

# FEDERAL GRANT ENTITLEMENT PROGRAMS

CDBG | HOME | ESG



2017/2018

## FUNDING APPLICATIONS AND RECOMMENDATIONS



The Funding Applications and Recommendations Notebook is a compilation of the funding applications and recommendations for use of the City's Federal Entitlement Grant Funds (Community Development Block Grant, Home Investment Partnerships Act, and Emergency Solutions Grant).

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **CDBG Administration/Planning**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds will be used for the staff costs associated with the management and administration of Chula Vista's CDBG program. This includes preparation of the required planning documents, regulatory compliance, contract oversight of the partnering agencies, environmental reviews and fiscal management.**

Project Category: **Administration/Planning**

HUD National Objective: **Not Applicable to Administration Activities**

HUD Eligibility Matrix Code: **21A - General Program Administration**

### FUNDING

Total Program/Project Cost:	Amount of CDBG Requested:	Amount Recommended:
<b>\$310,713</b>	<b>N/A. Funding requested is determined by amount available.</b>	<b>\$329,919</b>



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Fair Housing Services**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Cities receiving CDBG funds have the obligation to affirmatively further fair housing by providing fair housing related services which include anti-housing discrimination and tenant-landlord education services to advise persons of their rights under the Fair Housing Act.**

Project Category: **Administration/Planning**

Target Population: **Low/Moderate Income Households**

HUD National Objective: **Not Applicable to Administration Activities**

HUD Eligibility Matrix Code: **21D - Fair Housing Activities**

### FUNDING

Total Program/Project Cost: <b>\$35,000</b>	Amount of CDBG Requested: <b>\$35,000</b>	Amount Recommended: <b>\$35,000</b>
--	--	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Short-term Housing Voucher Program**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **As the number of homeless in the region increase, the number of shelters continue to have limited space and are often at capacity. At times, short term shelter is all that is necessary to afford homeless individuals/families the opportunity secure permanent, stable housing. This program offers short-term (1-7 nights) hotel/motel vouchers to homeless individuals/families. As a requirement, participants must participate in case management with one of the City's service providers.**

Project Category: **Public Services**

Target Population: **Homeless Individuals and Families**

Proposed Number to Serve: **20**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05 - Public Services (General)**

### FUNDING

Total Program/Project Cost: <b>\$20,000</b>	Amount of CDBG Requested: <b>\$20,000</b>	Amount Recommended: <b>\$20,000</b>
--	--	--





## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Interfaith Shelter Network of San Diego**

Project | Program: **Rotational Shelter Network**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The project will provide seasonal, night-time emergency shelter to homeless low-to-moderate income families and individuals and services to assist moving individuals and families towards transitional or permanent housing. Shelter guests are referred to sub-contracted social service agencies for intake, screening, and on-going case management.**

Project Category: **Public Services**

Target Population: **Homeless Individuals and Families**

Proposed Number to Serve: **30**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **03T - Operating Costs (Homeless Programs)**

### FUNDING

Total Program/Project Cost: <b>\$208,093</b>	Amount of CDBG Requested: <b>\$14,000</b>	Amount Recommended: <b>\$11,000</b>
---	--	--





<b>Project category:</b> <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

<b>Applicant Legal Name:</b>	Interfaith Shelter Network of San Diego				
<b>Type of agency:</b>	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<b>Agency Address:</b>	3530 Camino del Rio North Suite 301, San Diego, CA 92108		<b>Agency Tax Identification #:</b>		95-2630300
<b>Date of Incorporation:</b>	4/24/1970		<b>Agency Central Contractor Registration#</b> <i>(http://www.ccr.gov)</i>		Cage Code 53JM5
<b>Agency Annual Operating Budget:</b>	\$ 718,164		<b>Agency DUNS #</b>		964841621
<b>Number of paid staff:</b>	9		<b>Number of volunteers:</b>		4100
<b>Agency mission statement:</b>					
To coordinate the efforts of participating congregations, social service agencies, and governmental programs in order to provide shelter and other resources to homeless individuals and families and enable those we serve to move toward self-sufficiency while respecting their dignity as children of God					

**Project Title**

Rotational Shelter Program
----------------------------

**Project Description (Briefly describe your project/program):**

The project will provide seasonal, night-time emergency shelter to homeless low-to-moderate income families and individuals and services to assist moving individuals and families towards transitional or permanent housing. Shelter guests are referred to sub-contracted social service agencies for intake, screening, and on-going case management
---

**Funding Request**

<b>Total funding requested in this application</b> <i>(you will provide a detailed budget in Appendix C:</i>	14,000	<b>Other funds already secured for project:</b>	25,000
<b>Total cost to complete project:</b>	208,093	<b>Other funds not yet secured for project:</b>	169,093

**Project Information**

<b>If Project is a Public Service, will service be site specific?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>If your answer is yes, please provide: Address(es) below:</b>	<b>Census tract:</b>	<b>Is Census Tract designated as a Low/Moderate Income CT?</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The project will provide seasonal, night-time emergency shelter to homeless low-to-moderate income families and individuals and services to assist moving individuals and families towards transitional or permanent housing. Shelter guests are referred to sub-contracted social service agencies for intake, screening, and on-going case management, and then vouchered into facilities at area churches and synagogues for shelter, meals and support.

1.2. Project start date: 7/1/2017 Anticipated end date: 6/30/2018

1.3. Project's days/hours of operation: M-F 8:30 - 5

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input type="checkbox"/> Decent housing <input type="checkbox"/> Economic opportunity <input checked="" type="checkbox"/> Availability/accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (lp) or households (HH)?	<input checked="" type="checkbox"/> Individual Persons OR <input type="checkbox"/> Households
Total number unduplicated IC/HH served in 2016/17:	Currently providing services. 16 served to date. 30 goal.
Annual cost per client/household:	\$875/cli County-wide. No figure available for South Bay

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

<input type="checkbox"/>	(1) <b>Area benefit:</b> At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.
<input checked="" type="checkbox"/>	(2) <b>Limited clientele</b> (select subpart below):
<input checked="" type="checkbox"/>	(a) <b>Presumed Benefit - Special needs group</b> (select benefit group from the list below):
<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled (Per census definition. Must maintain proof documentation)
<input type="checkbox"/>	(v) Persons living with HIV/AIDS
<input type="checkbox"/>	(vi) Migrant farm workers
<input checked="" type="checkbox"/>	(vii) Homeless persons (must meet HUD definitions)
<input type="checkbox"/>	(b) At least 51% of clientele to be served must be LMI.
<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input type="checkbox"/>	Capital Improvement Projects and Community Enhancement (public facilities/spaces)
<input checked="" type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Interfaith Shelter Network Rotational Shelter Program is an emergency winter shelter program operated at congregational shelter sites located throughout the urban county from Oceanside to El Cajon to Chula Vista, Nestor and Imperial Beach inclusive. It addresses lack of support services, insufficient income, and lack of affordable housing by providing case management, transportation, training in career planning and budgeting, overnight shelter for up to eight weeks, showers, meals, and other essential needs. More than half of those we serve leave for more permanent housing, and more than half of the adults leave with a job or income to which they are entitled.

In the South Bay, congregations host the program in Chula Vista, Nestor, Imperial Beach, National City and South San Diego. How long the program is open in each branch depends on how many congregations are willing to permit use of their facilities and provide 50-150 volunteers to prepare meals, provide overnight supervision, and complete other tasks as needed. In the past several years, we have consistently served 240-285 county-wide (25-35 in the City of Chula Vista) shelter guests each season, between October and May. CDBG funds help provide the staff support, case management services, and shelter guest transportation that allows for the coordination of more than 10 congregations and social service agencies scattered to achieve these results. Experience has shown the program more successful, in that it keeps people in/near their neighborhood of choice where existing support systems may exist.

Clients are referred to the program via 2-1-1 or as walk-ins to area agencies. Guests are pre-screened and monitored by local social service agencies with whom we contract. Each week, they must meet with a case manager at the contracted agency for that branch. The case manager decides, based on each guest's progress toward goals, whether or not they will be issued a voucher for an additional week of shelter. Congregational coordinators, all of whom are volunteers, are strongly encouraged to be in daily contact with each guest's case manager. Guests arrive each evening, are served dinner, provided showers on or off site, and sleep on donated cots or air mattresses. In the morning, they are given breakfast and a sack lunch before leaving for the day. School-age children are expected to remain enrolled and in attendance at the school they were at when the family became homeless. Guests may stay in the program for up to eight (8) weeks, with an option to stay longer on a case by case basis.

The Rotational Shelter serves a distinctive niche in the continuum of care and is the only Emergency Shelter in Chula Vista. We serve the situationally homeless, those who are willing and able to move toward self-sufficiency within eight weeks. There are very few winter shelter beds available region-wide that provide case management for shelter guests, and there are few shelter beds available for those who are most able to help themselves, especially single men looking for work. It is difficult to verify residency for most of the participants, as they are homeless, and many do not report their prior zip-code as part of their intake procedures

- For families, there is often a month or longer wait to be admitted to family programs locally or at the YWCA Cortez Hill program. The Rescue Mission's emergency nighttime shelter does not accept adult men including single fathers, fathers with custodial responsibilities, or couples without children. Some families must therefore choose between shelter for the mother and children and staying together.
- Despite the vagaries of the economy, the Rotational Shelter has been consistent in its positive outcomes for those whom it serves. Now in its 31<sup>st</sup> season, the shelter, thanks to the work of our case managers and our shelter volunteers, has been able to move the majority of shelter guests into more permanent housing. The majority of the adults served leave with a job or income to which they are entitled.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The Interfaith Shelter Network (ISN) Rotational Shelter program provides up to 12 shelter beds in the City (84 extra shelter beds county-wide) for up to four (4) months during cold-weather season, from December through March or April, without building new shelters or hiring staff. ISN provides training and technical assistance to the 10+ congregations that provide shelter, meals and support using volunteers and the 1-2 sub-contracted case management agencies that provide the screening and follow through to the Network's shelter guests. ISN staff coordinates the efforts of participating congregations, social services agencies and governmental programs, to provide shelter and food, case management and the supportive services needed to move toward self-sufficiency to homeless low to moderate income families and individuals.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

Statistics from the Regional Task Force on the Homeless point-in-time count tell us that at least 8,600 people are homeless throughout the San Diego Region, with an enumerated homeless population in the City of Chula Vista of 538, 380 unsheltered in the City. Based on the point-in-time count, less than 30% of the City's homeless population will be housed in a given night in temporary shelters or transitional housing programs. Homeless persons are unable to secure shelter each night which leads to higher rates of physical and mental health problems that city facilities and programs must deal with, as well as enforcement issues for area police and over-utilization of area hospital emergency rooms.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

This project shall provide emergency night-time shelter at various locations, utilizing congregational facilities located throughout the South Bay. A cumulative total of 1,000 bed nights of shelter (1 person in a shelter for 1 night equals 1 bed night) shall be provided to clients. Showers and other support shall also be provided to clients. In addition, case management services shall be provided, which consists of: 1) intake screening process; 2) establishing and evaluating client case plans that are designed to move them into a more permanent housing situation; 3) providing assistance to clients with obtaining permanent or transitional housing; and 4) assistance with obtaining employment and public cash benefits (i.e. CalWORKs, Supplemental Social Security income). Project services shall be provided to 30-40 unduplicated homeless persons. Each client served shall be provided with up to 8 weeks of nightly shelter, as determined by progress on a mutually agreed case plan. Shelters are staffed by volunteers who provide meals and serve as overnight hosts. Case Managers shall provide clients with transportation, public assistance appointments, help obtaining identification cards and birth certificates and follow-up to clients beyond the eight-week stay. As these services are provided seasonally, operating December through March or April, they are considered new access to services not otherwise provided.

**1.14. How does your agency plan to tell the target population about the project/services?**

Interfaith Shelter Network coordinates with 2-1-1 regarding available shelter beds and the appropriate referral methods. Additionally, ISN maintains a web-site that ranks highly under the search terms "homeless" and "San Diego". Also, program staff networks with area social service collaboratives, including the South Bay Homeless Advocacy Coalition, Regional Task Force on the Homeless, as well as the County's Community Action Partnership and HCD offices.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

Service to be Provided (i.e. food, transportation, case management, etc.).		1. Emergency Shelter
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Up to 16 weeks of nightly shelter	30 individuals	Monthly reports/HMIS
2. 50% will leave shelter for PH or TH	15 individuals	Monthly reports/HMIS

<b>3. 50% adults will leave with income</b>	<b>9 individuals</b>	<b>Monthly reports/HMIS</b>
<b>Service to be Provided (i.e. food, transportation, case management, etc).</b>		<b>2. Case Management</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
<b>1. Intake Assessment</b>	<b>30 homeless men, women &amp; children</b>	<b>Case records held on agency site</b>
<b>2. Case Plan</b>	<b>30 homeless men, women &amp; children</b>	<b>Case records held on agency site</b>
<b>3. Shelter referral</b>	<b>30 homeless men, women &amp; children</b>	<b>Monthly reports/HMIS</b>

<b>1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:</b>	<input checked="" type="checkbox"/>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>
<p>Interfaith Shelter Network will sub-contract with one to two social service agencies in South Bay to provide intake, screening, referrals and on-going case management. We anticipate them to be South Bay Community Services and are seeking another area agency. ISN also collaborates with up to 10 congregations in the South Bay and an additional 30 in the county to provide shelter sites and volunteer staffing. These are scattered throughout the South Bay area, including Chula Vista, Imperial Beach, National City, South San Diego, and Nestor.</p>				

## Section 2: Agency Capacity (Max Score: 10 Points)

<b>2.1. Who will be the person responsible for the overall oversight of the proposed project?</b>			
<i>Name of person:</i>	Joe Zilvinskis		
<i>Title of person:</i>	Rotational Shelter Manager/Director of Operations		
<i>Relevant education:</i>	MS Systems Management, Navy Drug & Alcohol Counselor Program		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 November, 1995		

<b>2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?</b>			
<i>Name of person:</i>	Trisha Brereton		
<i>Title of person:</i>	Executive Director		
<i>Relevant education:</i>	Fmr CEO, Paradise Valley Hospital Foundation		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 October, 2013		

<b>2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:</b>			
<i>Name of person:</i>	William Zuconni		
<i>Title of person:</i>	Rotational Shelter Coordinator		
<i>Relevant education:</i>	BS Police Administration, 12 yrs Congregational Coordinator, Rotational Shelter Program		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 June 2015		
<i>Name of person:</i>	Joe Zilvinskis		
<i>Title of person:</i>	Rotational Shelter Manager/Director of Operations		
<i>Relevant education:</i>	MS Systems Management, Navy Drug & Alcohol Counselor Program		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 November, 1995		

<b>2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:</b>			
<i>Name of person:</i>	Joe Zilvinskis		
<i>Title of person:</i>	Rotational Shelter Manager/Director of Operations		
<i>Relevant education:</i>	MS Systems Management, Navy Drug & Alcohol Counselor Program		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 November, 1995		
<i>Name of person:</i>	Trisha Brereton		
<i>Title of person:</i>	Executive Director		
<i>Relevant education:</i>	Fmr CEO, Paradise Valley Hospital Foundation		
<i>Telephone number:</i>	619-702-5399		
<i>Date first employed:</i>	1 October, 2013		



**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

The Rotational Shelter Manager monitors project progress and is also responsible for submission of regular reports to the funder as well as required annual reports. As clients' intake and case management are subcontracted, those contractors maintain client files on their premises in accordance with their agency policies, which are generally stricter than administrative records. The Rotational Shelter Coordinator tasks subcontractors with the minimum required data collection that should appear in the client files, and includes client demographics, head of household information, household size, income level, race and ethnicity, as well as covered expenses, client progress towards goals, and client prior living situation. Network staff monitors subcontractor compliance through regular interface. Monthly case management reports are entered into an automated database for tracking and analysis of performance measures. 1. Case managers submit monthly reports to Rotational Shelter coordinator including number of shelter guests who are entered into the program, their length of stay, and their outcomes if they leave with a job or income and more permanent housing. 2. Weekly meetings of shelter guests with case manager during which progress toward increased income and more permanent housing is documented. 3. Congregational coordinators report daily to case managers regarding behavior, progress, and challenges they observe while guests are in the shelter. 4. Agency staff communicates regularly with case managers (usually daily) and Congregational Coordinators (usually bi-weekly) and conducts site visits of both agency facilities and shelter sites to track progress and receive feedback from constituents.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	Y
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	Y
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	Y
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	Y
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	Y
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	N/A
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	Y
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	Y



x.	Do the Policies and Procedures identify the process of safeguarding client information?	Y
xi.	Do the Policies and Procedures identify the process for File Management?	Y

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

No unresolved ADA issues noted. Interfaith Shelter Network offices are ADA compliant.

2.8.	How many members does your Board of Directors have?	11
	How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	1

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

The general procedures for financial management are set forth in the Interfaith Shelter Network Accounting and Procurement Policies. The following steps apply specifically to CDBG contracts: Program Coordinator will generate check requests based on expenditures or claims from subcontractors based on contracted activities. Only eligible activities as laid out by the CDBG contract are allowable to be charged to the contract. Back-up documentation, such as a claim or receipts, accompanies the check request. The Coordinator will verify activities have taken place that were claimed, and will ensure the accuracy of the claim, making corrections as needed. Coordinator is also responsible for disbursement of payments to any subcontractors involved. Coordinator also prepares the claim for reimbursement for the CDBG contract payment based on the above expenditures. Claims are submitted based on the schedule set forth in the CDBG contract. The Executive Director will authorize payments based on the submitted check request, checking it for accuracy and eligibility. The Interfaith Shelter Network Director of Operations (DOO) will produce payments and code the charges to the appropriate fiscal activity for the grant program from which the funds are derived. The DOO receives payment from CDBG funders, codes it to the appropriate source, and deposits the funds to the appropriate account. Payroll is submitted to an outside firm, and is based on bi-weekly time sheets, with activity attributed to appropriate cost centers to track billing accuracy of claims.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

Regular financial reports are distributed and summarized at bi-monthly board meetings by the Treasurer of the Board. Board President and/or Treasurer is a signatory on both the Federal form 900 and State form 199. The Treasurer is a member of the finance committee, which meets monthly 10 times a year and reviews regular financial reports. Program oversight occurs through monthly reports by the Executive Director at the same bi-monthly board meetings.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Interfaith Shelter Network operates on an accrual basis, and uses Quickbooks to track income and expenses for the agency. Separate accounts are set up for CDBG funds within the Chart of Accounts. All check requests pertaining to the project are generated by the Program Coordinator/Manager responsible for the project and tied to the Chart of Accounts. All requests for payment require the approval of the Executive Director to safeguard all such assets and assure they are used solely for authorized purposes. All checks for this project require two signatures regardless of the amount. Financial reports are generated each month and reviewed monthly. Accounting records including cost accounting records, are supported by source documentation.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The Program Coordinator maintains the master contract file. Records for all agency expenses and deposits are maintained in a locked cabinet in the finance office. Financial records are maintained electronically with hard copy backup kept according to agency file retention policy in locked filing cabinet. Financial records are maintained for at least 7 years

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

Per OMB Circular A-133 (Audits of State, Local Governments, and Nonprofit Organizations), a single audit is not required by the agency. However, the Interfaith Shelter Network of San Diego has a full and complete financial audit conducted each year by an outside accounting firm. As a public benefit corporation, the ISN is also required to submit a Form 990 to the IRS. Additionally, a Form 199 is prepared and submitted to the State of California.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

All expenses require a check request and a vendor invoice if applicable. The check request must be signed by the requesting staff and approved by the Executive Director before payment is processed by the Director of Operations. All checks over \$1,000 require two signatures. Credit cards are not used except for one specific to an office supply vendor. Petty Cash requires submission of invoice/receipt, and two signatures on the request (person submitting/person authorizing

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

The Interfaith Shelter program uses specific account numbers in the Chart of Accounts to designate CDBG funds. Requests for payment must cite the Chart of Accounts per line item in the approved CDBG budget. Income and expenses that pertain to the CDBG funds are clearly noted on check requests, deposits, and financial reports, and are differentiated from expenses charged to other funders or to Agency funds. Monthly financial reports are prepared by an independently contracted bookkeeper. There is a monthly review of financial reports generated each month by Agency staff, the Executive Director, and a member of the Board, usually the Board Treasurer

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. *Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.*

Throughout its 30 years of providing the above services, the program has sheltered 9,250 homeless people for 245,000 bed nights County-wide using the model above. In the South Bay area, more than 415 homeless people were sheltered for over 16,100 bed nights in the last 13 years through this program. Over that time, more than 50% left our program for transitional or permanent housing County-wide. Over that time, more than 50% of the adults left with a job or income to which they were entitled County-wide.

4.2. *Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.*

Yes  No

Click here to enter text.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. *Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?*

Yes  No

If unable to secure funding to meet the basic operating costs, service levels will decrease commensurate with the level of funding. As the program is County-wide, services that would have been provided in the city may be diminished.

5.2. *If funded, how will your agency continue this project if CDBG funds are not available in future years?*

The Rotational Shelter Program secures financial support from various sources that include the County of San Diego, City of Chula Vista, private grants, Cities of San Diego, Oceanside, and San Marcos, foundations, and individual donations to meet operating costs. If funded and future funding to meet the basic operating costs is not available, service levels will decrease commensurate with the level of funding. Depending on the level of support from non-governmental sources, this may mean a decrease in the length or amount of shelter provided in the City of Chula Vista, thus increasing the need for such services throughout the City from other programs.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
  
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Solicit schedule input	Solicit schedule input for upcoming shelter season from participating congregations for sequential dates	July 2017
2	Contract case management agencies	Recruit agencies for sub-contracting to provide intake, referral, and on-going case management services.	August 2017
3	Develop schedule	Develop schedule for upcoming shelter season using input from participating congregations	August 2017
4	Prepare Congregation Orientation Packet	Review, revise, and prepare packet materials for coordinators to use at their congregational sites.	August 2017
5	Recruit workshop volunteers	Recruit & re-train volunteers to provide Career Planning and Budgeting workshops for shelter guests	On-going
6	Case Management Materials	Review, revise, and prepare packet materials for case managers to use in conducting sub-contracted services	September 2017
7	Conduct Case Management Training	Conduct training of all sub-contracted agencies, focusing on program eligibility & procedural compliance	September 2017
8	Conduct Congregational Coordinator Training	Conduct training of shelter volunteer congregational coordinators covering multiple topics as needed.	September 2017
9	Workshop Scheduling & Training	Conduct training, schedule and elicit commitments for workshops for Career Planning & Budgeting volunteers.	September 2017
10	Congregation Orientation	Conduct orientation meetings at each geographic branch to confirm shelter schedule, contacts, rules,	October 2017
11	Shelter Opening, Operation and Coordination	Coordinate with assigned Congregational Coordinators and case managers daily regarding shelter opening, bed count and availability, update 2-1-1 and other partners	Dec 2017 - April 2018
12	Shelter maintenance	Conduct evening shelter site visits. Regular contact with shelter congregational coordinators regarding shelter.	Dec 2017 - April 2018
13	Facilitate Workshop presentation	Coordinate between shelter providers and workshop volunteers for the presentation of workshops at shelter	Dec 2017 - April 2018
14	Case Management Monitoring	Conduct site visits to sub-contracted case management agencies to ensure contract compliance	Dec 2017 - April 2018
15	Close shelters and Conduct Wrap-Up sessions	Conduct wrap-up meeting to evaluate season for improvements/corrective action	May 2018
16	Compile data	Compile data regarding services, outcome and results, data accuracy, provision of data for City CAPER.	March to June 2018
17	Recruit new congregations	Recruit new congregations to participate as host sites	Ongoing

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	Interfaith Shelter Network of San Diego		
2. Project name:	Rotational Shelter Program		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			Click here to enter text.
5. Amount awarded:	11,000	6. Amount spent to date:	11,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Provide shelter, case management, transportation to 25 LMI total homeless people. Provide 16 weeks of shelter utilizing congregational volunteers and facilities. An area social service agency will provide case management 1) Intake screening 2) Establish and evaluate client case Plans 3) Provide assistance to clients with obtaining permanent or transitional housing 4) Assistance with obtaining employment and public cash benefits 5) provide workshops in career planning and fiscal budgeting.			
9. Indicate below the outcomes achieved:			
Provided shelter, case management, transportation to 29 people total homeless, with 68% of guests leaving for more permanent housing. Provided 18 weeks of shelter utilizing congregational volunteers and facilities. An area social service agency provided case management with weekly follow-up. Budgeting and career planning workshops were presented to clients.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Interfaith Shelter Network of San Diego		
2. Project name:	Rotational Shelter Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	11,000	6. Amount spent to date:	11,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Provide rotational winter nighttime shelter at 8 congregations in the South Bay for a total of 16 weeks between November and March; Through its Subcontractor, Contractor will also: 1) Intake screening 2) Establish and evaluate client case plans 3) Provide assistance to clients with obtaining permanent or transitional housing 4) Assistance with obtaining employment and public cash benefits			
9. Indicate below the outcomes achieved:			
Provided shelter, case management, transportation to 37 people total homeless, with 80% of guests leaving for more permanent housing. Provided 18 weeks of shelter utilizing congregational volunteers and facilities. An area social service agency provided case management with weekly follow-up. Budgeting and career planning workshops were presented to clients.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Interfaith Shelter Network of San Diego		
2. Project name:	Rotational Shelter Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

5. Amount awarded:	11,000	6. Amount spent to date:	11,000
7. Amount reprogrammed to date:	0		
<b>8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):</b>			
Provide rotational winter nighttime shelter at 8 congregations in the South Bay for a total of 16 weeks between November and March; Through its Subcontractor, Contractor will also: 1) Intake screening 2) Establish and evaluate client case plans 3) Provide assistance to clients with obtaining permanent or transitional housing 4) Assistance with obtaining employment and public cash benefits			
<b>9. Indicate below the outcomes achieved:</b>			
Provided shelter, case management, transportation to 38 people total homeless, with 70% of adults leaving with income. Provided 18 weeks of shelter utilizing congregational volunteers and facilities. An area social service agency provided case management with weekly follow-up. Budgeting and career planning workshops were presented to clients.			
<b>10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:</b>			
N/A			



**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less than listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$14,000	7%
<b>List Other Sources Below: (Step 2)</b>			
HOME	\$0	\$0	0%
ESG			0%
HOPWA			0%
CDBG-R			0%
NSP			0%
HPRP			0%
Other Federal Stimulus Funds			0%
Other Federal Funds			0%
San Diego Housing Commission			0%
State Funds			0%
County Funds	\$25,000		12%
Local Funds		\$22,750	11%
Private Funds		\$41,080	20%
Agency Funds		\$105,263	51%
			0%
			0%
			0%
			0%
			0%
			0%
<b>TOTAL</b>	<b>\$25,000</b>	<b>\$183,093</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$208,093**

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	2015 CY _____	2015 _____	Page # _____
Document must be attached to Application				
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)			93,756	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>			375,024	
List the amount of FY 2017-2018 CDBG funding applied for this application.			14,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.				
List the amount of FY 2017-2018 CDBG funding applied for any other application.				
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>			14,000	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>				
Item A	375,024	Item B	14,000	Difference
				361,024
<b>Analyze Results</b>				
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.				
2- If difference is a negative amount, the Agency has the options below:				
The Agency can adjust any of the FY 2017-2018 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:				
A) <u>EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS AND</u>				
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2017/2018 CDBG FUNDING REQUEST.</u>				

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY Interfaith Shelter Network  
PROJECT Rotational Shelter Program

		CDBG	
SALARIES & WAGES	(Schedule 2)	<u>8,600</u>	
FRINGE BENEFITS	(Schedule 3)		
	TOTAL PERSONNEL	<u>8,600</u>	
SUPPLIES	(Schedule 5)		
POSTAGE	(Schedule 5)		
CONSULTANT SERVICES	(Schedule 5)	<u>2,400</u>	
MAINTENANCE/REPAIR	(Schedule 5)		
PUBLICATIONS/PRINTING	(Schedule 5)		
TRANSPORTATION	(Schedule 5)		
RENT	(Schedule 5)	<u>3,000</u>	
EQUIPMENT RENTAL	(Schedule 5)		
INSURANCE	(Schedule 5)		
UTILITIES	(Schedule 5)		
TELEPHONE	(Schedule 5)		
OTHER EXPENSES (SPECIFY):	(Schedule 5)		
	(Schedule 5)		
	(Schedule 5)		
	TOTAL NON-PERSONNEL	<u>5,400</u>	
TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)	(Schedule 4)		<b>Percentage</b>
			<u>0</u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]			
	TOTAL CDBG PROJECT BUDGET	<u>14,000</u>	

**APPENDIX A-3: PUBLIC SERVICE**

**SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Interfaith Shelter Network  
 PROJECT Rotational Shelter Program

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Rotational Shelter Coordinator	23,166	16.77%	3,885.0
Rotational Shelter Manager	52,350	6.14%	3,215.0
Outreach Coordinator	14,997	10.00%	1,500.0
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			<b>8,600</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Interfaith Shelter Network

PROJECT Rotational Shelter Program

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
TOTAL CDBG FRINGE BENEFIT					-

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY Interfaith Shelter Network  
PROJECT Rotational Shelter Program

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD			-

(5) Total CDBG Budget 14,000 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for position and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY Interfaith Shelter Network

PROJECT Rotational Shelter Program

LINE ITEM	CONSULTANT SERVICES	AMOUNT
Detailed Explanation:		
	Case Management Services	1,400
	Client Transportation	1,000
		<b>TOTAL \$ 2,400</b>
LINE ITEM	Office Rent	AMOUNT
Detailed Explanation:		
	A portion of the administrative office rent where program planning and oversight, as well as referrals to sub-contracted agencies take place. Portion represents less than 13% of total rent.	3,000
		<b>TOTAL \$ 3,000</b>
LINE ITEM		AMOUNT
Detailed Explanation:		
		<b>TOTAL \$ -</b>

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **South Bay Community Services**

Project | Program: **Homeless Services Program**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The Homeless Services Program will build upon the housing and supportive services available for those individuals and families experiencing homelessness within the City. It will include assessment utilizing the VI-SPDAT, entry into the Coordinate Assessment and Housing Placement System, screening for SBCS (and partner) housing availability, and connection to resources and supportive services which may include: emergency food and clothing, benefits screening, healthcare enrollment, employment assistance and hotel/motel vouchers.**

Project Category: **Public Services**

Target Population: **Homeless Individuals and Families**

Proposed Number to Serve: **100**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **03T - Operating Costs (Homeless Programs)**

### FUNDING

Total Program/Project Cost: <b>\$901,387</b>	Amount of CDBG Requested: <b>\$39,550</b>	Amount Recommended: <b>\$39,550</b>
---	--	--







Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	South Bay Community Services				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	430 F Street, Chula Vista, CA 91910		Agency Tax Identification #:	95-2693142	
Date of Incorporation:	September 1972		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>	Renewal Date: 07/28/2017	
Agency Annual Operating Budget:	\$ 30,394,648		Agency DUNS #	113407779	
Number of paid staff:	400		Number of volunteers:	1,200	
Agency mission statement: SBCS' mission is to provide children, youth, and families with services that reinforce the family's role in our community and assist individuals to aspire realistically to lives of self-fulfillment.					

**Project Title**

Homeless Services Program
---------------------------

**Project Description (Briefly describe your project/program):**

The Homeless Services Program will build upon the housing and supportive services available for those individuals and families experiencing homelessness within the City of Chula Vista.
--

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$39,550	Other funds already secured for project:	\$861,837
Total cost to complete project:	\$901,387	Other funds not yet secured for project:	\$39,550

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The Homeless Services Program will build upon the housing and supportive services available for those individuals and families experiencing homelessness within the City of Chula Vista. It will include assessment utilizing the VI-SPDAT, entry into the Coordinated Assessment and Housing Placement System, screening for SBCS (and partner) housing availability, and connection to resources and supportive services which may include (but are not limited to): emergency food and clothing, benefits screening, health care enrollment, employment assistance and hotel/motel vouchers.

1.2. Project start date: July 1, 2017 Anticipated end date: June 30, 2018

1.3. Project's days/hours of operation: Too many to list here – see 1.10 below.

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input checked="" type="checkbox"/> Decent housing
			<input type="checkbox"/> Economic opportunity
			<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (IP) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 100

Annual cost per client/household: \$396 per client

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Presumed Benefit - Special needs group** (select benefit group from the list below):

(i) Abused children

(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)

(iii) Battered spouses

(iv) Severely disabled (Per census definition. Must maintain proof documentation)

(v) Persons living with HIV/AIDS

(vi) Migrant farm workers

(vii) Homeless persons (must meet HUD definitions)

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)

(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

Affordable Rental Housing Opportunities

Maintenance and Preservation of Housing (rehabilitation activities)

Homeownership Opportunities (homebuyer programs)

Capital Improvement Projects and Community Enhancement (public facilities/spaces)

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

[The Homeless Services Program combines outreach, assessment and housing placement through emergency shelter, hotel/motel vouchers during inclement weather, transitional housing, and rapid re-housing/ tenant-based rental assistance. Through the expansion of these services, SBCS will be able to outreach, screen and assess more individuals/families, leading to greater rate of placement, and less time spent on the streets.

The Homeless Services Program serves homeless individuals and families in predominately Western Chula Vista, including children, adults and senior citizens, many of whom are DV Victims, Veterans and Abused Children living on the streets. In addition to housing screening, assessment and placement, homeless individuals and families receive emergency food and clothing, as well as access to SBCS' wraparound continuum of services including emergency shelter, transitional housing and affordable housing; the Family Self-Sufficiency Program; as well as crisis intervention, employment assistance, children's services and assistance applying for benefits. Homeless Services Program is more than just housing – it provides individuals and families with the with the education and resources that they need to develop self-sufficient lifestyles, in order to sustain safe and stable housing.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The Homeless Services Program is designed to benefit the Chula Vista community, including homeless families and individuals, by addressing the availability and accessibility of housing. The Homeless Services Program will provide outreach, screening, assessment and placement of homeless persons into housing. This program will also alleviate the need for a winter shelter in the South Region, and will provide hotel/motel vouchers during inclement weather.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

The number of homeless and needy families and individuals, including seniors, in Chula Vista continues to increase, with dwindling housing resources. Extremely low income families, and those experiencing trauma/unemployment struggle to find available and affordable housing, and often resort to places not meant for human habitation. The Homeless Services Program will help to provide individuals and families with housing options coupled with supportive services that they need to develop healthy, self-sufficient lifestyles.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

The Homeless Services Program is an expansion of existing services. SBCS currently operates an emergency shelter, transitional housing and tenant-based rental assistance programs. The Homeless Services Program will build upon these current efforts, increasing staff outreach to homeless populations through partnership with the CVPD; increasing the number of homeless individuals and families who are assessed via VI-SPDAT, screened for housing eligibility and ultimately placed into safe, stable housing.

**1.14. How does your agency plan to tell the target population about the project/services?**

Information about the Homeless Services Program is advertised at the SBCS main agency, through flyers distributed to local Family Resource Centers, schools, the Chula Vista Community Collaborative, and through local partners including the Regional Continuum of Care Council (RCCC), churches and other community service and housing providers.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

<b>Service to be Provided:</b> Provide outreach, assessment, and placement of homeless individuals/families into safe, stable homes.		<b>1. 100</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
2. Provide outreach to homeless individuals and families, in conjunction with CVPD, twice per month.	100	ETO (Program Demographic Form, Surveys, Referrals)
3. Screen/assess homeless individuals and families using the VI-SPDAT.	60	VI-SPDAT, CAHP
4. Connect homeless individuals/families to emergency, transitional or other subsidized housing opportunity.	20	CAHP, ETO (Case Notes, Referrals, Demographic Form)

**1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:**

Yes

No

SBCS works closely the Regional Continuum of Care, other housing and service providers, and the Chula Vista Police Department to provide comprehensive services and supports for the City's most vulnerable.

## Section 2: Agency Capacity (Max Score: 10 Points)

<b>2.1. Who will be the person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

<b>2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Amaris Sanchez
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	B.A. English & Women's Studies
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	2003

<b>2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Amaris Sanchez
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	B.A. English & Women's Studies
<i>Telephone number:</i>	(619) 420-36920
<i>Date first employed:</i>	2003
<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

<b>2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Elizabeth Iniguez
<i>Title of person:</i>	CFO
<i>Relevant education:</i>	B.S. Business Administration
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993
<i>Name of person:</i>	Gloria Ramirez
<i>Title of person:</i>	Lead Staff Accountant
<i>Relevant education:</i>	B.S. Accounting
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

The Homeless Services Program uses the VI-SPDAT, Demographic Form, case notes, customer satisfaction surveys and entries into our database, ETO, to track and monitor the progress of the project.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	X
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	X
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	X
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	X
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	X
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	N/A
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	X
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	X
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	X
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	X

**2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)**

Not applicable.

<b>2.8. How many members does your Board of Directors have?</b>	11
<b>How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.</b>	8



### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

#### 3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:

All funds are managed by SBCS' Fiscal Department. The Fiscal staff includes: the Chief Financial Officer (CFO) Elizabeth Iniguez, 4 Accounting Associates, 1 Accounts Payable Clerk, 1 Accounting Clerk, and 1 Fiscal Aide. The following are SBCS' fiscal procedures: Cash Disbursements: cash disbursements are prepared twice a month by our computerized accounts payable program. Payment is done for all authorized check requests. Where warranted, due to the significant amount of the purchase, approval from the Board of Directors is needed. Original supporting documents must be attached to all check request forms. After payment, all supporting invoices are stamped "paid" to avoid duplication of payment. All checks over \$1,000.00 require two signatures, the CEO and a member of the Board of Directors. Pre-numbered checks are used on all disbursements. Numerical and physical control is maintained over blank checks as well as issued checks. Void checks are adequately mutilated and filed in numerical order with canceled checks. Cash Receipts: cash receiving is handled by the receptionist. She is in charge of opening all mail and logging in all checks received. The receptionist is not involved in any fiscal duties. Incoming cash receipts, primarily in the form of checks, are locked in a file cabinet until accumulation merits a deposit. The collection of cash is maintained by a separate cash receipt log. The Deposit is prepared by an Accounting Associate and posted to the general ledger by the Lead Accountant, maintaining discrete accounts for different funding sources. Periodic reconciliation of detailed cash receipt records to duplicate deposit slips, accounts receivables, and cash control accounts are prepared by personnel independent of cash functions. Payroll and Personnel: New employees are investigated before being hired. Wage and personnel policies are current and in writing. Current and complete personnel files are maintained. An adequate system is used to insure proper recording of hours and time. All salary and wage payments are made by check. An outside payroll company is responsible for processing payroll and printing appropriate payroll checks. All payroll checks are delivered to our office for review, and distribution to employees. The payroll account is reconciled by someone other than the person preparing the payroll and signing checks. Revenue, Billing, and Receivables: The CFO prepares all grant billings. Billings are done under reimbursement basis once a month and journalized as a receivable until the proper payment is made. The billings are done either on a preprinted form provided by the grantor or in-house prepared form. The CFO is in charge of monitoring the year-to-date expenses and comparing them to the annual budget. Under no circumstances will billings for a particular expense exceed the annual authorized budget. The fiscal department does a periodic analysis of receivables. Petty Cash and Cash On Hand: Petty cash funds are maintained on an imprest basis, with one individual responsible for the fund. They are not combined with other receipts. Responsibility for petty cash is separate from cash disbursements, receipts, and receivables functions. Limits exist on the amount for reimbursements out of petty cash. Supporting documents are checked and canceled at the time the fund is replenished. The fiscal department makes periodic and surprise counts of funds.

#### 3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:

South Bay Community Services' Board of Directors meets every other month, during which they receive programmatic updates, and are advised on other significant agency business. The Board of Director's reviews and approves all funding requests, quarterly budget updates and the annual report. The Board is comprised of a number of sub-committees including the Executive Committee and Audit Committee, whose members attend to agency policies, procedures and financial management. The Board also directly oversees the President and CEO, who has the authority to act on the agency's behalf.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Chief Financial Officer and Fiscal Staff utilize generally accepted accounting procedures in handling disbursement of funds and maintaining fiscal records. SBCS successfully manages more than 60 Federal, State, County, and city grants, as well as Private Foundation funding. The agency is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

Program Evaluation and Quality Management is an integrated process facilitated by the SBCS' Contract Compliance and Quality Assurance Department. The CCQA staff possess extensive experience with monitoring and evaluating service delivery, and they regularly review the conditions of each contract to ensure these conditions are being met correctly and with high quality. SBCS has written policies that address Privacy and Confidentiality and the Release of Information, and all program procedures are HIPAA compliant. Direct service staff will use various tools to measure program success including contact logs, sign-in sheets, client surveys and case notes. All confidential files are transported in confidential lock boxes from program sites to the main agency, and are maintained in locked secure file cabinets when not in use.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

South Bay Community Services is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

In addition to the Fiscal Policies listed above in section 3.1, the CFO monitors the budget on a daily basis as receipts and debits are posted, as new grants come in, and as expenses and invoices are paid. There are regular meetings with the President and CEO to make sure funding streams are adequate for programs, and strategies are developed to apply for and acquire more funds as programs expand.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

Contracts, grants, and other major funding sources are accounted in separate departments to prevent overlap of expenses and maintain separate general ledgers for each funding source. This system facilitates the monthly monitoring of year-to-date expenses by funding source, and accounting for expenses to any particular funding source. CDBG funds will be managed in accordance with this agency policy.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

**4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.**

South Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provider of social service and community development programs in San Diego County's South Bay. SBCS serves San Diego County's Southern Region, an area with a diverse population that is greatly affected by immigration, characterized by transience, low socioeconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it difficult for them to find employment, affordable housing, and access community resources and services. SBCS was created by dedicated community members in 1971 as a drop-in center for drug abusing teens. Responding to evolving community needs and concerns, we have developed a wide range of integrated, bilingual, prevention, intervention, and treatment options for youth and families, including mental health counseling; the region's only permanent shelter and support services for homeless families, youth, and domestic violence victims and their children; transitional and affordable housing; drug & alcohol prevention and intervention; domestic violence prevention and intervention; community development; child abuse prevention and intervention; and extensive youth programming.

SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and operating Thursday's Meals since July of 2003; Our Feeding America program has been in existence since August of 2010; We have been part of the San Diego Food Bank's Emergency Food Assistance program for families since March 2009; and SBCS' In-House Emergency Food Program has been in operation since we began sheltering homeless families in 1993 and has become a larger and more formally entrenched program every year since.

**4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.**

Yes  No

SBCS has received both federal and CDBG funding, however, not for this particular program.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

**5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?**

Yes  No

The housing services and supports has increased at a time when funding has decreased, so CDBG support of the Homeless Services Program is essential to sustain this much needed service within the community. If funded at an amount less than requested, we will continue to provide housing services and supports, but will be forced to serve fewer families and individuals.

**5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?**

Funding support for the Homeless Services Program is spread over a wide base of local, county, state, and federal agencies as well as individual donors, local corporations, and private foundations, to guard against program closure because of the loss of a funding source. This strategic formula will create sustainability over time through the leveraging of diverse funding sources, and limits liability and dependence upon one type of support.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No      If no, complete Appendices A-1, A-2, and A-4. <input type="checkbox"/> Yes      If yes, complete Appendices A-1, A-2, and A-5.

- **All** project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1.	Outreach	Provide outreach to homeless individuals and families in conjunction with CVPD.	On-going – twice per month
2.	Referrals, Resources and Placement	Respond to homeless individuals and families who are walking in or calling the agency seeking information, referrals and/or housing placement.	On-going
3.	Screening and Assessment	Assess homeless individuals and families utilizing the VI-SPDAT; screen clients for housing eligibility and enter information in CAHP system.	On-going

**Section 8: Identification of Prior Year CDBG and/or Federal Funds**

South Bay Community Services has extensive experience with both CDBG contracts and federal funds, however, the Homeless Services Program is an expansion of existing services which do not currently receive CDBG funds. The form below is left blank for this reason. Our experience and history including use of funds for other CDBG-funded programs can be found in the FY 17-18 applications for the Family Violence Treatment Program and South Bay Food Program. Additionally a full list of federal contracts can be provided upon request, as the list is exhaustive, and all contracts are operating without default.

1. Agency name:			
2. Project name:			
3. Year of funding:		<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015
		<input checked="" type="checkbox"/> Fiscal Year 2016	
4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			<a href="#">Click here to enter text.</a>
5. Amount awarded:		6. Amount spent to date:	
7. Amount reprogrammed to date:		*	
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
9. Indicate below the outcomes achieved:			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			

1. Agency name:			
2. Project name:			
3. Year of funding:		<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015
		<input type="checkbox"/> Fiscal Year 2016	
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:		6. Amount spent to date:	
7. Amount reprogrammed to date:		0	
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
9. Indicate below the outcomes achieved:			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			

1. Agency name:			
2. Project name:			
3. Year of funding:		<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015
		<input type="checkbox"/> Fiscal Year 2016	
4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:		6. Amount spent to date:	
7. Amount reprogrammed to date:			
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
9. Indicate below the outcomes achieved:			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			

**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**  
*Public Service Applicants Skip this portion and continue on to Appendix Section.*

<b>9.1. For CIP projects, have the constructions plans and drawings been completed?</b> <i>If no, indicate the anticipated date of completion:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

<b>9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

<b>9.3. For CIP projects, summarize the construction manager’s relevant experience on similar federally funded projects:</b>				
Click here to enter text.				

<b>9.4. For CIP projects, address the mitigation of any issues identified on the “Project Site Information” section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

<b>9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.</b>				
Click here to enter text.				

<b>9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.</b>				
Click here to enter text.				

<b>9.7. For CIP projects that need occupants to be relocated, describe your agency’s relocation plan:</b>				
Click here to enter text.				



## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

<b>9.8. Is the facility agency-owned, City-owned, or privately owned?</b>	
<input type="checkbox"/>	<b>Agency-owned</b>
	Indicate the property owner(s): <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>
	Indicate your City Real Estate Assets liaison: <a href="#">Click here to enter text.</a>
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>
	Indicate the property owner(s):
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>
	Provide a brief explanation:

<b>9.9. How old is the property/building in terms of years?</b>		
<i>For building/structures constructed prior to December 31, 1969:</i>		
Has a lead hazard inspection report been issued for the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility been abated for lead paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will children occupy the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate the age range of the children who will occupy the facility:	<a href="#">Click here to enter</a>	

<b>9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Click here to enter text.</a>		

<b>9.11. Is the building/structure located on a Historic Site?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure located in a Historic District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Plain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your agency have flood insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be demolition required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</b>
<a href="#">Click here to enter text.</a>

<b>9.13. Will the project result in an expansion of an existing facility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify the size in square feet:	Existing size: <input type="text"/>	Addition size: <input type="text"/>

9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

What is the project structure type?

Residential       Commercial       Public facility       Public right-of-way

What is the current zoning of the project site? [Click here to enter text.](#)

Is the project site zoned correctly for the proposed activity?     Yes       No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

[Click here to enter text.](#)

9.15. Does the project require temporary/permanent relocation of occupants?     Yes     No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

[Click here to enter text.](#)

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

[Click here to enter text.](#)

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

[Click here to enter text.](#)

# APPENDICES

## BUDGET APPENDICES

FY 2017-2018 CDBG PROGRAM APPLICATION - APPENDIX "A"

---

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	<b>AMOUNT SECURED</b>	<b>AMOUNT UNSECURED</b>	<b>% OF TOTAL</b>
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$39,550	4.34%
<b>List Other Sources Below: (Step 2)</b>			
HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds		\$610,257	66.99%
Local Funds		\$231,132	25.37%
Private Funds		\$30,000	3.29%
Agency Funds			0.00%
City of NC		\$0	0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$910,939</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$910,939**

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	6/30/2016	CY _____	Page # _____	
Document must be attached to Application					
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)				1,486,056	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>				5,944,224	
List the amount of FY 2017-2018 CDBG funding applied for this application.				39,550	
List the amount of FY 2017-2018 CDBG funding applied for any other application.				49,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.					
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>				88,550	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>					
Item A	5,944,224	Item B	88,550	Difference	5,855,674
<b>Analyze Results</b>					
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.					
2- If difference is a negative amount, the Agency has the options below:					
The Agency can adjust any of the FY 2015-2016 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:					
A) <u>EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS, AND</u>					
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2014 CDBG FUNDING REQUEST.</u>					

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY South Bay Community Services  
PROJECT Homeless Services

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>22,880</u>
FRINGE BENEFITS	(Schedule 3)	<u>6,070</u>
	TOTAL PERSONNEL	<u>28,950</u>

SUPPLIES	(Schedule 5)	<u>          </u>
POSTAGE	(Schedule 5)	<u>          </u>
CONSULTANT SERVICES	(Schedule 5)	<u>          </u>
MAINTENANCE/REPAIR	(Schedule 5)	<u>          </u>
PUBLICATIONS/PRINTING	(Schedule 5)	<u>          </u>
TRANSPORTATION	(Schedule 5)	<u>          </u>
RENT	(Schedule 5)	<u>          </u>
EQUIPMENT RENTAL	(Schedule 5)	<u>          </u>
INSURANCE	(Schedule 5)	<u>          </u>
UTILITIES	(Schedule 5)	<u>          </u>
TELEPHONE	(Schedule 5)	<u>600</u>
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>          </u>
Hotel/Motel Vouchers - Inclement Weather	(Schedule 5)	<u>10,000</u>
	(Schedule 5)	<u>          </u>
	TOTAL NON-PERSONNEL	<u>10,600</u>

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)		Percentage
	(Schedule 4)	<u>0</u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		

TOTAL CDBG PROJECT BUDGET 39,550

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY South Bay Community Services  
PROJECT Homeless Services

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Youth and Family Associate	41,600	55.00%	22,880.0
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			<b>22,880</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY South Bay Community Services

PROJECT Homeless Services

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Youth and Family Associate	FICA		22,880	7.65%	1,750
Youth and Family Associate	SUI		3,943	3.50%	138
Youth and Family Associate	Pension		-	0.00%	-
Youth and Family Associate	Health	7,050.00		55.00%	3,878
Youth and Family Associate	W/Comp		22,880	1.33%	304
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL CDBG FRINGE BENEFIT</b>					<b>6,070</b>

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month



**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY South Bay Community Services

PROJECT Homeless Services

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD</b>			-

(5) Total CDBG Budget 39,550 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for position and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY South Bay Community Services

PROJECT Homeless Services

LINE ITEM	Telephone	AMOUNT
Detailed Explanation:		
Estimated Monthly cost of \$50 x 12 months		600
TOTAL		\$ 600
LINE ITEM	Hotel/Mote Vouchers - Inclement Weather	AMOUNT
Detailed Explanation:		
Estimated Monthly Cost of \$833.34 per month		10,000
TOTAL		\$ 10,000
LINE ITEM		AMOUNT
Detailed Explanation:		
TOTAL		\$ -

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Jacobs & Cushman San Diego Food Bank**

Project | Program: **Food 4 Kids Backpack Program**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The Food 4 Kids Backpack Program provides food to elementary school children who receive free/reduced price school meals during the week, but risk hunger during the weekends when school meals are unavailable.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Youth**

Proposed Number to Serve: **75**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05D - Youth Services**

### FUNDING

Total Program/Project Cost: <b>\$346,000</b>	Amount of CDBG Requested: <b>\$15,000</b>	Amount Recommended: <b>\$15,000</b>
---	--	--





Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	Jacobs & Cushman San Diego Food Bank				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	9850 Distribution Avenue, San Diego, CA 92121	Agency Tax Identification #:			20-4374795
Date of Incorporation:	May 2006	Agency Central Contractor Registration# <a href="http://www.ccr.gov">http://www.ccr.gov</a>			5P8W3
Agency Annual Operating Budget:	\$ 7,500,000	Agency DUNS #			01-573-5903
Number of paid staff:	55	Number of volunteers:			24,000
Agency mission statement: The Jacobs & Cushman San Diego Food Bank provides nutritious food to people in need, advocates for the hungry and educates the public about hunger-related issues.					

