# 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).

# 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: |
| \$310,713                   | N/A. Funding requested is determined by amount available. | \$329,919           |



# 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:

\$35,000

Amount of CDBG Requested:

\$35,000

Amount Recommended:

\$35,000





## **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 requirment, 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: **\$20,000** 

Amount of CDBG Requested:

\$20,000

Amount Recommended:

\$20,000



## **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.

**Public Services** Project Category:

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:

Amount of CDBG Requested: \$208,093 \$14,000

Amount Recommended:

\$11,000





# FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:  | Public service  |  |               | Housin             | g  |                                       |  |             |                               |
|--|---|--|---------------|--------------------|--|---------------------------------------|--|-------------|-------------------------------|
| (check one only)   | Capital improvem                                      | nent/Facil   | ity Improver  | nent               |  |                                       |  |             |                               |
| A  |   |  |               |                    |  |                                       |  |             |                               |
| Applicant Agend  | · · · · · · · · · · · · · · · · · · ·                 | twork of   | Can Diogo     |                    |  |                                       |  |             |                               |
| Applicant Legal<br>Name:   | Interfaith Shelter Ne                                 | TWORK OI .   | 29U Nieko     |                    |  |                                       |  |             |                               |
| Type of agency:  | ⊠501(c)(3)  | □Gov't.,   |               | □For Pro           | ofit                                       | ☐ Faith-                              | Based  | □Othe       | r:                            |
| Agency Address:  | 3530 Camino del Rio<br>San Diego, CA 92108            |  | ite 301,      | Agen               | ісу Тс                                     | ax Identifico                         | ation#:  | 95-2630     | )300                          |
| Date of<br>Incorporation:  | 4/24/1970   |  |               | A                  |  | y Central Col<br>Regis<br>http://www. | tration#   | Cage Co     | de 53JM5                      |
| Agency Annual Operating Budget:  | \$ 718,164  |  |               |                    |  | Agency I                              | DUNS#  | 964841      | 621                           |
| Number of paid staff:  | <b> </b> 9  |  |               |                    | Num  | ber of volu                           | nteers:  | 4100        |                               |
| self-sufficiency whi  Project Title  Rotational Shelter  |   | nity as chil   | ldren of God  |                    | anu (                                      | enable thu                            | se we se   | rve to me   | ove toward                    |
| The project will pro   | tion (Briefly describ                                 | me emerg   | gency shelter | r to home          |  |                                       |  |             |                               |
|  | vices to assist moving in<br>I to sub-contracted soci |  |               |                    |  |                                       | •  |             | - 1                           |
| Funding Reques   |   |  |               |                    |  |                                       |  | <del></del> | ,                             |
| Total funding requ   | ested in this application<br>detailed budget in App   | Control Control of the control of the Street | 14.000        | Other f            |  | already se                            | cured fo   | ř           | 25,000                        |
| Total cost to comp   | lete project:   |  | 208,093       | Other f<br>project |  | not yet sed                           | cured for  |             | 169,093                       |
| Project Informa  | ition   |  |               |                    |  |                                       |  |             |                               |
| If Project is a Public   | c Service, will service be                            | site spec  | ific? □Yes    | ⊠No                | enter (Francisco)<br>Parameter (Francisco) |                                       |  |             |                               |
| If your answer is <b>ye</b>  | es, please provide: Add                               | lress(es) b  | elow:         |                    | Cen  | sus tract:                            | The state of the s |             | designated as<br>e Income CT? |
| Marie Partition (Samples of Specific Assessment Assessment) and a second of the Specific Assessment (Specific Assessment) and the Specific Assessm |   |  |               |                    | Rosert, son.                               |                                       | □Yes   | □No         |                               |
|  |   |  |               |                    |  |                                       | □Yes   | □No         |                               |
|  |   |  |               |                    |  |                                       | □Yes   | □No         |                               |

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

| 11 0  | couldo ercos   | sico description of the   | (F+)   | project/argument consists of a veriety of   |
|---|--|---|--|---|
| the withing the demand of the wind in brown | the Charles of the Control of the Charles of the Control of the Co | rmust include all (i.e. food, case  | apity (Activity) participal responses (Activity) and all provided that the control of the contro | project/program consists of a variety of  |
| The pro<br>individu<br>guests a             | pject will pro<br>lals and serv<br>are referred  | vide seasonal, night-time emerg<br>vices to assist moving individuals   | ency shelter to homeles<br>and families towards tra<br>agencies for intake, scre   | is low-to-moderate income families and ansitional or permanent housing. Shelter eening, and on-going case management, and meals and support.  |
| 1.2. P                                      | roject start (   | date: 7/1/2017  | Anticipate   | d end date: 6/30/2018   |
| 1.3. P                                      | roject's day:  | s/hours of operation: M-F 8:30  | 0 - 5  |   |
|   | roject<br>ategory:   | □ Public service  | 1.5 Project objective:   | Suitable living environment   |
|   | heck one only)   | Conital improvement and   | (check one only)   | Decent housing Economic opportunity   |
|   |  | Capital improvement and Public Facility Improvements  | 1.6 Project outcome:   | Availability/accessibility  Affordability   |
|   |  |   | (check one only)   | Sustainability  |
| Res<br>Will the<br>Total no<br>Annual       | idential Reh<br>project serv<br>umber undu<br>cost per clie  | abilitation projects:<br>ve individual persons (Ip) or hous<br>plicated IC/HH served in 2016/17<br>ont/household: | eholds (HH)? S Ind<br>Currently po<br>\$875/cli Co   | d apply only to Public Service, and Minor lividual Persons OR Households roviding services. 16 served to date. 30 goal. unty-wide. No figure available for South Bay  |
|   |  | ı: Which CDBG criterion below do  |  |   |
|   | Please <b>provic</b><br>liven area, s<br>naps with th  | <b>de a map</b> identifying the Census<br>uch as projects related to a comi                                       | Tracts designated as LN<br>munity center/public fac<br>aries clearly outlined. F   | tivity area are low to moderate income (LMI).  Al. If your project serves all the residents of a cility or a fire station, please provide a map or failure to provide service area maps with the ble for funding. |
|   |  | <b>  clientele</b> (select subpart below <sub>,</sub>   |  |   |
|   |  | sumed Benefit - Special needs gr  | oup (select benefit grou   | p from the list below):   |
|   | (i)  |   | dou (univet un aliatalia al-a-   | wastation of according billion  |
|   |  | <u> </u>  | uer (must maintum uocu   | internation of age engionity)   |
|   | (i)  | ·   | definition. Must maint   | ain proof documentation)  |
|   | (v   |   |  |   |
|   | ,  | i) Migrant farm workers   |  |   |
|   |  | ii) Homeless persons (must meet   |  |   |
| , L   |  | least 51% of clientele to be serve<br><b>g</b> (select subpart below):  | a must be tivii.   |   |
|   |  | e family (must be 100% LMI)   | (b) Multi-unit (r  | nust be 51% LMI)  |
| 1.9. 7                                      | he 2015-201  | 19 Consolidated Plan goals are lis  | sted below. Select the g   | oal appropriate to your project:  |
|   |  | ental Housing Opportunities   |  |   |
|   |  | and Preservation of Housing (re   |  |   |
|   |  | ship Opportunities (homebuyer p<br>ovement Projects and Communit  |  | acilities (snaces)  |
|   | <del>`</del>   | es to Special Needs Population ar   | <u>-``</u> <del>`</del>  |   |

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, transp | ortation, 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      |

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

| 1.16. Will the project collaborate with other service providers in the community? If yes, list them    |        | Yes [    | T) No    |
|--|--------|----------|----------|
| and briefly describe the collaboration:  |        | ies l    |          |
| Interfaith Shelter Network will sub-contract with one to two social service agencies in South Bay to p | rovide | e intake | <u>,</u> |
| screening, referrals and on-going case management. We anticipate them to be South Bay Communit         | y Serv | ices an  | d are    |
| seeking another area agency. ISN also collaborates with up to 10 congregations in the South Bay and    | an ad  | lditiona | l 30 in  |
| the county to provide shelter sites and volunteer staffing. These are scattered throughout the South   | Bay a  | rea, inc | luding   |
| Chula Vista, Imperial Beach, National City, South San Diego, and Nestor.                               |        |          |          |

# **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:  | loe Zilvinskis  |
| A Charles of the Control of the Cont | Rotational Shelter Manager/Director of Operations                     |
| Relevant education:  | MS Systems Management, Navy Drug & Alcohol Counselor Program          |
| Telephone number:  | 619-702-5399  |
| Date first employed:   | 1 November, 1995  |

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

| Consideration and the control of the | person responsible for the day-to-day operations and management of the proposed project?<br>• than two individuals: |
|--|---|
|  | enun erro manyadus.   |
| Name of person:  | William Zuconni   |
| Title of person:   | Rotational Shelter Coordinator  |
| Relevant education:  | BS Police Administration, 12 yrs Congregational Coordinator, Rotational Shelter Program                             |
| Telephone number:  | 619-702-5399  |
| Date first employed:   | 1 June 2015   |
|  |   |
| Name of person:  | Joe Zilvinskis  |
| Title of person:   | Rotational Shelter Manager/Director of Operations   |
| Relevant education:  | MS Systems Management, Navy Drug & Alcohol Counselor Program  |
| Telephone number:  | 619-702-5399  |
| Date first employed:   | 1 November, 1995  |

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? |
|----------------------|--|
| Provide no more      | than two individuals:  |
| Name of person:      | Joe Zilvinskis   |
| Title of person:     | Rotational Shelter Manager/Director of Operations  |
| Relevant education:  | MS Systems Management, Navy Drug & Alcohol Counselor Program                                   |
| Telephone number:    | 619-702-5399   |
| Date first employed: | 1 November, 1995   |
|                      |  |
| Name of person:      | Trisha Brereton  |
| Title of person:     | Executive Director   |
| Relevant education:  | Frmr CEO, Paradise Valley Hospital Foundation  |
| Telephone number:    | 619-702-5399   |
| Date first employed: | 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 <b>Policies and Procedures</b> in place for the <u>specific</u> program 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 your organization is funded your organization. | ou . |
|-------|--|------|
|       | 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).   | ne   |
| 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 number of eligible persons in the applicant(s)'s family?  | Y    |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | Y    |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>   |      |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Υ    |
| ٧.    | For Presumed Benefit Activities:   | Υ    |
| •     | 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)]  |      |
|       | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |      |
| vi.   | For Limited Clientele Activities:  | N/A  |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A  |
|       | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?   | Υ    |
| ix.   | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?   | Υ    |

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

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 | h                |  |
| the project's target area? Indicate which ones in Appendix F.                           | [ <del>*</del> ] |  |

## 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**

for such services throughout the City from other programs.

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

| (a., e e- / ee, // e, e  |                    |                    |                |                    |
|--|--------------------|--------------------|----------------|--------------------|
| 4.1. Briefly highlight your agency's experience and major accomplishments in providing services to communities.  | LMIr               | esiden             | ts an          | d/or               |
| Throughout its 30 years of providing the above services, the program has sheltered 9,250 homeless bed nights County-wide using the model above. In the South Bay area, more than 415 homeless per for over 16,100 ben nights in the last 13 years through this program. Over that time, more than 50% transitional or permanent housing County - wide. Over that time, more than 50% of the adults left with they were entitled County - wide. | ople w<br>6 left o | ere sh<br>our pro  | elter<br>gram  | ed<br>i for        |
| 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.  | $\boxtimes$        | Yes                |                | No                 |
| Click here to enter text.  | 1                  |                    |                |                    |
| 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?  | $\boxtimes$        | Yes                |                | No                 |
| If unable to secure funding to meet the basic operating costs, service levels will decrease commensure of funding. As the program is County-wide, services that would have been provided in the city may I   |                    |                    |                | el                 |
|  |                    |                    |                |                    |
| 5.2. If funded, how will your agency continue this project if CDBG funds are not available in future   | years î            | •                  |                | Son Account To Son |
| The Rotational Shelter Program secures financial support from various sources that include the Cour<br>of Chula Vista, private grants, Cities of San Diego, Oceanside, and San Marcos, foundations, and indi<br>meet operating costs. If funded and future funding to meet the basic operating costs is not available<br>decrease commensurate with the level of funding. Depending on the level of support from non-gove                      | ividual<br>e, serv | l donat<br>ice lev | tions<br>els w | to<br>ill          |
| this may mean a decrease in the length or amount of shelter provided in the City of Chula Vista, thu   | c incr             | acina              | tha n          | hoo                |

## 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: | Public service  | Complete Appendices A-1, A-2, and <b>A-3</b> .         |
|-------------------|---|--|
| (check one only)  | Capital improvement (see below):                                    |  |
|                   | Does this Capital Improvement \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | If no, complete Appendices A-1, A-2, and A-4.          |
|                   | Project involve Minor Residential Rehabilitation?                   | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |

- 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 <u>category</u> 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  |
|-------------|---|---|-------------|
| 7           | TuskyActivity                           | Description   | Date        |
| 1           | Solicit schedule input                  | Solicit schedule input for upcoming shelter season        | July 2017   |
|             |   | from participating congregations for sequential dates     |             |
| 2           | Contract case management agencies       | Recruit agencies for sub-contracting to provide intake,   | August 2017 |
|             |   | referral, and on-going case management services.          |             |
| 3           | Develop schedule                        | Develop schedule for upcoming shelter season using        | August 2017 |
|             | ·                                       | input from participating congregations                    |             |
| 4           | Prepare Congregation Orientation Packet | Review, revise, and prepare packet materials for          | August 2017 |
|             |   | coordinators to use at their congregational sites.        |             |
| 5           | Recruit workshop volunteers             | Recruit & re-train volunteers to provide Career Planning  | On-going    |
|             |   | and Budgeting workshops for shelter guests                |             |
| 6           | Case Management Materials               | Review, revise, and prepare packet materials for case     | September   |
|             |   | managers to use in conducting sub-contracted services     | 2017        |
| 7           | Conduct Case Management Training        | Conduct training of all sub-contracted agencies,          | September   |
|             |   | focusing on program eligibility & procedural compliance   | 2017        |
| 8           | Conduct Congregational Coordinator      | Conduct training of shelter volunteer congregational      | September   |
|             | Training                                | coordinators covering multiple topics as needed.          | 2017        |
| 9           | Workshop Scheduling & Training          | Conduct training, schedule and elicit commitments for     | September   |
|             |   | workshops for Career Planning & Budgeting volunteers.     | 2017        |
| 10          | Congregation Orientation                | Conduct orientation meetings at each geographic           | October     |
|             |   | branch to confirm shelter schedule, contacts, rules,      | 2017        |
| 11          | Shelter Opening, Operation and          | Coordinate with assigned Congregational Coordinators      | Dec 2017 -  |
| , ,         | Coordination                            | and case managers daily regarding shelter opening,        | April 2018  |
|             | ·                                       | bed count and availability, update 2-1-1 and other        |             |
|             |   | partners  |             |
| 12          | Shelter maintenance                     | Conduct evening shelter site visits. Regular contact with | Dec 2017 -  |
|             |   | shelter congregational coordinators regarding shelter.    | April 2018  |
| 13          | Facilitate Workshop presentation        | Coordinate between shelter providers and workshop         | Dec 2017 -  |
| ļ` <u> </u> |   | volunteers for the presentation of workshops at shelter   | April 2018  |
| 14          | Case Management Monitoring              | Conduct site visits to sub-contracted case management     | Dec 2017 -  |
| Ĺ <i>′</i>  |   | agencies to ensure contract compliance                    | April 2018  |
| 15          | Close shelters and Conduct Wrap-Up      | Conduct wrap-up meeting to evaluate season for            | May 2018    |
| Ľ.          | sessions                                | improvements/corrective action                            |             |
| 16          | Compile data                            | Compile data regarding services, outcome and results,     | March to    |
| ļ ,         |   | data accuracy, provision of data for City CAPER.          | 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 Interfaith Shelter Network of San Diego 1. Agency name: 2. Project name: Rotational Shelter Program 3. Year of funding: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: $\boxtimes$ CDBG HOME Other (Indicate below) Click here to enter text. 5. Amount awarded: 11,000 11,000 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): 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. 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 Rotational Shelter Program Project name: 3. Year of funding: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: $\bowtie$ CDBG **HOPWA ESG** HOME CDBG-R **HPRP** NSP 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: Fiscal Year 2015 Fiscal Year 2014 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: **HOPWA** ESG HOME

**NSP** 

CDBG-R

**HPRP** 

Other (Indicate below):

| 5. Amount awarded:                      | 11,000              | 6. Amount spent to date: 11,000  |
|---|---------------------|--|
| 7. Amount reprogrammed to date:         | 0                   | The state of the s |
| 8. Indicate below the outcomes anticip  | ated (refer to the  | original application for the project, if possible):  |
|   |                     | ations in the South Bay for a total of 16 weeks between  |
|   |                     | actor will also: 1) Intake screening 2)Establish and evaluate  |
| client case plans 3) Provide assistance | to clients with obt | aining permanent or transitional housing 4)Assistance with   |
| obtaining employment and public cash    |                     | <b>3</b> ,   |
| 9. Indicate below the outcomes achieve  | ed:                 |  |
| Provided shelter, case management, t    | ransportation to 3  | 8 people total homeless, with 70% of adults leaving with   |
|   |                     | ional volunteers and facilities. An area social service agency   |
|   |                     | geting and career planning workshops were presented to clients.  |
|   |                     | ify which ones and explain why helow:  |

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 recomended funding amount.

|  | AMOUNT<br>SECURED | AMOUNT<br>UNSECURED | % OF<br>TOTAL |  |
|--|-------------------|---------------------|---------------|--|
| FY 2017-2018 CDBG Application Request from City of Chula | Vista (Step 1)    | \$14,000            | 7%            |  |
| List Other Sources Below: (Step 2)                       |                   |                     |               |  |
| 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%            |  |
| TOTAL  | \$25,000          | \$183,093           | 100%          |  |

| 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.

| Balance Sheet - Audited Financial Statements. FY CY  Document must be attached to Application   |   |
|---|---|
| Enter Agency Cash Balance<br>(Cash cannot include Investments or Receivables)   | 93,756                                      |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)  | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)   | 14,000                                      |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fur  Item A 375,024 Item B 14,000   | nding Request (Item B):  Difference 361,024 |
| Analyze Results   |   |
| 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) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPL B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL | LICATIONS AND                               |
|   |   |

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

| AGENCY                                | Interfaith Shelter Network                                    |          |            |
|---------------------------------------|---|----------|------------|
| PROJECT                               | Rotational Shelter Program                                    |          |            |
|                                       |   | CDBG     |            |
| SALARIES & WAGES                      | (Schedule 2)  | 8,600    |            |
| FRINGE BENEFITS                       | (Schedule 3)  |          |            |
|                                       | TOTAL PERSONNEL   | 8,600    |            |
| SUPPLIES                              | (Schedule 5)  |          |            |
| POSTAGE                               | (Schedule 5)  |          |            |
| CONSULTANT SERVICES                   | (Schedule 5)  | 2,400    |            |
| MAINTENANCE/REPAIR                    | (Schedule 5)  |          |            |
| PUBLICATIONS/PRINTING                 | (Schedule 5)  |          |            |
| TRANSPORTATION                        | (Schedule 5)  |          |            |
| RENT                                  | (Schedule 5)  | 3,000    |            |
| 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   | 5,400    |            |
| TOTAL INDIRECT COSTS/ADMINISTRATIVE O |   |          | Percentage |
| [IC/AO Expenses limited to 15         | (Schedule 4)  which is a second of Total CDBG Project Budget] |          | 0          |
|                                       | TOTAL CDBG PROJECT BUDGET                                     | 14,000   |            |
|                                       |   | Page 1.0 | f 5        |

# 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 <u>direct project/client services</u>. 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.

Interfaith Shelter Network

TOTAL CDBG SALARY & WAGES

| PROJECT                        | Rotational Shel | lter Program |                |
|--------------------------------|-----------------|--------------|----------------|
| (1)                            | (2)             | (3)          | (4)            |
| (1)                            | (2)             | PERCENT      | TOTAL          |
| POSITION TITLE                 | GROSS PAY       | CHARGED      | 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        |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | •              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                |                 |              | -              |
|                                | +               | ·            | -              |
|                                |                 |              | -              |
|                                |                 |              | •              |
|                                | 1               |              |                |

- 1. List all positions charged against CDBG funding providing direct CDBG project/client activity.
- 2. List gross pay for each position listed.

AGENCY

3. List percent of gross pay to be charged against CDBG funding.

| Pay Schedul | e (Check One)        |
|-------------|----------------------|
| ×           | _Monthly<br>Biweekly |
|             | Twice a Month        |

8,600

# 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         | Inter                      | faith Shelter Netwo | ork           |                    |          |
|----------------|----------------------------|---------------------|---------------|--------------------|----------|
| PROJECT        | Rotational Shelter Program |                     |               |                    |          |
| (1)            | (2)                        | (3)                 | (4)           | (5)                | (6)      |
| POSITION TITLE | FRINGE TITLE               | AMT OF<br>INSURANCE | GROSS PAY     | PERCENT<br>CHARGED | AMOUNT   |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | _        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | _        |
|                | ,                          |                     |               |                    | -        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | <u>-</u> |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    | -        |
|                |                            |                     |               |                    |          |
|                |                            |                     | TAL CDBG FRIN |                    | -        |

| 1. Li | st all POSITIONS o | charged against | CDBG funding | providing direct | CDBG pro | ject/client activity | y. |
|-------|--------------------|-----------------|--------------|------------------|----------|----------------------|----|
|       |                    |                 |              |                  |          |                      |    |

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Sch | edule (Check One) |
|---------|-------------------|
|         | Monthly           |
| х       | Biweekly          |
|         | Twice a Month     |
|         | _                 |

| Page | 3 | of | <br>5 |
|------|---|----|-------|

# 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.

Interfaith Shelter Network

| PROJECT                  | Rotational Shelte  | er Program         |   |
|--------------------------|--|--------------------|---|
|                          |  |                    |   |
| (1)                      | (2)  | (3)                | (4)   |
| POSITION TITLE/LINE ITEM | AGENCY BUDGET AMOUNT   | PERCENT<br>CHARGED | TOTAL INDIRECT<br>COST/ADMINISTRATIVE<br>OVERHEAD |
|                          |  |                    |   |
|                          |  |                    |   |
|                          |  |                    |   |
|                          |  |                    |   |
|                          |  |                    |   |
|                          | d de la companya de l |                    |   |
|                          |  |                    |   |
| TOTAL CDBG               | INDIRECT COST/ADMINISTRAT  | TIVE OVERHEAD      |   |
| (5) Total CDBG Budget    | 14,000   | Percentage         | 0.00%   |
|                          | ,  |                    | (Must be equal or less than                       |

- 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.

**AGENCY** 

- 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 | e (Check One) |
|--------------|---------------|
|              | Monthly       |
| Х            | Biweekly      |
|              | Twice a Month |
|              | •             |

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

| AGENCY   | Interfaith Shelter Network                       |             |             |       |
|--|--|-------------|-------------|-------|
| PROJECT  | Rotational Shelter Program                       |             | <del></del> |       |
| LINE ITEM  | CONSULTANT SERVICES                              |             | AMOL        | INT   |
|  | GONDOLINA DERVICES                               |             | AWO         | ) ¥   |
| Detailed Explanation:  |  |             |             | •     |
| Case Management Services Client Transportation   |  | _           |             | 1,400 |
| Chefit transportation  |  | _           |             | 1,000 |
|  |  | [           |             |       |
|  |  | -           |             |       |
|  |  |             |             |       |
|  |  | <del></del> |             |       |
|  |  | TOTAL       | \$          | 2,400 |
| LINE ITEM  | Office Rent                                      |             | AMOL        |       |
| Detailed Explanation:  |  |             |             |       |
|  | ve office rent where program planning and        |             |             | 3,000 |
|  | s to sub-contracted agencies take place. Portion | -           |             |       |
| represents less than 13% of t  |  | <b>—</b>    |             |       |
|  |  | _           | •           |       |
|  |  | _           | •           |       |
|  |  |             |             |       |
|  |  |             |             |       |
|  |  | TOTAL       | \$          | 3,000 |
| LINE ITEM  |  |             | AMOL        | JNT   |
| Detailed Explanation:  |  |             |             |       |
|  |  |             |             |       |
|  |  | _           |             |       |
|  |  | _           |             |       |
|  |  |             |             |       |
|  |  | _           |             |       |
|  |  |             |             |       |
| and the second s |  |             |             |       |
|  |  | TOTAL       | \$          |       |

<sup>\*</sup>All line items must be justified in relation to @BG-funded activities to be completed. Add pages as needed.

## **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:

\$901,387

Amount of CDBG Requested:

\$39,550

Amount Recommended:

\$39,550





# FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:   | Public service   |  | Housing                                  |                              |   |   |
|---|--|--|--|------------------------------|---|---|
| (check one only)  | Capital improveme  | nt/Facility Improve  | ement                                    |                              |   |   |
| Applicant Agenc   | v Information  |  |  |                              |   |   |
| Applicant Legal Name:   | South Bay Community  | Services   |  |                              |   | -   |
| Type of agency:   | ⊠501(c)(3) [   | Gov't./Public  | ☐ For Profit                             | ☐ Faith                      | -Based  | □Other:   |
| Agency Address:   | 430 F Street, Chula Vis  | Agency 1   | Tax Identific                            | ation #:                     | 95-2693142                                    |   |
| Date of<br>Incorporation:   | September 1972   |  | cy Central Co<br>Regi:<br>(http://www    | stration#                    | Renewal Date: 07/28/2017                      |   |
| Agency Annual<br>Operating Budget:  | \$ 30,394,648  |  |  | Agency                       | DUNS#   | 113407779   |
| Number of paid staff:   | 400  |  | Nu                                       | mber of vol                  | unteers:                                      | 1,200   |
| Project Title Homeless Services I   | Program  |  |  |                              |   |   |
| The Homeless Servi  | ion (Briefly describe<br>ces Program will build up<br>ng homelessness within t   | oon the housing ar   | d supportive s                           | ervices ava                  | ilable for                                    | those individuals and   |
| The Homeless Servi<br>families experiencir  | ion (Briefly describe<br>ces Program will build up<br>ng homelessness within t   | oon the housing ar   | d supportive s                           | ervices ava                  | ilable for                                    | those individuals and   |
| The Homeless Servi families experiencir Funding Request Total funding reque   | ion (Briefly describe<br>ces Program will build up<br>ng homelessness within t   | pon the housing ar<br>the City of Chula Vi                         | d supportive s<br>sta.                   | ervices ava                  |   |   |
| The Homeless Servi families experiencing Funding Request Total funding reque  | ion (Briefly describe ces Program will build up ag homelessness within to the control of the con | pon the housing ar<br>the City of Chula Vi                         | Other fund                               | 30                           | cured for                                     |   |
| The Homeless Servi<br>families experiencing<br>Funding Request<br>Total funding reque<br>(you will provide a comple<br>Total cost to comple                                 | ion (Briefly describe ces Program will build up ag homelessness within the sted in this application detailed budget in Appenate project:   | pon the housing ar the City of Chula Vi                            | Other fund                               | s already se                 | cured for                                     | \$861,837   |
| The Homeless Servi families experiencir Funding Request Total funding reque (you will provide a complete to complete Project Informate                                      | ion (Briefly describe ces Program will build up ag homelessness within the sted in this application detailed budget in Appenate project:   | the housing arthe City of Chula Vidix C: \$39,550                  | Other fund                               | s already se                 | cured for                                     | \$861,837   |
| The Homeless Servi families experiencing Funding Request Total funding reque (you will provide a complete Total cost to complete Project Informatif Project is a Public     | ion (Briefly describe ces Program will build up ag homelessness within the steel in this application detailed budget in Appendate project:   | spon the housing are the City of Chula Vidix C: \$39,550 \$901,387 | Other fund project:  Other fund project: | s already se                 | cured for<br>cured for<br>is Censu            | \$861,837   |
| The Homeless Servifamilies experiencing  Funding Request  Total funding reque  (you will provide a complet  Total cost to complet  Project Informat  If Project is a Public | ion (Briefly describe ces Program will build up in homelessness within the steel in this application detailed budget in Appendict in the project:  ion  Service, will service be significant in the service in the servi | spon the housing are the City of Chula Vidix C: \$39,550 \$901,387 | Other fund project:  Other fund project: | s already se<br>s not yet se | cured for<br>cured for<br>is Censu            | \$861,837<br>\$39,550<br>us Tract designated as                       |
| The Homeless Servi families experiencing Funding Request Total funding reque (you will provide a complete Total cost to complete Project Informatif Project is a Public     | ion (Briefly describe ces Program will build up in homelessness within the steel in this application detailed budget in Appendict in the project:  ion  Service, will service be significant in the service in the servi | spon the housing are the City of Chula Vidix C: \$39,550 \$901,387 | Other fund project:  Other fund project: | s already se<br>s not yet se | cured for<br>cured for<br>is Censu<br>a Low/i | \$861,837<br>\$39,550<br>Is Tract designated at<br>Moderate Income CT |

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

|                        | activities, you  | u must include all (i.e. j   | food, case n   | nanagement, e  | etc.)  |   |   |
|------------------------|--|--|--|--|--|---|---|
| famil<br>into<br>and d | ies experienci<br>the Coordinate<br>connection to  | ng homelessness withi<br>ed Assessment and Ho<br>resources and support   | n the City o<br>using Placer<br>ive services   | f Chula Vista.<br>ment System, s<br>which may in   | It will i<br>screeni<br>clude (l   | ve services available for those individuals and include assessment utilizing the VI-SPDAT, entrying for SBCS (and partner) housing availability, but are not limited to): emergency food and note and hotel/motel vouchers. | ′ |
| 1.2.                   | Project start  | date: July 1, 201  | 7  | A  | nticipa  | ted end date: June 30, 2018   |   |
| 1.3.                   | Project's day  | s/hours of operation:  | Too many   | to list here –   | see 1.1  | 10 below.   |   |
| 1.4.                   | Project category:  | Public service   |  | 1.5 Project objective  |  | Suitable living environment  Decent housing   |   |
|                        | (check one only)   | Capital improvem   |  | (check one of  |  | Economic opportunity  Availability/accessibility  | _ |
|                        |  |  |  | Outcome<br>(check one o  | 0.07771111172  | Affordability Sustainability  |   |
| R                      | esidential Reh   | abilitation projects:  |  |  |  | ved apply only to Public Service, and Minor  ndividual Persons OR Households  |   |
| The Real Property lies | NAME AND POST OFFICE ADDRESS OF THE OWNER, WHEN PERSON ADDRESS OF THE OWNE | ve individual persons (I<br>plicated IC/HH served .  |  | 100  |  | ndividual Persons OR Households   | 7 |
|                        |  | ent/household:   | 2010, 17.  |  | 6 per o  | client  | 1 |
|                        |  |  |  |  | 78   |   | _ |
|                        | (1) Area E Please provid given area, s maps with th applicable, w (2) Limited  (a) Pre (ii) (iii) (iv) (v) (v) (v)   | de a map identifying to<br>uch as projects related<br>the project service area<br>will make the project to<br>clientele (select subplay<br>sumed Benefit - Specion<br>Abused children<br>Elderly persons 62 y<br>i) Battered spouses<br>or Severely disabled (se | of residents the Census T I to a comm I(s) boundar be deemed that below): Il needs group rears or olde Per census a HIV/AIDS ers must meet I | within the tary racts designate unity center/pries clearly out incomplete ar up (select benomer (must maint definition. Must | geted of<br>red as l<br>public fo<br>tlined.<br>ad inelig<br>efit gro<br>ain doo | activity area are low to moderate income (LMI).<br>LMI. If your project serves all the residents of a<br>acility or a fire station, please provide a map or<br>Failure to provide service area maps with the                | - |
|                        |  | g (select subpart below  | <u> </u>   |  |  |   |   |
|                        | (a) Single   | e family (must be 1009   | 6 LMI)   | (b) Mul  | ti-unit  | (must be 51% LMI)   |   |
| 1.9.                   | Affordable Re<br>Maintenance<br>Homeowners   | 1.9 Consolidated Plan go<br>ental Housing Opportu<br>and Preservation of H<br>hip Opportunities (hon<br>ovement Projects and C   | nities<br>ousing (reho<br>nebuyer pro  | abilitation acti<br>grams)   | vities)  |   |   |

1.1. Provide a concise description of the proposed project/program. If the project/program consists of a variety of



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.

| Service to be Provided: Provide outreach homeless individuals/families into safe, s                          | 1. 100                           |   |
|--|----------------------------------|---|
| Outcomes   | Number of Proposed Beneficiaries | Method of Data Collection                           |
| 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:   | $\boxtimes$ | Yes     |      | No |
|---|-------------|---------|------|----|
| SBCS works closely the Regional Continuum of Care, other housing and service providers, and the C Department to provide comprehensive services and supports for the City's most vulnerable. | hula V      | ista Po | lice |    |
| Department to provide comprehensive services and supports for the City's most vulnerable.   |             |         |      |    |

# **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:  | Dina Chavez           |  |  |  |
| Title of person:   | Associate Director    |  |  |  |
| Relevant education:  | B.S. Criminal Justice |  |  |  |
| Telephone number:  | (619) 420-3620        |  |  |  |
| Date first employed:   | 1989                  |  |  |  |

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

|                      | person responsible for the day-to-day operations and management of the proposed project? than two individuals: |
|----------------------|--|
| Name of person:      | Amaris Sanchez   |
| Title of person:     | Program Director   |
| Relevant education:  | B.A. English & Women's Studies   |
| Telephone number:    | (619) 420-36920  |
| Date first employed: | 2003   |
| Name of person:      | Dina Chavez  |
| Title of person:     | Associate Director   |
| Relevant education:  | B.S. Criminal Justice  |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 1989   |

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? than two individuals: |
|----------------------|--|
| Name of person:      | Elizabeth Iniguez  |
| Title of person:     | CFO  |
| Relevant education:  | B.S. Business Administration   |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 1993   |
| Name of person:      | Gloria Ramirez   |
| Title of person:     | Lead Staff Accountant  |
| Relevant education:  | B.S. Accounting  |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 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 <b>Policies and Procedures</b> in place for the <u>specific</u> 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 eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?   | Х   |
| ii.   | Do the Policies and Procedures Set out the process for determining the number of eligible persons in the applicant(s)'s family?  | Х   |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | X   |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>   |     |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Х   |
| v.    | For Presumed Benefit Activities:   | Х   |
| •     | 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)]  |     |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |     |
| vi.   | For Limited Clientele Activities:  | N/A |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A |
|       | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?   | Х   |
| ix.   | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?   | x   |
| x.    | Do the Policies and Procedures identify the process of safeguarding client information?  | X   |
| xi.   | Do the Policies and Procedures identify the process for File Management?   | 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.

| 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. | 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)

of diverse funding sources, and limits liability and dependence upon one type of support.

|  | Circle   | 2007   |  |                            |
|--|--|--|--|----------------------------|
| 4.1. Briefly highlight your agency's experience and major accomplishments in providing services to communities.  | LMI re   | esiden   | its and  | d/or                       |
| South Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provider community development programs in San Diego County's South Bay. SBCS serves San Diego County's an area with a diverse population that is greatly affected by immigration, characterized by transience socioeconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it difind employment, affordable housing, and access community resources and services. SBCS was crea community members in 1971 as a drop-in center for drug abusing teens. Responding to evolving conconcerns, we have developed a wide range of integrated, bilingual, prevention, intervention, and treyouth and families, including mental health counseling; the region's only permanent shelter and suphomeless families, youth, and domestic violence victims and their children; transitional and affordab alcohol prevention and intervention; domestic violence prevention and intervention; community devabuse prevention and intervention; and extensive youth programming.  SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and opera Meals since July of 2003; Our Feeding America program has been in existence since August of 2010; of the San Diego Food Bank's Emergency Food Assistance program for families since March 2009; and Emergency Food Program has been in operation since we began sheltering homeless families in 1993 larger and more formally entrenched program every year since. | s Sout<br>e, low<br>ifficulted by<br>nmunicatmen<br>port solle hou<br>velopr<br>ating T<br>We had<br>d SBC | t for t<br>y dedi<br>ity ne<br>nt opt<br>ervice<br>using;<br>ment;<br>Thurso<br>seve be<br>S' In-H | Regio them to cated eds an tions to es for drug child day's een pa | n,<br>I<br>Ind<br>for<br>& |
|  |  |  |  |                            |
| 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.  | $\boxtimes$  | 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  | Ш  | No                         |
| The housing services and supports has increased at a time when funding has decreased, of the Homeless Services Program is essential to sustain this much needed service within If funded at an amount less than requested, we will continue to provide housing services but will be forced to serve fewer families and individuals.  | the i  | comr   | nunit  |                            |
|  |  |  |  |                            |
| 5.2. If funded, how will your agency continue this project if CDBG funds are not available in future ye  |  | 200  |  |                            |
| Funding support for the Homeless Services Program is spread over a wide base of local, county, state   | •  |  |  |                            |
| agencies as well as individual donors, local corporations, and private foundations, to guard against pr  | -  |  |  | ina                        |

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

| Complete the                            | omplete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category. |      |  |  |  |  |
|---|---|------|--|--|--|--|
| Project<br>category:<br>check one only) | Public service  |      | Complete Appendices A-1, A-2, and <b>A-3</b> . |  |  |  |
|   | Capital improvement (see bel  | ow): |  |  |  |  |
|   | Does this Capital Improvement   | ☐ No | If no, complete Appendices A-1, A-2, and A-4.  |  |  |  |

If yes, complete Appendices A-1, A-2, and A-5.

| Yes

• All project categories must complete the following:

Project involve Minor Residential

Rehabilitation?

