

**CITY OF LYNWOOD  
COMMUNITY DEVELOPMENT BLOCK GRANT  
FISCAL YEAR 2017-2018  
PUBLIC SERVICE APPLICATION**

\*Applications must be submitted to Lynwood’s CDBG Division at 11330 Bullis Road, Lynwood, CA 90262 on Monday, March 6<sup>th</sup>, 2017 at 5:00 p.m. Late applications will not be accepted.

\*\* Prior to submitting a proposal, it is required that you review "Playing by the Rules: A Handbook for CDBG Sub-recipients on Administrative Systems" with special attention to Chapters two and five. The handbook can be located on the internet at the following link: [http://portal.hud.gov/hudportal/documents/huddoc?id=DOC\\_17104.pdf](http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_17104.pdf)

<b>LEGAL Name of Organization/Agency:</b>	
<b>Program/Activity Title:</b>	
<b>Physical Address:</b>	
<b>City, State &amp; Zip code:</b>	

<b>Type of Organization</b>	<input type="checkbox"/> *Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> For-profit *Please submit a copy of Federal & State Tax Exemption Determination Letter/Non-Profit Certification (e.g., IRS 501(c)(3) letter)
<b>Tax ID Number &amp; DUNS Number:</b>	Tax ID: _____ DUNS: _____
<b>Name of Worker’s Compensation Insurance</b>	Name: _____ Coverage Amount \$ _____ (Government exempt)
<b>Name of General Liability &amp; Property Damage Insurance</b>	Name: _____ Coverage Amount \$ _____ (Government exempt)
<b>Name of Applicant Contact:</b>	
<b>Title of Applicant Contact:</b>	
<b>Applicant Mailing Address:</b>	
<b>City, State &amp; Zip code:</b>	
<b>Contact Email Address:</b>	
<b>Contact Phone Number:</b>	
<b>Fax:</b>	

<b>Amount of CDBG Funds Requested:</b>	\$		
<b>Cost per unit of service for proposed CDBG beneficiary:</b>	\$		
<b>Total Number of unduplicated individuals/households you anticipate serving:</b>			
<b>Households:</b>		<b>OR</b>	<b>Persons:</b>
<b>The program/activity will serve the following groups: check all that apply to your proposal</b>			
<input type="checkbox"/> Youth	<input type="checkbox"/> Adults	<input type="checkbox"/> Seniors	<input type="checkbox"/> Homeless persons
<input type="checkbox"/> Households	<input type="checkbox"/> Community	<input type="checkbox"/> Disabled	<input type="checkbox"/> Battered spouses
<input type="checkbox"/> Housing Units	<input type="checkbox"/> Public Facilities	<input type="checkbox"/> Businesses	<input type="checkbox"/> Abused/neglected children

**I. CDBG ELIGIBILITY LIST**

**CDBG Eligible Activity Categories:**

From the following list, please choose the “CDBG Eligible Activity Category” for your proposed project.

- \_\_\_\_\_ Public Service: Improves community public services and facilities, including but not limited to those concerned with employment, fair housing and homeownership, homelessness, crime prevention, child care, health, drug abuse, education or recreational needs.
- \_\_\_\_\_ Public Facilities/Improvements
- \_\_\_\_\_ Housing/Special Activities by Sub-recipients
- \_\_\_\_\_ Economic Development
- \_\_\_\_\_ Acquisition and/or rehabilitation of real property
- \_\_\_\_\_ Other, specify \_\_\_\_\_

**CDBG National Objective Compliance:**

Your proposed project/activity must meet at least one of HUD’s CDBG National Objectives listed below. Please check all that apply to your proposal.

- \_\_\_\_\_ Benefits Low and Moderate Income (LMI) Individuals/Households.
- \_\_\_\_\_ Addresses the prevention or elimination of slums or blight.
- \_\_\_\_\_ Community development needs having a particular urgency.

Check all statements below that describe how your proposed project/activity meets one of the National Objectives above:

- Low/Moderate Area Benefit:**  
The project serves only a limited area which is proven by current Census data or survey to be a low income area. By choosing this category you must be able to prove your project/activity primarily benefits low/moderate income households.
  
- Low/Moderate Limited Clientele:**  
The project/activity benefits a specific group of people (rather than all areas in a particular area), at least 51% of whom are low/moderate income persons.  
**Note:** Income verification for clients must be provided for this category. The following groups are presumed to be low/moderate: abused children, elderly persons (62 or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS and migrant farm workers.
  
- Slum or Blight on an Area Basis:**  
Area basis activities must be within an officially designated area as defined under State or local law, and addresses one or more of the conditions that contributed to the deterioration of the area.
  
- Slum or Blight on a Spot Basis:**  
Spot basis activities must be designed to eliminate specific conditions of blight or physical decay not located in a designated slum or blighted area and is limited to acquisition, clearance, historic preservation, relocation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety.
  
- Urgent Needs:**  
Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs (These types of projects are very rare).

## II. PROJECT NARRATIVE

### **PROJECT/PROGRAM DESCRIPTION:**

Briefly describe the proposed service/activity/project to be carried out with the funds requested.

**NEED:**

Does your proposed project/activity address an identified gap in service or current need in the community?  
Document the need for the project/program.

**BENEFIT:**

Discuss how the project/program provides benefit to low-income persons.

**COLLABORATION:**

Has your organization/agency developed this project in collaboration with other groups/organizations? If so, please list the groups/organizations and describe their roles in this project.

**SIMILAR RESOURCES:**

Is a similar service provided by another agency/organization? If so, how will your program/activity differ?

**OUTREACH:**

Discuss outreach efforts for the proposed service/activity/project.