**Project Title**

Food 4 Kids Backpack Program
------------------------------

**Project Description (Briefly describe your project/program):**

The Food 4 Kids Backpack Program provides food to elementary school children who receive free/reduced-price school meals during the week but risk hunger during the weekends when school meals are unavailable.
---

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$15,000	Other funds already secured for project:	\$240,000
Total cost to complete project:	\$346,000	Other funds not yet secured for project:	\$106,000

**Project Information**

If Project is a Public Service, will service be site specific? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
John Montgomery Elementary, 1601 Fourth Ave, Chula Vista CA 91911	13204	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Harborside Elementary, 681 Naples St., Chula Vista, CA 91911	13309	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CJ Lauderbach Elementary, 390 Palomar St., Chula Vista, CA 91911	13203	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The Food 4 Kids Backpack Program provides food to elementary school children who receive free/reduced-price school meals during the week but risk hunger during the weekend when school meals are unavailable. Each week, bags of food are placed in backpacks and distributed to students enrolled in the Backpack Program.

1.2. Project start date: September 2017 Anticipated end date: June 2018

1.3. Project's days/hours of operation: Weekly for the school year

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input type="checkbox"/> Decent housing <input type="checkbox"/> Economic opportunity <input checked="" type="checkbox"/> Availability/accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?	<input checked="" type="checkbox"/> Individual Persons	OR	<input type="checkbox"/> Households
Total number unduplicated IC/HH served in 2016/17:	75		
Annual cost per client/household:	\$200.00		

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

<input type="checkbox"/>	(1) <b>Area benefit:</b> At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.
<input checked="" type="checkbox"/>	(2) <b>Limited clientele</b> (select subpart below):
<input type="checkbox"/>	(a) Presumed Benefit - Special needs group (select benefit group from the list below):
<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled (Per census definition. Must maintain proof documentation)
<input type="checkbox"/>	(v) Persons living with HIV/AIDS
<input type="checkbox"/>	(vi) Migrant farm workers
<input type="checkbox"/>	(vii) Homeless persons (must meet HUD definitions)
<input checked="" type="checkbox"/>	(b) At least 51% of clientele to be served must be LMI.
<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input type="checkbox"/>	Capital Improvement Projects and Community Enhancement (public facilities/spaces)
<input checked="" type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Jacobs & Cushman San Diego Food Bank provides emergency food to a low-income San Diegans each month. Currently, we serve 370,000 people monthly many of them young families in need. The \$15,000 CDBG grant we are seeking from the City of Chula Vista will provide weekend food for 75 chronically hungry children through the Food Bank's Food 4 Kids Backpack Program. Thanks to generous donors, F4KBP serves 1,730 low-income children in 37 separate schools at a cost of \$200 per child. F4KBP provides backpacks full of nutritious, child-friendly food to chronically hungry elementary school children who are receiving free meals at school during the week but show signs of chronic hunger on Monday morning. Some of these children are returning to school on Monday not having eaten since Friday's lunch!

While tens of thousands of families are receiving meals through the Food Bank's huge food distribution programs, we are painfully aware that too many of the poorest and most hungry children either "slip through the cracks" or do not receive enough personal food once it is distributed through our existing food programs. When it comes to childhood hunger, we have only one goal: to eliminate it – completely. We realize such a goal demands the creation of powerful programs, and the F4KBP is exactly that!

The F4KBP targets chronically hungry children in San Diego County by working in 37 select public schools where large percentages of the children receive government-sponsored free meals during the school week, but have no such provisions over weekends. All children who receive free lunches through government programs are eligible to receive Food Bank backpacks. Working with school principals, counselors, teachers, parents, and dedicated volunteer leaders, the Food Bank initiated our Food 4 Kids Backpack Program in 2006 by targeting 75 needy children in 2 of our poorest institutions. Presently, we are operating the program for a staggering 1,730 children – a remarkable increase.

The Food Bank is requesting \$15,000 for support of the Food Bank's Food 4 Kids Backpack childhood hunger program at three Chula Vista elementary schools. As the cost per child is \$200 for the entire school year, this grant will cover the full costs for 75 chronically hungry children in the 2017-2018 school year at John Montgomery (25), Harborside (25) and Calvin J. Lauderbach (25) elementary schools. Participating children, who are always extremely low-income, receive backpacks of healthy, child-friendly foods to help them through long weekends at home where too often there is little or no food available.

The Food Bank ensures that only nutritious, child-friendly foods is stocked in our backpacks. These items may include: Breakfast Items – granola bars, cereal, oatmeal, graham cracker snacks. Lunch/Dinner Items – peanut butter, macaroni and cheese, soups, pop-top beans and franks, chicken/tuna "to go." Snack Items – fruit cups, fruit roll-ups, pudding cups, applesauce cups, mini raisin boxes, and shelf stable milk and juices. This year we will be adding bags of pancake mix to the food items our program participants receive.

The F4KBP accomplishes the following goals:

- Removes the barrier of hunger that contributes to poor school performance
- Increases nutritional intake of participating students by providing healthy food in backpacks, limiting sugars and "empty" calories
- Increases awareness among parents and guardians about resources available to low-income families in their community by including handouts about nutrition and other social service resources in backpacks.
- 

With funding support from the City of Chula Vista, the Food Bank can continue to provide critically needed and highly nutritious weekly meals to 75 of Chula Vista's most food insecure children. These meals will assist these students in making the most of their educational opportunities by seeing that one of their most basic needs – food – is being met every week.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The Food 4 Kids Backpack Program addresses the “Special Needs and Homeless Priorities Including Public Services . . .” objective by providing basic and essential services – weekly food bags, information on nutrition and social service programs and assistance with gaining CalFresh benefits – to local students and their low-income families.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

The goal of the Food 4 Kids Backpack Program is to provide a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school but are suffering from hunger over the weekends when little or no food is available. The objective of the program is to alleviate hunger, improve school performance, improve health and provide additional information to parents about other local community services. The Backpack Program seeks to address the health-related concerns highlighted in the June 2012 Health Policy Brief from the UCLA Center for Health Policy Research in which the negative impact of food insecurity was outlined very clearly. “Numerous studies have found an association between food insecurity and health outcomes. Adults who are food insecure have poorer health, are at increased risk of depression and poor mental health, as well as chronic diseases such as diabetes and hypertension. Women who are food insecure are more likely to be overweight or obese, and food insecurity among children has been linked to negative academic outcomes.” More than 138,000 San Diego County children live in poverty.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

The Food 4 Kids Backpack Program targets chronically hungry children in San Diego County by working in select public schools where large percentages of the children receive government-sponsored free meals during the school week, but have no such provisions over weekends. All children who receive free/reduced price lunches through government programs are eligible to receive Food Bank backpacks. Chronically hungry children are identified by teachers and school staff using a referral form that provides guidelines and warning signs for program eligibility. These children are provided new backpacks each school year. Every Friday, the backpacks are filled with food that is nutritious, nonperishable, and easily-consumed. Confidentiality and discretion are always a priority and parents of participating children are requested to sign approval forms for participation. In Chula Vista specifically, the Food 4 Kids Backpack Program assists 25 students at Calvin J. Lauderbach Elementary, 25 students at Harborside Elementary and 25 students at John Montgomery Elementary. If possible, we will look to expand on the existing levels of service to these existing school sites.

**1.14. How does your agency plan to tell the target population about the project/services?**

As a result of trusted working relationships with principals, counselors, school nurses, teachers and parents, the Food Bank has several means to promote the Food 4 Kids Backpack Program to the target population and to identify potential participants. Confidentiality and discretion are important considerations for everyone involved, so more personal and targeted communication are keys to the program’s success and growth.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>1. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
<b>1. Students receive more food</b>	<b>75</b>	<b>Food Bank &amp; School Reports</b>
<b>2. Students show improved health</b>	<b>75</b>	<b>School Reports</b>
<b>3. Students show attendance growth</b>	<b>75</b>	<b>School Reports</b>
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>2. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>

<b>1. Families receive vital information</b>	<b>75</b>	<b>Food Bank &amp; School Reports</b>
<b>2. Families increase knowledge</b>	<b>75</b>	<b>Food Bank &amp; School Reports</b>
<b>3. Families receive extra assistance</b>	<b>75</b>	<b>Food Bank &amp; School Reports</b>
<b>Service to be Provided (i.e. food, transportation, case management, etc).</b>		<b>3. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
<b>1. 1. Families prescreened for CalFresh</b>	<b>75</b>	<b>Food Bank Reports</b>
<b>2. Families submit CalFresh apps</b>	<b>75</b>	<b>Food Bank Reports</b>
<b>3. Follow-up assistance</b>	<b>75</b>	<b>Food Bank Reports</b>
<b>Service to be Provided (i.e. food, transportation, case management, etc).</b>		<b>4. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
<b>1. Click here to enter text.</b>		
<b>2. Click here to enter text.</b>		
<b>3. Click here to enter text.</b>		

<b>1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:</b>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>The Food Bank is proud of its strong, working relationship over several years with the Chula Vista schools participating in the Food 4 Kids Backpack Program. For this particular project, the Food Bank will continue to collaborate with John Montgomery Elementary, Harborside Elementary and Calvin J. Lauderbach Elementary. At each school, key school administrators work with teachers to identify and enroll eligible students. The Food Bank delivers weekly packs of food which are then distributed by the individual school sites to participating students.</p>				



## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Vanessa Moore
Title of person:	Vice President of Operations
Relevant education:	Some college coursework, LEAD San Diego graduate, Fieldstone Foundation graduate
Telephone number:	858-863-5114
Date first employed:	11/2003

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Casey Castillo
Title of person:	Vice President of Finance/CFO
Relevant education:	MBA from Cal State San Bernardino
Telephone number:	858-863-5116
Date first employed:	03/2008

2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:	
Name of person:	Vanessa Moore
Title of person:	Vice President of Operations
Relevant education:	Some college coursework, LEAD San Diego graduate, Fieldstone Foundation graduate
Telephone number:	858-863-5114
Date first employed:	11/2003
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:	
Name of person:	Casey Castillo
Title of person:	Vice President of Finance/CFO
Relevant education:	MBA from Cal State San Bernardino
Telephone number:	858-863-5116
Date first employed:	03/2008
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

Each school in the Food 4 Kids Backpack Program submits quarterly reports to the Food Bank documenting the number of students enrolled in the program and providing additional information about the impact of the program on the students. The Food Bank maintains reports on about of food delivered to backpack schools. Last school year the Food Bank conducted pre- and post-surveys to try and determine the impact the Food 4 Kids Backpack Program has on participating students. These evaluation tools will continue to be used to track and monitor the program's progress.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	
viii.	Do the Policies and Procedures include how date is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	

**2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)**

There are no unresolved ADA issues in the project or project office that the Jacobs & Cushman San Diego Food Bank is aware of at this time.

<b>2.8. How many members does your Board of Directors have?</b>	20
<b>How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.</b>	0

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

Invoices are received by the Accounts Payable department and are approved by the CFO before processing. Once checks are processed, they are approved and signed by the CFO and President before disbursement.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

The Board of Directors approve any significant program changes or any fiscal expenses more than \$25,000 (not included in the budget). The Board is updated regularly on the status of all projects.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Food Bank prepares its financial statements in accordance with General Accepted Accounting Principles (GAAP), and identifies costs associated with the CDBG Project in QuickBooks accounting software.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The Food Bank uses QuickBooks accounting software and records revenue and expenses related to the CDBG Project with a special CDBG classification.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

The Food Bank uses QuickBooks accounting software and records revenue and expenses related to the CDBG Project with a special CDBG classification.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

The Food Bank uses segregation of duties, supervisory and Board review, and purchase authorization guidelines to help minimize risk. An annual audit and review is conducted to further ensure minimum risk.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

CDBG revenue and expenses are recorded using a unique class, identifying these transactions to the CDBG project. In turn, funds and expenses are separated from others.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. *Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.*

The Food Bank was founded in 1977, making it one of the oldest food banks in the U.S. Since then, we have grown steadily, servicing a growing population of more than 3 million people in San Diego County. As our community's #1 safety net for hungry people, we have a proven ability to recover fresh, frozen, canned and boxed food and redistribute it quickly to those who are in need. We provide nutritious food to people in need and connect the people we serve to a wide range of health and human service providers. Through a combination of independent and government programs and partnerships with 400 San Diego County non-profit allies, the Food Bank acts as a central repository and distribution point for government and donated food for 400,000 hungry San Diegans every month. Funded by foundations, corporations, the USDA and individual donors, the Food Bank distributed nearly 22 million pounds of food last year to impoverished individuals, families and our network of non-profit partners that work with us to alleviate hunger throughout San Diego County. Of that, more than 7 million pounds of food distributed was in the form of fresh produce. Together with its community allies and with its recent acquisition of the North County Food Bank, the Food Bank serves 400,000 San Diegans every month, including more than 1,730 students through the Food 4 Kids Backpack Program.

4.2. *Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.*

X

Yes

No

Click here to enter text.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. *Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?*

X

Yes

No

The Food Bank is committed to addressing the negative impacts poverty and food insecurity have on local residents, especially the 138,000 children living at or below the poverty line. The Food 4 Kids Backpack Program provides an effective avenue for getting healthy, nutritious food in the hands of needy students who may not find enough food to eat at home. Should the Food Bank not receive CDBG funding, the program would continue with private individual, corporate and foundation support, but growth in the number of participants would likely stall.

5.2. *If funded, how will your agency continue this project if CDBG funds are not available in future years?*

Recently, the Food Bank has taken steps to ensure the Food 4 Kids Backpack Program can continue into the future by being able to withstand potentially reduced funding in future years. An endowment is being built to provide a reserve source of funding should the need arise. In addition, we continue to ramp up our fundraising efforts to solicit support from a wider range of potential funders. As the program grows to meet increasing need, the Food Bank will not fund a school one year then pull the program because of insufficient funds.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- **All** project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

**Section 7: Implementation**  
 (Max Length: 1 Page; Max Score: 5 Points)

*Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.*

#	Task/Activity	Description	Completion Date
1	Purchase food and supplies	Backpacks, bags and food	Aug 2017
2	Create calendar of deliveries	Schools receive calendar and delivery schedule	Aug 2017
3	Identify and enroll students	School staffs identify "at-risk" students to participate in program	Sept 2017 & ongoing
4	Begin backpack distribution	Delivery of backpacks to school and distribution to students	Sept 2017 & ongoing
5	Assemble and deliver bags of food	Child's bags of food are assembled at Food Bank and delivered as scheduled	Sept 2017 & ongoing
6	Conduct CalFresh outreach	Prescreen interested families for CalFresh eligibility	Ongoing
7	Receive referrals and record data	Schools submit referral forms for students in program	Sept 2017 & ongoing
8	Receive monthly reports	Schools submit monthly progress reports	Oct 2017 & ongoing
9	Conduct annual site visits with schools	Visit schools to monitor program annually	Nov 2017 & ongoing
10	Receive final referrals and record data	Schools submit completed final referral (post-survey forms)	June 2017

### Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	Jacobs & Cushman San Diego Food Bank		
2. Project name:	Food 4 Kids Backpack Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			<a href="#">Click here to enter text.</a>
5. Amount awarded:	\$15,000	6. Amount spent to date:	\$15,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Purchase food, assemble and deliver weekly bags of food for 75 students, conduct CalFresh outreach, and provide social service resource information to students and families			
9. Indicate below the outcomes achieved:			
Purchased food, assembled and delivered weekly bags of food for 75 students, conducted CalFresh outreach and provided social service resource information to students and families			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Jacobs & Cushman San Diego Food Bank		
2. Project name:	Food 4 Kids Backpack Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$15,000	6. Amount spent to date:	\$15,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Purchase food, assemble and deliver weekly bags of food for 75 students, conduct CalFresh outreach, and provide social service resource information to students and families			
9. Indicate below the outcomes achieved:			
Purchased food, assembled and delivered weekly bags of food for 75 students, conducted CalFresh outreach and provided social service resource information to students and families			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Jacobs & Cushman San Diego Food Bank		
2. Project name:	Warehouse Floor Removal and Construction & Freezer Expansion		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$1,000,000	6. Amount spent to date:	\$1,000,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Removal and construction of warehouse floor and expansion of freezer			
9. Indicate below the outcomes achieved:			
New floor constructed and installed throughout the warehouse; freezer expanded by an additional 36,000 cubic feet			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2016-2017 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2016-2017 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less than listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2016-2017 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$15,000	4.29%
<b>List Other Sources Below: (Step 2)</b>			
HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds			0.00%
Local Funds			0.00%
Private Funds			0.00%
Agency Funds		\$335,000	95.71%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$350,000</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$350,000**



**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	2016 CY _____	Page # _____
Document must be attached to Application			
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)		1,128,547	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>		4,514,188	
List the amount of FY 2017-2018 CDBG funding applied for this application.		15,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.			
List the amount of FY 2017-2018 CDBG funding applied for any other application.			
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>		15,000	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>			
Item A	4,514,188	Item B	15,000
Difference			4,499,188
<b>Analyze Results</b>			
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.			
2- If difference is a negative amount, the Agency has the options below:			
The Agency can adjust any of the FY 2017-2018 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:			
A) <u>EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS, AND</u>			
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2017/2018 CDBG FUNDING REQUEST.</u>			

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY Jacobs & Cushman San Diego Food Bank

PROJECT Food 4 Kids Backpack Program

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>0</u>
FRINGE BENEFITS	(Schedule 3)	<u>0</u>
	TOTAL PERSONNEL	<u>0</u>

SUPPLIES	(Schedule 5)	<u>15,000</u>
POSTAGE	(Schedule 5)	<u>          </u>
CONSULTANT SERVICES	(Schedule 5)	<u>          </u>
MAINTENANCE/REPAIR	(Schedule 5)	<u>          </u>
PUBLICATIONS/PRINTING	(Schedule 5)	<u>          </u>
TRANSPORTATION	(Schedule 5)	<u>          </u>
RENT	(Schedule 5)	<u>          </u>
EQUIPMENT RENTAL	(Schedule 5)	<u>          </u>
INSURANCE	(Schedule 5)	<u>          </u>
UTILITIES	(Schedule 5)	<u>          </u>
TELEPHONE	(Schedule 5)	<u>          </u>
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>          </u>
	(Schedule 5)	<u>          </u>
	(Schedule 5)	<u>          </u>

TOTAL NON-PERSONNEL 15,000

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)		Percentage
	(Schedule 4)	<u>0</u>

[IC/AO Expenses limited to 15% of Total CDBG Project Budget]

TOTAL CDBG PROJECT BUDGET 15,000

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Jacobs & Cushman San Diego Food Bank  
PROJECT Food 4 Kids Backpack Program

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
N/A			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			-

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Jacobs & Cushman San Diego Food Bank

PROJECT Food 4 Kids Backpack Program

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
N/A					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL CDBG FRINGE BENEFIT</b>					<b>-</b>

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month



**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY Jacobs & Cushman San Diego Food Bank

PROJECT Food 4 Kids Backpack Program

LINE ITEM	Supplies	AMOUNT
Detailed Explanation:		
Food purchase for weekly backpack distributions		15,000
TOTAL		\$ 15,000
LINE ITEM	N/A	AMOUNT
Detailed Explanation:		
TOTAL		\$ -
LINE ITEM	N/A	AMOUNT
Detailed Explanation:		
TOTAL		\$ -

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Meals-on-Wheels Greater San Diego, Inc.**

Project | Program: **Senior Care in the Home**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Meals on Wheels will serve 248 unduplicated homebound seniors living in the City of Chula Vista with up to 32,073 meals accompanied by daily safety checks with referrals to other social services providers, if necessary, and daily social visits in the home.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Elderly**

Proposed Number to Serve: **248**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05A - Senior Services**

### FUNDING

Total Program/Project Cost: <b>\$247,924</b>	Amount of CDBG Requested: <b>\$15,000</b>	Amount Recommended: <b>\$12,000</b>
---	--	--





<i>Project category:</i> <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

<i>Applicant Legal Name:</i>	Meals on Wheels Greater San Diego, Inc. dba Meals on Wheels San Diego County				
<i>Type of agency:</i>	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<i>Agency Address:</i>	2254 San Diego Avenue, #200		<i>Agency Tax Identification #:</i>		952660509
<i>Date of Incorporation:</i>	1970		<i>Agency Central Contractor Registration#</i> <i>(http://www.ccr.gov)</i>		020210332-79H19
<i>Agency Annual Operating Budget:</i>	\$ 4,739,995		<i>Agency DUNS #</i>		020210332
<i>Number of paid staff:</i>	76		<i>Number of volunteers:</i>		2900
<i>Agency mission statement:</i>					
Meals on Wheels San Diego County's (MOWSDC) mission is to support the independence and well-being of seniors who choose to age in their home or must due to the inability to afford quality care in an assisted living/nursing home setting.					

**Project Title**

Senior Care in the Home in the City of Chula Vista
--

**Project Description (Briefly describe your project/program):**

MOWSDC will serve 248 unduplicated homebound seniors living in the City of Chula Vista with up to 32,073 meals accompanied by daily safety checks with referrals to other social service providers, if necessary, and daily social visits in the home.
--

**Funding Request**

<i>Total funding requested in this application (you will provide a detailed budget in Appendix C:</i>	15,000	<i>Other funds already secured for project:</i>	83,000
<i>Total cost to complete project:</i>	247,924	<i>Other funds not yet secured for project:</i>	149,924

**Project Information**

<i>If Project is a Public Service, will service be site specific?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<i>If your answer is yes, please provide: Address(es) below:</i>	<i>Census tract:</i>	<i>Is Census Tract designated as a Low/Moderate Income CT?</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The proposed project includes the daily delivery of up to 32,073 fresh meals to 248 unduplicated homebound seniors living in the City of Chula Vista accompanied by daily safety checks with referrals to other social service providers if necessary and a daily social visit with a trained caring individual. All services provided will be subsidized by 60% and further subsidies will be provided to those who qualify.

1.2. Project start date: 7/1/2017 Anticipated end date: 6/30/18

1.3. Project's days/hours of operation: M – F 8:30 a.m. to 5:00 p.m., Sat 8:30 a.m. to 2:00 p.m.

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements		<input type="checkbox"/> Decent housing
			<input type="checkbox"/> Economic opportunity
		1.6 Project outcome: (check one only)	<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?	<input checked="" type="checkbox"/> Individual Persons OR	<input type="checkbox"/> Households
Total number unduplicated IC/HH served in 2016/17:	Contracted to serve 230 by 6/30/17. Served 228 2 <sup>nd</sup> Qtr	
Annual cost per client/household:	\$1,138.80	

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

<input checked="" type="checkbox"/>	(1) <b>Area benefit:</b> At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.
<input checked="" type="checkbox"/>	(2) <b>Limited clientele</b> (select subpart below):
<input type="checkbox"/>	(a) Presumed Benefit - Special needs group (select benefit group from the list below):
<input type="checkbox"/>	(i) Abused children
<input checked="" type="checkbox"/>	(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled (Per census definition. Must maintain proof documentation)
<input type="checkbox"/>	(v) Persons living with HIV/AIDS
<input type="checkbox"/>	(vi) Migrant farm workers
<input type="checkbox"/>	(vii) Homeless persons (must meet HUD definitions)
<input checked="" type="checkbox"/>	(b) At least 51% of clientele to be served must be LMI.
<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input type="checkbox"/>	Capital Improvement Projects and Community Enhancement (public facilities/spaces)
<input checked="" type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The San Diego County Senior Health Report prepared by the County of San Diego Health and Human Services Agency (2015) continues to indicate the number of seniors aged 65 and older living in San Diego will double between 2010 and 2030. Most notable, is the fact that adults 85 years and older are the fastest growing age group. This corresponds with the growth MOWSDC has experienced over the last two years. In its FY2015, MOWSDC increased its services by 15% in the north and east followed by 10% in the metro areas. For its FY2016, it increased its services by 11% in the East, 8% in the South and 5% in the Metro areas. Its North County Service Center is now at capacity and nearing the initiation of a waiting-list. *Based on its current capacity, MOWSDC is only able to handle an increase of 8% county wide for its FY2017.*

***In reference to the City of Chula Vista, according to the forecast by the San Diego Association of Governments (SANDAG), the population of adults over the age of 60 will almost double between 2008 and 2020.*** In 2008 the population of those over 60 was 34,196. By 2020 it is estimated to be at 55,098. This matches the growth that MOWSDC is currently experiencing in the area. ***As of the 2<sup>nd</sup> Quarter of reporting to the City of Chula Vista, MOWSDC has already served 228 unduplicated seniors of the contracted amount of 230 unduplicated seniors.*** Of those served by MOWSDC, 46% are over the age of 85, 62% are female, and 44% live alone. In terms of income, 55% are documented as extremely-low income which means they are surviving on less than \$17,850 annually and/or \$1,487 monthly. ***MOWSDC is planning on an 8% increase in demand for its services in the South area of San Diego County for the CDBG Fiscal Year 2017-2018.***

The impact of the changing demographics to individuals and the community in San Diego County is substantial. According to health statistics, at least 80% of older Americans are living with at least one chronic condition and 50% have two or more. These conditions lead to years of pain, disability, decreased quality of life, isolation and potentially unaffordable expense (Pettigrew, A., Kate. 2013. Senior Community Centers of San Diego as a Preventive Care Model. American Journal of Preventive Medicine). The care issues related to the aging are coupled with the fact that 82% of Americans who reach age 65 can't afford long-term care insurance and 67% do not have sufficient financial assets to pay for even one year of nursing home care (Long-Term Care: What Are the Issues? Feb 2014. [www.rwjf.org](http://www.rwjf.org)).

As a result, the long-term care services delivery system is moving toward a home-and community-based alternative. Quality of life, prevention, intervention, and treatment for chronic illnesses in the elderly aging at home at the most fundamental level includes regular nutrition and social contact. According to a recent study by Brown University, meal delivery accompanied by regular safety checks and social visits was more likely to help seniors who don't yet need nursing home care to stay in their homes, decrease emergency and hospital visits and increase their overall physical and mental health (Kali S. Thomas, PhD, MA. School of Public Health, Brown University. 2015. More Than A Meal? A Randomized Control Trial Comparing the Effects of Home-Delivered Meals Programs on Participants' Feelings of Loneliness.).

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

MOWSDC provides public services in the City of Chula Vista that meet Tier I Basic Needs and Tier II Special Needs/Disabled as established by the City of Chula Vista staff as priorities. 100% of the population its serves are presumed low-income because they are over 62 years of age as directed by HUD. MOWSDC provides daily delivery of meals, safety checks, and in-home social visits to seniors who are homebound due to age, illness or disability.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

The San Diego County Senior Health Report prepared by the County of San Diego Health and Human Services Agency (2015) continues to indicate the number of seniors aged 65 and older living in San Diego will double between 2010 and 2030. Most notable, is the fact that adults 85 years and older are the fastest growing age group. In reference to the City of Chula Vista, according to the forecast by the San Diego Association of Governments (SANDAG), the population of adults over the age of 60 will almost double between 2008 and 2020. In 2008 the population of those over 60 was 34,196. By 2020 it is estimated to be at 55,098. The impact of the changing demographics to individuals and the community in San Diego County is substantial. According to health statistics, at least 80% of older Americans are living with at least one chronic condition and 50% have two or more. These conditions lead to years of pain, disability, decreased quality of life, isolation and potentially unaffordable expense (Pettigrew, A., Kate. 2013. Senior Community Centers of San Diego as a Preventive Care Model. American Journal of Preventive Medicine). The care issues related to the aging are coupled with the fact that 82% of Americans who reach age 65 can't afford long-term care insurance and 67% do not have sufficient financial assets to pay for even one year of nursing home care (Long-Term Care: What Are the Issues? Feb 2014. www.rwjf.org).

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

1. Daily delivery of up to two meals a day to the homes of seniors
2. Daily safety checks in the homes of seniors
3. Daily in-home social visits with seniors
4. A 60% subsidy for all services provided regardless of ability to pay and additional subsidies to those who qualify

**1.14. How does your agency plan to tell the target population about the project/services?**

MOWSDC informs its target population through printed literature, community outreach, social media platforms and the website. MOWSDC is also listed in directories for elder/senior services throughout the County and has a significant referral base. All information is in Spanish.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>1. Food</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Procure Food	248	SERVtracker Database
2. Prepare Meals	248	SERVtracker Database
3. Distribute Meals to Homes	248	SERVtracker Database
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>2. Case Management</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Provide daily safety checks	248	SERVtracker Database
2. Make visual inspection	248	SERVtracker Database
3. Evaluate home environment	248	SERVtracker Database
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>3. Case Management</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Provide daily social visits	248	SERVtracker Database
2. Make referrals to other providers	248	SERVtracker Database
3. Document concerns	248	SERVtracker Database
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>4. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:	X	Yes	<input type="checkbox"/>	No
<p>MOWSDC is part of the San Diego Senior Alliance (<a href="http://www.sdsenioralliance.org">www.sdsenioralliance.org</a>) comprised of 20 social service organizations serving seniors in San Diego County. It collaborates and provides referrals in regard to all of these organizations to meet senior needs. The organization also partners with the Burn Institute to provide seniors it serves with fire detectors and with Feeding San Diego and the San Diego Food Bank to deliver food to seniors living in the 3,049 square miles of rural and unincorporated areas of San Diego County using MOWSDC personnel.</p>				

## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Debbie Case
Title of person:	CEO & President
Relevant education:	Bachelor of Science Pre Med Studies, Cert of Strategic Planning, USD & Haines Center 2010
Telephone number:	619-260-6110
Date first employed:	12/01/08

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Matt Topper
Title of person:	Chief Financial Officer
Relevant education:	Bachelor of Science in Accountancy, Licensed CPA since 2001
Telephone number:	619-260-4007
Date first employed:	01/24/07

2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:	
Name of person:	Chequita Falls
Title of person:	South Bay Service Center Manager
Relevant education:	M.A. in Community Counseling, Adams State College and B.A. Psychology
Telephone number:	619-420-2782
Date first employed:	07/07/06
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:	
Name of person:	Matt Topper
Title of person:	Chief Financial Officer
Relevant education:	Bachelor of Science in Accountancy, Licensed CPA since 2001
Telephone number:	619-260-4007
Date first employed:	1/24/07
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

The specific goals to be measured and documented are the number of clients and meals served, as well as client demographics. MOWSDC uses a sophisticated database called SERVtracker to collect and report on information. Quantitative evaluation methods include reviewing data collected and reported on as well as fiscal data. Qualitative evaluation is based on feedback from clients in the form of letters, surveys, and interviews conducted by MOWSDC staff. Evaluation of data is conducted monthly by Service Center Managers, Executive Management, and the Board of Trustees. Fiscal information is evaluated by Executive Management, Board of Trustees, and Managers on a monthly basis. The Development Manager works with Managers and Executive Management to ensure that program goals are met and required reports submitted.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	X
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	X
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	X
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	X
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	X
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	X
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	X
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	X
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	X
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	X

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

There are no unresolved ADA issues.

2.8. How many members does your Board of Directors have?	20
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	8

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

General Payment and Disbursement Procedures: Incoming invoices area opened by the Payroll and Administrative Manager and stamped with approval/coding stamp. Invoices are approved by the CFO with supporting documentation. Every Friday, cash disbursements are prepared by the Accountant for signature by an authorized MOWSDC official for expense, debts and liabilities of the organization. All disbursements are made by check. All checks of \$5,000 or more require two authorized signatures. Checks are mailed by the Accounts Receivable Clerk. Supporting documentation is filed by the Accountant in the Vendor Files. Bank reconciliation is conducted by the CFO and Accountant on a monthly basis as are Cash Flow forecasts. CDBG Specific Payment and Disbursement Procedures: MOWSDC's Finance Department is responsible for fiscal management of CDBG funds and to assure compliance with Federal Regulations. Fiscal management system and policies and procedures comply with generally accepted accounting principles. MOWSDC maintains a written manual of policies and procedures governing fiscal management. MOWSDC conducts an independent annual audit; 1) CDBG contractual information is entered into the Financial Management system once the final CDBG agreement is fully executed; 2) Client and meal delivery information is reported to the Finance Department on a quarterly basis; 3) A unique identifier is established to track CDBG funds from each City; 4) The CDBG city is invoiced on a quarterly basis. Payments are entered into the Financial Management system

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

The Board of Trustees' Finance Committee meets monthly to review all financial statements. The Services Committee of the Board also meets monthly (except December and August) to review program reports and assure that programmatic goals are met. The full Board meets monthly (except December and August) and reviews reports from both the Finance and Services Committees. These reports include oversight of all CDBG projects

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

MOWSDC employs QuickBooks Premier Nonprofit as its primary financial system. Private funding is identified separately from public funding and each CDBG funding source is assigned a unique identifier making it possible to track all invoices and payments by type and source. Invoices are generated quarterly based on monthly program reports of services rendered. All fiscal procedures are governed by the Accounting Department Standard Operating Procedures.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

MOWSDC maintains a permanent record of CDBG projects. Proposal and Agreement: We maintain both a hard copy of the original proposal and fully executed agreement, as well as an electronic copy. Fiscal: A copy of all invoices, payments and receipts relevant to CDBG projects are maintained in both hardcopy and electronic format. Client information: Client information is entered into SERVtracker (client and meals database). A hard copy of the client record is maintained that includes such items as the intake forms, verifications and Service Center staff notes.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

MOWSDC conducts monthly fiscal reconciliations and reviews and conducts an annual independent audit. In addition, client and meal statistics are reviewed monthly by both Service Center Manager as well as Executive staff. This includes review of all CDBG clients. Finally, a quarterly CDBG report is generated as required as well as a final year-end report.



**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

MOWSDC conducts monthly fiscal reconciliations/reviews as well as an annual independent audit. In addition, client and meal statistics are reviewed monthly by both Service Center as well as Executive staff. This includes review of all CDBG clients. Finally, a monthly CDBG report is generated as required as well as a final year-end report.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

CDBG funds are assigned a unique identifier delineating source and type. Thus, City of Chula Vista CDBG funds are tracked separately from those from other cities, and from non-public funding sources. This assures that we are able to produce accurate accounting of these funds

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. *Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.*

MOWSDC has been delivering meals and corresponding services to extremely-low to moderate income seniors throughout San Diego County for over 57 years. Founded in 1960, MOWSDC was incorporated as a 501(c)(3) non-profit in 1970. MOWSDC continues to be the only organization in San Diego County that delivers meals and corresponding services to seniors for every day of the year, including holidays. MOWSDC serves all of San Diego County, including the 3,049 square miles of rural and unincorporated areas. Of all seniors served by MOWSDC, 84% are considered extremely-low to low income according to the income guidelines by the Department of Housing and Urban Development (HUD) for all cities in San Diego County. MOWSDC subsidizes 60% of the costs for meals, delivery, and other services provided, regardless of a senior's ability to pay. Further subsidies are provided for seniors who are experiencing severe financial difficulties. For MOWSDC's Fiscal Year 2016 (Oct 1, 2015 – Sept 30, 2016), MOWSDC served over 3,255 unduplicated homebound seniors throughout San Diego County with 450,241 meals, daily safety checks and social visits using 2900 trained volunteers. For its Fiscal Year 2017 (Oct 1, 2016 – Sept 30, 2017) MOWSDC continues to contract with Health Plans to provide its services to low-income seniors who are at high risk of hospital admission or re-admission due to lack of care in the home. Through these plans, MOWSDC shares the entire cost of its services with the Health Plan. The effort to integrate services into healthcare reform as a benefit to seniors is actively being pursued by Meals on Wheels America on a national level while MOWSDC continues to lead the effort locally. MOWSDC continues to expand its program through acquisitions and has recently acquired the City of Vista and North Poway's Meals on Wheels program which will expand the services to residents to include the delivery of up to two fresh meals a day accompanied by daily safety checks with referrals and in-home social visits. MOWSDC also continues to partner with Feeding America and the San Diego Food Bank to deliver its fresh fruit and shelf stable goods to seniors living in the 3,049 square miles of rural and unincorporated areas at no cost to seniors using the MOWSDC delivery personnel. MOWSDC is currently in collaboration with ElderHelp of San Diego and Great Call, Inc. to initiate a pilot program where all three will work together to provide wrap-around services in the home for extremely-low income seniors that will include full case management, meal delivery, daily safety checks, in-home social visits, transportation services, and remote patient monitoring with 24/7 emergency response. MOWSDC continues to develop its "walk-in" services that now operate in its East and South Service Centers. This delivery model allows seniors and caretakers in the surrounding neighborhood to simply walk-in to the Service Center during operating hours and purchase meals at the 60% subsidy.

4.2. *Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.*

X Yes  No

For FY2012-2013, FY2013-2014, FY2014-2015, FY2015-2016 MOWSDC received \$12,000 in CDBG Funding from the City of Chula Vista.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. <i>Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?</i>	X	Yes	<input type="checkbox"/>	No
If funds are not awarded, MOWSDC will continue to make every effort to raise the funds needed to continue to support the current level of service it provides homebound seniors in the City of Chula Vista. Currently, 63% of its revenue comes from fundraising in the form of private, corporate and local government grants, individual donors, events, bequests and cause marketing. However, funds awarded from the City of Chula Vista will help meet the growing demand in the areas referred to earlier in this proposal.				

5.2. <i>If funded, how will your agency continue this project if CDBG funds are not available in future years?</i>
MOWSDC conducts all traditional forms of fundraising activities that includes private, corporate, and government grants, private donation campaigns, planned giving, events and fundraising through social media (website, Facebook, Instagram, Twitter, Pinterest, You Tube). Grants have evolved to include solicitation of more private funders within San Diego County and an expansion of reach to include private funders outside of San Diego County. Recently MOWSDC added a Director of Individual Acquisition and Development to its Development Staff to increase its private donations and planned giving efforts. MOWSDC conducts one annual gala every year and different smaller events throughout the year. These events change periodically based on return on investment. Social media fundraising campaigns are constant and fluid based on changes in the social media platforms and trends. MOWSDC will continue to expand these efforts.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Recruit clients for the program	Conduct outreach and other activities for the purpose of recruiting clients. Ongoing throughout the project.	6/30/2018
2	Enroll clients in the program.	Complete intake and other forms to assure that client is correctly enrolled in the program. Ongoing throughout the project.	6/30/2018
3	Prepare Meals	All meals will be prepared and individually packaged for delivery to the client. Ongoing throughout the project.	6/30/2018
4	Deliver meals	Meals will be delivered to the client on a daily basis with Sunday's meals delivered on Saturday. Ongoing throughout the project.	6/30/2018
5	Conduct safety checks	Safety checks will be conducted for all clients at the time of meal delivery. Referrals will be given based on needs. Ongoing throughout the project.	6/30/2018
6	Engage clients in a social visit.	Social visits with clients will be conducted daily at time of meal delivery.	6/30/2018
7	Complete and submit reports and invoices.	Reports and invoices will be created and submitted quarterly as required. Ongoing throughout the project.	6/30/2018
8	Project Completion	Final report and invoice will be submitted.	7/1/2018

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	Meals on Wheels San Diego County		
2. Project name:	Home Delivered Meals in the City of Chula Vista		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			<a href="#">Click here to enter text.</a>
5. Amount awarded:	\$12,000	6. Amount spent to date:	\$12,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Serve 220 unduplicated seniors with up to two fresh meals daily accompanied by daily safety checks and in-home visits.			
9. Indicate below the outcomes achieved:			
Served 220 unduplicated seniors with up to two fresh meals daily accompanied by daily safety checks and in-home visits.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Meals on Wheels San Diego County		
2. Project name:	Home Delivered Meals in the City of Chula Vista		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$12,000	6. Amount spent to date:	\$12,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Serve 220 unduplicated seniors with up to two fresh meals daily accompanied by daily safety checks and in-home visits.			
9. Indicate below the outcomes achieved:			
Served 457 unduplicated seniors in the City of Chula Vista with meals, safety checks and in-home social visits.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

1. Agency name:	Meals on Wheels San Diego County		
2. Project name:	Senior Care in the Home in the City of Chula Vista		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$12,000	6. Amount spent to date:	\$6,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Serve 230 unduplicated seniors with up to two meals daily accompanied by daily safety checks and in-home social visits.			
9. Indicate below the outcomes achieved:			
Quarter One – Served 108 unduplicated seniors with services. Quarter Two – Served 120 unduplicated seniors with services. In total MOWSDC has served 228 unduplicated seniors with services.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
N/A			

**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**

*Public Service Applicants Skip this portion and continue on to Appendix Section.*

9.1. For CIP projects, have the constructions plans and drawings been completed? <i>If no, indicate the anticipated date of completion:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--	--------------------------	-----	--------------------------	----

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects:
Click here to enter text.

9.4. For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Click here to enter text.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Click here to enter text.

9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:
Click here to enter text.

## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

9.8. <i>Is the facility agency-owned, City-owned, or privately owned?</i>	
<input type="checkbox"/>	<b>Agency-owned</b>
<i>Indicate the property owner(s):</i> <a href="#">Click here to enter text.</a>	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>City-owned</b>
<i>Indicate your City Real Estate Assets liaison:</i> <a href="#">Click here to enter text.</a>	
<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i> <a href="#">Click here to enter text.</a>	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>Privately owned</b>
<i>Indicate the property owner(s):</i>	
<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i>	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>Other</b>
<i>Provide a brief explanation:</i>	

9.9. <i>How old is the property/building in terms of years?</i>		
<i>For building/structures constructed prior to December 31, 1969:</i>		
<i>Has a lead hazard inspection report been issued for the facility?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Has the facility been abated for lead paint?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Will children occupy the facility?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, indicate the age range of the children who will occupy the facility:</i>		<a href="#">Click here to enter</a>

9.10. <i>Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Click here to enter text.</a>			

9.11. <i>Is the building/structure located on a Historic Site?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Is the building/structure located in a Historic District?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Is the building/structure in a Flood Zone?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Is the building/structure in a Flood Plain?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Does your agency have flood insurance?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Will there be demolition required?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

9.12. <i>List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</i>	
<a href="#">Click here to enter text.</a>	

9.13. <i>Will the project result in an expansion of an existing facility?</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, specify the size in square feet:</i>	<i>Existing size:</i>	<i>Addition size:</i>	



9.14. *The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.*

*What is the project structure type?*

Residential       Commercial       Public facility       Public right-of-way

*What is the current zoning of the project site?*      Click here to enter text.

*Is the project site zoned correctly for the proposed activity?*       Yes       No

*If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:*

Click here to enter text.

9.15. *Does the project require temporary/permanent relocation of occupants?*       Yes       No

*If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]*

Click here to enter text.

9.16. *Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.*

*Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.*

Click here to enter text.

9.17. *For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation?)*

Click here to enter text.



**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less than listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$15,000	6%
<b>List Other Sources Below: (Step 2)</b>			
HOME	\$0	\$0	0%
ESG			0%
HOPWA			0%
CDBG-R			0%
NSP			0%
HPRP			0%
Other Federal Stimulus Funds			0%
Other Federal Funds			0%
San Diego Housing Commission			0%
State Funds			0%
County Funds			0%
Local Funds	\$83,000		33%
Private Funds			0%
Agency Funds		\$149,924	60%
			0%
			0%
			0%
			0%
			0%
			0%
			0%
<b>TOTAL</b>	<b>\$83,000</b>	<b>\$164,924</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$247,924**

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	2016 CY _____	Page # _____
Document must be attached to Application			
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)		10,945	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>		43,780	
List the amount of FY 2017-2018 CDBG funding applied for this application.		15,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.		-	
List the amount of FY 2017-2018 CDBG funding applied for any other application.		-	
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>		15,000	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>			
Item A	43,780	Item B	15,000
		Difference	28,780
<b>Analyze Results</b>			
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.			
2- If difference is a negative amount, the Agency has the options below:			
The Agency can adjust any of the FY 2017-2018 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:			
A) EACH PROJECT <u>MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS</u> , AND			
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2017/2018 CDBG FUNDING REQUEST.</u>			

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY Meals on Wheels San Diego County  
PROJECT Senior Care in the Home in the City of Chula Vista

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>0</u>
FRINGE BENEFITS	(Schedule 3)	<u>0</u>
	TOTAL PERSONNEL	<u>0</u>
SUPPLIES	(Schedule 5)	<u>0</u>
POSTAGE	(Schedule 5)	<u>0</u>
CONSULTANT SERVICES	(Schedule 5)	<u>0</u>
MAINTENANCE/REPAIR	(Schedule 5)	<u>0</u>
PUBLICATIONS/PRINTING	(Schedule 5)	<u>0</u>
TRANSPORTATION	(Schedule 5)	<u>0</u>
RENT	(Schedule 5)	<u>0</u>
EQUIPMENT RENTAL	(Schedule 5)	<u>0</u>
INSURANCE	(Schedule 5)	<u>0</u>
UTILITIES	(Schedule 5)	<u>0</u>
TELEPHONE	(Schedule 5)	<u>0</u>
OTHER EXPENSES (SPECIFY):		
	<u>Food &amp; Packaging</u> (Schedule 5)	<u>66,391</u>
	<u>Food Preparation Labor</u>	<u>13,791</u>
	<u>Meal Center Fixed Labor</u>	<u>32,714</u>
	<u>Distribution (Vans)</u> (Schedule 5)	<u>19,244</u>
	<u>Intake/Volunteer</u> (Schedule 5)	<u>115,784</u>
	TOTAL NON-PERSONNEL	<u>247,924</u>
TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)	(Schedule 4)	<u>-</u>
		<u>0</u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		
	TOTAL CDBG PROJECT BUDGET	<u>247,924</u>

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **South Bay Community Services**

Project | Program: **South Bay Food Program**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The South Bay Food Program includes Thursday's Meals (weekly hot meals), a community food distribution, and the SBCS In-Home Emergency Food Program, for homeless and needy Chula Vista families and residents in need of food services and supports.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **300**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05W - Food Banks**

### FUNDING

Total Program/Project Cost: <b>\$33,500</b>	Amount of CDBG Requested: <b>\$10,000</b>	Amount Recommended: <b>\$10,000</b>
--	--	--





Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	South Bay Community Services				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	430 F Street, Chula Vista, CA 91910		Agency Tax Identification #:	95-2693142	
Date of Incorporation:	September 1972		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>	Renewal Date: 07/28/2017	
Agency Annual Operating Budget:	\$ 30,394,648		Agency DUNS #	113407779	
Number of paid staff:	400		Number of volunteers:	1,200	
Agency mission statement:					
SBCS' mission is to provide children, youth, and families with services that reinforce the family's role in our community and assist individuals to aspire realistically to lives of self-fulfillment.					

**Project Title**

South Bay Food Program
------------------------

**Project Description (Briefly describe your project/program):**

The South Bay Food Program includes Thursday's Meals (weekly hot meals), a community food distribution (operating out of 707 F Street), and SBCS' In-House Emergency Food Program, for homeless and needy Chula Vista families and residents in need of food services and supports.
---

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$10,000	Other funds already secured for project:	\$23,500
Total cost to complete project:	\$33,500	Other funds not yet secured for project:	\$10,000

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The South Bay Food Program includes Thursday's Meals (weekly hot meals) served at Most Precious Blood Church, a community food distribution (operating out of 707 F Street) and SBCS' In-House Emergency Food Program, for homeless and needy Chula Vista families and residents in need of food services and supports.