- > Appendix A-1: List of All Funding Sources for the Project
- Appendix A-2: Three-Month Cash Rule Test
- Depending on the <u>category</u> 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<br>Date               |
|----|------------------------------------|--|----------------------------------|
| 1. | Outreach                           | Provide outreach to homeless individuals and families in conjunction with CVPD.  | On-going –<br>twice per<br>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 hosuing 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.

| Agency name:                   |                          |                             |   |                           |
|--------------------------------|--------------------------|-----------------------------|---|---------------------------|
| 2. Project name:               |                          |                             |   |                           |
| 3. Year of funding:            | Fiscal Year 2014         | Fiscal Year 2               | 2015 X Fis  | scal Year 2016            |
| 4. Indicate the source of the  | e federal funding award  | led to the prior project:   |   |                           |
| CDBG                           | HOME                     | ES                          | G   | Other (Indicate below)    |
|                                |                          |                             |   | Click here to enter text. |
| 5. Amount awarded:             | Triv/III E S             | 6. Amo                      | unt spent to date:  |                           |
| 7. Amount reprogrammed t       | to date:                 | *                           |   |                           |
| 8. Indicate below the outco    | mes anticipated (refer t | to the original application | on for the project, if p  | ossible):                 |
|                                |                          |                             | 200000000000000000000000000000000000000   |                           |
| 9. Indicate below the outco    | mes achieved:            |                             |   |                           |
| 10 If you and almost a land    | NOT                      | d anadificultish assault    | d   |                           |
| 10. If any anticipated outco   | omes were NOT achieved   | a, specijy wnich ones ar    | a explain why below:  |                           |
|                                |                          |                             |   |                           |
| 1 4                            |                          |                             |   |                           |
| 1. Agency name:                |                          |                             |   |                           |
| 2. Project name:               | 5'1 V 2014               |                             | 045   | 14 0045                   |
| 3. Year of funding:            | Fiscal Year 2014         | Fiscal Year 2               | 015   Fis   | scal Year 2016            |
| 4. Indicate the source of the  |                          |                             |   |                           |
| CDBG                           | HOPWA                    | ESC                         |   | HOME                      |
| CDBG-R                         | L HPRP                   | NSI                         |   | Other (Indicate below):   |
| 5. Amount awarded:             |                          | 6. Amo                      | unt spent to date:  |                           |
| 7. Amount reprogrammed t       |                          |                             |   |                           |
| 8. Indicate below the outcome  | mes anticipated (refer t | o the original application  | n for the project, if po  | ossible):                 |
|                                |                          |                             |   |                           |
| 9. Indicate below the outcome  | mes achieved:            | Tariba, R. Marcon           | CAS NAC HAND  |                           |
|                                |                          |                             |   |                           |
| 10. If any anticipated outco   | mes were NOT achieved    | d, specify which ones an    | d explain why below:  |                           |
|                                |                          |                             |   |                           |
|                                | • "                      |                             |   |                           |
| 1. Agency name:                | *                        |                             |   |                           |
| 2. Project name:               |                          |                             |   |                           |
| 3. Year of funding:            | Fiscal Year 2014         | Fiscal Year 2               | 015 Fis   | cal Year 2016             |
| 4. Indicate the source of the  | e federal funding award  | ed to the prior project:    |   |                           |
| CDBG                           | HOPWA                    | ESC                         |   | HOME                      |
| CDBG-R                         | HPRP                     | NSI                         | ,   | Other (Indicate below):   |
| 5. Amount awarded:             |                          | 6. Amo                      | unt spent to date:  |                           |
| 7. Amount reprogrammed t       | to date:                 |                             |   |                           |
| 8. Indicate below the outcor   |                          | o the original application  | n for the project. if pu  | ossible):                 |
|                                | ,                        |                             |   |                           |
| 9. Indicate below the outcom   | mes achieved:            |                             |   |                           |
|                                |                          |                             | 11 - 11 |                           |
| 10. If any anticipated outcome | mes were NOT achiever    | d. specify which ones an    | d explain why below:  |                           |
| unit and appared outcome       | Work it of workere       | , speed y without ones un   | a capitalli willy 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?   |           | Yes     |        | No |
|-------|---|-----------|---------|--------|----|
|       | If no, indicate the anticipated date of completion:   |           | and the |        |    |
|       |   |           |         |        |    |
| 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:   |           | Yes     |        | No |
| Click | here to enter text.   |           |         |        |    |
| 9.3.  | For CIP projects, summarize the construction manager's relevant experience on similar feder   | rally fun | ded p   | roject | s: |
| 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: |           | Yes     |        | No |
| Click | here to enter text.   |           |         |        |    |
| 9.5.  | For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for years after the work is completed. Project records must be maintained for a minimum of five termination of the agreement with the City of Chula Vista? Please describe how the records here to enter text.   | e years   | after t | he     |    |
| 9.6.  | For Public Facility Improvements, the facility shall continue to meet one of the national objects to low/moderate income persons until <b>five</b> years after the expiration of the contract/MOU   |           |         |        |    |
|       | ribe how you will comply with this HUD requirement.   |           |         |        |    |

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

| 9.8.             | Is the facility agency-owned, City-owned, or p  Agency-owned   | invately owneur  |  |            |               |
|------------------|--|--|--|------------|---------------|
|                  | Indicate the property owner(s):  | Click here to enter text   |  |            |               |
|                  | Is there currently a lien on the property?   |  |  | No         |               |
|                  | is there currently a hen sin the property.   |  |  |            |               |
|                  | City-owned   |  |  | _          | <u> </u>      |
|                  | 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.  |  |            | , <del></del> |
|                  | Is there currently a lien on the property?   | Yes  | No   |            |               |
|                  |  |  | 1  |            |               |
|                  | Privately owned  |  |  |            |               |
|                  | 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.) | II .   | 3 (2-2)  | 978        |               |
|                  | Is there currently a lien on the property?   | Yes  |  | No         |               |
| П                | Other  |  |  |            |               |
|                  | Provide a brief explanation:   |  |  |            |               |
|                  |  |  |  |            |               |
| 9.9.             | How old is the property/building in terms of you   |  |  |            |               |
|                  | For building/structures constructed prior to De  |  |  |            |               |
|                  | Has a lead hazard inspection report been issue   | ed for the facility?   |  | Yes        | No No         |
|                  | Has the facility been abated for lead paint?   |  |  | Yes        | No            |
|                  | Will children occupy the facility?   |  |  | Yes        | ∐ No          |
|                  | If yes, indicate the age range of the children w   | tho will occupy the facilit  | y:   | Click here | to enter      |
| 0.40             |  |  |  |            | I             |
| 9.10.            | . Has the property been designated or been det   | responses to the contract of t | Character and the second secon | Yes        | ∏No           |
|                  | designation as a local, state, or national historical historical here to enter text.                                 | ric site? <b>ij yes</b> , piease aes   | cribe:   |            |               |
| •                | Click here to enter text.  |  |  |            |               |
| 9.11.            | . Is the building/structure located on a Historic .  | Site?  |  | Yes        | No            |
|                  | Is the building/structure located in a Historic L  | District?  | W I THE STATE OF T | Yes        | No            |
|                  | Is the building/structure in a Flood Zone?   |  |  | Yes        | No            |
|                  | Is the building/structure in a Flood Plain?  |  |  | Yes        | No            |
|                  | Does your agency have flood insurance?   |  |  | Yes        | No            |
|                  | Will there be demolition required?   |  |  | Yes        | No            |
| 17               | List and describe any known hazards (e.g., asb   | ostas storaga tanks um   | -d   |            | 22000         |
|                  | here to enter text.  | restus, sturage tariks – ur  | iuei gi ouriu/above grou   | iu):       |               |
| LIICK            | nere to effect text.   |  | **   |            |               |
| 142              | Will she must sake a said.   | ·  |  |            |               |
| ₹. <b>1</b> . 5. | Will the project result in an expansion of an ex   | TTT To be a second or the seco |  | Yes        | No            |
|                  | If yes, specify the size in square feet: Exis  | sting size:  | Addition size:   |            |               |

| What is the project structure  | cture type?  |  |   |
|--|--|--|---|
| Residential  | Commercial   | Public facility  | Public right-of-way   |
| What is the current zoni   | ing of the project site?   | Click here to enter text.  |   |
|  | correctly for the proposed activity  |  | □ No  |
|  | explanation of efforts and a timeto  | able to change the zoning or   | obtain a variance:  |
| Click here to enter text.  |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  | equire temporary/permanent relo  |  | Yes No  |
|  | is subject to the Uniform Relocation   |  |   |
| Describe the reloc   | ation plans, including timetable a   | nd notifications to occupants.   | . List how many of the occupied   |
| units are: (a) own   | er-occupied; (b) renter-occupied; c  | r (c) businesses. Indicate who   | ether temporary and/or  |
| permanent displac  | cement is required. [NOTE: This wi   | ll be for site information only  | . Relocation activities will not be   |
|  | g with Fiscal Year 2017-2018 CDBC  |  |   |
| lick here to enter text.   |  |  |   |
|  |  |  |   |
|  |  |  |   |
|  |  |  |   |
| 16 Federal regulation  | s require that all facilities and/or   | services assisted with CDBG f  | funds he assassible to the disable  |
|  | ns require that all facilities and/or:   | PUBLICATION OF STATEMENT TO THE ARREST AND A STATEMENT OF THE STATEMENT OF |   |
| Accessibility include  | des such things as: entrance ramps   | , parking with universal logo  | signage, grab bars around   |
| Accessibility included commodes and sh   | des such things as: entrance ramps<br>owers, top of toilet seats that mee  | s, parking with universal logo<br>et required height from the fl   | signage, grab bars around<br>oor, drain lines under lavatory sii  |
| Accessibility included<br>commodes and she<br>either wrapped or  | des such things as: entrance ramps<br>owers, top of toilet seats that mee<br>insulated, space for wheelchair m   | s, parking with universal logo<br>et required height from the fl<br>aneuverability, accessible wo  | signage, grab bars around<br>oor, drain lines under lavatory sin<br>oter fountains, access between  |
| Accessibility included<br>commodes and she<br>either wrapped or  | des such things as: entrance ramps<br>owers, top of toilet seats that mee  | s, parking with universal logo<br>et required height from the flo<br>aneuverability, accessible wo   | signage, grab bars around<br>oor, drain lines under lavatory sin<br>oter fountains, access between  |
| Accessibility included<br>commodes and shad<br>either wrapped or   | des such things as: entrance ramps<br>owers, top of toilet seats that mee<br>insulated, space for wheelchair m<br>ramps, lifts), and other improveme   | s, parking with universal logo<br>et required height from the flo<br>aneuverability, accessible wo   | signage, grab bars around<br>oor, drain lines under lavatory sin<br>oter fountains, access between  |
| Accessibility includ<br>commodes and sh<br>either wrapped or<br>floors (elevators, r   | des such things as: entrance ramps<br>owers, top of toilet seats that mee<br>insulated, space for wheelchair m<br>ramps, lifts), and other improveme   | s, parking with universal logo<br>et required height from the flo<br>aneuverability, accessible wo   | signage, grab bars around<br>oor, drain lines under lavatory sin<br>oter fountains, access between  |
| Accessibility included commodes and she either wrapped or floors (elevators, rincluding serving t  | des such things as: entrance ramps<br>owers, top of toilet seats that mee<br>insulated, space for wheelchair m<br>ramps, lifts), and other improveme<br>the blind and deaf.  | s, parking with universal logo<br>et required height from the flo<br>aneuverability, accessible wo<br>nts needed to assure full acc  | signage, grab bars around<br>oor, drain lines under lavatory sin<br>ater fountains, access between<br>ess to funded facilities/programs   |
| Accessibility included commodes and she either wrapped or floors (elevators, rincluding serving the Describe below when the control of the co | des such things as: entrance ramps<br>owers, top of toilet seats that mee<br>insulated, space for wheelchair m<br>ramps, lifts), and other improveme<br>the blind and deaf.  | s, parking with universal logo<br>et required height from the floor<br>aneuverability, accessible wo<br>ents needed to assure full acco<br>ADA standards for accessibil  | signage, grab bars around<br>oor, drain lines under lavatory sin<br>ater fountains, access between<br>ess to funded facilities/programs   |
| Accessibility included commodes and she either wrapped or floors (elevators, rincluding serving the accessibility processibility processibili | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair means, lifts), and other improvement the blind and deaf.  The ther the project currently meets to be utilized.   | s, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acco<br>ADA standards for accessibile<br>to address the problems, in  | signage, grab bars around oor, drain lines under lavatory sing ter fountains, access between ess to funded facilities/programs lity by the disabled. If not, describely funding funding and timetable.                                |
| Accessibility include commodes and she either wrapped or floors (elevators, rincluding serving the accessibility provided in t | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair meet amps, lifts), and other improvement the blind and deaf.  The there is the project currently meets to be utilized as the must first be fully ADA-complete. | s, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acco<br>ADA standards for accessibile<br>to address the problems, in  | signage, grab bars around oor, drain lines under lavatory sing ter fountains, access between ess to funded facilities/programs lity by the disabled. If not, describely funding funding and timetable.                                |
| Accessibility included commodes and she either wrapped or floors (elevators, refloors) including serving the accessibility property with CDBG funding  | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair meet amps, lifts), and other improvement the blind and deaf.  The there is the project currently meets to be utilized as the must first be fully ADA-complete. | s, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acco<br>ADA standards for accessibile<br>to address the problems, in  | signage, grab bars around oor, drain lines under lavatory sing ter fountains, access between ess to funded facilities/programs lity by the disabled. If not, describely funding funding and timetable.                                |
| Accessibility include commodes and she either wrapped or floors (elevators, rincluding serving the accessibility province).  | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair meet amps, lifts), and other improvement the blind and deaf.  The there is the project currently meets to be utilized as the must first be fully ADA-complete. | s, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acco<br>ADA standards for accessibile<br>to address the problems, in  | signage, grab bars around oor, drain lines under lavatory sing ter fountains, access between ess to funded facilities/programs lity by the disabled. If not, describely funding funding and timetable.                                |
| Accessibility included commodes and she either wrapped or floors (elevators, respectively) including serving the accessibility property with CDBG funding fund | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair meet amps, lifts), and other improvement the blind and deaf.  The there is the project currently meets to be utilized as the must first be fully ADA-complete. | s, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acco<br>ADA standards for accessibile<br>to address the problems, in  | signage, grab bars around oor, drain lines under lavatory sing ter fountains, access between ess to funded facilities/programs lity by the disabled. If not, describely funding funding and timetable.                                |
| Accessibility include commodes and she either wrapped or floors (elevators, rincluding serving to the accessibility property with CDBG funding click here to enter text.   | des such things as: entrance ramps owers, top of toilet seats that meet insulated, space for wheelchair meet amps, lifts), and other improvement the blind and deaf.  The there is the project currently meets to be utilized as the must first be fully ADA-complete. | is, parking with universal logo<br>et required height from the fla<br>aneuverability, accessible wa<br>ints needed to assure full acce<br>ADA standards for accessibil<br>d to address the problems, indiant before other construction   | signage, grab bars around oor, drain lines under lavatory sincter fountains, access between ess to funded facilities/programs lity by the disabled. If not, described cluding funding and timetable. In activities can be implemented |

### **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.

|  | AMOUNT                                | AMOUNT    | % OF   |
|--|---------------------------------------|-----------|--------|
|  | SECURED                               | UNSECURED | TOTAL  |
| FY 2017-2018 CDBG Application Request from City of Chula | Vista (Step 1)                        | \$39,550  | 4.34%  |
| List Other Sources Below: (Step 2)                       |                                       |           |        |
| номе   |                                       |           | 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  | <del></del>                           | \$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%  |
| 2  | <u> </u>                              |           | 0.00%  |
|  |                                       |           | 0.00%  |
| TOTAL  | \$0                                   | \$910,939 | 100%   |

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.

| Balance Sheet - Audited   | Financial Statements.    | FY                      | 6/30/2016 CY            |                        | Page #            |
|---|--------------------------|-------------------------|-------------------------|------------------------|-------------------|
| Document must be atta   | ched to Application      |                         |                         |                        |                   |
| Enter Agency Cash Bala  | nce                      |                         | Г                       |                        |                   |
| (Cash cannot include Inv  | estments or Receivables  | )                       | Į                       | 1,486,056              |                   |
| A. Multiply Agency Cas  | h Balance by 4 = Cash av | ailable for project     | (s)                     | 5,944,224              |                   |
| List the amount of FY 20  | 17-2018 CDBG funding a   | pplied for this app     | lication.               | 39,550                 |                   |
| List the amount of FY 2017-2018 CDBG funding applied for any other application. |                          |                         | er application.         | 49,000                 |                   |
| List the amount of FY 20  | 17-2018 CDBG funding a   | oplied for any othe     | er application.         |                        |                   |
| B. Sum all the amounts  | for FY 2017-2018 CDBG    | funding request(s       | ) [                     | 88,550                 | St.               |
| Compare Agency Cash B   | alance Available (Item A | ) with Total FY 20      | 17-2018 CDBG Fund       | ing Request (Item E    | )):               |
| Item A 5,9  | 944,224                  | Item B                  | 88,550                  | Difference             | 5,855,674         |
| Analyze Results   |                          |                         |                         |                        |                   |
| 1- If difference is a positi  | ve amount or equals \$0, | the Agency is eligi     | ble to apply.           |                        |                   |
| 2- If difference is a negat   | ive amount, the Agency   | has the options be      | low:                    |                        |                   |
| The Agency can adjust a   | ny of the FY 2015-2016 C | DBG requested ar        | nount(s) to result in a | a positive or \$0 bala | ince, as long as: |
|   | THE MINIMUM REQUIRE      |                         |                         |                        |                   |
| B) <u>CASH AVAILABLE FOR</u>  | PROJECTS IS NOW GREAT    | <u> TER THAN OR EQU</u> | AL TO THE TOTAL FY      | 2014 CDBG FUNDIN       | IG REQUEST.       |
|   |                          |                         |                         |                        |                   |
|   |                          |                         |                         |                        |                   |

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

| AGENCY                                    | South Bay Community Services | <u> </u>    |                 |
|---|------------------------------|-------------|-----------------|
| PROJECT                                   | Homeless Services            |             |                 |
|   |                              | CDBG        |                 |
| SALARIES & WAGES                          | (Schedule 2)                 | 22,880      |                 |
| FRINGE BENEFITS                           | (Schedule 3)                 | 6,070       |                 |
|   |                              |             |                 |
|   | TOTAL PERSONNEL              | 28,950      |                 |
|   |                              |             |                 |
| SUPPLIES                                  | (Schedule 5)                 | ···         |                 |
| POSTAGE                                   | (Schedule 5)                 |             |                 |
| CONSULTANT SERVICES                       | (Schedule 5)                 |             |                 |
| MAINTENANCE/REPAIR                        | (Schedule 5)                 |             |                 |
| PUBLICATIONS/PRINTING                     | (Schedule 5)                 |             |                 |
| TRANSPORTATION                            | (Schedule 5)                 |             |                 |
| RENT                                      | (Schedule 5)                 |             |                 |
| EQUIPMENT RENTAL                          | (Schedule 5)                 |             |                 |
| INSURANCE                                 | (Schedule 5)                 |             |                 |
| UTILITIES                                 | (Schedule 5)                 |             |                 |
| TELEPHONE                                 | (Schedule 5)                 | 600         |                 |
| OTHER EXPENSES (SPECIFY):                 | (Schedule 5)                 |             |                 |
| Hotel/Motel Vouchers - Inclement Weather  | (Schedule 5)                 | 10,000      |                 |
|   | (Schedule 5)                 |             |                 |
|   | TOTAL NON-PERSONNEL          | 10,600      |                 |
| TOTAL INDIRECT COSTS/ADMINISTRATIVE OVERH | EAD (IC/AO)<br>(Schedule 4)  |             | Percentage<br>0 |
| [IC/AO Expenses limited to 15% of         | <del>=</del>                 | <del></del> |                 |
| то  | TAL CDBG PROJECT BUDGET      | 39,550      |                 |
|   |                              | Page 1 of   | 5               |

## 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 <u>direct project/client services</u>. 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.

South Bay Community Services

| PROJECT                    | -             |                    |                         |
|----------------------------|---------------|--------------------|-------------------------|
| (1)                        | (2)           | (3)                | (4)                     |
| POSITION TITLE             | GROSS PAY     | PERCENT<br>CHARGED | TOTAL<br>SALARY & WAGES |
| Youth and Family Associate | 41,600        | 55.00%             | 22,880.0                |
|                            |               |                    | T-T                     |
|                            |               | - 4:               |                         |
|                            |               |                    |                         |
|                            |               |                    | - I                     |
|                            |               |                    |                         |
|                            |               |                    | -                       |
|                            |               |                    | -                       |
|                            |               |                    | - 1                     |
|                            |               |                    | -111                    |
|                            |               |                    |                         |
|                            |               |                    | -                       |
|                            |               |                    | •                       |
|                            |               |                    | <u>-</u>                |
|                            |               |                    |                         |
| ₩                          | 13)           |                    | -                       |
|                            |               |                    |                         |
|                            |               |                    | •                       |
|                            | TOTAL CDBG SA | LARY & WAGES       | 22,880                  |

| 1. List all | positions charged  | against CDBG                           | funding providing | direct CDBG | project/client activity |  |
|-------------|--------------------|--|-------------------|-------------|-------------------------|--|
| _, _,, _,,  | handler and allerd | ~_~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | rancong protions  |             | BIOLOGY CHOIL GOLIVIER  |  |

2. List gross pay for each position listed.

**AGENCY** 

3. List percent of gross pay to be charged against CDBG funding.

| Pay Schedule (Check One) |                           |  |  |  |  |  |  |
|--------------------------|---------------------------|--|--|--|--|--|--|
| <u></u>                  | Monthly                   |  |  |  |  |  |  |
| X                        | Biweekly<br>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                     | AGENCY South Bay Community Services |                     |               |                    |        |  |
|----------------------------|-------------------------------------|---------------------|---------------|--------------------|--------|--|
| PROJECT Homeless Services  |                                     |                     |               |                    |        |  |
| (1)                        | (2)                                 | (3)                 | (4)           | (5)                | (6)    |  |
| POSITION TITLE             | FRINGE TITLE                        | AMT OF<br>INSURANCE | GROSS PAY     | PERCENT<br>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    |  |
|                            |                                     |                     |               |                    | -      |  |
|                            |                                     |                     |               |                    | -      |  |
|                            |                                     |                     |               |                    | •      |  |
|                            |                                     |                     |               |                    | -      |  |
|                            |                                     |                     |               |                    | •      |  |
|                            |                                     | -                   |               |                    | -      |  |
|                            |                                     |                     |               |                    | •      |  |
|                            |                                     |                     |               |                    | •      |  |
|                            |                                     |                     |               |                    |        |  |
|                            |                                     |                     |               |                    | •      |  |
|                            |                                     |                     |               |                    | -      |  |
|                            |                                     |                     |               |                    |        |  |
|                            |                                     |                     |               |                    | -      |  |
|                            |                                     |                     |               |                    | -1     |  |
|                            |                                     | ТОТ                 | AL CDBG FRING | GE BENEFIT         | 6,070  |  |

| 1. I | ist al | I POSITIONS | charged agains | t 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Sche | dule (Check One) |
|----------|------------------|
|          | _ Monthly        |
|          | Biweekly         |
| X        | Twice a Month    |
|          | _                |

| Page | 3 | of | 5 |
|------|---|----|---|

## 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.

| AGENC                     | Υ                             | South Bay Commu   | nity Services     |                                |  |  |
|---------------------------|-------------------------------|---|-------------------|--------------------------------|--|--|
| PROJECT Homeless Services |                               |   |                   |                                |  |  |
|                           |                               |   |                   |                                |  |  |
|                           | (1)                           | (2)   | (3)               | (4)                            |  |  |
|                           |                               |   |                   | TOTAL INDIRECT                 |  |  |
|                           |                               | AGENCY BUDGET   | PERCENT           | COST/ADMINISTRATIVE            |  |  |
| POSI                      | TION TITLE/LINE ITEM          | AMOUNT  | CHARGED           | OVERHEAD                       |  |  |
|                           |                               |   |                   |                                |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   |                                |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   |                                |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   | -                              |  |  |
|                           |                               |   |                   | •                              |  |  |
|                           |                               |   |                   |                                |  |  |
|                           |                               |   |                   |                                |  |  |
|                           | TOTAL CDBG IND                | DIRECT COST/ADMINISTRAT   | IVE OVERHEAD      | •                              |  |  |
|                           |                               |   |                   |                                |  |  |
| (5) Total                 | CDBG Budget                   | 39,550  | Percentage        | 0.00%                          |  |  |
|                           |                               |   | _                 | Must be equal or less than 15% |  |  |
|                           |                               |   | ``                |                                |  |  |
| 1 Link all management     | annonna (AIDE) - L            | MALE TO THE STATE OF THE STATE |                   |                                |  |  |
|                           | or nonpersonnel (NPE) charge  |   | ciude detailed de | scription of indirect use.     |  |  |
|                           | budget for positon and/or NP  |   |                   |                                |  |  |
|                           | otal budget to be charged aga | •   |                   |                                |  |  |
|                           | t/administrative overhead to  |   | _                 |                                |  |  |
| 5. Enter the Total F      | /13 CDBG Budget; percentage   | will be AUTOMATICALLY ca  | alculated.        |                                |  |  |
|                           |                               |   |                   |                                |  |  |
|                           |                               |   |                   |                                |  |  |
|                           | Pay Schedule (Check One)      |   |                   |                                |  |  |
|                           | Monthly                       |   |                   |                                |  |  |
|                           | Biweekly                      |   |                   |                                |  |  |

Twice a Month

Х

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

| AGENCY                                       | South Bay Community Services            | South Bay Community Services |           |            |  |  |
|--|---|------------------------------|-----------|------------|--|--|
| PROJECT                                      | Homeless Services                       |                              | _         |            |  |  |
| LINE ITEM                                    | Telephone                               |                              | AMO       | UNT        |  |  |
| Detailed Explanation<br>Estimated Monthly of | :<br>ost of \$50 x 12 months            |                              |           | 600        |  |  |
|  |   |                              |           |            |  |  |
| LINE ITEM                                    | Hotel/Mote Vouchers - Inclement Weather | TOTAL                        | \$<br>AMO | 600<br>UNT |  |  |
| Detailed Explanation:<br>Estimated Monthly C | :<br>ost of \$833.34 per month          |                              |           | 10,000     |  |  |
| LINE ITEM                                    |   | TOTAL                        | \$        | 10,000     |  |  |
| Detailed Explanation:                        |   |                              | AMO       | UNI        |  |  |
|  | <u> </u>                                | TOTAL                        | \$        |            |  |  |

<sup>\*</sup>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**

Jacobs & Cushman San Diego Food Bank Applicant:

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

school children who elementary 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** 

75 Proposed Number to Serve:

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

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

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

#### **FUNDING**

Total Program/Project Cost:

Amount of CDBG Requested: \$346,000 \$15,000

Amount Recommended:

\$15,000





## FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

|  |   |                           |                           |  |                            |                                 |                         | <u> </u>   |                |
|--|---|---------------------------|---------------------------|--|----------------------------|---------------------------------|-------------------------|------------|----------------|
| Project category:                          | X Public service                                  |                           |                           | Housir   | ng                         |                                 |                         |            |                |
| (check one only)                           | Capital improven                                  | nent/Faci                 | lity Improven             | nent   |                            |                                 |                         |            |                |
| Applicant Agenc                            | v Information                                     |                           |                           |  |                            |                                 |                         | _          |                |
| Applicant Legal<br>Name:                   | Jacobs & Cushman S                                | San Diego                 | Food Bank                 |  | _                          |                                 |                         |            |                |
| Type of agency:                            | ⊠501(c)(3)  | □Gov't.                   | /Public                   | ☐For Pro   | ofit                       | ☐ Faith-                        | Based                   | □Othe      | r:             |
| Agency Address:                            | 9850 Distribution Av<br>CA 92121                  | enue, Sai                 | n Diego,                  | Agei   | псу Тах                    | Identific                       | ation #:                | 20-4374    | 4795           |
| Date of<br>Incorporation:                  | May 2006  |                           |                           | A  |                            | Central Co<br>Regis<br>p://www. | tration#                | 5P8W3      |                |
| Agency Annual Operating Budget:            | <b>\$</b> \$7,500,000                             | •                         |                           |  |                            | Agency                          | DUNS#                   | 01-573-    | 5903           |
| Number of paid staff:                      | 55  | Number of volunteers:     |                           |  | 24,000                     |                                 |                         |            |                |
| Agency mission state                       |   |                           |                           |  |                            |                                 |                         |            |                |
|  | an San Diego Food Ba                              |                           | les nutritious            | food to  | people                     | in need,                        | advocate                | es for the | hungry and     |
| educates the public                        | about hunger-related                              | issues.                   |                           |  |                            |                                 |                         |            |                |
| Project Title                              |   |                           |                           |  |                            |                                 |                         |            |                |
| Food 4 Kids Backpac                        | k Program   |                           |                           |  |                            |                                 |                         |            |                |
| Project Descripti                          | on (Briefly describ                               | e your p                  | oroject/pro               | gram):   |                            |                                 |                         |            |                |
| The Food 4 Kids Bac<br>meals during the we | kpack Program provid<br>ek but risk hunger du     | les food to<br>ring the w | elementary<br>veekends wh | school c<br>en schoo                               | hildren<br>I meals         | who rec                         | eive free,<br>⁄ailable. | /reduced   | l-price school |
| Funding Request                            |   |                           |                           |  |                            |                                 |                         |            |                |
|  | sted in this application<br>etailed budget in App |                           | \$15,000                  | Other funds already secured for project:           |                            |                                 | •                       | \$240,000  |                |
| Total cost to comple                       | te project:                                       |                           | \$346,000                 | Other funds not yet secured for project: \$106,000 |                            |                                 | \$106,000               |            |                |
| Project Informat                           | ion   |                           |                           |  |                            |                                 |                         |            |                |
| If Project is a Public .                   | Service, will service be                          | site spec                 | <i>ific?</i> ⊠Yes_        | □No  |                            |                                 |                         |            |                |
| If your answer is <b>yes</b>               | , please provide: Add                             | ress(es) b                | elow:                     |  | Is Census Tract designated |                                 |                         |            |                |
| John Montgomery E                          | lementary, 1601 Four                              | th Ave, Cl                | nula Vista CA             | 91911  | 13204                      |                                 | ⊠Yes                    | □No        |                |
|  | ary, 681 Naples St., Ch                           | *                         |                           |  | 13309                      |                                 | ⊠Yes                    | □No        |                |
| CJ Lauderbach Elem                         | entary, 390 Palomar S                             | t., Chula \               | Vista, CA 919             | 11   | 13203                      |                                 | ⊠Yes                    | □No        |                |

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

| 1.1.     |  | ncise description of the proposed<br>u must include all (i.e. food, case |  | the project/program consists of a variety of        |
|----------|--|--|--|---|
| The I    |  |  |  | children who receive free/reduced-price school      |
|          |  |  |  | meals are unavailable. Each week, bags of food      |
| are p    | laced in backp                                     | packs and distributed to students  | enrolled in the Back   | pack Program.                                       |
|          |  |  |  |   |
| 1.2.     | Project start                                      | date: September 2017   | Anticip  | ated end date: June 2018                            |
| 4.0      |  | <i>a c</i>   |  |   |
| 1.3.     | Project's day                                      | s/hours of operation: Weekly   | for the school year  |   |
| 1.4.     | Project  | INS IN .   | 1.5 Project  |   |
| 1,-7,    | category:  | X Public service   | objective:   | Suitable living environment                         |
|          | (check one only)                                   |  | (check one only)   | Decent housing                                      |
|          |  | Capital improvement and  |  | Economic opportunity                                |
|          | Public Facility Improvements                       | 1.6 Project  | X Availability/accessibility   |   |
|          |  |  | outcome:   | Affordability                                       |
|          |  |  | (check one only)   | Sustainability                                      |
| 4 = =    |  |  |  |   |
|          |  | uestions on individual clients and<br>nabilitation projects:             | l households to be sei   | rved apply only to Public Service, and Minor        |
| Will t   | he project ser                                     | ve individual persons (Ip) or hous                                       | eholds (HH)? X I   | ndividual Persons OR Households                     |
| Total    | number undu  | plicated IC/HH served in 2016/17   | 7: 75  |   |
| Annu     | al cost per clie                                   | ent/household:   | \$200.00   |   |
|          |  |  |  |   |
| 1.8.     | T T  | a: Which CDBG criterion below do   | <del></del>  |   |
|          |  |  |  | activity area are low to moderate income (LMI).     |
|          |  |  |  | LMI. If your project serves all the residents of a  |
|          |  |  |  | facility or a fire station, please provide a map or |
|          |  |  | -  | . Failure to provide service area maps with the     |
| <u> </u> |  | vill make the project to be deeme  |  | ligible for funding.                                |
| X        |  | clientele (select subpart below  |  |   |
|          |  | esumed Benefit - Special needs gr  | oup (seiect benefit gr   | oup from the list below):                           |
|          | (i)  | <del></del>  |  | - P. W. W. W.                                       |
|          |  |  | aer (must maintain ai  | ocumentation of age eligibility)                    |
|          | (i)  | ii) Battered spouses<br>v) Severely disabled (Per census                 | definition Mariet  | intain proof documentation                          |
|          |  |  | dejinition. Wast ma  | пкит ргоој иоситепкинопј                            |
|          |  | i) Migrant farm workers  |  |   |
|          | l <del>                                     </del> | rii) Homeless persons (must mee  | t HIID definitions)  |   |
|          |  | least 51% of clientele to be serve                                       |  |   |
|          |  | g (select subpart below):  | a mast be tivii.   | <u></u>   |
|          |  | le family (must be 100% LMI)   | (b) Multi-uni  | t (must be 51% LMI)                                 |
|          | LEKA) Singi  | o joining (made be 100/0 Livil)  | Not With all   | r (most ac 27% Fixil)                               |
| 1.9.     | The 2015-20  | 19 Consolidated Plan aoals are lis                                       | ted below. Select the  | goal appropriate to your project:                   |
|          |  | ental Housing Opportunities  | The second secon |   |
|          | ***  | and Preservation of Housing (re  | habilitation activities  | )   |
|          |  | ship Opportunities (homebuyer p  |  |   |
|          |  | ovement Projects and Community   | <del></del>  | ic facilities/spaces)                               |
| X        |  | es to Special Needs Population ar  |  |   |
|          |  |  |  |   |

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.

