 2010 to HUD. It is anticipated that City Council will hold a public hearing on the proposed Preliminary Annual Plan in April, 2010. It is anticipated that City Council will hold a public hearing on the proposed Final Annual Plan in May, 2010. The City Council has the final decision authority in funding CDBG program proposals.

For more information, please contact:

City of Hawthorne
Department of Planning and Community Dev.
4455 West 126th Street
Hawthorne, CA 90250
Phone: 310-349 2970
Fax: 310-644 6685
E-mail: gmcclain@cityofhawthorne.org

# City of Hawthorne
# Department of Planning and Community Development

## Instructions for completing CDBG Project Proposals

Make sure you have the appropriate forms for your project. There are two proposal formats: **Public Service Program Proposal** and **Public Facilities Improvements Project Proposal**. The proposal forms may be copied. Submit only **one copy** of completed forms for each proposal. **An electronic copy may be submitted in lieu of a paper copy.**

**Section A:**

Complete all applicant (agency) information. Identify an individual contact.

**Section B:**

Provide a condensed project description. Identify the proposed project, its purpose and the intended beneficiary population.

For **Public Service Program proposals**, state how CDBG funds will be used to provide **new** or **expanded** services to specific eligible clientele.

For **Public Facilities Improvements Project proposals**, identify the proposed facility, state how it will be used and by whom.

**Section C:**

Project Characteristics—Complete each item to provide details necessary to evaluate the proposal.

**Section D:**

Project Budget—Estimate and itemize project costs. Itemize the proposed CDBG funding separate from other sources, as requested.

**Section E:**

State the amount of CDBG funds requested for the project.

Identify the sources and total amount of other funding represented in the project budget. This section must be signed by a person authorized to act on behalf of the Applicant (agency).

**Attachment A:**

Use Attachment A to provide a detailed description of the proposed project, its purpose and its expected benefits. The description must demonstrate the need for the project

and explain how it serves low/moderate income people.

**Attachment B:**

Board of Directors Affidavit

**Attachment C:**

Organization By-Laws—Which clearly define the Agency's purpose(s), organization and duties of its officers

**Attachment D:**

Charter of Articles of Incorporation

**Attachment E:**

Proof of IRS Tax Exemption Status

**Attachment F:**

Most recent audited Financial Statement or Audit Accounts

**Section F:** (Public Facilities Improvement Project Proposals Only)

Estimate annual expenses required to maintain and/or operate the facility. Itemize the maintenance and operation costs as needed to complete the budget form provided. List all planned sources of revenue to be used for maintenance and operation expenses.

**The application deadline is Thursday, March 11, 2010 at 4:00 P.M. Submit completed application to:**

**City of Hawthorne**
**City Clerk**
**4455 West 126th Street**
**Hawthorne, CA 90250**

## City of Hawthorne
## Department of Planning and Community Development

## Public Service Program Proposal—Program Year 2010

Public Service programs involve the use of CDBG funds to pay the non-construction costs of providing services such as: social services, employment, housing, legal, health, and education services. Federal regulations limit the use of CDBG funds for public services to 15% of the City's grant.

Answer all questions, which are applicable to your project as specifically and completely as possible. If more space is needed, attach separate sheets. Attachments A through F should be at the end of the individual proposal.

**Type or Print:**

**Section A. Applicant (agency) Information:**

Agency Name:_____

Agency Address:_____ Zip:_____

Contact Person:_____ Title:_____

Phone:_____ Fax:_____ E-Mail:_____

Agency Federal ID Number or Social Security Number:_____

**Section B. Project Description:**

Using 25 words or less, provide a concise description of the proposed program. A detailed project description is also required to be provided on Attachment A.

_____

_____

_____

_____

**Section C. Project Characteristics:**

Street address where the program will be carried out:

_____

Description of the community need(s) addressed by this proposal:_____

_____

_____

Estimate the number of people to be served by proposal:_____

Check the corresponding box which best describes the proposal:

☐ The project has income limits which limit participation exclusively to CDBG eligible income people.

☐ Project information on family size and income show that a majority (51% or more) of the clientele are people with household income, which does not exceed the CDBG eligible income limit.