1.2. Project start date: July 1, 2017 Anticipated end date: June 30, 2018

1.3. Project's days/hours of operation: Too many to list here – see 1.10 below.

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements		<input type="checkbox"/> Decent housing
		1.6 Project outcome: (check one only)	<input type="checkbox"/> Economic opportunity
			<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 300

Annual cost per client/household: \$33 per client

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Presumed Benefit - Special needs group** (select benefit group from the list below):

(i) Abused children

(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)

(iii) Battered spouses

(iv) Severely disabled (Per census definition. Must maintain proof documentation)

(v) Persons living with HIV/AIDS

(vi) Migrant farm workers

(vii) Homeless persons (must meet HUD definitions)

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)

(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

Affordable Rental Housing Opportunities

Maintenance and Preservation of Housing (rehabilitation activities)

Homeownership Opportunities (homebuyer programs)

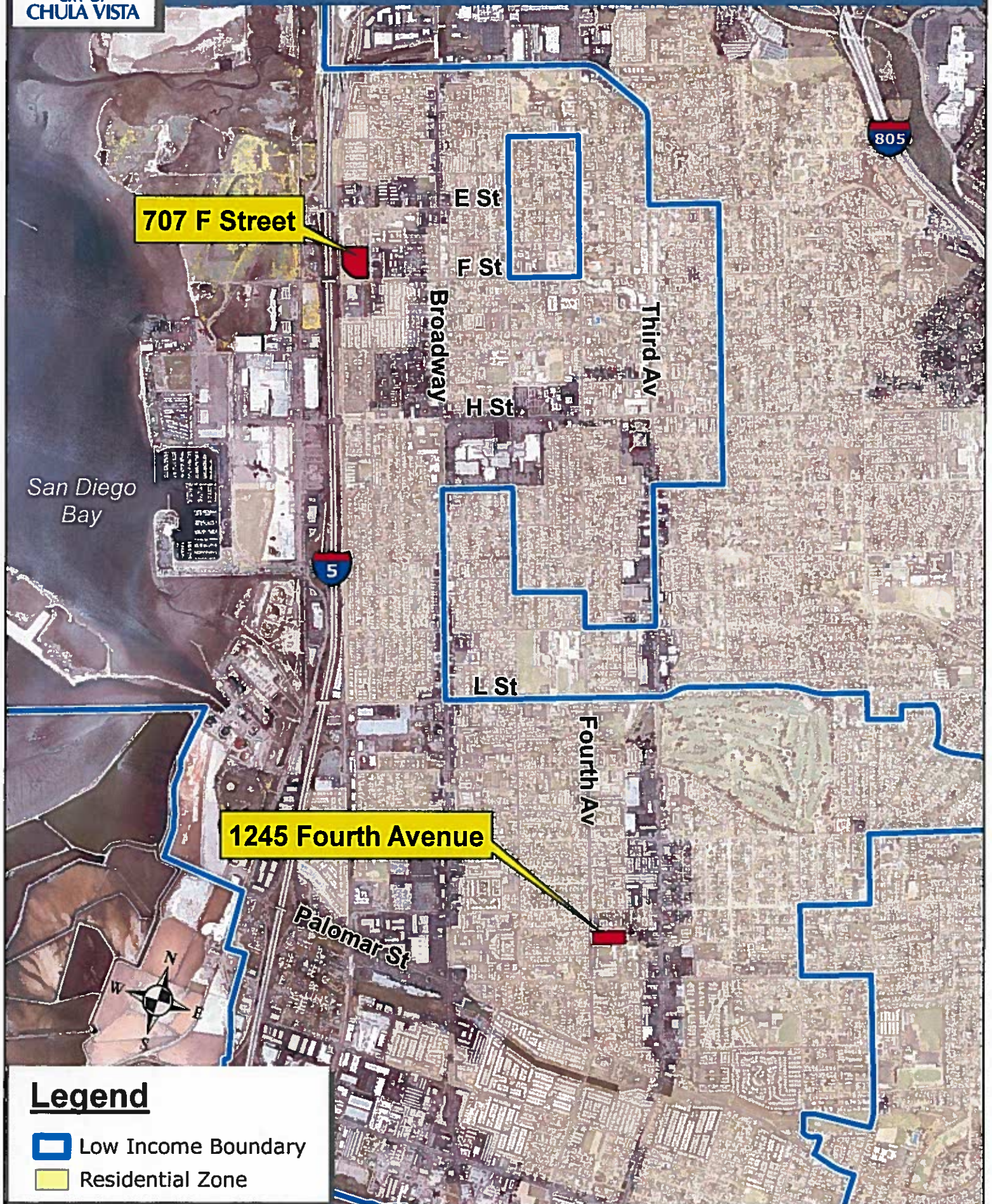
Capital Improvement Projects and Community Enhancement (public facilities/spaces)

Public Services to Special Needs Population and/or Low Moderate Income Persons







# FOOD PROGRAM SERVICE AREA



707 F Street

1245 Fourth Avenue

## Legend

-  Low Income Boundary
-  Residential Zone



**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

[The South Bay Food Program is the largest in Chula Vista, and currently coordinates a number of food distribution efforts:

- *Thursday's Meals*, are weekly prepared, hot meals available for homeless and needy individuals and families. Meals are prepared and served by staff and volunteers including those from the Most Precious Blood.
- *Food for Families*, provides over 10,000 pounds of food/household items to homeless and low income individuals and families each month. Staff and volunteers break down pallets of food and create 30-40 pound packages which include dry food, fresh produce, and non-food items like cleaning supplies, diapers and other household items. This program operates at 707 F Street, on the second Wednesday of the month from 4-6 pm.
- *SBCS' In-House Emergency Food Program*, is comprised of food from public and private drives as well as community donations, and allows those in need to receive both non-perishable food items and fresh produce on an as-needed basis.

The South Bay Food Program serves low income families in predominately Western Chula Vista, including children, adults and senior citizens, many of whom are DV Victims, Abused Children and homeless or at-risk of homelessness. In addition to food, Food Program participants are provided with nutrition information, education and resources. They also have access to SBCS' wraparound continuum of services including emergency shelter, transitional housing and affordable housing; the Family Self-Sufficiency Program; as well as crisis intervention, employment assistance, children's services and assistance applying for benefits. The South Bay Food Program is more than just food – it provides families with the ingredients to prepare healthy and nourishing meals, along with the education and resources that they need to develop healthy, self-sufficient lifestyles.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**  
 The South Bay Food Program is designed to benefit the Chula Vista community, including low income families and individuals, by addressing issues in their living environment. The Food Program helps to make one of the basics of living, food, available and accessible to low- and moderate-income people, within the community they live.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**  
 The number of homeless and needy families and individuals, including seniors, in Chula Vista continues to increase, with dwindling food resources. Homeless and low income families struggle to feed themselves and their children with healthy and nourishing meals. The South Bay Food Program helps to provide families with food, education and resources that they need to develop healthy, self-sufficient lifestyles.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**  
 The South Bay Food Program includes three main components: Thursday's Meals, Food for Families and In-house Emergency Food, all of which provide food to low-income and homeless families and individuals, and all of which are existing services.

**1.14. How does your agency plan to tell the target population about the project/services?**  
 Information about the South Bay Food Program is advertised at the SBCS main agency, through flyers distributed to local Family Resource Centers, schools, the Chula Vista Community Collaborative, and through local partners including churches and other community service providers.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

<b>Service to be Provided:</b> Provide low-income and homeless families with access to hot, prepared meals.	<b>1.</b>	<b>300</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
2. Provide low-income and homeless families with monthly access to non-perishable food items and fresh produce.	300	Program Demographic Form
3. Provide 100% of food program participants with access to educational materials related to healthy eating, as well as access to agency-run self-sufficiency programs.	100% of those receiving food services	Demographic form, surveys, referrals

**1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:**

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
-------------------------------------	-----	--------------------------	----

SBCS works closely with many congregations in the South Bay as well as Feeding America, and the San Diego Food Bank, to cater to the food needs of low income and homeless families and individuals in the Chula Vista Community.

## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?

<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

<i>Name of person:</i>	Amaris Sanchez
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	B.A. English & Women's Studies
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	2003

2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project?  
Provide no more than two individuals:

<i>Name of person:</i>	Amaris Sanchez
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	B.A. English & Women's Studies
<i>Telephone number:</i>	(619) 420-36920
<i>Date first employed:</i>	2003
<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?  
Provide no more than two individuals:

<i>Name of person:</i>	Elizabeth Iniguez
<i>Title of person:</i>	CFO
<i>Relevant education:</i>	B.S. Business Administration
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993
<i>Name of person:</i>	Gloria Ramirez
<i>Title of person:</i>	Lead Staff Accountant
<i>Relevant education:</i>	B.S. Accounting
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

The South Bay Food Program uses SBCS' Intake Form, Income Verification form, sign-in sheets, case notes, customer satisfaction surveys and entries into our database, ETO, to track and monitor the progress of the project.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	X
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	X
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	X
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	X
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	N/A
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	N/A
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	X
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	X
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	X
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	X
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	X

**2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)**

Not applicable.

<b>2.8. How many members does your Board of Directors have?</b>	<b>11</b>
<b>How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.</b>	<b>8</b>

### **Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)**

#### **3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

All funds are managed by SBCS' Fiscal Department. The Fiscal staff includes: the Chief Financial Officer (CFO) Elizabeth Iniguez, 4 Accounting Associates, 1 Accounts Payable Clerk, 1 Accounting Clerk, and 1 Fiscal Aide. The following are SBCS' fiscal procedures: Cash Disbursements: cash disbursements are prepared twice a month by our computerized accounts payable program. Payment is done for all authorized check requests. Where warranted, due to the significant amount of the purchase, approval from the Board of Directors is needed. Original supporting documents must be attached to all check request forms. After payment, all supporting invoices are stamped "paid" to avoid duplication of payment. All checks over \$1,000.00 require two signatures, the CEO and a member of the Board of Directors. Pre-numbered checks are used on all disbursements. Numerical and physical control is maintained over blank checks as well as issued checks. Void checks are adequately mutilated and filed in numerical order with canceled checks. Cash Receipts: cash receiving is handled by the receptionist. She is in charge of opening all mail and logging in all checks received. The receptionist is not involved in any fiscal duties. Incoming cash receipts, primarily in the form of checks, are locked in a file cabinet until accumulation merits a deposit. The collection of cash is maintained by a separate cash receipt log. The Deposit is prepared by an Accounting Associate and posted to the general ledger by the Lead Accountant, maintaining discrete accounts for different funding sources. Periodic reconciliation of detailed cash receipt records to duplicate deposit slips, accounts receivables, and cash control accounts are prepared by personnel independent of cash functions. Payroll and Personnel: New employees are investigated before being hired. Wage and personnel policies are current and in writing. Current and complete personnel files are maintained. An adequate system is used to insure proper recording of hours and time. All salary and wage payments are made by check. An outside payroll company is responsible for processing payroll and printing appropriate payroll checks. All payroll checks are delivered to our office for review, and distribution to employees. The payroll account is reconciled by someone other than the person preparing the payroll and signing checks. Revenue, Billing, and Receivables: The CFO prepares all grant billings. Billings are done under reimbursement basis once a month and journalized as a receivable until the proper payment is made. The billings are done either on a preprinted form provided by the grantor or in-house prepared form. The CFO is in charge of monitoring the year-to-date expenses and comparing them to the annual budget. Under no circumstances will billings for a particular expense exceed the annual authorized budget. The fiscal department does a periodic analysis of receivables. Petty Cash and Cash On Hand: Petty cash funds are maintained on an imprest basis, with one individual responsible for the fund. They are not combined with other receipts. Responsibility for petty cash is separate from cash disbursements, receipts, and receivables functions. Limits exist on the amount for reimbursements out of petty cash. Supporting documents are checked and canceled at the time the fund is replenished. The fiscal department makes periodic and surprise counts of funds.

#### **3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

South Bay Community Services' Board of Directors meets every other month, during which they receive programmatic updates, and are advised on other significant agency business. The Board of Director's reviews and approves all funding requests, quarterly budget updates and the annual report. The Board is comprised of a number of sub-committees including the Executive Committee and Audit Committee, whose members attend to agency policies, procedures and financial management. The Board also directly oversees the President and CEO, who has the authority to act on the agency's behalf.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Chief Financial Officer and Fiscal Staff utilize generally accepted accounting procedures in handling disbursement of funds and maintaining fiscal records. SBCS successfully manages more than 60 Federal, State, County, and city grants, as well as Private Foundation funding. The agency is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

Program Evaluation and Quality Management is an integrated process facilitated by the SBCS' Contract Compliance and Quality Assurance Department. The CCQA staff possess extensive experience with monitoring and evaluating service delivery, and they regularly review the conditions of each contract to ensure these conditions are being met correctly and with high quality. SBCS has written policies that address Privacy and Confidentiality and the Release of Information, and all program procedures are HIPAA compliant. Direct service staff will use various tools to measure program success including contact logs, sign-in sheets, client surveys and case notes. All confidential files are transported in confidential lock boxes from program sites to the main agency, and are maintained in locked secure file cabinets when not in use.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

South Bay Community Services is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

In addition to the Fiscal Policies listed above in section 3.1, the CFO monitors the budget on a daily basis as receipts and debits are posted, as new grants come in, and as expenses and invoices are paid. There are regular meetings with the President and CEO to make sure funding streams are adequate for programs, and strategies are developed to apply for and acquire more funds as programs expand.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

Contracts, grants, and other major funding sources are accounted in separate departments to prevent overlap of expenses and maintain separate general ledgers for each funding source. This system facilitates the monthly monitoring of year-to-date expenses by funding source, and accounting for expenses to any particular funding source. CDBG funds will be managed in accordance with this agency policy.



## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

**4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.**

South Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provider of social service and community development programs in San Diego County's South Bay. SBCS serves San Diego County's Southern Region, an area with a diverse population that is greatly affected by immigration, characterized by transience, low socioeconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it difficult for them to find employment, affordable housing, and access community resources and services. SBCS was created by dedicated community members in 1971 as a drop-in center for drug abusing teens. Responding to evolving community needs and concerns, we have developed a wide range of integrated, bilingual, prevention, intervention, and treatment options for youth and families, including mental health counseling; the region's only permanent shelter and support services for homeless families, youth, and domestic violence victims and their children; transitional and affordable housing; drug & alcohol prevention and intervention; domestic violence prevention and intervention; community development; child abuse prevention and intervention; and extensive youth programming.

SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and operating Thursday's Meals since July of 2003; Our Feeding America program has been in existence since August of 2010; We have been part of the San Diego Food Bank's Emergency Food Assistance program for families since March 2009; and SBCS' In-House Emergency Food Program has been in operation since we began sheltering homeless families in 1993 and has become a larger and more formally entrenched program every year since.

**4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.**



Yes



No

[Click here to enter text.](#)

## Section 5: Back-Up Plan (Max Score: 5 Points;)

**5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?**



Yes



No

The need for food and food services has increased at a time when funding has decreased, so CDBG support of the South Bay Food Program is essential to sustain this much needed service within the community. If funded at an amount less than requested, we will continue to provide food, but will be forced to serve fewer families and individuals.

**5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?**

Funding support for the South Bay Food Program is spread over a wide base of local, county, state, and federal agencies as well as individual donors, local corporations, and private foundations, to guard against program closure because of the loss of a funding source. This strategic formula will create sustainability over time through the leveraging of diverse funding sources, and limits liability and dependence upon one type of support.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1.	Coordinate volunteers	Volunteers are utilized to serve weekly hot meals through Thursday's Meals, and to assist with the creation and distribution of food packages for Food For Families.	On-going
2.	Serve Hot Meals	Coordinate and serve hot meals to individuals and families on Wednesdays at 5 pm and Fridays at 4 pm.	On-going
3.	Provide access to healthy food/recipes/education	Coordinate and distribute food/produce/household items/recipes and nutrition information to families and individuals bi-monthly through Food for Families on the 3 <sup>rd</sup> Wednesday of the month from 4-6 pm.	On-going

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			<a href="#">Click here to enter text.</a>
5. Amount awarded:	\$10,000	6. Amount spent to date:	\$693
7. Amount reprogrammed to date:	\$0	*The majority of funds are spent February - June	
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ul style="list-style-type: none"> <li>Provide nutritious, nourishing meals, and/or access to food to 300 unduplicated low/moderate income homeless individuals in-need with in the City of Chula Vista at various sites throughout the City;</li> <li>At least 51% of those served are at or below 80% of the Area Median Income.</li> </ul>			
9. Indicate below the outcomes achieved:			
SBCS is on track to meet our objectives. As of December 31, 2016, 177 clients completed the CDBG form, received nutritious, nourishing meals, and/or gained access to food; and 97% of those surveyed were below 80% AMI. Overall, SBCS has served 1,832 individuals.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
Not applicable.			

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$10,000	6. Amount spent to date:	\$10,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ul style="list-style-type: none"> <li>Provide nutritious, nourishing meals, and/or access to food to 300 unduplicated low/moderate income homeless individuals in-need with in the City of Chula Vista at various sites throughout the City;</li> <li>At least 51% of those served are at or below 80% of the Area Median Income.</li> </ul>			
9. Indicate below the outcomes achieved:			
FY 2015/16, 174 individuals were surveyed, received nutritious, nourishing meals, and/or gained access to food; and 100% of those surveyed were below 80% AMI.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
Not applicable.			

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$10,000	6. Amount spent to date:	\$10,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ul style="list-style-type: none"> <li>Provide nutritious, nourishing meals, and/or access to food to 125 unduplicated low/moderate income homeless individuals in-need with in the City of Chula Vista at various sites throughout the City;</li> </ul>			

- At least 51% of those served are at or below 80% of the Area Median Income.

**9. Indicate below the outcomes achieved:**

FY 2014/15, 337 individuals were surveyed, received nutritious, nourishing meals, and/or gained access to food; and 100% of those surveyed were below 80% AMI.

**10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:**

Not applicable.

**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**  
**Public Service Applicants Skip this portion and continue on to Appendix Section.**

9.1. For CIP projects, have the constructions plans and drawings been completed? If no, indicate the anticipated date of completion:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager’s relevant experience on similar federally funded projects:
Click here to enter text.

9.4. For CIP projects, address the mitigation of any issues identified on the “Project Site Information” section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Click here to enter text.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Click here to enter text.

9.7. For CIP projects that need occupants to be relocated, describe your agency’s relocation plan:
Click here to enter text.

## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

<b>9.8. Is the facility agency-owned, City-owned, or privately owned?</b>	
<input type="checkbox"/>	<b>Agency-owned</b>
	Indicate the property owner(s): <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>
	Indicate your City Real Estate Assets liaison: <a href="#">Click here to enter text.</a>
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>
	Indicate the property owner(s):
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>
	Provide a brief explanation:

<b>9.9. How old is the property/building in terms of years?</b>		
For building/structures constructed prior to December 31, 1969:		
Has a lead hazard inspection report been issued for the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility been abated for lead paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will children occupy the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate the age range of the children who will occupy the facility:	<a href="#">Click here to enter</a>	

<b>9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Click here to enter text.</a>		

<b>9.11. Is the building/structure located on a Historic Site?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure located in a Historic District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Plain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your agency have flood insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be demolition required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</b>
<a href="#">Click here to enter text.</a>

<b>9.13. Will the project result in an expansion of an existing facility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify the size in square feet:	Existing size: <input type="text"/>	Addition size: <input type="text"/>

**9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.**

**What is the project structure type?**

Residential       Commercial       Public facility       Public right-of-way

**What is the current zoning of the project site?** [Click here to enter text.](#)

**Is the project site zoned correctly for the proposed activity?**  Yes       No

**If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:**

[Click here to enter text.](#)

**9.15. Does the project require temporary/permanent relocation of occupants?**  Yes       No

**If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]**

[Click here to enter text.](#)

**9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.**

**Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.**

[Click here to enter text.](#)

**9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?**

[Click here to enter text.](#)





**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2017 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	<b>AMOUNT SECURED</b>	<b>AMOUNT UNSECURED</b>	<b>% OF TOTAL</b>
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$10,000	29.85%
<b>List Other Sources Below: (Step 2)</b>			
HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds			0.00%
Local Funds		\$8,500	25.37%
Private Funds			0.00%
Agency Funds			0.00%
In-Kind		\$15,000	44.78%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$33,500</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$33,500**

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	6/30/2016 CY _____	Page # _____
Document must be attached to Application			
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)		1,486,056	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>		5,944,224	
List the amount of FY 2017-2018 CDBG funding applied for this application.		10,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.		78,550	
List the amount of FY 2017-2018 CDBG funding applied for any other application.			
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>		88,550	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>			
Item A	5,944,224	Item B	88,550
Difference			5,855,674
<b>Analyze Results</b>			
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.			
2- If difference is a negative amount, the Agency has the options below:			
The Agency can adjust any of the FY 2015-2016 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:			
A) EACH PROJECT <u>MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS, AND</u>			
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2014 CDBG FUNDING REQUEST.</u>			

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY South Bay Community Services

PROJECT South Bay Food Program

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>3,600</u>
FRINGE BENEFITS	(Schedule 3)	<u>962</u>
	<b>TOTAL PERSONNEL</b>	<u><b>4,562</b></u>

SUPPLIES	(Schedule 5)	<u>5,438</u>
POSTAGE	(Schedule 5)	<u>          </u>
CONSULTANT SERVICES	(Schedule 5)	<u>          </u>
MAINTENANCE/REPAIR	(Schedule 5)	<u>          </u>
PUBLICATIONS/PRINTING	(Schedule 5)	<u>          </u>
TRANSPORTATION	(Schedule 5)	<u>          </u>
RENT	(Schedule 5)	<u>          </u>
EQUIPMENT RENTAL	(Schedule 5)	<u>          </u>
INSURANCE	(Schedule 5)	<u>          </u>
UTILITIES	(Schedule 5)	<u>          </u>
TELEPHONE	(Schedule 5)	<u>          </u>
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>          </u>
	(Schedule 5)	<u>          </u>
	(Schedule 5)	<u>          </u>

**TOTAL NON-PERSONNEL** 5,438

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)		<b>Percentage</b>
	(Schedule 4)	<u>0</u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		

**TOTAL CDBG PROJECT BUDGET** 10,000

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY South Bay Community Services  
PROJECT South Bay Food Program

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Youth and Family Associate	40,000	9.00%	3,600.0
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG SALARY & WAGES			<b>3,600</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY \_\_\_\_\_ South Bay Community Services \_\_\_\_\_

PROJECT \_\_\_\_\_ South Bay Food Program \_\_\_\_\_

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Youth and Family Associate	FICA		3,600	7.65%	275
Youth and Family Associate	SUI		630	2.00%	13
Youth and Family Associate	Pension			0.00%	-
Youth and Family Associate	Health	7,056.00		9.00%	635
Youth and Family Associate	W/Comp		3,600	1.09%	39
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL CDBG FRINGE BENEFIT</b>					<b>962</b>

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY South Bay Community Services

PROJECT South Bay Food Program

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD</b>			-

(5) Total CDBG Budget 10,000 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for position and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month
<input type="checkbox"/>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY South Bay Community Services

PROJECT South Bay Food Program

LINE ITEM	AMOUNT
Detailed Explanation:	
On going cost for food, napkins, plates, etc for program . Estimated monthly cost of \$453 per month	5,438

**TOTAL \$ 5,438**

LINE ITEM	AMOUNT
Detailed Explanation:	

**TOTAL \$ -**

LINE ITEM	AMOUNT
Detailed Explanation:	

**TOTAL \$ -**

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **South Bay Community Services**

Project | Program: **Family Violence Treatment Program**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The Family Violence Treatment Program provides therapeutic counseling and crisis intervention services to adult and children, victims of family violence.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **300**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05G - Services for Battered and Abused Spouses**

### FUNDING

Total Program/Project Cost: <b>\$943,455</b>	Amount of CDBG Requested: <b>\$39,000</b>	Amount Recommended: <b>\$39,000</b>
---	--	--





Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	South Bay Community Services				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	430 F Street, Chula Vista, CA 91910		Agency Tax Identification #:	95-2693142	
Date of Incorporation:	September 1972		Agency Central Contractor Registration# <small>(http://www.ccr.gov)</small>	Renewal Date: 07/28/2017	
Agency Annual Operating Budget:	\$ 30,394,648		Agency DUNS #	113407779	
Number of paid staff:	400		Number of volunteers:	1,200	

**Agency mission statement:**  
 SBCS' mission is to provide children, youth, and families with services that reinforce the family's role in our community and assist individuals to aspire realistically to lives of self-fulfillment.

**Project Title**

Family Violence Treatment Program

**Project Description (Briefly describe your project/program):**

The Family Violence Treatment Program provides therapeutic counseling and crisis intervention services to adult and children victims of family violence

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$39,000	Other funds already secured for project:	\$904,455
Total cost to complete project:	\$943,455	Other funds not yet secured for project:	\$39,000

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If your answer is yes, please provide: Address(es) below:		Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The Family Violence Treatment Program provides therapeutic counseling services and crisis intervention services to adult and children victims of family violence.

1.2. Project start date: July 1, 2017 Anticipated end date: June 30, 2018

1.3. Project's days/hours of operation: Too many to list here – see 1.10 below.

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input type="checkbox"/> Decent housing
			<input type="checkbox"/> Economic opportunity
			<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 300

Annual cost per client/household: \$130 per client

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Presumed Benefit - Special needs group** (select benefit group from the list below):

(i) Abused children

(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)

(iii) Battered spouses

(iv) Severely disabled (Per census definition. Must maintain proof documentation)

(v) Persons living with HIV/AIDS

(vi) Migrant farm workers

(vii) Homeless persons (must meet HUD definitions)

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)

(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

Affordable Rental Housing Opportunities

Maintenance and Preservation of Housing (rehabilitation activities)

Homeownership Opportunities (homebuyer programs)

Capital Improvement Projects and Community Enhancement (public facilities/spaces)

Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Family Violence Treatment Program provides therapeutic counseling and crisis intervention services to adult and children victims of family violence. The Program assists low and moderate-income persons to overcome the trauma associated with violence, and rebuild safe, healthy lives for themselves and their children.

SBCS has the experience and comprehensive capacity to provide these services with the highest quality. Our experienced direct service staff, fiscal department, and reputation in the community offer an excellent value to CDBG funds if awarded. The sustainability of SBCS' DV services described below in section 5.2 further leverages CDBG funding and provides an opportunity for the City of Chula Vista to help the largest number of residents.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The Family Violence Treatment Program is designed to benefit the Chula Vista community by providing crisis intervention and support services for those experiencing family violence. The Family Violence Treatment Program assists low and moderate-income persons to overcome the trauma associated with violence, and rebuild safe, healthy lives for themselves and their children.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

Although the housing market and unemployment rates have improved in other areas of the county, Chula Vista remains an area characterized by low income and unemployment/underemployment. The current economic climate, coupled with an increased risk of homelessness, places tremendous stress on families and has resulted in increased demand for domestic violence (DV) and shelter services. During FY 2015/16, SBCS served over 800 victims and children through the Domestic Violence Response Team (DVRT) and has noticed a clear increase in the severity of DV incidences. There is an overwhelming need for both supportive services and emergency shelter for victims and their families. SBCS' priority is to be able to continue providing high-quality core services to as many victims of DV as possible.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

The Family Violence Treatment Program includes the following services and activities:

- Therapeutic counseling and crisis intervention services to adult and children victims of family violence which include the following activities:
  - DVRT for emergency responses, 24 hr. hotline assistance for DV victims, and 24 hr. access to emergency shelter;
  - Strengths-based Assessments and Safety Planning for DV victims and their children;
  - Individual counseling and group/family counseling;
  - Unique therapeutic pre-school, Mi Escuelita, for child victims of family violence; and
  - On-going case management and support for victims

All clients also have access to any of SBCS' other programs including emergency and transitional housing, financial self-sufficiency services, and/or job development.

All Family Violence Treatment Program services are on-going and CDBG funds will assist SBCS to maintain/increase the number of calls responded to through the DVRT – the entry point for many victims to get the assistance they need to re-build safe, stable and healthy lives for themselves and their children.

**1.14. How does your agency plan to tell the target population about the project/services?**

Information about the Family Violence Treatment Program is advertised at the SBCS main agency, through flyers distributed to local Family Resource Centers, schools, the Chula Vista Community Collaborative and through local law enforcement partners. DVRT is also accessed through 211 San Diego and SBCS' emergency hotline.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

Service to be Provided (i.e. food, transportation, case management, etc.)	1. Crisis Intervention Services	
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Provide crisis intervention services	389	Hotline calls, Agency database
2. Provide access to case management services including assessment and safety planning	389	Agency database (ETO)

3. Provide individual, group and/or family counseling	300	Agency database, case notes			
1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:		<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>SBCS works closely with the Chula Vista Police Department, the District Attorney's Office, Child Welfare Services, the region's hospitals and clinics, Family Resource Centers operated by the Community Collaboratives, school districts, Legal Aid of San Diego, Family Health Centers, and other local organizations in order to respond effectively to the needs of victims and their families.</p>					

## Section 2: Agency Capacity (Max Score: 10 Points)

<b>2.1. Who will be the person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

<b>2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Valerie Centeno
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	M.A. Marriage and Family Therapy
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	2005

<b>2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Valerie Centeno
<i>Title of person:</i>	Program Director
<i>Relevant education:</i>	M.A. Marriage and Family Therapy
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	2005
<i>Name of person:</i>	Dina Chavez
<i>Title of person:</i>	Associate Director
<i>Relevant education:</i>	B.S. Criminal Justice
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1989

<b>2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Elizabeth Iniguez
<i>Title of person:</i>	CFO
<i>Relevant education:</i>	B.S. Business Administration
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993
<i>Name of person:</i>	Gloria Ramirez
<i>Title of person:</i>	Lead Staff Accountant
<i>Relevant education:</i>	B.S. Accounting
<i>Telephone number:</i>	(619) 420-3620
<i>Date first employed:</i>	1993

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

The South Bay Food Program uses SBCS' Intake Form, Income Verification form, sign-in sheets, case notes, customer satisfaction surveys and entries into our database, ETO, to track and monitor the progress of the project.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	X
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	X
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	X
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	X
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	X
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	X
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how date is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	X
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	X
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	X
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	X



**2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)**

Not applicable.

<b>2.8. How many members does your Board of Directors have?</b>	11
<b>How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.</b>	8

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

#### 3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:

All funds are managed by SBCS' Fiscal Department. The Fiscal staff includes: the Chief Financial Officer (CFO) Elizabeth Iniguez, 4 Accounting Associates, 1 Accounts Payable Clerk, 1 Accounting Clerk, and 1 Fiscal Aide. The following are SBCS' fiscal procedures: Cash Disbursements: cash disbursements are prepared twice a month by our computerized accounts payable program. Payment is done for all authorized check requests. Where warranted, due to the significant amount of the purchase, approval from the Board of Directors is needed. Original supporting documents must be attached to all check request forms. After payment, all supporting invoices are stamped "paid" to avoid duplication of payment. All checks over \$1,000.00 require two signatures, the CEO and a member of the Board of Directors. Pre-numbered checks are used on all disbursements. Numerical and physical control is maintained over blank checks as well as issued checks. Void checks are adequately mutilated and filed in numerical order with canceled checks. Cash Receipts: cash receiving is handled by the receptionist. She is in charge of opening all mail and logging in all checks received. The receptionist is not involved in any fiscal duties. Incoming cash receipts, primarily in the form of checks, are locked in a file cabinet until accumulation merits a deposit. The collection of cash is maintained by a separate cash receipt log. The Deposit is prepared by an Accounting Associate and posted to the general ledger by the Lead Accountant, maintaining discrete accounts for different funding sources. Periodic reconciliation of detailed cash receipt records to duplicate deposit slips, accounts receivables, and cash control accounts are prepared by personnel independent of cash functions. Payroll and Personnel: New employees are investigated before being hired. Wage and personnel policies are current and in writing. Current and complete personnel files are maintained. An adequate system is used to insure proper recording of hours and time. All salary and wage payments are made by check. An outside payroll company is responsible for processing payroll and printing appropriate payroll checks. All payroll checks are delivered to our office for review, and distribution to employees. The payroll account is reconciled by someone other than the person preparing the payroll and signing checks. Revenue, Billing, and Receivables: The CFO prepares all grant billings. Billings are done under reimbursement basis once a month and journalized as a receivable until the proper payment is made. The billings are done either on a preprinted form provided by the grantor or in-house prepared form. The CFO is in charge of monitoring the year-to-date expenses and comparing them to the annual budget. Under no circumstances will billings for a particular expense exceed the annual authorized budget. The fiscal department does a periodic analysis of receivables. Petty Cash and Cash On Hand: Petty cash funds are maintained on an imprest basis, with one individual responsible for the fund. They are not combined with other receipts. Responsibility for petty cash is separate from cash disbursements, receipts, and receivables functions. Limits exist on the amount for reimbursements out of petty cash. Supporting documents are checked and canceled at the time the fund is replenished. The fiscal department makes periodic and surprise counts of funds.

#### 3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:

[Click here to enter text.](#)

South Bay Community Services' Board of Directors meets every other month, during which they receive programmatic updates, and are advised on other significant agency business. The Board of Director's reviews and approves all funding requests, quarterly budget updates and the annual report. The Board is comprised of a number of sub-committees including the Executive Committee and Audit Committee, whose members attend to agency policies, procedures and financial management. The Board also directly oversees the President and CEO, who has the authority to act on the agency's behalf.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Chief Financial Officer and Fiscal Staff utilize generally accepted accounting procedures in handling disbursement of funds and maintaining fiscal records. SBCS successfully manages more than 60 Federal, State, County, and city grants, as well as Private Foundation funding. The agency is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

Program Evaluation and Quality Management is an integrated process facilitated by the SBCS' Contract Compliance and Quality Assurance Department. The CCQA staff possess extensive experience with monitoring and evaluating service delivery, and they regularly review the conditions of each contract to ensure these conditions are being met correctly and with high quality. SBCS has written policies that address Privacy and Confidentiality and the Release of Information, and all program procedures are HIPAA compliant. Direct service staff will use various tools to measure program success including contact logs, sign-in sheets, client surveys and case notes. All confidential files are transported in confidential lock boxes from program sites to the main agency, and are maintained in locked secure file cabinets when not in use.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

South Bay Community Services is audited by an independent auditor on an annual basis, and has a history of clean financial audits.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

In addition to the Fiscal Policies listed above in section 3.1, the CFO monitors the budget on a daily basis as receipts and debits are posted, as new grants come in, and as expenses and invoices are paid. There are regular meetings with the President and CEO to make sure funding streams are adequate for programs, and strategies are developed to apply for and acquire more funds as programs expand.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

Contracts, grants, and other major funding sources are accounted in separate departments to prevent overlap of expenses and maintain separate general ledgers for each funding source. This system facilitates the monthly monitoring of year-to-date expenses by funding source, and accounting for expenses to any particular funding source. CDBG funds will be managed in accordance with this agency policy.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

**4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.**

South Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provider of social service and community development programs in San Diego County's South Bay. SBCS serves San Diego County's Southern Region, an area with a diverse population that is greatly affected by immigration, characterized by transience, low socioeconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it difficult for them to find employment, affordable housing, and access community resources and services. SBCS was created by dedicated community members in 1971 as a drop-in center for drug abusing teens. Responding to evolving community needs and concerns, we have developed a wide range of integrated, bilingual, prevention, intervention, and treatment options for youth and families, including mental health counseling; the region's only permanent shelter and support services for homeless families, youth, and domestic violence victims and their children; transitional and affordable housing; drug & alcohol prevention and intervention; domestic violence prevention and intervention; community development; child abuse prevention and intervention; and extensive youth programming.

SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and operating Thursday's Meals since July of 2003; Our Feeding America program has been in existence since August of 2010; We have been part of the San Diego Food Bank's Emergency Food Assistance program for families since March 2009; and SBCS' In-House Emergency Food Program has been in operation since we began sheltering homeless families in 1993 and has become a larger and more formally entrenched program every year since.

**4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.**



Yes



No

[Click here to enter text.](#)

## Section 5: Back-Up Plan (Max Score: 5 Points;)

**5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?**



Yes



No

The need for Domestic Violence Services has increased at a time when funding has decreased significantly, so CDBG support of the Family Violence Treatment Program is essential to sustain this much needed service within the community. If funded at an amount less than requested, we will continue to provide Domestic Violence Services, but will be forced to serve fewer victims and children.

**5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?**

Funding support for the Family Violence Program is spread over a wide base of local, county, state, and federal agencies as well as individual donors, local corporations, and private foundations, to guard against program closure because of the loss of a funding source. This strategic formula will create sustainability over time through the leveraging of diverse funding sources, and limits liability and dependence upon one type of support.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No      If no, complete Appendices A-1, A-2, and A-4. <input type="checkbox"/> Yes      If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1.	Domestic Violence Response Team	Employ staff 24 hours/day, 7 days/week to respond to police calls involving DV	On-going
2.	Provide follow-up Crisis Intervention	DVRT Staff provide follow-up crisis intervention services for Victims visited on emergency calls	On-going
3.	Case Management	Victims are assigned to a Case Manager to coordinate referrals and access needed services	On-going
4.	Emergency Shelter/Transitional Housing	Victims and their children have access to SBCS' Transitional Housing and Emergency Shelter Programs	On-going
5.	Mi Escuelita	SBCS operates Mi Escuelita, a therapeutic preschool program for children ages 3-5 who have been exposed to family violence	On-going
6.	Counseling	Weekly group counseling sessions for children and Victim Support Groups are available for DV victims and their children	On-going
7.	Client assessment and follow-up	Clients in the Family Violence Treatment Program are assessed utilizing the Family Well-being Assessment upon entrance into the program, and Case Managers follow-up regarding client progress/needs/services	On-going and as needed

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			<a href="#">Click here to enter text.</a>
5. Amount awarded:	\$39,000	6. Amount spent to date:	\$22,721
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ul style="list-style-type: none"> <li>• Strengths-based Assessments and Safety Planning for DV Victims and their children;</li> <li>• Individual and group counseling for children, and support groups for adults;</li> <li>• On-going case management and support for victims;</li> <li>• 185 Victims of family violence will participate in a range of individual, family or group counseling; and</li> <li>• 150 victims of family violence will participate in support group services.</li> </ul>			
9. Indicate below the outcomes achieved:			
SBCS is on track to meet all the FY 2016/17 contract objectives. From July 1-December 31, 2016, SBCS provided counseling to 306 individuals through individual and group counseling.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
Not applicable.			

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$39,000	6. Amount spent to date:	\$39,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ul style="list-style-type: none"> <li>• Strengths-based Assessments and Safety Planning for DV Victims and their children;</li> <li>• Individual and group counseling for children, and support groups for adults;</li> <li>• On-going case management and support for victims;</li> <li>• 185 Victims of family violence will participate in a range of individual, family or group counseling; and</li> <li>• 150 victims of family violence will participate in support group services.</li> </ul>			
9. Indicate below the outcomes achieved:			
FY 2015/16, SBCS provided counseling to 391 individuals through individual and group counseling.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
Not applicable.			

1. Agency name:	South Bay Community Services		
2. Project name:	South Bay Food Program		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$39,000	6. Amount spent to date:	\$39,000
7. Amount reprogrammed to date:	0		

**8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):**

- Strengths-based Assessments and Safety Planning for DV Victims and their children;
- Individual and group counseling for children, and support groups for adults;
- On-going case management and support for victims;
- 185 Victims of family violence will participate in a range of individual, family or group counseling; and
- 150 victims of family violence will participate in support group services.

**9. Indicate below the outcomes achieved:**

FY 2014/15, SBCS provided counseling to 338 individuals through individual and group counseling.

**10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:**

Not applicable.



**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**  
**Public Service Applicants Skip this portion and continue on to Appendix Section.**

<b>9.1. For CIP projects, have the constructions plans and drawings been completed?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, indicate the anticipated date of completion:				

<b>9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

<b>9.3. For CIP projects, summarize the construction manager’s relevant experience on similar federally funded projects:</b>
Click here to enter text.

<b>9.4. For CIP projects, address the mitigation of any issues identified on the “Project Site Information” section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

<b>9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.</b>
Click here to enter text.

<b>9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.</b>
Click here to enter text.

<b>9.7. For CIP projects that need occupants to be relocated, describe your agency’s relocation plan:</b>
Click here to enter text.

## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

<b>9.8. Is the facility agency-owned, City-owned, or privately owned?</b>	
<input type="checkbox"/>	<b>Agency-owned</b>
	Indicate the property owner(s): <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>
	Indicate your City Real Estate Assets liaison: <a href="#">Click here to enter text.</a>
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) <a href="#">Click here to enter text.</a>
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>
	Indicate the property owner(s):
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>
	Provide a brief explanation:

<b>9.9. How old is the property/building in terms of years?</b>		
For building/structures constructed prior to December 31, 1969:		
Has a lead hazard inspection report been issued for the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the facility been abated for lead paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will children occupy the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate the age range of the children who will occupy the facility:	<a href="#">Click here to enter</a>	

<b>9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<a href="#">Click here to enter text.</a>		

<b>9.11. Is the building/structure located on a Historic Site?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure located in a Historic District?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Plain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your agency have flood insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be demolition required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</b>
<a href="#">Click here to enter text.</a>

<b>9.13. Will the project result in an expansion of an existing facility?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify the size in square feet:	Existing size:	Addition size:

9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

What is the project structure type?

Residential     Commercial     Public facility     Public right-of-way

What is the current zoning of the project site? [Click here to enter text.](#)

Is the project site zoned correctly for the proposed activity?     Yes     No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

[Click here to enter text.](#)

9.15. Does the project require temporary/permanent relocation of occupants?     Yes     No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

[Click here to enter text.](#)

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

[Click here to enter text.](#)

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

[Click here to enter text.](#)

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	<b>AMOUNT SECURED</b>	<b>AMOUNT UNSECURED</b>	<b>% OF TOTAL</b>
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$39,000	5.94%
<b>List Other Sources Below: (Step 2)</b>			
HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds		\$398,029	60.58%
Local Funds		\$110,000	16.74%
Private Funds		\$95,000	14.46%
Agency Funds			0.00%
City of NC		\$15,000	2.28%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$657,029</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** \$657,029

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY _____	6/30/2016	CY _____	Page # _____	
Document must be attached to Application					
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)				1,486,056	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>				5,944,224	
List the amount of FY 2017-2018 CDBG funding applied for this application.				39,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.				49,550	
List the amount of FY 2017-2018 CDBG funding applied for any other application.					
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>				88,550	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>					
Item A	5,944,224	Item B	88,550	Difference	5,855,674
<b>Analyze Results</b>					
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.					
2- If difference is a negative amount, the Agency has the options below:					
The Agency can adjust any of the FY 2017-2018 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:					
A) <u>EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS, AND</u>					
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2014 CDBG FUNDING REQUEST.</u>					

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY South Bay Community Services  
PROJECT Family Violence Treatment Program

		CDBG	
SALARIES & WAGES	(Schedule 2)	<u>29,619</u>	
FRINGE BENEFITS	(Schedule 3)	<u>9,381</u>	
	<b>TOTAL PERSONNEL</b>	<b><u>39,000</u></b>	
SUPPLIES	(Schedule 5)	<u>0</u>	
POSTAGE	(Schedule 5)	<u>          </u>	
CONSULTANT SERVICES	(Schedule 5)	<u>          </u>	
MAINTENANCE/REPAIR	(Schedule 5)	<u>          </u>	
PUBLICATIONS/PRINTING	(Schedule 5)	<u>          </u>	
TRANSPORTATION	(Schedule 5)	<u>          </u>	
RENT	(Schedule 5)	<u>          </u>	
EQUIPMENT RENTAL	(Schedule 5)	<u>          </u>	
INSURANCE	(Schedule 5)	<u>          </u>	
UTILITIES	(Schedule 5)	<u>          </u>	
TELEPHONE	(Schedule 5)	<u>          </u>	
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>          </u>	
	(Schedule 5)	<u>          </u>	
	(Schedule 5)	<u>          </u>	
		<u>          </u>	
	<b>TOTAL NON-PERSONNEL</b>	<b><u>0</u></b>	
<b>TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)</b>	(Schedule 4)	<u>          </u>	<b>Percentage</b>
		<u>          </u>	<b><u>0</u></b>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]			
	<b>TOTAL CDBG PROJECT BUDGET</b>	<b><u>39,000</u></b>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY South Bay Community Services  
PROJECT Family Violence Treatment Program

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Youth and Family Associate	42,848	50.00%	21,424.0
Program Associate/Aide	43,132	19.00%	8,195.0
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			<b>29,619</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month
<input type="checkbox"/>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY South Bay Community Services  
PROJECT Family Violence Treatment Program

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Youth and Family Associate	FICA		29,619	7.65%	2,266
Youth and Family Associate	SUI		4,943	3.50%	173
Youth and Family Associate	Pension		29,619	2.94%	871
Youth and Family Associate	Health	7,050.00		69.00%	4,865
Youth and Family Associate	W/Comp		29,619	4.08%	1,207
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL CDBG FRINGE BENEFIT</b>					<b>9,381</b>

- List all POSITIONS charged against CDBG funding providing direct CDBG project/client activity.
- List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
- List the amount of insurance for each position charged against CDBG funds.
- Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
- List percent of gross pay to be multiplied for insurance.

Pay Schedule (Check One)	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month
<input type="checkbox"/>	



**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY South Bay Community Services

PROJECT Family Violence Treatment Program

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD</b>			-

(5) Total CDBG Budget 39,000 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for position and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<b>Pay Schedule (Check One)</b>	
<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Biweekly
<input checked="" type="checkbox"/>	Twice a Month
<input type="checkbox"/>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY South Bay Community Services

PROJECT Family Violence Treatment Program

LINE ITEM	AMOUNT
Detailed Explanation:	

TOTAL \$ -

LINE ITEM	AMOUNT
Detailed Explanation:	

TOTAL \$ -

LINE ITEM	AMOUNT
Detailed Explanation:	

TOTAL \$ -

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - Recreation Department**

Project | Program: **Therapeutic Recreation Program and Classes**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The Therapeutic Program will provide adults (18 + over) with severe disabilities with the opportunity to participate in recreational programs, classes, camps and events that are designed to build social skills, self-esteem, physical coordination, independence, sportsmanship, and increase their quality of life. These programs include sports, dance classes, creative and enrichment activities, exercise and fitness classes, special events, camps, and swim lessons all offered in a fun, safe and supportive environment.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Special Needs/Disabled Adults**

Proposed Number to Serve: **50**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05B - Handicapped Services**

### FUNDING

Total Program/Project Cost: <b>\$20,100</b>	Amount of CDBG Requested: <b>\$20,100</b>	Amount Recommended: <b>\$20,100</b>
--	--	--





Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	City of Chula Vista Recreation Department				
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	276 Fourth Avenue, Building C Chula Vista CA 91910		Agency Tax Identification #:		95-6000690
Date of Incorporation:	1911		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>		Click here to enter text.
Agency Annual Operating Budget:	\$ 20,100		Agency DUNS #		N/A
Number of paid staff:	10 Part Time		Number of volunteers:		2
Agency mission statement:					
"We enrich our community through recreational opportunities and services"					

**Project Title**

Therapeutic Recreation Programs for Adults with Severe Disabilities
---

**Project Description (Briefly describe your project/program):**

The Therapeutic Recreation programs will provide adults 18+ years of age with severe disabilities the opportunity to participate in recreational programs, classes, camps and events that are designed to build social skills, self-esteem, physical coordination, independence, sportsmanship, and increase their quality of life. These programs include sports, dance classes, creative and enrichment activities, exercise and fitness classes, special events, camps, and swim lessons all offered in a fun, safe and supportive environment.
--

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$20,100	Other funds already secured for project:	\$0
Total cost to complete project:	\$20,100	Other funds not yet secured for project:	

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The CDBG funds will be used for the direct service delivery of recreational programs, camps, classes and events to presumed benefit adults ages 18+ with severe disabilities. These Therapeutic Recreation programs will be held at city recreation and aquatic facilities throughout the City of Chula Vista. The program sites will operate year round to accommodate all levels and interests of adults with severe disabilities. The program staff will consist of Recreation Specialists, Recreation Leaders and Aides with a background in special education or who are qualified to work with adults with severe disabilities. In addition, this program will allow families and caregivers some respite time while the participant enjoys a supervised, educational, healthy, fun and supportive community recreation experience. The classes, events and activities are designed to build social skills, self-esteem, physical coordination, independence, and sportsmanship. Due to nature of the populations being served, there is a core group of participants who develop friendships and a support system for themselves and their families or care providers. All funds will directly benefit adults with severe disabilities throughout Chula Vista. Examples of the classes and special events the program will offer include: basketball, dance, exercise and fitness, day camps, and themed special events such as a Sweetheart Night Out. Funds received will cover direct services of part time staff wages, staff trainings, arts and crafts supplies, decorations, office supplies, and refreshments to carry out the variety of classes and events.

1.2. Project start date: July 2017

Anticipated end date: June 2018

1.3. Project's days/hours of operation: Various daytime and evening hours, Monday - Saturday

1.4. Project category:  
(check one only)

Public service

Capital improvement and Public Facility Improvements

1.5. Project objective:  
(check one only)

Suitable living environment

Decent housing

Economic opportunity

1.6. Project outcome:  
(check one only)

Availability/accessibility

Affordability

Sustainability

1.7. The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 50

Annual cost per client/household: \$402

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Presumed Benefit - Special needs group** (select benefit group from the list below):

(i) Abused children

(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)

(iii) Battered spouses

(iv) Severely disabled (Per census definition. Must maintain proof documentation)

(v) Persons living with HIV/AIDS

(vi) Migrant farm workers

<input type="checkbox"/>	<input type="checkbox"/>	(vii) Homeless persons (must meet HUD definitions)
<input type="checkbox"/>	<input type="checkbox"/>	(b) At least 51% of clientele to be served must be LMI.
<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):	
<input type="checkbox"/>	<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

<b>1.9: The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:</b>	
<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input type="checkbox"/>	Capital Improvement Projects and Community Enhancement (public facilities/spaces)
<input checked="" type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Therapeutic Recreation programs began in the City of Chula Vista Recreation Department in 1969. It provides individuals ages five to adult with developmental and/or physical disabilities specifically designed recreational classes and programs they typically would not have access to due to their disability. Previously, the department offered a variety of classes such as bowling, day camps, dances, hip hop, cooking class, aqua exercise, learn to swim, basketball, special events, field trips, wheelchair sports and tournaments, hand cycling, and other specialty classes and activities. The City also successfully collaborated with other organizations such as the City of San Diego Therapeutic Recreation Services, the Chula Vista Elementary School District, the Old Mission Beach Athletic Club (OMBAC) to offer joint programming and special events. In 2008, due to city-wide budget reductions, the Therapeutic Recreation programming was eliminated leaving a void of programming for our community of citizens who have developmental and/or physical disabilities.