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

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

|       |   | _   |     | <br> |
|-------|---|-----|-----|------|
| 1.16. | Will the project collaborate with other service providers in the community? If yes, list them   |     |     |      |
|       | the project contact with other betwee providers in the community. If yes, ise them  | 1 🗸 | Voc | NIO  |
|       | Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration: |     | 162 | IAO  |
|       | und briefly describe the condbordion.   | 1   |     |      |

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.

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

Date first employed:

| Section 2. Agency    | y 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  |
| j                    |  |
|                      | person responsible for the day-to-day operations and management of the proposed project? 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: |  |
|                      |  |
|                      | 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  |
| Mama of nareas       |  |
| Name of person:      |  |
| Title of person:     |  |
| Relevant education:  |  |
| Telephone number:    |  |

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

|                        | List the evaluation tools your agency plans to employ to track and monitor the progress of the project.   |
|------------------------|---|
| stude<br>The l<br>pre- | school in the Food 4 Kids Backpack Program submits quarterly reports to the Food Bank documenting the number of ents enrolled in the program and providing additional information about the impact of the program on the students. Food Bank maintains reports on about of food delivered to backpack schools. Last school year the Food Bank conducted and post-surveys to try and determine the impact the Food 4 Kids Backpack Program has on participating students. The 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 income eligibility of the applicant(s)?  (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  |
|                        | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>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?   |
| ٧.                     | For Presumed Benefit Activities:  |
| •                      | 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)]   |
| •                      | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]  |
| vi.                    | For Limited Clientele Activities:   |
|                        | 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.                   | For Limited Benefit Activities by Nature and Location:  |
|                        | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?  |
| ix.                    | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?  |
| х.                     | Do the Policies and Procedures identify the process of safeguarding client information?   |
| xi.                    | Do the Policies and Procedures identify the process for File Management?  |
| 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.)   |
|                        | e are no unresolved ADA issues in the project or project office that the Jacobs & Cushman San Diego Food Bank is e of at this time.   |
| 2.8.                   | How many members does your Board of Directors have?   |
|                        | How many Board members are also members of the project's target population or reside in   |

### 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. | х | 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 Food Bank is committed to addressing the negative impacts poverty and food insecurity have especially the 138,000 children living at or below the poverty line. The Food 4 Kids Backpack Progressive avenue for getting healthy, nutritious food in the hands of needy students who may not eat at home. Should the Food Bank not receive CDBG funding, the program would continue with program and foundation support, but growth in the number of participants would likely stall. | am pro | vides<br>ough f | an<br>ood to | )  |

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 att | ached | detailed budget | forms in MS | Excel. | Choose the | forms p | pertaining t | o vour | project category. |  |
|------------------|-------|-----------------|-------------|--------|------------|---------|--------------|--------|-------------------|--|

| Project category: | X Public service  |      | Complete Appendices A-1, A-2, and A-3.                 |  |  |  |
|-------------------|---|------|--|--|--|--|
| (check one only)  | Capital improvement (see belo                                   | w):  |  |  |  |  |
|                   | Does this Capital Improvement Project involve Minor Residential | ☐ No | If no, complete Appendices A-1, A-2, and <b>A-4</b> .  |  |  |  |
|                   | Rehabilitation?   | Yes  | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |  |  |  |

- <u>All</u> 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 <u>category</u> 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<br>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 |
| 3  | 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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: X CDBG HOME ESG Other (Indicate below) Click here to enter text. 5. Amount awarded: \$15,000 6. Amount spent to date: \$15,000 7. Amount reprogrammed to date: 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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: X CDBG **HOPWA** HOME CDBG-R **HPRP** NSP 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 Warehouse Floor Removal and Construction & Freezer Expansion 2. Project name: 3. Year of funding: Fiscal Year 2014 X Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: X CDBG **HOPWA ESG HOME** CDBG-R **HPRP** NSP Other (Indicate below): 5. Amount awarded: \$1,000,000 6. Amount spent to date: \$1,000,000 7. Amount reprogrammed to date: 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

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:

9. Indicate below the outcomes achieved:

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 that listed in the application, the City may revisit the recomended funding amount.

| Γ  | AMOUNT  | AMOUNT    | % OF   |
|--|---------|-----------|--------|
|  | SECURED | UNSECURED | TOTAL  |
| FY 2016-2017 CDBG Application Request from City of Chula V |         | \$15,000  | 4.29%  |
| 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  |         |           | 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%  |
| TOTAL  | \$0     | \$350,000 | 100%   |

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.

| Balance Sheet - Audited Financial Statements. FY 2016 CY Document must be attached to Application  | Page #4                |
|--|------------------------|
| Enter Agency Cash Balance<br>(Cash cannot include Investments or Receivables)  | 1,128,547              |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)   | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)  | 15,000                 |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fund   | ling Request (Item B): |
| Item A 4,514,188 Item B 15,000   | Difference 4,499,188   |
| Analyze Results  |                        |
| 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) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLIC B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY | CATIONS, AND           |
|  |                        |

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

|                         | AGENCY           | Jacobs & Cushman San Diego Foo                    | od Bank  |            |
|-------------------------|------------------|---|----------|------------|
|                         | PROJECT          | Food 4 Kids Backpack Progra                       | am       |            |
|                         |                  |   | CDBG     |            |
| SALARIES & WAGES        |                  | (Schedule 2)                                      | 0        |            |
| FRINGE BENEFITS         |                  | (Schedule 3)                                      | 0        |            |
|                         |                  | TOTAL PERSONNEL                                   | 0        |            |
| SUPPLIES                |                  | (Schedule 5)                                      | 15,000   |            |
| POSTAGE                 |                  | (Schedule 5)                                      |          |            |
| CONSULTANT SERVICES     |                  | (Schedule 5)                                      |          |            |
| MAINTENANCE/REPAIR      |                  | (Schedule 5)                                      |          |            |
| PUBLICATIONS/PRINTING   |                  | (Schedule 5)                                      |          |            |
| 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                               | 15,000   |            |
| TOTAL INDIRECT COSTS/A  | DMINISTRATIVE    | • • •   |          | Percentage |
| [IC/AO Expe             | enses limited to | (Schedule 4)<br>15% of Total CDBG Project Budget] |          |            |
|                         |                  | TOTAL CDBG PROJECT BUDGET                         | 15,000   |            |
|                         |                  |   | Page 1 o | f 5        |

## 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 <u>direct project/client services</u>. 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                   | <u> </u>                     | Jacobs & Cushman Sa  | an Diego Food Ban  | k                                     |
|--------------------------|------------------------------|----------------------|--------------------|---------------------------------------|
| PROJECT                  |                              | Food 4 Kids Bac      | kpack Program      |                                       |
|                          | (1)                          | (2)                  | (3)                | (4)                                   |
|                          | (±)                          | (2)                  | PERCENT            | TOTAL                                 |
| P.O                      | SITION TITLE                 | CBOCC DAY            |                    |                                       |
|                          | SITION TITLE                 | GROSS PAY            | CHARGED            | SALARY & WAGES                        |
| IN/A                     | <del></del>                  |                      |                    |                                       |
|                          |                              |                      |                    |                                       |
| <del>-</del>             |                              |                      |                    | -                                     |
|                          |                              |                      |                    |                                       |
|                          | <u> </u>                     |                      |                    |                                       |
|                          |                              |                      | -                  | · · · · · · · · · · · · · · · · · · · |
| <u> </u>                 | <u> </u>                     |                      |                    | -                                     |
|                          |                              |                      |                    |                                       |
|                          |                              | <u> </u>             |                    |                                       |
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|                          |                              |                      |                    | -                                     |
|                          |                              |                      |                    | ~                                     |
|                          |                              |                      |                    |                                       |
| · · ·                    |                              |                      |                    | -                                     |
|                          | <del>-</del>                 |                      | -                  |                                       |
|                          |                              |                      | -                  | -                                     |
|                          |                              |                      |                    | _                                     |
|                          | <del></del>                  | TOTAL CDBG SA        | ALARY & WAGES      |                                       |
|                          |                              |                      | _                  |                                       |
| 1. List all positions ch | arged against CDBG funding   | providing direct CDB | G project/client a | ctivity.                              |
| 2. List gross pay for e  | ach position listed.         |                      |                    |                                       |
| 3. List percent of gro   | ss pay to be charged against | CDBG funding.        |                    |                                       |
| 77. 04                   |                              |                      |                    |                                       |
|                          | 0 0 1 1 1 (0) 1 0 1          | $\neg$               |                    |                                       |
|                          | Pay Schedule (Check One)     |                      |                    |                                       |
|                          | A                            |                      |                    |                                       |
|                          | Monthly                      |                      |                    |                                       |
|                          | Biweekly                     |                      |                    |                                       |

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  | 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<br>INSURANCE                              | GROSS PAY          | PERCENT<br>CHARGED | AMOUNT |  |
| N/A   |   |  |                    |                    | -      |  |
|   |   |  | -                  |                    | -      |  |
|   |   |  |                    |                    |        |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    |        |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    |        |  |
|   |   | <del>  </del>                                    |                    |                    | -      |  |
|   |   | <del>                                     </del> |                    |                    |        |  |
| -   |   | _  |                    |                    | _      |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    | _      |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    | -      |  |
|   |   |  |                    |                    | _      |  |
|   |   |  |                    |                    | -      |  |
|   |   | TOT  | AL CDBG FRIN       | GE BENEFIT         | -      |  |
| <ol> <li>List all POSITIONS charged again</li> <li>List Fringe Benefit title FOR EAG</li> <li>List the amount of insurance for G</li> </ol> | CH POSITION charged to C                    | DBG funds.                                       | ject/client activi | ty.                |        |  |

| ing direct CDBG project/clie    | ent activity.   |  |  |
|---------------------------------|---|--|--|
| CDBG funds.                     |   |  |  |
| nst CDBG funds.                 |   |  |  |
| nuliply by required percent for | r each fringe   | •  |  |
|                                 |   |  |  |
|                                 |   |  | -  |
|                                 |   |  |  |
|                                 |   |  |  |
|                                 |   |  |  |
|                                 |   |  |  |
|                                 |   |  |  |
| Page                            | 3   | of   | 5  |
|                                 | CDBG funds.  ast CDBG funds.  nuliply by required percent for | nst CDBG funds.  nuliply by required percent for each fringe | CDBG funds.  ast CDBG funds.  muliply by required percent for each fringe. |

# 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   | Jacobs & Cushman San   | Diego Food Bank    |                                     |
|--|------------------------|--------------------|-------------------------------------|
| PROJECT  | Food 4 Kids Backp      | ack Program        |                                     |
|  |                        |                    |                                     |
| (1)  | (2)                    | (3)                | (4)                                 |
|  |                        |                    | TOTAL INDIRECT                      |
| POSITION TITLE/LINE ITEM                               | AGENCY BUDGET  AMOUNT  | PERCENT<br>CHARGED | COST/ADMINISTRATIVE<br>OVERHEAD     |
| N/A  |                        |                    | -                                   |
|  |                        |                    | -                                   |
|  |                        |                    | -                                   |
|  |                        |                    | -                                   |
|  |                        |                    | <u> </u>                            |
|  |                        |                    |                                     |
|  |                        |                    | -                                   |
|  |                        |                    |                                     |
|  |                        |                    |                                     |
|  |                        |                    | -                                   |
|  |                        |                    | -                                   |
|  |                        |                    | -                                   |
| TOTAL CDBG INDIRE                                      | CT COST/ADMINISTRAT    | TIVE OVERHEAD      | •                                   |
| (5) Total CDBG Budget                                  | 15,000                 | Percentage         | 0.00%                               |
| (5) Total 6556 Bauget                                  | 15,000                 |                    | Must be equal or less than 15%)     |
|  |                        | (-                 | 7.401 DE 09401 01 1000 Ellali 2070, |
| 1. List all personnel or nonpersonnel (NPE) charged a  | gainst CDBG funding-in | clude detailed de  | scription of indirect use.          |
| 2. List total Agency budget for positon and/or NPE lin |                        |                    | veription of maneot abou            |
| 3. List PERCENT of total budget to be charged against  |                        |                    |                                     |
| 4. Total indirect cost/administrative overhead to be o | _                      | unding.            |                                     |
| 5. Enter the Total FY13 CDBG Budget; percentage will   | be AUTOMATICALLY c     | alculated.         |                                     |
|  |                        |                    |                                     |
|  | $\neg$                 |                    |                                     |
| Pay Schedule (Check One)                               |                        |                    |                                     |
| Monthly  |                        |                    |                                     |
| Biweekly   |                        |                    |                                     |
| Twice a Month  |                        |                    |                                     |

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

| AGENCY   | Jacobs & Cushman San Diego Foo | d Bank |                     |
|--|--------------------------------|--------|---------------------|
| PROJECT  | Food 4 Kids Backpack Progra    | m      |                     |
| LINE ITEM  | Supplies                       |        | AMOUNT              |
| Detailed Explanation:<br>Food purchase for weekly back | spack distributions            |        | 15,000              |
|  |                                |        |                     |
| LINE ITEM  | N/A                            | TOTAL  | \$ 15,000<br>AMOUNT |
| Detailed Explanation:                                  |                                |        |                     |
|  |                                |        |                     |
|  |                                |        |                     |
| LINE ITEM  | N/A                            |        | \$ =                |
| Detailed Explanation:                                  | IV/A                           |        | AWOUNT              |
| <u> </u>   |                                | TOTAL  | \$ 1.51             |
|  |                                |        |                     |

<sup>\*</sup>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:

\$247,924

Amount of CDBG Requested:

\$15,000

Amount Recommended:

\$12,000





#### FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

|  | · · · · · · · · · · · · · · · · · · ·               |           |  |            |                                      |                                       |            |   |                                       |
|--|---|-----------|--|------------|--------------------------------------|---------------------------------------|------------|---|---------------------------------------|
| Project category:  | X Public service                                    |           |  | Housin     | ng                                   |                                       |            | 111111111111111111111111111111111111111 |                                       |
| (check one only) Capital improvement/Facility Improvement  |   |           |  |            |                                      | $\dashv$                              |            |   |                                       |
|  |   |           |  |            |                                      |                                       |            |   |                                       |
| Applicant Agenc  | <del></del>   |           |  |            |                                      |                                       | <u> </u>   |   |                                       |
| Applicant Legal<br>Name:   | Meals on Wheels Gro                                 | eater San | Diego, Inc. (                          | dba Meal   | s on v                               | Wheels San                            | Diego C    | ounty                                   |                                       |
| Type of agency:  | ⊠501(c)(3)  | □Gov't.   | /Public                                | ☐ For Pro  | ofit                                 | ☐ Faith-                              | Based      | □Othe                                   | r:                                    |
| Agency Address:  | 2254 San Diego Aver                                 | nue, #200 |  | Ager       | псу Та                               | ax Identific                          | ation #:   | 952660                                  | 509                                   |
| Date of<br>Incorporation:  | 1970  |           |  | A          | -                                    | y Central Co.<br>Regis<br>http://www. | tration#   | 020210                                  | 332-79H19                             |
| Agency Annual Operating Budget:  | \$ 4,739,995  |           |  |            |                                      | Agency                                | DUNS#      | 020210                                  | 332                                   |
| Number of paid staff:  | 76  |           | ************************************** |            | Num                                  | nber of volu                          | ınteers:   | 2900                                    |                                       |
| Agency mission stat  | ement:  |           |  |            |                                      |                                       |            |   |                                       |
|  | ın Diego County's (MO                               |           |  |            |                                      |                                       |            |   |                                       |
| choose to age in the   | eir home or must due t                              | o the ina | bility to affo                         | rd quality | care                                 | in an assis                           | ted living | g/nursing                               | s home setting.                       |
| WARRANT TO THE PARTY OF THE PAR |   |           |  |            |                                      |                                       |            |   | · · · · · · · · · · · · · · · · · · · |
| Project Title  |   |           |  |            |                                      |                                       |            | ą                                       |                                       |
| Senior Care in the H   | lome in the City of Chu                             | ıla Vista |  |            |                                      |                                       |            |   |                                       |
|  | on (Briefly describ                                 |           |  |            |                                      |                                       |            |   |                                       |
|  | 248 unduplicated hor<br>ily safety checks with r    |           |  |            |                                      |                                       |            |   |                                       |
| Funding Request  |   |           |  |            |                                      | -                                     |            |   |                                       |
| -  | sted in this application<br>letailed budget in Appo |           | 15,000                                 | Other j    |                                      | already se                            | cured fo   | r                                       | 83,000                                |
| Total cost to complete project:  247,924  Other funds not yet secured for project:   |   |           |  |            | 149,924                              |                                       |            |   |                                       |
| Project Informat   | ion   |           |  |            |                                      |                                       |            |   |                                       |
|  | Service, will service be                            | site spec | ific? □Yes                             | ⊠No        |                                      |                                       |            |   |                                       |
| If your answer is <b>yes</b> , please provide: Address(es) below:  |   |           | elow:                                  |            | Census tract: Is Census Tract design |                                       | -          |   |                                       |
|  |   |           |  |            |                                      |                                       | □Yes       | □No                                     |                                       |
|  |   |           |  |            |                                      |                                       | □Yes       | □No                                     |                                       |
|  |   |           |  |            |                                      |                                       | □Yes       | □No                                     |                                       |

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

| 1.1.           |   | ncise description of the proposed purely include all (i.e. food, case in |                   | _                     | he project/program consi   | ists of a variety of                         |  |
|----------------|---|--|-------------------|-----------------------|----------------------------|--|--|
| living<br>nece | 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   |                   | Anticipo              | ated end date: 6/30/       | 18   |  |
| 1.3.           | Project's day   | s/hours of operation: M – F 8:   | 20 a m to 1       | 5:00 n m              | Sat 9:20 a m to 2:00 n m   |  |  |
| 1.5.           | Project s day.  | symbols of operation.   Wi - r o   | 30 a.iii. 10 3    | 3.00 p.m.,            | Sat 8:30 a.m. to 2:00 p.m  | • :  |  |
| 1.4.           | Project   | X Public service   | 1.5 Proje         |                       | X Suitable living enviro   | nment  |  |
|                | category:<br>(check one only)   |  |                   | ctive:<br>: one only) | Decent housing             |  |  |
|                | (check one omy)   | Capital improvement and  | (CITECA           | . one omy             | Economic opportun          |  |  |
|                |   | Public Facility Improvements   | 1.6 Proje         |                       | X Availability/accessibil  | ity  |  |
|                |   | , ,  | •                 | ome:<br>: one only)   | Affordability              |  |  |
|                |   |  | 1 (               |                       | Sustainability             | - · · · · · · · · · · · · · · · · · · ·      |  |
| 1.7 T          | he following q  | uestions on individual clients and                                       | household         | s to be ser           | ved apply only to Public S | ervice, and Minor                            |  |
| R              | esidential Reh  | abilitation projects:  |                   |                       |                            |  |  |
|                |   | ve individual persons (Ip) or house                                      |                   |                       | ndividual Persons OR       | Households                                   |  |
| -              |   | plicated IC/HH served in 2016/17   | <u>``</u>         | \$1,138.80            | ed to serve 230 by 6/30/1  | 7. Served 228 2" Qtr                         |  |
| Annu           | ai cost per ciie  | ent/household:   |                   | \$1,130.0             | <u> </u>                   |  |  |
| 1.8.           | CDBG Criterio   | a: Which CDBG criterion below do   | es your pro       | posed pro             | ject meet?                 | ***************************************      |  |
| x              | (1) <b>Area benefit:</b> At least 51% of residents within the targeted activity area are low to moderate income (LMI). Please <b>provide a map</b> identifying the Census Tracts designated as LMI. If your project serves all the residents of a   |  |                   |                       |                            |  |  |
| Х              | (2) Limited   | <b>l clientele</b> (select subpart below)                                | :                 |                       |                            |  |  |
|                |   | esumed Benefit - Special needs gro                                       | oup (select       | benefit gr            | oup from the list below):  |  |  |
|                | (i)   |  | Jan / 100 100 100 | nintain d             | an montation of aga alia   | ihili+)                                      |  |
|                | X   (ii   | · · · · · · · · · · · · · · · · · · ·                                    | ier (must m       | iaintain at           | cumentation of age engi    | Dinty)                                       |  |
|                | (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)  |  |                   |                       |                            |  |  |
|                |   | least 51% of clientele to be served                                      | i must be L       | IVII.                 |                            |  |  |
|                | _ <u></u>   | g (select subpart below):<br>le family (must be 100% LMI)                | (b)               | Multi-unii            | t (must be 51% LMI)        |  |  |
|                | L(a) Jingi  | C Jaminy (mast be 100% tivin)  | (/                | 7776727 67177         | TITIOC DC DZ70 BITTI       |  |  |
| 1.9.           | The 2015-20:  | 19 Consolidated Plan goals are list                                      | ted below.        | Select the            | goal appropriate to your   | project:                                     |  |
|                |   | ental Housing Opportunities  |                   |                       |                            |  |  |
|                | *****   | and Preservation of Housing (ref   |                   | activities,           | )                          |  |  |
|                |   | ship Opportunities (homebuyer pr<br>ovement Projects and Community       |                   | ant (nuhli            | c facilities (chaces)      |  |  |
| X              |   | es to Special Needs Population an  |                   |                       |                            | WITT // 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |

### 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. <a href="https://www.rwif.org">www.rwif.org</a>).

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.

| Service to be Provided (i.e. food, transp | ortation, case management, etc.). | 1. Food                      |
|---|-----------------------------------|------------------------------|
| Outcomes                                  | Number of Proposed Beneficiaries  | Method of Data Collection    |
| 1. Procure Food                           | 248                               | SERVtracker Database         |
| 2. Prepare Meals                          | 248                               | SERVtracker Database         |
| 3 Distribute Meals to Homes               | 248                               | SERVtracker Database         |
| Service to be Provided (i.e. food, transp | ortation, case management, etc).  | 2. Case Management           |
| Outcomes                                  | Number of Proposed Beneficiaries  | Method of Data Collection    |
| 1. Provide daily safety checks            | 248                               | SERVtracker Database         |
| 2. Make visual inspection                 | 248                               | SERVtracker Database         |
| 3. Evaluate home environment              | 248                               | SERVtracker Database         |
| Service to be Provided (i.e. food, transp | ortation, case management, etc).  | 3. Case Management           |
| Outcomes                                  | Number of Proposed Beneficiaries  | Method of Data Collection    |
| 1. Provide daily social visits            | 248                               | SERVtracker Database         |
| 2. Make referrals to other providers      | 248                               | SERVtracker Database         |
| 3. Document concerns                      | 248                               | SERVtracker Database         |
| Service to be Provided (i.e. food, transp | ortation, 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:   | х | Yes |  | No |  |  |
|---|---|-----|--|----|--|--|
| MOWSDC is part of the San Diego Senior Alliance (www.sdsenioralliance.org) comprised of 20 socia  |   |     |  |    |  |  |
| 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 |   |     |  |    |  |  |
| vith 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.  |   |     |  |    |  |  |

# **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  |  |  |

| 1                    | 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. Psychlogy                     |
| Telephone number:    | 619-420-2782   |
| Date first employed: | 07/07/06   |
| Name of person:      |  |
| Title of person:     |  |
| Relevant education:  |  |
| Telephone number:    |  |
| Date first employed: |  |

|                      | 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 <b>Policies and Procedures</b> in place for the <u>specific</u> 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 eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?  | х   |
| 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?  | х   |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).   |     |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>  | Х   |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?  |     |
| ٧.    | For Presumed Benefit Activities:  |     |
| •     | 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)]   |     |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]  | х   |
| vi.   | For Limited Clientele Activities:   |     |
|       | 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)]  | х   |
| vii.  | For Limited Benefit Activities by Nature and Location:  |     |
|       | Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts?  | х   |
| viii. | Do the Policies and Procedures include how date is collected on Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?  | х   |
| ix.   | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?  | х   |
| х.    | Do the Policies and Procedures identify the process of safeguarding client information?   | Х   |
| xi.   | Do the Policies and Procedures identify the process for File Management?  | 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 | Ω: |
|      | 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:

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
filled 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 it 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.

| For FY2012-2013, FY2013-2014, FY2014-2015, FY2015-2016 MOWSDC received \$12,000 in CDBG Funding from the City of CV Vista. | 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. | х       | Yes    |       | No |
|--|------|--|---------|--------|-------|----|
|  |      |  | m the ( | ity of | Chula |    |

## 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 | < | Yes | No |
|------|---|---|-----|----|
|      | will the implementation be achieved?  |   | 162 | 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. If funded, how will your agency continue this project if CDBG funds are not available in future years?

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)

| combiete the attachea aetanea baat | iel juilis ili ivis excel. Ciluuse liie j | forms pertaining to your project category. |
|------------------------------------|---|--|

| Project category: (check one only) | X Public service  Capital improvement (see belo   |       | Complete Appendices A-1, A-2, and A-3.                 |
|------------------------------------|---|-------|--|
| (cneck one only)                   | Does this Capital Improvement                     | □ No  | If no, complete Appendices A-1, A-2, and <b>A-4</b> .  |
|                                    | Project involve Minor Residential Rehabilitation? | ☐ Yes | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |

- <u>All</u> 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 <u>category</u> 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<br>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.            |   |                    |  |  |
| 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:   | 1. Agency name: Meals on Wheels San Diego County                            |        |   |  |                                       |         |         |                   |            |   |
|---|---|--------|---|--|---------------------------------------|---------|---------|-------------------|------------|---|
| 2. Project name:  |   |        |   |  |                                       |         |         |                   |            |   |
| 3. Year of funding:   | Х   | Fisco  | al Yea                                  | r 2014   | Fis                                   | cal     | Year    | r 2015            | Fis        | cal Year 2016   |
| 4. Indicate the source of   | 4. Indicate the source of the federal funding awarded to the prior project: |        |   |  |                                       |         |         |                   |            |   |
| X CDBG  | ·   |        | ном                                     | E  |                                       |         |         | SG                |            | Other (Indicate below)  |
|   |   |        |   |  |                                       |         |         |                   |            | Click here to enter text.   |
| 5. Amount awarded:  | •   |        |   | \$12,000   |                                       | 1       | 6. An   | nount spent to a  | late:      | \$12,000  |
| 7. Amount reprogramme   | ed to d   | late:  |   | 0  |                                       |         |         |                   |            |   |
| 8. Indicate below the ou  | tcome   | s ant  | icipat                                  | ed (refer to the   | original                              | ар      | plica   | tion for the proj | ect, if po | ossible):   |
| Serve 220 unduplicated  | senio   | rs wit | h up                                    | to two fresh me  | als daily                             | ac      | comp    | panied by daily s | safety ch  | necks and in-home visits.   |
| 9. Indicate below the ou  | tcome   | s ach  | ievea                                   | <b>!:</b>  |                                       |         |         |                   |            |   |
| Served 220 unduplicated   | d seni  | ors w  | ith up                                  | to two fresh m   | eals dai                              | y a     | ccom    | rpanied by daily  | safety o   | checks and in-home  |
| visits.   |   |        |   |  |                                       |         |         |                   |            |   |
| 10. If any anticipated ou   | tcome   | es we  | re NC                                   | T achieved, spe  | cify which                            | :h c    | nes (   | and explain why   | ı below:   |   |
| N/A   |   |        |   |  |                                       |         |         |                   |            |   |
|   |   |        |   |  |                                       |         |         |                   |            |   |
| 1. Agency name:   | Mea   | ls on  | Whe                                     | els San Diego Co   | unty                                  |         |         |                   |            |   |
| 2. Project name:  | Hom   | e Del  | livere                                  | d Meals in the C   | City of Cl                            | nula    | a Vist  | a                 |            |   |
| 3. Year of funding:   |   | Fisco  | al Yea                                  | r 2014   | X Fis                                 | cal     | Year    | r 2015            | Fis        | cal Year 2016   |
| 4. Indicate the source of   | the fe  | dera   | l fund                                  | ing awarded to   | the prio                              | r pi    | ojec    | t:                |            |   |
| X CDBG  |   |        | HOF                                     | PWA  |                                       |         | E       | SG                |            | HOME  |
| CDBG-R  |   |        | HPR                                     | P  |                                       |         | N       | ISP               |            | Other (Indicate below):   |
| 5. Amount awarded:  |   |        |   | \$12,000   |                                       | 1       | 5. An   | nount spent to d  | late:      | \$12,000  |
| 7. Amount reprogramme   | ed to d   | late:  |   | 0  | ***                                   | 1       |         |                   |            |   |
| 8. Indicate below the ou  |   |        | icipat                                  | ed (refer to the   | original                              | арі     | olica   | tion for the proj | ect, if po | ossible):   |
| Serve 220 unduplicated  |   |        |   | The state of the s |                                       |         |         | <del></del>       |            |   |
| 9. Indicate below the ou  |   |        | ····                                    |  |                                       |         | •       | ,                 |            |   |
| Served 457 unduplicated   |   |        |   |  | ta with r                             | nea     | ıls, sa | afety checks and  | in-hom     | e social visits.  |
| 10. If any anticipated ou   |   |        |   |  |                                       |         |         | <del></del>       |            |   |
| N/A   |   |        |   |  |                                       |         |         |                   |            |   |
|   |   |        | • |  | · · · · · · · · · · · · · · · · · · · |         |         | -, -              |            | 4418.000 8418 |
| 1. Agency name:   | Mea   | ls on  | Wher                                    | els San Diego Co   | untv                                  |         |         |                   |            |   |
| 2. Project name:  |   |        |   | the Home in the  |                                       | Chi     | ıla Vi  | sta               |            |   |
| 3. Year of funding:   |   |        |   | r 2014   |                                       |         |         | · ·               | X Fis      | cal Year 2016   |
| 4. Indicate the source of the federal funding awarded to the prior project:   |   |        |   |  |                                       |         |         |                   |            |   |
| X CDBG  | 1,70  |        | ~~~~~                                   | WA   | p                                     | [       |         | SG                |            | П номе  |
| CDBG-R  |   |        | HPR                                     |  |                                       | Ī       |         | ISP               |            | Other (Indicate below):   |
|   |   |        |   |  |                                       | \$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   | ,   |        |   |  |                                       |         |         | ,                 |            |   |
| ,   |   |        |   |  |                                       |         |         |                   |            | - Food American and American Avenue   |

# 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?  |          | Yes    | Ш      | No                                    |
|-------|--|----------|--------|--------|---------------------------------------|
|       | If no, indicate the anticipated date of completion:  | <u> </u> |        |        |                                       |
|       |  |          |        |        |                                       |
| 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   |          | Yes    |        | No                                    |
|       | below:   |          |        |        |                                       |
| Click | here to enter text.  |          |        |        |                                       |
|       |  |          |        |        |                                       |
| 9.3.  | For CIP projects, summarize the construction manager's relevant experience on similar federal  | ly fund  | ded pi | ojects | ;;                                    |
| Click | here to enter text.  |          |        |        |                                       |
| 9.4.  | For CIP projects, address the mitigation of any issues identified on the "Project Site   |          |        |        |                                       |
| J     | 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   | ╷└─┤╵    | Yes    |        | No                                    |
|       | problems. Were issues identified? If yes, identify each issue and the mitigation below:  |          |        |        |                                       |
| Click | here to enter text.  |          | L      |        |                                       |
| 9.5.  | For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for years after the work is completed. Project records must be maintained for a minimum of <b>five</b> y  |          |        | -      |                                       |
|       | termination of the agreement with the City of Chula Vista? Please describe how the records w   |          | -      |        |                                       |
| Click | here to enter text.  |          |        |        |                                       |
|       |  |          |        |        |                                       |
|       | For Public Facility Improvements, the facility shall continue to meet one of the national object<br>ces to low/moderate income persons until <b>five</b> years after the expiration of the contract/MOU were to low 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? |  |                     |                                       |   |             |             |   |             |
|--|--|---------------------|---------------------------------------|---|-------------|-------------|---|-------------|
|  | Agency-owned   |                     |                                       |   |             |             |   |             |
|  | Indicate the property owner(s):  | Click her           | e to enter text.                      |   |             |             |   |             |
|  | Is there currently a lien on the property?   |                     | Yes                                   |   |             | No          |   |             |
|  |  |                     |                                       |   |             |             |   | ·           |
|  | City-owned   |                     |                                       |   |             |             |   |             |
|  | Indicate your City Real Estate Assets liaison:   | Click her           | e to enter text.                      |   |             |             |   |             |
|  | When will the lease expire? (The lease must not  | a                   |                                       |   |             |             |   |             |
|  | expire within five years of the proposed project's   | Click her           | e to enter text.                      |   |             |             |   |             |
|  | completion date.)  Is there currently a lien on the property?  | Yes                 |                                       | □ No  | <del></del> |             |   |             |
|  | is their carrently a new on the property.  |                     | · · · · · · · · · · · · · · · · · · · |   |             |             |   |             |
|  | Privately owned  |                     |                                       |   |             |             | ,   |             |
| .——  | 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.)  |                     |                                       |   |             | <del></del> | <del></del>                                       | <del></del> |
|  | Is there currently a lien on the property?   |                     | Yes                                   |   |             | No          |   |             |
| <u> </u>   |  |                     |                                       |   |             |             |   |             |
|  | Other Social as baief and as attions   |                     |                                       |   |             |             |   |             |
|  | Provide a brief explanation:   |                     | - P-WWW.                              | · · · · · · · · · · · · · · · · · · ·               |             |             |   |             |
| 9.9.   | How old is the property/building in terms of you   | ears?               |                                       |   | 1           |             |   |             |
| 5.5.   | For building/structures constructed prior to De  |                     | 1 1969                                |   |             |             | -   |             |
|  | Has a lead hazard inspection report been issue   |                     |                                       | الله. ي.<br>الله الله الله الله الله الله الله الله | TI          | Yes         |   | No          |
|  | Has the facility been abated for lead paint?   | ca joi tiic         | ,                                     |   | ╅           | Yes         | Ħ   | No          |
|  | Will children occupy the facility?   |                     |                                       |   | ╅           | Yes         | 1   | No          |
|  | If yes, indicate the age range of the children w   | ho will oc          | cupy the facility:                    |   | CI          | ick here    | to e  |             |
|  | · ·  |                     |                                       |   |             |             |   |             |
|  |  |                     |                                       |   |             |             |   |             |
| 9.10.  | Has the property been designated or been det   | ermined t           | o be potentially elig                 | ible for  |             | Yes         |   | No          |
|  | designation as a local, state, or national histo-  | ric site? <b>If</b> | <b>yes</b> , please describe          |   | <u> </u>    | ]163        |   | 1110        |
|  | Click here to enter text.  |                     |                                       |   |             |             |   |             |
|  |  |                     |                                       |   |             |             |   |             |
| 0.41   |  | C:+-3               | • •                                   |   | <b>-</b>    | 7v          | <del>                                      </del> | INI-        |
| 9.11.  | Is the building/structure located on a Historic  |                     |                                       |   | ╀           | Yes         | ┼╞═   | No<br>No    |
|  | Is the building/structure located in a Historic L  | Jistrict?           | Linear-transmission                   |   | ┼           | Yes         | ┼⊨  | No          |
|  | Is the building/structure in a Flood Zone?   |                     |                                       |   |             |             | -   |             |
|  | Is the building/structure in a Flood Plain? Yes No   |                     |                                       |   |             |             |   |             |
|  |  |                     |                                       |   |             |             | No  |             |
| Will there be demolition required?                                 |  |                     |                                       |   |             |             |   |             |
| 042  | List and describe any known hazards (e.g., ask   | actor ch            | praga tanke – undere                  | round/ahove cro                                     | und!        | •           |   |             |
|  | List and describe any known nazaras (e.g., ast<br>here to enter text.  | ,esius, sic         | n uye turiks — unuery                 | ground/above gro                                    | unuj        | •           | ·····   |             |
| CHCK   | nere to enter text.  |                     |                                       |   |             |             |   |             |
|  |  |                     |                                       |   |             |             |   |             |
| 9.13   | Will the project result in an expansion of an ex   | cistina fac         | ility?                                |   |             | Yes         | ΤΓ  | No          |
|  | The second secon | sting size:         |                                       | Addition size:                                      |             |             |   | <del></del> |
|  | 3,,-,-   | <u> </u>            | 1 ·                                   |   |             |             |   |             |

| The state of the s |  |  |  |  |  |
|--|--|--|--|--|--|
| 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?  |  |  |  |  |  |
|  |  |  |  |  |  |
| If <b>yes</b> , 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.  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|    |       |       |       |   |       | CES |
|----|-------|-------|-------|---|-------|-----|
| €1 | 11 ** | ~ P I | 44 14 | N | 12 15 |     |