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**PERFORMANCE SCHEDULE:**

Prepare a Work Plan for implementation/completion of the services and activities. Identify activities and completion dates below:

List Activity	Completion Date

**OTHER SOURCES OF FUNDS:**

List all other funding sources that will be used to undertake the proposed project/program and status of each source.

Source Name	Committed or Pending	Fund Amount	Current Status

### III. PROPOSED PUBLIC SERVICE BUDGET

Scope of work and use of CDBG funds must be directly related. The CDBG funds requested must be used to provide a direct benefit/service to low or moderate income residents of the City of Lynwood. Proof of income eligibility and current residence must be acquired from all recipients. Adequate documentation must also be provided by the Agency to support costs associated with the services provided. This includes such support as timesheets to demonstrate the amount of time spent on each service, cancelled checks to demonstrate payment, client intake forms to demonstrate who received the service and any other documentation deemed necessary to show a direct correlation between the service provided and the costs associated with them.

Please use the following format to present your proposed line item budget:

- Column A: List the items for which you anticipate the need for CDBG Funds during FY 2017-18.
- Column B: Provide the projected request for CDBG funds.
- Column C: Provide the total of other funds to be used.
- Column D: List the name of the other funding source.
- Column E: List the total line budget. **\*Please round your request to the nearest ten.**

Column A Budget Item	Column B CDBG Request	Column C Other Sources	Column D Name(s) of Other Sources	Column E Total Budget
Personnel (list job titles below)				
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
Contract Services:	\$	\$		\$
<b>TOTAL PERSONNEL BUDGET:</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>
Rent/Lease:	\$	\$		\$
Supplies:	\$	\$		\$
Utilities:	\$	\$		\$
Equipment:	\$	\$		\$
Services:	\$	\$		\$
Printing:	\$	\$		\$
Admission/Enrollment:	\$	\$		\$
Other:	\$	\$		\$
Other:	\$	\$		\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<b>\$</b>	<b>\$</b>		<b>\$</b>
<b>TOTAL PROJECT BUDGET FOR:</b>	<b>Column B \$</b>	<b>Column C \$</b>		<b>Column E \$</b>

**Provide a list of the duties of each of the key personnel listed above.**

[Empty dotted box for listing duties of key personnel]

**If you consider necessary, explain why you consider your program/activity costs to be reasonable.**

[Empty dotted box for explaining program/activity costs]

**If you received CDBG funding last year, has there been an increase in service that you will provide during FY 2017-2018? Explain why there is a new demand or an unmet need in the community for this service.**

[Empty dotted box for explaining service increase]

**Describe the effect of partial or no CDBG funding on your project/activity.**

[Empty dotted box for describing effect of funding]

**IV. CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State, and City law prohibits employees and public officials of the City of Lynwood from participating on behalf of the City in any transaction in which they have a financial interest.

This questionnaire must be completed and submitted by each applicant for CDBG program funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant’s staff, or any of the applicant’s Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant’s staff or governing body who is or has been any of the following, within one year of the date of this questionnaire:
  - (a) a City employee or
  - (b) a City Councilmember

\_\_\_ **Yes**      \_\_\_ **No**

**If yes, please list the name(s) and information requested below:**

Name of Person	Job Title	Indicate: City Employee or City Council Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has been, within one year of the date of this questionnaire:
  - (a) a City employee or consultant or
  - (b) a City Council member,

\_\_\_ **Yes**      \_\_\_ **No**

**If yes, please list the name(s) and information requested below:**

Name of Person	Job Title	Indicate: City Employee or City Council Member	Identify City Department



3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of:
- (a) a City employee or
  - (b) a City Council member

\_\_\_ Yes      \_\_\_ No

**If yes, please identify the City employee or Council member with whom each individual has family or business ties.**

Name of Member	Indicate: City Employee or City Council Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

**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.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

**Authorized Signature:**

I have read "Playing by the Rules: A Handbook for CDBG Subrecipients on Administrative Systems" with special attention to Chapters two and five.

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

## **ADDITIONAL INFORMATION**

Please submit the following information along with your completed application by the due date mentioned on page 1.

1. Executive Summary
2. Budget Form
3. Articles of Incorporation and Bylaws
4. Certificate of Good Standing from State of California
5. State and Federal Tax Exemption Determination Letters
5. List of Board of Directors
7. Board of Directors' authorization to submit request and designation of authorized official
8. Organizational chart
9. Resume of program administrator
10. Financial statement and most current audit
11. Conflict of interest questionnaire (Attachment)
12. Non-profit determination
13. SAM Exclusion Report
14. Certificate of Insurance

## **QUESTIONS**

Please contact Andre Dupret if you have any questions regarding the City of Lynwood **2017-2018 Community Development Block Grant (CDBG) funded program**

Contact: Andre Dupret, Interim Director of Development, Compliance & Enforcement Services  
Phone: (310) 603-0220 ext. 268  
Email: [adupret@lynwood.ca.us](mailto:adupret@lynwood.ca.us)

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State and City law prohibits employees and public officials of the City of Lynwood from Participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Councilperson, or (c) a member of the City Advisory Board Commission. Yes \_\_\_\_\_ No\_\_\_\_\_ If yes, please list the name(s) below:  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

On a separate sheet of paper, please indicate the job title or role each person listed above has with respect to the applicant; state whether each person listed above is a City employee, consultant, City Councilperson, City Advisory Board member, or a District Board Director; and identify the City Department in which he/she is employed.

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, City Councilperson, or a City Advisory Board member? Yes \_\_\_\_\_ No\_\_\_\_\_ If yes, please list the name(s) below:  
\_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, City Councilperson, or a City Advisory Board member? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please identify on a separate sheet of paper, City employee, consultant, City Councilperson, or a City Advisory Board member with whom each individual has family or business ties.  
a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

Signature of Applicant's Representative: \_\_\_\_\_

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