To date there is no other organization offering recreation programs or classes exclusively for adults with severe disabilities in the City of Chula Vista. The CDBG Funds will be used to fulfill that unmet need by offering a variety of recreational classes, activities and special events specifically designed for adults with severe disabilities. The grant funds will only cover direct service delivery such as part time staff wages, staff trainings, supplies, and materials to carry out the variety of activities and events. We will offer supervised activities and events designed to be recreational, educational, and healthy with an emphasis on building social skills, increasing self-esteem, increasing independence, eliminating isolation, and enhancing activities of daily living. In addition, the participants will increase their abilities through hand-eye coordination, balance, fine and gross motor skills, core strengthening and overall whole body conditioning while having fun. All activities and events are offered in a fun, safe and supportive, supervised environment at various recreation and aquatic facilities in the City of Chula Vista. Due to the nature of the population being served, there is a core group of participants who develop friendships and a support system.

The requested CDBG funds would enable the Recreation Department to meet the community need for recreational classes and events for adults with severe disabilities that otherwise would not be provided by any organization within Chula Vista. In addition, it aligns with the Citywide strategic goals of Healthy Community, Strong & Secure Neighborhoods and Connected Community, by providing diverse opportunities that foster civic pride and connect community members through comprehensive communication strategies as well as cultural, educational and recreational programming.

Without the approval of CDBG funding, the Recreation Department would not be able to offer specially designed Therapeutic Recreation classes or events to adults 18+ years of age with severe disabilities |

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The Therapeutic Recreation programs will meet the consolidated plan goal of providing public services to special needs population, adults 18+ with severe disabilities, who are presumed benefit for low moderate income. The community of Chula Vista currently does not have any agencies or organizations providing public Therapeutic Recreation programs specifically designed for adults with disabilities. Our programs and classes would fulfill an unmet need while providing recreational opportunities and experiences for those adults who have a severe disability.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

In the 2016 school year, San Diego Unified High School District (SUHSD) enrolled 1000 students into special education in the high school district with varying degrees of disabilities from speech impairments to moderate and more severe disabilities. The 2015 Census Bureau documented 24,011 adults ages 18 and older living with a disability in Chula Vista. Many families, group homes, and care providers seek out fun, recreational opportunities to assist their child, or person with a disability, with learning or increasing their daily living skills, IEP goals, and clinical therapy goals. Additionally, agencies such as South Bay Community Services, ARC, and the SUHSD refer a number of participants to our recreational programs to gain new skills, increase socialization, increase health and fitness, and gain independence in a fun and active way.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

The Therapeutic Recreation programs, for adults 18+ with disabilities, will expand by offering special event dances, day camp "Camp Sunrise", new classes and continue to provide the most prevalent classes that have been well attended by our past and current participants. All programs will be offered on a quarterly basis. TR programs will expand to four special event themed dances that are linked to the holidays of each quarter; Summer (Hot Summer Nights Dance), Fall (Halloween Dance), Winter (Holiday Dance), and Spring (Spring Fling Dance). We will also expand programming by offering quarterly health talks by a health professional in the field of their expertise. Participants will be able to attend with their families to learn up to date facts about their disabilities. Expanded classes will be a mixture of less active, educational and enrichment programs to meet the needs of our older aged participants. Classes will include: yoga, Water Walking, Cooking, Creative Art, and Walking & Wellness. TR programming will also offer our most attended; Workout Mondays, Basketball, Move & Groove, Boot Camp, and Learn to Swim. Those classes that receive low interest will be replaced with requested or trending classes.

**1.14. How does your agency plan to tell the target population about the project/services?**

The Recreation Department will inform our target population and the community at large about our Therapeutic Recreation programs by announcing at a City Council meeting through the Housing Department. Also, the Recreation Department sends out monthly public information items via Nixel, the Office of Communications newsletter, the Recreation Department website and Facebook. Therapeutic Recreation staff prints and distributes quarterly flyers to schools, businesses and organizations that serve adults 18+ with disabilities. Those organizations include, but are not limited to, the Sweetwater Union High School District (SUHSD), the San Diego Regional Center, Employment and Community Options for Adults with disabilities, recreation facilities, aquatic facilities, and Southwestern College Disabled Student Services. In addition to flyers, staff will also send quarterly emails to our extensive outreach list which includes past participants, other local agencies, educators, counselors, and organizations that serve adults with disabilities. Program flyers are posted on the department website as well as promoted through our online registration system, ActiveNet. Additionally, staff will outreach quarterly to various organizations, attend meetings and events held by other community organizations who serve adults 18+ with severe disabilities.

1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.		
Service to be Provided (i.e. food, transportation, case management, etc.).		1. Therapeutic Recreational classes and events
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Attend one quarter of a physical activity	50	ActiveNet registration and class surveys
2. Increase Social Skills by attending a social event i.e. dance, walking	50	ActiveNet registration and class surveys
3. Increase Social Skills by attending a social event i.e. dance, walking	50	ActiveNet, Class surveys and parent feedback
Service to be Provided (i.e. food, transportation, case management, etc.).		2. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc.).		3. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc.).		4. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>Yes, the Therapeutic Recreation project collaborates with a number of service providers in the community; Sweetwater Union High School District, South County Special Education Local Plan Area (Selpa), Employment and Community Options, and the San Diego Regional Center. These collaborations consist of staff attending parent/teacher adult special education nights, community panels; staff setup and display resource tables, attend workshops, and provide presentations of our activities. Ongoing, the staff educates community providers about our grant requirements, classes offered, and they distribute flyers both in English and Spanish. In addition to these organizations, the staff works with individual school counselors, social workers, and special education teachers especially at Easthills Academy to inform their participants of the benefits of attending therapeutic recreation programs.</p>				



## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?

Name of person:	Gil Contreras
Title of person:	Principal Recreation Manager
Relevant education:	BA in Liberal Studies
Telephone number:	619-585-5619
Date first employed:	May 2015

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

Name of person:	Kristi McClure Huckaby
Title of person:	Director of Recreation
Relevant education:	Master in Public Administration, BA in Recreation & Leisure, HR Management Certificate
Telephone number:	619-585-5618
Date first employed:	October 2012

2.3. Who will be the person responsible for the day-to-day operations and management of the proposed project?  
Provide no more than two individuals:

Name of person:	Carmel Wilson, CTRS
Title of person:	Recreation Supervisor III
Relevant education:	BA in Recreation Administration and a Certified Therapeutic Recreation Specialist
Telephone number:	619-421-3859
Date first employed:	July 2000

Name of person:	Gil Contreras
Title of person:	Principal Recreation Manager
Relevant education:	BA in Liberal Studies
Telephone number:	619-585-5619
Date first employed:	May 2015

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?  
Provide no more than two individuals:

Name of person:	Gil Contreras
Title of person:	Principal Recreation Manager
Relevant education:	BA in Liberal Studies
Telephone number:	619-585-5619
Date first employed:	May 2015

Name of person:	Kristi McClure Huckaby
Title of person:	Director of Recreation
Relevant education:	Master in Public Administration, BA in Recreation & Leisure, HR Management Certificate
Telephone number:	619-585-5618
Date first employed:	October 2012

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

Participants will be required to register for each program area quarterly through our ActiveNet cloud based registration program. In addition, we review our program attendance quarterly and monitor program growth or decline. The Department distributes program surveys each quarter to gather participant feedback to assist us in staying current with program quality and interest. Lastly we use CDBG intake forms to ensure we accurately gather data and account for eligible participants.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	Yes
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	Yes
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	Yes
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	Yes
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	Yes
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	N/A
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	Yes
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	Yes
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	Yes
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	Yes

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

None

2.8. How many members does your Board of Directors have?	N/A
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	N/A

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

The Recreation Department follows all City of Chula Vista policies and procedures with regards to payment and disbursement. All expenditures are budgeted and approved in advance. Once expenditures have been made, staff follows the City procedure to submit all receipts and proof of purchase along with description of the purchase, and any additional supporting documents showing the need for the purchase. These are routed through the Department's Senior Fiscal Office Specialist for review of compliant and then to the Finance Department for auditing and approval of the purchase and/or payment. Staff timesheets are collected and delivered to our Senior Fiscal Office Specialist for payroll.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

N/A

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Recreation Department utilizes the City's financial system (IFAS). Hourly wages will be tracked through time sheets, which will be verified by Recreation Supervisor III, Carmel Wilson and approved by Principal Recreation Manager, Gil Contreras. The Recreation Department's Senior Fiscal Office Specialist will submit all hours and expenditures to Finance through IFAS for verification and tracking.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The Recreation Department keeps records providing a full description of each activity assisted with CDBG funds which include its location, the amount of CDBG funds budgeted and expended for the activity. Through the CDBG intake form and other qualifying criteria, we determine if the participant is eligible for the services under the presumed benefit category of severely disabled adult. The intake form requires information such as race and ethnicity, head of household and verification of severe disability. All program files and intake forms follow the City's record keeping system and are kept for seven years in storage bins in a locked storage facility at Heritage Park & Community Center safeguarding client information. Files are then shred through a secure shredder service once expired.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

The Therapeutic Recreation program follows the City's auditing requirements which includes annual audits by the Finance Department. For this proposed project we will provide quarterly reports for CDBG with any expenditures, descriptions and receipts for program items made with CDBG funding. The Recreation Supervisor will directly oversee the project funds and provide all necessary documentation including quarterly reports with any expenditures, descriptions and receipts for purchases made with CDBG funding. The Principal Recreation Manager will verify all documentation submitted to the Senior Fiscal Office Specialist for final approval to ensure the City's audit standards are met.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

The Recreation Department follows the City of Chula Vista's policies, procedures and internal controls to minimize opportunities for fraud, waste and mismanagement. We also employ the following additional departmental safeguards: all hourly wages and procurements submitted by staff will be verified by Recreation Supervisor III, Carmel Wilson and reviewed by Principal Recreation Manager, Gil Contreras on a bi-weekly basis. They are then submitted to a Senior Fiscal Office Specialist, Cathy Martin, for random verification and are input into the City's financial system for a final review by the Finance Department.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

Grant revenue funds, other grants, donations and general fund support will be put into a separate GL account with a specific account number (17530-3902). Those funds will only be utilized for Therapeutic programs, classes, recreational supplies and materials. These records of accounts can be obtained from the City's financial program, IFAS.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.

The Recreation Department has had great success serving individuals with developmental and/or physical disabilities through our Therapeutic Recreation programming for low to moderate income individuals. This type of programming began in the Recreation Department in 1969. An array of classes, special events and day camps were offered year round and the City of Chula Vista Recreation Department was the only organization providing recreational programs strictly for those with disabilities in Chula Vista and the South Bay areas. We have since been successful in providing programs and services for children, teens and adults with developmental and/or physical disabilities with the exception of the years 2010 to 2012. During those years our City faced a severe economic downturn and the Recreation Department budget was drastically reduced, resulting in the termination of the Therapeutic Recreation program. At that time we sought out CDBG funds to assist us to bring the Therapeutic Recreation program back to the Department. The Recreation Department has consistently met or exceeded all goals for the CDBG grants that we have received since 2012.

4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.



Yes



No

Yes, the Recreation Department has received CDBG funding during Fiscal Years 2014-2015, 2015-2016 and 2016-2017.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?



Yes



No

If the program is not funded the Recreation Department will not be able to implement the programming for adults with severe disabilities without the classes and events being cost prohibitive for most. We are currently working on a cost recovery and revenue enhancement study in order to be able to fund programs such as Therapeutic Recreation services in the future. In addition, the department is actively seeking additional community partnerships and grant opportunities.

5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

The Recreation Department is currently working on a cost recovery and revenue enhancement study in order to be able to fund programs such as Therapeutic Recreation a services in the future. In addition, we are seeking additional community partnerships and grant opportunities.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Promotion and marketing of programs	Create and distribute quarterly flyers, promote through office of communications, FB, Nixel, Department website, emails, mailings, and manage ActiveNet registrations	6/2018
2	Develop and maintain a participant and organization distribution list.	Monitor registrations via ActiveNet, maintain an email and mailing database.	6/2018
3	Offer a variety of classes 8-10 quarterly, quarterly dances and quarterly health talks for adults with severe disabilities.	Provide health & wellness classes, educational classes, physical, aquatic and table top enrichment activities.	6/2018
4	Offer a one week Camp Sunrise.	Provide one theme week of Camp Sunrise, participants will experience a variety of activities; sports & fitness, exercise & dance, and fun & games.	6/2018
5	Quarterly Reporting, Documents, Receipts	Document all services provided to complete grant requirements.	6/2018
6	Attend four community outreaches	Attend community events to educate and inform the public about our Therapeutic Recreation programs for adults with severe disabilities	6/2018



## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Therapeutic Recreation Programs and Classes		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			Click here to enter text.
5. Amount awarded:	\$20,100	6. Amount spent to date:	\$8,416.94
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
1. Continue to provide Therapeutic Recreation programs and special events to a population underserved in Chula Vista.			
2. The Therapeutic Recreation programs will increase independence, self-esteem and encourage a healthy lifestyle for persons with disabilities.			
9. Indicate below the outcomes achieved:			
1. The Therapeutic Recreation program provided a wide variety of classes and special events to adults with disabilities throughout Chula Vista.			
2. Programs were offered at various recreation facilities throughout the city on a variety of days and times.			
3. Many parents have stated the participants have met new friends and are getting healthy through our classes.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Therapeutic Recreation Programs and Classes		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$20,100	6. Amount spent to date:	\$20,100
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
1. Continue to provide Therapeutic Recreation programs and special events to a population underserved in Chula Vista.			
2. The Therapeutic Recreation programs will increase independence, self-esteem and encourage a healthy lifestyle for persons with disabilities.			
9. Indicate below the outcomes achieved:			
1. The Therapeutic Recreation program provided a wide variety of classes and special events to youth, teens, and adults with disabilities throughout Chula Vista.			
2. Programs were offered at various recreation facilities throughout the city on a variety of days and times.			
3. Many parents have stated the participants have met new friends and are getting healthy through our classes.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Therapeutic Recreation Programs and Classes		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

5. Amount awarded:	\$20,100	6. Amount spent to date:	\$20,100
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<ol style="list-style-type: none"> <li>1. The Recreation Department provided Therapeutic Recreation programs and special events to a population underserved in Chula Vista.</li> <li>2. The Therapeutic Recreation programs will increase the participant's independence, self-esteem, and encourage a healthy lifestyle for persons with disabilities.</li> </ol>			
9. Indicate below the outcomes achieved:			
<ol style="list-style-type: none"> <li>1. The Therapeutic Recreation programs provided a wide variety of classes and special events to youth, teens and adults with disabilities throughout Chula Vista.</li> <li>2. Programs were offered at various recreation facilities throughout the city on a variety of days and times.</li> <li>3. The parents stated the participants are having fun and are learning new healthy activities.</li> </ol>			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**

*Public Service Applicants Skip this portion and continue on to Appendix Section.*

9.1. For CIP projects, have the constructions plans and drawings been completed? If no, indicate the anticipated date of completion:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager’s relevant experience on similar federally funded projects:
Click here to enter text.

9.4. For CIP projects, address the mitigation of any issues identified on the “Project Site Information” section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Click here to enter text.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Click here to enter text.

9.7. For CIP projects that need occupants to be relocated, describe your agency’s relocation plan:
Click here to enter text.

## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

<b>9.8. Is the facility agency-owned, City-owned, or privately owned?</b>			
<input type="checkbox"/>	<b>Agency-owned</b>	Click here to enter text.	
	Indicate the property owner(s):	Click here to enter text.	
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>	Click here to enter text.	
	Indicate your City Real Estate Assets liaison:	Click here to enter text.	
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)	Click here to enter text.	
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>	Click here to enter text.	
	Indicate the property owner(s):	Click here to enter text.	
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)	Click here to enter text.	
	Is there currently a lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>	Click here to enter text.	
	Provide a brief explanation:	Click here to enter text.	

<b>9.9. How old is the property/building in terms of years?</b>			
For building/structures constructed prior to December 31, 1969:			
	Has a lead hazard inspection report been issued for the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Has the facility been abated for lead paint?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Will children occupy the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, indicate the age range of the children who will occupy the facility:	Click here to enter text.	

<b>9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Click here to enter text.			

<b>9.11. Is the building/structure located on a Historic Site?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure located in a Historic District?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Zone?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building/structure in a Flood Plain?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your agency have flood insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will there be demolition required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</b>	
Click here to enter text.	

<b>9.13. Will the project result in an expansion of an existing facility?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, specify the size in square feet:	Existing size:	Addition size:	

9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

What is the project structure type?

Residential       Commercial       Public facility       Public right-of-way

What is the current zoning of the project site? [Click here to enter text.](#)

Is the project site zoned correctly for the proposed activity?  Yes       No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

[Click here to enter text.](#)

9.15. Does the project require temporary/permanent relocation of occupants?  Yes       No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

[Click here to enter text.](#)

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

[Click here to enter text.](#)

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

[Click here to enter text.](#)

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less than listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$20,100	100%
<b>List Other Sources Below: (Step 2)</b>			
HOME	\$0	\$0	0%
ESG			0%
HOPWA			0%
CDBG-R			0%
NSP			0%
HPRP			0%
Other Federal Stimulus Funds			0%
Other Federal Funds			0%
San Diego Housing Commission			0%
State Funds			0%
County Funds			0%
Local Funds			0%
Private Funds			0%
Agency Funds			0%
			0%
			0%
			0%
			0%
			0%
<b>TOTAL</b>	<b>\$0</b>	<b>\$20,100</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$20,100**

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY City of Chula Vista Recreation Department  
PROJECT Therapeutic Recreation Programs for Adults with Severe Disabilities

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>15,203</u>
FRINGE BENEFITS	(Schedule 3)	<u>1,517</u>
	TOTAL PERSONNEL	<u>16,720</u>

SUPPLIES	(Schedule 5)	<u>1,400</u>
POSTAGE	(Schedule 5)	
CONSULTANT SERVICES	(Schedule 5)	
MAINTENANCE/REPAIR	(Schedule 5)	
PUBLICATIONS/PRINTING	(Schedule 5)	<u>1,980</u>
TRANSPORTATION	(Schedule 5)	
RENT	(Schedule 5)	
EQUIPMENT RENTAL	(Schedule 5)	
INSURANCE	(Schedule 5)	
UTILITIES	(Schedule 5)	
TELEPHONE	(Schedule 5)	
OTHER EXPENSES (SPECIFY): _____	(Schedule 5)	
_____	(Schedule 5)	
_____	(Schedule 5)	
	TOTAL NON-PERSONNEL	<u>3,380</u>

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)		Percentage
	(Schedule 4)	<u>0</u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		

TOTAL CDBG PROJECT BUDGET 20,100

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY City of Chula Vista Recreation Department

PROJECT Therapeutic Recreation Programs for Adults with Severe Disabilities

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Recreation Specialist, Leader, Aide	15,203	100.00%	15,203
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			<b>15,203</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month



**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY City of Chula Vista Recreation Department

PROJECT Therapeutic Recreation Programs for Adults with Severe Disabilities

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Recreation Specialist, Leader, Aide	Pers/Pars/Medicare		1,517	100.00%	1,517
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
TOTAL CDBG FRINGE BENEFIT					<b>1,517</b>

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month
<input type="checkbox"/>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. Round off totals to whole dollars.

AGENCY City of Chula Vista Recreation Department

PROJECT Therapeutic Recreation Programs for Adults with Severe Disabilities

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
N/A			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD			-

(5) Total CDBG Budget 20,100 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for positon and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month
<input type="checkbox"/>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY City of Chula Vista Recreation Department

PROJECT Therapeutic Recreation Programs for Adults with Severe Disabilities

LINE ITEM	Staffing	AMOUNT
Detailed Explanation:		
Recreation Specialists, Leaders, Aides, Lifeguards / Pers/Pars/Medicare		16,720
Staff that are utilized to implement programs		
TOTAL		\$ 16,720
LINE ITEM	Supplies, Materials, Printing	AMOUNT
Detailed Explanation:		
Printing & Binding: Bi-Monthly Calendar, Flyers		1,980
Recreation Supplies: Decorations, refreshments, prizes, sporting equipment arts & craft supplies		1,000
Office Supplies: Paper, envelopes, labels, butcher paper, tickets,		400
Supplies and materials for all programs, special events, and day camp		
TOTAL		\$ 3,380
LINE ITEM		AMOUNT
Detailed Explanation:		
TOTAL		\$ 20,100

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Chula Vista Elementary School District for the Chula Vista Community Collaborative**

Project | Program: **F.R.C. Emergency and Basic Services**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Low income and vulnerable families in Chula Vista will be provided emergency and basic needs services. Families in crisis or emergency situations will be provided with emergency food boxes, grocery store gift cards, clothing, uniforms, ancillary and transportation services as well as assessed for additional and ongoing services.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **325**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05 - Public Services (General)**

### FUNDING

Total Program/Project Cost: <b>\$131,325</b>	Amount of CDBG Requested: <b>\$39,312</b>	Amount Recommended: <b>\$39,312</b>
---	--	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Family Health Centers of San Diego**

Project | Program: **KidCare Express Mobile Medical Unit**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The program provides high quality primary healthcare to low/moderate income persons including homeless individuals and families. The MMU is a licensed medical clinic that provides immunizations, illness management, and health screenings, thereby eliminating financial, cultural, linguistic and transportation barriers to preventative healthcare.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **500**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05M - Health Services**

### FUNDING

Total Program/Project Cost: <b>\$499,678</b>	Amount of CDBG Requested: <b>\$30,000</b>	Amount Recommended: <b>\$27,000</b>
---	--	--



**FAMILY HEALTH CENTERS  
OF SAN DIEGO**



Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	Family Health Centers of San Diego Inc.				
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	823 Gateway Center Way San Diego, CA 92102	Agency Tax Identification #:			95-2833205
Date of Incorporation:	1970	Agency Central Contractor Registration# <a href="http://www.ccr.gov">http://www.ccr.gov</a>			42DT4
Agency Annual Operating Budget:	\$190,038,566	Agency DUNS #			02053-1893
Number of paid staff:	1,563	Number of volunteers:			333
Agency mission statement: The mission of Family Health Centers of San Diego (FHCS) is to provide caring, high-quality health care and supportive services to everyone, with a special commitment to uninsured, low-income and medically underserved persons.					

**Project Title**

Mobile Medical Unit (MMU)
---------------------------

**Project Description (Briefly describe your project/program):**

The MMU provides high-quality primary healthcare to low and moderate income persons, including homeless individuals and families. The MMU is a licensed medical clinic that provides full primary care medical services and referrals, thereby eliminating financial, cultural, linguistic, and transportation barriers to preventive healthcare.
---

**Funding Request**

Total funding requested in this application (you will provide a detailed budget in Appendix C:	\$30,000	Other funds already secured for project:	\$0
Total cost to complete project:	\$499,678	Other funds not yet secured for project:	\$499,678

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

The MMU provides high-quality healthcare to low and moderate income persons, including homeless individuals and families. The MMU is a licensed medical clinic that provides immunizations, illness management, and health screenings to patients, thereby eliminating barriers to preventive healthcare, and improving life in Chula Vista.

1.2. Project start date: July 1, 2017 Anticipated end date: June 30, 2018

1.3. Project's days/hours of operation: Monday through Friday, 8am to 5pm, varying by day and location

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input type="checkbox"/> Decent housing
			<input type="checkbox"/> Economic opportunity
			<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (Ip) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 500

Annual cost per client/household: \$60.00

1.8 CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) Presumed Benefit - Special needs group (select benefit group from the list below):

(i) Abused children

(ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)

(iii) Battered spouses

(iv) Severely disabled (Per census definition. Must maintain proof documentation)

(v) Persons living with HIV/AIDS

(vi) Migrant farm workers

(vii) Homeless persons (must meet HUD definitions)

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)

(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

Affordable Rental Housing Opportunities

Maintenance and Preservation of Housing (rehabilitation activities)

Homeownership Opportunities (homebuyer programs)

Capital Improvement Projects and Community Enhancement (public facilities/spaces)

Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

With support from the City of Chula Vista, Family Health Centers of San Diego (FHCS) will continue to operate the Mobile Medical Unit (MMU) program which provides high-quality, culturally-competent primary healthcare to low and moderate income (LMI) individuals, as well as medically-underserved and vulnerable populations. MMU clients include people experiencing homelessness, public housing residents, people with mental health and substance abuse issues, and at-risk children, youth, and adults.

The South Bay, which includes the City of Chula Vista, leads the county in high rates of chronic and infectious diseases. In addition, LMI persons experience health disparities due to social determinants of health such as homelessness, food insecurity, low levels of education, and lack of health insurance coverage which create barriers to accessing traditional health services. LMI residents often have difficulty obtaining healthcare due to transportation barriers, language and cultural barriers, and not being able to take time off from work to go to the clinic. Among people experiencing homelessness, these challenges are further exacerbated because even with good healthcare, being homeless is not conducive to healing or preventative care because it does not provide a place of physical safety from which to get proper sleep and nutrition or to take medications regularly. FHCS's MMU program overcomes these challenges by eliminating financial, cultural, linguistic, and transportation barriers to care by bringing much needed medical services to LMI and medically-underserved people where and when they need them.

The MMU program consists of a fleet of three 40-foot long converted buses that operate as fully-licensed medical clinics on wheels. The goal of the MMU program is to increase access to primary healthcare. The MMU provides full primary care medical services including immunizations, well check-ups, preventive care, illness management, health screenings, pregnancy tests and gynecological exams, and referrals to other supportive services. All patients served by the program are screened for health insurance coverage. Uninsured patients who are eligible for coverage are offered application assistance. We have been providing healthcare aboard our MMUs throughout San Diego County since 1998.

FHCS collaborates with over 400 health, educational, and social service agencies to deliver primary healthcare and supportive services to LMI and medically-underserved people, including homeless individuals, children, youth, and adults. According to the 2016 Point In Time Count conducted by the Regional Task Force on the Homeless, there are 8,692 homeless individuals in San Diego County. Of these, 538 individuals are found in Chula Vista. Despite a 1% decrease overall in the number of persons who were homeless in San Diego, the City of Chula Vista experienced an 18% increase in the unsheltered population from 2015 to 2016. These individuals include military veterans, people with severe mental illness, those struggling with chronic substance abuse, people living with HIV/AIDS, and those affected by domestic violence. At FHCS's two Chula Vista fixed-site clinics, Rice Family Health Center and Chula Vista Family Health Center, we served 1,780 individuals who met the federal definition of homelessness through 6,763 encounters in 2016. *[Please note that there is more than one definition of homeless, one that clinics use and one as defined by HUD (stricter).]* As the operator of the federal Health Care for the Homeless program in San Diego County, we know that homeless individuals and families often lack access to affordable healthcare and are often underserved. Our agency collaborates with community partners throughout the county like South Bay Community Services, South Bay Homeless Advocacy Coalition, and the Regional Task Force on the Homeless to provide respectful, culturally-competent, and high-quality services to people experiencing homelessness.

We also work with the Chula Vista Elementary School District and the Sweetwater Union High School District to provide MMU services to students and their families on campus. We currently provide mobile healthcare on a regular basis throughout the school year at Castle Park Elementary, Castle Park Middle School, Vista Square Elementary, and Feaster Charter School. To increase access to healthcare for children and their families, we added Episcopal Community Services Head Start to the program and are open to adding additional sites as needed. Our MMU program partners with several nonprofit mental health and substance abuse recovery agencies to deliver primary healthcare at sites throughout the South Region. In Chula Vista, we partner with South Bay Recovery Center to deliver healthcare to residential clients.

In addition to being a vital community program that provides medical services to people in Chula Vista where and when they need them, our MMU also serves as a bridge to a broader system of care. MMU staff routinely assist patients in establishing a primary care medical home at Rice Family Health Center, Chula Vista Family Health Center, or other clinics in the area. By linking MMU patients to a medical home, patients are poised to experience better health outcomes through continuity of



care.

FHCSD has a proven track record of providing MMU services to vulnerable populations. As the largest Federally Qualified Health Center in the county, FHCSD is a critical provider of safety-net healthcare, and we were one of the first clinics in California to provide mobile medical care to low-income people. Through our skilled staff, well-cultivated partnerships, effective approaches, and a robust infrastructure, our program is able to demonstrate success through measurable outcomes. Our MMU has been credited with community accomplishments such as improving attendance at elementary schools, delivering life-saving care, and reducing inappropriate use of local emergency rooms.

The profound impact of the MMU program to increase access to healthcare and improve the living environment for LMI people living in the city is best illustrated in the recent story of one of our clients. Ginny (name changed) is a young girl who has been a patient since 2009. The patient presented with a urinary tract infection (UTI) the last three times she was seen onboard the MMU on the campus of Feaster Charter School. The provider conducted a genital exam to rule out the possibility of abuse and other medical anomalies, and spent a lot of time educating the young girl about UTI care and general hygiene practices. Because of the recurrent UTIs, Ginny's condition needed a stronger antibiotic shot that was not normally given by the MMU. As a result, Ginny was referred to Chula Vista Family Health Center, less than a mile from her house. Ginny was able to receive the antibiotic shot at Chula Vista Family Health Center and establish a primary care medical home at one of our fixed clinical sites. |

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The MMU program improves life in Chula Vista by increasing access to healthcare for LMI and medically-underserved persons by eliminating financial, cultural, linguistic, and transportation barriers often associated with primary medical care services. By bringing the MMU to local schools, social service agencies, and store parking lots, we are helping vulnerable populations receive vital healthcare services. Unfortunately, many of these patients, especially homeless individuals, are forced to prioritize food and shelter over their healthcare. MMU services allow LMI patients to receive healthcare (that they might otherwise forgo) in a timely manner when serious conditions are still preventable. MMU services are provided to LMI and medically-underserved patients in Chula Vista (and other areas of San Diego) approximately 32 hours per week in convenient, easily-accessible locations such as school campuses and store parking lots. In FY2017-2018, we anticipate serving 500 Chula Vista residents, including homeless persons, individuals with substance abuse or mental health issues, public housing residents, and at-risk children, youth, and adults. We will work with the City of Chula Vista to add at least one new non-school location to our sites of service (Lauderbach Park and/of Park Way Community Center) to expand the provision of care to LMI Chula Vistans.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

According to the County Community Health Statistics Unit, the South Region, of which, Chula Vista makes up the vast majority, leads the county in high rates of several cancers as well as chronic and infectious diseases. Chula Vista also has the highest 3-4-50 death rate in the South Region according to Live Well San Diego data. The 3-4-50 principle pertains to 3 behaviors—poor diets, physical inactivity, and smoking, which contribute to 4 chronic diseases: cancer, heart disease and stroke, diabetes, and respiratory conditions, which in turn are responsible for over 50 percent of deaths worldwide. In fact, the data for the South Region is much worse than the county rates that Live Well San Diego referred to it as 3-4-59 in a recent report because cancer, heart disease and stroke, diabetes, and lung disease caused 59% of deaths in the region. Life expectancy in Chula Vista is much lower than the average for San Diego County (76.8 years versus 82.3 years). The rate of unintentional injuries in Chula Vista is considerably higher than San Diego County (9,327 versus 5,719 per 100,000), and the city has the highest rate of hospitalization due to assault, suicide, self-inflicted injury, and fall-related deaths in the South Region. According to the 2016 Point in Time Count conducted by the Regional Task Force on the Homeless, 15% of Chula Vista's unsheltered homeless population are chronically homeless, 11% are veterans, 2% have substance abuse issues, 6% suffer from severe mental illness, 9% are currently on probation or parole, and 35% are female. Homelessness is linked with greater need for mental health and supportive services, as well as increased use of paramedics and emergency hospital care. Insurance, or lack thereof, is also an issue. Despite the passage of the Affordable Care Act, nearly one out of every 5 San Diegans is still uninsured (County Health Rankings, 2016). In addition, residents in the South Region face other barriers to care that the MMU tries to overcome. South Region residents experience higher unemployment rates than the San Diego County Average (6.0% versus 4.8%), and the per capita income for the South Region is the lowest among all county regions (\$19,228 versus \$31,648). The South Region also has a highest rate of linguistic isolation in the county; 12.0% of South Region residents are isolated because they are unable to communicate effectively in English compared with the county average of 8.3%. These statistics, and the fact that San Diego is one of the few large counties in California without a county hospital, indicate a pressing need for readily accessible and affordable healthcare services in Chula Vista and surrounding communities. As the largest provider of safety-net healthcare in San Diego County, FHCS D serves the highest-risk and most vulnerable populations. A majority of MMU patients typically have neither health insurance nor the means to pay for their visit and no one is turned away based on inability to pay. Compared with other regions in the county, South Region residents are more likely to use public services (such as community clinics like FHCS D) as their usual source of care. Thus, the MMU provides a critical healthcare resource in Chula Vista.

1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:

- Culturally-competent full primary care medical services including immunizations, well check-ups, preventive care, illness management, health screenings, pregnancy tests, and gynecological exams. 2. Linkage to a medical home. 3. Health insurance screening and enrollment assistance. 4. Assisted referral to other critical services such as mental health, vision care, dental care, and specialty care when needed.

1.14. How does your agency plan to tell the target population about the project/services?

FHCSD has a longstanding track record of working with over 400 health and human service agencies throughout the county to promote our programs and services. We work with our community partners to reach the target population for our MMU program. A monthly schedule of MMU clinic sessions is created based on an annual needs assessment and provided to all partners. When possible, patients are encouraged to contact FHCSD directly to schedule an appointment or identify where the closest MMU clinic session will be held. Walk-in patients without appointments are also welcome. In addition, our Patient Engagement Specialists conduct extensive outreach in Chula Vista to ensure that people know about the services available on the MMU as well as to identify needs in the community. The MMU Manager actively reviews program metrics and develops new sites and partnerships for the MMU program based on community needs and demographics. Our talented marketing team creates print media and promotional items and helps us promote the MMU online via our website, Facebook page, and at community events (i.e., Day of the Child). The high quality care we provide keeps our patients coming back and encourages word of mouth referrals to family and friends.

1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.

Service to be Provided (i.e. food, transportation, case management, etc.)		1. Culturally-competent healthcare services
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Unique LMI patients will receive healthcare.	500	Electronic Health Records, Clinical Management Information System
2. Homeless patients will receive healthcare.	35	Electronic Health Records, Clinical Management Information System
3. LMI patients will receive healthcare through a minimum of 572 encounters/visits.	500	Electronic Health Records, Clinical Management Information System
4. Add a minimum of 1 non-school site where the MMU provides services to Chula Vista residents.	500	MMU schedule
Service to be Provided (i.e. food, transportation, case management, etc.)		2. Linkage to a medical home
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. LMI patients will receive healthcare through a minimum of 572 encounter/visits.	500	Electronic Health Records, Clinical Management Information System
2. LMI patients will have increased access to ongoing healthcare.	500	Electronic Health Records, Clinical Management Information System
3. Homeless patients will receive information and referral to nearest medical home, and have increased access to ongoing healthcare.	35	Electronic Health Records, Clinical Management Information System
Service to be Provided (i.e. food, transportation, case management, etc.)		3. Health insurance screening and enrollment assistance
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection

1. LMI patients will be screened for health insurance coverage.	500	Electronic Health Records, Clinical Management Information System
2. LMI patients will have increased access to ongoing healthcare.	500	Electronic Health Records, Clinical Management Information System
3. Homeless patients will receive information and referral to the nearest medical home, and have increased access to ongoing healthcare.	35	Electronic Health Records, Clinical Management Information System
<b>Service to be Provided</b> (i.e. food, transportation, case management, etc).		<b>4. Referrals to other services</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. LMI homeless patients will receive referrals to mental health services.	Service provided on an as-needed basis. Number of patients to be served is unknown, but all will be screened for need.	Electronic Health Records, Clinical Management Information System
2. LMI and homeless patients will receive referrals to vision care.	Service provided on an as-needed basis. Number of patients to be served is unknown, but all will be screened for need.	Electronic Health Records, Clinical Management Information System
3. LMI and homeless patients will receive referrals to dental care.	Service provided on an as-needed basis. Number of patients to be served is unknown, but all will be screened for need.	Electronic Health Records, Clinical Management Information System

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>FHCSD collaborates with over 400 health and human service agencies to deliver primary healthcare to medically-underserved persons including homeless individuals, people with substance abuse and mental health issues, public housing residents, at-risk children, youth, and adults, and other LMI individuals. For example, we partner with local nonprofit homeless shelters and public housing sites to deliver primary healthcare to people without transportation or insurance. We also partner with nonprofit mental health and substance abuse recovery agencies such as Mental Health Systems and Vista Hill to deliver care to their residential clients. Another means by which we reach LMI children and families is through our partnership with Episcopal Community Services Head Start. Our MMU program has a strong partnership with the Chula Vista Elementary School District, the Sweetwater Union High School District, community centers and other locales (e.g., store parking lots) to deliver mobile healthcare to those who need it.</p>				

## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?

Name of person:	Fran Butler-Cohen
Title of person:	CEO
Relevant education:	MBA
Telephone number:	619-515-2301
Date first employed:	1986

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

Name of person:	Robert Lewis
Title of person:	Director of Special Populations
Relevant education:	B.A. in Business Administration, 20+ years healthcare experience
Telephone number:	619-515-2586
Date first employed:	1997

2.3. Who will be the person responsible for the day-to-day operations and management of the proposed project?

Provide no more than two individuals:

Name of person:	Blanca Mendez
Title of person:	Manager, Mobile Medical Units
Relevant education:	High School Diploma, bilingual, 15+ years healthcare experience
Telephone number:	619-515-2329
Date first employed:	2000
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?

Provide no more than two individuals:

Name of person:	Ricardo Roman
Title of person:	CFO
Relevant education:	Masters in Taxation, B.A. in Accounting
Telephone number:	619-906-4603
Date first employed:	2010
Name of person:	Fran Butler-Cohen
Title of person:	CEO
Relevant education:	MBA
Telephone number:	619-515-2301
Date first employed:	1986

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

Click here to enter text.

2.6 Your organization must have programmatic **Policies and Procedures** in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	X
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	X
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	X
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	X
v.	For <b>Presumed Benefit Activities</b> : <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	N/A
vi.	For <b>Limited Clientele Activities</b> : Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	X
vii.	For <b>Limited Benefit Activities by Nature and Location</b> : Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	X
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	X
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	X
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	X

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

Our MMU program is fully ADA compliant and does not have any unresolved issues in the project or project office.

2.8. How many members does your Board of Directors have?	14
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	10

### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

FHCS D utilizes state-of-the-art information systems, accounting software, and automated billing processes to collect, organize, and track key performance data, and to report on the organization's financial status. We operate an extensive management information system coordinated through our Information Technology (IT) Department. FHCS D has an accounting system whereby costs are recorded by site, by department or program, and by object code or expense type. This system is in accordance with Generally Accepted Accounting Principles and applicable Office of Management Circulars. The chart of accounts and the general ledger are structured by embedding the site, department, program or grant into the full account number.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

Our Governing Board of Directors meets monthly for oversight and governance, as codified in the organization's Amended and Restated Bylaws. The CEO and the CFO provide monthly reports to the Board and FHCS D directors provide scheduled reports in accordance with an annual board calendar of topics, such as patient satisfaction, clinical outcomes, environment of care, and compliance measures. The Board provides direct oversight and evaluation of FHCS D's progress in meeting its annual and long-term programmatic and financial goals. The Board requests presentations over the course of each year that include annual reports on Quality Assurance activities, service area environment of care/emergency, Universal Data System clinic reports, Ryan White Care Act Program (Part C: HIV Early Intervention Services), and patient satisfaction. In addition to specific reports, periodic presentations are provided on key areas including budgets, sliding scale and fees, Health Care for the Homeless and Public Housing activities, and the emergency management plan. The CEO and the CFO provide monthly financial and clinical performance progress reports to the Board. The Board uses this ongoing reporting and exchange of information to support strategic planning and continuous review of FHCS D's bylaws, policies and procedures, patient satisfaction, and effectiveness in fulfilling our mission.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

A monthly financial report is prepared for every grant or contract, summarizing the revenue recognized and the expenses incurred for the month and year-to-date compared to the grant budget. FHCS D also utilizes the Serenic Navigator accounting software to track the organization's financial status, including revenues, funds and expenses by grantor and other funding source, by site/location, by department/cost center, and by any combination of those parameters. We maintain detailed policies and procedures that govern processes for approval of all purchasing, cash receipts, cash disbursement, payroll, investment, patient/third party billing and revenue-related activities and transactions. A strong system of internal control is structured through implementation and oversight of these procedures. FHCS D receives an annual audit under requirements of the U.S. OMB Circular A-133 (Audits of States, Local Governments and Non-Profit Organizations), performed in compliance with federal audit requirements.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

FHCS D has a robust infrastructure which includes fully deployed Electronic Health Records (EHR) and the proprietary Clinical Management Information System (CMIS). Together, EHR and CMIS allow us to manage both patient and financial records. Our Accounting Department maintains financial records for a minimum of seven years.



**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

In accordance with U.S. OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, FHCSO receives an annual external audit performed in compliance with federal audit requirements. Our latest audit covers the period July 1, 2015 to June 30, 2016. There have been no major findings or questioned costs in two decades. FHCSO's Accounting Department closely tracks grant expenditures. Expenditure reports for the MMU program are reviewed regularly by the Director of Special Populations.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

FHCSO has established written policies and procedures to minimize fraud, waste, and mismanagement. These policies govern separation of duties in processing transactions as opposed to approval and authorization; handling of cash against recording in the books; writing checks separated from those who authorize; reconciliation process separate from those who record the transaction; and disclosure of conflict of interest. In addition, strict internal controls applicable to federal, state, county, and city grants and contracts cover: 1) Proper validation of documentation for evidence that a recorded transaction actually took place and that it occurred in accordance with the prescribed policies and procedures; 2) ensuring accuracy of amounts and account classification; 3) completeness of control processes to ensure that all transactions are initially recorded on a control document and accepted for processing only once recorded; 4) appropriate maintenance control to keep track of accounting records after the entry of transactions to make certain that they continue to reflect the operations of the organization accurately (this involves procedures, decisions, documentation, and subsequent review by a responsible authorized individual, and also ensures proper supervision and segregation of duties); and 5) physical security of assets to ensure adequate protection of the same.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

FHCSO will segregate CDBG funds from other agency funds by recording costs by site, by department or program and by object code or expense type. The chart of accounts and the general ledger are structured by embedding the site, department, program or grant into the full account number. For service budgeting, expenditure tracking, and reporting, a separate fund number is assigned for each grant. This separate fund number enables us to keep a clean accounting of the services provided and expenditures related to them. FHCSO is experienced in establishing and maintaining systems for the provision of claims data and information for billing purposes. A monthly financial report is prepared for every grant or contract, summarizing the revenue recognized and expenses incurred for the month and year-to-date compared to the grant budget. Depending upon the grant requirement for claims submission, claims are prepared monthly, quarterly, or per requested frequency, with the necessary expenditure information. When claim payments are received, funds are deposited and recorded in the general ledger under the appropriate grant. FHCSO's system is in accordance with generally accepted accounting principles and all applicable Office of Management Circulars.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.

FHCS D has extensive experience caring for LMI residents and/or communities, providing comprehensive services at 41 sites, including 20 fixed primary care clinics, 7 behavioral health facilities, 7 dental clinics, 3 vision clinics, a safety-net pharmacy, an outpatient substance abuse treatment program, and 3 MMUs. In 2016, we cared for 206,449 patients through 586,689 encounters agency-wide. Approximately 90% of our patients live at or below 200% of the Federal Poverty Level (FPL) and 75% live at or below 100% of the FPL. We are San Diego's largest provider of comprehensive HIV services and school-based health services, and coordinate development and behavioral services for low-income children aged birth to 5 in two county regions. In addition, FHCS D operates the federal Health Care for the Homeless program in the county, serving more than 25,000 clients annually. Our commitment to LMI residents is evidenced through the clinic sites we have constructed and operate in communities such as Barrio Logan (our flagship Logan Heights Family Health Center), City Heights, Diamond Neighborhoods, Lemon Grove, El Cajon, Spring Valley, and Chula Vista. FHCS D is the largest Federally Qualified Health Center (FQHC) in the nation, the 3rd largest FQHC in California, and the largest FQHC in San Diego County based on unduplicated patients served. FHCS D also serves more uninsured patients than any other FQHC in California.

4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.

Yes  No

[Click here to enter text.](#)

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?

Yes  No

In the event that FHCS D does not receive CDBG funding, we will work to raise funds from local charitable organizations and foundations that fund healthcare services for low-income, uninsured, and underserved people in the City of Chula Vista. In the past, we have committed agency funds as well, but this is not a long-term sustainable model.

5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

FHCS D maintains a diversified funding stream from partners at the federal, state, and local levels to facilitate continued operations during financially challenging times.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

**Section 7: Implementation**

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Contract Award	City Council awards funds	May 2017
2	Contract Agreement	Contract Agreement between FHCS and the City	June 2017
3	Preparations	Program Manager meets with staff to plan for upcoming year; sites of service confirmed; MOUs are secured as appropriate	June 2017
4	Services initiated and continue throughout fiscal year 2017-2018	Services covered by CDBG grant begin	July 2017- June 2018
5	Internal monthly reports	Program Manager reviews program data for quality assurance and continuous program improvement	Monthly
6	First Quarter Report	Program Manager prepares and ensures the 1 <sup>st</sup> quarter report is submitted to the City	October 2017
7	Second Quarter Report	Program Manager prepares and ensures the 2 <sup>nd</sup> quarter report is submitted to the City	January 2018
8	Third Quarter Report	Program Manager prepares and ensures the 3 <sup>rd</sup> quarter report is submitted to the City	April 2018
9	Fourth Quarter Report	Program Manager prepares and ensures the 4 <sup>th</sup> quarter report is submitted to the City	July 2018
10	Annual Report	Program Manager prepares and ensures the annual report for fiscal year 2017-2018 is submitted to the City	July 2018

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	Family Health Centers of San Diego		
2. Project name:	Mobile Medical Unit		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
Click here to enter text.			
5. Amount awarded:	\$27,000	6. Amount spent to date:	\$13,872.68
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
1. Provide 500 LMI patients with culturally-competent healthcare services.			
2. Provide 35 homeless patients with culturally-competent healthcare services.			
3. Provide LMI patients with culturally-competent healthcare services through 572 encounters/visits.			
9. Indicate below the outcomes achieved:			
To date, we have cared for a total of 1,549 MMU patients. 193 of these patients have been Chula Vista residents.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
The MMU program is an ongoing program. We are actively working with community partners to add sites and hours of operation in Chula Vista to meet our goals for fiscal year 2016-2017. Our Patient Engagement Specialists are concentrating their efforts in conducting outreach to ensure Chula Vista residents are aware of the MMU's sites and hours of operation.			

1. Agency name:	Family Health Centers of San Diego		
2. Project name:	KidCare Express Mobile Medical Unit		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$27,000	6. Amount spent to date:	\$27,000
7. Amount reprogrammed to date:	N/A		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Provide 4,500 LMI patients with culturally-competent healthcare services through 5,000 encounters/visits.			
Please note that these numbers reflect total services to all patients served by all three MMUs.			
9. Indicate below the outcomes achieved:			
In 2015, we cared for 3,028 patients through 3,749 visits. 98% of the MMU patients served lived at or below 200% of the FPL, 46% were uninsured, and approximately 28% were best served in a language other than English (Spanish).			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
As our fleet of MMUs age, we continue to experience mechanical issues that impact our ability to provide services. We have also been affected by instances when schools were closed and our MMU was unable to operate on campus.			

1. Agency name:	Family Health Centers of San Diego		
2. Project name:	KidCare Express Mobile Medical Unit #3		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$13,600	6. Amount spent to date:	\$13,600
7. Amount reprogrammed to date:	N/A		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
To provide healthcare services to 1,500 unduplicated patients through 1,875 encounters. This goal relates to the			

*activities of only one of three MMUs.*

*9. Indicate below the outcomes achieved:*

1,731 unduplicated low-income patients received healthcare through 2,058 encounters in this program.

*10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:*

N/A

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less that listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$30,000	2%
<b>List Other Sources Below: (Step 2)</b>			
HOME	\$0	\$0	0%
ESG			0%
HOPWA			0%
CDBG-R			0%
NSP			0%
HPRP			0%
Other Federal Stimulus Funds			0%
Other Federal Funds		\$883,544	59%
San Diego Housing Commission			0%
State Funds			0%
County Funds		\$2,592	0%
Local Funds			0%
Private Funds		\$10,000	1%
Agency Funds			0%
3rd Party Payment (Medi-Cal, etc.)		\$519,548	35%
Other Income		\$53,350	4%
			0%
			0%
			0%
			0%
<b>TOTAL</b>	<b>\$0</b>	<b>\$1,499,034</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$1,499,034**

**APPENDIX A-2: THREE-MONTH CASH RULE TEST**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

**THREE-MONTH CASH RULE TEST**

The three (3)-month rule is used as a guideline to determine whether an Agency is solvent and has enough available cash to take a CDBG project from beginning to end during the 12-month allowed to complete the project. CDBG projects should not harm the day-to-day operations of the Agency, so enough funds must be available for both purposes.

Provide the information requested below to demonstrate that the agency has enough cash on hand to operate the proposed project on a reimbursement basis.