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. 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 recomended funding amount.

| Γ  | AMOUNT                               | AMOUNT    | % OF  |  |
|--|--------------------------------------|-----------|-------|--|
|  | SECURED                              | UNSECURED | TOTAL |  |
| FY 2017-2018 CDBG Application Request from City of Chula V | 'ista (Step 1)                       | \$15,000  | 6%    |  |
| List Other Sources Below: (Step 2)                         |                                      |           |       |  |
| 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%    |  |
| TOTAL  | \$83,000                             | \$164,924 | 100%  |  |

| 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.

| Balance Sheet - Audited Financial Statements. FY 2016 CY  Document must be attached to Application   | Page #            |
|--|-------------------|
| Enter Agency Cash Balance  |                   |
| (Cash cannot include Investments or Receivables)   | 10,945            |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)   | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)  | 15,000            |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fund   |                   |
| Item A 43,780 Item B 15,000  | Difference 28,780 |
| Analyze Results  |                   |
| 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) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLIE |                   |
| B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL F   |                   |
|  |                   |
|  |                   |

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

| AGENC                         | r ivieais o               | ii wheels san blego C             | ounty          |           |
|-------------------------------|---------------------------|-----------------------------------|----------------|-----------|
| PROJEC                        | Senior Care in 1          | the Home in the City o            | of Chula Vista |           |
|                               |                           |                                   | CDBG           |           |
| SALARIES & WAGES              |                           | (Schedule 2)                      | 0              |           |
| FRINGE BENEFITS               |                           | (Schedule 3)                      | 0              |           |
|                               | тот                       | TAL PERSONNEL                     | 0              |           |
| SUPPLIES                      |                           | (Schedule 5)                      | 0              |           |
| POSTAGE                       |                           | (Schedule 5)                      | 0              |           |
| CONSULTANT SERVICES           |                           | (Schedule 5)                      | 0              |           |
| MAINTENANCE/REPAIR            |                           | (Schedule 5)                      | 0              |           |
| PUBLICATIONS/PRINTING         |                           | (Schedule 5)                      | 0              |           |
| TRANSPORTATION                |                           | (Schedule 5)                      | 0              |           |
| RENT                          |                           | (Schedule 5)                      | 0              |           |
| EQUIPMENT RENTAL              |                           | (Schedule 5)                      | <u> </u>       |           |
| INSURANCE                     |                           | (Schedule 5)                      | O              |           |
| UTILITIES                     |                           | (Schedule 5)                      | O              |           |
| TELEPHONE                     |                           | (Schedule 5)                      | 0              |           |
| OTHER EXPENSES (SPECIFY):     | Food & Packaging          | (Schedule 5)                      | 66,391         |           |
|                               | Food Preperation Labor    |                                   | 13,791         |           |
|                               | Meal Center Fixed Labo    | or<br>-                           | 32,714         |           |
|                               | Distribution (Vans)       | (Schedule 5)                      | 19,244         |           |
|                               | Intake/Volunteer          | (Schedule 5)                      | 115,784        |           |
|                               | TOTAL                     | NON-PERSONNEL                     | 247,924        |           |
| TOTAL INDIRECT COSTS/ADMINIST | RATIVE OVERHEAD (IC/A     |                                   |                | Percentag |
| [IC/AO Expenses lim           | nited to 15% of Total CDB | (Schedule 4)<br>G Project Budget] | _              |           |
|                               | TOTAL CDBG                | PROJECT BUDGET                    | 247,924        |           |
|                               |                           |                                   | Page 1 o       | f         |

# 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:

\$33,500

Amount of CDBG Requested:

\$10,000

Amount Recommended:

\$10,000



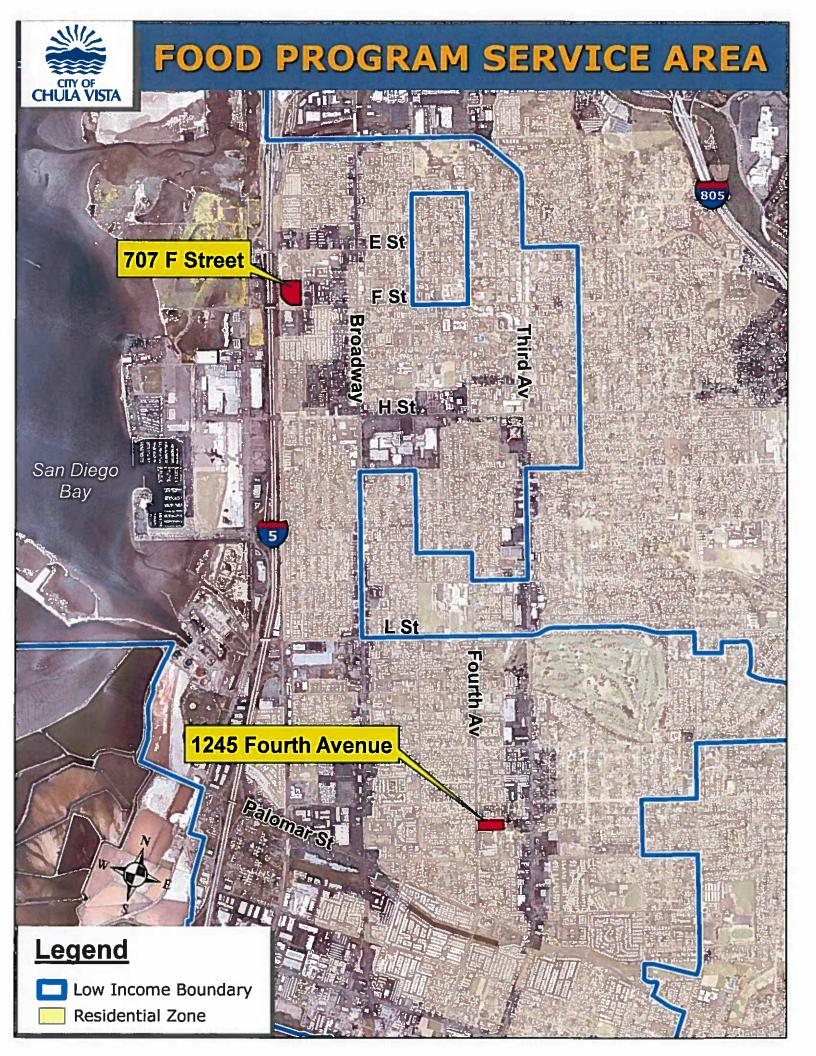


## FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:  | Public service  |   | Housin  | g  |  |                 |                                 |
|--|---|---|---|--|--|-----------------|---------------------------------|
| (check one only)   | Capital improveme   | ent/Facility Improv   | ement   |  |  |                 |                                 |
| Applicant Agend  | cy Information  |   |   |  |  |                 |                                 |
| Applicant Legal<br>Name:   | South Bay Community   | Services  |   |  |  | -               |                                 |
| Type of agency:  | ⊠501(c)(3) [  | □Gov't./Public  | ☐For Pro  | ofit 🗆 Faith                             | Based                                  | Othe            | er:                             |
| Agency Address:  | 430 F Street, Chula Vis   | sta, CA 91910   | Agen  | cy Tax Identific                         | ration #:                              | 95-269          | 3142                            |
| Date of<br>Incorporation:  | September 1972  |   | A   | gency Central Co<br>Regis<br>(http://www | stration#                              | Renew<br>07/28/ | al Date:<br>2017                |
| Agency Annual<br>Operating Budget:   | \$ 30,394,648   |   |   | Agency                                   | DUNS#                                  | 113407          | 779                             |
| Number of paid staff:  | 400   |   |   | Number of vol                            | unteers:                               | 1,200           |                                 |
| Agency mission sta   | tement:   |   |   |  |  | SSM 1111        |                                 |
|  | provide children, youth,  | and families with   | services tha  | t reinforce the                          | family's ro                            | ale in ou       | ır community                    |
|  | ils to aspire realistically t   |   |   | c remnorce the                           | iaiiiiy 5 ic                           | JIE III OC      | ii community                    |
| Project Title  |   |   |   |  |  |                 |                                 |
| South Bay Food Pro<br>Project Descript   | ion (Briefly describe   | · · · · · · · · · · · · · · · · · · ·                                 |   |  | . C. 11                                |                 |                                 |
| South Bay Food Pro<br>Project Descript<br>The South Bay Food   |   | sday's Meals (wee   | kly hot mea   |  |  |                 |                                 |
| Fouth Bay Food Propert Project Descript The South Bay Food out of 707 F Street)  | ion (Briefly describe<br>Program includes Thur  | sday's Meals (wee<br>nergency Food Pro                                | kly hot mea   |  |  |                 |                                 |
| Project Descript The South Bay Food Out of 707 F Street) residents in need o   | ion (Briefly describe<br>Program includes Thur<br>, and SBCS' In-House En<br>f food services and supr   | sday's Meals (wee<br>nergency Food Pro                                | kly hot mea   |  |  |                 |                                 |
| Project Descript The South Bay Food Out of 707 F Street) Tesidents in need of Funding Reques   | ion (Briefly describe<br>Program includes Thur<br>, and SBCS' In-House En<br>f food services and supr   | sday's Meals (wee<br>nergency Food Pro<br>norts.                      | kly hot mea<br>gram, for h  | omeless and ne                           | eedy Chula                             |                 |                                 |
| The South Bay Food<br>out of 707 F Street)<br>residents in need o<br>Funding Reques<br>Total funding reque   | ion (Briefly describe<br>de Program includes Thurs,<br>and SBCS' In-House En<br>food services and suor<br>t<br>ested in this application<br>detailed budget in Apper                            | sday's Meals (wee<br>nergency Food Pro<br>norts.                      | Other for project:  | unds already se                          | eedy Chula                             |                 | amilies and                     |
| Project Descript The South Bay Food Out of 707 F Street) Tesidents in need of Tesidents in need of Total funding reques Total funding reques Total cost to complete  | ion (Briefly describe<br>de Program includes Thurs<br>de and SBCS' In-House En<br>fer food services and supr<br>t<br>ested in this application<br>detailed budget in Apper<br>ete project:      | sday's Meals (wee<br>nergency Food Pro<br>norts.<br>sdix C: \$10,000  | Other for Other | unds already se                          | eedy Chula                             |                 | \$23,500                        |
| Project Descript The South Bay Food Out of 707 F Street) Tesidents in need of Funding Reques Total funding reque Total cost to complete  | ion (Briefly describe<br>de Program includes Thurs<br>de and SBCS' In-House En<br>fer food services and supr<br>t<br>ested in this application<br>detailed budget in Apper<br>ete project:      | sday's Meals (wee<br>nergency Food Pro<br>norts. \$10,000<br>\$33,500 | Other for project:  | unds already se                          | eedy Chula                             |                 | \$23,500                        |
| Project Descript The South Bay Food Out of 707 F Street) The South Bay Food Out of 707 F Street The South Bay Food The South Ba | ion (Briefly describe described Program includes Thurse, and SBCS' In-House En food services and supret tested in this application detailed budget in Apper ete project:                        | sday's Meals (weenergency Food Proports.  \$10,000 \$33,500           | Other for project:  | unds already se                          | ecured for                             | s Tract         | \$23,500                        |
| Project Descript The South Bay Food Out of 707 F Street) Tesidents in need of Tesidents in need of Total funding reques Total funding reques Total cost to complete Total cost to complete Total cost is a Public  | ion (Briefly describe de Program includes Thurs, and SBCS' In-House En food services and suor t ested in this application detailed budget in Apper ete project: tion Service, will service be s | sday's Meals (weenergency Food Proports.  \$10,000 \$33,500           | Other for project:  | unds already se                          | ecured for                             | s Tract         | \$23,500<br>\$10,000            |
| Project Descript The South Bay Food Out of 707 F Street) Tesidents in need of Tesidents in need of Total funding reques Total funding reques Total cost to complete Total cost to complete Total cost to complete Total cost is a Public   | ion (Briefly describe de Program includes Thurs, and SBCS' In-House En food services and suor t ested in this application detailed budget in Apper ete project: tion Service, will service be s | sday's Meals (weenergency Food Proports.  \$10,000 \$33,500           | Other for project:  | unds already se                          | ecured for cured for Is Censu. a Low/N | s Tract         | \$23,500 \$10,000 designated as |

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

| 1.1.             |  | ncise description of the proposed<br>u must include all (i.e. food, case   |                             |  | the project/program consists of a variety of   |
|------------------|--|--|-----------------------------|--|--|
| comi             | South Bay Foo<br>munity food di                        | d Program includes Thursday's M  | Neals (                     | weekly hot mea<br>et) and SBCS' Ir             | als) served at Most Precious Blood Church, a<br>n-House Emergency Food Program, for homeless<br>d supports.  |
| 1.2.             | Project start  | date: July 1, 2017   |                             | Anticipo                                       | ated end date: June 30, 2018   |
|                  |  |  |                             |  |  |
| 1.3.             | Project's day  | s/hours of operation: Too ma   | ny to I                     | ist here – see 1.                              | 10 below.  |
| 1.4.             | Project  | □ Public service   | 1.5                         | Project  | ☐ Suitable living environment  |
|                  | category:<br>(check one only)                          |  |                             | objective:<br>(check one only)                 | Decent housing   |
|                  |  | Capital improvement and  |                             |  | Economic opportunity   |
|                  |  | Public Facility Improvements   | 1.6                         | Project  | Availability/accessibility   |
|                  |  |  |                             | Outcome:<br>(check one only)                   | Affordability  |
|                  | -  |  | ly or a                     | Terrete dire diriyy                            | Sustainability   |
| Will to<br>Total | lesidential Reh<br>the project ser<br>number undu      | uestions on individual clients and<br>pabilitation projects:<br>ve individual persons (Ip) or hous<br>plicated IC/HH served in 2016/17<br>ent/household:   | eholds                      |  | ndividual Persons OR Households  |
| 7 (11) (4)       | ar cost per ene  | ing nousenoid.   |                             | 333 per c                                      | ment ;   |
| 1.8.             | CDBG Criterio  | a: Which CDBG criterion below do   | oes you                     | ur proposed pro                                | ject meet?   |
|                  | Please <b>provi</b> e<br>given area, s<br>maps with th | <b>de a map</b> identifying the Census<br>uch as projects related to a comi  | Tracts<br>munity<br>aries o | designated as center/public jelearly outlined. | activity area are low to moderate income (LMI). LMI. If your project serves all the residents of a facility or a fire station, please provide a map or Failure to provide service area maps with the igible for funding. |
|                  | (2) Limited  | clientele (select subpart below)   | ):                          |  |  |
|                  | (a) Pre  | sumed Benefit - Special needs gr   | oup (s                      | elect benefit gro                              | oup from the list below):  |
|                  | (i)  |  |                             |  |  |
|                  | i ii   |  | der (m                      | ust maintain do                                | cumentation of age eligibility)  |
|                  | l lii  | The state of the s | 0-                          |  |  |
|                  | (iv  | · · · · · · · · · · · · · · · · · · ·  | defini                      | tion. Must mai                                 | ntain proof documentation)   |
|                  | (v   |  |                             |  |  |
|                  | (v   | i) Migrant farm workers<br>ii) Homeless persons (must meet   | + HIID                      | dofinitional                                   |  |
|                  | P-1  | least 51% of clientele to be serve   |                             |  |  |
|                  |  | g (select subpart below):  | a musi                      | DE LIVII.                                      |  |
| $\sqcup$         |  | e family (must be 100% LMI)  |                             | (b) Multi-unit                                 | (must be 51% LMI)  |
|                  |  | - // (   |                             | n⇒/ .viaid uiiit                               | Interest to a part title   |
| 1.9.             | The 2015-201   | 9 Consolidated Plan goals are lis  | ted be                      | low. Select the                                | goal appropriate to your project:  |
|                  |  | ental Housing Opportunities  |                             |  |  |
|                  | Maintenance  | and Preservation of Housing (re  | habilit                     | ation activities)                              |  |
|                  |  | hip Opportunities (homebuyer pi  |                             |  |  |
|                  |  | ovement Projects and Community   |                             |  | <u> </u>   |
| IXII             | Public Service   | es to Special Needs Population an  | d/or I                      | ow Moderate Ir                                 | ncome Persons  |



#### 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 hou | the pro | posed pro | oiect addri | esses 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.

| Service to be Provided: Provide low-inco  | ome and homeless families with access to | 1. 300                               |
|---|--|--------------------------------------|
| hot, prepared meals.  |  |                                      |
| Outcomes  | Number of Proposed Beneficiaries         | Method of Data Collection            |
| 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:   | $\boxtimes$ | Yes |       | No  |
|---|-------------|-----|-------|-----|
| SBCS works closely with many congregations in the South Bay as well as Feeding America, and the Sa to cater to the food needs of low income and homeless families and individuals in the Chula Vista Co |             | _   | od Ba | nk, |

## **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:      | Dina Chavez   |
| Title of person:     | Associate Director  |
| Relevant education:  | B.S. Criminal Justice   |
| Telephone number:    | (619) 420-3620  |
| Date first employed: | 1989  |

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

Name of person: Amaris Sanchez

Title of person: Program Director

Relevant education: B.A. English & Women's Studies

Telephone number: (619) 420-36920

Date first employed: 2003

Name of person: Dina Chavez

Title of person: Associate Director

Relevant education: B.S. Criminal Justice

Telephone number: (619) 420-3620

Date first employed: 1989

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? |
|----------------------|--|
| Provide no more      | than two individuals:  |
| Name of person:      | Elizabeth Iniguez  |
| Title of person:     | CFO  |
| Relevant education:  | B.S. Business Administration   |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 1993   |
| Name of person:      | Gloria Ramirez   |
| Title of person:     | Lead Staff Accountant  |
| Relevant education:  | B.S. Accounting  |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 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 <b>Policies and Procedures</b> in place for the <u>specific</u> program 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, to term applicant refers to the program participant/beneficiary). | u   |
|-------|---|-----|
| i.    | Do the Policies and Procedures set out the process for determining the eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?  | Х   |
| ii.   | Do the Policies and Procedures Set out the process for determining the number of eligible persons in the applicant(s)'s family?   | X   |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).   | Х   |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>  |     |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?  | Х   |
| ٧.    | For Presumed Benefit Activities:  | N/A |
| •     | 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)]   |     |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]  |     |
| vi.   | For Limited Clientele Activities:   | N/A |
|       | 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.  | For Limited Benefit Activities by Nature and Location:  | Х   |
|       | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?  | Х   |
| ix.   | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?  | х   |
| x.    | Do the Policies and Procedures identify the process of safeguarding client information?   | х   |
| xi.   | Do the Policies and Procedures identify the process for File Management?  | х   |

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.

| 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 | 8  |   |
|      | the project's target area? Indicate which ones in Appendix F.                           |    |   |

## 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 r   | esider   | nts an   | d/or                      |
| communities.   |   |  |  |                           |
| South Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provided community development programs in San Diego County's South Bay. SBCS serves San Diego County an area with a diverse population that is greatly affected by immigration, characterized by transient socioeconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it find employment, affordable housing, and access community resources and services. SBCS was crecommunity members in 1971 as a drop-in center for drug abusing teens. Responding to evolving coconcerns, we have developed a wide range of integrated, bilingual, prevention, intervention, and tryouth and families, including mental health counseling; the region's only permanent shelter and su homeless families, youth, and domestic violence victims and their children; transitional and affordate alcohol prevention and intervention; domestic violence prevention and intervention; community dealto abuse prevention and intervention; and extensive youth programming.  SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and operation and intervention; and extensive youth programming.  SBCS is an experienced operator of food programs, and has been receiving CV CDBG funds and operation of the San Diego Food Bank's Emergency Food Assistance program for families since March 2009; at Emergency Food Program has been in operation since we began sheltering homeless families in 1951 larger and more formally entrenched program every year since.   | y's Sou<br>ce, low<br>difficulated by<br>mmurreatme<br>pport sible ho<br>evelop<br>rating ;<br>; We h | thern  It for to  y dedinity ne  ent opto service busing; ment; Thurso cave be  CS' In-H | Regio<br>them to<br>icated<br>eds and<br>tions to<br>es for<br>child<br>day's<br>een pa<br>House | to<br>i<br>nd<br>for<br>& |
| targer and more formally entremened 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.  Click here to enter text.   |   | Yes  |  | No                        |
| THE TOTAL CONTROL CONT |   |  |  |                           |
| 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?   | $  \boxtimes  $   | Yes  |  | No                        |
| The need for food and food services has increased at a time when funding has decrease support of the South Bay Food Program is essential to sustain this much needed service community. If funded at an amount less than requested, we will continue to provide for forced to serve fewer families and individuals.  | withi   | n the  |  |                           |
|  |   |  |  |                           |
| 5.2. If funded, how will your agency continue this project if CDBG funds are not available in future   |   |  | M &  |                           |
| Funding support for the South Bay Food Program is spread over a wide base of local, county, state,   | and fe  | deral a  | agenc  | ies                       |

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.

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

| Complete the                 | attached detailed budget forms in N                             | 1S Excel. Choo | se the forms pertaining to your project category. |  |
|------------------------------|---|----------------|---|--|
| Project<br>category:         | Public service  |                | Complete Appendices A-1, A-2, and A-3.            |  |
| category:<br>check one only) | Capital improvement (see belo                                   | w):            | 1   |  |
|                              | Does this Capital Improvement Project involve Minor Residential | ☐ No           | If no, complete Appendices A-1, A-2, and A-4.     |  |
|                              | Rehabilitation?   | Yes            | If yes, complete Appendices A-1, A-2, and A-5.    |  |

- <u>All</u> 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 <u>category</u> 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<br>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** South Bay Food Program 2. Project name: 3. Year of funding: Fiscal Year 2014 | | | | Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: □ CDBG HOME Other (Indicate below) **ESG** Click here to enter text. 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): 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; At least 51% of those served are at or below 80% of the Area Median Income. 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. 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 Fiscal Year 2014 Fiscal Year 2015 3. Year of funding: Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: **HOPWA ESG** HOME CDBG-R **HPRP NSP** 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): 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; At least 51% of those served are at or below 80% of the Area Median Income. 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 Fiscal Year 2014 | Fiscal Year 2015 3. Year of funding: Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: □ CDBG **HOPWA ESG** HOME CDBG-R **HPRP** NSP 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):

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;

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• 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?   |           | Yes     |        | No  |
|---------|---|-----------|---------|--------|-----|
|         | If no, indicate the anticipated date of completion:   |           |         |        |     |
|         |   |           |         |        |     |
| 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:   |           | Yes     |        | No  |
| Click   | here to enter text.   |           |         |        |     |
| ם ב     | For CIP projects, summarize the construction manager's relevant experience on similar federa  | alle feen | dad n   | roject | · · |
|         | here to enter text.   | niy jun   | ueu pi  | ojecu  | 5.  |
|         |   |           |         |        |     |
| 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: |           | Yes     |        | No  |
| Click l | here to enter text.   |           |         |        |     |
|         |   |           |         |        |     |
|         | For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for years after the work is completed. Project records must be maintained for a minimum of <b>five</b> termination of the agreement with the City of Chula Vista? Please describe how the records we   | years     | after t | he     |     |
| Click l | here to enter text.   |           |         |        |     |
|         | For Public Facility Improvements, the facility shall continue to meet one of the national objects to low/moderate income persons until <b>five</b> years after the expiration of the contract/MOU libe how you will comply with this HUD requirement.   |           |         |        |     |
| Click I | here to enter text.   |           |         |        |     |
| 0.7     | For CID and sale that wood converte to be releasted describe your control of the last   |           | us 137  |        |     |
| 9.7.    | For CIP projects that need occupants to be relocated, describe your agency's relocation plan: here to enter text.   |           |         |        |     |

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

|        | Agency-owned   |  |                |            |         |
|--------|--|--|----------------|------------|---------|
|        | Indicate the property owner(s):  | Click here to enter text.  | 47744          |            |         |
| _      | Is there currently a lien on the property?   | Yes  |                | ☐ No       |         |
|        | City-owned   |  |                |            |         |
| _      | Indicate your City Real Estate Assets liaison:   | Click here to enter text.  |                |            |         |
|        | When will the lease expire? (The lease must not  | The state of the s |                |            | 20%     |
|        | expire within five years of the proposed project's completion date.)                               | Click here to enter text.  |                |            |         |
|        | Is there currently a lien on the property?   | Yes  | □ No           | 0          |         |
| 1      | Privately owned  |  |                |            |         |
| _      |  |  |                |            |         |
|        | Indicate the property owner(s):  |  |                |            |         |
|        | When will the lease expire? (The lease must not expire within five years of the proposed project's | l II   |                |            |         |
|        | completion date.)  |  |                |            |         |
|        | Is there currently a lien on the property?   | Yes  |                | ☐ No       |         |
| 1      | Other  |  |                |            |         |
| _      | Provide a brief explanation:   |  |                |            |         |
|        |  |  |                |            |         |
| 9.     | How old is the property/building in terms of ye  | and the state of t |                |            |         |
|        | For building/structures constructed prior to De  | the state of the s |                |            |         |
|        | Has a lead hazard inspection report been issue   | ed for the facility?   |                | Yes        | ☐ No    |
|        | Has the facility been abated for lead paint?   |  |                | Yes        | ☐ No    |
|        | Will children occupy the facility?   |  |                | Yes        | ☐ No    |
| _      | If yes, indicate the age range of the children w   | ho will occupy the facility:   |                | Click here | to ente |
|        |  |  |                |            |         |
| 10     | . Has the property been designated or been det   |  |                | □Yes       | No      |
| 0      | designation as a local, state, or national histor  | ric site? <b>If yes</b> , please descri  | be:            |            |         |
|        | Click here to enter text.  |  |                |            |         |
|        |  |  |                |            |         |
| 11     | . Is the building/structure located on a Historic .  | Site?  |                | Yes        | No      |
| Y      | Is the building/structure located in a Historic L  | District?  |                | Yes        | No      |
| 200    | Is the building/structure in a Flood Zone?   |  |                | Yes        | No      |
|        | Is the building/structure in a Flood Plain?  |  |                | Yes        | No      |
|        | Does your agency have flood insurance?   |  |                | Yes        | No      |
|        | Will there be demolition required?   |  |                | Yes        | No      |
|        |  |  |                |            |         |
|        | List and describe any known hazards (e.g., asb   | estos, storage tanks – unde  | erground/above | ground):   | - 00    |
| ick    | here to enter text.  |  |                |            |         |
| 31,123 |  |  |                |            |         |
| 13.    | Will the project result in an expansion of an ex   | isting facility?   |                | Yes        |         |
|        | If yes, specify the size in square feet: Exis  |  |                |            |         |

| Wha    | t is the project struc   | ture type  | ?  |   |  |  |   | 1, 0117  |  | W.                        |
|--------|--|--|--|---|--|--|---|--|--|---------------------------|
| -      | lesidential  |  | Commercial   |   | Public facility  |  | Publ  | ic right-of  | -wav   |                           |
| Wha    | t is the current zonia   | ng of the  |  | Cli   | ck here to enter text.   |  |   |  |  |                           |
|        |  |  | for the proposed activity?   |   | Yes  |  | No  |  |  |                           |
| If no, | provide below an e   | xplanatio  | on of efforts and a timetabl   | e to  | change the zoning or a   | btain a  | varian  | ce:  |  |                           |
| Click  | here to enter text.  |  |  |   |  |  |   |  | S 1000C  |                           |
|        |  |  |  |   |  |  |   |  |  |                           |
| 0.15   | Door the project re  | auira ta   |  |   | of   |  |   |  |  | N1 -                      |
| 9.15.  |  | -  | mporary/permanent relocat  |   | T  |  |   | Yes  |  | No                        |
|        |  |  | to the Uniform Relocation  |   |  | the state of the s |   |  |  |                           |
|        |  |  | ns, including timetable and  |   |  |  |   |  | cupie  | ?d                        |
|        | units are: (a) owne  | r-occupii  | ed; (b) renter-occupied; or (  | c) bu   | usinesses. Indicate whe  | ther ten   | porar   | y and/or   |  |                           |
|        | permanent displac  | ement is   | required. [NOTE: This will b   | e fo  | r site information only.   | Relocat  | ion ac  | tivities wi  | ll not   | be                        |
|        | And the state of t |  | cal Year 2017-2018 CDBG fo   |   | Control of the Contro |  |   |  |  |                           |
|        |  |  |  |   |  |  |   |  |  |                           |
| Click  | here to enter text.  |  | our rou. 2017 2010 0050 j.   | 277,03  | 0-]  |  |   | 120-   |  |                           |
| Click  | here to enter text.  |  |  | 27703   |  |  |   | 1277   |  |                           |
| Click  | here to enter text.  |  |  | 27703   |  |  |   |  |  | 2345                      |
|        |  |  | that all facilities and/or ser   |   |  | ınds be i  | access  | ible to the  | disa   | bled                      |
|        | Federal regulations  | s require  |  | vice  | s assisted with CDBG fo  |  |   |  |  | bled                      |
|        | Federal regulations Accessibility includ   | s require<br>les such t  | that all facilities and/or ser<br>hings as: entrance ramps, p  | vice.<br>arki   | s assisted with CDBG fu  | signage,   | grab .  | bars arou  | nd   |                           |
|        | Federal regulations Accessibility includ commodes and sho  | s require<br>es such t<br>owers, to  | that all facilities and/or ser<br>hings as: entrance ramps, p<br>p of toilet seats that meet r   | vice.<br>oarki<br>equ   | s assisted with CDBG fo<br>ing with universal logo<br>ired height from the flo   | signage,<br>or, draiı  | grab .<br>n lines   | bars arou<br>under lav   | nd<br>atory  | sin                       |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or  | s require<br>les such t<br>owers, to<br>insulated  | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man   | vice<br>arki<br>equ<br>euvi                                     | s assisted with CDBG fo<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa   | signage,<br>or, draii<br>ter foun  | grab in lines<br>tains, i   | bars arou<br>under lav<br>access bei   | nd<br>atory<br>twee                                      | sin<br>n                  |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re  | s require<br>les such t<br>lowers, to<br>insulated<br>amps, lift   | that all facilities and/or ser<br>hings as: entrance ramps, p<br>p of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvements   | vice<br>arki<br>equ<br>euvi                                     | s assisted with CDBG fo<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa   | signage,<br>or, draii<br>ter foun  | grab in lines<br>tains, i   | bars arou<br>under lav<br>access bei   | nd<br>atory<br>twee                                      | sin<br>n                  |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or  | s require<br>les such t<br>lowers, to<br>insulated<br>amps, lift   | that all facilities and/or ser<br>hings as: entrance ramps, p<br>p of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvements   | vice<br>arki<br>equ<br>euvi                                     | s assisted with CDBG fo<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa   | signage,<br>or, draii<br>ter foun  | grab in lines<br>tains, i   | bars arou<br>under lav<br>access bei   | nd<br>atory<br>twee                                      | sin<br>n                  |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving th   | s require<br>les such t<br>lowers, to<br>linsulated<br>amps, lift<br>he blind d                                      | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.  | vice<br>parki<br>requ<br>euvi<br>s nei                          | is assisted with CDBG foi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce   | signage,<br>or, draii<br>ter foun<br>ess to fui  | grab in lines tains, anded for                                      | bars arou<br>under lav<br>access bel<br>acilities/p  | nd<br>atory<br>tweek<br>rogra                            | sin<br>n<br>ıms,          |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to Describe below wh   | s require<br>les such t<br>lowers, to<br>insulated<br>amps, lift<br>he blind d<br>ether the                          | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.  | rvice<br>parki<br>requ<br>euvi<br>s nei                         | is assisted with CDBG foi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili   | signage,<br>oor, drain<br>ter foun<br>ess to fun<br>ty by the  | grab in lines tains, anded for disab                                | bars arou<br>under lav<br>access bet<br>acilities/po<br>led. If not                          | nd<br>atory<br>twee<br>rogra                             | sin<br>n<br>ims,          |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to Describe below wh the accessibility pro   | s require<br>les such t<br>lowers, to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a              | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.<br>e project currently meets Al<br>and methods to be utilized to | vice.<br>arki<br>equ<br>euv<br>euv<br>euv<br>euv<br>euv<br>o ad | s assisted with CDBG fi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc   | signage,<br>por, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fi   | grab<br>n lines<br>tains, o<br>nded fo<br>e disab<br>unding         | bars arou<br>under lav<br>access bei<br>acilities/pa<br>led. If not<br>and time              | nd<br>atory<br>tweek<br>rogra<br>, desk<br>table         | sin<br>n<br>ims,<br>cribe |
|        | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to  Describe below wh the accessibility pro NOTE: The project  | s require<br>les such to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a<br>site musi              | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.  | vice.<br>arki<br>equ<br>euv<br>euv<br>euv<br>euv<br>euv<br>o ad | s assisted with CDBG fi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc   | signage,<br>por, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fi   | grab<br>n lines<br>tains, o<br>nded fo<br>e disab<br>unding         | bars arou<br>under lav<br>access bei<br>acilities/pa<br>led. If not<br>and time              | nd<br>atory<br>tweek<br>rogra<br>, desk<br>table         | sin<br>n<br>ims,<br>cribe |
| 9.16.  | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to Describe below wh the accessibility pro NOTE: The project with CDBG funding   | s require<br>les such to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a<br>site musi              | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.<br>e project currently meets Al<br>and methods to be utilized to | vice.<br>arki<br>equ<br>euv<br>euv<br>euv<br>euv<br>euv<br>o ad | s assisted with CDBG fi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc   | signage,<br>por, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fi   | grab<br>n lines<br>tains, o<br>nded fo<br>e disab<br>unding         | bars arou<br>under lav<br>access bei<br>acilities/pa<br>led. If not<br>and time              | nd<br>atory<br>tweek<br>rogra<br>, desk<br>table         | sin<br>n<br>ims,<br>cribe |
| 9.16.  | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to  Describe below wh the accessibility pro NOTE: The project  | s require<br>les such to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a<br>site musi              | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.<br>e project currently meets Al<br>and methods to be utilized to | vice.<br>arki<br>equ<br>euv<br>euv<br>euv<br>euv<br>euv<br>o ad | s assisted with CDBG fi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc   | signage,<br>por, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fi   | grab<br>n lines<br>tains, o<br>nded fo<br>e disab<br>unding         | bars arou<br>under lav<br>access bei<br>acilities/pa<br>led. If not<br>and time              | nd<br>atory<br>tweek<br>rogra<br>, desk<br>table         | sin<br>n<br>ims,<br>cribe |
| 9.16.  | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to Describe below wh the accessibility pro NOTE: The project with CDBG funding   | s require<br>les such to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a<br>site musi              | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.<br>e project currently meets Al<br>and methods to be utilized to | vice.<br>arki<br>equ<br>euv<br>euv<br>euv<br>euv<br>euv<br>o ad | s assisted with CDBG fi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc   | signage,<br>por, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fi   | grab<br>n lines<br>tains, o<br>nded fo<br>e disab<br>unding         | bars arou<br>under lav<br>access bei<br>acilities/pa<br>led. If not<br>and time              | nd<br>atory<br>tweek<br>rogra<br>, desk<br>table         | sin<br>n<br>ims,<br>cribe |
| 9.16.  | Federal regulations Accessibility includ commodes and sho either wrapped or floors (elevators, re including serving to Describe below wh the accessibility pro NOTE: The project with CDBG funding here to enter text.   | s require<br>les such t<br>lowers, to<br>insulated<br>amps, lift<br>he blind d<br>ether the<br>oblems a<br>site musi | that all facilities and/or ser<br>hings as: entrance ramps, p<br>op of toilet seats that meet r<br>d, space for wheelchair man<br>ts), and other improvement<br>and deaf.<br>e project currently meets Al<br>and methods to be utilized to | vice<br>oarki<br>equi<br>euvi<br>euvi<br>os nei<br>o ad<br>o ad | is assisted with CDBG foi<br>ing with universal logo<br>ired height from the flo<br>erability, accessible wa<br>eded to assure full acce<br>tandards for accessibili<br>ldress the problems, inc<br>efore other construction   | signage,<br>oor, drain<br>ter foun<br>ess to fun<br>ty by the<br>luding fo   | grab a<br>lines<br>tains, a<br>nded fo<br>disab<br>unding<br>es can | bars arou<br>under lav<br>access bet<br>acilities/po<br>led. If not<br>and time<br>be impler | nd<br>atory<br>tweek<br>rogra<br>, desi<br>table<br>ment | sin<br>n<br>ims,<br>cribe |