☐ The project will benefit a clientele which is presumed by HUD to be low/moderate income (elderly people, disabled people, abused children, battered spouses, homeless people, illiterate people and people with AIDS).

| **Eligibility Characteristics** | **Number of Hawthorne Residents to be Served** |
|---|---|
| Extremely Low Income Individuals | |
| Low Income Individuals | |
| Moderate Income Individuals | |
| Elderly Individuals (over 62 years old) | |
| Disabled Individuals | |
| Battered Spouses | |
| Illiterate Individuals | |
| Abused Children | |
| Homeless Individuals | |
| **Total** | |

(Continued on next page)

☐ The project is of such nature **and location** that the clientele are from area(s) having a majority of CDBG eligible income households. Describe the geographic boundaries of the neighborhood, community or area in which clients of the proposed program reside

_____

_____

Can this project proceed on July 1, 2010? ☐Yes ☐No. If No, explain when the proposal would begin.

_____

**Section D. Program Budget:**

| **Budget Items** | **CDBG Share** | **Other Source(s)** |
|---|---|---|
| Personnel (including benefits) | $ | $ |
| Equipment (list on separate page) | $ | $ |
| Consultant Services | $ | $ |
| Rent | $ | $ |
| Utilities (list on separate page) | $ | $ |
| Audits | $ | $ |
| Other (list on separate page) | $ | $ |
| **Total Costs** | **$** | **$** |
| **Grand Total Costs CDBG + Other Source(s)** | **$** | |

Estimator (name and title):_____

**Section E. Amount of CDBG Funds Requested:**

Amount of CDBG funds requested in this application: $_____

Additional funds to be provided by Other Source(s) for this project. The date that the Other Source(s) of funds have been or will be awarded and available must be stated below:

Source:_____ $_____

Award Date:_____ Date Available:_____

Source:_____ $_____

Award Date:_____ Date Available:_____

Source:_____ $_____

Award Date:_____ Date Available:_____

**Total of Other Source(s) $_____**

Authorized Signature: To the best of my knowledge, the information provided on this application is true and I am authorized to submit this application on behalf of the applicant agency. Also, I acknowledge that insurance coverage including, but not limited to Compensation, General Liability, Automobile Liability and Professional Liability will be required before CDBG funds can be made available to approved projects.

Name:_____ Title:_____

Signature:_____ Date:_____

## Attachment A
## Detailed Project Description

## Attachment B
## Board of Directors Affidavit Authorizing Submission of Application

**Attachment C**
**Organization By-Laws**

## Attachment D
## Charter of Articles of Incorporation

**Attachment E**
**Proof of IRS Tax Exemption Status**

## Attachment F
## Most Recent Audited Financial Statement of Audit Accounts

## City of Hawthorne
## Department of Planning and Community Development

## Public Facilities Improvements Project Proposal—Program Year 2010

Public Facilities Improvement Projects include construction of public facilities, rehabilitation of public facilities, and improvements to make the facilities accessible to people with disabilities. Public facilities include, but are not limited to, senior centers, youth centers, day care centers, community centers, and counseling centers.

Read through the instruction and proposal forms. Answer all questions, which are applicable to your project as specifically and completely as possible. If more space is needed, attach separate sheets. Attachments A through F should be at the end of the individual proposal.

**Type or Print:**

**Section A. Applicant (agency) Information:**

Agency Name:_____

Agency Address:_____ Zip:_____

Contact Person:_____ Title:_____

Phone:_____ Fax:_____ E-Mail:_____

Agency Federal ID Number or Social Security Number:_____

**Section B. Project Description:**

Using 25 words or less, provide a concise description of the proposed program. A detailed project description is also required to be provided on Attachment A.

_____

_____

_____

_____

**Section C. Project Characteristics:**

Project street address:

_____

_____

Legal property owner:_____

Description of the community need(s) addressed by this proposed facility:_____

_____

_____

Estimate the number of people to be served by proposed facility:_____

Check the corresponding box which best describes the proposed facility:

☐ Programs in the facility have income limits which limit participation exclusively to CDBG eligible income people.

☐ There is project information on family size and income on programs in the facility, which shows that a majority (51% or more) of the clientele are people with household income, which does not exceed the CDBG eligible income limit.

☐ Programs in the facility will benefit a clientele which is presumed by HUD to be low/moderate income (elderly people, disabled people, abused children, battered spouses, homeless people, illiterate people and people with AIDS).

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| Eligibility Characteristics | Number of Hawthorne Residents to be Served |
|---|---|
| Extremely Low Income Individuals | |
| Low Income Individuals | |
| Moderate Income Individuals | |
| Elderly Individuals (over 62 years old) | |
| Disabled Individuals | |
| Battered Spouses | |
| Illiterate Individuals | |
| Abused Children | |
| Homeless Individuals | |
| **Total** | |

☐ The facility is of such nature **and location** that the program's clientele are from area(s) having a majority of CDBG eligible income households. Describe the geographic boundaries of the neighborhood, community or area in which clients of the proposed program reside.