<b>Balance Sheet - Audited Financial Statements.</b>	FY <u>2015-2016</u>	CY _____	Page # <u>5</u>
Document must be attached to Application			
<b>Enter Agency Cash Balance</b> (Cash cannot include Investments or Receivables)		59,963,214	
<b>A. Multiply Agency Cash Balance by 4 = Cash available for project(s)</b>		239,852,856	
List the amount of FY 2017-2018 CDBG funding applied for this application.		30,000	
List the amount of FY 2017-2018 CDBG funding applied for any other application.			
List the amount of FY 2017-2018 CDBG funding applied for any other application.			
<b>B. Sum all the amounts for FY 2017-2018 CDBG funding request(s)</b>		30,000	
<b>Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Funding Request (Item B):</b>			
Item A	239,852,856	Item B	30,000
		Difference	239,822,856
<b>Analyze Results</b>			
1- If difference is a positive amount or equals \$0, the Agency is eligible to apply.			
2- If difference is a negative amount, the Agency has the options below:			
The Agency can adjust any of the FY 2017-2018 CDBG requested amount(s) to result in a positive or \$0 balance, as long as:			
A) <u>EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLICATIONS, AND</u>			
B) <u>CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY 2017/2018 CDBG FUNDING REQUEST.</u>			



**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY Family Health Centers of San Diego, Inc.  
PROJECT Mobile Medical Unit

		CDBG
SALARIES & WAGES	(Schedule 2)	<u>24,470</u>
FRINGE BENEFITS	(Schedule 3)	<u>5,530</u>
	<b>TOTAL PERSONNEL</b>	<u><b>30,000</b></u>

SUPPLIES	(Schedule 5)	<u>                    </u>
POSTAGE	(Schedule 5)	<u>                    </u>
CONSULTANT SERVICES	(Schedule 5)	<u>                    </u>
MAINTENANCE/REPAIR	(Schedule 5)	<u>                    </u>
PUBLICATIONS/PRINTING	(Schedule 5)	<u>                    </u>
TRANSPORTATION	(Schedule 5)	<u>                    </u>
RENT	(Schedule 5)	<u>                    </u>
EQUIPMENT RENTAL	(Schedule 5)	<u>                    </u>
INSURANCE	(Schedule 5)	<u>                    </u>
UTILITIES	(Schedule 5)	<u>                    </u>
TELEPHONE	(Schedule 5)	<u>                    </u>
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>                    </u>
	(Schedule 5)	<u>                    </u>
	(Schedule 5)	<u>                    </u>
	<b>TOTAL NON-PERSONNEL</b>	<u><b>0</b></u>

TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)		<b>Percentage</b>
	(Schedule 4)	<u><b>0</b></u>
[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		
<b>TOTAL CDBG PROJECT BUDGET</b>		<u><b>30,000</b></u>

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Family Health Centers of San Diego, Inc.  
PROJECT Mobile Medical Unit

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Medical Assistant - Lead	44,491	55.00%	24,470
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG SALARY & WAGES			<b>24,470</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Family Health Centers of San Diego, Inc.

PROJECT Mobile Medical Unit

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Medical Assistant - Lead	FICA	3,404	44,491	55.00%	1,872
Medical Assistant - Lead	Workers' Compensation	1,103	44,491	55.00%	607
Medical Assistant - Lead	Health Insurance	4,013	44,491	55.00%	2,207
Medical Assistant - Lead	Retirement Benefits	899	44,491	55.00%	494
Medical Assistant - Lead	Others (Life, SUI, CME)	636	44,491	55.00%	350
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
<b>TOTAL CDBG FRINGE BENEFIT</b>					<b>5,530</b>

- 1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
- 2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
- 3. List the amount of insurance for each position charged against CDBG funds.
- 4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
x	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY Family Health Centers of San Diego, Inc.

PROJECT Mobile Medical Unit

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD			-

(5) Total CDBG Budget 30,000 Percentage 0.00%  
(Must be equal or less than 15%)

1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
2. List total Agency budget for position and/or NPE line item.
3. List PERCENT of total budget to be charged against CDBG funding.
4. Total indirect cost/administrative overhead to be charged against CDBG funding.
5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

<u>Pay Schedule (Check One)</u>	
_____	Monthly
<u>x</u>	Biweekly
_____	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 5 - BUDGET JUSTIFICATION\***

AGENCY Family Health Centers of San Diego, Inc.

PROJECT Mobile Medical Unit

LINE ITEM	AMOUNT
Detailed Explanation:	
<b>TOTAL</b>	<b>\$ -</b>
Detailed Explanation:	
<b>TOTAL</b>	<b>\$ -</b>
Detailed Explanation:	
<b>TOTAL</b>	<b>\$ -</b>

\*All line items must be justified in relation to CDBG-funded activities to be completed. Add pages as needed.

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - Recreation Department**

Project | Program: **Norman Park Center Senior and Disabled Svcs.**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **CDBG funding would provide a multitude of services and support programs to the elderly (62 + over) in Chula Vista. The programs will focus on providing a holistic approach to the health and wellbeing of the elderly by providing them with a number of opportunities for fun, education, health and fitness, social, skill building, recreations programs, and activities that will increase their quality of life. The Norman Park Senior Center is also a designated "Cool Zone", offering programming during the hot summer months.**

Project Category: **Public Services**

Target Population: **Low/Moderate Income Elderly**

Proposed Number to Serve: **300**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **Benefit to Low/Moderate Income Clientele**

HUD Eligibility Matrix Code: **05A - Senior Services**

### FUNDING

Total Program/Project Cost:	Amount of CDBG Requested:	Amount Recommended:
<b>\$192,398</b>	<b>\$35,917</b>	<b>\$30,000</b>





Project category: <i>(check one only)</i>	<input checked="" type="checkbox"/> Public service	<input type="checkbox"/> Housing
	<input type="checkbox"/> Capital improvement/Facility Improvement	

**Applicant Agency Information**

Applicant Legal Name:	City of Chula Vista Recreation				
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	276 Fourth Ave Bldg C Chula Vista CA 91910		Agency Tax Identification #:		95-6000690
Date of Incorporation:	1911		Agency Central Contractor Registration# <a href="http://www.ccr.gov">http://www.ccr.gov</a>		Click here to enter text.
Agency Annual Operating Budget:	\$ 192,398		Agency DUNS #		Click here to enter text.
Number of paid staff:	12		Number of volunteers:		25
Agency mission statement: "We enrich our community through recreation opportunities and services."					

**Project Title**

Senior Services Norman Park Senior Center
---

**Project Description (Briefly describe your project/program):**

Funding from CDBG would allow us to provide a multitude of unique services and support programs to the elderly in Chula Vista. The grant funds will focus on providing a holistic approach to the health and wellbeing of our elderly by providing them with a number of opportunities for fun, educational, health and fitness, social, skill building, recreational programs, and activities that will increase the quality of life for the elderly residents in Chula Vista. The unique public services and support programs being offered to the elderly will include: health and nutrition educational workshops, creative enrichment activities, free or low costs group fitness classes, social and brain enriching activities, support groups, and civic engagement through volunteerism. The Norman Park Senior Center is also a designated "Cool Zone" will offer programming during the hot summer months, so the elderly has a cool and safe place to come and enjoy free activities.
---

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$35,917	Other funds already secured for project:	\$156,451
Total cost to complete project:	\$192,398	Other funds not yet secured for project:	N/A

**Project Information**

If Project is a Public Service, will service be site specific? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
Norman Park Senior Center 270 F St, Chula Vista CA 91910		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

Funding from CDBG would allow us to provide a multitude of unique services and support programs to the elderly, 62+ years of age in Chula Vista. The grant funds will focus on providing a holistic approach to the health and wellbeing of our elderly by providing them with number of opportunities for fun and educational health and fitness, social, skill building, recreational programs and activities that will increase the quality of life for the elderly residents in Chula Vista. The unique services and support programs being offered to the elderly will include: Creative enrichment activities such as watercolor art class, artist social group, knitting & crocheting, introductory computer classes, book club, singing seniors and creative writing; Free or low costs group fitness classes such as strength training, cardio dance party, line dancing, longevity stick, yoga, chair yoga, and gentle yoga; Social and brain enriching activities such as bridge, scrabble, Mexican train, pinochle, Mah Jongg, and billiards. Discussion and support groups including Spanish conversation, world affairs discussion group, and bereavement support group; Health & nutrition educational workshops and classes including partnering with other local non-profit organizations to provide monthly health talks with topics specific to the elderly along with quarterly cooking and/or nutrition classes; The Norman Park Senior Center as a designated "Cool Zone" and will offer programming during the hot summer months so the elderly has a cool, safe place to come and enjoy free activities; Monthly special events that provide seniors the ability and opportunity to socialize, do physical activities, and mental brain games.

1.2. Project start date: July 1, 2017 Anticipated end date: June 30, 2018

1.3. Project's days/hours of operation: Monday through Thursday 8am-7pm Friday 8am-5pm

1.4. Project category: (check one only)	<input checked="" type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input type="checkbox"/> Capital improvement and Public Facility Improvements	1.6 Project outcome: (check one only)	<input type="checkbox"/> Decent housing <input type="checkbox"/> Economic opportunity <input checked="" type="checkbox"/> Availability/accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual persons (IP) or households (HH)?  Individual Persons OR  Households

Total number unduplicated IC/HH served in 2016/17: 300

Annual cost per client/household: \$119.72

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Presumed Benefit - Special needs group** (select benefit group from the list below):

- (i) Abused children
- (ii) Elderly persons 62 years or older (must maintain documentation of age eligibility)
- (iii) Battered spouses
- (iv) Severely disabled (Per census definition. Must maintain proof documentation)
- (v) Persons living with HIV/AIDS
- (vi) Migrant farm workers
- (vii) Homeless persons (must meet HUD definitions)

(b) At least 51% of clientele to be served must be LMI.



<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

<b>1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:</b>	
<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input type="checkbox"/>	Capital Improvement Projects and Community Enhancement (public facilities/spaces)
<input checked="" type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

(The Norman Park Senior Center has been an integral part of the City of Chula Vista for over 50 years. It is the only designated "senior center" in the City of Chula Vista which welcomes all elderly regardless of disability, income levels or ability to pay for direct services. Without Norman Park Senior Center, many of our elderly residents would have nowhere to go to learn, acquire new skills, socialize, recreate, engage with the community, meet new friends, gain support from peers, have a sense of belonging, or have fun.

With the failure of Prop H in November 2010, the City of Chula Vista was forced to eliminate many of its core services in order to continue to provide some level of restructured services to the community. During this time, the City of Chula Vista's Recreation Department budget was cut by 50%, which resulted in layoffs of nearly 40% of its full time staff. Norman Park Senior Center was severely impacted by these cuts, resulting in drastically reduced hours of service from 53 to only 16 per week, which caused a tremendous uproar in the elderly community. Additionally, several non-profit organizations that are housed at Norman Park Senior Center were also severely affected by the limited hours of operation. The enormous outcry from our senior population was the impetus for our department to seek unused CDBG funds in March 2011 so we could expand the hours and provide services to meet the unmet needs of our elderly community.

Norman Park Senior Center is a unique, one-stop shop which houses not only its own senior programming, but also various non-profit organizations that provide beneficial services to the elderly, low income families and those with disabilities. Organizations housed at Norman Park Senior Center include: Meals-on-Wheels, and Southern Caregivers Resource Center. These local non-profits provide additional services to the elderly such as meal delivery for homebound seniors, caregiver support and referral for in home care, mental health and emergency services for the elderly.

Norman Park Senior Center also partners with several local senior clubs including the Chula Vista Senior Citizen Club, Chula Vista Garden Club and Club Amistad (Spanish speaking) to provide facility space for their meetings. Club Amistad conducts their meetings in their native language for those in our community who have ESL or are non-English proficient.

Norman Park Senior Center provides a host of services through a variety of partnerships such as AARP for safety classes, San Diego Food Bank for Health and Nutrition classes; Scripps Health for free health talks; HHSA and AIS for workshops on safety, fall prevention, healthy living with chronic conditions, fraud and scam prevention; Elder Law which provides free legal advice and assistance; a Bereavement group led by Silverado; and a men's health discussion group led by a volunteer M.D. from Scripps Mercy Hospital.

In addition to our vast public and private partnerships, which provide for a connected and healthy community, the staff at Norman Park Senior Center provides information and referral services by directing the elderly to various local agencies which provide the specific services they are in immediate need of. There is no other place in the City of Chula Vista that brings all of these services together under one roof for our elderly.

Through the CDBG grant funding, the Recreation Department will be able to offer a diverse selection of classes, activities and programs taking a holistic approach to the health and wellbeing of our elderly population. We can provide them with number of opportunities for health and fitness, social, skill building, and recreational programs and activities that will increase their quality of life by decreasing isolation, increasing mental and physical health, providing opportunities for lifelong education and skills acquisition, offering opportunities for fun and recreation, as well as opportunities for social and

civic engagement along with peer empowerment and support to over 300 elderly participants.

Research has shown that our aging population will grow exponentially in the next several years and for the first time in history we are expected to have more people entering the 62+ years in age category than we will have children being born. As we look to the future to serve the GI Generation, Silent Generation and our Baby Boomers, we will have an even larger elderly community to serve each year, requiring additional efforts and resources to meet the expanding needs.

Due to our the increasing elderly population, Norman Park Senior Center staffs regularly evaluate the services, classes and programs being offered and make adjustments to ensure we are meeting their needs. This grant will solely fund the direct staffing that will allow us to offer health and fitness, social and civic engagement, enrichment, brain health, skill building, and recreational classes to assist in the wellbeing and quality of life for our elderly. Without funding for services and classes offered at the Norman Park Senior Center, the elderly will not have access to the services we provide.

The \$35,917 in requested CDBG funds would enable the Recreation Department to continue to meet the City's strategic goals of providing a safe and secure neighborhood facility that engages and connects the community to City services. It would promote civic pride through extensive volunteerism with a focus on fostering a healthy aging population and creating unique partnerships to provide operational excellence and fiscal responsibility. All of the funds requested will go to the direct staff costs associated with offering the classes, activities, workshops and programs aimed at increasing the quality of life for our elderly Chula Vista community, those 62+ years of age. None of the funds will be used to cover administrative or overhead costs associated with providing the services.

Without the approval of CDBG funds the Recreation Department would be forced to significantly reduce its classes, activities and programs provided to our elderly and in turn would greatly reduce the quality of life and opportunities for those participants. This would also displace or severely impact the operations of the other non-profit agencies and organizations such as: Meals-on-Wheels, Southern Caregivers Resource Center, AARP, ElderLaw, Club Amistad, the Chula Vista Senior Club which we partner with to provide expansive services to the elderly in Chula Vista. |

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

The senior services provided at the Norman Park Senior Center and other recreation facilities meet the goal of providing public services to special needs populations, elderly persons ages 62+, who are presumed benefit as low to moderate income persons. Funding from CDBG would afford us the ability to provide the elderly a multitude of unique public services and programs that they cannot get anywhere else in Chula Vista. The grant funds will focus on providing a holistic approach to the health and wellbeing of our elderly by providing them with number of opportunities for fun and educational health and fitness, social, skill building, and recreational programs and activities that will increase their quality of life. The unique public services and support programs being offered to the elderly will include: health and nutrition educational workshops, creative enrichment activities, free or low costs group fitness classes, social and brain enriching activities, discussion and support groups and civic engagement through volunteerism. The Norman Park Senior Center is also a designated "Cool Zone" will offer programming during the hot summer months so the elderly has a cool and safe place to come and enjoy free activities.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

The latest US Census report from 2010 identifies that 10% of the City of Chula Vista's population is 65+ years of age. Statistics show that the elderly population is dramatically increasing and for the first time in history we will have more seniors 62+ years of age than we will children being born. Starting in January 2011, the Chula Vista Recreation Department, along with a number of other departments, went through drastic budget cuts. The Recreation Department was forced to cut its operational budget, lay off a number of staff, and significantly reduce the hours of operations at most recreation facilities. Norman Park Senior Center was severely impacted which reduced the operating hours and eliminated many senior program and services. As a result of the limited operating hours many elderly were displaced and it left a number of seniors clubs, organizations and partner services with nowhere to host their programs. The public outcry was tremendous, with several of the elderly voicing their concerns and needs at public forums including city council meetings. Additionally, through a needs assessment survey, public forums and program feedback, it has been clearly demonstrated that the reduced operating hours were inadequate to service the needs of our exponentially growing elderly population. The grant award would allow us to continue to provide the services at the same level that we have been able to provide since we received this grant funding in 2012.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

**New Service**

- Offer a variety of creative enrichment classes and activities such as watercolor art, artist social group, knitting & crocheting, singing, and creative writing
- Offer a variety physical fitness classes including ten to twelve group exercise classes such as strength training, longevity stick, yoga, chair yoga, gentle yoga, and cardio dance parties
- Offer a variety of social and brain enriching activities such as bridge, scrabble, Mexican train, pinochle, and billiards.
- Host discussion and support groups including Spanish conversation, world affairs discussion group, and bereavement support group.
- As a county designated "Cool Zone" facility, in the hot summer months we will offer programming so the elderly has a cool place to come and enjoy free activities.
- Provide community engagement through a multitude of volunteer opportunities.
- Provide monthly health & wellness educational workshops and classes including partnering with other local non-profit organizations who are experts in their field to provide topics specific to the elderly (i.e. Diabetes, cancer, Parkinson's, and Alzheimer's)

**Expansion of an existing service:**

- Offer quarterly healthy cooking and/or nutrition classes
- Seek out opportunities for bilingual classes, programs and activities
- Book Club
- English conversation group
- Coloring Social Group
- Monthly Special Events providing senior socialization and physical & mental activities.

**1.14. How does your agency plan to tell the target population about the project/services?**

The Recreation Department markets our programs by providing a quarterly newsletter with all of our events, classes and activities which is sent out via mail, email, posted on the Department's webpage, distributed to all recreation facilities, and provided in person at our volunteer run host(ess) desk. Weekly activities are listed on the digital signage, in large print, within the facility. Programs are also promoted through Facebook, Nixel, press releases, local newspapers, and the City's monthly communication newsletter, as well as distributed through the Commission on Aging and at outreach events throughout the city. Norman Park Senior Center staff serves on So-CAN (South County Action Network serving older adults and adults with disabilities) as well as attends numerous community events and presentations where the information is distributed.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

Service to be Provided (i.e. food, transportation, case management, etc.).		1. Health & Nutrition
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
Health & Wellness Program and classes		
1. Provide monthly health & wellness presentations on issues that affect our elderly community	50	Attendance tallies and Activenet registration software
2. Offer a free or low cost cooking and/or nutrition class or workshop each quarter.	50	Attendance tallies and Activenet registration software
3. Each quarter provide four free or low cost fitness classes such as longevity stick, strength training, and yoga or cardio dance parties.	50	Attendance tallies and Activenet registration software

Service to be Provided (i.e. food, transportation, case management, etc). Enrichment Classes		2. Enrichment & Social Classes and Activities
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Provide three free or low cost creative enrichment/skill building classes quarterly such as: watercolor art, knitting & crocheting, creative writing, or coloring	50	Attendance tallies and Activenet registration software
2. Provide three social and/or support groups quarterly such as: bereavement support, world discussion group, and Spanish conversation, English conversation	50	Attendance tallies and Activenet registration software
3. Provide three social and brain enriching activities quarterly such as bridge, scrabble, Mexican train, pinochle, and billiards . Also provide monthly special events.	50	Attendance tallies and Activenet registration software
Service to be Provided (i.e. food, transportation, case management, etc).		3. Click here to enter text.
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc).		4. Click here to enter text.
Outcomes	Number of Proposed Beneficiaries	Method of Data Collection
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p>The program will coordinate with a number of other service providers in the community to efficiently and effectively provide services with a focus on holistic health and wellness. Organizations we anticipate collaborating with this year include: San Diego Food Bank, Scripps Mercy Hospital Wellbeing Center, UCSD Scripps Chula Vista Family Medicine Residency Program, Alzheimer's Association of San Diego, Moores Cancer Center at UCSD, HHSA/AIS, the San Diego Braille Institute, Sharp Chula Vista Medical Center, Meals on Wheels, and Southern Caregivers Resource Center, AARP, Silverado Hospice, SoCan, Healthy Chula Vista Initiative, and age-friendly communities. Through collaborations with the above organizations we are able to offer a variety of health talks, presentations, workshops and classes led by professionals who are experts in their field of study, and host monthly support groups in Spanish and English.</p>				

## Section 2: Agency Capacity (Max Score: 10 Points)

<b>2.1. Who will be the person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Gil Contreras
<i>Title of person:</i>	Principal Recreation Manager
<i>Relevant education:</i>	Bachelors in Liberal Studies
<i>Telephone number:</i>	619-585-5619
<i>Date first employed:</i>	May 2015

<b>2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?</b>	
<i>Name of person:</i>	Kristi McClure Huckaby
<i>Title of person:</i>	Director of Recreation
<i>Relevant education:</i>	Masters in Public Administration, BA in Recreation & Leisure, HR Management Certification
<i>Telephone number:</i>	619-585-5618
<i>Date first employed:</i>	October 2012

<b>2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Sandy Chavez
<i>Title of person:</i>	Recreation Supervisor III
<i>Relevant education:</i>	High School Diploma
<i>Telephone number:</i>	619-409-1931
<i>Date first employed:</i>	April 1978
<i>Name of person:</i>	Gil Contreras
<i>Title of person:</i>	Principal Recreation Manager
<i>Relevant education:</i>	Bachelors in Liberal Studies
<i>Telephone number:</i>	619-585-5619
<i>Date first employed:</i>	May 2015

<b>2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:</b>	
<i>Name of person:</i>	Gil Contreras
<i>Title of person:</i>	Principal Recreation Manager
<i>Relevant education:</i>	Bachelors in Liberal Studies
<i>Telephone number:</i>	619-585-5619
<i>Date first employed:</i>	May 2015
<i>Name of person:</i>	Kristi McClure Huckaby
<i>Title of person:</i>	Director of Recreation
<i>Relevant education:</i>	Masters in Public Administration, BA in Recreation & Leisure, HR Management Certification
<i>Telephone number:</i>	619-585-5618
<i>Date first employed:</i>	October 2012

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.**

Participants will be required to register for each program quarterly through our ActiveNet web based registration program. In addition, we take hourly attendance counts in each of our program areas to track attendance and monitor program growth or decline. Program staff will distribute surveys each quarter to gather participant feedback to assist us in staying current with program quality and interest. In addition, the Department holds public forums and actively works with the Commission on Aging to assist in understanding and staying current with the needs of the elderly population. Lastly, we use CDBG intake forms to ensure we accurately gather data and account for participants.

**2.6 Your organization must have programmatic Policies and Procedures in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).**

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	Yes
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	Yes
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	Yes
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	Yes
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	Yes
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	N/A
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	N/A
viii.	Do the Policies and Procedures include how date is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	Yes
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	Yes
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	Yes
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	Yes

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

None

2.8. How many members does your Board of Directors have?	N/A
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	N/A



### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

The Recreation Department follows all City of Chula Vista policies and procedures with regards to payment and disbursement. All expenditures are budgeted for and approved in advance. Staff timesheets are collected and reviewed bi-weekly by the Recreation Supervisor III, Sandy Chavez then delivered to the Senior Fiscal Office Specialist for payroll. All staff timesheets for CDBG funded programs are kept in the CDBG binder in the Recreation Supervisor III's locked office and utilized each quarter with detailed and summary worksheets that are submitted to the Finance Department and the Development Services Housing Division for reimbursement.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

N/A

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The Recreation Department utilizes the City's financial system (IFAS). Hourly wages spent will be tracked through time sheets, which are verified by the Recreation Supervisor III, Sandy Chavez, and approved by Principal Recreation Manager, Gil Contreras. The Recreation Department's Senior Fiscal Office Specialist will submit all hours and expenditures to Finance through IFAS for verification and tracking.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The Recreation Department keeps records providing a full description of each activity assisted with CDBG funds which include its location, the amount of CDBG funds budgeted and expended for the activity. Through the CDBG intake form and other qualifying criteria, we determine if the participant is eligible for the services under the presumed benefit category of elderly persons 62 years or older. The intake form requires information such as income by family size, race and ethnicity, head of household and verification of severe disability. All program files and intake forms follow the City's record keeping system and are kept for seven years in storage bins in a locked storage facility safeguarding client information. Files are then shredded through a secured process once expired.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

This program follows the City's auditing requirements which includes annual audits by the Finance Department. For this proposed project we will provide quarterly reports for CDBG with any expenditures, descriptions and receipts for program items made with CDBG funding. The Recreation Supervisor III will directly oversee the project funds and provide all necessary documentation including quarterly reports with any expenditures, descriptions and receipts for purchases made with CDBG funding. The Principal Recreation Manager will verify all documentation submitted to the Senior Fiscal Office Specialist for final approval to ensure the City's audit standards are met.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

The Recreation Department follows the City of Chula Vista's policies, procedures and internal controls to minimize opportunities for fraud, waste and mismanagement. We also employ the following additional departmental safeguards: all hourly wages and procurements submitted by staff will be verified by Recreation Supervisor III, Sandy Chavez and reviewed by Principal Recreation Manager, Gil Contreras on a bi-weekly basis. They are then submitted to a Senior Fiscal Office Specialist, Cathy Martin, for random verification and are input into the City's financial system for a final review by the Finance Department.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

Since the Recreation Department is only requesting salary and fringe benefits from CDBG funds, we will track hours on the individual day to day time sheets. Only the hours associated directly with the grant funded programs and activities will be billed. This can be verified by looking at the time sheets submitted each pay period. We will ensure tracking and reporting are accurate by providing staff costing worksheets each quarter which show the precise names, hours, positions, and pay rates being billed to programs allocated CDBG funds.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

**4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.**

The City of Chula Vista's Recreation Department has managed the only public senior center in all of Chula Vista for over 50 years, Norman Park Senior Center. A large majority of our senior population falls into the presumed benefit LMI category as demonstrated through our onsite CDBG participant intake forms and reports submitted since 2011. For years, Norman Park Senior Center has provided a wealth of free and low cost programs to meet the needs of our LMI elderly residents. Currently Norman Park Senior Center is offering approximately 50 free or low cost programs, activities, classes, clubs, workshops and seminars every month which include: blood pressure screenings, bereavement support groups, singing seniors, watercolor classes, craft and art classes, bunco game nights, creative writers group, social dancing classes, numerous exercise classes, knitting and crocheting, scrabble, shuffleboard, billiards, world affairs discussion group, Spanish conversation group, monthly special events, movie days, special interest talks, health and wellness fairs and workshops, a fitness center and much more. The Norman Park Senior Center also partners with ElderLAW to provide free legal advice onsite two days a month; Southern Caregivers Resource Center, whose offices are located within Norman Park Senior Center to provides free services & counseling in Spanish and English to caregivers of aging & frail adults or adults affected by a chronic illness or brain impairment; and AARP offers low cost courses held at Norman Park Senior Center. The Recreation Department collaborates with Meals on Wheels, whose headquarters are at Norman Park Senior Center, to provide low cost healthy meals onsite for low to moderate income elderly adults. In total, the Norman Park Senior Center partners with over 20 local organizations, agencies, and clubs every year to expand our programming and provide additional services to our elderly. One of our greatest accomplishments is our continued ability to create unique partnerships to leverage our limited funding.

**4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.**



Yes



No

Yes, the Recreation Department has received CDBG funding during Fiscal Years 2014-2015, 2015-2016, and 2016-2017

## Section 5: Back-Up Plan (Max Score: 5 Points;)

**5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?**



Yes



No

If funding is not awarded, the Recreation Department will need to drastically cut the elderly services being provided at the Norman Park Senior Center by approximately 37% due to limited funding. This in turn would affect opportunities for health and fitness, social, skill building, and recreational programs and activities that increase our elderly's quality of life by decreasing isolation, increasing mental and physical health, providing opportunities for lifelong education and skills acquisition, offering opportunities for fun and recreation, as well as opportunities for social and civic engagement along with peer empowerment and support for over 300 elderly participants, 62+ years old.

**5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?**

The Recreation Department is continuously working with our senior population and the Commission on Aging to research alternative funding sources. Sources we are examining include grants; fee based classes and activities; new partnerships, sponsorships and paid advertising. Our goal is to find new long term funding options that will help us meet the needs of our exponentially growing senior population and reduce our reliance on CDBG funds. Additionally, the department is currently going through a cost analysis and revenue enhancement study to determine the methodology for pricing its programs, services, and facility rentals to best meet the needs of the community and secure our ability to provide quality services in the future.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input checked="" type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
  
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification

## Section 7: Implementation

(Max Length: 1 Page; Max Score: 5 Points)

Provide a listing below of the specific tasks or activities needed to implement the proposed project and a timeline for their completion (July 2017 – June 30, 2018). Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.

#	Task/Activity	Description	Completion Date
1	Summer Promotions & Registration	Marketing materials, flyers, press releases and newsletters developed and distributed throughout the community. Registrations accepted July 1 through Sept 30	9/30/2017
2	Summer activities, workshops and classes for the elderly	Implement health and nutrition, enrichment and social classes, activities, and workshops for the elderly July 1- Sept 30.	9/30/2017
3	Quarterly Reporting	1 <sup>st</sup> Quarter Report & Reimbursement Due	10/15/2017
4	Fall Promotions & Registration	Marketing materials, flyers, press releases and newsletters developed and distributed throughout the community. Registrations accepted Aug 1- December 23	12/31/2017
5	Fall activities, workshops and classes for the elderly	Implement health and nutrition, enrichment and social classes, activities, and workshops for the elderly Oct 1- Dec 31	12/31/2017
6	Quarterly Reporting	2 <sup>nd</sup> Quarter Report & Reimbursement Due	1/15/2018
7	Winter Promotions & Registration	Marketing materials, flyers, press releases and newsletters developed and distributed throughout the community. Registrations accepted Nov 1, 2016 through March 31, 2018	03/31/2018
8	Winter Fitness Classes	Implement health and nutrition, enrichment and social classes, activities, and workshops for the elderly Jan 2 through March 31	03/31/2018
9	Quarterly Reporting	3 <sup>rd</sup> Quarter Report & Reimbursement Due	04/15/2018
10	Spring Promotions & Registration	Marketing materials, flyers, press releases and newsletters developed and distributed throughout the community. Registrations accepted mid-February through June 30	06/30/2018
11	Spring Fitness Classes	Implement health and nutrition, enrichment and social classes, activities, and workshops for the elderly April 1 through June 30	6/30/2018
12	Quarterly Reporting	Final Report & Reimbursement Due	07/15/2018

## Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Norman Park Senior and Disabled Services		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			Click here to enter text.
5. Amount awarded:	\$30,000	6. Amount spent to date:	\$15,358.37
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
<p>Provide a multitude of unique services and support programs to the elderly including those with disabilities. Program examples include: summer cool zone, low cost special events that include meals, designated "Cool Zone" activities, computer and fitness classes, conversational Spanish, blood pressure screenings, health and wellness fairs and workshops, information and referral services, enrichment classes, social events, support groups, low cost/free meeting space for non-profit groups to provide various services for the elderly including partnerships with ElderLaw, Southern Caregivers Resource Center, Parkinson's Association, AARP (American Association of Retired Persons), Health &amp; Human Services Agency (HHS), Aging &amp; Independence Services (AIS) and Meals on Wheels.</p>			
9. Indicate below the outcomes achieved:			
<p>The Recreation Department was able to offer a multitude of services and support programs for the elderly including those with disabilities. We offered monthly health &amp; wellness talks on a variety of topics of interest to seniors along with free or low cost exercise classes. During these times we offer a variety of free programs throughout the year which was great during our "Cool Zone" time. Some of the activities included our Special Events, Bingo, Bunco, Bridge, Billiards, Blood Pressure screening, and other free programs. We continued to offer meeting and office space to non-profit groups such as ElderLaw, Southern Caregivers, and Meals on Wheels that provide a one-stop shop for services for the elderly</p> <p>The department is very happy to report we completed all of our goals with great success. We provided substantial information and referral to over 850 seniors in need. Staff refers our seniors to non-profit agencies that provide assistance completing low income housing forms, locating senior or low income housing, provided legal advice and presentation on topics such as advanced directives, fraud and scam, assisted with providing information about Christmas in October, helped seniors understand paperwork Meals on Wheels, health care providers, AIS, HHS, elder abuse hotline, and much more. Through grant funding we were able to provide five free fitness classes per week year round. Additionally we provided three low cost fitness classes each week (\$1 to \$3.00 per class). Attendance ranges from 12-50 participants for each fitness class. We added a considerable amount of afternoon classes, special events, workshops and presentations and expanded attendance at our current afternoon classes. We also added a major special event every month which included a Potato Bake, Older American's &amp; Volunteer Luncheon attended by Mayor Mary Casillas Salas, Valentine Dinner &amp; Dance, Spring Pancake Breakfast, Fashion Show &amp; Luncheon, Summer Luau, Health Fair, and so much more. Daily attendance is exceeding 200+ participants per day. Movie Mondays are a hit with 15-30 seniors attending weekly to watch a movie in a safe, secure and air conditioned/heated environment. We provided monthly meeting space for civic groups including Club Amistad, and the Garden Club at over 4 hours a month per group, 12 hours a month for Club Amistad. We provided at least one monthly presentation on services that seniors have access to but may not be aware of such as League of Women Voters, Caring for the Caregiver provided by the Southern Caregivers Resource Center, All About Eyes Workshop put on by the Braille Institute, Skin Health, Bladder Health and Men's Health Discussions provide by Scripps Health Talks, Blood Pressure checks provided by Sharps Chula Vista, and much more. Provided a safe place during business hours for displaced people including providing an air conditioned space when the senior apartment complex next door and an assisted living facility each needed to evacuate its residents for several days due to construction. We are a recognized cool zone as listed on the county's website and provide at least two "Cool Zone" movie marathons and an Ice Cream Social during the heat of the day 11am-4pm in the hot months. Also offered were low cost computer classes and one-on-one instruction for those who needed further education or training on iPad, Kindles, and tablets. We offer six free computer lab hours each month for those who attend any of the classes or at a \$10 per year fee for those who do not attend the classes. We provided meeting space</p>			

to various non-profits such as the, Meals on Wheels, Southern Caregivers Resource Center, Elder Law and Home Start Inc. while also partnering with several other non-profits such as American Red Cross, Veteran's Affairs, the Braille Institute, AARP Driver Safety & Car Fit for Older Drivers, and many more to provide free presentations on site about the services they offer.

10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

N/A

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Norman Park Senior and Disabled Services		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$30,000	6. Amount spent to date:	\$30,000
7. Amount reprogrammed to date:	0		

8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):

Provide a multitude of unique services and support programs to the elderly including those with disabilities. Program examples include: summer cool zone, low cost special events that include meals, assistance in completing Christmas in October paperwork, designated "Cool Zone" activities, computer and fitness classes, conversational Spanish, blood pressure screenings, health and wellness fairs and workshops, information and referral services, "RUOK" phone calls made to those homebound/medically fragile, enrichment classes, social events, support groups, low cost/free meeting space for non-profit groups to provide a one-stop shop serving the elderly including partnerships with ElderLaw, Southern Caregivers Resource Center, Parkinson's Association, AARP (American Association of Retired Persons), Health & Human Services Agency (HHS), Aging & Independence Services (AIS) and Meals on Wheels.

9. Indicate below the outcomes achieved:

We were able to offer a multitude of services and support programs for the elderly including those with disabilities We offered monthly health & wellness talks on a variety of topics that interest seniors, along with free or low cost exercise classes. We were also able to have free cooking & nutrition classes in Spanish and Korean which the seniors really enjoyed. During these times we offer a variety of free drop in program throughout the year which was great during our "Cool Zone" time. Some of the activities included our Special Events, Bingo, Bunco, Bridge, Billiards, Blood Pressure screening, and other free programs. We were also able to continue our RUOK program which is phone calls to check on the wellbeing out homebound seniors. We continued to offer meeting and office space to non-profit groups such as ElderLaw, Southern Caregivers, AARP and Meals on Wheels that provide a one-stop shop for services for the elderly

We are very happy to report we completed all of our goals with great success. We conducted daily RUOK calls, even during holiday closures, to over 20 participants. We provided substantial information and referral to over 800 seniors in need. Staff as well as partner non-profit agencies provided assistance completing low income housing forms, locating senior or low income housing, provided legal advice and presentation on topics such as advanced directives, fraud and scam, assisted with providing information about Christmas in October, helped seniors understand paperwork sent to them, referred them to appropriate services such as Parkinson's Association, Meals on Wheels, health care providers, AIS, HHS, elder abuse hotline, and much more. Through grant funding we were able to provide five free fitness classes per week year round. Additionally we provided three low cost fitness classes each week (\$1 to \$3.00 per class). Attendance ranges from 12-50 participants for each fitness class. We added a considerable amount of afternoon classes, special events, workshops and presentations and expanded attendance at our current afternoon classes. We also added a major special event every month which included a Potato Bake, Older American's & Volunteer Luncheon attended by Councilmember McCann, Valentine Dinner & Dance, Spring Pancake Breakfast, Fashion Show & Luncheon, Summer Kick Off Picnic, History Talk and Tea, Presentation by the Buffalo Soldiers, a Rummage Sale, Health Fair, Halloween Movie marathon with treats, Oktoberfest Root Beer" floats, Historical Walking Tour, and so much more. Daily attendance is exceeding 150+ participants per day. Movie Mondays are a hit with 15-30 seniors attending weekly to watch a movie in a safe, secure and air conditioned/heated environment. We provided monthly meeting space for civic groups including Club Amistad, Garden Club and the Korean Club at over 4 hours a month per group, 12 hours a month for Club Amistad.

We provided at least one monthly presentation on services that seniors have access to but may not be aware of such as VA Benefits, Caring for the Caregiver provided by the Southern Caregivers Resource Center, All About Eyes Workshop put on by the Braille Institute, Emergency Preparedness by the American Red Cross, Scripps Health Talks, Men's Health Discussions, Blood Pressure checks, and much more. Provided a safe place during business hours for displaced people including providing an air conditioned space when the senior apartment complex next door and an assisted living facility each needed to evacuate its residents for several days due to construction. We are a recognized cool zone as listed on the county's website and provide at least two "Cool Zone" movie marathons and an Ice Cream Social during the heat of the day 11am-4pm in the hot months. The first Friday of every month we offer a free computer information class. Also offered were low cost computer classes and one-on-one instruction for those who needed further education or training on iPad, Kindles, and tablets. We offer six free computer lab hours each month for those who attend any of the classes or at a \$10 per year fee for those who do not attend the classes. We provided meeting space to various non-profits such as the Chula Vista Welfare Council, Meals on Wheels, Parkinson's Association support groups, Southern Caregivers Resource Center, Elder Law and Home Start Inc. while also partnering with several other non-profits such as American Red Cross, Veteran's Affairs, the Braille Institute, AARP Driver Safety & Car Fit for Older Drivers, and many more to provide free presentations on site about the services they offer.

10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

1. Agency name:	City of Chula Vista Recreation Department		
2. Project name:	Norman Park Senior and Disabled Services		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$30,000	6. Amount spent to date:	\$30,000
7. Amount reprogrammed to date:	0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Provide free monthly computers classes, free fitness classes, free monthly seminars. Enabled the Recreation Department to provide a safe and healthy supervised venue for activities for the elderly. Provide a one stop shop for the elderly for information and referrals.			
9. Indicate below the outcomes achieved:			
Offered free monthly computer classes along with two or three low cost computer classes each month. Offered ten free fitness classes per week including strength and flexibility, longevity stick, chair yoga, gentle yoga and more. We offered one or two free seminars of interest to the elderly each month on topics such as Health for Your Eyes, Arthritis, Veteran's Benefits and how to access them, History talks, Hearth Health, Caring for your Diabetes and much more. Enabled the City to provide a safe and healthy supervised venue for approximately 60 activities for the elderly. Provide a one stop shop for the elderly for information and referral. Including partnering with over 32 organizations to provide a variety of services onsite for the elderly including Meals on Wheels, Southern Caregivers, Parkinson's Foundation, HomeStart Inc., ElderLaw, AARP, Scripps, Sharp, HHSA, AIS, COA, CV Senior Club, CV Garden Club, Korean Club, Club Amistad, the VA and many more. Also assisted the elderly in filling out forms for low income housing, job applications, emergency medical care, disability, and provided them with useful information or referral to local agencies to meet their immediate needs.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			



**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**  
*Public Service Applicants Skip this portion and continue on to Appendix Section.*

9.1. For CIP projects, have the constructions plans and drawings been completed? If no, indicate the anticipated date of completion:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects:
Click here to enter text.

9.4. For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Click here to enter text.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Click here to enter text.

9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:
Click here to enter text.

## Section 9: Project Site Information (CIPs and Public Facility Improvements Only)

9.8. Is the facility agency-owned, City-owned, or privately owned?	
<input type="checkbox"/>	<b>Agency-owned</b>
Indicate the property owner(s): <input type="text"/> Click here to enter text.	
Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>City-owned</b>
Indicate your City Real Estate Assets liaison: <input type="text"/> Click here to enter text.	
When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) <input type="text"/> Click here to enter text.	
Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>Privately owned</b>
Indicate the property owner(s): <input type="text"/>	
When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) <input type="text"/>	
Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>Other</b>
Provide a brief explanation: <input type="text"/>	

9.9. How old is the property/building in terms of years?		<input type="text"/>
For building/structures constructed prior to December 31, 1969:		
Has a lead hazard inspection report been issued for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility been abated for lead paint?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will children occupy the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, indicate the age range of the children who will occupy the facility:		<input type="text"/> Click here to enter

9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/> Click here to enter text.		

9.11. Is the building/structure located on a Historic Site?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building/structure located in a Historic District?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building/structure in a Flood Zone?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building/structure in a Flood Plain?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your agency have flood insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Will there be demolition required?		<input type="checkbox"/> Yes <input type="checkbox"/> No

9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):	
<input type="text"/> Click here to enter text.	

9.13. Will the project result in an expansion of an existing facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, specify the size in square feet:	Existing size: <input type="text"/>	Addition size: <input type="text"/>

9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

What is the project structure type?

Residential       Commercial       Public facility       Public right-of-way

What is the current zoning of the project site? [Click here to enter text.](#)

Is the project site zoned correctly for the proposed activity?  Yes       No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

[Click here to enter text.](#)

9.15. Does the project require temporary/permanent relocation of occupants?  Yes       No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

[Click here to enter text.](#)

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

[Click here to enter text.](#)

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

[Click here to enter text.](#)

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However, supporting documentation is not yet available. The City will request a final budget as part of the final CDBG Agreement. If the leveraged sources are significantly less than listed in the application, the City may revisit the recommended funding amount.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$35,917	19%
<b>List Other Sources Below: (Step 2)</b>			
HOME	\$0	\$0	0%
ESG			0%
HOPWA			0%
CDBG-R			0%
NSP			0%
HPRP			0%
Other Federal Stimulus Funds			0%
Other Federal Funds			0%
San Diego Housing Commission			0%
State Funds			0%
County Funds			0%
Local Funds			0%
Private Funds			0%
Agency Funds	\$156,451		81%
			0%
			0%
			0%
			0%
			0%
			0%
			0%
<b>TOTAL</b>	<b>\$156,451</b>	<b>\$35,917</b>	<b>100%</b>

**TOTAL PROJECT BUDGET** **\$192,368**

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 1 - BUDGET EXHIBIT**

AGENCY City of Chula Vista Recreation Department  
PROJECT Senior Services-Norman Park Senior Center

		CDBG	
SALARIES & WAGES	(Schedule 2)	<u>34,142</u>	
FRINGE BENEFITS	(Schedule 3)	<u>1,775</u>	
	TOTAL PERSONNEL	<u>35,917</u>	
SUPPLIES	(Schedule 5)	<u>          </u>	
POSTAGE	(Schedule 5)	<u>          </u>	
CONSULTANT SERVICES	(Schedule 5)	<u>          </u>	
MAINTENANCE/REPAIR	(Schedule 5)	<u>          </u>	
PUBLICATIONS/PRINTING	(Schedule 5)	<u>          </u>	
TRANSPORTATION	(Schedule 5)	<u>          </u>	
RENT	(Schedule 5)	<u>          </u>	
EQUIPMENT RENTAL	(Schedule 5)	<u>          </u>	
INSURANCE	(Schedule 5)	<u>          </u>	
UTILITIES	(Schedule 5)	<u>          </u>	
TELEPHONE	(Schedule 5)	<u>          </u>	
OTHER EXPENSES (SPECIFY):	(Schedule 5)	<u>          </u>	
	(Schedule 5)	<u>          </u>	
	(Schedule 5)	<u>          </u>	
	TOTAL NON-PERSONNEL	<u>          0</u>	
TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERHEAD (IC/AO)	(Schedule 4)	<u>          0</u>	Percentage <u>          0</u>
	[IC/AO Expenses limited to 15% of Total CDBG Project Budget]		
	TOTAL CDBG PROJECT BUDGET	<u>          35,917</u>	

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 2 - PERSONNEL SCHEDULE: GROSS PAY**

The purpose of this form is to list the positions being claimed against the CDBG funding request amount. The positions listed below must provide direct project/client services. Positions providing non-direct services must be included in the indirect costs/administrative overhead (IC/AO) line item. The Total CDBG Salary & Wages must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY City of Chula Vista Recreation Department  
PROJECT Senior Services-Norman Park Senior Center

(1)	(2)	(3)	(4)
POSITION TITLE	GROSS PAY	PERCENT CHARGED	TOTAL SALARY & WAGES
Recreation Specialist	34,142	100.00%	34,142
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG SALARY &amp; WAGES</b>			<b>34,142</b>

1. List all positions charged against CDBG funding providing **direct CDBG project/client activity**.
2. List gross pay for each position listed.
3. List **percent of gross pay** to be charged against CDBG funding.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 3 - PERSONNEL SCHEDULE: FRINGE BENEFITS**

The purpose of this form is to list the fringe benefits being claimed against CDBG funding request amount. The Total Fringe must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY City of Chula Vista Recreation Department

PROJECT Senior Services-Norman Park Senior Center

(1)	(2)	(3)	(4)	(5)	(6)
POSITION TITLE	FRINGE TITLE	AMT OF INSURANCE	GROSS PAY	PERCENT CHARGED	AMOUNT
Recreation Specialist	Pars/Medicare		1,775	100.00%	1,775
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
TOTAL CDBG FRINGE BENEFIT					<b>1,775</b>

1. List all POSITIONS charged against CDBG funding providing **direct CDBG project/client activity**.
2. List Fringe Benefit title FOR EACH POSITION charged to CDBG funds.
3. List the amount of insurance for each position charged against CDBG funds.
4. Use gross pay for project / total all wages of agency. Then multiply by required percent for each fringe.
5. List percent of gross pay to be multiplied for insurance.

<u>Pay Schedule (Check One)</u>	
<input type="checkbox"/>	Monthly
<input checked="" type="checkbox"/>	Biweekly
<input type="checkbox"/>	Twice a Month

**APPENDIX A-3: PUBLIC SERVICE  
SCHEDULE 4 - INDIRECT COST/ADMINISTRATIVE OVERHEAD (IC/AO) CALCULATION**

The purpose of this form is to list the IC/AO being claimed against CDBG funding amount requested. The Total IC/AO must match the Budget Exhibit form. **Round off totals to whole dollars.**

AGENCY City of Chula Vista Recreation Department

PROJECT Senior Services-Norman Park Senior Center

(1)	(2)	(3)	(4)
POSITION TITLE/LINE ITEM	AGENCY BUDGET AMOUNT	PERCENT CHARGED	TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD
n/a			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
<b>TOTAL CDBG INDIRECT COST/ADMINISTRATIVE OVERHEAD</b>			<b>-</b>

(5) Total CDBG Budget 35,917 Percentage 0.00%  
(Must be equal or less than 15%)

- 1. List all personnel or nonpersonnel (NPE) charged against CDBG funding-include detailed description of indirect use.
- 2. List total Agency budget for positon and/or NPE line item.
- 3. List PERCENT of total budget to be charged against CDBG funding.
- 4. Total indirect cost/administrative overhead to be charged against CDBG funding.
- 5. Enter the Total FY13 CDBG Budget; percentage will be AUTOMATICALLY calculated.