#### **APPENDICES**

| IDGET |  |
|-------|--|
|       |  |
|       |  |

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 2017-2017 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.

|  | AMOUNT<br>SECURED | AMOUNT<br>UNSECURED | % OF<br>TOTAL |
|--|-------------------|---------------------|---------------|
| FY 2017-2018 CDBG Application Request from City of Chula |                   | \$10,000            | 29.85%        |
| 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  |                   | \$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%         |
| TOTAL  | \$o               | \$33,500            | 100%          |

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.

| Balance Sheet - Audited Financial Statements. FY 6/30/2016 CY  Document must be attached to Application | Page #                       |
|---|------------------------------|
| Enter Agency Cash Balance   |                              |
| (Cash cannot include Investments or Receivables)  | 1,486,056                    |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)                                    | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)   | 88,550                       |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fund                        | ding Request (Item B):       |
| Item A 5,944,224 Item B 88,550  | Difference 5,855,674         |
| Analyze Results   |                              |
| 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) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLIC                                |                              |
| B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL FY                             | / 2014 CDBG FUNDING REQUEST. |
|   |                              |
|   |                              |
|   |                              |

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

| AGENCY                                   | South Bay Community Service                |              |        |
|--|--|--------------|--------|
| PROJECT                                  | South Bay Food Program                     |              |        |
|  |  | CDBG         |        |
| SALARIES & WAGES                         | (Schedule 2)                               | 3,600        |        |
| FRINGE BENEFITS                          | (Schedule 3)                               | 962          |        |
|  | TOTAL PERSONNEL                            | 4,562        |        |
| SUPPLIES                                 | (Schedule 5)                               | 5,438        |        |
| POSTAGE                                  | (Schedule 5)                               | <del>.</del> |        |
| CONSULTANT SERVICES                      | (Schedule 5)                               |              |        |
| MAINTENANCE/REPAIR                       | (Schedule 5)                               |              |        |
| PUBLICATIONS/PRINTING                    | (Schedule 5)                               |              |        |
| 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                        | 5,438        |        |
| TOTAL INDIRECT COSTS/ADMINISTRATIVE OVER |  |              | Percer |
| [IC/AO Expenses limited to 15%           | (Schedule 4) of Total CDBG Project Budget] |              |        |
| Т  | OTAL 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 <u>direct project/client services</u>. 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.

**South Bay Community Services** 

AGENCY

| PROJECT   | South Bay Food Program |                     |                |  |  |  |
|---|------------------------|---------------------|----------------|--|--|--|
| (4)   | (2)                    | (2)                 | (4)            |  |  |  |
| (1)   | (2)                    | (3)                 | (4)            |  |  |  |
|   |                        | PERCENT             | TOTAL          |  |  |  |
| POSITION TITLE  | GROSS PAY              | CHARGED             | SALARY & WAGES |  |  |  |
| Youth and Family Associate  | 40,000                 | 9.00%               | 3,600.0        |  |  |  |
|   |                        |                     | <u>-</u>       |  |  |  |
|   |                        |                     |                |  |  |  |
|   |                        |                     | -              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | -              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | -              |  |  |  |
|   |                        |                     | -              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | -              |  |  |  |
|   |                        |                     | •              |  |  |  |
| ·   |                        |                     | -              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | •              |  |  |  |
|   |                        |                     | - 1            |  |  |  |
|   | II.                    |                     | •              |  |  |  |
| -   | TOTAL CDBG SA          | LARY & WAGES        | 3,600          |  |  |  |
| <ol> <li>List all positions charged against CDBG fund</li> <li>List gross pay for each position listed.</li> <li>List percent of gross pay to be charged against</li> </ol> |                        | i project/client ac | tivity.        |  |  |  |
|   |                        |                     |                |  |  |  |

Pay Schedule (Check One)

Monthly Biweekly 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 1                | Bay Community Ser | rvices         |            |        |  |  |  |  |
|----------------------------|------------------------|-------------------|----------------|------------|--------|--|--|--|--|
| PROJECT                    | South Bay Food Program |                   |                |            |        |  |  |  |  |
| (1)                        | (2)                    | (3)               | (4)            | (5)        | (6)    |  |  |  |  |
|                            |                        | AMT OF            |                | PERCENT    |        |  |  |  |  |
| POSITION TITLE             | FRINGE TITLE           | INSURANCE         | GROSS PAY      | CHARGED    | AMOUNT |  |  |  |  |
| Youth and Family Associate | FICA                   | 11                | 3,600          | 7.65%      |        |  |  |  |  |
| Youth and Family Associate | SUI                    |                   | 630            | 2.00%      | 13     |  |  |  |  |
| Youth and Family Associate | Pension                |                   |                | 0.00%      | 1-1    |  |  |  |  |
| Youth and Family Associate | Health                 | 7,056.00          |                | 9.00%      | 635    |  |  |  |  |
| Youth and Family Associate | W/Comp                 |                   | 3,600          | 1.09%      | 39     |  |  |  |  |
|                            |                        |                   |                |            | •      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | •      |  |  |  |  |
|                            |                        |                   |                |            | •      |  |  |  |  |
|                            |                        | _                 |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | - 1    |  |  |  |  |
|                            |                        |                   |                |            | _      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            |        |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        |                   |                |            | -      |  |  |  |  |
|                            |                        | TOT               | TAL CDBG FRING | GE BENEFIT | 962    |  |  |  |  |

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay School | edule (Check One) |
|------------|-------------------|
|            | Monthly           |
| X          | Biweekly          |
|            | Twice a Month     |
|            | <del></del>       |

| Page | 3 | of | 5 |
|------|---|----|---|
|      |   |    |   |

# 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 Commu       | inity Services     |   |
|---|-----------------------|--------------------|---|
| PROJECT   | South Bay Food        | d Program          |   |
| <del></del>   |                       |                    |   |
| (1)   | (2)                   | (3)                | (4)   |
| POSITION TITLE/LINE ITEM  | AGENCY BUDGET AMOUNT  | PERCENT<br>CHARGED | TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD |
|   |                       |                    |   |
|   |                       | -                  | -   |
|   |                       |                    | -   |
| -   |                       |                    | •   |
|   |                       |                    | •   |
|   |                       |                    |   |
|   |                       |                    | -   |
|   |                       |                    | •   |
|   |                       | <u> </u>           | •   |
|   | -                     |                    | •   |
| TOTAL CDBG INDIRECT   | COST/ADMINISTRA       | TIVE OVERHEAD      | -   |
| (C) Table CDDC Darkers  | 10.000                | D                  | 0.00%                                       |
| (5) Total CDBG Budget   | 10,000                | Percentage _       | 0.00%<br>(Must be equal or less than 15%)   |
|   |                       | ·                  | (Mast be equal of less than 1570)           |
| 1. List all personnel or nonpersonnel (NPE) charged aga               | ainst CDBG funding-in | iclude detailed de | escription of indirect use.                 |
| 2. List total Agency budget for positon and/or NPE line               |                       |                    | •   |
| 3. List PERCENT of total budget to be charged against C               | •                     |                    |   |
| 4. Total indirect cost/administrative overhead to be characteristics. |                       | -                  |   |
| 5. Enter the Total FY13 CDBG Budget; percentage will be               | e AUTOMATICALLY C     | alculated.         |   |
|   | 7                     |                    |   |
| Pay Schedule (Check One)  |                       |                    |   |
| Monthly   |                       |                    |   |
| Biweekly  |                       |                    |   |
| Twice a Month   |                       |                    |   |

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

| AGENCY   | South Bay Community Services                        |       | _          |             |
|--|---|-------|------------|-------------|
| PROJECT  | South Bay Food Program                              |       | _          |             |
| LINE ITEM  |   |       | AMOU       | NT          |
| Detailed Explanation: On going cost for food, na cost of \$453 per month | pkings, plates, etc for program . Estimated monthly | -     |            | 5,438       |
| LINE ITEM  |   | TOTAL | \$<br>AMOU | 5,438<br>NT |
| Detailed Explanation:  |   | -     |            |             |
| LINE ITEM  |   | TOTAL | \$<br>AMOU | -<br>NT     |
| Detailed Explanation:  |   |       |            |             |
|  |   | TOTAL | \$         |             |

<sup>\*</sup>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: **\$943,455** 

Amount of CDBG Requested:

\$39,000

Amount Recommended:

\$39,000





#### FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:  | Nublic service   |               | Housi     | ng  |  | $\neg$        |                               |
|--|--|---------------|-----------|---|--|---------------|-------------------------------|
| (check one only)   | Capital improvement/Fac                                    | ility Improve | —<br>ment |   |  |               |                               |
| Applicant Agenc  | y Information  |               |           |   |  |               |                               |
| Applicant Legal<br>Name:   | South Bay Community Service                                | ces           |           |   |  |               |                               |
| Type of agency:  | ⊠501(c)(3) □Gov'   | t./Public     | ☐ For Pr  | ofit 🔲 Faith-                             | Based  | □Othe         | r:                            |
| Agency Address:  | 430 F Street, Chula Vista, CA                              | 91910         | Age       | ncy Tax Identific                         | ation #:   | 95-269        | 3142                          |
| Date of<br>Incorporation:  | September 1972   |               |           | Agency Central Co<br>Regis<br>(http://www | tration#   | Renew 07/28/2 | al Date:<br>2017              |
| Agency Annual<br>Operating Budget:   | \$ 30,394,648  |               |           | Agency                                    | DUNS#  | 113407        | 779                           |
| Number of paid staff:  | 400  |               |           | Number of volu                            | ınteers:   | 1,200         |                               |
|  | on (Briefly describe your<br>Treatment Program provides    |               |           | g and crisis inter                        | vention s  | services t    | o adult and                   |
| Funding Request  |  |               |           |   |  |               |                               |
| Control of the Contro | sted in this application<br>letailed budget in Appendix C: | \$39,000      | Other j   | funds already se<br>::                    | cured foi  |               | \$904,455                     |
| Total cost to complete project: \$943,4  |  |               | Other j   | funds not yet see<br>:                    | ured for   |               | \$39,000                      |
| Project Informat   | ion  |               |           |   |  |               |                               |
| f Project is a Public  | Service, will service be site spe                          | cific? □Yes   | ⊠No       |   |  |               |                               |
| f your answer is <b>ye</b> s   | s, please provide: Address(es)                             | below:        |           | Census tract:                             | The second secon |               | designated as<br>e Income CT? |
|  |  |               |           |   | □Yes   | □No           |                               |
|  |  |               |           |   | □Yes   | □No           |                               |
|  |  |               |           | -   | □Yes   | □No           |                               |

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

| 1.1.   |   |  | ription of the<br>clude all (i.e. f              |                                      |   |  | the project/progra                                  | am consists of a variety of  |
|--|---|--|--|--------------------------------------|---|--|---|--|
| The  |   |  |  |                                      |   |  | g services and cris                                 | is intervention services to  |
| 1  | t and children                                      |  |  |                                      | •                                       | `  |   |  |
|  |   |  |  |                                      |   |  |   |  |
|  |   |  |  |                                      | T-                                      | 4.87                                     |   | Ti   |
| 1.2.   | Project start                                       | date:  | July 1, 201                                      | 7                                    |   | Anticip                                  | ated end date:                                      | June 30, 2018  |
| 1.3.   | Project's day                                       | s/hours o                                      | f operation:                                     | Too man                              | ny to list h                            | ere – see 1                              | .10 below.  |  |
| 1.5.   | ribject's day                                       | syriours o                                     | орегиноп.  | 100 mai                              | Ty to fist fi                           | 500 1                                    | .TO BEIOW.  |  |
| 1.4.   | Project   | N Publ   | ic service                                       |                                      | 1.5 Pro                                 | ject                                     | Suitable livi                                       | ing environment  |
|  | category:   |  |  |                                      |   | ective:                                  | Decent hou  |  |
|  | (check one only)                                    |  |  |                                      | (che                                    | k one only)                              | Economic o  |  |
|  |   |  | tal improvem                                     |                                      | 1.6 Pro                                 | iect                                     |   | /accessibility   |
|  |   | Public F                                       | acility Improv                                   | ements                               |   | come:                                    | Affordabilit  | <del>_</del>   |
| Was  |   |  |  |                                      | (che                                    | ck one only)                             | Sustainabili  | ity  |
| 7 TV   | \$456A  |  |  |                                      |   | U S                                      |   |  |
|  |   |  |  | lients and                           | househol                                | ds to be se                              | rved apply only to                                  | Public Service, and Minor  |
| A STATE OF THE PARTY OF THE PAR | Residential Rel                                     |  |  |                                      | 1 11 444                                |  |   | On Carte and the state of the s |
| and the second of  | the project ser                                     |  |  | _                                    |   |  | Individual Persons                                  | s OR Household   |
| THE RESERVE  | l number undu                                       |  | -  | n 2016/17                            |   | \$130 per                                | client  |  |
| Annu   | ial cost per clie                                   | mynouse  | noia:  |                                      |   | 3130 hei                                 | Client  |  |
| 1.8.   | CDBG Criterio                                       | a: Which (                                     | DBG criterion                                    | below do                             | es vour pr                              | oposed pro                               | oiect meet?   |  |
|  | Please <b>provi</b><br>given area, s<br>maps with t | de a map<br>tuch as pri<br>he project          | identifying th<br>ojects related<br>service area | ne Census<br>to a comr<br>(s) boundo | Tracts des<br>munity cer<br>aries clear | ignated as<br>iter/public<br>ly outlined | s LMI. If your proje<br>facility or a fire st       | low to moderate income (Li<br>ect serves all the residents of<br>ation, please provide a maj<br>de service area maps with  |
| $\boxtimes$  |   |  | e (select subp                                   |                                      |   |  |   |  |
|  |   | sumed Be                                       | nefit - Specia                                   | l needs gr                           | oup (selec                              | t benefit gi                             | roup from the list l                                | below):  |
|  | (i  |  | d children                                       |                                      |   |  |   |  |
|  | (i  |  | persons 62 y                                     | ears or old                          | der (must i                             | maintain d                               | ocumentation of (                                   | age eligibility)   |
|  |   | ii) Batter                                     | ed spouses                                       |                                      |   |  |   |  |
| 1  | (i:   | v) <i>Severe</i>                               | ly disabled (F                                   | Per census                           | definition                              | . Must ma                                | intain proof docur                                  | mentation)   |
|  |   | <u>.                                      </u> | s living with I                                  |                                      |   |  |   |  |
| j  |   | <del></del>                                    | nt farm worke                                    |                                      |   |  |   |  |
| 1 1  |   |  | ess persons (i                                   |                                      |   |  |   |  |
|  |   |  | of clientele to                                  |                                      | d must be                               | LMI.                                     |   | <del></del>  |
| П  |   |  | ubpart below                                     |                                      | T - 1                                   |  |   |  |
|  | (a) Singi   | le family (                                    | must be 100%                                     | (LMI)                                | (b)                                     | Multi-uni                                | it (must be 51% LN                                  | 11)  |
| 1.0  | Th- 2045 20   | 10 Canad                                       | datad Disa s                                     | ala ass II-                          | and balance                             | Calastali                                |   | to vour project:   |
| 1.9.   |   |  |  |                                      | tea below.                              | select the                               | e goal appropriate                                  | to your project:   |
| ++   |   |  | sing Opportu                                     |                                      | habilitati-                             | n makkilikin-                            | 1   |  |
| <del>  </del> -  | -   |  | ervation of Hor<br>rtunities (hon                |                                      |   | ucuviues                                 | /   |  |
| H  |   |  |  |                                      |   | nent (nuhli                              | ic facilities/spaces                                | ]  |
| ₩-   |   |  |  |                                      |   |  | ic jucilities/spaces <sub>.</sub><br>Income Persons | <u></u>  |
|  | I ADMC DELAIC                                       | es to spet                                     | idi iveeda FOP                                   | aideioir air                         | STOL FOR                                | TOUCHULE !                               |   |  |

#### 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:
  - o DVRT for emergency responses, 24 hr. hotline assistance for DV victims, and 24 hr. access to emergency shelter;
  - o Strengths-based Assessments and Safety Planning for DV victims and their children;
  - o Individual counseling and group/family counseling;
  - o Unique therapeutic pre-school, Mi Escuelita, for child victims of family violence; and
  - o 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, transp | 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                 | 389                              | Agency database (ETO)          |  |  |
| management services including             |                                  |                                |  |  |
| assessment and safety planning            |                                  |                                |  |  |

| Provide individual, group and/or 300 Agency data mily counseling  |                               | Agency databa                | tabase, case notes |        |        |      |
|---|-------------------------------|------------------------------|--------------------|--------|--------|------|
| 1.16. Will the project collaborate with a and briefly describe the collaborate  |                               | community? If yes, list them |                    | Yes    |        | No   |
| SBCS works closely with the Chula Vista region's hospitals and clinics, Family Realth of San Diego, Family Health Centers victims and their families. | source Centers operated by th | ne Community Collaboratives, | school             | distri | ts, Le | egal |

### **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:      | Dina Chavez   |     |
| Title of person:     | Associate Director  | 140 |
| Relevant education:  | B.S. Criminal Justice   |     |
| Telephone number:    | (619) 420-3620  |     |
| Date first employed: |   |     |

| 2.2. Who will be the | alternate person responsible for the overall oversight of the proposed project? |
|----------------------|---|
| Name of person:      | Valerie Centeno   |
| Title of person:     | Program Director  |
| Relevant education:  | M.A. Marriage and Family Therapy  |
| Telephone number:    |   |
| Date first employed: | 2005  |

|                      | person responsible for the day-to-day operations and management of the proposed project? than two individuals: |
|----------------------|--|
| Name of person:      | Valerie Centeno  |
| Title of person:     | Program Director   |
| Relevant education:  | M.A. Marriage and Family Therapy   |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 2005   |
| Name of person:      | Dina Chavez  |
| Title of person:     | Associate Director   |
| Relevant education:  | B.S. Criminal Justice  |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 1989   |

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? than two individuals: |
|----------------------|--|
|                      |  |
| Name of person:      | Elizabeth Iniguez  |
| Title of person:     | CFO  |
| Relevant education:  | B.S. Business Administration   |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 1993   |
| Name of person:      | Gloria Ramirez   |
| Title of person:     | Lead Staff Accountant  |
| Relevant education:  | B.S. Accounting  |
| Telephone number:    | (619) 420-3620   |
| Date first employed: | 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 <b>Policies and Procedures</b> in place for the <u>specific</u> program 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). | u   |
|-------|--|-----|
| i.    | Do the Policies and Procedures set out the process for determining the eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208?   | Х   |
| 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?   | Х   |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | X   |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>   |     |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Х   |
| v.    | For Presumed Benefit Activities:   | X   |
| •     | 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)]  |     |
|       | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |     |
| vi.   | For Limited Clientele Activities:  | Х   |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A |
|       | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?   | Х   |
| ix.   | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?   | х   |
| x.    | Do the Policies and Procedures identify the process of safeguarding client information?  | х   |
| xi.   | Do the Policies and Procedures identify the process for File Management?   | Х   |
|       |  |     |

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.

| 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.                           | 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**

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

| (IVI  | ax score. To Points; Max Length: 1 Page for Section 4/5 Combined)   |  |  |  |   |
|---|---|--|--|--|---|
| 4.1.  | communities.  |  |  |  |   |
| com<br>an a<br>socie<br>find<br>com<br>cond<br>yout<br>hom<br>alcol<br>abus<br>SBCS<br>Mea<br>of th | th Bay Community Services (SBCS) is a dynamic 501(c)(3) organization and is the largest provide munity development programs in San Diego County's South Bay. SBCS serves San Diego County rea with a diverse population that is greatly affected by immigration, characterized by transient peconomic expectancy, high crime rates, intense gang activity, and substance abuse, making it comply members in 1971 as a drop-in center for drug abusing teens. Responding to evolving conterns, we have developed a wide range of integrated, bilingual, prevention, intervention, and train the and families, including mental health counseling; the region's only permanent shelter and suppletess families, youth, and domestic violence victims and their children; transitional and affordational prevention and intervention; domestic violence prevention and intervention; community desprevention and intervention; and extensive youth programming. It is an experienced operator of food programs, and has been receiving CV CDBG funds and operals since July of 2003; Our Feeding America program has been in existence since August of 2010; he San Diego Food Bank's Emergency Food Assistance program for families since March 2009; arrangency Food Program has been in operation since we began sheltering homeless families in 199 arrand more formally entrenched program every year since.  | 's Source, low<br>difficulated be<br>mmuneatme<br>oport soble ho<br>eveloperating we had SBC | thern  y  It for the declarity new declarity operations in the declarity of the declarity o | Regional Region them icated a tions es for grugg; child day's een particular day's een partic | on,<br>to<br>d<br>nd<br>for<br>&<br>art |
|   |   |  |  |  |   |
| 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.  here to enter text.   |  | Yes  |  | No                                      |
|   |   |  |  |  |   |
| <b>Sec</b> 5.1.   | tion 5: Back-Up Plan (Max Score: 5 Points;)  Will your agency still implement this project should CDBG funds not be awarded? If yes, how will the implementation be achieved?   |  | Yes  |  | No                                      |
| supp<br>comi  | need for Domestic Violence Services has increased at a time when funding has decreased significant of the Family Violence Treatment Program is essential to sustain this much needed service with the Family Violence Treatment Program is essential to sustain this much needed service with the Family Violence Treatment Program is essential to sustain this much needed service violence funding the Family Violence Treatment Program is essential to sustain the Family Violence Violence Treatment Program is essential to sustain the Family Violence | within   | the  |  |   |
|   |   |  |  |  |   |
| 5.2.  | If funded, how will your agency continue this project if CDBG funds are not available in future y   |  |  |  | 254                                     |
|   | ing support for the Family Violence Program is spread over a wide base of local, county, state, a   |  |  | _  |   |

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.

CDBG APPLICATION | PAGE 11

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

| Complete the                     | attached detailed budget forms in N                                | 1S Excel. Choo | se the forms pertaining to your project category. |  |  |  |  |
|----------------------------------|--|----------------|---|--|--|--|--|
| Project<br>category:             | Public service Complete Appendices A-1, A-2, and A-3.              |                |   |  |  |  |  |
| (check one only)                 | Capital improvement (see belo                                      | w):            | <i>ı</i> ):                                       |  |  |  |  |
| HERMOTER - LATERAL LOSS REVISION | Does this Capital Improvement<br>Project involve Minor Residential | ☐ No           | If no, complete Appendices A-1, A-2, and A-4.     |  |  |  |  |
|                                  | Rehabilitation?  | 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 <u>category</u> 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<br>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 |   |                              |  |  |  |
| 3. | Case Management Victims are assigned to a Case Manager to coordinate referrals and access needed services                              |   |                              |  |  |  |
| 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<br>and as<br>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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: HOME ESG Other (Indicate below) Click here to enter text. 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): 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: 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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: **HOPWA HOME HPRP** CDBG-R **NSP** Other (Indicate below): 5. Amount awarded: \$39,000 6. Amount spent to date: \$39,000 7. Amount reprogrammed to date: 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 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 Con    | nmunity Serv | vices            |               |             | •                       |
|---------------------------|------------------|--------------|------------------|---------------|-------------|-------------------------|
| 2. Project name:          | South Bay Foo    | d Program    |                  |               |             |                         |
| 3. Year of funding:       | 🔀   Fiscal Ye    | ar 2014      | Fisca            | l Year 2015   | Fise        | cal Year 2016           |
| 4. Indicate the source of | the federal fund | ding awarded | d to the prior p | roject:       |             |                         |
|                           | □ но             | PWA          |                  | ESG           |             | HOME                    |
| CDBG-R                    | П НЫ             | RP           |                  | NSP           |             | Other (Indicate below): |
| 5. Amount awarded:        |                  | \$39,000     | 1                | 6. Amount spe | nt to date: | \$39,000                |
| 7. Amount reprogramme     | ed 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.

| 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:  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:  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.  | 0.1   | For CID projects, beyon the constructions plane and drawings been completed?   |          | Voc     |        | NI-           |
|---|-------|--|----------|---------|--------|---------------|
| <ul> <li>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:    Solution</li></ul>   | 3.1.  |  |          | Yes     |        | No            |
| within 90 calendar days from the CDBG contract execution date? If no, please explain why below:    Yes   Note   |       | if no, malcate the unacipated date of completion.  |          |         |        |               |
| 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:  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. | 9.2.  | within 90 calendar days from the CDBG contract execution date? If no, please explain why   |          | Yes     |        | No            |
| 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:  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.   | Click | here to enter text.  |          |         |        |               |
| 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:  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.   |       |  | ally fun | ded p   | roject | s:            |
| 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.  | 9.4.  | 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 |          | Yes     |        | No            |
| 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 |  |          |         |        | B-recover/con |
| 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:  | 9.5.  | years after the work is completed. Project records must be maintained for a minimum of five  | years    | after t | he     |               |
| 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 |  |          | 10.00   |        |               |
| 9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:  |       | ices to low/moderate income persons until <b>five</b> years after the expiration of the contract/MOU   |          |         |        |               |
|   | Click | here to enter text.  |          |         |        |               |
|   | 9.7   | For CIP projects that need occupants to be relocated, describe your greensy's relocation plans   |          |         |        |               |
|   |       |  | V-1-1    |         |        |               |

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

| 9.8.    | Is the facility agency-owned, City-owned, or p  Agency-owned   |                  |                                    |  |            |          |
|---------|--|------------------|------------------------------------|--|------------|----------|
| _       | Indicate the property owner(s):  | Click here to    | o enter text.                      |  |            |          |
|         | Is there currently a lien on the property?   |                  | ☐ Yes                              |  | ☐ No       |          |
|         | City-owned   |                  | 33                                 |  |            |          |
|         | Indicate your City Real Estate Assets liaison:   | Click here to    | o enter text.                      |  |            |          |
|         | When will the lease expire? (The lease must not  |                  | 1,1                                |  |            |          |
|         | expire within five years of the proposed project's completion date.)   | Click here to    | o enter text.                      |  |            |          |
|         | Is there currently a lien on the property?   | Yes              |                                    | No   |            |          |
|         |  | (COL) (No.       |                                    |  |            |          |
|         | Privately owned  |                  |                                    |  |            |          |
|         | Indicate the property owner(s):  | 1452             |                                    |  |            |          |
|         | 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?   |                  | Yes                                |  | ☐ No       |          |
|         | Other  |                  |                                    |  |            | -        |
| _       | Provide a brief explanation:   | 4-1              |                                    |  |            |          |
|         | Trovide a brief explanation.   |                  |                                    |  |            |          |
| .9.     | How old is the property/building in terms of y   | ears?            |                                    |  |            |          |
| 300     | For building/structures constructed prior to De  | ecember 31, 1    | 1969:                              |  |            |          |
| , =     | Has a lead hazard inspection report been issue   | ed for the fac   | ility?                             |  | Yes        | ☐ No     |
|         | Has the facility been abated for lead paint?   |                  | WWW SERVA                          |  | Yes        | No       |
|         | Will children occupy the facility?   |                  |                                    |  | Yes        | No       |
| . 6     | If yes, indicate the age range of the children w   | vho will occup   | by the facility:                   |  | Click here | to enter |
|         |  |                  |                                    | THE STATE OF THE PARTY OF THE P |            |          |
| 10      | . Has the property been designated or been det   |                  |                                    | wild for   |            | _        |
| ,. TU.  | 60% & 400 file of professional and the file of the contract of the file of the |                  | MOLE JIEROSCHESTE BYDGENAL A'RHOLL | AND THE APPLICATION OF THE PERSON OF THE PER | Yes        | No       |
| _       | designation as a local, state, or national histo-<br>Click here to enter text.   | ric siter if yes | s, piease aescrio                  | e:   |            |          |
| 100     | Click here to enter text.  |                  |                                    |  |            |          |
|         |  |                  |                                    |  |            |          |
| .11     | Is the building/structure located on a Historic  | Site?            |                                    |  | Yes        | No       |
| Neset 3 | Is the building/structure located in a Historic L  | District?        |                                    | 1), 1 1 1, yet a   | Yes        | No       |
|         | Is the building/structure in a Flood Zone?   |                  |                                    |  | Yes        | No       |
|         | Is the building/structure in a Flood Plain?  |                  |                                    |  | Yes        | No       |
|         | Does your agency have flood insurance?   | 2 9 9            |                                    |  | Yes        | No       |
|         | Will there be demolition required?   |                  |                                    |  | Yes        | No       |
| _       | will there be demondon required:   |                  |                                    |  |            | I        |
| .12.    | List and describe any known hazards (e.g., ast   | estos, storac    | ie tanks – under                   | raround/above a  | round):    | WE . 184 |
|         | here to enter text.  | ,                |                                    | J ,  |            |          |
|         |  |                  |                                    |  |            |          |
| 12      | Will the project receible in the second of   | dakto - F        | 2                                  |  |            |          |
| .13.    | Will the project result in an expansion of an ex   |                  | (A                                 | A -1 -111 - 1  | Yes        | No.      |
| 150     | If yes, specify the size in square feet: Exi   | sting size:      |                                    | Addition siz   | e:         |          |

| What is the project stru  | ıcture type | ?                             |                         |  |                   |  |  | 11000  |
|---|-------------|-------------------------------|-------------------------|--|-------------------|--|--|--|
| Residential   |             | Commercial                    | TE                      | Public facility  |                   | Public   | right-o  | f-way  |
| What is the current zon   | ing of the  | project site?                 | CI                      | ick here to enter text.  |                   | or was   | 7 7 7  |  |
| Is the project site zone  | d correctly | for the proposed activity     | 2 [                     | Yes  |                   | No   |  |  |
| lf no, provide below an   | explanation | on of efforts and a timetal   | ble to                  | change the zoning or o   | btain a           | varianc  | e:   | q A.L.   |
| Click here to enter text  |             |                               |                         |  |                   |  |  |  |
|   |             |                               |                         |  |                   |  |  |  |
|   |             |                               |                         |  |                   |  |  |  |
|   |             | mporary/permanent reloc       | The same of the same of | the state of the s |                   |  | Yes  | No   |
| 1.00 (Control of the Control of the |             | t to the Uniform Relocation   |                         | PARAMETER STATE OF THE STATE OF |                   |  |  | mental and the second section of the second section of the second section sect |
| Describe the relo   | cation plai | ns, including timetable and   | d not                   | ifications to occupants.   | List hov          | v many   | of the o   | ccupied  |
|   |             | ed; (b) renter-occupied; or   |                         |  |                   | of contract of the contract of |  | DESCRIPTION OF STREET  |
|   |             |                               |                         |  |                   | and the second second  | Decree of the Laboratory of the Control of the Cont |  |
|   |             | required. [NOTE: This will    |                         |  | кеюса             | tion act   | ivities w  | ill not be   |
| eligible for fundir   | ng with Fis | cal Year 2017-2018 CDBG       | fund.                   | 5.]  |                   |  |  |  |
| lick here to enter text   |             |                               |                         |  |                   |  |  |  |
|   |             |                               | -                       |  |                   |  |  |  |
|   |             |                               |                         |  |                   |  |  |  |
| 0.40 Cadanal manufact   |             | 46-4-11 En-1141               |                         |  |                   |  |  |  |
|   |             | that all facilities and/or so |                         |  |                   |  |  |  |
| Accessibility inclu   | ıdes such t | hings as: entrance ramps,     | park                    | ing with universal logo .  | signage           | , grab b   | ars arou   | ınd  |
| commodes and s  | howers, to  | p of toilet seats that meet   | real                    | ired height from the fla   | or drai           | n lines i  | ınder la   | vatory si  |
|   |             |                               |                         |  |                   |  |  |  |
|   |             | d, space for wheelchair mo    |                         |  | The second second |  |  |  |
| floors (elevators,  | ramps, lift | ts), and other improvemer     | its ne                  | eded to assure full acce   | ss to fu          | nded fa  | cilities/p   | programs   |
| including serving   | the blind   | and deaf.                     |                         |  |                   |  |  |  |
|   |             |                               |                         |  |                   |  |  |  |
| Describe below w  | thathar the | e project currently meets A   | 104                     | tandards for accessibili   | tu hu th          | a dicabl   | ad If no   | t docaril  |
|   |             |                               |                         |  |                   |  |  |  |
| the accessibility p   | orobiems a  | and methods to be utilized    | to ac                   | ddress the problems, inc   | luding f          | unding   | and time   | etable.  |
|   | t site musi | t first be fully ADA-compli   | ant b                   | efore other construction   | activiti          | es can l   | be imple   | mented   |
|   |             |                               |                         |  |                   |  |  |  |
| NOTE: The project   | 14.         |                               |                         |  |                   |  |  |  |
| NOTE: The project with CDBG funding   | _           |                               |                         |  |                   |  |  |  |
| NOTE: The project with CDBG funding   | _           |                               | 200                     |  |                   |  |  |  |
| NOTE: The project with CDBG funding   | _           |                               | 38.7                    |  |                   |  |  |  |
| <b>NOTE: The projec</b><br>with CDBG fundion<br>Click here to enter text  | ٥           |                               |                         |  |                   |  |  |  |
| NOTE: The project<br>with CDBG fundin<br>Click here to enter text   | · Improven  | nents, what are the hours     | of op                   | eration (days of the we  | ek and I          | ours of  | operati  | on?  |