_____

_____

Assessor's parcel number:_____

Square footage of proposed building:_____

Square footage of proposed addition to building:_____

Square footage of construction site parcel:_____

Service capacity of existing facility:

Improved capacity of facility:_____

Age of structure:_____ Historic status:_____

**Section D. Estimated Program Budget:**

Provide the financial data for the project as requested below for the appropriate project group. Costs should be based on the best information available. When preparing this data, consider the following: 1) project should be completed in one phase, if possible, or if phased, operational capacity of the phases should be independent of each other; 2) a phased project should be prioritized and broken into distinct parts, with estimated cost and priority for each part; and 3. apply Federal Prevailing Wage Rates.

| **Construction Items** | **CDBG Share** | **Other Source(s)** |
|---|---|---|
| Architectural/Engineering Services | $ | $ |
| Site Acquisition | $ | $ |
| Local Review Application | $ | $ |
| Construction | $ | $ |
| Other (list on separate page) | $ | $ |
| **Total Costs** | **$** | **$** |
| **Grand Total Costs CDBG + Other Source(s)** | **$** | |

Estimator (name and title):_____

**Section E. Amount of CDBG Funds Requested**

Amount of CDBG funds requested in this application: $_____

Additional funds to be provided by Other Source(s) for this project. The date that the Other Source(s) of funds have been or will be awarded and available must be stated below:

Source:_____ $_____

Award Date:_____ Date Available:_____

Source:_____ $_____

Award Date:_____ Date Available:_____

Source:_____ $_____

Award Date:_____ Date Available:_____

**Total of Other Source(s) $_____**

**Section F. Maintenance and Operation (M & O)**

All capital improvements to public facilities will require a proof that the applicant has sufficient capital to maintain the facility over time. The maintenance and operation cost for capital improvements to facilities is not eligible for CDBG funding.

Name and Address of M & O Entity:_____

_____

Federal ID Number of M & O Entity:_____

Estimated Annual Maintenance and Operation Budget

| **Maintenance & Operation Expenses** | **Estimated Cost** |
|---|---|
| **Utilities:** | |
| Electric | $ |
| Gas | $ |
| Water | $ |
| Telephone | $ |
| Disposal Service | $ |
| Other (list on separate page) | $ |
| **Utilities Subtotal** | **$** |
| **Materials:** | |
| Janitorial Supplies | $ |
| Office Supplies | $ |
| Recreational Supplies | $ |
| Ground Supplies | $ |
| Other (list on separate page) | $ |
| **Materials Subtotal** | **$** |
| **Insurance:** | |
| Liability | $ |
| Fire | $ |

| Maintenance & Operation Expenses | Estimated Cost |
|---|---|
| Other (list on separate page) | $ |
| **Insurance Subtotal** | **$** |
| **Personnel:**<br>(list # of people and man hours based on 2080/hours per year. Dollar value must include salaries and benefits) | |
| # of People Man-Hours | |
| Maintenance | $ |
| Secretary | $ |
| Administrator | $ |
| Staff | $ |
| Other (list) | $ |
| **Personnel Subtotal** | **$** |
| **Grand Total Annual Maintenance & Operation Expenses** | **$** |

Revenue Source(s) (list all sources such as budget sources, membership, user fees, grants, etc)

| Revenue Source(s) | Estimated |
|---|---|
| | $ |
| | $ |
| | $ |
| | $ |
| | $ |
| **Budget Revenue Total** | **$** |

Authorized Signature: To the best of my knowledge, the information provided on this application is true and I am authorized to submit this application on behalf of the applicant agency. Also, I acknowledge that insurance coverage including, but not limited to Compensation, General Liability, Automobile Liability and Professional Liability will be required before CDBG funds can be made available to approved projects.

Name:_____ Title:_____

Signature:_____ Date:_____

# City of Hawthorne
# Department of Planning and Community Development

## Application Packet Checklist

check

**Public Service Program Proposal**

- ☐ Application: Sections A through E
- ☐ Attachment A: Detailed Project Description
- ☐ Attachment B: Board of Directors Affidavit
- ☐ Attachment C: Organization By-Laws
- ☐ Attachment D: Articles of Incorporation
- ☐ Attachment E: IRS Exemption
- ☐ Attachment F: Audit Statement

**Public Facilities Improvement Project Proposal**

- ☐ Application: Sections A through F
- ☐ Attachment A: Detailed Project Description
- ☐ Attachment B: Board of Directors Affidavit
- ☐ Attachment C: Organization By-Laws
- ☐ Attachment D: Articles of Incorporation
- ☐ Attachment E: IRS Exemption
- ☐ Attachment F: Audit Statement