**Pay Schedule (Check One)**

Monthly

Biweekly

Twice a Month





## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Section 108 Payment**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds will be used for the debt service payment of the \$9.5million Section 108 Loan which was received in 2007 for the Castlepark Infrastructure Program. The project consisted of completion of 11 new streets, including: sidewalks, curbs, gutters, lighting and signage. This represents year nine of the twenty year term loan.**

Project Category: **Debt Service**

Chula Vista Goal/Objective: **Community Development Priority: Infrastructure Improvements**

HUD Eligibility Matrix Code: **19F - Planned Repayments of Section 108 Loans**

### FUNDING

Total Program/Project Cost: <b>\$762,119</b>	Amount of CDBG Requested: <b>N/A. Funding requested is determined by amount of debt services payment for the year.</b>	Amount Recommended: <b>\$762,119</b>
---	---	---



**City of Chula Vista**  
**Section 108 Loan Repayment Schedule**

<b>Due Date</b>	<b>Interest</b>	<b>Principal</b>	<b>Total P &amp; I</b>
2/1/2009	\$ 287,032.73	\$ -	\$ 287,032.73
		<b>Total 08/09</b>	<b>\$ 287,032.73</b>
8/1/2009	\$ 225,615.25	\$ 287,000.00	\$ 512,615.25
2/1/2010	\$ 221,855.55	\$ -	\$ 221,855.55
		<b>Total 09/10</b>	<b>\$ 734,470.80</b>
8/1/2010	\$ 221,855.55	\$ 302,000.00	\$ 523,855.55
2/1/2011	\$ 217,159.45	\$ -	\$ 217,159.45
		<b>Total 10/11</b>	<b>\$ 741,015.00</b>
8/1/2011	\$ 217,159.45	\$ 317,000.00	\$ 534,159.45
2/1/2012	\$ 211,707.05	\$ -	\$ 211,707.05
		<b>Total 11/12</b>	<b>\$ 745,866.50</b>
8/1/2012	\$ 211,707.05	\$ 332,000.00	\$ 543,707.05
2/1/2013	\$ 205,365.85	\$ -	\$ 205,365.85
		<b>Total 12/13</b>	<b>\$ 749,072.90</b>
8/1/2013	\$ 205,365.85	\$ 349,000.00	\$ 554,365.85
2/1/2014	\$ 198,385.85	\$ -	\$ 198,385.85
		<b>Total 13/14</b>	<b>\$ 752,751.70</b>
8/1/2014	\$ 198,385.85	\$ 367,000.00	\$ 565,385.85
2/1/2015	\$ 190,788.95	\$ -	\$ 190,788.95
		<b>Total 14/15</b>	<b>\$ 756,174.80</b>
8/1/2015	\$ 190,788.95	\$ 385,000.00	\$ 575,788.95
2/1/2016	\$ 182,453.70	\$ -	\$ 182,453.70
		<b>Total 15/16</b>	<b>\$ 758,242.65</b>
8/1/2016	\$ 182,453.70	\$ 404,000.00	\$ 586,453.70
2/1/2017	\$ 173,404.10	\$ -	\$ 173,404.10
		<b>Total 16/17</b>	<b>\$ 759,857.80</b>
8/1/2017	\$ 173,404.10	\$ 425,000.00	\$ 598,404.10
2/1/2018	\$ 163,714.10	\$ -	\$ 163,714.10
		<b>Total 17/18</b>	<b>\$ 762,118.20</b>
8/1/2018	\$ 163,714.10	\$ 446,000.00	\$ 609,714.10
2/1/2019	\$ 153,411.50	\$ -	\$ 153,411.50
		<b>Total 18/19</b>	<b>\$ 763,125.60</b>
8/1/2019	\$ 153,411.50	\$ 468,000.00	\$ 621,411.50
2/1/2020	\$ 142,015.70	\$ -	\$ 142,015.70
		<b>Total 19/20</b>	<b>\$ 763,427.20</b>
8/1/2020	\$ 142,015.70	\$ 492,000.00	\$ 634,015.70
2/1/2021	\$ 129,814.10	\$ -	\$ 129,814.10
		<b>Total 20/21</b>	<b>\$ 763,829.80</b>
8/1/2021	\$ 129,814.10	\$ 516,000.00	\$ 645,814.10
2/1/2022	\$ 116,785.10	\$ -	\$ 116,785.10
		<b>Total 21/22</b>	<b>\$ 762,599.20</b>
8/1/2022	\$ 116,785.10	\$ 542,000.00	\$ 658,785.10
2/1/2023	\$ 102,882.80	\$ -	\$ 102,882.80
		<b>Total 22/23</b>	<b>\$ 761,667.90</b>
8/1/2023	\$ 102,882.80	\$ 569,000.00	\$ 671,882.80
2/1/2024	\$ 88,117.25	\$ -	\$ 88,117.25
		<b>Total 23/24</b>	<b>\$ 760,000.05</b>
8/1/2024	\$ 88,117.25	\$ 597,000.00	\$ 685,117.25
2/1/2025	\$ 72,446.00	\$ -	\$ 72,446.00
		<b>Total 24/25</b>	<b>\$ 757,563.25</b>
8/1/2025	\$ 72,446.00	\$ 627,000.00	\$ 699,446.00
2/1/2026	\$ 55,830.50	\$ -	\$ 55,830.50
		<b>Total 25/26</b>	<b>\$ 755,276.50</b>
8/1/2026	\$ 55,830.50	\$ 659,000.00	\$ 714,830.50
2/1/2027	\$ 38,235.20	\$ -	\$ 38,235.20
		<b>Total 26/27</b>	<b>\$ 753,065.70</b>
8/1/2027	\$ 38,235.20	\$ 692,000.00	\$ 730,235.20
2/1/2028	\$ 19,620.40	\$ -	\$ 19,620.40
		<b>Total 27/28</b>	<b>\$ 749,855.60</b>
8/1/2028	\$ 19,620.40	\$ 724,000.00	\$ 743,620.40
		<b>Total 28/29</b>	<b>\$ 743,620.40</b>
	\$ 5,880,634.28	\$ 9,500,000.00	\$ 15,380,634.28

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Housing Services**

Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds are used to cover staff costs associated with projects and programs funded through the HOME program. Examples of services provided include the following: Energy auditing, preparation of work specifications, reviewing of applications, loan processing, inspections, tenant selection, and assisting owners, tenants, contractors, and other entities participating or seeking to participate in housing projects assisted with the HOME program.**

Project Category: **Housing Program/Project Administration**

Chula Vista Goal/Objective: **Housing Priority**

HUD National Objective: **LMH**

HUD Eligibility Matrix Code: **14J - Housing Services**

### FUNDING

Total Program/Project Cost: <b>\$40,000</b>	Amount of CDBG Requested: <b>\$40,000</b>	Amount Recommended: <b>\$40,000</b>
--	--	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - Public Works Dept.**  
 Project | Program: **Third Avenue (between Avenida Rosa and Zenith)**  
 Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **There are missing sidewalks on the east side of Third Avenue between Avenida Rosa and Zenith Street and existing deteriorated asphalt sidewalks on the west side between Orange Avenue and Anita Street. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along Third Avenue.**

Project Category: **Capital Improvement Project**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **3,915 (79% Low/Moderate Income)**

Chula Vista Goal/Objective: **Community Development Priority: Infrastructure Improvements**

HUD National Objective: **Benefit to Low/Moderate Income Area**

HUD Eligibility Matrix Code: **03L - Sidewalks**

### FUNDING

Total Program/Project Cost: <b>\$497,400</b>	Amount of CDBG Requested: <b>\$304,300 (based on amount of CDBG available)</b>	Amount Recommended: <b>\$304,300</b>
---	---	---







FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

Project category: <i>(check one only)</i>	<input type="checkbox"/> Public service
	<input checked="" type="checkbox"/> Capital improvement

Application Number:   
*(CDBG Program Office Use Only)*

**Applicant Agency Information**

Applicant legal	City of Chula Vista Public Works Department				
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	276 Fourth Avenue Chula Vista, CA 91910		Agency Tax Identification #:	95-6000690	
Date of Incorporation:	October 1911		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>	N/A	
Agency Annual Operating Budget:	\$ 292,193,000		Agency DUNS #	078726551	
Number of paid staff:	47 in Engineering		Number of volunteers:	0 in Engineering	
Agency mission statement: The primary purpose of the Department of Public Works Engineering Division is to provide responsive technical and professional expertise for existing and planned infrastructure and capital facilities.					

**Project Title**

Third Avenue Sidewalk Improvements

**Project Description (Briefly describe your project/program):**

There are missing sidewalks on the east side of Third Avenue between Avenida Rosa and Zenith Street and existing deteriorated asphalt sidewalks on the west side between Orange Avenue and Anita Street. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along Third Avenue. Third Avenue is ranked #2 in priority in the Chula Vista Pedestrian Master Plan and is within the CDBG eligible low/moderate income areas in western Chula Vista. Staff plans to design the project with in-house staff and award the construction contract through the competitive bidding process.

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$304,300	Other funds already secured for project:	\$193,100
Total cost to complete project:	\$304,300	Other funds not yet secured for project:	\$0

**Project Information**

If Project is a Public Service, will service be site specific? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
1500 Third Avenue	132041	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
296 Tremont Street	132042	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
276 and 284 Zenith Street	132043	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

Project provides for the installation of curb, gutter, sidewalk and driveway aprons and traffic markings along Third Avenue. Other work includes the removal, replacement, and restoration of existing conditions, traffic control and incidental items of work.

1.2. Project start date: July 2017 Anticipated end date: Jun 2018

1.3. Project's days/hours of operation: Monday through Friday from 7:00 am to 4:00 pm.

1.4. Project category: (check one only)	<input type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input checked="" type="checkbox"/> Capital improvement and Public Facility Improvements		<input type="checkbox"/> Decent housing
		1.6 Project outcome: (check one only)	<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual clients (IC) or households (HH)?  Individual clients  Households

Total unduplicated IC/HH served in

Annual cost per client/household:

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Special needs group** (select benefit group from the list below):

- (i) Abused children
- (ii) Elderly persons 62 years or older
- (iii) Battered spouses
- (iv) Severely disabled – Census definition; documentation required
- (v) Persons living with HIV/AIDS
- (vi) Migrant farm workers
- (vii) Homeless persons

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)  (b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

- Affordable Rental Housing Opportunities
- Maintenance and Preservation of Housing (rehabilitation activities)
- Homeownership Opportunities (homebuyer programs)
- Community Enhancement (public facilities/spaces)
- Public Services to Special Needs Population and/or Low Moderate Income Persons



**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Third Avenue Corridor in southwest Chula Vista is one of the high-priority locations for the construction of pedestrian improvements that are listed in the City's 2010 Pedestrian Master Plan (PMP) High Priority Project Areas. The segment of Third Avenue from Moss Street to Main Street is listed as the number two priority in the Chula Vista's PMP with 15.65 points out of a total 18 priority points. According to the PMP, the high priority areas are largely located along arterial and collector roadways that form the backbone of the City's transportation system.

Third Avenue from L Street to Beyer Way is classified as a Class I Collector street with a posted limit speed of 35 mph. Third Avenue from Orange Avenue to Anita Street includes bike lanes, four vehicle lanes with a painted median and has an average traffic volume of 20,874 daily trips. Third Avenue from Anita Street to Main Street is a bike route with four lanes and an average traffic volume of 10,087 daily trips. Third Avenue is also a bus route from E Street to south of the Chula Vista City limits. This segment is located in the Montgomery area and in the Council District number four.

Third Avenue from Orange Avenue to Zenith Street has missing sidewalk along the east side as well as existing asphalt sidewalks on the west side of Third Avenue. On the westerly side of this corridor (at 1500 Third Avenue), there is a Mobile Home Park that has an existing deteriorated asphalt sidewalk and multiple asphalt driveways. Staff has received numerous citizen requests for repair work or the installation of standard concrete sidewalk along this property. There is a substandard asphalt sidewalk and driveway along a vacant parcel west of Third Avenue and south of Zenith Street. This location is not included in the proposed improvement. If funds do become available, this area may be added to the project.

The scope of the proposed includes construction of the missing street improvements along Third Avenue and would create a standard concrete pedestrian path on the east side along the PMP #1 segment on Third Avenue from Moss Street to Main Street. The proposed work includes the installation of curbs, gutters, sidewalks, ADA compliant pedestrian ramps, driveway aprons, and pavement restoration. Other incidental work includes sandblasting of conflicting striping and reapplication of corrected striping.

The installation of these improvements will improve the pedestrian access through the neighborhood and improve circulation on Third Avenue. This will also help pedestrians feel more comfortable when walking in Chula Vista.



**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

1.11. Explain how the proposed project addresses the goal selected:

This project will provide an improved living environment for local residents by improving pedestrian accessibility, particularly for the wheelchair user.

1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:

Information on the importance of this project is found in the City's Pedestrian Master Plan, where it is priority #1.

1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:

Not applicable; this is a construction project.

1.14. How does your agency plan to tell the target population about the project/services?

We plan to include the information about this as a Capital Improvement Program (CIP) project on the City website. Adjacent areas will be posted prior to construction of these facilities. Once this project is completed, the improvements will be apparent to all residents.

1.15. List a minimum of **three** outcomes for each **individual service** you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.

Service to be Provided (i.e. food, transportation, case management, etc.).		1. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc.).		2. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc.).		3. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
Service to be Provided (i.e. food, transportation, case management, etc.).		4. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:

No
  Yes
  No

Click here to enter text.



## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Greg Tscherch
Title of person:	Senior Civil Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 409-1974
Date first employed:	1998

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Timothy Jones
Title of person:	Assistant Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 476-2321
Date first employed:	2016

2.3. Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:	
Name of person:	Kalani Camacho
Title of person:	Public Works Manager
Relevant education:	Engineering
Telephone number:	(619) 397-6113
Date first employed:	1999
Name of person:	Gilbert Ponce
Title of person:	Public Works Supervisor
Relevant education:	High School
Telephone number:	(619) 397-6027
Date first employed:	1989

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:	
Name of person:	Robert Beamon
Title of person:	Administrative Services Manager
Relevant education:	MBA in Business Administration
Telephone number:	(619) 409-1965
Date first employed:	1990
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	



**(Max Length for Questions 2.5 to 2.8: 1 Page)**

2.5. List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

The City's Construction Inspection staff will be monitoring the construction progress to ensure that deadlines are met.

2.6 Your organization must have programmatic **Policies and Procedures** in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	

2.7. Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

One of the objectives of this project is ADA compliance.

2.8. How many members does your Board of Directors have?	5
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	0



### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

3.1. *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

In accordance with the City's normal business practices, funds will be encumbered and purchase orders will be established for goods and services required for completion of the proposed project. Upon receipt of invoices, the project manager will review, confirm and approve billed amounts and promptly forward a payment request to the City's Finance Department. Accounting staff in the Finance Department will review the invoices for accuracy, post the invoice and payment details into the City's financial management system and mail a check to the vendor.

3.2. *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

The City Board of Directors consists of the Mayor and Council of the City of Chula Vista. The City has an annual budget process, which includes a review and approval of current and projected revenues and expenditures. Additionally, the City has an annual independent audit. All proposed projects and programs that include cost, scope of work, timeliness and justifications are presented to the Mayor and Council for review and approval.

3.3. *Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:*

The City utilizes Integrated Financial and Administrative Solution (IFAS) as a financial management system. All financial data for this project will be tracked in IFAS, including annual projected budget amount and detailed transaction information pertaining to encumbrances, expenditures and reimbursements. The City also maintains administrative systems including a formal personnel system, staff salary tracking system by funding source, audit system, record keeping system with separate tracking for each funding source, formal written cash management practices and proper security measures, hardcopy files and computer records systems with back-up process in place, a formalized procurement policy and conflict of interest policies.

3.4. *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

The City maintains hard copies as well as electronic documentation related to all projects. Financial transaction records will be kept in IFAS. All other records will be stored on the City's secured network, which is maintained and backed up on a regular basis by the Information Technology Services Department. Agenda reports and all other documents submitted for Mayor and Council review and approval are stored in a secured, cloud-based retention system.

3.5. *Briefly describe your agency's auditing requirements, including those for the proposed project:*

Projects selected are subject to a thorough examination, at which time the project manager and fiscal support staff is required to provide to the auditors copies all documents related to the project. Documents include, but are not limited to, grant award letters, grant application, program agreements, supplemental agreements, reimbursement invoices, copies of grant payment checks, IFAS reports, copies of all expenditures and payments made to vendors, list of employees associated with the projects, and any other document that may be requested by the auditors. If selected for testing, the proposed project would be subject to this audit process.

*3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:*

The City conducts an annual audit that includes publication of the Comprehensive Annual Financial Report (CAFR) and the Single Audit of Federal Expenditures. Additionally, the City contracts external auditors to conduct in depth audits of the City's records and investments. These audits ensure compliance with policies and guidelines set forth by the City, and include any applicable grant agreements. If selected for an audit, the records and accounts for the proposed project would be subject to an examination and checked for validity and accuracy by the City's external auditing procedures.

*3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

The City's budget is organized in a manner that facilitates the segregation of funds by source. CDBG funds received will be posted and accounted for using a designated Org Key in IFAS and assigned specifically to track associated CDBG related project revenues and expenditures. The IFAS program includes a comprehensive reporting system that is able to provide on demand reports displaying project details, summaries and overviews of all fund transactions.



## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.

The City has constructed a large number of Capital Improvement projects in the LMI area of Chula Vista. Current projects are summarized in Appendix A.

4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-2015, 2015-2016, 2016-2017)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.



Yes



No

See Section 8.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?



Yes



No

The City proposes to fund \$193,100 through TransNet funding from the ½ percent sales tax. TransNet funds will be used for the remaining amount if funds are available. If the grant is not awarded, then this would delay implementation by several fiscal years because we would have to do the project in smaller phases as funding allows.

5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

Not applicable; funds only needed in the current fiscal year.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input checked="" type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification





**Section 8: Identification of Prior Year CDBG and/or Federal Funds**

1. Agency name:	City of Chula Vista		
2. Project name:	Palomar Street and Orange Avenue Sidewalk Improvements		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
			Click here to enter text.
5. Amount awarded:	\$400,000	6. Amount spent to date:	\$21,500
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Moss Street Sidewalk Installation		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$468,292	6. Amount spent to date:	\$384,300
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Third Avenue Streetscape Improvements		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$381,766	6. Amount spent to date:	\$381,766
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Beautification of Central Chula Vista.			
9. Indicate below the outcomes achieved:			
Beautification of Central Chula Vista.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			



**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY**  
*Public Service Applicants Skip this portion and continue on to Appendix Section.*

9.1. For CIP projects, have the constructions plans and drawings been completed?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
If no, indicate the anticipated date of completion:	July 2017			

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects:
The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engineer. He has provided oversight for many Federally funded projects: Moss Street Corridor Improvements (HSIP), the CDBG awarded projects listed above and other federally funded City projects efficiently and within budget.

9.4. For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Project records will be filed and maintained by the Public Works Engineering Design and Construction group.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Not applicable; the objectives will be met after completion of construction.

9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:
Not applicable.



**Section 9: Project Site Information (CIPs and Public Facility Improvements Only)**

9.8. <i>Is the facility agency-owned, City-owned, or privately owned?</i>	
<input type="checkbox"/>	<b>Agency-owned</b>
<i>Indicate the property owner(s):</i> Click here to enter text.	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/>	<b>City-owned</b>
<i>Indicate your City Real Estate Assets liaison:</i> Rick Ryals	
<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i> Not applicable; this is a City project.	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/>	<b>Privately owned</b>
<i>Indicate the property owner(s):</i>	
<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i>	
<i>Is there currently a lien on the property?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>Other</b>
<i>Provide a brief explanation:</i>	

9.9. <i>How old is the property/building in terms of years?</i>		Not applicable	
<i>For building/structures constructed prior to December 31, 1969:</i>			
<i>Has a lead hazard inspection report been issued for the facility?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Has the facility been abated for lead paint?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Will children occupy the facility?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, indicate the age range of the children who will occupy the facility:</i>		Click here to enter	

9.10. <i>Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Click here to enter text.			

9.11. <i>Is the building/structure located on a Historic Site?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure located in a Historic District?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure in a Flood Zone?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure in a Flood Plain?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Does your agency have flood insurance?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Will there be demolition required?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9.12. <i>List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):</i>	
Not applicable.	

9.13. <i>Will the project result in an expansion of an existing facility?</i>		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, specify the size in square feet:</i>	<i>Existing size:</i>	<i>Addition size:</i>	



9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

Not applicable; zoning does not pertain to roadway right-of-way.

What is the project structure type?

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public facility	<input checked="" type="checkbox"/> Public right-of-way
--------------------------------------	-------------------------------------	--	---

What is the current zoning of the project site? Residential

Is the project site zoned correctly for the proposed activity?  Yes  No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

Click here to enter text.

9.15. Does the project require temporary/permanent relocation of occupants?  Yes  No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

Click here to enter text.

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Yes, one of the purposes of the project is to provide ADA compliant sidewalk and pedestrian ramps.

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

The proposed improvement is accessible to the public all the time.

APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT

CITY OF CHULA VISTA  
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FISCAL YEAR 2017-2018 APPLICATION

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$304,300	61.18%

List Other Sources Below: (Step 2)

HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds			0.00%
Local Funds (TransNet)		\$193,100	38.82%
Private Funds			0.00%
Agency Funds			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$497,400</b>	<b>100%</b>

TOTAL PROJECT BUDGET

<b>\$497,400</b>
------------------



APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)



City of Chula Vista  
PUBLIC WORKS|ENGINEERING DEPARTMENT  
Infrastructure Planning

Date: 7-Feb-17  
Prepared By: M. Malong  
Checked By: B Chopp

**Project Title:** Third Avenue Sidewalk Installation -West side

Third Avenue between Orange Avenue to Anita Street - West side only

**Description:**  
Construct PCC Curb, Gutter and Sidewalk, ADA Pedestrian ramps, and Striping

Item	Quantity	Unit	Unit Price	TOTAL COST
1 Removal and Disposal	1	LS	\$30,000.00	\$30,000.00
2 Protection and restoration of existing improvements	1	LS	\$2,000.00	\$2,000.00
3 PCC Sidewalk, curb, and gutter	800	LF	\$60.00	\$48,000.00
4 PCC Driveway	1974	SF	\$10.00	\$19,740.00
5 ADA Pedestrian ramps	2	EA	\$3,000.00	\$6,000.00
6 Sandblast and reStriping	1000	LF	\$2.00	\$2,000.00
7 Remove and replace exist pull boxes	7	EA	\$400.00	\$2,800.00
8 Public Convenience and Safety (Traffic Control)	1	LS	\$5,000.00	\$5,000.00
9 City Project Funding Information Sign	2	EA	\$1,000.00	\$2,000.00
10 Remove and relocate/replace signs with posts	2	EA	\$300.00	\$600.00
11 Cold Milling/Grind Asphalt Concrete Pavement	6048	SF	\$1.00	\$6,048.00
12 Asphalt Concrete (1.5 to 5-inch)	183	TN	\$120.00	\$21,960.00
13 Crushed Aggregate Base (CAB) 8-inch	202	TN	\$80.00	\$16,160.00
14 Storm Water Compliance	1	LS	\$10,000.00	\$10,000.00
15				
16 Sweetwater Authority -utility relocation	1	LS	\$10,000.00	\$10,000.00
17				
18				
19				
20				
21				
22				
23				
<b>Subtotal</b>				<b>\$ 182,308.00</b>
<b>Contingencies</b>	30%			<b>\$ 54,692.40</b>
<b>Construction &amp; Contingencies</b>				<b>\$ 237,000.40</b>
Engineering Design & Inspection	35.0%			\$ 82,950.14
Survey	8.0%			\$ 18,960.03
Other Costs (Environmental, soils, etc.)	0.5%			\$ 1,185.00
<b>TOTAL COST OF PROJECT</b>			<b>\$ 340,095.57</b>	<b>SAY: \$ 340,100.00</b>

APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)



City of Chula Vista  
 PUBLIC WORKS | ENGINEERING DEPARTMENT  
 Infrastructure Planning

Date: 7-Feb-17  
 Prepared By: M. Malong  
 Checked By: B Chopp

**Project Title :** Third Avenue Sidewalk -East side

Third Avenue between Anita Street to Zenith Street - East side only

**Description:**  
 Construct PCC Curb, Gutter and Sidewalk, ADA Pedestrian ramps, and Striping

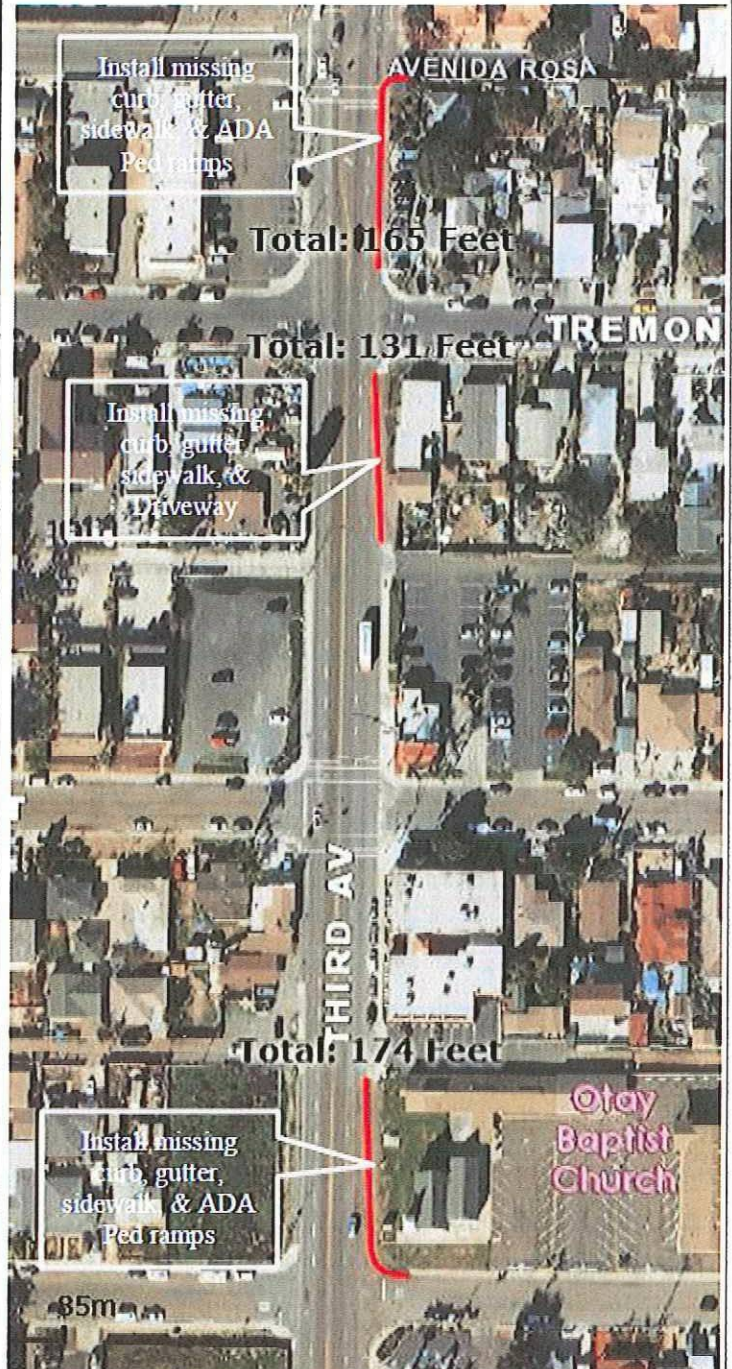
Item	Quantity	Unit	Unit Price	TOTAL COST
1 Removal and Disposal	1	LS	\$5,000.00	\$5,000.00
2 Clear and Grub	2820	SF	\$0.45	\$1,269.00
3 PCC Sidewalk, curb, and gutter	440	LF	\$60.00	\$26,400.00
4 PCC Driveway	234	SF	\$10.00	\$2,340.00
5 ADA Pedestrian ramps	4	EA	\$3,000.00	\$12,000.00
6 Striping (Limit line in thermoplastic)	40	LF	\$4.00	\$160.00
7 Remove and replace exist pull boxes	5	EA	\$400.00	\$2,000.00
8 Public Convenience and Safety (Traffic Control)	1	LS	\$5,000.00	\$5,000.00
9 City Project Funding Information Sign	2	EA	\$1,000.00	\$2,000.00
10 Remove and relocate/replace signs with posts	2	EA	\$300.00	\$600.00
11 Cold Milling/Grind Asphalt Concrete Pavement	2820	SF	\$1.00	\$2,820.00
12 Asphalt Concrete (1.5 to 5-inch)	85	TN	\$120.00	\$10,200.00
13 Crushed Aggregate Base (CAB) 8-inch	94	TN	\$80.00	\$7,520.00
14 Storm Water Compliance	1	LS	\$5,000.00	\$5,000.00
15 Protection and restoration of existing improvements	1	LS	\$2,000.00	\$2,000.00
16				
17				
18				
19				
20				
21				
22				
23				
<b>Subtotal</b>				\$ 84,309.00
<b>Contingencies</b>	30%			\$ 25,292.70
<b>Construction &amp; Contingencies</b>				\$ 109,601.70
<b>Engineering Design &amp; Inspection</b>	35.0%			\$ 38,360.60
<b>Survey</b>	8.0%			\$ 8,768.14
<b>Other Costs (Environmental, soils, etc.)</b>	0.5%			\$ 548.01
<b>TOTAL COST OF PROJECT</b>			\$ 157,278.44	<b>SAY: \$ 157,300.00</b>



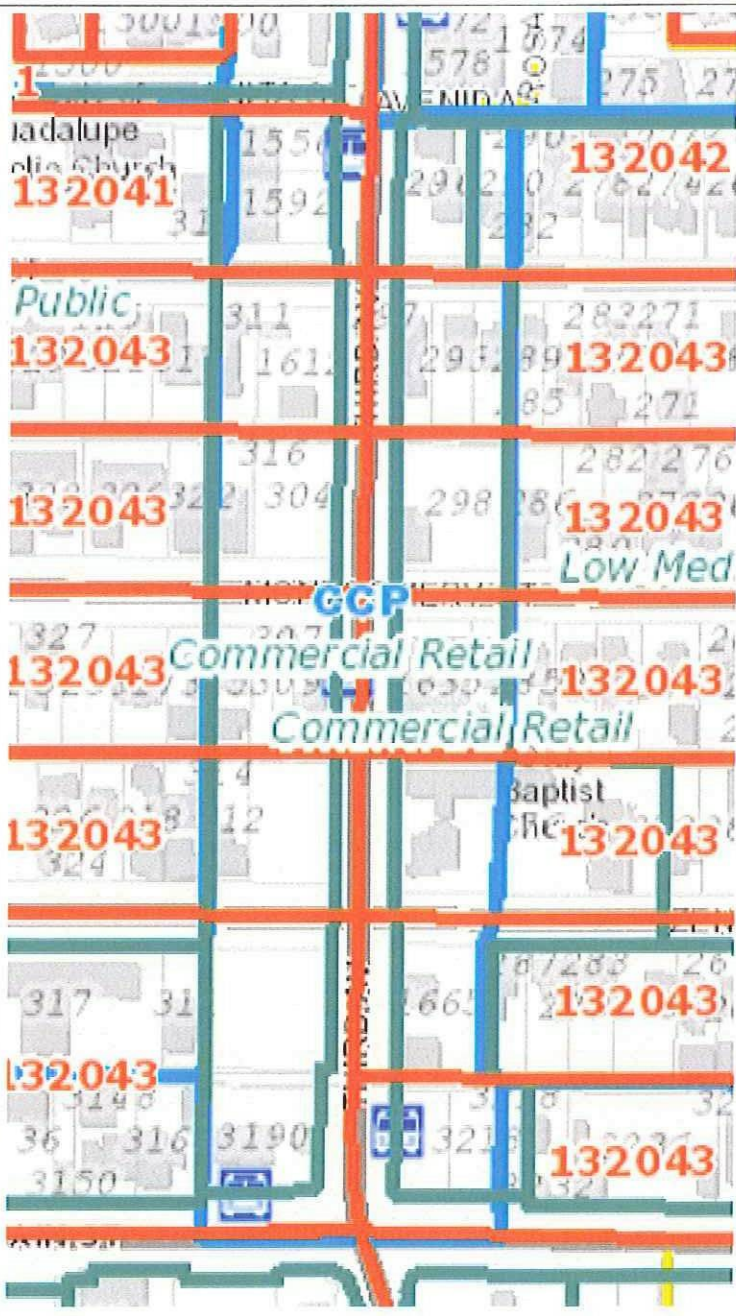
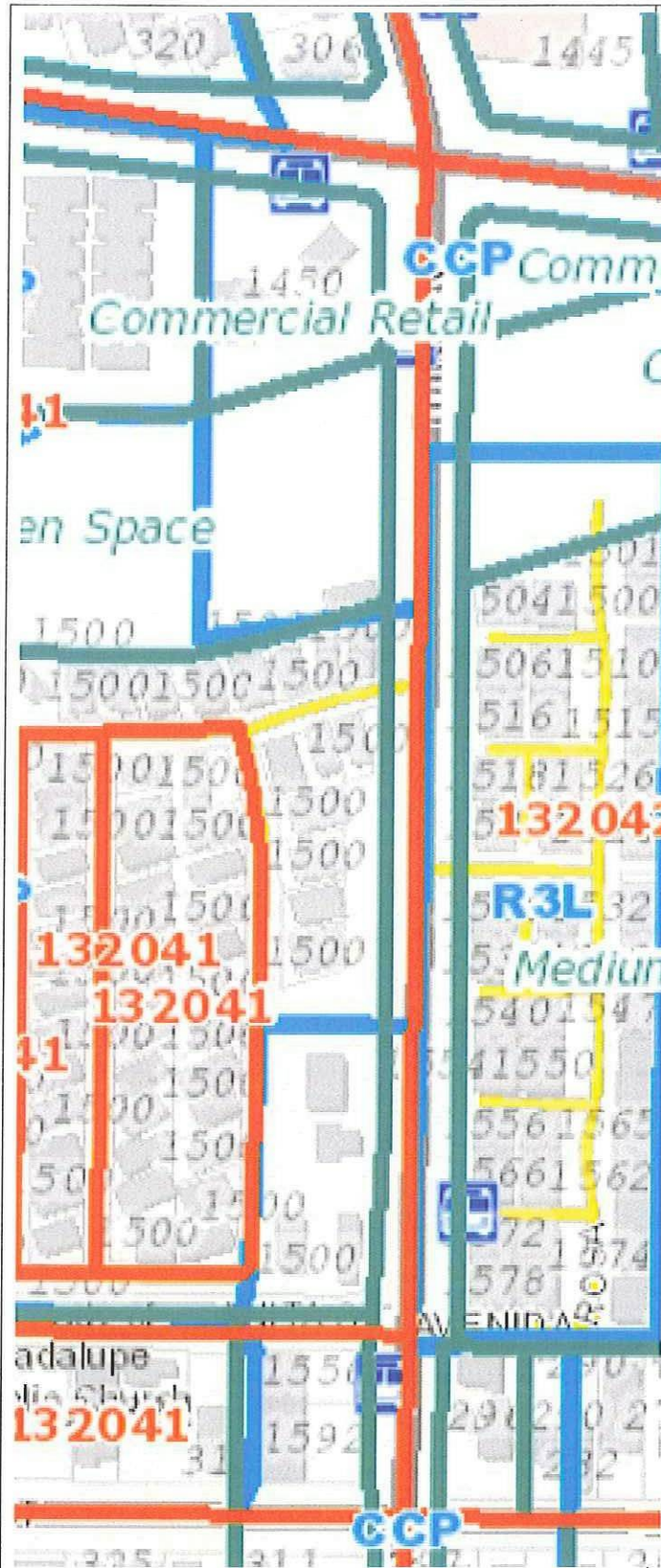
PMP#2---West side of Third Avenue from Orange Avenue to Anita Street



PMP#2---East side of Third Avenue from Anita Street/Avenida Rosa to Zenith Street







**Map Legend**

- Map Layers
  - General
    - census blocks
  - Land Records
    - general plan
    - zoning
    - parcels
  - Roadway
    - bus stops

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - Public Works Dept.**

Project | Program: **Anita Street Sidewalk Improvement Project**  
 Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **A missing sidewalk gap exists along south side of Anita Street between Broadway and Fourth Avenue. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along 515 Anita Street. Anita Street is ranked #8 in priority in the Chula Vista Pedestrian Master Plan and is within the CDBG eligible low/moderate income areas in western Chula Vista.**

Project Category: **Capital Improvement Project**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **5,985 (79% Low/Moderate Income)**

Chula Vista Goal/Objective: **Community Development Priority: Infrastructure Improvements**

HUD National Objective: **Benefit to Low/Moderate Income Area**

HUD Eligibility Matrix Code: **03L - Sidewalks**

### FUNDING

Total Program/Project Cost: <b>\$44,000</b>	Amount of CDBG Requested: <b>\$44,000</b>	Amount Recommended: <b>\$44,000</b>
--	--	--





Project category: <i>(check one only)</i>	<input type="checkbox"/> Public service
	<input checked="" type="checkbox"/> Capital improvement

Application Number:   
*(CDBG Program Office Use Only)*

**Applicant Agency Information**

Applicant legal	City of Chula Vista Public Works Department				
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
Agency Address:	276 Fourth Avenue Chula Vista, CA 91910		Agency Tax Identification #:	95-6000690	
Date of Incorporation:	October 1911		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>	N/A	
Agency Annual Operating Budget:	\$ 292,193,000		Agency DUNS #	078726551	
Number of paid staff:	47 in Engineering		Number of volunteers:	0 in Engineering	
Agency mission statement:					
The primary purpose of the Department of Public Works Engineering Division is to provide responsive technical and professional expertise for existing and planned infrastructure and capital facilities.					

**Project Title**

Anita Street Sidewalk Improvements

**Project Description (Briefly describe your project/program):**

A missing sidewalk gap exists along south side of Anita Street between Broadway and Fourth Avenue. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along 515 Anita Street. Anita Street is ranked #8 in priority in the Chula Vista Pedestrian Master Plan and is within the CDBG eligible low/moderate income areas in western Chula Vista. Staff plans to design the project with in-house staff and award the construction contract through the competitive bidding process.

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$44,000	Other funds already secured for project:	\$0
Total cost to complete project:	\$44,000	Other funds not yet secured for project:	\$0

**Project Information**

If Project is a Public Service, will service be site specific? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
500 block of Anita St	13206	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

Project provides for the installation of curb, gutter, sidewalk and driveway aprons and traffic markings along 515 Anita Street. Other work includes the removal, replacement, and restoration of existing conditions, traffic control and incidental items of work.

1.2. Project start date: July 2017 Anticipated end date: May 2018

1.3. Project's days/hours of operation: Monday through Friday from 7:00 am to 4:00 pm.

1.4. Project category: (check one only)	<input type="checkbox"/> Public service	1.5 Project objective: (check one only)	<input checked="" type="checkbox"/> Suitable living environment
	<input checked="" type="checkbox"/> Capital improvement and Public Facility Improvements		<input type="checkbox"/> Decent housing
		1.6 Project outcome: (check one only)	<input type="checkbox"/> Economic opportunity
			<input checked="" type="checkbox"/> Availability/accessibility
			<input type="checkbox"/> Affordability
			<input type="checkbox"/> Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual clients (IC) or households (HH)?  Individual clients  Households

Total unduplicated IC/HH served in

Annual cost per client/household:

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

<input checked="" type="checkbox"/>	(1) <b>Area benefit:</b> At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.
<input type="checkbox"/>	(2) <b>Limited clientele</b> (select subpart below):
<input type="checkbox"/>	(a) <b>Special needs group</b> (select benefit group from the list below):
<input type="checkbox"/>	(i) Abused children
<input type="checkbox"/>	(ii) Elderly persons 62 years or older
<input type="checkbox"/>	(iii) Battered spouses
<input type="checkbox"/>	(iv) Severely disabled – Census definition; documentation required
<input type="checkbox"/>	(v) Persons living with HIV/AIDS
<input type="checkbox"/>	(vi) Migrant farm workers
<input type="checkbox"/>	(vii) Homeless persons
<input type="checkbox"/>	(b) At least 51% of clientele to be served must be LMI.
<input type="checkbox"/>	(3) <b>Housing</b> (select subpart below):
<input type="checkbox"/>	(a) Single family (must be 100% LMI)
<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

<input type="checkbox"/>	Affordable Rental Housing Opportunities
<input type="checkbox"/>	Maintenance and Preservation of Housing (rehabilitation activities)
<input type="checkbox"/>	Homeownership Opportunities (homebuyer programs)
<input checked="" type="checkbox"/>	Community Enhancement (public facilities/spaces)
<input type="checkbox"/>	Public Services to Special Needs Population and/or Low Moderate Income Persons

**1.10 Program Narrative:** *Explain below your proposed project and make the case why it should be awarded funding.*

The Anita Street Corridor in southwest Chula Vista is one of the thirty high-priority locations for the construction of pedestrian improvements that are listed in the City's 2010 Pedestrian Master Plan (PMP) High Priority Project Areas. The segment of Anita Street from Broadway to Third Avenue is listed as the number eight priority in the Chula Vista PMP with 13.90 points out of a total 18 priority points. According to the PMP, the high priority areas are largely located along arterial and collector roadways that form the backbone of the City's transportation system.

Anita Street from Third Avenue is a two lane street. There is a bus route on Anita Street from Broadway to Fourth Avenue. The missing sidewalk front of a single family home and is located between a mobile home park and local commercial facilities at the west corner of Anita Street and Broadway. This segment is located in the Montgomery area and in Council District number four.

The proposed project would fund the construction of the only missing sidewalk along Anita Street and would create a complete street along the PMP #8 segment on Anita Street from Broadway to Third Avenue. Currently local residents either need to walk in the street or cross through private property in order to reach the other side of this address. The scope of work includes the construction of curb, gutter, sidewalk and driveways along 515 Anita Street. Other incidental work includes sandblasting of conflicting striping, reapplication of corrected striping, and the installation of traffic signs.

Surveying is complete. The property owner of 515 Anita Street has granted the City an easement for the construction of pedestrian improvements.

The installation of these improvements will improve the pedestrian access through the neighborhood and improve circulation on Anita Street. This will also help pedestrians feel more comfortable when walking in Chula Vista.

**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

1.11. Explain how the proposed project addresses the goal selected:

This project will provide an improved living environment for local residents by improving pedestrian accessibility, particularly for the wheelchair user.

1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:

Information on the importance of this project is found in the City's Pedestrian Master Plan, where it is priority #8.

1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:

Not applicable; this is a construction project.

1.14. How does your agency plan to tell the target population about the project/services?

We plan to include the information about this as a Capital Improvement Program (CIP) project on the City website. Adjacent areas will be posted prior to construction of these facilities. Once this project is completed, the improvements will be apparent to all residents.

1.15. List a minimum of **three** outcomes for each **individual service** you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.

<b>Service to be Provided</b> (i.e. food, transportation, case management, etc.).		1. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided</b> (i.e. food, transportation, case management, etc).		2. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided</b> (i.e. food, transportation, case management, etc).		3. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided</b> (i.e. food, transportation, case management, etc).		4. Click here to enter text.
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:

Yes
  No

Click here to enter text.

**Section 2: Agency Capacity (Max Score: 10 Points)**

**2.1. Who will be the person responsible for the overall oversight of the proposed project?**

Name of person:	Greg Tscherch
Title of person:	Senior Civil Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 409-1974
Date first employed:	1999

**2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?**

Name of person:	Timothy Jones
Title of person:	Assistant Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 476-2321
Date first employed:	2016

**2.3 Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:**

Name of person:	Kalani Camacho
Title of person:	Public Works Manager
Relevant education:	Engineering
Telephone number:	(619) 397-6113
Date first employed:	1999
Name of person:	Gilbert Ponce
Title of person:	Public Works Supervisor
Relevant education:	High School
Telephone number:	(619) 397-6027
Date first employed:	1989

**2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:**

Name of person:	Robert Beamon
Title of person:	Administrative Services Manager
Relevant education:	MBA in Business Administration
Telephone number:	(619) 409-1965
Date first employed:	1990
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	

**(Max Length for Questions 2.5 to 2.8: 1 Page)**

**2.5.** List the evaluation tools your agency plans to employ to track and monitor the progress of the project.

The City's Construction Inspection staff will be monitoring the construction progress to ensure that deadlines are met.

**2.6** Your organization must have programmatic **Policies and Procedures** in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	

**2.7.** Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)

One of the objectives of this project is ADA compliance.

<b>2.8.</b> How many members does your Board of Directors have?	5
How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.	0



### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

In accordance with the City's normal business practices, funds will be encumbered and purchase orders will be established for goods and services required for completion of the proposed project. Upon receipt of invoices, the project manager will review, confirm and approve billed amounts and promptly forward a payment request to the City's Finance Department. Accounting staff in the Finance Department will review the invoices for accuracy, post the invoice and payment details into the City's financial management system and mail a check to the vendor.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

The City Board of Directors consists of the Mayor and Council of the City of Chula Vista. The City has an annual budget process, which includes a review and approval of current and projected revenues and expenditures. Additionally, the City has an annual independent audit. All proposed projects and programs that include cost, scope of work, timeliness and justifications are presented to the Mayor and Council for review and approval.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The City utilizes Integrated Financial and Administrative Solution (IFAS) as a financial management system. All financial data for this project will be tracked in IFAS, including annual projected budget amount and detailed transaction information pertaining to encumbrances, expenditures and reimbursements. The City also maintains administrative systems including a formal personnel system, staff salary tracking system by funding source, audit system, record keeping system with separate tracking for each funding source, formal written cash management practices and proper security measures, hardcopy files and computer records systems with back-up process in place, a formalized procurement policy and conflict of interest policies.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The City maintains hard copies as well as electronic documentation related to all projects. Financial transaction records will be kept in IFAS. All other records will be stored on the City's secured network, which is maintained and backed up on a regular basis by the Information Technology Services Department. Agenda reports and all other documents submitted for Mayor and Council review and approval are stored in a secured, cloud-based retention system.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

Projects selected are subject to a thorough examination, at which time the project manager and fiscal support staff is required to provide to the auditors copies all documents related to the project. Documents include, but are not limited to, grant award letters, grant application, program agreements, supplemental agreements, reimbursement invoices, copies of grant payment checks, IFAS reports, copies of all expenditures and payments made to vendors, list of employees associated with the projects, and any other document that may be requested by the auditors. If selected for testing, the proposed project would be subject to this audit process.

**3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:**

The City conducts an annual audit that includes publication of the Comprehensive Annual Financial Report (CAFR) and the Single Audit of Federal Expenditures. Additionally, the City contracts external auditors to conduct in depth audits of the City's records and investments. These audits ensure compliance with policies and guidelines set forth by the City, and include any applicable grant agreements. If selected for an audit, the records and accounts for the proposed project would be subject to an examination and checked for validity and accuracy by the City's external auditing procedures.

**3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?**

The City's budget is organized in a manner that facilitates the segregation of funds by source. CDBG funds received will be posted and accounted for using a designated Org Key in IFAS and assigned specifically to track associated CDBG related project revenues and expenditures. The IFAS program includes a comprehensive reporting system that is able to provide on demand reports displaying project details, summaries and overviews of all fund transactions.

## Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.

The City has constructed a large number of Capital Improvement projects in the LMI area of Chula Vista. Current projects are summarized in Appendix A.

4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-2015, 2015-2016, 2016-2017)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.



Yes



No

See Section 8.

## Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?



Yes



No

TransNet funds from the half percent sales tax will be used if funds are available.

5.2. If funded, how will your agency continue this project if CDBG funds are not available in future years?

Not applicable; funds only needed in current fiscal year.

## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: <i>(check one only)</i>	<input type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input checked="" type="checkbox"/> Capital improvement (see below):	
Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input checked="" type="checkbox"/> No	If no, complete Appendices A-1, A-2, and A-4.
	<input type="checkbox"/> Yes	If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
  
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification



### Section 8: Identification of Prior Year CDBG and/or Federal Funds

1. Agency name:	City of Chula Vista		
2. Project name:	Palomar Street and Orange Avenue Sidewalk Improvements		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below) Click here to enter text.
5. Amount awarded:	\$400,000	6. Amount spent to date:	\$21,500
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Moss Street Sidewalk Installation		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$468,292	6. Amount spent to date:	\$384,300
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Third Avenue Streetscape Improvements		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$381,766	6. Amount spent to date:	\$381,766
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Beautification of Central Chula Vista.			
9. Indicate below the outcomes achieved:			
Beautification of Central Chula Vista.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

**APPENDICES**

**Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements**  
**ONLY Public Service Applicants Skip this portion and continue on to Appendix Section.**

9.1. For CIP projects, have the constructions plans and drawings been completed? If no, indicate the anticipated date of completion:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	July 2017	

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Click here to enter text.		

9.3. For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects:
The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engineer. He has provided oversight for many Federally funded projects: Moss Street Corridor Improvements (HSIP), the CDBG awarded projects listed above and other federally funded City projects efficiently and within budget.

9.4. For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Click here to enter text.		

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained.
Project records will be filed and maintained by the Public Works Engineering Design and Construction group.

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement.
Not applicable; the objectives will be met after completion of construction.

9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:
Not applicable.

**Section 9: Project Site Information (CIPs and Public Facility Improvements Only)**

9.8. *Is the facility agency-owned, City-owned, or privately owned?*

<input type="checkbox"/>	<b>Agency-owned</b>	Indicate the property owner(s): <a href="#">Click here to enter text.</a>	
	<i>Is there currently a lien on the property?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input checked="" type="checkbox"/>	<b>City-owned</b>	Indicate your City Real Estate Assets liaison: Rick Ryals	
	<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i>	Not applicable; this is a City project.	
	<i>Is there currently a lien on the property?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>	Indicate the property owner(s):	
	<i>When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)</i>		
	<i>Is there currently a lien on the property?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>	Provide a brief explanation:	

9.9. *How old is the property/building in terms of years?* Not applicable

*For building/structures constructed prior to December 31, 1969:*

<i>Has a lead hazard inspection report been issued for the facility?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Has the facility been abated for lead paint?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Will children occupy the facility?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, indicate the age range of the children who will occupy the facility:</i>	<a href="#">Click here to enter</a>	

9.10. *Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:*  Yes  No

[Click here to enter text.](#)

9.11. <i>Is the building/structure located on a Historic Site?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure located in a Historic District?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure in a Flood Zone?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Is the building/structure in a Flood Plain?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Does your agency have flood insurance?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>Will there be demolition required?</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No



**APPENDICES**

**BUDGET APPENDICES**

FY 2017-2018 CDBG PROGRAM APPLICATION - APPENDIX "A"

9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):  
 Not applicable.

9.13. Will the project result in an expansion of an existing facility?  Yes  No  
 If yes, specify the size in square feet: Existing size: Addition size:

9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.  
 Not applicable; zoning does not pertain to roadway right-of-way.  
 What is the project structure type?  
 Residential  Commercial  Public facility  Public right-of-way  
 What is the current zoning of the project site? Residential  
 Is the project site zoned correctly for the proposed activity?  Yes  No  
 If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:  
 Click here to enter text.

9.15. Does the project require temporary/permanent relocation of occupants?  Yes  No  
 If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]  
 Click here to enter text.

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.  
 Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.  
 Yes, one of the purposes of the project is to provide ADA compliant sidewalk.

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?  
 The proposed improvement is accessible to the public all the time.