#### 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       | AMOUNT    | % OF   |
|---|--------------|-----------|--------|
|   | SECURED      | UNSECURED | TOTAL  |
| FY 2017-2018 CDBG Application Request from City of Chula Vi | sta (Step 1) | \$39,000  | 5.94%  |
| List Other Sources Below: (Step 2)                          | <u></u>      |           |        |
| 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%  |
| TOTAL   | \$0          | \$657,029 | 100%   |

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.

| Balance Sheet - Audited Financial Statements. FY 6/30/2016 CY  Document must be attached to Application | Page #                                   |
|---|--|
| Enter Agency Cash Balance   |  |
| (Cash cannot include Investments or Receivables)  | 1,486,056                                |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)                                    | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)   | 88,550                                   |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fund                        |  |
| Item A 5,944,224 Item B 88,550  | Difference 5,855,674                     |
| Analyze Results   |  |
| 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                     | ı a positive or \$0 balance, as long as: |
| A) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLIC                                | · · · · · · · · · · · · · · · ·          |
| B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL F                              |  |
| 면 보다  |  |
|   |  |

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

| AGENC                         | .t  | ces       |            |
|-------------------------------|---|-----------|------------|
| PROJEC                        | T Family Violence Treatment Pro                         | ogram     |            |
|                               |   | CDBG      |            |
| SALARIES & WAGES              | (Schedule 2)  | 29,619    |            |
| FRINGE BENEFITS               | (Schedule 3)  | 9,381     |            |
|                               | TOTAL PERSONNEL   | 39,000    |            |
| SUPPLIES                      | (Schedule 5)  | 0         |            |
| POSTAGE                       | (Schedule 5)  |           |            |
| CONSULTANT SERVICES           | (Schedule 5)  |           |            |
| MAINTENANCE/REPAIR            | (Schedule 5)  |           |            |
| PUBLICATIONS/PRINTING         | (Schedule 5)  |           |            |
| 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                                     | 0         |            |
| TOTAL INDIRECT COSTS/ADMINIST |   |           | Percentage |
| [IC/AO Expenses lim           | (Schedule 4) hited to 15% of Total CDBG Project Budget] |           |            |
|                               | TOTAL CDBG PROJECT BUDGET                               | 39,000    |            |
|                               |   | Page 1 of | : 5        |

### 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 <u>direct project/client services</u>. 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 Tre | atment Program     |                         |  |
| (1)                                 | (2)                 | (3)                | (4)                     |  |
| POSITION TITLE                      | GROSS PAY           | PERCENT<br>CHARGED | TOTAL<br>SALARY & WAGES |  |
| Youth and Family Associate          | 42,848              | 50.00%             | 21,424.0                |  |
| Program Associate/Aide              | 43,132              | 19.00%             | 8,195.0                 |  |
|                                     |                     |                    | -                       |  |
|                                     |                     |                    |                         |  |
|                                     |                     |                    | -                       |  |
|                                     |                     | = =                | •                       |  |
|                                     |                     |                    | •                       |  |
|                                     |                     |                    | -                       |  |
|                                     |                     |                    | •                       |  |
|                                     | _                   |                    | -                       |  |
|                                     |                     |                    |                         |  |
|                                     |                     |                    | •                       |  |
|                                     |                     |                    | -                       |  |
|                                     |                     |                    |                         |  |
|                                     |                     |                    | <u>-</u>                |  |
| -                                   | +                   |                    |                         |  |
|                                     | TOTAL CDBG SAI      | LARY & WAGES       | 29,619                  |  |

- 2. List gross pay for each position listed.
- 3. List percent of gross pay to be charged against CDBG funding.

| Pay Schedule (Check One) |               |  |  |  |
|--------------------------|---------------|--|--|--|
|                          | Monthly       |  |  |  |
|                          | Biweekly      |  |  |  |
| Х                        | 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                    | Family V                     | Family Violence Treatment Program |                |            |        |  |  |
| (1)                        | (2)                          | (3)                               | (4)            | (5)        | (6)    |  |  |
| L.                         |                              | AMT OF                            |                | PERCENT    |        |  |  |
| POSITION TITLE             | FRINGE TITLE                 | INSURANCE                         | GROSS PAY      | CHARGED    | AMOUNT |  |  |
| Youth and Family Associate | FICA                         |                                   | 29,619         | 7.65%      |        |  |  |
| Youth and Family Associate | SUI                          |                                   | 4,943          | 3.50%      |        |  |  |
| 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  |  |  |
|                            |                              |                                   |                |            | -      |  |  |
| <u> </u>                   |                              |                                   |                |            | -      |  |  |
|                            |                              | 1                                 | <del>-</del>   |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   |                |            | -      |  |  |
|                            | <u> </u>                     |                                   |                |            | -      |  |  |
| <u> </u>                   |                              |                                   |                |            | -      |  |  |
|                            |                              |                                   | lut coppe cons |            | -      |  |  |
|                            |                              | 101                               | AL CDBG FRING  | JE BENEFIT | 9,381  |  |  |

| 1. List all POSITIONS charged against CDBG funding providing direct CDBG project/client ac | tivity. |
|--|---------|
|--|---------|

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Sched | ule (Check One) |
|-----------|-----------------|
|           | Monthly         |
|           | Biweekly        |
| X         | Twice a Month   |
|           | •               |

| Page | 3 | of | <br>5 |
|------|---|----|-------|

## 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 Commu                                    | inity Services     |   |
|--|--|--------------------|---|
| PROJECT  |  |                    |   |
|  |  |                    |   |
| (1)  | (2)  | (3)                | (4)   |
| POSITION TITLE/LINE ITEM   | AGENCY BUDGET AMOUNT                               | PERCENT<br>CHARGED | TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD |
| 29   |  |                    | •   |
|  |  |                    | -   |
|  |  |                    | •   |
|  |  |                    | -   |
|  |  |                    | •   |
|  |  |                    | -   |
|  |  |                    | <u> </u>                                    |
|  |  |                    | •   |
|  |  |                    | -   |
|  | -  |                    | •   |
|  |  |                    | -   |
| TOTAL CDBG INDIREC   | T COST/ADMINISTRAT                                 | TIVE OVERHEAD      | •   |
| (5) Total CDBG Budget  | 39,000   | Percentage _       | 0.00%                                       |
|  |  |                    | (Must be equal or less than 15%)            |
| <ol> <li>List all personnel or nonpersonnel (NPE) charged ag</li> <li>List total Agency budget for positon and/or NPE line</li> <li>List PERCENT of total budget to be charged against of</li> <li>Total indirect cost/administrative overhead to be charged</li> <li>Enter the Total FY13 CDBG Budget; percentage will</li> </ol> | e item.<br>CDBG funding.<br>narged against CDBG fo | unding.            | escription of indirect use.                 |
| Pay Schedule (Check One)  Monthly  Biweekly  Twice a Month   |  |                    |   |

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

| AGENCY                | South Bay Community Service     | s        | _      |
|-----------------------|---------------------------------|----------|--------|
| PROJECT               | Family Violence Treatment Progr | am       | -      |
| LINE ITEM             |                                 |          | AMOUNT |
| Detailed Explanation: |                                 |          |        |
|                       |                                 |          |        |
|                       |                                 |          |        |
|                       |                                 |          |        |
|                       |                                 | TOTAL    | \$ -   |
| LINE ITEM             |                                 |          | AMOUNT |
| Detailed Explanation: |                                 |          |        |
|                       |                                 |          |        |
|                       |                                 | - Mid    |        |
|                       |                                 |          |        |
|                       |                                 | TOTAL    | \$ -   |
| LINE ITEM             |                                 |          | AMOUNT |
| Detailed Explanation: | · ·                             |          |        |
| -                     |                                 |          |        |
|                       |                                 |          |        |
|                       |                                 | <u> </u> |        |
|                       |                                 | TOTAL    | \$ -   |

<sup>\*</sup>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:

\$20,100

Amount of CDBG Requested:

\$20,100

Amount Recommended:

\$20,100





#### FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| • Checkeyi dasana kama ya sang tang da |  |   |                                  |  |              |                   |                             |
|--|--|---|----------------------------------|--|--------------|-------------------|-----------------------------|
| Project category:  | Public service   |   | Housii                           | ng   |              |                   |                             |
| (check one only)   | Capital improvement/Fac  | lity Improve  | nent                             |  |              |                   |                             |
| Applicant Agenc  | y Information  |   |                                  |  |              |                   |                             |
| Applicant Legal<br>Name:   | City of Chula Vista Recreation   | n Departmen   | t                                |  |              |                   |                             |
| Type of agency:  | □501(c)(3) ⊠Gov't  | ./Public  | □For Pr                          | ofit 🔲 Faith-  | Based        | □Othe             | r:                          |
| Agency Address:  | 276 Fourth Avenue, Building<br>Vista CA 91910  | 276 Fourth Avenue, Building C Chula //ista CA 91910   Agency Tax Identification #: 95-6000690 |                                  |  |              |                   |                             |
| Date of<br>Incorporation:  | 1911   |   |                                  | Agency Central Co<br>Regis<br>(http://www.   | tration#     | Click he<br>text. | re to enter                 |
| Agency Annual<br>Operating Budget:   | \$ 20,100  |   |                                  | Agency   |              | N/A               |                             |
| Number of paid staff:  | 10 Part Time   |   |                                  | Number of volu   | ınteers:     | 2                 |                             |
| Agency mission stat  |  |   |                                  |  |              |                   |                             |
| "We enrich our com   | nmunity through recreational o   | pportunities  | and servi                        | ces"   |              |                   |                             |
| Project Description The Therapeutic Reparticipate in recrea                | tion Programs for Adults with S  ion (Briefly describe your percention programs will provide ational programs, classes, camp | oroject/pro<br>adults 18+ ye<br>s and events  | gram):<br>ears of ag<br>that are | designed to buil   | d social s   | kills, self-      | esteem,                     |
| dance classes, creat   | on, independence, sportsmansh<br>ive and enrichment activities, e<br>safe and supportive environme                           | xercise and f   |                                  |  |              |                   |                             |
| Funding Request  |  |   |                                  |  |              |                   |                             |
| · · · · · · · · · · · · · · · · · · ·                                      | sted in this application<br>letailed budget in Appendix C:   | \$20,100  | Other j                          | funds already se   | cured for    |                   | <b> \$0</b> ]               |
| Total cost to comple   | ete project:   | \$20,100  | Other J<br>project               | unds not yet sed<br>:  | ured for     |                   |                             |
| Project Informat   |  | ,   |                                  |  |              |                   | ,                           |
| If Project is a Public   | Service, will service be site spec   | <i>ific?</i> □Yes   | ⊠No                              | The second secon | 1.771.34     |                   |                             |
| If your answer is yes  | s, please provide: Address(es) b   | elow:   |                                  | Census tract:  | a Low/I      | Moderate          | lesignated as<br>Income CT? |
|  |  |   |                                  |  | □Yes         | □No               |                             |
|  |  |   |                                  |  | □Yes<br>□Yes | □No<br>□No        |                             |
|  |  |   |                                  |  |              | L110              |                             |

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

| 1.1.  |  | ncise description of the proposed<br>I must include all (i.e. food, case i  | project/program. If the project/program consists of a variety of management, etc.)   |
|---|--|---|--|
| presu<br>recre<br>accor<br>Speci<br>adult<br>partic<br>event<br>sport<br>friend<br>adult<br>includ<br>Funds | DBG funds wi<br>imed benefit a<br>ation and aqu<br>mmodate all le<br>alists, Recreat<br>s with severe<br>cipant enjoys a<br>s and activitie<br>smanship. Dur<br>dships and a se<br>s with severe<br>de: basketball,<br>s received will | Il be used for the direct service dedults ages 18+ with severe disablatic facilities throughout the City evels and interests of adults with the cion Leaders and Aides with a backdisabilities. In addition, this programmer is a supervised, educational, health as are designed to build social skille to nature of the populations be support system for themselves and disabilities throughout Chula Vist, dance, exercise and fitness, day | elivery of recreational programs, camps, classes and events to silities. These Therapeutic Recreation programs will be held at city of Chula Vista. The program sites will operate year round to severe disabilities. The program staff will consist of Recreation kground in special education or who are qualified to work with ram will allow families and caregivers some respite time while the y, fun and supportive community recreation experience. The classes, lls, self-esteem, physical coordination, independence, and sing served, there is a core group of participants who develop d their families or care providers. All funds will directly benefit a. Examples of the classes and special events the program will offer camps, and themed special events such as a Sweetheart Night Out. |
| 1.2.  | Project start  | date: July 2017   | Anticipated end date: June 2018  |
| 1.3.  | Project's day  | s/hours of operation: Various   | daytime and evening hours, Monday - Saturday   |
| 1211216   |  |   |  |
| 1.4.  | Project category:  | Public service  | 1.5 Project  Suitable living environment   |
|   | (check one only)   |   | Decent housing   Decent housing   Economic opportunity   |
|   |  | Capital improvement and   | 1.6 Project Availability/accessibility   |
|   |  | Public Facility Improvements  | outcome: Affordability   |
| 50000000000000000000000000000000000000  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |   | (check one only). Sustainability   |
| R   | esidential Rel   | uestions on individual clients and<br>nabilitation projects:<br>ve individual persons (Ip) or hous  | households to be served apply only to Public Service, and Minor  eholds (HH)?  |
|   |  | iplicated IC/HH served in 2016/17   |  |
| Annu  | al cost per clie   | ent/household:  | \$402  |
| 1.8.  | CDBG Criteri   | a: Which CDBG criterion below do  | pes your proposed project meet?  |
|   | Please <b>provi</b><br>given area, s<br>maps with t  | de a map identifying the Census<br>such as projects related to a comi<br>he project service area(s) bound   | s within the targeted activity area are low to moderate income (LMI). Tracts designated as LMI. If your project serves all the residents of a munity center/public facility or a fire station, please provide a map or aries clearly outlined. Failure to provide service area maps with the d incomplete and ineligible for funding.  |
| $\boxtimes$   |  | d clientele (select subpart below   |  |
|   |  |   | oup (select benefit group from the list below):  |
|   | (i   |   | der (must maintain decumentation of age eligibility)   |
|   | (i   | ii) Elderly persons 62 years or oi<br>iii) Battered spouses   | der (must maintain documentation of age eligibility)   |
|   |  |   | definition. Must maintain proof documentation)   |
|   |  | v) Persons living with HIV/AIDS   |  |
| 1   | <u>                                   </u>   | il Migrant farm workers   |  |

|   | (vii) Homeless persons (must meet HUD definitions)   |
|---|--|
|   | (b) At least 51% of clientele to be served must be LMI.  |
| m   | (3) Housing (select subpart below):  |
| <u>                                    </u> | (a) Single family (must be 100% 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 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.

| Service to be Provided (i.e. food, transp   | ortation, case management, etc.).   | Therapeutic Recreational classes and events                |
|---|---|--|
| Outcomes  | Number of Proposed Beneficiaries  | Method of Data Collection                                  |
| <ol> <li>Attend one quarter of a physical<br/>activity</li> </ol>                   | 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, transpo  | ortation, case management, etc).  | 2. 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, transpo  | ortation, 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, transpo  | ortation, 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.  |   |  |
| Yes, the Therapeutic Recreation project of Union High School District, South County | collaborates with a number of service provi<br>Special Education Local Plan Area (Selpa), | ders in the community; Sweetwater Employment and Community |
| • •   | ter. These collaborations consist of staff at   |  |
| education nights, community panels; sta   | ff 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.

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

| 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: |  |

| <ul> <li>Interference of the property of t</li></ul> | person responsible for the day-to-day operations and management of the proposed project? |
|--|--|
| Provide no more  | than two individuals:  |
| According to the control of the cont       | Common Mileon CTDS   |
| 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   |

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance?<br>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   | 2.6 Your organization must have programmatic Policies and Procedures in place for the specific program 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 y will be required to submit a copy of your Policies and Procedures. (For the purposes of this checklist, 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 number of eligible persons in the applicant(s)'s family?  | Yes |  |  |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | Yes |  |  |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>   |     |  |  |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Yes |  |  |
| ٧.    | For Presumed Benefit Activities:   | Yes |  |  |
| •     | 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)]  |     |  |  |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |     |  |  |
| vi.   | For Limited Clientele Activities:  | N/A |  |  |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A |  |  |
|       | 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 Race and Ethnicity 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 quarterly reports to the City of Chula Vista?   | Yes |  |  |
| х.    | Do the Policies and Procedures identify the process of safeguarding client information?  | Yes |  |  |
| xi.   | Do the Policies and Procedures identify the process for File Management?   | 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?  | I/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. | I/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)

|  |                 |   |         | 2                                       |  |  |   |       |      |     |  |  |
|--|-----------------|---|---------|---|--|--|---|-------|------|-----|--|--|
| 4.1. Briefly highlight your agency's experience and major accomplishments in providing services to communities.  | LMI r           | esider                                  | its an  | d/or                                    |  |  |   |       |      |     |  |  |
| The Recreation Department has had great success serving individuals with developmental and/or ph   | nysica          | l disak                                 | ilities | <br>S                                   |  |  |   |       |      |     |  |  |
| through our Therapeutic Recreation programming for low to moderate income individuals. This typ  | e of p          | rograi                                  | mmin    | g                                       |  |  |   |       |      |     |  |  |
| 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 so | ught | out |  |  |
| CDBG funds to assist us to bring the Therapeutic Recreation program back to the Department. The  | Recre           | ation                                   |         |   |  |  |   |       |      |     |  |  |
| Department has consistently met or exceeded all goals for the CDBG grants that we have received s  |                 |   |         |   |  |  |   |       |      |     |  |  |
|  |                 |   |         |   |  |  |   |       |      |     |  |  |
|  |                 |   |         |   |  |  |   |       |      |     |  |  |
| 4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years  |                 | (************************************** |         | 10.000000                               |  |  |   |       |      |     |  |  |
| (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants  | $\boxtimes$     | Yes                                     |         | No                                      |  |  |   |       |      |     |  |  |
| received for the three Fiscal Years 2014, 2015, and 2016.  |                 |   |         | 100000000000000000000000000000000000000 |  |  |   |       |      |     |  |  |
| Yes, the Recreation Department has received CDBG funding during Fiscal Years 2014-2015, 2015-20  | 16 an           | d 201                                   | 6-201   | 17.                                     |  |  |   |       |      |     |  |  |
|  |                 |   |         |   |  |  |   |       |      |     |  |  |
| Section 5: Back-Up Plan (Max Score: 5 Points;)   |                 |   |         | Tanipanan.                              |  |  |   |       |      |     |  |  |
| 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 programs severe disabilities without the classes and events being cost prohibitive for most. We are currently recovery and revenue enhancement study in order to be able to fund programs such as Therapeutic in the future. In addition, the department is actively seeking additional community partnerships and opportunities. | workii<br>Recre | ng on<br>eation                         | a cos   | t                                       |  |  |   |       |      |     |  |  |
|  |                 |   |         |   |  |  |   |       |      |     |  |  |
| 5.2. If funded, how will your agency continue this project if CDBG funds are not available in future y   |                 |   |         |   |  |  |   |       |      |     |  |  |
| The Recreation Department is currently working on a cost recovery and revenue enhancement study to fund programs such as Therapeutic Recreation a services in the future. In addition, we are seeking community partnerships and grant opportunities.  |                 |   |         | ble                                     |  |  |   |       |      |     |  |  |
|  |                 |   |         |   |  |  |   |       |      |     |  |  |

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

| Complete the         | attached detailed budget forms in MS Excel. Choo | se the forms pertaining to your project category. |  |
|----------------------|--|---|--|
| Project<br>category: | Public service                                   | Complete Appendices A-1, A-2, and <b>A-3</b> .    |  |
| check one only)      | Capital improvement (see below):                 |   |  |
|                      | Does this Capital Improvement                    | If no, complete Appendices A-1, A-2, and A-4.     |  |

If yes, complete Appendices A-1, A-2, and A-5.

\_ Yes

• All project categories must complete the following:

Project involve Minor Residential

Rehabilitation?

- > Appendix A-1: List of All Funding Sources for the Project
- > Appendix A-2: Three-Month Cash Rule Test
- Depending on the <u>category</u> 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<br>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: Identific                                      | atio        | n of Pric   | or Year Cl    | DBG and/o                             | or Federal Fu                          | nds  |               |                         |
|---|-------------|-------------|---------------|---------------------------------------|--|--|---------------|-------------------------|
| t. Agency name: City of Chula Vista Recreation Department |             |             |               |                                       |  |  |               |                         |
| 2. Project name:  | Ther        | apeutic Re  | creation Pr   | ograms and (                          | Classes                                |  |               |                         |
| 3. Year of funding:                                       |             | Fiscal Yea  | ır 2014       | Fis                                   | cal Year 2015                          | 💹   Fis  | cal           | Year 2016               |
| 4. Indicate the source of                                 | the fe      | deral fund  | ling awarde   | d to the prior                        | project:                               |  |               |                         |
|   |             | □ ном       | E             |                                       | ESG                                    |  |               | Other (Indicate below)  |
|   |             |             |               |                                       |  |  | Cli           | ck here to enter text.  |
| 5. Amount awarded:  |             | \$20,100    |               | 6. Amount spe                         | nt to date:                            | \$   | 8,416.94      |                         |
| 7. Amount reprogramme                                     | d to c      | late:       | [o]           |                                       |  |  |               |                         |
| 8. Indicate below the out                                 | come        | s anticipal | ed (refer to  | the original                          | application for th                     | e project, if po   | əssil         | ble):                   |
| 1.Continue to provid                                      | e The       | rapeutic R  | ecreation pr  | rograms and                           | special events to                      | a population   | und           | erserved in Chula       |
| Vista.  |             |             |               |                                       |  |  |               |                         |
| 2.The Therapeutic Re                                      | ecreat      | tion progra | ıms will incr | ease indeper                          | idence, self-estee                     | em and encour  | age'          | a healthy lifestyle for |
| persons with disc   | abilitie    | es.         |               |                                       |  |  |               |                         |
| 9. Indicate below the out                                 | come        | s achieved  |               |                                       |  |  |               |                         |
|   |             |             |               |                                       |  |  |               |                         |
| 1. The Therapeutic Re                                     | creat       | tion progra | ım provided   | a wide varie                          | ty of classes and                      | special events   | to            | adults with             |
| disabilities throu  |             | , -         | •             |                                       |  | •  |               |                         |
| 2. Programs were of                                       | fered       | at various  | recreation j  | facilities thro                       | ughout the city o                      | n a variety of   | day:          | s and times.            |
| 3.Many parents have                                       | state       | ed the part | ticipants ha  | ve met new f                          | riends and are ge                      | etting healthy   | thrc          | ough our classes.       |
| 10. If any anticipated out                                | come        | s were NC   | T achieved,   | specify whic                          | h ones and expla                       | in why below:  | Oyene<br>Ashe |                         |
| None  |             |             |               |                                       |  |  |               |                         |
|   |             |             |               |                                       |  |  |               |                         |
| 1. Agency name:   | City        | of Chula Vi | ista Recreat  | ion Departm                           | ent                                    |  |               |                         |
| 2. Project name:  | +           |             |               | ograms and C                          | <u> </u>                               |  |               |                         |
| 3. Year of funding:                                       |             | Fiscal Yea  |               |                                       | cal Year 2015                          | Fis  | cal '         | Year 2016               |
| 4. Indicate the source of                                 | the fe      | deral fund  | ing awarde    | d to the prior                        | project:                               |  |               |                         |
| CDBG  |             |             | PWA           |                                       | ESG                                    |  |               | HOME                    |
| CDBG-R  |             | HPR         | iP            |                                       | NSP                                    |  | $\Box$        | Other (Indicate below): |
| 5. Amount awarded:  |             |             | \$20,100      |                                       | 6. Amount sper                         | nt to date:  | <u>`</u>      | 20,100                  |
| 7. Amount reprogramme                                     | d to a      | late:       | 0             |                                       |  |  |               |                         |
| 8. Indicate below the out                                 |             |             | ed (refer to  | the original                          | application for th                     | e project, if po   | ossil         | ole):                   |
| 1.Continue to provid                                      |             |             |               |                                       |  |  |               |                         |
| Vista.  |             | •           | •             |                                       | •                                      |  |               |                         |
| 2.The Therapeutic Re                                      | creat       | tion progra | ıms will incr | ease indeper                          | dence, self-estee                      | em and encour  | age           | a healthy lifestyle for |
| persons with disc   | abilitie    | es.         |               | •                                     | -                                      |  | -             |                         |
| 9. Indicate below the out                                 | come        | s achieved  |               |                                       |  |  |               |                         |
| 1.The Therapeutic Re                                      | creat       | tion progra | ım provided   | a wide varie                          | ty of classes and                      | special events   | to            | youth, teens, and       |
| adults with disal   |             |             |               |                                       |  |  |               |                         |
| 2. Programs were of                                       | fered       | at various  | recreation f  | facilities thro                       | ughout the city o                      | n a variety of   | day:          | s and times.            |
| 3.Many parents have                                       | e state     | ed the par  | ticipants ha  | ve met new f                          | riends and are ge                      | etting healthy   | thrc          | ough our classes.       |
| 10. If any anticipated ou                                 | tcome       | s were NC   | T achieved,   | specify whic                          | h ones and expla                       | in why below:  |               |                         |
| None  |             | •           | ,             |                                       |  |  |               | ,                       |
|   |             |             |               |                                       |  |  |               |                         |
| 1. Agency name:   | City        | of Chula V  | ista Recreat  | ion Departm                           | ent                                    |  |               |                         |
| 2. Project name:  | <del></del> |             |               | ograms and (                          | · ,                                    |  |               |                         |
| 3. Year of funding:                                       | X           | Fiscal Yea  |               |                                       | cal Year 2015                          | Fis  | cal '         | Year 2016               |
| 4. Indicate the source of                                 | the fe      |             |               |                                       | ······································ | 1 , Name of the Control of the Contr |               |                         |
| ⊠ CDBG  | 1           |             | PWA           | · · · · · · · · · · · · · · · · · · · | ESG                                    |  |               | НОМЕ                    |
| ☐ CDBG-R  |             | П НРР       |               |                                       | ☐ NSP                                  |  |               | Other (Indicate below): |

| 5. Amount awarded:                     | \$20,100               | 6. Amount spent to date: \$20,100                            |  |  |
|--|------------------------|--|--|--|
| 7. Amount reprogrammed to date:        | 0                      |  |  |  |
|  | ated (refer to the o   | riginal application for the project, if possible):           |  |  |
| 1. The Recreation Department prov      | ided Therapeutic Re    | ecreation programs and special events to a population        |  |  |
| underserved in Chula Vista.            |                        |  |  |  |
| 2. The Therapeutic Recreation prog     | rams will increase t   | he participant's independence, self-esteem, and encourage a  |  |  |
| healthy lifestyle for persons wi       | th disabilities.       |  |  |  |
| 9. Indicate below the outcomes achieve | e <b>d:</b>            |  |  |  |
| 1. The Therapeutic Recreation prog     | rams provided a wi     | de variety of classes and special events to youth, teens and |  |  |
| adults with disabilities through       | out Chula Vista.       |  |  |  |
| 2. Programs were offered at variou     | ıs recreation faciliti | es throughout the city on a variety of days and times.       |  |  |
| 3. The parents stated the participal   | nts are having fun a   | nd are learning new healthy activities.                      |  |  |
| 10. If any anticinated outcomes were N | IOT achieved, specif   | 'v which ones and explain why below:                         |  |  |

None

### Section 9: Capital Improvement Projects (CIPs) or Public Facility Improvements <u>ONLY</u>

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:   |
|   |
|   |
| 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       Yes       No           |
| below:  |
| 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.   |
| CHICK HETE to effect 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:                               |
| 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 <b>five</b> 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.   |
| Chick Here to Chick 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 p   | privately owned?   |                  |   |          |
|---|--|--|------------------|---|----------|
|   | Agency-owned   |  | •                |   |          |
| .—                                      | Indicate the property owner(s):  | Click here to enter text.  |                  |   |          |
|   | Is there currently a lien on the property?   | Yes  |                  | □No   |          |
|   |  | l  |                  | ; <u></u> , · · · ·   |          |
| П                                       | City-owned   |  |                  |   |          |
| <u>,I——I</u> ,                          | 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   | Click here to enter text.  |                  |   |          |
|   | completion date.)  | , '  |                  |   |          |
|   | Is there currently a lien on the property?   | Yes  | ☐ No             |   |          |
|   |  |  |                  |   |          |
|   | Privately owned  |  |                  |   |          |
|   | 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?   | Yes  |                  | ∐ No  |          |
|   |  |  |                  |   |          |
|   | Other  |  |                  |   |          |
|   | Provide a brief explanation:   |  |                  |   |          |
|   |  |  |                  |   |          |
| 9.9.                                    | How old is the property/building in terms of y   | ears?  |                  | and a control of the |          |
| N. VASS                                 | For building/structures constructed prior to De  | ecember 31, 1969:  |                  |   |          |
|   | Has a lead hazard inspection report been issu  | The state of the s |                  | Yes   | No       |
| 10000                                   | Has the facility been abated for lead paint?   |  |                  | Yes   | No       |
| 1, 500 / 200 do                         | Will children occupy the facility?   |  |                  | Yes   | No       |
| . V. 100 (1914)                         | If yes, indicate the age range of the children v   | who will occupy the facility:  |                  | Click here to en  | iter     |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |  |  |                  | 2004   I  |          |
|   |  |  |                  |   |          |
| 9 10                                    | . Has the property been designated or been de  | termined to be potentially eliai   | ble for          |   |          |
| 27.72.72                                | designation as a local, state, or national histo   |  |                  | Yes   I   | Vo       |
| 1.11,71.114                             | Click here to enter text.  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                  | 500gg   |          |
|   | Chek here to enter text.   |  |                  |   |          |
|   |  |  |                  |   |          |
| 0.11                                    | . Is the building/structure located on a Historic  | Cito?  |                  | Yes   | Vo       |
| 3 T.                                    | and the second s |  |                  |   | 10<br>10 |
| 1601156                                 | Is the building/structure located in a Historic  | DISTICU  |                  |   |          |
|   |  |  | .com     1\/ = = |   |          |
|   | Is the building/structure in a Flood Zone?   |  |                  |   | Vo.      |
|   | Is the building/structure in a Flood Plain?  |  |                  | Yes   | Vo       |
|   | Is the building/structure in a Flood Plain?  Does your agency have flood insurance?  |  |                  | Yes I   | Vo<br>Vo |
|   | Is the building/structure in a Flood Plain?  |  |                  | Yes I   | Vo       |
|   | Is the building/structure in a Flood Plain? Does your agency have flood insurance? Will there be demolition required?  |  |                  | Yes II  | Vo<br>Vo |
|   | Is the building/structure in a Flood Plain?  Does your agency have flood insurance?  | bestos, storage tanks – underg   | round/above gr   | Yes II  | Vo<br>Vo |
| 9.12                                    | Is the building/structure in a Flood Plain? Does your agency have flood insurance? Will there be demolition required?  | bestos, storage tanks – underg   | round/above gr   | Yes II  | Vo<br>Vo |
| 9.12                                    | Is the building/structure in a Flood Plain? Does your agency have flood insurance? Will there be demolition required? . List and describe any known hazards (e.g., as  | bestos, storage tanks – underg   | round/above gr   | Yes II  | Vo<br>Vo |
| 9.12                                    | Is the building/structure in a Flood Plain? Does your agency have flood insurance? Will there be demolition required? . List and describe any known hazards (e.g., as  | bestos, storage tanks – underg   | round/above gr   | Yes II  | Vo<br>Vo |
| 9.12<br>Click                           | Is the building/structure in a Flood Plain? Does your agency have flood insurance? Will there be demolition required? . List and describe any known hazards (e.g., as  |  | round/above gr   | Yes II  | Vo<br>Vo |

| A.A. S. Santa S. A. at Santa facility decreased and defendable   |  |  |   |   |
|--|--|--|---|---|
| What is the project str  | ucture type  | ??   |   |   |
| Residential  |  | Commercial   | Public facility   | Public right-of-way   |
| What is the current zoi  |  |  | Click here to enter text.   |   |
| Is the project site zone   |  |  |   |   |
| <u> </u>   |  | on of efforts and a tim  | etable to change the zoning or ob   | tain a variance:  |
| Click here to enter text   | · · · · · · · · · · · · · · · · · · ·  |  |   |   |
|  |  |  |   |   |
| West form and the second   |  |  |   |   |
|  |  |  | elocation of occupants?   | Yes   No  |
|  |  |  | ation Assistance and Real Property  |   |
|  |  |  | and notifications to occupants. Li  |   |
|  |  |  | l; or (c) businesses. Indicate wheth  |   |
| international control of the control |  |  | will be for site information only. R  | telocation activities will not be   |
|  |  | cal Year 2017-2018 CL  | DBG funds.]   |   |
| Click here to enter text   |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
| NAC PARAMETERS AND   | ma passilya  | that all facilities and /  | or cornicae resisted with CDPC fun  | de ha accarrible to the disables  |
|  |  |  | or services assisted with CDBG fun  |   |
| Accessibility inclu  | udes such t  | hings as: entrance ran   | nps, parking with universal logo si   | gnage, grab bars around   |
| Accessibility inclusion of a commodes and s  | ides such t<br>howers, to  | hings as: entrance ran<br>p of toilet seats that n   | nps, parking with universal logo si<br>neet required height from the floo   | gnage, grab bars around<br>r, drain lines under lavatory sin  |
| Accessibility inclusions and significant commodes and significant commodes and significant commodes are significant commodes and significant commodes are significant commo | ides such t<br>howers, to<br>or insulated  | hings as: entrance ran<br>p of toilet seats that n<br>I, space for wheelchai   | nps, parking with universal logo si<br>neet required height from the floo<br>r maneuverability, accessible wate   | gnage, grab bars around<br>r, drain lines under lavatory sin<br>er fountains, access between  |
| Accessibility inclusions of a commodes and see the commodes and see the commodes are floors (elevators,  | udes such t<br>howers, to<br>or insulated<br>ramps, lift   | hings as: entrance ran<br>p of toilet seats that n<br>I, space for wheelchai<br>ts), and other improve   | nps, parking with universal logo si<br>neet required height from the floo   | gnage, grab bars around<br>r, drain lines under lavatory sin<br>er fountains, access between  |
| Accessibility inclusions and selither wrapped of   | udes such t<br>howers, to<br>or insulated<br>ramps, lift   | hings as: entrance ran<br>p of toilet seats that n<br>I, space for wheelchai<br>ts), and other improve   | nps, parking with universal logo si<br>neet required height from the floo<br>r maneuverability, accessible wate   | gnage, grab bars around<br>r, drain lines under lavatory sin<br>er fountains, access between  |
| Accessibility inclusions on the commodes and see the either wrapped of floors (elevators, including serving  | ides such t<br>howers, to<br>or insulated<br>ramps, lift<br>i the blind d  | hings as: entrance ran<br>p of toilet seats that n<br>l, space for wheelchail<br>ts), and other improve<br>and deaf.   | nps, parking with universal logo si<br>neet required height from the floo<br>r maneuverability, accessible wate<br>ments needed to assure full access   | gnage, grab bars around<br>r, drain lines under lavatory sin<br>er fountains, access between<br>s to funded facilities/programs,  |
| Accessibility inclusions of the commodes and sometime of the commodes and some of the commodes are commodes. Including serving the commodes are commodes are commodes are commodes are commodes are commodes. The commodes are com | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>the blind o<br>whether the  | hings as: entrance ran<br>p of toilet seats that n<br>l, space for wheelchai<br>ts), and other improve<br>and deaf.<br>e project currently med   | nps, parking with universal logo signest required height from the floor maneuverability, accessible wate ments needed to assure full accessibles accessibility  | gnage, grab bars around<br>r, drain lines under lavatory sin<br>er fountains, access between<br>s to funded facilities/programs,<br>by the disabled. If not, describ  |
| Accessibility inclusions of the commodes and see th | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>of the blind of<br>whether the<br>problems a                        | hings as: entrance ran<br>op of toilet seats that n<br>d, space for wheelchaid<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be utili                            | nps, parking with universal logo signeet required height from the floor maneuverability, accessible wate ments needed to assure full accessible to assure full accessible to accessibility ized to address the problems, included                   | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ uding funding and timetable.                               |
| Accessibility inclusions and seither wrapped of floors (elevators, including serving Describe below withe accessibility (NOTE: The project   | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>to the blind of<br>whether the<br>problems a<br>ct site musi        | hings as: entrance ran<br>op of toilet seats that n<br>d, space for wheelchaid<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be utili                            | nps, parking with universal logo signest required height from the floor maneuverability, accessible wate ments needed to assure full accessibles accessibility  | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ uding funding and timetable.                               |
| Accessibility inclusions and seither wrapped of floors (elevators, including serving Describe below with accessibility with CDBG fundi   | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>the blind o<br>whether the<br>problems a<br>ct site musi<br>ng.     | hings as: entrance ran<br>op of toilet seats that n<br>d, space for wheelchaid<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be utili                            | nps, parking with universal logo signeet required height from the floor maneuverability, accessible wate ments needed to assure full accessible to assure full accessible to accessibility ized to address the problems, included                   | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describe   |
| Accessibility inclusions on the commodes and see their wrapped of floors (elevators, including serving a Describe below with accessibility of NOTE: The project with CDBG fundi  | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>the blind o<br>whether the<br>problems a<br>ct site musi<br>ng.     | hings as: entrance ran<br>op of toilet seats that n<br>d, space for wheelchaid<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be utili                            | nps, parking with universal logo signeet required height from the floor maneuverability, accessible wate ments needed to assure full accessible to assure full accessible to accessibility ized to address the problems, included                   | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ- uding funding and timetable.                              |
| Accessibility inclusions and seither wrapped of floors (elevators, including serving Describe below withe accessibility (NOTE: The project   | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>the blind o<br>whether the<br>problems a<br>ct site musi<br>ng.     | hings as: entrance ran<br>op of toilet seats that n<br>d, space for wheelchaid<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be utili                            | nps, parking with universal logo signeet required height from the floor maneuverability, accessible wate ments needed to assure full accessible to assure full accessible to accessibility ized to address the problems, included                   | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ- uding funding and timetable.                              |
| Accessibility inclusions commodes and seither wrapped of floors (elevators, including serving Describe below with accessibility NOTE: The project with CDBG fundictick here to enter text  | ides such to<br>howers, to<br>or insulated<br>ramps, lift<br>to the blind to<br>whether the<br>problems a<br>ct site must<br>ng. | hings as: entrance ran<br>by of toilet seats that n<br>i, space for wheelchain<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be util<br>t first be fully ADA-com | nps, parking with universal logo sineet required height from the floor maneuverability, accessible water ments needed to assure full accessible standards for accessibility ized to address the problems, incluing and before other construction of | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ iding funding and timetable. activities can be implemented |
| Accessibility inclusions commodes and seither wrapped of floors (elevators, including serving Describe below with accessibility NOTE: The project with CDBG fundictick here to enter text  | ides such to howers, to be insulated ramps, lift in the blind of the blind of the broblems act site must ing.                    | hings as: entrance ran<br>by of toilet seats that n<br>i, space for wheelchain<br>ts), and other improve<br>and deaf.<br>e project currently med<br>and methods to be util<br>t first be fully ADA-com | nps, parking with universal logo signeet required height from the floor maneuverability, accessible wate ments needed to assure full accessible to assure full accessible to accessibility ized to address the problems, included                   | gnage, grab bars around r, drain lines under lavatory sin er fountains, access between s to funded facilities/programs, by the disabled. If not, describ iding funding and timetable. activities can be implemented |

