



City of Mission Viejo
Community Development Block Grant (CDBG)
Program Year 2022-2023
Public Service Grant Application

A. GENERAL INFORMATION

1. Name of Proposed Program: _____
2. Full Legal Name of Applicant Organization: _____
3. Application Contact Person: _____
4. Phone: _____ Fax: _____
5. Mailing Address: _____
6. E-Mail: _____
7. Location Where Services Will Be Provided: _____
8. Federal Tax I.D. #: _____ DUNS Number: _____
9. Provide a USB data storage device with a copy of the following documents
 - Proof of current Tax-Exempt status
 - Articles of Incorporation & By-Laws
 - Most recent 990 tax return filed with the IRS (remove password protection)
 - Most recent audit or A-133 Single Audit if applicable (remove password protection)
 - Existing or proposed program applicant/participant registration or intake form

**E-MAIL MS-WORD VERSION OF THIS FORM TO MLINARES@CITYOFMISSIONVIEJO.ORG &
MAIL PAPER COPY OF COMPLETE APPLICATION & USB TO:**

CITY OF MISSION VIEJO
COMMUNITY DEVELOPMENT DEPT.
200 CIVIC CENTER
MISSION VIEJO, CA 92691
2022-2023 CDBG Public Service Grant Application
Attention: Mike Linares

THE APPLICATION IS DUE AT 12 PM JANUARY 25, 2022

B. PROGRAM INFORMATION

1. This request is for a New or Existing program.

How will services be expanded in the City if it is an existing program? _____

2. Have you previously received funding from the City of Mission Viejo CDBG Program? Yes No . If yes, identify the most recent year(s), amount(s), and program(s) funded.

PREVIOUS MV FUNDING INFORMATION

Year	MV CDBG Amount	Program Name

In the table below, list information regarding non-CDBG funds utilized by your agency to support the proposed program.

PREVIOUS NON-MV FUNDING INFORMATION (MOST RECENT YEAR)

Year	Agency	Program Name	Grant Amount

3. Is your agency based in the City of Mission Viejo? Yes No

4. Funding is requested under which category? **(Limit one)**

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Adults | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> HIV/AIDS Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Childcare Services |
| <input type="checkbox"/> Other Low/Mod Services (Specify) _____ | <input type="checkbox"/> Health Services |

5. Provide the following proposed program budget information:

FY 2022-2023 CDBG funds requested from Mission Viejo: \$ _____
 Total FY 2022-2023 Program budget: \$ _____
 Total FY 2022-2023 Agency budget (for all programs offered): \$ _____

6. Provide the following information regarding the number of **unduplicated** clients to be served by the proposed program between July 1, 2022, & June 30, 2023:
- The total number of unduplicated clients to be served by the proposed program **regardless of city of residence**: _____
 - Of the total Mission Viejo residents to be served listed above in “b,” how **many will be assisted with CDBG funds**? _____
 - Of the total Mission Viejo residents to be served listed above in “b,” how **many Low/Moderate-income Mission Viejo residents will be assisted with CDBG funds**? _____

7. Can you provide documentation verifying the following?
- Program applicant/client household income? Yes No
 - Program applicant/client race and ethnicity? Yes No

8. 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 the 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 various ways for low and moderate-income persons, including the 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.

9. During the past three 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 OMB Circular A-133? Yes No If yes, provide a copy of the most recently completed Single Audit. If no, explain why a Single Audit was not prepared. _____

10. Please complete the budget proposal provided as **Attachment A** of this application.

11. **Narratives:** Please provide the following information. (**NOTE:** Your responses are limited to 1,000 characters per question. Narratives beyond this limit may be deleted during the final production of your application for presentation to commissions and the City Council.

- a. Identify the nature and extent of the **community need** to be addressed by the proposed program/service. Provide data that supports the unmet demand for the proposed service in Mission Viejo. _____
- b. Describe how the program/service will address the specific community need. Specify activities to be undertaken, the average amount or length of service that will be provided, and the expected outcome of the program/service: _____
- c. Describe your organization's professional qualifications to carry out the proposed program. List staff credentials (as applicable) and related experience. Also, discuss the organization's **capacity to implement the program** and meet projected service goals
- d. Describe your organization's experience administering CDBG funds. _____
- e. Provide specific information on how CDBG funds awarded to the program will be spent (e.g., program staff, office supplies, food costs)? Also include information regarding the percentage of agency resources utilized for fundraising and agency management. _____

C. CERTIFICATION

1. I hereby certify that if funds are granted from the City of Mission Viejo to our organization, they will be used only to benefit lower-income residents of Mission Viejo. We 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.

2. No federal appropriated funds have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

3. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Name: _____

Title: _____

Signature: _____

Date: _____

**CDBG PUBLIC SERVICES AND GRANTS APPLICATION
ATTACHMENT A**

Proposed Budget

Applicant: _____

Program: _____

EXPENDITURES

CATEGORY	MISSION VIEJO CDBG FUNDS	OTHER SOURCES (Specify Amount)	TOTAL BUDGET
Administration Salaries & Benefits			
Program Salaries & Benefits			
Program Supplies			
Facilities (Specify)			
Communications			
Insurance			
Utilities			
Professional Services (Specify)			
Other (Please specify)			
Other (Please specify)			
Other (Please specify)			
TOTAL			

REVENUES

SOURCE	OTHER SOURCES (Specify Amount)	Is Source Secured via Contract for FY 22-23?
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL		

CDBG Funded Personnel - **ONLY** list personnel that will be paid with CDBG funds requested as part of the 2022-2023 Program-Budget.

Not applicable

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO MV CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%