**APPENDICES**

**APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT**

**CITY OF CHULA VISTA  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
FISCAL YEAR 2017-2018 APPLICATION**

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and  
Attach any supporting documentation that verifies the secured funding sources and amounts for the project.
- Step (3): the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$44,000	100.00%
<b>List Other Sources Below: (Step 2)</b>			
HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds			0.00%
Local Funds (TransNet)			0.00%
Private Funds			0.00%
Agency Funds			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$44,000</b>	<b>100%</b>
	<b>\$44,000</b>		

**APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)**  
**CITY OF CHULA VISTA**

PROJECT TITLE:  
SIDEWALK IMPROVEMENTS AT 515 ANITA STREET

SUBJECT:  
PRELIMINARY COST ESTIMATE

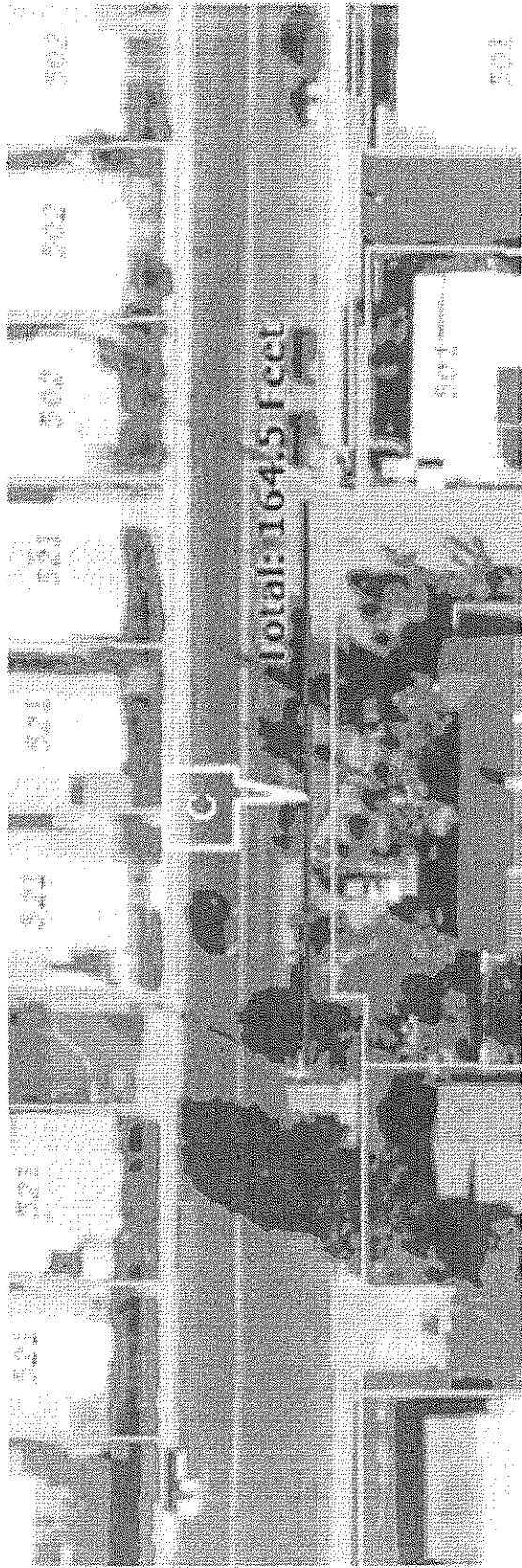
PROJECT NUMBER: OP202  
 DATE: 1/18/2017  
 PREPARED BY: TIM J.  
 CHECKED BY: \_\_\_\_\_

No.	DESCRIPTION	UNIT PRICE	UNIT	QUANTITY	COST
ROADWAY IMPROVEMENTS					
1	ROADWAY EXCAVATION	\$40.00	CY	56.30	\$2,252
2	7" CRUSHED AGGREGATE BASE	\$130.00	TON	77.14	\$10,028
3	3" ASPHALT CONCRETE	\$100.00	TON	34.20	\$3,420
SUBTOTAL:					\$15,700
CONCRETE IMPROVEMENTS					
4	MONOLITHIC CURB, GUTTER AND SIDEWALK, PER SDRSD G-03	\$60.00	LF	159.16	\$9,550
5	DRIVEWAY, PER CVCS IA	\$8.50	SF	179.92	\$1,529
SUBTOTAL:					\$11,079
TRAFFIC IMPROVEMENTS					
6	TRAFFIC MARKING (PAINT) (RED CURB)	\$1.00	LF	159	\$159
SUBTOTAL:					\$159
DRAINAGE IMPROVEMENTS					
SUBTOTAL:					\$0
LANDSCAPE, LIGHTING, DECORATIVE IMPROVEMENTS					
SUBTOTAL:					\$0
MISCELLANEOUS					
7	CLEARING AND GRUBBING	\$40,000.00	AC	0.11	\$4,243
	REMOVE SW, CURB AND GTR	\$30.00	LF	60.00	\$1,800
8	REMOVE AC DIKE	\$2.75	LF	56.7	\$156
SUBTOTAL:					\$6,199

**TOTAL CONSTRUCTION COST: \$33,137**

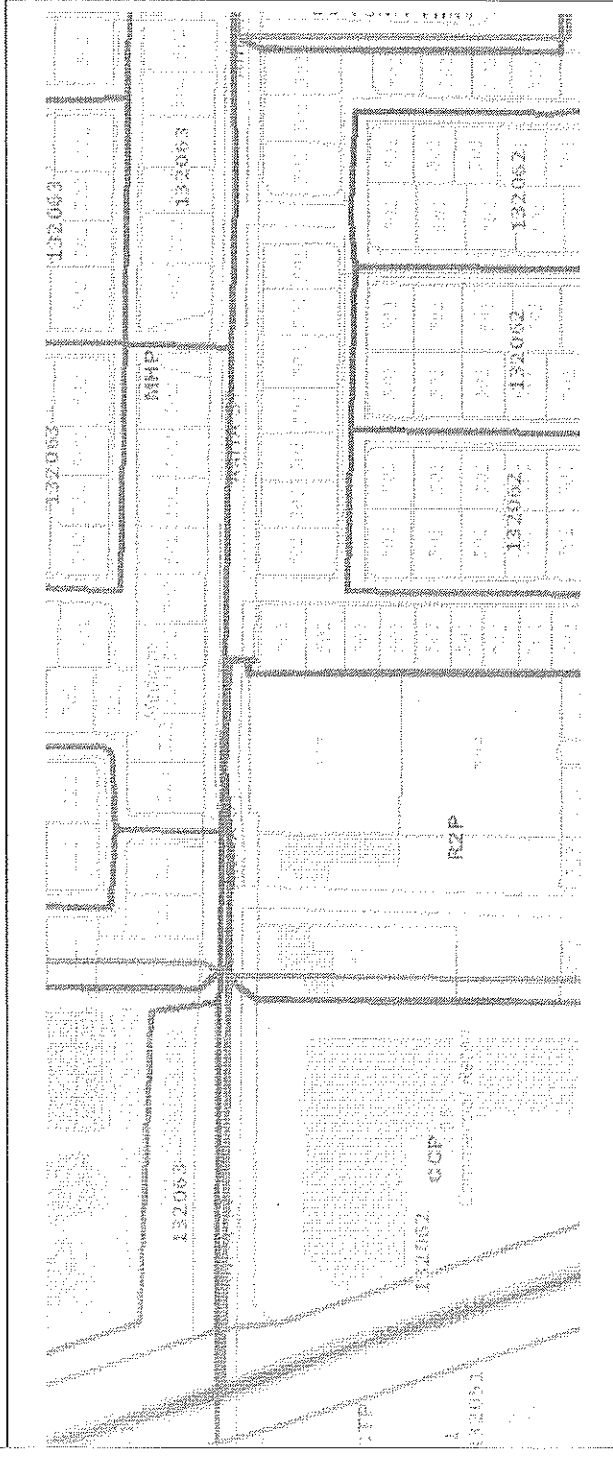
CONTINGENCIES (INCL. TRAFFIC CONTROL)	30%	\$9,941
OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC)	8%	\$2,651
SURVEY WORK (STAFF COSTS)	5%	\$1,657
DESIGN (STAFF COSTS)	5%	\$1,657
LANDSCAPE (STAFF COSTS)	5%	\$1,657
CONSTRUCTION INSPECTION (STAFF COSTS)	5%	\$1,657
<b>TOTAL PROJECT COST:</b>		<b>\$52,356</b>

SDGE COST: \$9,000
CITY OF CHULA VISTA
<b>PROJECT COST: \$43,356</b>



PMP#8---515 Anita Street

C-Install missing curb, gutter, sidewalk, driveways, and ADA pedestrian ramps.



Map Legend

- Map Layers
  - General
  - census blocks
  - Land Records
  - general plan
  - zoning
  - parcels

Table 5.2  
Chula Vista Pedestrian Master Plan High Priority Project Areas

Rank	Segment	Project Area Location	Type	Quadrant	Points
<b>High-Priority Corridors</b>					
		From	To		
1	Palomar Street	Orange Avenue	Second Avenue	SW	15.59
2	Third Avenue	Moss Street	Main Street	SW	15.55
3	Orange Avenue	Palomar Street	Second Avenue	SW	15.60
4	Industrial Boulevard	L Street	Alta Street	SW	15.29
5	Fourth Avenue	Moss Street	Main Street	SW	14.48
6	Quinn Street	Orange Avenue	H Avenue	SW	14.04
7	Broadway	D Street	H Street	NW	13.95
8	Alta Street	Broadway	Third Avenue	SW	13.99
9	East Orange Avenue	Max Avenue	Interstate 805	SW	13.89
10	Third Avenue	H Street	K Street	NW	13.83
11	Third Avenue	E Street	H Street	NW	13.76
12	C Street/Third Avenue Extension/Third Avenue	Fifth Avenue	E Street	NW	13.72
13	Broadway	Moss Street	Main Street	SW	13.63
14	G Street	Broadway	Third Avenue	NW	13.49
15	H Street	Interstate 5	Second Avenue	NW	13.33
16	Fourth Avenue	State Route 54	H Street	NW	13.29
17	Fifth Avenue	F Street	H Street	NW	13.19
18	Oxford Street	Broadway	Second Avenue	SW	13.09
19	Broadway	H Street	Moss Street	NW/SW	12.80
20	E Street	Interstate 5	Third Avenue	NW	12.75
21	Moss Street	Industrial Boulevard	Third Avenue	SW	12.33
22	Fourth Avenue	H Street	Moss Street	NW/SW	12.24
23	I Street	Fourth Avenue	Second Avenue	NW	12.24
24	Naples Street	Industrial Boulevard	Hilltop Drive	SW	12.24
25	L Street	Industrial Boulevard	Fifth Avenue	SW	11.91
26	J Street	Fourth Avenue	Second Avenue	NW	11.24
27	K Street	Fourth Avenue	Second Avenue	NW	10.75
<b>High-Priority Intersections</b>					
28	Passo Ranchero/Heritage Road and Telegraph Canyon Road		Intersection	E	11
29	Clay Lakes Road and Scilla Road		Intersection	E	10
30	Medical Center Drive and Telegraph Canyon Road		Intersection	E	10

Note: Corridor priority scores are ranked to the nearest hundredth. Corridors are listed in order according to their actual priority score.  
Source: Alta Planning + Design, March 2010



APPLICATION AND APPENDICES	
<i>The application and other related appendices apply to all projects unless otherwise stated</i>	
X	Application for Funding
X	Appendix A-1: List of All Funding Sources for Project
N/A	Appendix A-2: Three-Month Cash Rule Test ( <i>applicable to non-governmental agencies</i> )
N/A	Appendix A-3: Detailed Budget (for Public Services applications)
X	Appendix A-4: Detailed Budget (for Capital Improvement Project applications)
N/A	Appendix A-5: Detailed Budget (for Minor Residential Rehabilitation Projects)
X	Appendix B: Project Contact Information
X	Appendix C: Designated Authorized Signatures
X	Appendix D-1: Certification Regarding Application Submission ( <i>note that there are three distinct forms, based on the type of application (Public Services, Economic Development and Capital Improvement Project)</i> )
X	Appendix D-2: Certification Regarding Lobbying
X	Appendix D-3: Certification Regarding Debarment, Suspension, Proposed Debarment, Ineligibility, and Other Responsibility Matters
X	Appendix D-4: Certification for Drug-Free Workplace
X	Appendix D-5: Certification Regarding Compliance with Civil Rights Act and Americans with Disabilities Act
X	Appendix D-6: Certification Regarding Section 504 of the Rehabilitation Act of 1973
X	Appendix D-7: Certification Regarding Compliance with MBE, WBE and Small Business Contracting Requirements
X	Appendix D-8: Certification Regarding Compliance with Conflict of Interest and Procurement Policies
X	Appendix D-9: Certification Regarding Section 3 of the Housing and Urban Development Act of 1968
X	Appendix D-10: Certification regarding LEP and AFF
N/A	Appendix E: Assurance of Audit Requirements (Non-Governmental)
N/A	Appendix F: Board Member Roster (Non-Governmental)
N/A	Appendix G: Disclaimer Form (Non-Governmental)
ATTACHMENTS	
	Letter of Good Standing issued by the City of Chula Vista Housing Division
	Applicant's Financial Management Procedures
	Current Evidence of Insurance
	Authorization from Governing Board to Submit Application for CDBG Funds for Subject Project (no form provided; submit authorization on official letterhead)
	Federal Tax Exemption Determination Letter
	State Tax Exemption Determination Letter
	Applicant's Procurement Procedures (per 2 CFR Part 215.44)
	Audited FY 2016 Financial Statements
	FY 2016 Single Audit Report ( <i>applicants that that spent \$500,000 or more in federal funds during FY 2016</i> )
	Signed Copy of FY 2016 Federal Tax Form 990
	Signed Copy of FY 2016 State Tax Form 199
	Proof of active Central Contractor Registration (SAM/CCR) for the organization ( <a href="http://www.ccr.gov">http://www.ccr.gov</a> )

I hereby certify that as a person authorized to sign for City of Chula Vista I have reviewed the application submitted and to the best of my knowledge all statements and representations made are true and correct to the best of my knowledge. Failure to provide a complete application and required documents may result in the disqualification of your application.

City of Chula Vista

Name of Agency

Signature of Authorized Signing Official/Representative

Richard A. Hopkins

Name of Authorized Signing Official

Date

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - Public Works Dept.**  
 Project | Program: **Palomar Street Sidewalk Improvements**  
 Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Missing sidewalk gaps exists along south side of Palomar Street between Fifth and Fourth Avenues. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along Palomar Street. It will also install the missing streetlights along the segment. Palomar Street is ranked #1 in priority in the Chula Vista Pedestrian Master Plan and is within the CDBG eligible low/moderate income areas in western Chula Vista.**

Project Category: **Capital Improvement Project**

Target Population: **Low/Moderate Income Persons**

Proposed Number to Serve: **1,255 (65% Low/Moderate Income)**

Chula Vista Goal/Objective: **Community Development Priority: Infrastructure Improvements**

HUD National Objective: **Benefit to Low/Moderate Income Area**

HUD Eligibility Matrix Code: **03L - Sidewalks**

### FUNDING

Total Program/Project Cost: <b>\$351,700</b>	Amount of CDBG Requested: <b>\$351,700 (based on amount of CDBG Available)</b>	Amount Recommended: <b>\$351,700</b>
---	---	---



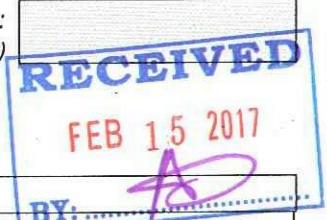




FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

Project category: <i>(check one only)</i>	<input type="checkbox"/> Public service
	<input checked="" type="checkbox"/> Capital improvement

Application Number:  
*(CDBG Program Office Use Only)*



**Applicant Agency Information**

Applicant legal	City of Chula Vista Public Works Department			
Type of agency:	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based
Agency Address:	276 Fourth Avenue Chula Vista, CA 91910		Agency Tax Identification #:	95-6000690
Date of Incorporation:	October 1911		Agency Central Contractor Registration# <i>(http://www.ccr.gov)</i>	N/A
Agency Annual Operating Budget:	\$ 292,193,000		Agency DUNS #	078726551
Number of paid staff:	47 in Engineering		Number of volunteers:	0 in Engineering
Agency mission statement: The primary purpose of the Department of Public Works Engineering Division is to provide responsive technical and professional expertise for existing and planned infrastructure and capital facilities.				

**Project Title**

Palomar Street Sidewalk Improvements

**Project Description (Briefly describe your project/program):**

Missing sidewalk gaps exists along south side of Palomar Street between Fifth and Fourth Avenues. The project will provide the missing pedestrian access by installing curb, gutter, sidewalk and driveway improvements along Palomar Street. It will also install the missing streetlights along the segment. Palomar Street is ranked #1 in priority in the Chula Vista Pedestrian Master Plan and is within the CDBG eligible low/moderate income areas in western Chula Vista. Staff plans to design the project with in-house staff and award the construction contract through the competitive bidding process.

**Funding Request**

Total funding requested in this application <i>(you will provide a detailed budget in Appendix C:</i>	\$351,700	Other funds already secured for project:	\$0
Total cost to complete project:	\$351,700	Other funds not yet secured for project:	\$0

**Project Information**

If Project is a Public Service, will service be site specific? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If your answer is yes, please provide: Address(es) below:	Census tract:	Is Census Tract designated as a Low/Moderate Income CT?
401 to 485 Palomar Street	132063	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section 1: Project Details (Max Score: 25 Points)

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of activities, you must include all (i.e. food, case management, etc.)

Project provides for the installation of curb, gutter, sidewalk, driveway aprons and traffic markings and streetlights along Palomar Street. Other work includes the removal, replacement, and restoration of existing conditions, traffic control and incidental items of work.

1.2. Project start date: July 2017 Anticipated end date: Jun 2018

1.3. Project's days/hours of operation: Monday through Friday from 7:00 am to 4:00 pm.

1.4. Project category:  
(check one only)

- Public service
- Capital improvement and Public Facility Improvements

1.5. Project objective:  
(check one only)

- Suitable living environment
- Decent housing
- Economic opportunity

1.6. Project outcome:  
(check one only)

- Availability/accessibility
- Affordability
- Sustainability

1.7 The following questions on individual clients and households to be served apply only to Public Service, and Minor Residential Rehabilitation projects:

Will the project serve individual clients (IC) or households (HH)?  Individual clients  Households

Total unduplicated IC/HH served in

Annual cost per client/household:

1.8. CDBG Criteria: Which CDBG criterion below does your proposed project meet?

(1) **Area benefit:** At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please provide a map identifying the Census Tracts designated as LMI. If your project serves all the residents of a given area, such as projects related to a community center/public facility or a fire station, please provide a map or maps with the project service area(s) boundaries clearly outlined. Failure to provide service area maps with the applicable, will make the project to be deemed incomplete and ineligible for funding.

(2) **Limited clientele** (select subpart below):

(a) **Special needs group** (select benefit group from the list below):

- (i) Abused children
- (ii) Elderly persons 62 years or older
- (iii) Battered spouses
- (iv) Severely disabled – Census definition; documentation required
- (v) Persons living with HIV/AIDS
- (vi) Migrant farm workers
- (vii) Homeless persons

(b) At least 51% of clientele to be served must be LMI.

(3) **Housing** (select subpart below):

(a) Single family (must be 100% LMI)  (b) Multi-unit (must be 51% LMI)

1.9. The 2015-2019 Consolidated Plan goals are listed below. Select the goal appropriate to your project:

- Affordable Rental Housing Opportunities
- Maintenance and Preservation of Housing (rehabilitation activities)
- Homeownership Opportunities (homebuyer programs)
- Community Enhancement (public facilities/spaces)
- Public Services to Special Needs Population and/or Low Moderate Income Persons



**1.10 Program Narrative: Explain below your proposed project and make the case why it should be awarded funding.**

The Palomar Street Corridor in southwest Chula Vista is one of the high-priority locations for the construction of pedestrian improvements that are listed in the City's 2010 Pedestrian Master Plan (PMP) High Priority Project Areas. The segment of Palomar Street from Orange Avenue to Second Avenue is listed as the number one priority in the Chula Vista's PMP with 16.59 points out of a total 18 priority points. According to the PMP, the high priority areas are largely located along arterial and collector roadways that form the backbone of the City's transportation system.

Palomar Street from Fifth Avenue to Fourth Avenue is classified as a Class I Collector street. It is a corridor of four lanes with a wide painted median and is designated as a bike route. The segment has a relatively high daily traffic volume with an average of 16,452 trips per day at a posted speed limit of 35 mph. Palomar Street is a bus route from Bay Boulevard to Eastlake Parkway. The missing sidewalk is located on the south side of Palomar Street between Fifth Avenue and Fourth Avenue. This segment is located in the Montgomery area and in Council District number four.

A currently funded project, Palomar Street and Orange Avenue Sidewalk Improvements (STL420), is in the design phase. The STL420 project will construct the missing street improvements along the south side of Palomar Street from Orange Avenue to Fifth Avenue and along the north side of Orange Avenue from Palomar Street to Fifth Avenue. The proposed project on Palomar Street will install the missing sidewalk on the south side from Fifth Avenue to Fourth Avenue.

The CDBG grant would fund the construction of the missing street improvements along Palomar Street and would create a complete street along the PMP #1 segment on Palomar Street from Orange Avenue to Second Avenue. The proposed work includes the installation of curb bulb-out and curbs, gutters, sidewalks, ADA compliant pedestrian ramps, driveway aprons, and pavement restoration. Other incidental work includes sandblasting of conflicting striping, reapplication of corrected striping, and the installation of new street lights.

The installation of these improvements will improve the pedestrian access through the neighborhood and improve circulation on Palomar Street. This will also help pedestrians feel more comfortable when walking in Chula Vista.



**(Max Length for Questions 1.10 to 1.15: 2 Pages)**

**1.11. Explain how the proposed project addresses the goal selected:**

This project will provide an improved living environment for local residents by improving pedestrian accessibility, particularly for the wheelchair user.

**1.12. Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:**

Information on the importance of this project is found in the City's Pedestrian Master Plan, where it is priority #1.

**1.13. List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:**

Not applicable; this is a construction project.

**1.14. How does your agency plan to tell the target population about the project/services?**

We plan to include the information about this as a Capital Improvement Program (CIP) project on the City website. Adjacent areas will be posted prior to construction of these facilities. Once this project is completed, the improvements will be apparent to all residents.

**1.15. List a minimum of three outcomes for each individual service you are providing as part of your program. For each outcomes listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome.**

<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>1. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>2. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>3. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		
<b>Service to be Provided (i.e. food, transportation, case management, etc.).</b>		<b>4. Click here to enter text.</b>
<b>Outcomes</b>	<b>Number of Proposed Beneficiaries</b>	<b>Method of Data Collection</b>
1. Click here to enter text.		
2. Click here to enter text.		
3. Click here to enter text.		

**1.16. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:**

No
  Yes

Click here to enter text.



## Section 2: Agency Capacity (Max Score: 10 Points)

2.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Greg Tscherch
Title of person:	Senior Civil Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 409-1974
Date first employed:	1998

2.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Timothy Jones
Title of person:	Assistant Engineer
Relevant education:	BS in Civil Engineering
Telephone number:	(619) 476-2321
Date first employed:	2016

2.3. Who will be the person responsible for the day-to-day operations and management of the proposed project? Provide no more than two individuals:	
Name of person:	Kalani Camacho
Title of person:	Public Works Manager
Relevant education:	Engineering courses
Telephone number:	(619) 397-6113
Date first employed:	1999
Name of person:	Gilbert Ponce
Title of person:	Public Works Supervisor
Relevant education:	High School
Telephone number:	(619) 397-6027
Date first employed:	1989

2.4. Who will be the person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals:	
Name of person:	Robert Beamon
Title of person:	Administrative Services Manager
Relevant education:	MBA in Business Administration
Telephone number:	(619) 409-1965
Date first employed:	1990
Name of person:	
Title of person:	
Relevant education:	
Telephone number:	
Date first employed:	



**(Max Length for Questions 2.5 to 2.8: 1 Page)**

2.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

The City's Construction Inspection staff will be monitoring the construction progress to ensure that deadlines are met.

2.6 *Your organization must have programmatic **Policies and Procedures** in place for the specific program you are applying for. Use the following checklist below as a tool to ensure that they meet the minimum requirements to administer a CDBG-funded program. In the event that your organization is funded you will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, the term applicant refers to the program participant/beneficiary).*

i.	Do the Policies and Procedures set out the process for determining the <b>eligibility</b> of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?	
ii.	Do the Policies and Procedures Set out the process for determining the <b>number of eligible persons</b> in the applicant(s)'s family?	
iii.	Do the Policies and Procedures identify the process for determining <b>income eligibility</b> of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). <ul style="list-style-type: none"> <li>• Does it specify which income method is being used (Part 5 or 1040 method).</li> <li>• Does it specify how information on the income status of participants is being requested, updated or properly assessed?</li> </ul>	
iv.	Do the Policies and Procedures specify the <b>record keeping</b> requirements, as stated in 24 CFR Part §570.506?	
v.	<b>For Presumed Benefit Activities:</b> <ul style="list-style-type: none"> <li>• Is the process for collecting information on how the program participants qualify under the presumed benefit category described? [24 CFR 570.208(a)(2) and 24 CFR 570.506(b)(3)(i)]</li> <li>• Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]</li> </ul>	
vi.	<b>For Limited Clientele Activities:</b> Do the Policies and Procedures specify the process to determine income eligibility utilizing either 24 CFR Part 5 or the 1040 method? [24 CFR 570.208(a)(2)(i)(B) and 24 CFR 570.506(b)(3)(iii)]	
vii.	<b>For Limited Benefit Activities by Nature and Location:</b> Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?	
viii.	Do the Policies and Procedures include how data is collected on <b>Race and Ethnicity</b> on the applicant, per HUD requirements for the Community Development Block Grant Program?	
ix.	Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?	
x.	Do the Policies and Procedures identify the process of <b>safeguarding client information</b> ?	
xi.	Do the Policies and Procedures identify the process for <b>File Management</b> ?	

2.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

One of the objectives of this project is ADA compliance.

2.8. <i>How many members does your Board of Directors have?</i>	5
<i>How many Board members are also members of the project's target population or reside in the project's target area? Indicate which ones in Appendix F.</i>	0



### Section 3: Auditing Control (Max Score: 15 Points; Max Length: 2 Pages)

**3.1. Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:**

In accordance with the City's normal business practices, funds will be encumbered and purchase orders will be established for goods and services required for completion of the proposed project. Upon receipt of invoices, the project manager will review, confirm and approve billed amounts and promptly forward a payment request to the City's Finance Department. Accounting staff in the Finance Department will review the invoices for accuracy, post the invoice and payment details into the City's financial management system and mail a check to the vendor.

**3.2. Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:**

The City Board of Directors consists of the Mayor and Council of the City of Chula Vista. The City has an annual budget process, which includes a review and approval of current and projected revenues and expenditures. Additionally, the City has an annual independent audit. All proposed projects and programs that include cost, scope of work, timeliness and justifications are presented to the Mayor and Council for review and approval.

**3.3. Briefly describe your agency's financial reporting system/accounting procedures, with relevance to the proposed project:**

The City utilizes Integrated Financial and Administrative Solution (IFAS) as a financial management system. All financial data for this project will be tracked in IFAS, including annual projected budget amount and detailed transaction information pertaining to encumbrances, expenditures and reimbursements. The City also maintains administrative systems including a formal personnel system, staff salary tracking system by funding source, audit system, record keeping system with separate tracking for each funding source, formal written cash management practices and proper security measures, hardcopy files and computer records systems with back-up process in place, a formalized procurement policy and conflict of interest policies.

**3.4. Briefly describe your agency's record keeping system, with relevance to the proposed project:**

The City maintains hard copies as well as electronic documentation related to all projects. Financial transaction records will be kept in IFAS. All other records will be stored on the City's secured network, which is maintained and backed up on a regular basis by the Information Technology Services Department. Agenda reports and all other documents submitted for Mayor and Council review and approval are stored in a secured, cloud-based retention system.

**3.5. Briefly describe your agency's auditing requirements, including those for the proposed project:**

Projects selected are subject to a thorough examination, at which time the project manager and fiscal support staff is required to provide to the auditors copies all documents related to the project. Documents include, but are not limited to, grant award letters, grant application, program agreements, supplemental agreements, reimbursement invoices, copies of grant payment checks, IFAS reports, copies of all expenditures and payments made to vendors, list of employees associated with the projects, and any other document that may be requested by the auditors. If selected for testing, the proposed project would be subject to this audit process.

*3.6. Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement:*

The City conducts an annual audit that includes publication of the Comprehensive Annual Financial Report (CAFR) and the Single Audit of Federal Expenditures. Additionally, the City contracts external auditors to conduct in depth audits of the City's records and investments. These audits ensure compliance with policies and guidelines set forth by the City, and include any applicable grant agreements. If selected for an audit, the records and accounts for the proposed project would be subject to an examination and checked for validity and accuracy by the City's external auditing procedures.

*3.7. How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

The City's budget is organized in a manner that facilitates the segregation of funds by source. CDBG funds received will be posted and accounted for using a designated Org Key in IFAS and assigned specifically to track associated CDBG related project revenues and expenditures. The IFAS program includes a comprehensive reporting system that is able to provide on demand reports displaying project details, summaries and overviews of all fund transactions.



### Section 4: Agency Experience

(Max Score: 10 Points; Max Length: 1 Page for Section 4/5 Combined)

4.1. <i>Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities.</i>
The City has constructed a large number of Capital Improvement projects in the LMI area of Chula Vista. Current projects are summarized in Appendix A.

4.2. <i>Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014-2015, 2015-2016, 2016-2017)? If yes, complete Section 8 for each of the grants received for the three Fiscal Years 2014, 2015, and 2016.</i>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
See Section 8.				

### Section 5: Back-Up Plan (Max Score: 5 Points;)

5.1. <i>Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?</i>	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
TransNet funds from the half percent sales tax will be used if funds are available. This could delay project completion.				

5.2. <i>If funded, how will your agency continue this project if CDBG funds are not available in future years?</i>				
Not applicable; funds only needed in the current fiscal year.				



## Section 6: Detailed Budget (Max Score: 10 Points)

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

Project category: (check one only)	<input type="checkbox"/> Public service	Complete Appendices A-1, A-2, and A-3.
	<input checked="" type="checkbox"/> Capital improvement (see below):	
	Does this Capital Improvement Project involve Minor Residential Rehabilitation?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		If no, complete Appendices A-1, A-2, and A-4.
		If yes, complete Appendices A-1, A-2, and A-5.

- All project categories must complete the following:
  - Appendix A-1: List of All Funding Sources for the Project
  - Appendix A-2: Three-Month Cash Rule Test
- Depending on the category of your proposed project, complete one of the following:
  - Appendix A-3: Public Service (PS) or Economic Development Project (ED)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Schedule: Gross Pay
    - Schedule 3 – Personnel Schedule: Fringe Benefits
    - Schedule 4 – Indirect Cost/Administrative Overhead (IC/AO) Calculation
    - Schedule 5 – Budget Justification
  - Appendix A-4: Capital Improvement Project (CIP)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Budget Justification
  - Appendix A-5: Minor Residential Rehabilitation (MRR)
    - Schedule 1 – Budget Exhibit
    - Schedule 2 – Personnel Gross Pay: Project Management
    - Schedule 3 – Personnel Gross Pay: Fringe Benefits
    - Schedule 4 – Personnel Gross Pay: Construction Management
    - Schedule 5 – Fringe Benefits: Construction Management
    - Schedule 6 – FY 2017-2018 Budget Justification





**Section 8: Identification of Prior Year CDBG and/or Federal Funds**

1. Agency name:	City of Chula Vista		
2. Project name:	Palomar Street and Orange Avenue Sidewalk Improvements		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input checked="" type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOME	<input type="checkbox"/> ESG	<input type="checkbox"/> Other (Indicate below)
Click here to enter text.			
5. Amount awarded:	\$400,000	6. Amount spent to date:	\$21,500
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Moss Street Sidewalk Installation		
3. Year of funding:	<input type="checkbox"/> Fiscal Year 2014	<input checked="" type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$468,292	6. Amount spent to date:	\$384,300
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Increase mobility for pedestrians including the physically challenged (i.e. wheelchair users) in the CDBG eligible areas.			
9. Indicate below the outcomes achieved:			
Increased mobility for pedestrians.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			

1. Agency name:	City of Chula Vista		
2. Project name:	Third Avenue Streetscape Improvements		
3. Year of funding:	<input checked="" type="checkbox"/> Fiscal Year 2014	<input type="checkbox"/> Fiscal Year 2015	<input type="checkbox"/> Fiscal Year 2016
4. Indicate the source of the federal funding awarded to the prior project:			
<input checked="" type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):
5. Amount awarded:	\$381,766	6. Amount spent to date:	\$381,766
7. Amount reprogrammed to date:	\$0		
8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):			
Beautification of Central Chula Vista.			
9. Indicate below the outcomes achieved:			
Beautification of Central Chula Vista.			
10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:			
None			



## Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY

*Public Service Applicants Skip this portion and continue on to Appendix Section.*

9.1. For CIP projects, have the constructions plans and drawings been completed? If no, indicate the anticipated date of completion:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
	July 2017			

9.2. For CIP projects, will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
Click here to enter text.				

9.3. For CIP projects, summarize the construction manager's relevant experience on similar federally funded projects: The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engineer. He has provided oversight for many Federally funded projects: Moss Street Corridor Improvements (HSIP), the CDBG awarded projects listed above and other federally funded City projects efficiently and within budget.
--

9.4. For CIP projects, address the mitigation of any issues identified on the "Project Site Information" section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
Click here to enter text.				

9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 years after the work is completed. Project records must be maintained for a minimum of five years after the termination of the agreement with the City of Chula Vista? Please describe how the records will be maintained. Project records will be filed and maintained by the Public Works Engineering Design and Construction group.
--

9.6. For Public Facility Improvements, the facility shall continue to meet one of the national objectives and provide services to low/moderate income persons until five years after the expiration of the contract/MOU with the City. Describe how you will comply with this HUD requirement. Not applicable; the objectives will be met after completion of construction.
--

9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan: Not applicable.
---



**Section 9: Project Site Information (CIPs and Public Facility Improvements Only)**

9.8. Is the facility agency-owned, City-owned, or privately owned?	
<input type="checkbox"/>	<b>Agency-owned</b>
	Indicate the property owner(s): Click here to enter text.
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/>	<b>City-owned</b>
	Indicate your City Real Estate Assets liaison: Rick Ryals
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.) Not applicable; this is a City project.
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>
	Indicate the property owner(s):
	When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)
	Is there currently a lien on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>
	Provide a brief explanation:

9.9. How old is the property/building in terms of years?	Not applicable	
For building/structures constructed prior to December 31, 1969:		
Has a lead hazard inspection report been issued for the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Has the facility been abated for lead paint?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will children occupy the facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, indicate the age range of the children who will occupy the facility:	Click here to enter	

9.10. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site? If yes, please describe:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Click here to enter text.		

9.11. Is the building/structure located on a Historic Site?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the building/structure located in a Historic District?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the building/structure in a Flood Zone?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the building/structure in a Flood Plain?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does your agency have flood insurance?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will there be demolition required?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

9.12. List and describe any known hazards (e.g., asbestos, storage tanks – underground/above ground):
Not applicable.

9.13. Will the project result in an expansion of an existing facility?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, specify the size in square feet:	Existing size:	Addition size:



9.14. The questions below ask about zoning. If zoning information is not known, contact the City of Chula Vista's Development Services Department at (619) 691-5101 to request assistance.

Not applicable; zoning does not pertain to roadway right-of-way.

What is the project structure type?

<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public facility	<input checked="" type="checkbox"/> Public right-of-way
--------------------------------------	-------------------------------------	--	---

What is the current zoning of the project site? Residential

Is the project site zoned correctly for the proposed activity?  Yes  No

If no, provide below an explanation of efforts and a timetable to change the zoning or obtain a variance:

Click here to enter text.

9.15. Does the project require temporary/permanent relocation of occupants?  Yes  No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2017-2018 CDBG funds.]

Click here to enter text.

9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.

Yes, one of the purposes of the project is to provide ADA compliant sidewalk and pedestrian ramps.

9.17. For Public Facility Improvements, what are the hours of operation (days of the week and hours of operation)?

The proposed improvement is accessible to the public all the time.

APPENDIX A-1: LIST OF ALL FUNDING SOURCES FOR THE PROJECT

CITY OF CHULA VISTA  
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
 FISCAL YEAR 2017-2018 APPLICATION

This table serves to provide the listing of all funds to be made available for the project. There are 3 steps to the completion of this table:

- Step (1): Enter the FY 2017-2018 CDBG application funding request amount for this application;
- Step (2): Complete the following table with the amounts of other funding sources that have been secured or funding sources that are unsecured for the implementation of the project; and
- Step (3): Attach any supporting documentation that verifies the secured funding sources and amounts for the project.

NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

	AMOUNT SECURED	AMOUNT UNSECURED	% OF TOTAL
<b>FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1)</b>		\$351,700	100.00%

List Other Sources Below: (Step 2)

HOME			0.00%
ESG			0.00%
HOPWA			0.00%
CDBG-R			0.00%
NSP			0.00%
HPRP			0.00%
Other Federal Stimulus Funds			0.00%
Other Federal Funds			0.00%
San Diego Housing Commission			0.00%
State Funds			0.00%
County Funds			0.00%
Local Funds (TransNet)			0.00%
Private Funds			0.00%
Agency Funds			0.00%
<b>TOTAL</b>	<b>\$0</b>	<b>\$351,700</b>	<b>100%</b>

TOTAL PROJECT BUDGET

<b>\$351,700</b>
------------------



APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)



City of Chula Vista  
 PUBLIC WORKS|ENGINEERING DEPARTMENT  
 Infrastructure Planning

Date: 7-Feb-17  
 Prepared By: M. Malong  
 Checked By: B Chopp

**Project Title: Palomar Sidewalk Installation -South side**

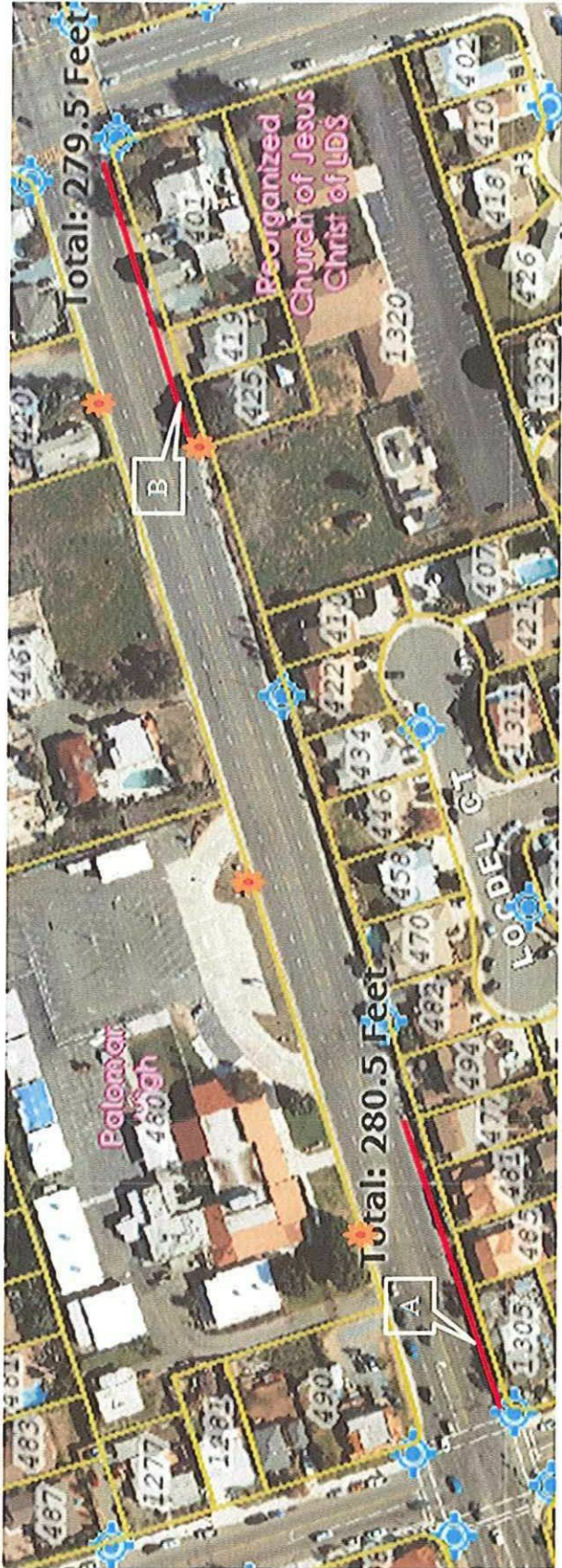
Palomar Street from Fifth Avenue to Fourth Avenue - South side only

**Description:**

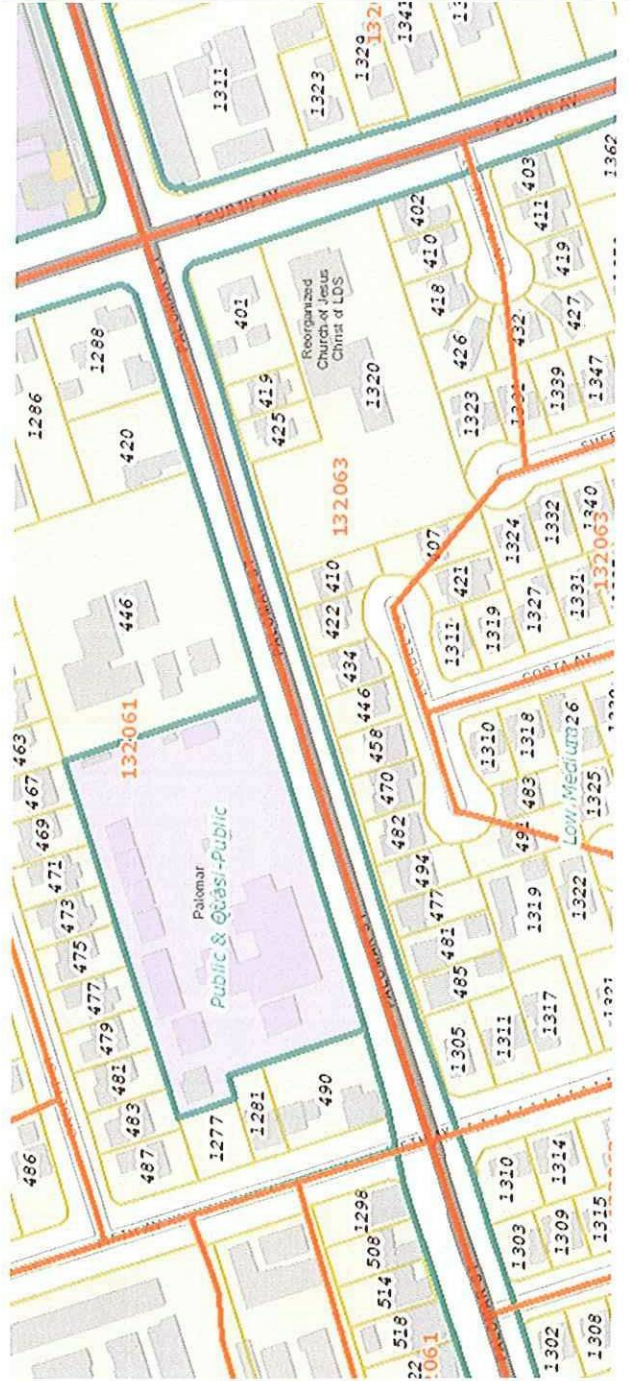
Construct PCC Curb, Gutter and Sidewalk, ADA Pedestrian ramps, and Striping

Item	Quantity	Unit	Unit Price	TOTAL COST
1 Removal and Disposal	1	LS	\$20,000.00	\$20,000.00
2 Clear and Grub	3360	SF	\$0.45	\$1,512.00
3 PCC Sidewalk, curb, and gutter including bulb out	420	LF	\$60.00	\$25,200.00
4 PCC Driveways (2-10ft and 6-12ft opening at approx. 10ft depth)	1256	SF	\$10.00	\$12,560.00
5 ADA Pedestrian ramps	2	EA	\$3,000.00	\$6,000.00
6 Remove and relocate/replace signs with post	4	EA	\$300.00	\$1,200.00
7 PCC Stemwall 18-inch high	200	LF	\$20.00	\$4,000.00
8 Sandblast and restriping	1	LS	\$3,000.00	\$3,000.00
9 Cold Milling/Grind Asphalt Concrete Pavement	3360	SF	\$1.00	\$3,360.00
10 Asphalt Concrete (1.5 to 5-inch)	102	TN	\$120.00	\$12,240.00
11 Crushed Aggregate Base (8-inch)	112	TN	\$80.00	\$8,960.00
12 Pull Box	6	EA	\$400.00	\$2,400.00
13 Mail Box	6	EA	\$800.00	\$4,800.00
14 Underdrain pipe	1	EA	\$250.00	\$250.00
15 Public Convenience and Safety (Traffic Control)	1	LS	\$5,000.00	\$5,000.00
16 City Project Funding Information Sign	2	EA	\$1,000.00	\$2,000.00
17 Storm Water Compliance	1	LS	\$10,000.00	\$10,000.00
18 Street Lights	4	EA	\$6,000.00	\$24,000.00
19 Conduits with cables	1000	LF	\$25.00	\$25,000.00
20 Protection and restoration of existing improvements	1	LS	\$2,000.00	\$2,000.00
21				
22 SDGE power connection	1	LS	\$5,000.00	\$5,000.00
23 Sweetwater Authority -utility relocation	1	LS	\$10,000.00	\$10,000.00
NOTE: Surveying for design is complete.				
<b>Subtotal</b>				<b>\$ 188,482.00</b>
<b>Contingencies</b>	30%			<b>\$ 56,544.60</b>
<b>Construction &amp; Contingencies</b>				<b>\$ 245,026.60</b>
Engineering Design & Inspection	35.0%			\$ 85,759.31
Survey	8.0%			\$ 19,602.13
Other Costs (Environmental, soils, etc.)	0.5%			\$ 1,225.13
<b>TOTAL COST OF PROJECT</b>			<b>\$ 351,613.17</b>	<b>SAY: \$ 351,700.00</b>





PMP#1---Palomar Street from Fifth Avenue and Fourth Avenue  
 A & B-Install missing curb, gutter, sidewalk, driveways, ADA pedestrian ramps, and new street lights 🌟.



Map Legend

- Map Layers
  - General
  - census blocks
  - Land Records
  - general plan
  - zoning
  - parcels
  - Roadway
  - bus stops



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista Public Works Department**  
 Project | Program: **Holiday Estates Park II Improvement Project**  
 Grant Program: **CDBG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds will be used for park improvements to the Holiday Estates Park II, located on Connolley Circle. The proposed improvements include new picnic tables, a gazebo and a barbecue with the goal of transforming the currently unutilized space into a more usable community area, promoting outdoor family friendly activities.**

Project Category: **Capital Improvement Project**  
 Target Population: **Low/Moderate Income Persons**  
 Proposed Number to Serve: **3,660 (59% Low/Moderate Income)**  
 Chula Vista Goal/Objective: **Community Development Priority: Infrastructure Improvements**  
 HUD National Objective: **Benefit to Low/Moderate Income Area**  
 HUD Eligibility Matrix Code: **03F - Parks, Recreational Facilities**

### FUNDING

Total Program/Project Cost: <b>Unknown at this time.</b>	Amount of CDBG Requested: <b>Any amount of CDBG funds that may become available.</b>	Amount Recommended: <b>Funding available not to exceed \$60,000</b>
---	---	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **ESG Program Administration & Planning**

Grant Program: **ESG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds will be used for the staff costs associated with the management and administration of Chula Vista's ESG program. This includes preparation of the required planning documents, regulatory compliance, contract oversight of the partnering agencies, environmental reviews and fiscal management.**

Project Category: **Administration/Planning**

HUD Eligibility Matrix Code: **21A - General Program Administration**

### FUNDING

Total Program/Project Cost: <b>\$11,345</b>	Amount of ESG Requested: <b>N/A. Funding requested is determined by amount available.</b>	Amount Recommended: <b>\$11,345</b>
--	--	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **South Bay Community Services**

Project | Program: **Casa Nueva Vida I**

Grant Program: **ESG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **SBCS' Casa Nueva Vida I offers the only permanent short-term shelter/housing program for homeless families (with children) in the South Bay region, including victims of domestic violence. Staff utilize a comprehensive strengths-based assessment, after which together with clients they develop an individualized treatment plan, to include any number of services including case management, counseling, employment assistance, childcare, etc., so each client can work to re-establish a self-sufficient lifestyle free from homelessness.**

Project Category: **Homeless Services**

Target Population: **Homeless Persons**

Proposed Number to Serve: **90**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

HUD National Objective: **LMC**

HUD Eligibility Matrix Code: **03T - Operating Costs (Homeless Programs)**

### FUNDING

Total Program/Project Cost: <b>\$544,077</b>	Amount of ESG Requested: <b>\$63,777</b>	Amount Recommended: <b>\$63,777</b>
---	---	--



**DUE DATE: February 15, 2017**

**RECEIVED BY CITY ON:** \_\_\_\_\_

**BY (CITY STAFF NAME):** \_\_\_\_\_



## EMERGENCY SOLUTIONS GRANT (ESG) PROGRAM GRANT APPLICATION

### INTRODUCTION:

This application will help City staff and officials make a decision regarding the funding of your project through the Emergency Solutions Grant (ESG) program. It will be used for the preliminary review of your funding request only. Completion and submission of this application does not obligate the City of Chula Vista to allocate ESG funds to your activity.