#### 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 recomended funding amount.

|  | AMOUNT<br>SECURED | AMOUNT<br>UNSECURED | % OF<br>TOTAL |
|--|-------------------|---------------------|---------------|
| FY 2017-2018 CDBG Application Request from City of Chula V | ista (Step 1)     | \$20,100            | 100%          |
| List Other Sources Below: (Step 2)                         | <u> </u>          |                     |               |
| 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%            |
|  |                   |                     | 0%            |
| TOTAL  | \$0               | \$20,100            | 100%          |

| TOTAL PROJECT BUDGET | \$20,100 |
|----------------------|----------|
| TOTAL PROJECT DODGET | \$20)±00 |

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

| AGEN                    | NCY City of Chula Vista Recre                  | eation Department   |           |  |
|-------------------------|--|---|-----------|--|
| PROJI                   | ECT Therapeutic Recreation Programs for        | erapeutic Recreation Programs for Adults with Severe Disabilities |           |  |
|                         |  | CDBG  |           |  |
| SALARIES & WAGES        | (Schedule 2)                                   |   |           |  |
| FRINGE BENEFITS         | (Schedule 3)                                   |   |           |  |
|                         | TOTAL PERSONNEL                                | 16,720  |           |  |
| SUPPLIES                | (Schedule 5)                                   | 1,400   |           |  |
| POSTAGE                 | (Schedule 5)                                   |   |           |  |
| CONSULTANT SERVICES     | (Schedule 5)                                   |   |           |  |
| MAINTENANCE/REPAIR      | (Schedule 5)                                   |   |           |  |
| PUBLICATIONS/PRINTING   | (Schedule 5)                                   | 1,980   |           |  |
| 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                            | 3,380   |           |  |
| TOTAL INDIRECT COSTS/AE | DMINISTRATIVE OVERHEAD (IC/AO)<br>(Schedule 4) |   | Percentag |  |
| [IC/AO Expenses lim     | nited to 15% of Total CDBG Project Budget      |   |           |  |
|                         | TOTAL CDBG PROJECT BUDGET                      | 20,100  |           |  |
|                         |  | Dogo 1 o  | £         |  |
|                         |  |   |           |  |

### 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 <u>direct project/client services</u>. 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 Reci     | eation Departme     | nt               |
|---|------------------------------|---------------------|------------------|
| PROJECT Therape                               | eutic Recreation Programs fo | or Adults with Sev  | ere Disabilities |
| (1)   | (2)                          | (3)                 | (4)              |
|   |                              | PERCENT             | TOTAL            |
| POSITION TITLE                                | GROSS PAY                    | CHARGED             | SALARY & WAGES   |
| Recreation Specialist, Leader, Aide           | 15,203                       | 100.00%             | 15,203           |
|   |                              |                     | <b>▼</b>         |
|   |                              |                     | -                |
|   |                              |                     | -                |
|   |                              |                     | F                |
|   |                              |                     | -                |
|   |                              |                     | _                |
|   |                              |                     | -                |
|   |                              |                     |                  |
|   |                              | ,                   | -                |
|   |                              |                     | -                |
|   |                              |                     | -                |
|   |                              |                     | -                |
|   |                              |                     |                  |
|   |                              |                     | -                |
|   |                              |                     | <del>-</del>     |
|   |                              |                     | -                |
|   |                              |                     | •                |
|   | TOTAL <b>CDBG</b> SA         | LARY & WAGES        | 15,203           |
| 1. List all positions charged against CDBG fu | nding providing direct CDBC  | G project/client ac | tivity.          |
| 2. List gross pay for each position listed.   |                              |                     |                  |
| 3 List nercent of gross pay to be charged as  | gainst CDBG funding.         |                     |                  |

| Pay Schedul | e (Check One) |
|-------------|---------------|
|             | Monthly       |
| Х           | Biweekly      |
|             | 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<br>INSURANCE | GROSS PAY     | PERCENT<br>CHARGED | AMOUNT |  |
| Recreation Specialist, Leader, Aide              | Pers/Pars/Medicare  |                     | 1,517         | 100.00%            | 1,517  |  |
|  |   |                     |               |                    |        |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     | • • • •       |                    |        |  |
|  |   |                     |               |                    | **     |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    | +      |  |
|  |   |                     |               |                    | _      |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    |        |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    |        |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    | •      |  |
|  |   |                     |               |                    | -      |  |
|  |   |                     |               |                    | -      |  |
|  |   | TOT                 | TAL CDBG FRIN | I<br>GE BENEFIT    | 1,517  |  |

| <ol> <li>List all POSITIONS charged against CDBG funding providing direct CDBG project/client act</li> </ol> | . I |
|--|-----|
|--|-----|

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Scho | edule (Check One) |
|----------|-------------------|
|          | Monthly           |
| X_       | Biweekly          |
|          | Twice a Month     |
|          | <del></del>       |

| Page | 3 | of | 5 |
|------|---|----|---|
|      |   |    |   |

## 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               | AGENCY City of Chula Vista Recreation Department |   |                   |                                |  |  |  |
|----------------------|--|---|-------------------|--------------------------------|--|--|--|
| PROJECT              | Therapeutic Rec                                  | Therapeutic Recreation Programs for Adults with Severe Disabilities |                   |                                |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      | (1)  | (2)   | (3)               | (4)                            |  |  |  |
|                      |  |   |                   | TOTAL INDIRECT                 |  |  |  |
|                      |  | AGENCY BUDGET   | PERCENT           | COST/ADMINISTRATIVE            |  |  |  |
|                      | TION TITLE/LINE ITEM                             | AMOUNT  | CHARGED           | OVERHEAD                       |  |  |  |
| √A                   |  |   |                   | -                              |  |  |  |
|                      |  |   |                   | -                              |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      |  |   | +                 | -                              |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      |  |   |                   | -                              |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      |  |   | -                 | _                              |  |  |  |
|                      |  | <u> </u>  |                   | -                              |  |  |  |
|                      |  |   |                   | <u> </u>                       |  |  |  |
|                      | pa   |   |                   |                                |  |  |  |
|                      | TOTAL CDBG INDIRECT                              | COST/ADMINISTRAT  | IVE OVERHEAD      | -                              |  |  |  |
|                      |  |   |                   |                                |  |  |  |
| (5) Total            | CDBG Budget                                      | 20,100  | Percentage        |                                |  |  |  |
|                      |  |   | (                 | Must be equal or less than 15% |  |  |  |
|                      | - 10 *31   | 12/1-4  |                   |                                |  |  |  |
| •                    | or nonpersonnel (NPE) charged aga                |   | clude detailed de | scription of indirect use.     |  |  |  |
|                      | budget for positon and/or NPE line               |   |                   |                                |  |  |  |
|                      | otal budget to be charged against C              |   |                   |                                |  |  |  |
|                      | t/administrative overhead to be cha              |   |                   |                                |  |  |  |
| 5. Enter the Total F | /13 CDBG Budget; percentage will b               | e AUTOMATICALLY c   | alculated.        |                                |  |  |  |
|                      |  |   |                   |                                |  |  |  |
|                      |  | 7   |                   |                                |  |  |  |
|                      | Pay Schedule (Check One)                         |   |                   |                                |  |  |  |
|                      | Monthly  |   |                   |                                |  |  |  |
|                      | <u></u> ★ Biweekly                               |   |                   |                                |  |  |  |
|                      | Twice a Month                                    |   |                   |                                |  |  |  |

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

| AGENCY                                      |  | _            |   |        |
|---|--|--------------|---|--------|
| PROJECT                                     | Therapeutic Recreation Programs for Adults with Severe I                                 | Disabilities | _                                       |        |
| LINE ITEM                                   | Staffing   |              | AMO                                     | JNT    |
|   | s, Leaders, Aides, Lifeguards / Pers/Pars/Medicare                                       |              | *************************************** | 16,720 |
| Staff that are utilized                     | to implement programs  | -<br>-<br>-  |   |        |
|   | Counties Adaptivide Driving  | - TOTAL      |   | 16,720 |
| LINE ITEM                                   | Supplies, Materials, Printing  |              | AMO                                     | JNI    |
|   | :<br>i-Monthly Calendar, Flyers<br>Decorations, refreshments, prizes, sporting equipment |              | **************************************  | 1,980  |
| arts & craft supplies Office Supplies: Pape | r, envelopes, labels, butcher paper, tickets,  | _<br>_<br>_  |   | 400    |
| Supplies and materia                        | Is for all programs, special events, and day camp  | -<br>-       |   |        |
|   |  | TOTAL        | \$                                      | 3,380  |
| LINE ITEM                                   |  | _            | AMOU                                    | JNT    |
| Detailed Explanation                        | :  | _            |   |        |
|   |  | _<br>_<br>_  |   |        |

20,100

TOTAL \$

<sup>\*</sup>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:

\$131,325

Amount of CDBG Requested:

\$39,312

Amount Recommended:

\$39,312



# 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:

\$499,678

Amount of CDBG Requested:

\$30,000

Amount Recommended:

\$27,000





#### FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:  | Public service  |  | Housing   | !  |   |   |           |
|--|---|--|---|--|---|---|-----------|
| (check one only)   |   | ent/Facility Improv  | ·   | <u> </u>   |   |   |           |
| Applicant Agend  | cy Information  |  |   |  |   |   |           |
| Applicant Legal<br>Name:   | Family Health Centers   | s of San Diego Inc.  |   |  |   |   |           |
| Type of agency:  | ⊠501(c)(3)  | □Gov't./Public   | □For Prof   | fit     Faith  | -Based  | □Other:   |           |
| Agency Address:  | 823 Gateway Center CA 92102   | Way San Diego,   | Agend   | y Tax Identific  | cation #:   | 95-2833205  |           |
| Date of<br>Incorporation:  | 1970  |  | Ag  | Agency Central Contractor Registration# (http://www.ccr.gov) |   |   |           |
| Agency Annual Operating Budget:  | \$190,038,566   |  |   | Agency   | DUNS#   | 02053-189   | 3         |
| Number of paid staff:  | 1,563   | Number of volunteers: 333  |   |  |   | 333   |           |
| Agency mission sta   | tement:   |  |   |  |   |   |           |
|  | ily Health Centers of Sar   | n Diego (FHCSD) is   | o provide ca  | ring, high-qua   | ality healt   | th care and s   | unnortive |
| services to everyon  | e, with a special commit  | tment to uninsured   | , low-incom   | e and medica   | llv unders  | served person   | ns.       |
| -  |   |  |   |  |   |   |           |
| Project Title<br>Mobile Medical Uni  | it (MMU)  |  |   |  |   |   |           |
| Mobile Medical Uni   | it (MMU)  ion (Briefly describe   | your project/pr  | ogram):   |  |   |   |           |
| Mobile Medical Uni  Project Descript The MMU provides  | ion (Briefly describe<br>high-quality primary he  | althcare to low and  | moderate i  | ncome persor   | ns, includi   | ing homeless  |           |
| Mobile Medical Unipersity Project Descript The MMU provides individuals and fam  | ion (Briefly describe<br>high-quality primary he<br>ilies. The MMU is a licen   | althcare to low and<br>sed medical clinic  | l moderate i<br>that provide                                  | s full primary   | care med  | ical services   | and       |
| Mobile Medical Un<br>Project Descript<br>The MMU provides<br>individuals and fam   | ion (Briefly describe<br>high-quality primary he  | althcare to low and<br>sed medical clinic  | l moderate i<br>that provide                                  | s full primary   | care med  | ical services   | and       |
| Mobile Medical Unipersisted Project Descript The MMU provides individuals and fam  | ion (Briefly describe<br>high-quality primary he<br>ilies. The MMU is a licen<br>liminating financial. cult   | althcare to low and<br>sed medical clinic  | l moderate i<br>that provide                                  | s full primary   | care med  | ical services   | and       |
| Project Descript The MMU provides individuals and fam referrals, thereby e Funding Request Total funding reque   | ion (Briefly describe<br>high-quality primary he<br>ilies. The MMU is a licen<br>liminating financial. cult   | althcare to low and used medical clinic ural. linguistic. and  | moderate i<br>hat provide<br>transportat                      | s full primary   | care med<br>o preventi                                    | ical services<br>ive healthcar                          | and<br>e. |
| Project Descript The MMU provides individuals and fam referrals, thereby e Funding Request Total funding reque   | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial, cult the steel in this application detailed budget in Appendication in the steel | althcare to low and used medical clinic ural. linguistic. and  | Other ful   | s full primary<br>ion barriers to                            | care med<br>preventi                                      | ical services<br>ive healthcar                          | and<br>e. |
| Project Descript The MMU provides individuals and fam referrals, thereby e  Funding Request  Total funding reque (you will provide a cost to complete the cost to | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial, cult the sted in this application detailed budget in Appendict project:  | althcare to low and used medical clinic ural. linguistic. and ural. clinguistic.   | Other fur   | s full primary<br>ion barriers to<br>nds already se          | care med<br>preventi                                      | ical services<br>ive healthcar                          | and<br>e. |
| Project Descript The MMU provides individuals and fam referrals, thereby expending Request Total funding requestyou will provide a control cost to complete Project Informated   | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial, cult the sted in this application detailed budget in Appendict project:  | althcare to low and used medical clinic ural. linguistic. and ural. linguistic. and significant signif | Other fur   | s full primary<br>ion barriers to<br>nds already se          | care med<br>preventi                                      | ical services<br>ive healthcar                          | and<br>e. |
| Project Descript The MMU provides individuals and fam referrals, thereby e  Funding Request Total funding reque (you will provide a control of the control o | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial. cult the sted in this application detailed budget in Appendict project:  | sed medical clinic ural. linguistic. and \$30,000 \$499,678  | Other fur project:    Other fur project:   Other fur project: | s full primary<br>ion barriers to<br>nds already se          | care med o preventi ecured for cured for                  | ical services<br>ive healthcar                          | 99,678    |
| Project Descript The MMU provides individuals and fam referrals, thereby e  Funding Request  Total funding reque (you will provide a cost to complete the cost to complete the cost is a Public to the cost of the | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial. cult sted in this application detailed budget in Appendict project:  ion  Service, will service be service.  | sed medical clinic ural. linguistic. and \$30,000 \$499,678  | Other fur project:    Other fur project:   Other fur project: | s full primary ion barriers to                               | care med o preventi ecured for cured for                  | \$0 \$4   | 99,678    |
| Project Descript The MMU provides individuals and fam referrals, thereby e  Funding Request Total funding reque (you will provide a control of the control o | ion (Briefly describe high-quality primary he ilies. The MMU is a licentiminating financial. cult sted in this application detailed budget in Appendict project:  ion  Service, will service be service.  | sed medical clinic ural. linguistic. and \$30,000 \$499,678  | Other fur project:    Other fur project:   Other fur project: | s full primary ion barriers to                               | care med o preventi ecured for cured for is Censu a Low/i | \$0 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 | 99,678    |

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

|               |   | ncise description of the proposed<br>I must include all (i.e. food, case |               |            |          | ne project/progra     | ım consists of a va                     | riety of     |
|---------------|---|--|---------------|------------|----------|-----------------------|---|--------------|
| The M         | MU provides                             | high-quality healthcare to low a   | and modera    | te inco    | me p     | persons, includin     | g homeless individ                      | uals and     |
|               |   | is a licensed medical clinic that  |               |            |          |                       |   | screenings   |
| to pati       | ients, thereb                           | y eliminating barriers to prevent  | ive nealthc   | are, an    | d im     | proving life in Ch    | ula Vista.                              |              |
| 1.2. <i>F</i> | Project start                           | date: July 1, 2017   |               | Anti       | cina     | ted end date:         | june 30, 2018                           | _            |
| 2,2,          | 1 oje de ocur e                         | , puly 1, 2017   | l.            | 2.101.00   | стри     | teu ena uate.         | pulle 30, 2018                          |              |
| 1.3 F         | Project's day:                          | s/hours of operation:   Monday   | y through F   | riday, 8   | lam t    | to 5pm, varying b     | y day and location                      | 1            |
|               |   |  |               |            |          |                       |   |              |
|               | Project                                 | Public service   | 1.5 Proj      |            |          | Suitable livi         | ng environment                          |              |
|               | category:<br>check one only)            |  |               | ctive:     |          | Decent hous           |   |              |
|               | check one only)                         |  | (cnec         | k one onlj | "        | Economic o            |   |              |
|               |   | Capital improvement and  | 1.6 Proj      | ect        |          | Availability,         | accessibility                           |              |
|               |   | Public Facility Improvements   | outo          | come:      |          | Affordability         |   |              |
|               | 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  | (checi        | k one only | )        | Sustainabili          | Sustainability                          |              |
|               | c. 11                                   |  |               |            |          |                       |   |              |
|               |   | uestions on individual clients and                                       | l household   | ls to be   | serv     | ed apply only to      | Public Service, and                     | Minor        |
|               |   | abilitation projects:  | -t-1-1- (1111 | 12         | 7 .      | 1: 1 - 1 - 1          |   |              |
|               |   | ve individual persons (Ip) or hous<br>plicated IC/HH served in 2016/17   |               |            | <u> </u> | dividual Persons      | OR Ho                                   | useholds     |
|               |   | nt/household:  | <i>(</i>      | \$60.0     | 0        |                       |   |              |
| Annua         | cost per che                            | ny nousenolu.  |               | 300.0      | U        |                       | _                                       |              |
| 1.8 C         | DBG Criteria                            | Which CDBG criterion below do  | es vour pro   | posed      | proie    | ect meet?             |   |              |
|               |   | enefit: At least 51% of residents  |               |            |          |                       | ow to moderate in                       | come (LMI).  |
| F             |   | le a map identifying the Census  |               |            |          |                       |   |              |
|               | given area, su                          | ich as projects related to a comr  | munity cent   | ter/pub    | lic fa   | icility or a fire ste | ation, please provi                     | de a map or  |
| n             | naps with th                            | e project service area(s) bound  | aries clearly | y outlin   | ed.      | Failure to provid     | de service area ma                      | ips with the |
|               |   | ill make the project to be deemed  |               | te and     | inelig   | ible for funding.     |   |              |
|               |   | clientele (select subpart below)   |               |            |          |                       |   |              |
| ļ.L           |   | sumed Benefit - Special needs gr   | oup (select   | benefit    | gro      | up from the list b    | elow):                                  |              |
|               | (i)                                     | Abused children  |               |            |          |                       |   | _            |
|               | (ii)                                    |  | der (must m   | aintair    | doc      | rumentation of a      | ige eligibility)                        |              |
| - 1           | (iii                                    |  |               |            |          |                       |   |              |
|               | (iv                                     |  | aejinition.   | IVIUST I   | nain     | tain proof aocum      | nentation)                              |              |
|               | (vi                                     |  |               |            |          | _                     |   |              |
| [             |   | ) Homeless persons (must meet  | HIID defin    | itions)    |          | <del></del> ·         |   |              |
| <u> </u>      |   | east 51% of clientele to be served                                       |               |            |          |                       |   | -            |
|               |   | (select subpart below):  | A THUSE DE L  |            |          |                       | <del></del> -                           |              |
|               |   | family (must be 100% LMI)  | (b)           | Multi-i    | init (   | must be 51% LM        | <u></u>                                 |              |
| ! <u> </u>    |   | J  | <u> </u>      |            |          | ast St S1/0 LIVI      | ·/                                      | i            |
| 19. TI        | he 2015-201                             | 9 Consolidated Plan goals are list                                       | ted below.    | Select     | the q    | oal appropriate       | to your proiect:                        |              |
|               |   | ntal Housing Opportunities   |               |            |          |                       | , |              |
| □ N           | <i>Naintenance</i>                      | and Preservation of Housing (reh   | nabilitation  | activit    | ies)     | ·                     | -                                       | 1            |
|               |   | nip Opportunities (homebuyer pro   |               |            |          |                       |   |              |
|               |   | vement Projects and Community  |               |            |          |                       |   | 7            |
|               | 111 - 1                                 | s to Special Needs Population and  | 11            |            | a ina    | ome Persons           |   |              |

With support from the City of Chula Vista, Family Health Centers of San Diego (FHCSD) 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. FHCSD'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.

FHCSD 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 FHCSD'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 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, FHCSD 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 FHCSD) 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.
     Linkage to a medical
    home.
     Health insurance screening and enrollment assistance.
     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, transpose   | ortation, case management, etc.) | 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<br>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<br>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, transpo   | ortation, case management, etc). | 2. Linkage to a medical home   |
| Outcomes   | Number of Proposed Beneficiaries | Method of Data Collection  |
| <ol> <li>LMI patients will receive healthcare<br/>through a minimum of 572<br/>encounter/visits.</li> </ol>                          | 500                              | Electronic Health Records, Clinical<br>Management Information System |
| 2. LMI patients will have increased access to ongoing healthcare.  | 500                              | Electronic Health Records, Clinical<br>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<br>Management Information System |
| Service to be Provided (i.e. food, transpo   | rtation, case management, etc).  | 3. Health insurance screening and enrollment assistance              |
| Outcomes   | Number of Proposed Beneficiaries | Method of Data Collection  |

| 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<br>Management Information System |
| Service to be Provided (i.e. food, transpo   | ortation, case management, etc).  | 4. Referrals to other services                                       |
| Outcomes   | Number of Proposed Beneficiaries  | Method of Data Collection  |
| 1. LMI homeless patients will receive  | Service provided on an as-needed  | Electronic Health Records, Clinical                                  |
| referrals to mental health services.   | basis. Number of patients to be served is unknown, but all will be screened for need. | Management Information System  |
| 2. LMI and homeless patients will  | Service provided on an as-needed  | Electronic Health Records, Clinical                                  |
| receive referrals to vision care.  | basis. Number of patients to be served is unknown, but all will be screened for need. | Management Information System  |
| 3. LMI and homeless patients will  | Service provided on an as-needed  | Electronic Health Records, Clinical                                  |
| receive referrals to dental care.  | basis. Number of patients to be served is unknown, but all will be screened for need. | Management Information System  |

| 1.16. | Will the project collaborate with other ser and briefly describe the collaboration: | vice providers in | the community? | If yes, list them |     |     |
|-------|---|-------------------|----------------|-------------------|-----|-----|
| 1. 1. | and briefly describe the collaboration:   |                   |                |                   | Yes | No  |
|       |   |                   |                | <del></del>       |     | 1.0 |

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.

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

| Z.I. WHO WIII DE LITE | person responsible for the overall oversight of the proposed project? |
|-----------------------|---|
| Name of person:       | Fran Butler-Cohen   |
| Title of person:      |   |
| 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   |
|                      | B.A. in Business Administration, 20+ years healthcare experience                |
| Telephone number:    |   |
| Date first employed: | 1997  |

|                      | person responsible for the day-to-day operations and management of the proposed project? |
|----------------------|--|
| Provide no more      | e 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: |  |

|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? |
|----------------------|--|
| Trovide no more      | CHAIT EVE HIGHYIGGUIS.   |
| Name of person:      | Ricardo Roman  |
| Title of person:     | CFO 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 <b>Policies and Procedures</b> in place for the <u>specific</u> program 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). | ou  |
|-------|--|-----|
| i.    | Do the Policies and Procedures set out the process for determining the eligibility 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 income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | Х   |
|       | Does it specify how information on the income status of participants is being requested, updated or properly assessed?   |     |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Х   |
| v.    | For Presumed Benefit Activities:   | N/A |
| •     | 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)]  |     |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |     |
| vi.   | For Limited Clientele Activities:  | Х   |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A |
|       | 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?  | х   |
| ix.   | Do the Policies and Procedures identify the process for submitting <b>quarterly reports</b> to the City of Chula Vista?  | Х   |
| х.    | Do the Policies and Procedures identify the process of safeguarding client information?  | х   |
| xi.   | Do the Policies and Procedures identify the process for File Management?   | х   |

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.

| 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: FHCSD 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. FHCSD 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 FHCSD 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 FHCSD'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 FHCSD'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. FHCSD 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. FHCSD 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:

FHCSD 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, FHCSD 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. FHCSD'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:
FHCSD 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?

FHCSD 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. FHCSD is experience 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. FHCSD'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 t communities.  | o LMI i  | reside  | nts an   | id/or                              |
|---|--|---|--|------------------------------------|
| FHCSD has extensive experience caring for LMI residents and/or communities, providing comprehensites, including 20 fixed primary care clinics, 7 behavioral health facilities, 7 dental clinics, 3 vision of pharmacy, an outpatient substance abuse treatment program, and 3 MMUs. In 2016, we cared for through 586,689 encounters agency-wide. Approximately 90% of our patients live at or below 2009 Poverty Level (FPL) and 75% live at or below 100% of the FPL. We are San Diego's largest provider of services and school-based health services, and coordinate development and behavioral services for aged birth to 5 in two county regions. In addition, FHCSD operates the federal Health Care for the 1 the county, serving more than 25,000 clients annually. Our commitment to LMI residents is evident sites we have constructed and operate in communities such as Barrio Logan (our flagship Logan He Center), City Heights, Diamond Neighborhoods, Lemon Grove, El Cajon, Spring Valley, and Chula Vislargest Federally Qualified Health Center (FQHC) in the nation, the 3rd largest FQHC in California, a in San Diego County based on unduplicated patients served. FHCSD also serves more uninsured pat FQHC in California. | clinics,<br>206,44% of the<br>of com<br>r low-in<br>Homele<br>ced thre<br>ights F<br>sta. FH<br>nd the | a safe<br>49 pat<br>e Fed<br>prehe<br>ncome<br>ess pro<br>ess pro<br>amily<br>CSD is<br>large | ty-ne-<br>cients<br>eral<br>ensive<br>e chilo<br>ogram<br>the ci<br>Healt<br>s the<br>st FQI | HIV<br>dren<br>n in<br>linic<br>th |
| 4.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years   |  | i   |  |                                    |
| (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.   |  | 1   |  |                                    |
| 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 FHCSD does not receive CDBG funding, we will work to raise funds from local char and foundations that fund healthcare services for low-income, uninsured, and underserved people Vista. In the past, we have committed agency funds as well, but this is not a long-term sustainable r  | in the   | organi<br>City o  | zatior<br>f Chul   | ns<br>a                            |
| 5.2. If funded, how will your agency continue this project if CDBG funds are not available in future FHCSD maintains a diversified funding stream from partners at the federal, state, and local levels to operations during financially challenging times.   | years?<br>facilita   | ate co  | ntinue   | ed                                 |
|   |  | _   |  |                                    |

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

| Complete the      | attached detailed budget forms in N                             | 1S Excel. C | hoose the forms pertaining to your project category.   |  |
|-------------------|---|-------------|--|--|
| Project category: | Public service  |             | Complete Appendices A-1, A-2, and <b>A-3</b> .         |  |
| (check one only)  | Capital improvement (see below):                                |             |  |  |
|                   | Does this Capital Improvement Project involve Minor Residential | □ No        | If no, complete Appendices A-1, A-2, and <b>A-4</b> .  |  |
|                   | Rehabilitation?   | ☐ Yes       | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |  |

- <u>All</u> 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 <u>category</u> 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<br>Date      |
|----|--|---|-------------------------|
| 1  | Contract Award   | City Council awards funds   | May 2017                |
| 2  | Contract Agreement   | Contract Agreement between FHCSD 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-<br>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<br>2017         |
| 7  | Second Quarter Report  | Program Manager prepares and ensures the 2 <sup>nd</sup> quarter report is submitted to the City                        | January<br>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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: □ CDBG **HOME** 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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: $\bowtie$ CDBG **HOPWA** ESG HOME CDBG-R **HPRP** NSP 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: Fiscal Year 2014 Fiscal Year 2015 Fiscal Year 2016 4. Indicate the source of the federal funding awarded to the prior project: □ CDBG **HOPWA ESG** HOME CDBG-R **HPRP NSP** 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 recomended funding amount.

|   | AMOUNT       | AMOUNT      | % OF  |  |
|---|--------------|-------------|-------|--|
|   | SECURED      | UNSECURED   | TOTAL |  |
| FY 2017-2018 CDBG Application Request from City of Chula Vi | sta (Step 1) | \$30,000    | 2%    |  |
| List Other Sources Below: (Step 2)                          |              |             |       |  |
| 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%    |  |
| TOTAL   | \$0          | \$1,499,034 | 100%  |  |

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.

| proposed project on a reinibursement busis.  |                        |                  |
|--|------------------------|------------------|
| Balance Sheet - Audited Financial Statements. FY 2015-2016 CY  | ,                      | Page # 5         |
| Document must be attached to Application   |                        |                  |
| Enter Agency Cash Balance  |                        |                  |
| (Cash cannot include Investments or Receivables)   | 59,963,214             |                  |
| A. Multiply Agency Cash Balance by 4 = Cash available for project(s)   | 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. Sum all the amounts for FY 2017-2018 CDBG funding request(s)  | 30,000                 |                  |
| Compare Agency Cash Balance Available (Item A) with Total FY 2017-2018 CDBG Fund   | _                      | i):              |
| Item A 239,852,856 Item B 30,000   | Difference             | 239,822,856      |
| Analyze Results  |                        |                  |
| 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) EACH PROJECT MEETS THE MINIMUM REQUIRED AMOUNT FOR EACH OF THE APPLIA | a positive or \$0 bala | nce, as long as: |
| B) CASH AVAILABLE FOR PROJECTS IS NOW GREATER THAN OR EQUAL TO THE TOTAL F   |                        | UNDING REQUEST.  |
|  |                        |                  |
|  |                        |                  |

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

|                         | AGENCY             | Family Health Centers of San Di  | ego, Inc. |                 |
|-------------------------|--------------------|----------------------------------|-----------|-----------------|
|                         | PROJECT            | Mobile Medical Unit              |           |                 |
| SALARIES & WAGES        |                    | (Sahadula 2)                     | CDBG      |                 |
|                         |                    | (Schedule 2)                     | 24,470    |                 |
| FRINGE BENEFITS         |                    | (Schedule 3)                     | 5,530     |                 |
|                         |                    | TOTAL PERSONNEL                  | 30,000    |                 |
| SUPPLIES                |                    | (Schedule 5)                     |           |                 |
| POSTAGE                 |                    | (Schedule 5)                     |           |                 |
| CONSULTANT SERVICES     |                    | (Schedule 5)                     |           |                 |
| MAINTENANCE/REPAIR      |                    | (Schedule 5)                     |           |                 |
| PUBLICATIONS/PRINTING   |                    | (Schedule 5)                     |           |                 |
| TRANSPORTATION          |                    | (Schedule 5)                     |           |                 |
| RENT                    |                    | (Schedule 5)                     |           |                 |
| EQUIPMENT RENTAL        |                    | (Schedule 5)                     |           |                 |
| INSURANCE               |                    | (Schedule 5)                     |           |                 |
| UTILITIES               |                    | (Schedule 5)                     |           |                 |
| TELEPHONE               |                    | (Schedule 5)                     |           |                 |
| OTHER EXPENSES (SPECIFY | ′):<br>            | (Schedule 5)                     |           |                 |
|                         |                    | (Schedule 5)                     |           |                 |
|                         |                    | (Schedule 5)                     |           |                 |
|                         |                    | TOTAL NON-PERSONNEL              | 0         |                 |
| TOTAL INDIRECT COSTS/AD | OMINISTRATIVE O    | VERHEAD (IC/AO)<br>(Schedule 4)  |           | Percentage<br>0 |
| [IC/AO Expe             | enses limited to 1 | 5% of Total CDBG Project Budget] |           |                 |
|                         |                    | TOTAL CDBG PROJECT BUDGET        | 30,000    |                 |
|                         |                    |                                  | Page 1 of | f5              |

# 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 <u>direct project/client services</u>. 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.** 

Family Health Centers of San Diego, Inc.