### FINAL ALLOCATION OF ESG FUNDS IS BY CITY COUNCIL ACTION ONLY.

*Please be advised that ESG Contracts allow for a one-year contract term and are subject to City Council approval.*

**NOTE:** Please keep your answers brief and contained within the space provided. In the event that additional information is needed, you will be contacted by ESG program staff. **Unsolicited information will not be forwarded to the City Council.**

### Section 1. General Application Information

<b>Project Name:</b>	Casa Nueva Vida I		
<b>Applicant Name</b>	South Bay Community Services		
<b>Applicant Contact:</b>	Kathryn Lembo, President and CEO		
<b>Applicant Address:</b>	430 F Street, Chula Vista, CA 91910		
<b>Phone Number:</b>	(619) 420-3620	<b>Fax Number:</b>	(619) 420-8722
<b>E-Mail Address:</b>	klembo@csbcs.org		
<b>Federal Tax ID:</b>	95-2693142	<b>Business License No.:</b>	068557
<b>DUNS#:</b>	113407779		

*Business licenses are available at no cost to non-profit agencies*

The location of the facility where this program is operated requires a Conditional Use Permit (CUP)   
*If the facility is located in an area that requires a Conditional Use Permit (CUP), please attach a copy. Application will not be considered complete without including a copy.*

**ESG Funds Requested:** \$63,777



**Type of Organization  
(please check one)**

- 501(c)(3) registered non-profit   
Date of certificate: September 1972
- Not currently registered as non-profit
- Government Entity
- Non-profit status applied for
- For-Profit Organization

**Other Organization Characteristics  
(check all that apply)**

- Faith-Based Organization   
*Requested for HUD statistical purposes only. Response does not affect funding decision.*
- Institution of higher education
- Have you previously received ESG funding from the City of Chula Vista?

**Is the primary purpose of your proposed program any of the following? (Please check all that apply).**

- Help prevent Homelessness  Help those with HIV/AIDS  Help the homeless
- Primarily help persons with disabilities

## Section 2. Proposed Project Summary

Provide a **brief** summary of your proposed program, including proposed increases in services.

This description will be used in the application summaries for the City Council throughout the application process.

SBCS' Casa Nueva Vida I offers the only permanent short-term shelter/housing program for homeless families (with children) in the South Bay region, including victims of domestic violence. Staff utilize a comprehensive strengths-based assessment, after which together with clients they develop an individualized treatment plan, to include any number of services including case management, counseling, employment assistance, childcare, etc. so each client can work to re-establish a self-sufficient lifestyle free from homelessness. Each year, we are unable to house all of the individuals in need of shelter because Casa Nueva Vida I is full. Without supportive housing programs like Casa Nueva Vida, more individuals would be forced to live on the streets.

**What types of activities will be conducted within your proposed program?**

Please provide a comprehensive list of all activities to be carried out or services to be provided with the funds requested. If your project is approved, this information will be included in the contract.

Casa Nueva Vida emergency shelter program includes the following services and activities:

- Emergency housing for homeless families;
- Strengths-based assessments and treatment plan development;
- On-going case management and support for homeless families;
- Access to emergency food, clothing, and transportation support;
- Individual and group counseling;
- Substance abuse prevention and intervention services;
- Employment assistance and financial literacy classes and services;
- Connection to advocacy and community resources;
- Childcare while participating in services; and
- Specialized preschool and school readiness services for children 0-5 in SBCS' Mi Escuelita Preschool.

**What specific community needs or issues is your proposed program designed to address?**

Casa Nueva Vida I responds to the needs of homeless families in the community. These needs are increasing due to the current economic climate and lack of affordable housing in the area: each year thousands of individuals are turned away from the shelter because we are full. Without programs like Casa Nueva Vida I these families would be forced to live on the streets.

**Briefly describe your organization's experience with implementing the proposed program.**

SBCS has successfully operated the Casa Nueva Vida I Shelter Program since 1993. The most frequent reasons cited by those seeking shelter include domestic violence, lack of affordable housing, exacerbation of other problems due to substance abuse, job loss, loss of home and lack of income and job skills. We address these issues with the families in our program, and in FY 15-16 had 45% of our clients graduate to safe, stable housing (compared to the 30% National Average).

**What is the service area for the proposed program?**

Please be as specific as possible. If the program is restricted to certain census tracts, please list the census tracts.

The Casa Nueva Vida I Shelter Program focuses on homeless families in the South Bay with the majority within the City of Chula Vista.

### Section 3. Organization Experience and Information

Briefly describe your organization's experience using government funding, including ESG funds.

SBCS has received CDBG funding from the City since 1999, and currently manages over 60 different Federal, State and local contracts, all of which are operating successfully without any findings or default. SBCS has an excellent track record of developing, implementing, and sustaining programming in response to community needs, and with continued ESG funding Casa Nueva Vida I will continue to touch the lives of the homeless within Chula Vista.

Briefly describe your fundraising experience and techniques. Also, describe the use of volunteers to carry out the proposed activity.

Please note that ESG funds may not be used to pay for fundraising activities.

SBCS has received CDBG funding from the City of Chula Vista since 1999, and leverages funding from a variety of sources, and utilizes volunteers for program support. The ESG funding is less than 14% of the total cost of operating the shelter – other funds come from the federal government, State and private donations.

What other organizations will you cooperate with in the implementation of the proposed program?

SBCS works closely with the Chula Vista Police Department, the District Attorney's Office, Child Welfare Services, the region's hospitals and clinics, Family Resource Centers operated by the Community Collaboratives, school districts, Legal Aid of San Diego and other local organizations like the Regional Taskforce on the Homeless and the Homeless Advocacy Coalition in order to respond to the needs of homeless families.

**Key Staff Members:** Please list key staff members responsible for implementing and administering the proposed program and provide a description of the exterior of these staff members.

**Note:** Please attach résumés of key staff members detailing their experience in implement and administering programs similar to the proposed program.

STAFF MEMBER'S NAME	POSITION/TITLE	EXPERIENCE
Kathryn Lembo	President and CEO	BA in Psychology/Sociology, CEO of SBCS for 33 years
Pam Wright	Clinical Director	MSW, 20+ years experience with SBCS
Valerie Brew	CWB Department Director	MS in Psychology, 15+ years experience
Dina Chavez	Associate Director	BS in CJA, 20+ years experience with SBCS
Valerie Centeno	Program Director	MS in Marriage/Family Therapy, 5+ years experience

**Board of Directors:** If your organization has a board of directors, please list all members.

BOARD MEMBER'S NAME	OCCUPATION	YEARS ON BOARD
Ceanne Guerra	Cox Communications	8
Diane Mueller	Tucker Sadler Architects	1
Kevin O'Neil	Retired	2
Diane Rose	South County Economic Development Council	4
Nancy Kerwin	CVESD	8
Fran Muncey	The Galley at the Marina	10
David Bejarano	Former Chief of CV Police Department	2
Maria Mora	Community Member	2
Maria Guasp	Independent Consultant	3

Sean Kilkenny	Otay Ranch Development	2
Lupita Baumgardener	Community Member	1
Nick Franco	Franco & Associates (Realty)	1

#### Section 4. Project Activity

**Emergency Solutions Grant Eligible Activities:** Note: Due to the 60% cap on Street Outreach and Emergency Shelter activities, the application will abide by these limits.

1. Street Outreach
2. Emergency Shelter
3. HMIS
4. Rapid Re-Housing
5. Homeless Management Information System

Street Outreach	<input type="checkbox"/>
Emergency Shelter	<input checked="" type="checkbox"/>
HMIS	<input type="checkbox"/>
Rapid Re-Housing	<input type="checkbox"/>
Homeless Prevention	<input type="checkbox"/>

#### HUD Performance Measures: Identify both a ESG Objective and Outcome for the proposed program.

See information below for assistance in selecting an appropriate Objective and Outcome.

OBJECTIVE (check one)	OUTCOME (check one)
1. Create a suitable living environment <input checked="" type="checkbox"/>	1. Availability/Accessibility <input type="checkbox"/>
2. Provide decent affordable housing <input type="checkbox"/>	2. Affordability <input type="checkbox"/>
3. Create economic opportunity <input type="checkbox"/>	3. Sustainability <input checked="" type="checkbox"/>

##### Objectives:

1. *Creating suitable living environments relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (i.e., crime prevention, literacy, child care, elderly services).*
2. *Providing decent housing focuses on housing activities whose purpose is to meet individual family or community housing needs.*
3. *Creating economic opportunities applies to activities related to economic development, commercial revitalization, or job creation.*

##### Outcomes:

1. *Availability/Accessibility applies to activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to low- and moderate-income people, including persons with disabilities.*
2. *Affordability applies to activities that provide affordability in a variety of ways to low- and moderate-income people. Affordability is an appropriate objective whenever an activity is lowering the cost, improving the quality, or increasing the affordability of a product or service to benefit a low-income household.*
3. *Sustainability applies to activities that are aimed at improving communities or neighborhoods, helping to make them viable by providing benefit to persons of low- and moderate-income or by removing or eliminating slums or blighted areas.*

**Total clients served: Please complete the following table for unduplicated clients served.**

Note: The City's program year is defined as June 30 – July 1.

Type of clients	2015-2016 # of clients (Actual)	2015-2016 % Low Income (Actual)	2016-2017 Served to Date	2016-2017 % Low Income (served to date)	2017-2018 # of clients (Estimate)	2017-2018 % Low Income (Estimate)
Chula Vista	42	100%	45	100%	30	80%
Non-residents	57	100%	29	100%	60	80%
<b>Total</b>	<b>99</b>	<b>100%</b>	<b>74</b>	<b>100%</b>	<b>90</b>	<b>80%</b>

**Describe how you will monitor and evaluate the success of the proposed program. Include key benchmarks and performance measures in your description.**

The overall program goal is to provide emergency housing with supportive services to low-income, homeless families so that each client can work toward self-sufficiency and transition to safe and stable housing.

The program will be evaluated based on the successful completion of the following objectives:

- Provide emergency shelter for 90 persons/families while they work toward self-sufficiency; (CDBG funds pay for approximately 13% of shelter services to persons/families, or 13% of the total 87 beds (11 beds));
- Provide child care for homeless clients participating in groups, employment development and other program activities;
- Provide homeless families with food, clothing, and other items necessary for program success; and
- Provide 100% of clients with access to case management and mental health/counseling services.

## Section 5. Program Financial Information

Using the tables below itemize income and expenses.

<b>Income</b>	<b>A</b> Most Recent Fiscal Year 2015-2016	<b>B</b> Current Fiscal Year 2016-2017	<b>C</b> Proposed Budget July 1, 2017– June 30, 2018	<b>D</b> % Change	<b>E</b> % Total
<b>PRIVATE SUPPORT</b>					
Contributions	\$0.00	\$0.00	\$0.00		
Grants	26,500	15,000	15,000	0%	2%
Fundraising	142,126	105,000	105,000	0%	20%
Other	\$0.00	\$0.00	\$0.00		
<b>Subtotal</b>	<b>\$168,626.00</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>0%</b>	
<b>GOVERNMENT</b>					
Federal	188,054	224,057	224,057	0%	41%
State	200,019	200,020	200,020	0%	37%
Local	\$0.00	\$0.00	\$0.00		
<b>Subtotal</b>	<b>\$388,073</b>	<b>\$424,077</b>	<b>\$424,077</b>	<b>0</b>	
<b>OTHER REVENUE</b>					
Membership Dues	\$0.00	\$0.00	\$0.00		
Program Fees	\$0.00	\$0.00	\$0.00		
Other	\$0.00	\$0.00	\$0.00		
<b>Subtotal</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>	<b>\$ 0.00</b>		
<b>TOTAL REVENUE</b>	<b>\$556,699</b>	<b>\$544,077</b>	<b>\$544,077</b>		<b>100%</b>
Column A is the Audited, or most recently completed 12-month period. Column D represents the percent change from Column B to Column C ((C-B)/B). Explain changes greater than 15% under comments. Column E represents the percent of total budgeted for Column C.					

<b>Expenses</b>	<b>A</b> Most Recent Fiscal Year 2015-2016	<b>B</b> Current Fiscal Year 2016-2017	<b>C</b> Proposed Budget July 1, 2017 – June 30, 2018	<b>D</b> % Change	<b>E</b> % Total
Personnel (salaries, benefits, taxes, etc.)	361,854	353,650	353,650	0	65%
Capital (equipment, supplies, services, utilities, etc.)	83,504	59,917	59,917	0%	11%
Other (insurance, audits, etc.)	111,341	130,510	130,510	0%	24%
<b>TOTAL EXPENSES</b>	<b>\$556,699</b>	<b>\$544,077</b>	<b>\$544,077</b>	<b>%</b>	<b>100%</b>
Surplus (or Deficit) of Total Support & Revenue	\$ 0.00	\$ 0.00	\$ 0.00		
Other Expenses	\$0.00	\$0.00	\$0.00		
Column A is the Audited, or most recently completed 12-month period. Column D represents the percent change from Column B to Column C ((C-B)/B). Explain changes greater than 15% under comments. Column E represents the percent of total budgeted for Column C.					



**Organization Income and Expense Comments.**

Explain any changes in organizational budget items greater than 15% in this area. This area may also be used to explain other revenue sources and expenses.

Not applicable.

**Match Requirement**

Pursuant to HUD regulations, all recipients of ESG funding are required to match the grant amount. In the space below, please list match amount and source of funding. *Note: Matching funds for ESG grants may not come from other federal funding sources (i.e., CDBG).*

Funding Source	Amount
Fundraising	105,000
Grants – Foundations	15,000
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
	\$0.00
<b>TOTAL</b>	<b>\$120,000.00</b>

**Section 6. Project-Specific Financial Information-Request for Funding**

**Proposed Project Budget:** Use the table below to provide a project-specific budget for the proposed project.

**Note:** A final budget may be requested if grant funds are awarded to match the City's allocation amount.

Budget Line Item	Proposed Chula Vista ESG Share	Other Sources	Total Costs
Salaries	24,910	258,010	\$282,920.00
Fringe benefits (FICA, SUI, etc.)	5,920	64,810	\$70,730.00
Space Rental	\$0.00	\$0.00	\$ 0.00
Utilities	10,773	3,840	\$14,613.00
Insurance (general liability, directors and officers, worker's comp., automotive, etc.)	6,573	24,740	\$31,313.00
Consultant Services	\$0.00	5,000	\$5,000.00
Travel	\$0.00	1,200	\$1,200.00
Supplies	\$0.00	42,600	\$42,600.00
Equipment	\$0.00	5,000	\$5,000.00
Client Services (describe under comments)	\$0.00	0	0
Other Expenses (describe under comments)	15,601	75,100	\$90,701.00
<b>Total Expenses</b>	<b>\$63,777.00</b>	<b>\$480,300</b>	<b>\$544,077.00</b>

**Budget Comments:** Explain expenditures listed above (if necessary).

Client Services is for food purchase for the shelter clients.  
Other Expenses include repairs and maintenance and telephone expense.

**Funding Sources for Proposed Project:** List all additional funds to be provided by Other Sources.

**Note:** Indicate if the other sources have been awarded and the date the funds will be available.

Funding Source	Award Date	Date Available	Amount
Cal-OES	TBD	TBD	325,300
FEMA	TBD	TBD	35,000
Fundraising		7/1/2016	105,000
Grants from Foundations		7/1/2016	15,000
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
<b>Total Other Sources</b>			<b>\$480,300</b>

## ESG Budget for Various Activities

Use the tables below to breakdown the requested budget by allowable ESG activity to demonstrate the regulated caps are met.

Activity/Services	Essential Services	Operations (excluding Staff)	Operations (Staff Costs)	Homeless Prevention
Resident Manager	\$0.00	\$0.00	12,500	\$0.00
Maintenance Staff	\$0.00	\$0.00	18,330	\$0.00
Insurance	\$0.00	6,573	\$0.00	\$0.00
Utilities	\$0.00	10,773	\$0.00	\$0.00
Telephone	\$0.00	3,000	\$0.00	\$0.00
Repairs and Maintenance	\$0.00	6,601	\$0.00	\$0.00
Food	\$0.00	6,000	\$0.00	\$0.00
Program Expense	\$0.00		\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTAL REQUEST</b>	<b>\$ 0.00</b>	<b>\$32,947</b>	<b>\$30,830</b>	<b>\$ 0.00</b>

## Section 7. Insurance Requirements

Provide the information requested.

The City of Chula Vista required general liability insurance, automobile liability insurance (if any vehicle are operated for any organizational purpose that the City has funded), and worker's compensation and employer's liability insurance (if any individuals are employed by your organization). **Note:** If your funding request is approved, the City will require that new insurance certificates and endorsements be issued pursuant to City requirements. The City of Chula Vista requires minimum limits of liability insurance to be not less than \$1,000,000 per occurrence. Please refer to Attachment

Name of Insurance Company	Effective Dates of Policy	Limits of Liability	Deductibles per Occurrence
<b>General Liability Insurance</b>			
Zenith Insurance Company	7/8/16 – 7/8/17	\$3,000,000	\$1,000
<b>Automobile Liability</b>			
Zenith Insurance Company	7/8/16 – 7/8/17	\$1,000,000	\$500
<b>Worker's Compensation</b>			
Zenith Insurance Company	1/1/17 – 1/1/18	\$1,000,000	\$0

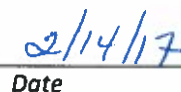
## Section 8. Certifications

Complete the following certifications.

The undersigned certifies that:

- (a) The information contained in this document is complete and accurate;
- (b) The proposed program described in this application meets one of the Eligible Activities governing the use of Emergency Solution Grant (ESG) funds;
- (c) The applicant shall comply with all Federal and City policies and requirements affecting the ESG program;
- (d) If the project is a facility, the sponsor shall maintain and operate the facility for its approved use throughout its economic life.
- (e) Sufficient funds are available from non-ESG sources to complete the project as described, if ESG funds are allocated to the applicant; and
- (f) The applicant has review the Subrecipient Contract and is able to comply with the Contract if funds are awarded, including the insurance requirements.

  
Signature of Authorized Applicant Representative

  
Date

Kathryn Lembo, President and CEO

Print Name and Title of Authorized Applicant Representative

## Section 9. Application Submittal

PLEASE SUBMIT THIS APPLICATION AND ALL REQUIRED DOCUMENTS (SEE ATTACHED CHECKLIST) TO: **City of Chula Vista, Redevelopment and Housing, 276 Fourth Avenue Building 300, Chula Vista, CA 91910, Attn: Jose Dorado, Project Coordinator**

You will be contacted, by the Project Coordinator regarding the receipt and status of your grant application. If you have any questions regarding your grant application, or the ESG program in general, please contact Jose Dorado, Project Coordinator at (619) 476-5375.

**Applications must be received by February 15, 2017, 4:00 PM  
NO LATE OR FAXED APPLICATIONS WILL BE ACCEPTED**

*Thank you for your interest*

Please submit applications to the following address no later than **February 15, 2017 at 3:00 PM**

**City of Chula Vista, Redevelopment and Housing  
276 Fourth Avenue Building 300  
Chula Vista, CA 91910  
Attn: Jose Dorado, Project Coordinator**

If you have any questions regarding the required documents to be submitted or need assistance with this application, please contact Jose Dorado, Project Coordinator, at (619) 476-5375

## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Homeless Management Information System**

Grant Program: **ESG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The City is required to collect client-level data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness and enter into the Homeless Management Information System (HMIS), a local information technology system. The City will contract with South Bay Community Services to complete on the City's behalf as it assists the Homeless Prevention and RapidReHousing participants.**

Project Category: **Homeless Services**

Target Population: **Homeless Individuals and Families**

Chula Vista Goal/Objective: **Community Development Priority: Public Service**

### FUNDING

Total Program/Project Cost: <b>\$7,663</b>	Amount of ESG Requested: <b>\$7,663</b>	Amount Recommended: <b>\$7,663</b>
---	--	---------------------------------------



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Rapid ReHousing Program**

Grant Program: **ESG**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **HPRP is a rental assistance program designed to help prevent and end homelessness by paying a portion a participants rent; up to a maximum of \$1,000 per month and up to a maximum of \$1,000 for the security deposit. The tenant's portion of the rent is flexible based on their current income. Qualifying apartments must be in the City of Chula Vista and under Fair Market Rent. Apartment size is determined by family size.**

Project Category: **Homeless Services**

Target Population: **Households**

Proposed Number to Serve: **5**

Chula Vista Goal/Objective: **Housing Priority: Rental Assistance**

### FUNDING

Total Program/Project Cost: <b>\$68,517</b>	Amount of ESG Requested: <b>\$68,517</b>	Amount Recommended: <b>\$68,517</b>
--	---	--





## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **HOME Program Administration & Planning**

Grant Program: **HOME**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **Funds will be used for the staff costs associated with the management and administration of Chula Vista's HOME program. This includes preparation of the required planning documents, regulatory compliance, contract oversight of the partnering agencies, environmental reviews and fiscal management.**

Project Category: **Administration/Planning**

HUD Eligibility Matrix Code: **21A - General Program Administration**

### FUNDING

Total Program/Project Cost: <b>\$64,215</b>	Amount of HOME Requested: <b>\$64,215</b>	Amount Recommended: <b>\$64,215</b>
--	--	--



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **City of Chula Vista - DSD Housing Division**

Project | Program: **Tenant-based Rental Assistance Program**

Grant Program: **HOME**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **The tenant-based rental assistance program (TBRA) provides direct financial assistance to low-income households. The funds make up the difference between what a renter can afford to pay and the actual rent for a home. In addition to rental subsidies, households can receive assistance paying utility costs, security deposits, and utility deposits.**

Project Category: **Housing**

Target Population: **Households**

Proposed Number to Serve: **10**

Chula Vista Goal/Objective: **Housing Priority: Rental Assistance**

HUD National Objective: **Benefit to Low/Moderate Income Households**

HUD Eligibility Matrix Code: **05S - Rental Housing Subsidies**

### FUNDING

Total Program/Project Cost: <b>\$200,000</b>	Amount of HOME Requested: <b>\$200,000</b>	Amount Recommended: <b>\$200,000</b>
---	---	---



## 2017/2018 Federal Grant Funding Application Executive Summary

### APPLICANT INFORMATION

Applicant: **Habitat for Humanity**  
 Project | Program: **Construction of Affordable For-Sale Housing**  
 Grant Program: **HOME**

### PROJECT INFORMATION AND ELIGIBILITY

Project | Program Description: **HOME funds will be used to assist Habitat for Humanity in the development of a for-sale product consisting of twelve 3-Bedroom single-family homes located on 364 Palm Avenue. The project will provide homeownership opportunities to income-eligible low/moderate income households.**

Project Category: **Housing Production**  
 Target Population: **Households**  
 Proposed Number to Serve: **12**  
 Chula Vista Goal/Objective: **Housing Priority: New Construction**  
 HUD National Objective: **Benefit to Low/Moderate Income Households**  
 HUD Eligibility Matrix Code: **12 - Construction of Housing**

### FUNDING

Total Program/Project Cost: <b>\$4,727,000</b>	Amount of HOME Requested: <b>\$1,200,000</b>	Amount Recommended: <b>\$1,100,000</b>
---	---	---





---

**AFFORDABLE HOUSING APPLICATION | Instructions**

**I. APPLICABILITY**

The attached Application should be completed and submitted to the Development Services Department, Housing Division for all affordable housing projects, including those proposed under the City's Inclusionary Housing Policy and/or Affordable Housing Incentives Program.

All affordable housing development projects will be reviewed by the City's Housing Advisory Commission (HAC). HAC actions are advisory to the City Council and/or Housing Authority. The City Council and/or Housing Authority are the ultimate decision authority.

The Housing Advisory Commission will review and comment on three (3) major aspects of the project:

1. A project's ability to effectively serve the City's housing needs and priorities as expressed in the Housing Element and the Consolidated Plan for Housing and Community Development.
2. A project's consistency with the City's affordable housing policies as expressed in the Housing Element, General Plan and other related documents; and
3. A project's feasibility, with emphasis on prospective sources of subsidy, including any proposed City financial assistance and/or incentives.

**II. PROCESS**

An applicant shall complete the attached Application, provide all required attachments, and submit the completed package to the Development Services Department, Housing Division. Please note that the applicant must submit an 8½ x 11 copy of the site development plan, elevations, and photographs of site and adjacent properties at least seven (7) days prior to the date the project is scheduled for review by the Housing Advisory Commission. This Application may be considered as part of the Development Application, if necessary for other discretionary actions.

When the Application is deemed to be complete by the Housing Division staff and any outstanding issues have been resolved, the Affordable Housing Project will be scheduled for review by the Housing Advisory Commission. A staff report and recommendation will be presented to the Housing Advisory Commission with the basic project information submitted within the attached Application. Depending on the readiness of the project, the initial action of the Housing Advisory Commission may not include a recommendation to support the project with specific types of financial assistance or incentives.

Housing Advisory Commission meetings are scheduled on a quarterly basis (July, October, January, April) on the 4th Wednesday of the month at 3:30 p.m., City Hall, 276 4th Ave., Bldg. 100.

**III. COMMENTS OR QUESTIONS**

If you have any comments or questions regarding the process or the Application, please contact the Housing Division at (619) 691-5047.



**AFFORDABLE HOUSING APPLICATION | Checklist**

**APPLICATION SPECIFICATIONS**


- All pages 8.5 x 11 inches
- One signed original and one signed copy, and one electronic copy

**REQUIREMENTS**

All ✓ items are REQUIRED. ◇ Additional information as may be appropriate.

**1. Proposal Submittal:**

- ✓ Application (NOFA General and/or Affordable Housing)
- ✓ Project Proforma (see Affordable Housing Application)
- ✓ Evidence of Site Control – copy of fully executed purchase option or sales contract
- ◇ Tenant Rent Rolls (current rent roll and rent roll at time of buyer/seller agreement)

 The Proposal and the above listed items have been reviewed for completeness. Please note that complete applications can be processed and reviewed more efficiently. Failure to submit all required information may result in your application not being accepted and/or may extend the length of time needed for review.

**Acknowledgement**

The undersigned has read and reviewed the “Instructions” and “Checklist” under this Affordable Housing Application.

\_\_\_\_\_  
Authorized Signature

Kenneth Kosman  
Print Name

Chief Construction Officer  
Title

3/3/2017  
Date

**Return one original, one signed and an electronic copy of this Application to:**

City of Chula Vista  
DSD Housing Division  
ATTN: Affordable Housing Application  
276 Fourth Avenue  
Chula Vista, CA 91910



---

**AFFORDABLE HOUSING APPLICATION | Checklist**

**2. Before Proceeding to the Housing Advisory Commission**

- ✓ Preliminary Title Report
- ✓ Developer's Board Resolution authorizing submittal of proposal and identifying persons authorized to execute documents
- ✓ Developer's Disclosure Statement (see Affordable Housing Application)
- ✓ Appraisal by a California-licensed MAI appraiser (no older than three months). For new construction projects, must determine the land-only value. An "as-built" appraisal will be required prior to funding. For rehabilitation projects, must determine both the "as-is" and "after-rehab" values without rent restrictions.
- ✓ Physical Needs Assessment (PNA) to correct health and safety issues and repair or replacement of major building systems to extend the service life of the property improvements for a minimum of 15 years. PNA must include replacement reserve analysis.
- ◇ Rehabilitation Scope of Work and Cost Estimate.
- ◇ Evidence of Compliance with Previous City Loans
- ◇ Summary Statement of Previous Residual Receipts Payments on Previous City Loans (use Attachment F)
- ◇ Tenant Characteristics Form if development is currently occupied
- ✓ Narrative Describing Operating Reserves and Replacement Reserves

**3. Before Proceeding to Housing Commission Board**

- ✓ Affirmative Fair Housing Marketing Plan
- ✓ Certificate of Compliance with the City's Equal Opportunity Program
- ◇ Chula Vista Consolidated Plan Certification
- ✓ Credit Report Authorization (use Attachment L)
- ✓ Environmental Review Completed (CEQA and NEPA)
- ◇ Lead Paint and Asbestos Review
- ✓ HOME Program Basics – if HOME funds are used – (see Attachment 2 for more information)
- ◇ Relocation Plan and Relocation Noticing to Tenants (see Attachments D1-D4 for more information)
- ✓ Evidence of Compliance with Zoning – Letters from the City of Chula Vista DSD.
- ✓ Audited Financial Statements within the last 12 months.
- ✓ Board of Directors Certification (Nonprofits only)
- ✓ Board of Directors Meeting Minutes for last 3 meetings (Nonprofits only)
- ✓ Schedule and Analysis of Real Estate Owned (use Attachment M)
- ◇ Service Delivery Plan (If providing units for the homeless or Special Purpose Housing Applicants)
- ✓ Market Study
- ◇ Section 3 Certification of Compliance





**4. Before Proceeding to City Loan Funding**

- ✓ ALTA Title Report
- ✓ Construction Agreement with City Approval
- ✓ Borrower Attorney's Opinion Letter
- ✓ Certified Escrow Instructions
- ✓ Evidence of Funding Commitments – Letters to identify funder contact information
- ✓ Certificates of Insurance for Property Insurance and Liability Insurance
- ✓ Management Plan (see Attachment Q)
- ✓ Partnership Agreement, Articles of Incorporation, and By-Laws
- ✓ Copies of Other Lenders' Loan Documents
- ✓ City Attorney Approval and Loan Documents Execution



**Development Team Information**

Sponsor/Owner: San Diego Habitat for Humanity Inc

Address: 10222 San Diego Mission Road

Contact Person: Kenneth Kosman

Telephone No.: 619-227-8871 Fax No.: 619-516-5264

E-Mail: kenk@sdhfh.c

Legal Status of Applicant:  For Profit Corporation  Nonprofit Corporation  CHDO  
 Limited Partnership  Limited Liability Corp  Sole Proprietorship  
 Other (Please Describe):

Federal Tax Identification No. (Sponsor): 33-0259190

Managing Partner:

Address:

Telephone No.: Fax No.:

Identify Development Team (i.e., developer, contractor, management company, etc.):

Developer (if different): Same

General Contractor: Same

Management Company: N//A

Tax Credit Syndicator:

Credit Enhancer:

Attorney:

Other (Please Describe):

**General Project Information**

Ownership Name:

Project Name:

Project Address/  
Site Location: 364 Palm Avenue, Chula Vista, Ca. 91911

Master Plan Community:  
(If applicable) N/A

Assessor Parcel No(s): 631-012-52-00

Please attach a street map that identifies the project and neighborhood boundaries.



**AFFORDABLE HOUSING APPLICATION | Checklist**

Project Type:  New Construction  Acquisition & Rehab  
 Homeownership  Rehabilitation Only  
 Other (Please Describe):

Rental  Ownership  
 Project Condition:  Unimproved Site  Acquisition & Rehab  
 Existing Structure Age (years):  
 Commercial  Ownership  
 Other (Please Describe):

Existing Uses of Property:

Status of Entitlements and Environmental Review.

Site Control:  Deed  Executed Purchase Contract  
 Executed Option Date of Expiration:   
 Clause to Extend  Yes  No

Acreage of Site:  Census Tract #:   
 Zone Designation:  SPA Land Use District:   
 Total # of Units:  # of Affordable Units:   
 # of Density Bonus Units:  Proposed Density:   
 # of Buildings:  # of Parking Spaces:

Type of Construction:  Row house/Townhouse  Garden Apartments  
 Slab on Grade Frame  Podium  
 Other (Please Describe):   
 Type of Units:  Multi Story # of Elevators?   
 Single Story

Other (Please Describe):   
 Target Population:  Family  Elderly/Senior  
 Disabled #  %   
 Homeless #  %   
 Other (Please Describe):



**AFFORDABLE HOUSING APPLICATION | Checklist**

Availability of Neighborhood Services:

<input checked="" type="checkbox"/> Rail station, rapid transit, bus stop with service at least every 30 mins from 7-9 am	Within	1	mile
<input checked="" type="checkbox"/> Full scall grocery store/supermarket	Within	3	mile
<input checked="" type="checkbox"/> Convenience market	Within	1	mile
<input checked="" type="checkbox"/> Medical clinic or hospital	Within	3	mile
<input checked="" type="checkbox"/> Public elementary, middle or high school	Within	3	mile
<input checked="" type="checkbox"/> Public park	Within	1	mile
<input checked="" type="checkbox"/> Public library	Within	2	mile
For Senior or Special Needs: <input type="checkbox"/> Other: <input style="width: 100px;" type="text"/>	Within		Mile

**Acquisition & Rehabilitation Projects**

No. of Households potentially subject to tenant relocation  No. of vacant units

*Please attach the following:*

- Copy of current tenant rent rolls and income levels
- Relocation plan

Description	Bedroom Mix						Total Units
	0 Bedroom	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
<b>TOTAL DUS</b>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
<b>AFFORDABLE DUS</b>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	12	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	12

Describe any special features, amenities, services, programming or commercial facilities to be included within the project (e.g. Internet service, afterschool programs, educational classes, pool, etc):

*Energy Star 3.0, sustainable, visitable, drought tolerant landscaping*

*Please attach an 8½ x 11 copy of the site development plan, elevations, and photographs of site and adjacent properties.*



**AFFORDABLE HOUSING APPLICATION | Checklist**

**Project Timeline**

Housing Advisory Commission Date:	<input type="text"/>
City Council Housing/ Authority Date:	<input type="text"/>
CTCAC Application Date:	<input type="text"/>
CTCAC Allocation Date:	<input type="text"/>
CDLAC Application Date:	<input type="text"/>
CDLAC Allocation Date:	<input type="text"/>
Estimated Acquisition Date:	<input type="text"/>
Estimated Permanent Loan Closing Date:	<input type="text"/>
Estimated Date to Start Construction/Rehab:	<input type="text"/>
Estimated Full Occupancy Date:	<input type="text"/>

**Financial Assistance and Other Incentives**

Listed below are the primary documents and information needed to complete the application to provide for the financial analysis of the proposed project. It is recognized that all documentation and information may not be available at the time of application. Information must be submitted prior to the Housing Division's underwriting evaluation and recommendation of approval of any requested financing.

Requested Assistance/Incentives:

Bonds - Tax Exempt/Taxable       4% Tax Credits       9% Tax Credits

City/Hsg Authority Financing       Density Bonus

Regulatory Incentives/Concessions (Please Describe):

Identify any other project conditions which may be relevant to project feasibility:

**BOND FINANCING (If applicable)**

Use of Bond Proceeds:

Construction      Describe status and timing to construction financing.

Permanent Financing      Has construction financing been obtained?       Yes       No

Name of Construction Lender:

Bond Amount      \$



**AFFORDABLE HOUSING APPLICATION | Checklist**

Unrated Bond Amount \$

Taxable Bond Amount \$

Initial Interest Rate  Fixed   Variable

Term in months

Estimated Annual Debt Service

Rating Agency and Rating

Type of Credit Enhancement

Credit Enhancement Provider:

Contact Person:

Address:

Telephone No.:  Fax No.:

Preferred Investment Banking Firm:

Contact Person:

Address:

Telephone No.:  Fax No.:

Estimated Date of Closing

**TAX CREDIT FINANCING (If applicable)**

Tax Credit Amount anticipated: \$

Expected Date of Commitment Letter: \$

Partnership Agreement Executed:  Yes  No

Date:

Expected Internal Rate of Return for Tax Credit Syndicator:  %

Price per Dollar: \$

Type of Tax Credit Offering:  Public  Private

Type of Investors:  Individuals  Corporations

Funds/Trusts  FNMA

Type of Credit Enhancement:





**AFFORDABLE HOUSING APPLICATION | Checklist**

**CONSTRUCTION FINANCING**

<i>Name of Lender/Source</i>	<i>Term in Months</i>	<i>Interest Rate</i>	<i>Amount of Funds</i>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Total Funds for Construction \$

1. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  
 Not Committed

2. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  
 Not Committed

3. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  
 Not Committed

4. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  
 Not Committed



**AFFORDABLE HOUSING APPLICATION | Checklist**

**PERMANENT FINANCING**

<i>Name of Lender/Source</i>	<i>Term in Months</i>	<i>Interest Rate</i>	<i>Amount of Funds</i>
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

---

Total Permanent Financing	\$ <input type="text"/>
Total Tax Credit Equity	\$ <input type="text"/>
Total Sources of Project Funds	\$ <input type="text"/>

1. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  Not Committed

2. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  Not Committed

3. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  Not Committed



**AFFORDABLE HOUSING APPLICATION | Checklist**

4. Name of Lender/Source

Address:

Contact Person:

Telephone No.:  E-Mail:

Type of Financing:   Committed  
 Not Committed



**Development Proposed Rent Schedule**

a	b	c	d	e	f	g	h	i	j	k
Unit Type	No. of Units	Bedrooms Per Unit	Bathrooms Per Unit	Sq Ft Per Unit	Current Rent	Monthly Net Rent Per Unit	Monthly Utility Allowance	Monthly Gross Rent Per Unit (g+h)	Percent Median Income	Yearly Gross Rent All Units (i x b)
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
C	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
E	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
F	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
G	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
H	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
Manager's DU					\$	\$	\$	\$	%	\$
Market Rate										
I	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
J	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
K	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>



a	b	c	d	e	f	g	h	i	j	k	
Unit Type	No. of Units	Bedrooms Per Unit	Bathrooms Per Unit	Sq Ft Per Unit	Current Rent	Monthly Net Rent Per Unit	Monthly Utility Allowance	Monthly Gross Rent Per Unit (g+h)	Percent Median Income	Yearly Gross Rent All Units (i x b)	
L	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	
										Total Rent (Year)	\$ <input type="text"/>
										Other Income (Describe)	\$ <input type="text"/>
										Other Income (Describe)	\$ <input type="text"/>
										Total Annual Income	\$ <input type="text"/>
										Total Units	<input type="text"/>
										Total Square Feet	<input type="text"/>

Term of Affordability (i.e., 30 yrs, Life of Project):



**Development – Operating Expense**

OPERATING EXPENSE ITEM	ANNUAL COST	COST PER UNIT
<b><i>General Administrative</i></b>		
Advertising & Marketing	\$ <input type="text"/>	\$ <input type="text"/>
Legal/Partnership Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Accounting/Audits	\$ <input type="text"/>	\$ <input type="text"/>
Security	\$ <input type="text"/>	\$ <input type="text"/>
Property Tax	\$ <input type="text"/>	\$ <input type="text"/>
Subtotal:	\$ <input type="text"/>	\$ <input type="text"/>
<b><i>Management – Fees</i></b>		
<b><i>Utilities</i></b>		
Gas & Electric	\$ <input type="text"/>	\$ <input type="text"/>
Water & Sewer	\$ <input type="text"/>	\$ <input type="text"/>
Trash Removal	\$ <input type="text"/>	\$ <input type="text"/>
<b><i>Operating</i></b>		
Payroll Taxes & Overhead	\$ <input type="text"/>	\$ <input type="text"/>
Telephone	\$ <input type="text"/>	\$ <input type="text"/>
Insurance	\$ <input type="text"/>	\$ <input type="text"/>
Office Expenses	\$ <input type="text"/>	\$ <input type="text"/>
All other operating	\$ <input type="text"/>	\$ <input type="text"/>
Subtotal:	\$ <input type="text"/>	\$ <input type="text"/>
<b><i>Maintenance</i></b>		
Maintenance – Labor	\$ <input type="text"/>	\$ <input type="text"/>
Maintenance – Supplies	\$ <input type="text"/>	\$ <input type="text"/>
Repairs – Labor	\$ <input type="text"/>	\$ <input type="text"/>
Repairs – Supplies	\$ <input type="text"/>	\$ <input type="text"/>
Landscape & Grounds – Labor	\$ <input type="text"/>	\$ <input type="text"/>
Landscape & Grounds – Supplies	\$ <input type="text"/>	\$ <input type="text"/>
Pest Control	\$ <input type="text"/>	\$ <input type="text"/>
Replacement Reserve	\$ <input type="text"/>	\$ <input type="text"/>
Subtotal:	\$ <input type="text"/>	\$ <input type="text"/>
<b>ANNUAL OPERATING COST</b>	<b>\$ <input type="text"/></b>	<b>\$ <input type="text"/></b>



# AFFORDABLE HOUSING APPLICATION Page 12

## Development Costs

DEVELOPMENT COST ITEM	PERCENT	AMOUNT	COST PER UNIT	COST PER SQ FT	ELIGIBLE BASIS (Tax Credit Projects)
<b>AQUISITION</b>					
Land		\$ 482,875	\$ 40,239	\$ 26.47	\$
Buildings		\$ Inc	\$ Inc	\$ Inc	\$
Subtotal	%	\$ 482,875	\$ 40,239	\$ 26.47	\$
<b>SITE IMPROVEMENTS</b>					
Site Improvements		\$ 582,104	\$ 48,509	\$ 31.91	\$
Demolition		\$ Inc	\$ Inc	\$ Inc	\$
Off-Site Improvements		\$ 113,404	\$ 9,450	\$ 6.22	\$
Subtotal	%	\$ 695,508	\$ 57,959	\$ 38.13	\$
<b>STRUCTURES</b>					
Main Buildings		\$ 1,957,535	\$ 163,128	\$ 107.32	\$
Accessory Buildings		\$ N/A	\$ N/A	\$ N/A	\$
Garages		\$ Inc	\$ Inc	\$ Inc	\$
Subtotal	%	\$ 1,957,535	\$ 132,191	\$ 86.97	\$
<b>CONSTRUCTION CONTINGENCY</b>					
Overhead & Fees		\$ 345,403	\$ 28,783	\$ 18.94	\$
General Requirements		\$	\$	\$	\$
Builders Overhead		\$	\$	\$	\$
Builders Profit		\$	\$	\$	\$
Bond Premium		\$ 45,000	\$ 3,750	\$ 2.47	\$
Other Fees		\$	\$	\$	\$





# AFFORDABLE HOUSING APPLICATION Page 13

DEVELOPMENT COST ITEM	PERCENT	AMOUNT	COST PER UNIT	COST PER SQ FT	ELIGIBLE BASIS (Tax Credit Projects)
Architect – Design		\$ 329,700	\$ 27,475	\$ 18.08	\$
Architect- Supervision		\$ 0	\$ 0	\$ 0	\$
Subtotal	%	\$ 329,700	\$ 27,475	\$ 18.08	\$
<b>CHARGES &amp; INTEREST</b>					
Construction Interest Cost		\$	\$	\$	\$
Real Estate Taxes		\$	\$	\$	\$
Insurance		\$	\$	\$	\$
Mortgage Ins. Premium		\$	\$	\$	\$
Mortgage Exam Fee		\$	\$	\$	\$
Mortgage Inspection Fee		\$	\$	\$	\$
Loan Orig. Fee –Construction		\$	\$	\$	\$
Loan Orig. Fee – Permanent		\$	\$	\$	\$
Title & Recording		\$	\$	\$	\$
Other Charges		\$	\$	\$	\$
Subtotal	%	\$	\$	\$	\$
<b>LEGAL ORGANIZATION &amp; AUDIT</b>					
Legal		\$	\$	\$	\$
Organization		\$	\$	\$	\$
Audit		\$	\$	\$	\$
Subtotal	%	\$	\$	\$	\$
<b>OTHER COSTS</b>					
Developer's Fee		\$	\$	\$	\$



# AFFORDABLE HOUSING APPLICATION Page 14

DEVELOPMENT COST ITEM	PERCENT	AMOUNT	COST PER UNIT	COST PER SQ FT	ELIGIBLE BASIS (Tax Credit Projects)
Consultant Fee		\$ 21,500	\$ 1,791.67	\$ 1.18	\$
Operating Reserve		\$	\$	\$	\$
Contingency		\$ 429,779	\$ 35,814.91	\$ 23.56	\$
Relocation Cost		\$	\$	\$	\$
Marketing & Rent-Up		\$	\$	\$	\$
Surveys & Soil Borings		\$	\$	\$	\$
Appraisal Costs		\$ 22,969	\$ 1,914.08	\$ 1.26	\$
Market Study		\$	\$	\$	\$
Environmental Study		\$	\$	\$	\$
Permits		\$ 380,000	\$ 31,667	\$ 20.83	\$
Tcac Fees		\$	\$	\$	\$
Setup & Loan Monitoring Fees		\$	\$	\$	\$
Other:_____		\$ 17,304	\$ 1,442	\$ .95	\$
Other:_____		\$	\$	\$	\$
Other:_____		\$	\$	\$	\$
Other:_____		\$	\$	\$	\$
Subtotal	%	\$	\$	\$	\$
<b>TOTAL DEVELOPMENT COST</b>	<b>100%</b>	<b>\$ 4,727,573</b>	<b>\$ 393,964</b>	<b>\$ 259.19</b>	<b>\$</b>



# AFFORDABLE HOUSING APPLICATION Page 15

## Development – Pro Forma

DESCRIPTION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	YEAR 7	YEAR 8
Rental Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gross Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Vacancy	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Effective Gross Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating Expense	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Net Operating Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Debt Service	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Residual Cash	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Replacement Reserve	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating Reserve	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Debt Service Coverage	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cumulative Residual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>



# AFFORDABLE HOUSING APPLICATION Page 16

DESCRIPTION	YEAR 10	YEAR 9	YEAR 11	YEAR 12	YEAR 13	YEAR 14	YEAR 15
Rental Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gross Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Vacancy	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Effective Gross Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating Expense	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Net Operating Income	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Debt Service	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Residual Cash	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Replacement Reserve	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Operating Reserve	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Debt Service Coverage	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Cumulative Residual	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**YEARLY INCOME & EXPENSES**

Rental Income: \$

Other Income: \$

Operating Expenses: \$

Rental Income: \$

**ASSUMED ANNUAL INCREASES**

Rental & Other Income:  %

Operating Expenses:  %

Vacancy Losses:  %

Mortgage Amount: \$

Mortgage Rate:  %

Mortgage Term (Years):

Number of Units:  dus



**Required Attachments**

The following items must be attached to this request:

- Completed Disclosure Statement of Ownership Interests within the project (Appendix A).
- Street map that identifies the project and neighborhood boundaries.
- Site development plan for affordable housing units; and
- Complete description of financial assistance or incentives including specific terms that are, or will be requested from the City of Chula Vista for the project, if applicable.

**Certification/Authorization**

Kenneth Kos, an authorized representative of the developer, certifies that the information contained in this application is true and correct. Authorization is provided to the City of Chula Vista and its Housing Authority to verify information provided in this application, including but not limited to the developer’s credit rating, status and payment history of real estate loans and performance on contracts with third parties. The City/Authority is further authorized to use photocopies of this authorization to obtain third party contractual and credit references and status of the developer’s obligations. The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by applicable law.

**Signature.:**

**Date:** 3/3/2017

**Printed Name:** Kenneth Kosman

**Title:** Chief Construction Officer

**Address:** 10222 San Diego Mission Road, San Diego, Ca. 92108

**Telephone No.:** 619-227-8871      **E-Mail:** kenk@sdhfh.o

THIS BOX IS FOR CITY USE ONLY	
Date Request Received:	<input type="text"/>
Staff Recommendation:	<input type="text"/>
Date of Housing Advisory Commission Review:	<input type="text"/>
Action on Request by Housing Advisory Commission:	<input type="text"/>
Other Comments:	<input type="text"/>



### Disclosure Statement

Pursuant to City Council Policy 101-01, prior to any action on a matter that requires discretionary action by the City Council, Planning Commission or other official legislative body of the City, a statement of disclosure of certain ownerships, financial interests, payments, and campaign contributions must be filed. The following information must be disclosed:

- 1. List the names of all persons\* having a financial interest in the project that is the subject of the application, project or contract (e.g., owner, applicant, contractor, subcontractor, material supplier).

N/A	

- 2. If any person\* identified in section 1. is a corporation or partnership, list the names of all individuals with an investment of \$2000 or more in the entity.

N/A	

- 3. If any person\* identified in section 1. is a non-profit organization or trust, list the names of any person who is the director of the non-profit organization or the names of the trustee, beneficiary and trustor of the trust.

N/A	

- 4. Please identify every person,\* including any agents, employees, consultants, or independent contractors, whom you have authorized to represent you before the City in this matter.

Lori Holt Pfeil	Kenneth Kosr
Mark Emch	Anne Kilpatric



**Disclosure Statement** – Page 2

5. Has any person\* identified in 1., 2., 3., or 4., above, or otherwise associated with this contract, project or application, had any financial dealings with an official\*\* of the City of Chula Vista as it relates to this contract, project or application within the past 12 months?

Yes       No

If yes, briefly describe the nature of the financial interest the official\*\* may have in this contract.

6. Has any person\* anyone identified in 1., 2., 3., or 4., above, or otherwise associated with this contract, project or application, made a campaign contribution of more than \$250 within the past twelve (12) months to an official of the City of Chula Vista?

Yes       No

If Yes, briefly describe the nature of the financial interest the official\*\* may have in this contract.

7. Has any person\* identified in 1., 2., 3., or 4., above, or otherwise associated with this contract, project or application, provided more than \$440 (or an item of equivalent value) to an official\*\* of the City of Chula Vista in the past twelve (12) months? (This includes any payment that confers a personal benefit on the recipient, a rebate or discount in the price of anything of value, money to retire a legal debt, gift, loan, etc.)

Yes       No

If Yes, which official\*\* and what was the nature of item provided?

8. Has any person\* identified in 1., 2., 3., or 4., above, or otherwise associated with this contract, project or application, been a source of income of \$500 or more to an official\*\* of the City of Chula Vista in the past twelve (12) months?

Yes       No

If yes, which official\*\* and the nature of the item provided?





**Disclosure Statement** – Page 3

3/3/2017

Date

Signature of Contractor/Applicant

Kenneth Kosr

Print or type name of Contractor/Applicant

- \* Person is identified as: any individual, firm, co-partnership, joint venture, association, social club, fraternal organization, corporation, estate, trust, receiver, syndicate, any other county, city, municipality, district, or other political subdivision, or any other group or combination acting as a unit.
- \*\* Official includes, but is not limited to: Mayor, Council member, Planning Commissioner, Member of a board, commission, or committee of the City, and City employees or staff members.
- \*\*\* This Disclosure Statement must be completed at the time the project application, or contract, is submitted to City staff for processing, and updated within one week prior to consideration by the legislative body.