AGENCY

| PROJECT Mobile Medical Unit                      |                          |                    |                |  |
|--|--------------------------|--------------------|----------------|--|
|  |                          |                    |                |  |
| (1)  | (2)                      | (3)                | (4)            |  |
|  |                          | PERCENT            | TOTAL          |  |
| POSITION TITLE                                   | GROSS PAY                | CHARGED            | SALARY & WAGES |  |
| Medical Assistant - Lead                         | 44,491                   | 55.00%             | 24,470         |  |
|  |                          |                    | -              |  |
|  |                          |                    | -              |  |
|  |                          |                    | _              |  |
|  |                          |                    | -              |  |
|  |                          |                    | -              |  |
|  |                          |                    |                |  |
|  |                          |                    | -              |  |
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|  |                          |                    | -              |  |
|  |                          |                    |                |  |
|  | <del>-    </del>         |                    | -              |  |
|  |                          | -                  | -              |  |
|  |                          |                    |                |  |
|  |                          |                    |                |  |
|  |                          |                    | -              |  |
|  | TOTAL CDBG SAI           | ARY & WAGES        | 24,470         |  |
|  | 101/12 0000 0/1          |                    | 27,770         |  |
| L. List all positions charged against CDBG fundi | ng providing direct CDBG | project/client ac  | tivity         |  |
| 2. List gross pay for each position listed.      |                          | project/ chefft de | Livity.        |  |
| 3. List percent of gross pay to be charged again | et CDBC funding          |                    |                |  |
| List percent of Bross pay to be charged again    | ist copo tutiding.       |                    |                |  |
|  |                          |                    |                |  |
| Pay Schedule (Check One)                         |                          |                    |                |  |

Monthly Biweekly

Twice a Month

Х

# 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  Medical Assistant - Lead  Medical Assistant - Lead | FRINGE TITLE FICA                        | AMT OF<br>INSURANCE<br>3,404                     | GROSS PAY 44,491 | PERCENT<br>CHARGED<br>55.00% |              |  |
| Medical Assistant - Lead  Medical Assistant - Lead                 | Workers' Compensation Health Insurance   | 1,103  | 44,491           | 55.00%                       |              |  |
| Medical Assistant - Lead   | Retirement Benefits                      | 4,013  | 44,491<br>44,491 | 55.00%<br>55.00%             | 2,207<br>494 |  |
| Medical Assistant - Lead   | Others (Life, SUI, CME)                  | 636  | 44,491           | 55.00%                       | 350          |  |
|  |  |  |                  |                              | -            |  |
|  |  |  |                  |                              | _            |  |
|  |  | <del>                                     </del> | <del></del>      |                              |              |  |
|  | <del></del>                              | +  |                  |                              |              |  |
| <u> </u>   |  | <del>                                     </del> |                  |                              |              |  |
|  | <del> </del>                             | <del>                                     </del> |                  |                              |              |  |
|  |  |  |                  |                              |              |  |
|  |  |  |                  |                              |              |  |
|  |  |  |                  |                              | -            |  |
|  |  |  |                  |                              |              |  |
|  |  |  |                  |                              | <u> </u>     |  |
|  |  |  |                  |                              | -            |  |
|  |  | TOT  | AL CDBG FRING    | GE BENEFIT                   | 5,530        |  |

| 1. List all POSITIONS | charged against CDBG | funding providing direct | CDBG project/client acti | vity |
|-----------------------|----------------------|--------------------------|--------------------------|------|
|-----------------------|----------------------|--------------------------|--------------------------|------|

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Sch | edule (Check One) |
|---------|-------------------|
|         | Monthly           |
| х       | Biweekly          |
|         | Twice a Month     |
|         |                   |

| Page_ | <br>3_ | of | <del>-24</del> | 5 |
|-------|--------|----|----------------|---|
|       |        |    |                |   |

# 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.

| AGENC                   | Y                                  | Family Health Centers of San Diego, Inc.         |                    |  |  |  |
|-------------------------|------------------------------------|--|--------------------|--|--|--|
| PROJEC                  | Τ                                  | Mobile Medical Unit                              |                    |  |  |  |
|                         |                                    |  |                    |  |  |  |
|                         | (1)                                | (2)  | (3)                | (4)  |  |  |
| POSIT                   | TION TITLE/LINE ITEM               | AGENCY BUDGET                                    | PERCENT<br>CHARGED | TOTAL INDIRECT COST/ADMINISTRATIVE OVERHEAD    |  |  |
|                         |                                    |  |                    | -  |  |  |
|                         |                                    |  |                    | -  |  |  |
|                         |                                    |  |                    |  |  |  |
|                         |                                    |  |                    |  |  |  |
|                         |                                    |  |                    |  |  |  |
|                         |                                    |  |                    |  |  |  |
|                         |                                    |  |                    | <u>-</u>                                       |  |  |
|                         |                                    |  |                    | _  |  |  |
|                         |                                    |  |                    | -  |  |  |
|                         |                                    |  |                    | <u> </u>                                       |  |  |
|                         |                                    | <del>                                     </del> |                    | -  |  |  |
|                         | TOTAL CDBG INDIREC                 | <br>Γ COST/ADMINISTRAT                           | IVE OVERHEAD       |  |  |  |
|                         |                                    |  | _                  |  |  |  |
| (5) Total               | CDBG Budget                        | 30,000   | Percentage _       | 0.00%  |  |  |
|                         |                                    |  | (1                 | Must be equal or less than $15\overline{\%}$ ) |  |  |
| 1. List all personnel o | or nonpersonnel (NPE) charged aga  | ninst CDBG funding-ind                           | clude detailed de  | scription of indirect use.                     |  |  |
| 2. List total Agency b  | udget for positon and/or NPE line  | item.  |                    |  |  |  |
|                         | tal budget to be charged against C |  |                    |  |  |  |
|                         | /administrative overhead to be ch  |  |                    |  |  |  |
| 5. Enter the Total FY:  | 13 CDBG Budget; percentage will b  | e AUTOMATICALLY ca                               | lculated.          |  |  |  |
|                         |                                    | _  |                    |  |  |  |
|                         | Pay Schedule (Check One)           |  |                    |  |  |  |
|                         | Monthly                            |  |                    |  |  |  |
|                         | x 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:                           |                     | _     |                |
| <u> </u>  |                     | -     |                |
|   |                     | -     |                |
|   |                     | -     |                |
|   |                     | -     | <del></del>    |
|   |                     |       |                |
| LINE ITEM                                       |                     | TOTAL | \$ =           |
| Detailed Explanation:                           |                     | +-    |                |
|   |                     | -     |                |
|   |                     | -     |                |
|   |                     | [ ]   |                |
|   |                     | -     | <del></del>    |
|   |                     |       |                |
| LINE ITEM                                       |                     | TOTAL | \$ -<br>AMOUNT |
| Detailed Explanation:                           |                     | _     |                |
|   |                     | . ]   |                |
|   |                     | ·     |                |
|   |                     |       |                |
|   |                     | .     |                |
|   |                     |       |                |
|   |                     | TOTAL | \$ =           |

<sup>\*</sup>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: \$192,398

Amount of CDBG Requested: \$35,917

Amount Recommended:

\$30.000





# FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

|  |  |   |   | ••••  |  | <del></del>   |  |
|--|--|---|---|---|--|---|--|
| Project category:  | Public service   |   | ☐ Housi   | ng  |  |   |  |
| (check one only)   | Capital improvem   | ent/Facility Impro  | ovement   |   |  |   |  |
| Applicant Agenc  | y Information  |   |   |   |  |   |  |
| Applicant Legal Name:  | City of Chula Vista Re   | creation  |   |   |  | ***   |  |
| Type of agency:  | □501(c)(3)   | ⊠Gov't./Public  | ☐For Pi   | rofit     Faith   | -Based   | □Othe   | r:   |
| Agency Address:  | 276 Fourth Ave Bldg (<br>91910   | C Chula Vista CA  | Age   | ncy Tax Identific   | ation #:   | 95-6000   | 0690   |
| Date of<br>Incorporation:  | 1911   |   |   | Agency Central Ca<br>Regis<br>(http://www   | tration#   | Click he<br>text.   | re to enter  |
| Agency Annual<br>Operating Budget:   | \$ 192,398   |   |   | Agency  | DUNS#  | Click he text.  | re to enter  |
| Number of paid staff:  | 12   |   |   | Number of volu  | ınteers:   | 25  |  |
| Agency mission stat  |  |   |   | 1   | And the same of th |   |  |
| "We enrich our comn  | nunity through recreation  | opportunities and   | services."  |   |  |   |  |
| Project Descripti Funding from CDBG Chula Vista. The gra- providing them with programs, and activ services and suppor creative enrichment groups, and civic en   | rman Park Senior Ceron (Briefly describe would allow us to prove a number of opportunities that will increase to programs being offered activities, free or low or gagement through voluing during the hot sum | your project/pride a multitude of roviding a holistic lities for fun, educate for fun, educate for the elderly vectors group fitnes inteerism. The No | of unique ser<br>capproach to<br>cational, hea<br>for the elder<br>will include:<br>s classes, so<br>orman Park S | o the health and<br>alth and fitness, s<br>ly residents in C<br>health and nutri<br>cial and brain en<br>Genior Center is a | l wellbeir<br>social, ski<br>hula Vista<br>tion educ<br>riching a<br>also a des  | g of our<br>Il buildin<br>a. The un<br>ational v<br>ctivities,<br>ignated | elderly by<br>g, recreational<br>ique public<br>vorkshops,<br>support<br>"Cool Zone" |
|  |  |   |   |   |  |   |  |
| An are to blue on a first own and a second point of the contract of the contra | Total funding requested in this application  you will provide a detailed budget in Appendix C:   \$35,917   Other funds already secured for project:   \$156,451   |   |   |   |  | \$156,451   |  |
| Total cost to comple   | mplete project:  \$192,398   Other funds not yet secured for project:  N/A   |   |   | N/A )   |  |   |  |
| Project Informat   |  |   | ograpy was a resonant discount  |   | Exponency my monance   | 11 mg                                 |  |
| If Project is a Public   | Service, will service be s   | site specific? ⊠Ye  | es □No _  |   |  |   |  |
| If your answer is <b>yes</b>   | , please provide: Addre  | ess(es) below:  |   | Census tract:   | And the second of the second o |   | lesignated as<br>Income CT?  |
| Norman Park Senior   | Center 270 F St. Chula   | Vista CA 91910  |   | To see the recovery of the problem (the first open  | Πνος   |   | ne a per coma Social major e a glada de política. A mejo se a mismo de la pre-       |

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

| A Committee of the comm | cise description of the proposed  <br>  must include all (i.e. food, case  | The state of the s | ne project/program consists of a variety of  |
|--|--|--|--|
| Funding from CDBG years of age in Chule lderly by providing recreational prograunique services and watercolor art class and creative writing longevity stick, yog train, pinochle, Madiscussion group, a partnering with othalong with quarterly will offer programm   | is would allow us to provide a multa Vista. The grant funds will focus them with number of opportuning and activities that will increased support programs being offered a rist social group, knitting & cres; Free or low costs group fitness a, chair yoga, and gentle yoga; Social Jongg, and billiards. Discussion and bereavement support group; her local non-profit organizations by cooking and/or nutrition classed in the cooking and the hot summer mone special events that provide senions.   | Ititude of unique servis on providing a holist ities for fun and educate the quality of life for the elderly will incocheting, introductor classes such as strengocial and brain enriching and support groups in Health & nutrition eductor provide monthly hos; The Norman Park States so the elderly has   | ices and support programs to the elderly, 62+ tic approach to the health and wellbeing of our ational health and fitness, social, skill building, or the elderly residents in Chula Vista. The clude: Creative enrichment activities such as y computer classes, book club, singing seniors gth training, cardio dance party, line dancing, ng activities such as bridge, scrabble, Mexican actuding Spanish conversation, world affairs ucational workshops and classes including ealth talks with topics specific to the elderly enior Center as a designated "Cool Zone" and a cool, safe place to come and enjoy free ortunity to socialize, do physical activities, and |
| 1.2. Project start   | date:   July 1, 2017   | Anticipa   | ted end date: June 30, 2018  |
| 1.3. Project's day   | s/hours of operation: Monday   | through Thursday 8a  | m-7pm Friday 8am-5pm   |
| 1.4. Project  Category: (check one only)   | Public service  Capital improvement and Public Facility Improvements   | 1.5 Project objective: (check one only)  1.6 Project outcome: (check one only)   | Suitable living environment  Decent housing Economic opportunity Availability/accessibility Affordability Sustainability   |
| Residential Reh<br>Will the project ser  | abilitation projects:<br>ve individual persons (Ip) or hous<br>plicated IC/HH served in 2016/17  | eholds (HH)? 🔲 🖂 🛭   | ndividual Persons OR Households  |
| (1) Area k Please provious given area, s maps with the applicable, w  (2) Limited (3) Pre (4) (1) (1) (1) (1) (1) (1) (1) (1)  | de a map identifying the Census uch as projects related to a common the project service area(s) bounder ill make the project to be deemed in the common the common to be deemed in the common the commo | s within the targeted of Tracts designated as munity center/public faries clearly outlined, d incomplete and inelicate in the coup (select benefit grown of the farition. Must main the coup definition. Must main the coup definition.  | activity area are low to moderate income (LMI).  LMI. If your project serves all the residents of a facility or a fire station, please provide a map or Failure to provide service area maps with the failure for funding.  Droup from the list below):  cumentation of age eligibility)   |

| <u>                                     </u> | (3) Housing (select subpart below):  |
|--|--|
|  | (a) Single family (must be 100% LMI) (b) Multi-unit (must be 51% LMI)                                |
| F 2 · · · · · ·                              |  |
| 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)                    |
| $\boxtimes$                                  | 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 programing, 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 nonprofit 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 nutrion 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, transported the Wellness Program and classes   | ortation, case management, etc.). | 1. Health & Nutrition                                  |
|---|-----------------------------------|--|
| Outcomes  | Number of Proposed Beneficiaries  | Method of Data Collection                              |
| 1. Provide monthly health & wellness presentations on issues that affect our elderly community  | , 50                              | Attendance tallies and Activenet registration software |
| <ol><li>Offer a free or low cost cooking<br/>and/or nutrition class or workshop<br/>each quarter.</li></ol>                                 | 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, transpo<br>Enrichment Classes   | ortation, case management, etc). | 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, transpo   | ortation, 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, transpo   | ortation, 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:  |
| 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.  |

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

| Name of person:      | Gil Contreras                |
|----------------------|------------------------------|
| Title of person:     | Principal Recreation Manager |
|                      | Bachelors in Liberal Studies |
| Telephone number:    | 619-585-5619                 |
| Date first employed: | May 2015                     |

| z. wno wiii 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:  | Masters in Public Administration, BA in Recreation & Leisure, HR Management Certification |
| Telephone number:    | 619-585-5618  |
| Date first employed: | October 2012  |

| The first control of the control of | person responsible for the day-to-day operations and management of the proposed project? |
|---|--|
| Provide no more   | than two individuals:  |
| Name of person:   | Sandy Chavez   |
| Title of person:  |  |
| Relevant education:   | High School Diploma  |
| Telephone number:   | 619-409-1931   |
| Date first employed:  | April 1978   |
| Name of person:   | Gil Contreras  |
| Title of person:  | Principal Recreation Manager   |
| Relevant education:   | Bachelors in Liberal Studies   |
| Telephone number:   | 619-585-5619   |
| Date first employed:  | May 2015   |

|   | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? |
|---|--|
| Provide no more   | than two individuals:  |
| Annual (2000) - Si dang daka Imigain majida magang dang (20 |  |
| Name of person:   | Gil Contreras  |
| Title of person:  | Principal Recreation Manager   |
| Relevant education:   | Bachelors 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:   | Masters in Public Administration, BA in Recreation & Leisure, HR Management Certification      |
| 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 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 <b>Policies and Procedures</b> in place for the <u>specific</u> program 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). | o<br>DU |
|-------|--|---------|
| i.    | Do the Policies and Procedures set out the process for determining the eligibility 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 number of eligible persons in the applicant(s)'s family?  | Yes     |
| iii.  | Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  | Yes     |
|       | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>properly assessed?</li> </ul>   |         |
| iv.   | Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506?   | Yes     |
| ٧.    | For Presumed Benefit Activities:   | Yes     |
| •     | 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)]  |         |
| •     | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |         |
| vi.   | For Limited Clientele Activities:  | N/A     |
|       | 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.  | For Limited Benefit Activities by Nature and Location:   | N/A     |
|       | 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 Race and Ethnicity 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 quarterly reports to the City of Chula Vista?   | Yes     |
| x.    | Do the Policies and Procedures identify the process of safeguarding client information?  | Yes     |
| xi.   | Do the Policies and Procedures identify the process for File Management?   | 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                  |   | 3000000<br>10000000 |  |  |  |
|--|---|---------------------|--|--|--|
| (Fiscal Years 2014-15, 2015-16, 2016-17)? If yes, complete Section 8 for each of the grants                      | ⊠ Yes □                                 | No                  |  |  |  |
| received for the three Fiscal Years 2014, 2015, and 2016.  | 8 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | 1 13 mm 1           |  |  |  |
| 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;)

| will the implementation be achieved?  |      |
|---|------|
| If funding is not awarded, the Recreation Department will need to drastically cut the elderly services being provided a       | 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 I | life |
| by decreasing isolation, increasing mental and physical health, providing opportunities for lifelong education and skill      | ls   |
| acquisition, offering opportunities for fun and recreation, as well as opportunities for social and civic engagement alo      | ng   |
| 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?

Will your agency still implement this project should CDBG funds not be awarded? If yes, how

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 Exc  | el. Choo | se the forms pertaining to your project category. |
|--|---|----------|---|
| Project<br>category:<br>(check one only) | Public service  |          | Complete Appendices A-1, A-2, and A-3.            |
|  | Capital improvement (see below):  |          |   |
|  | Does this Capital Improvement  Project involve Minor Residential  Rehabilitation? | No       | If no, complete Appendices A-1, A-2, and A-4.     |
|  |   | Voc      | If you 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 <u>category</u> 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<br>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: Identific  |  |                     |              |                          | us           |                         |            |  |  |
|---|--|---------------------|--------------|--------------------------|--------------|-------------------------|------------|--|--|
| 1. Agency name:   |  | /ista Recreation [  |              |                          | Marian Cris  |                         |            |  |  |
| 2. Project name:  | Norman Park Senior and Disabled Services   |                     |              |                          |              |                         |            |  |  |
| 3. Year of funding:   | Fiscal Year 2014 Fiscal Year 2015 X Fiscal Year 2016   |                     |              |                          |              |                         |            |  |  |
| 4. Indicate the source of   | the federal fund   | ding awarded to     | the prior p  | roject:                  |              |                         |            |  |  |
| CDBG  | ☐ HOM  | 1E                  |              | ☐ ESG                    |              | Other (Indicate below)  |            |  |  |
|   |  |                     |              |                          |              | Click here to enter     | text.      |  |  |
| 5. Amount awarded:  | 5.   | \$30,000            |              | 6. Amount spent to date: |              | \$15,358.37             |            |  |  |
| 7. Amount reprogramme   |  | [0                  |              |                          |              |                         |            |  |  |
| 8. Indicate below the out   |  |                     |              |                          |              |                         | ii da waas |  |  |
| Provide a multitude of u  | nique services a   | and support prog    | rams to th   | e elderly includii       | ng those wit | th disabilities. Progra | ım.        |  |  |
| examples include: summ  |  |                     |              |                          |              |                         | ,          |  |  |
| computer and fitness cla  | isses, conversat   | tional Spanish, blo | ood pressu   | re screenings, h         | ealth and w  | ellness fairs and       |            |  |  |
| workshops, information  |  |                     |              |                          |              |                         |            |  |  |
| space for non-profit grou   |  |                     |              |                          |              |                         |            |  |  |
| Caregivers Resource Center, Parkinson's Association, AARP (American Association of Retired Persons), Health & Human |  |                     |              |                          |              |                         |            |  |  |
| Services Agency (HHSA),   | Aging & Indepe   | endence Services    | (AIS) and    | Meals on Wheel           | 5.           |                         |            |  |  |
| 9. Indicate below the out   | to the control of the |                     |              |                          |              |                         |            |  |  |
| The Bosestian Departm   | ant was able to  | offer a multitud    | a of service | es and sunnort r         | rograms for  | r the elderly includin  | ø          |  |  |

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 & 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

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, HHSA, 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 Mayor Mary Casillas Salas, Valentine Dinner & Dance, Spring Pancake Breakfast, Fashion Show & 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

| to various non-profits su<br>Inc. while also partnerin |             |                      |                                       | _  |                   |  |          |                        |                 |
|--|-------------|----------------------|---------------------------------------|--|-------------------|--|----------|------------------------|-----------------|
| Institute, AARP Driver Sa                              | -           | •                    |                                       |  |                   |  |          | · ·                    | ie i            |
| services they offer.                                   |             |                      |                                       |  |                   |  |          |                        |                 |
| 10. If any anticipated ou                              | tcomes we   | ere NOT achieved, s  | pecify whic                           | h one  | es and explain w  | ıhy belov                                    | v:       |                        | ATVIS<br>MULT   |
| N/A  |             |                      |                                       |  |                   |  |          |                        |                 |
| · · · · · · · · · · · · · · · · · · ·                  |             | <del></del>          |                                       | 1  |                   |  |          |                        |                 |
| 1. Agency name:  | - i         | nula Vista Recreatio | · · · · · · · · · · · · · · · · · · · | - í  |                   |  |          |                        |                 |
| 2. Project name:                                       |             | Park Senior and Dis  |                                       |  | 2045              |  | ·        | V 2046                 |                 |
| 3. Year of funding:                                    |             | al Year 2014         | <del></del>                           |  | ear 2015<br>      | <u>                                     </u> | iscai    | Year 2016              |                 |
| <ol> <li>Indicate the source of</li></ol>              | tne jeaera  |                      | to the prior                          | proj   |                   |  |          | ) HOME                 | Special Control |
| CDBG CDBG-R  |             | J HOPWA<br>I HPRP    |                                       | H  | ESG<br>NSP        |  |          | HOME                   |                 |
| 5. Amount awarded:                                     |             | \$30,000             |                                       | <u>                                     </u> | Amount spent to   | o dato:                                      | 11/      | Other (Indicate below) | •               |
| 3. Amount awaraeu.<br>7. Amount reprogramme            | ed to date: | <del></del>          |                                       | 0.   | Annount spent ti  | Juaie.                                       | - 13 F   | 230,000                |                 |
| 8. Indicate below the out                              |             |                      | he original i                         | l<br>Innli                                   | cation for the p  | roject if                                    | izzon    | hleli                  | 255 2 b         |
| Provide a multitude of u                               | -           |                      |                                       |  |                   |  |          |                        | .474-74         |
| examples include: summ                                 | =           | • • • •              | _                                     |  | •                 |  |          | _                      | i               |
| October paperwork, des                                 |             | •                    |                                       |  | •                 |  |          |                        |                 |
| pressure screenings, hea                               | _           |                      | •                                     |  | •                 |  |          | •                      |                 |
| made to those homebou                                  |             |                      | •                                     |  |                   |  |          | •                      | ;               |
| space for non-profit groυ                              | ps to prov  | vide a one-stop sho  | p serving th                          | e ele  | derly including p | artnersh                                     | ips w    | vith ElderLaw,         |                 |
| Southern Caregivers Res                                | ource Cen   | ter, Parkinson's Ass | ociation, A                           | ARP (  | (American Assoc   | ciation of                                   | Reti     | red Persons), Health   | ı               |
| & Human Services Agend                                 | y (HHSA),   | Aging & Independe    | nce Service                           | s (Al  | S) and Meals or   | Wheels                                       |          |                        |                 |
| 9. Indicate below the out                              | comes acl   | hieved:              |                                       |  |                   |  |          |                        |                 |
| We were able to offer a                                |             | •                    |                                       |  | •                 | -  |          |                        | ,               |
| offered monthly health &                               |             |                      |                                       |  |                   |  |          |                        | ;               |
| classes. We were also ab                               |             | _                    |                                       |  | •                 |  |          | •                      |                 |
| enjoyed. During these tir                              |             | •                    | • •                                   | -  |                   | -  |          | _                      | r               |
| "Cool Zone" time. Some                                 |             |                      | -                                     | -  |                   |  |          | •                      |                 |
| screening, and other free                              | • -         |                      |                                       |  | , -               |  | •        |                        | 1               |
| the wellbeing out homel                                |             |                      |                                       |  | -                 |  |          |                        |                 |
| ElderLaw, Southern Care                                | givers, AA  | PR and Meals on W    | neels that [                          | orovi  | de a one-stop s   | nop for s                                    | ervic    | es for the elderly     | -               |
| Ma ara yaru bannu ta ra                                | mart wa oc  | mnioted all of acre  | roole with a                          | uoot.  | augus Magas       | الممعمييات                                   | ماء:ا. د | DLIOV selle even       |                 |
| We are very happy to rep                               |             | •                    | -                                     |  |                   |  | •        | •                      | .               |
| during holiday closures,<br>need. Staff as well as par |             |                      |                                       |  |                   |  |          |                        | "               |
| senior or low income ho                                |             |                      |                                       |  |                   |  |          |                        |                 |
| scam, assisted with prov                               |             |                      | -                                     |  |                   |  |          |                        |                 |
| them, referred them to a                               | _           |                      |                                       |  | - ·               |  |          |                        |                 |
| AIS, HHSA, elder abuse h                               |             |                      |                                       |  | •                 |  | •        | •                      | ٔ               |
| per week year round. Ad                                |             |                      |                                       |  | -                 | -  |          |                        | ۱ ٔ             |
| Attendance ranges from                                 |             | •                    |                                       |  |                   | • •  |          | , ,                    | ای              |
| special events, workshop                               | =           | =                    |                                       |  |                   |  |          |                        | - {             |
| a major special event ev                               | •           | •                    |                                       |  |                   |  |          |                        |                 |
| Councilmember McCann                                   |             |                      |                                       |  |                   |  |          | •                      |                 |
| Off Picnic, History Talk a                             |             |                      |                                       |  |                   |  |          | ·                      |                 |

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 mor   | nthly presentation on services that s     | seniors have access to but may        | not be aware of such as                 |  |  |
|--|---|---------------------------------------|---|--|--|
| VA Benefits, Caring for the Car  | regiver provided by the Southern Ca       | aregivers Resource Center, All A      | About Eyes Workshop                     |  |  |
|  | , Emergency Preparedness by the A         |                                       |   |  |  |
|  | hecks, and much more. Provided a s        |                                       |   |  |  |
| including providing an air cond  | ditioned space when the senior apa        | rtment complex next door and          | an assisted living facility             |  |  |
| each needed to evacuate its re   | esidents for several days due to con      | struction. We are a recognized        | cool zone as listed on                  |  |  |
|  | vide at least two "Cool Zone" movie       |                                       |   |  |  |
| •  | months. The first Friday of every me      |                                       |   |  |  |
| ·  | ter classes and one-on-one instructi      |                                       |   |  |  |
| •  | We offer six free computer lab hour       |                                       |   |  |  |
|  | ose who do not attend the classes.        |                                       |   |  |  |
| · · ·  | uncil, Meals on Wheels, Parkinson's       |                                       | *                                       |  |  |
|  | nd Home Start Inc. while also partne      |                                       |   |  |  |
|  | he Braille Institute, AARP Driver Safe    |                                       |   |  |  |
|  | site about the services they offer.       |                                       | ,                                       |  |  |
|  | es were NOT achieved, specify which       | ones and explain why below:           |   |  |  |
| tong any anticipated succession  | 20 Maria Maria and Abrah Maria            | • • • • • • • • • • • • • • • • • • • |   |  |  |
|  |   |                                       |   |  |  |
| 1. Agency name; City   | of Chula Vista Recreation Departme        | ent                                   |   |  |  |
|  | man Park Senior and Disabled Service      |                                       |   |  |  |
|  |   | '                                     | al Year 2016                            |  |  |
|  | L   |                                       | ui reui 2010                            |  |  |
| <del></del>  | ederal funding awarded to the prior       | <u> </u>                              | T 104e                                  |  |  |
|  | HOPWA                                     | ESG                                   | HOME                                    |  |  |
| ☐ CDBG-R   | HPRP                                      | ∐ NSP                                 | Other (Indicate below):                 |  |  |
| 5. Amount awarded:   | \$30,000                                  | 6. Amount spent to date:              | \$30,000                                |  |  |
| 7. Amount reprogrammed to a  |   | <br>                                  | ; <b>.</b>                              |  |  |
|  | es anticipated (refer to the original c   |                                       |   |  |  |
|  | ers classes, free fitness classes, free i |                                       | -                                       |  |  |
|  | supervised venue for activities for th    | ne elderly. Provide a one stop sh     | op for the elderly for                  |  |  |
| information and referrals.   |   |                                       |   |  |  |
| 9. Indicate below the outcome  | V V V V V V V V V V V V V V V V V V       |                                       |   |  |  |
| Offered free monthly compute   | er classes along with two or three lo     | ow cost computer classes each         | month. Offered ten free                 |  |  |
| fitness classes per week include   | ding strength and flexibility, longevi    | ty stick, chair yoga, gentle yoga     | and more. We offered                    |  |  |
| one or two free seminars of in   | nterest to the elderly each month or      | n topics such as Health for Your      | Eyes, Arthritis,                        |  |  |
| Veteran's Benefits and how to  | access them, History talks, Hearth        | Health, Caring for your Diabete       | s and much more.                        |  |  |
| Enabled the City to provide a s  | safe and healthy supervised venue f       | for approximately 60 activities f     | 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   | he elderly including Meals on Whee        | els, Southern Caregivers, Parkins     | son's Foundation,                       |  |  |
| HomeStart Inc., ElderLaw, AAI  | RP, Scripps, Sharp, HHSA, AIS, COA,       | CV Senior Club, CV Garden Club        | , Korean Club, Club                     |  |  |
| Amistad, the VA and many mo  | ore. Also assisted the elderly in fillin  | g out forms for low income hou        | ısing, job applications,                |  |  |
| emergency medical care, disal  | bility, and provided them with useful     | ul information or referral to loc     | al agencies to meet their               |  |  |
| immediate needs.   | • •                                       |                                       |   |  |  |
|  | es were NOT achieved, specify which       | ones and explain why below:           |   |  |  |
| and the second s |   |                                       | 1 |  |  |

# Public Service Applicants Skip this portion and continue on to Appendix Section. For CIP projects, have the constructions plans and drawings been completed? Yes No If no, indicate the anticipated date of completion: 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 Yes No below: Click here to enter text. 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 Yes No 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: Click here to enter text. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a minimum of 5 9.5. 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: Capital Improvement Projects (CIPs) or Public Facility Improvements ONLY

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

| 9.8.                                   | Is the facility agency-owned, City-owned, or p   | rivately owned?                  |                                    |
|--|--|----------------------------------|------------------------------------|
|  | Agency-owned   |                                  |                                    |
|  | Indicate the property owner(s):  | Click here to enter text.        |                                    |
|  | Is there currently a lien on the property?   | Yes                              | ☐ No                               |
| <del>- 1</del>                         | 1  |                                  |                                    |
| Щ                                      | City-owned   | Hatt I i                         |                                    |
|  | 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?   | Yes                              | ☐ No                               |
|  |  |                                  |                                    |
|  | Privately owned  |                                  |                                    |
| ,                                      | 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.) |                                  |                                    |
| <del></del> .                          | Is there currently a lien on the property?   | ☐ Yes                            | │ No                               |
| $\overline{}$                          | Othor  |                                  | ·····                              |
| Ш                                      | Other Provide a brief explanation:   |                                  |                                    |
|  | Provide a brief explanation.   |                                  |                                    |
| 9.9.                                   | How old is the property/building in terms of y   | ears?                            |                                    |
|  | For building/structures constructed prior to De  |                                  |                                    |
| -14,316,                               | Has a lead hazard inspection report been issu  |                                  | Yes No                             |
| 17,112                                 | Has the facility been abated for lead paint?   |                                  | Yes No                             |
| 111514                                 | Will children occupy the facility?   |                                  | Yes No                             |
| 15/15/15                               | If yes, indicate the age range of the children v   | yho will occupy the facility;    | Click here to enter                |
|  |  |                                  |                                    |
| ********                               |  |                                  | Pendi Strang Christian (Christian) |
| 9,10                                   | . Has the property been designated or been det<br>designation as a local, state, or national histo                   |                                  | <i>for</i> ☐Yes ☐No                |
|  | Click here to enter text.  |                                  |                                    |
|  |  |                                  |                                    |
|  |  |                                  |                                    |
| 9.11                                   | . Is the building/structure located on a Historic  |                                  | Yes No                             |
| 100 (100 (100 (100 (100 (100 (100 (100 | Is the building/structure located in a Historic  | District?                        | Yes No                             |
| Years a                                | Is the building/structure in a Flood Zone?   |                                  | Yes No                             |
|  | Is the building/structure in a Flood Plain?  |                                  | Yes No                             |
| -38-76-63                              | Does your agency have flood insurance?   |                                  | Yes No                             |
| 4,000                                  | Will there be demolition required?   |                                  | YesNo                              |
| 0.17                                   | List and describe any known hazards (e.g., as  | hestos storage tanks = undergrou | ind/above around):                 |
|  | c here to enter text.  | bestos, storage tunios undergrou | MANACAINMINI                       |
| UIC                                    | Chere to enter text.   | ***                              |                                    |
|  |  |                                  |                                    |
| 9.13                                   | . Will the project result in an expansion of an e.   |                                  | Yes. No                            |
|  | If yes, specify the size in square feet: Ex  | isting size:                     | Addition size:                     |

| What is the project s  |  |  |   |
|--|--|--|---|
| Residential  | Commercial   | Public facility  | Public right-of-way   |
| The state of the s | zoning of the project site?  | Click here to enter text.  |   |
|  | ned correctly for the proposed activ   |  | L J No  |
|  | an explanation of efforts and a tim  | etable to change the zoning or ob  | tain a variance:  |
| Click here to enter to   | ext.   |  |   |
| If yes, this prop<br>Describe the re<br>units are: (a) o   | ct require temporary/permanent re<br>lect is subject to the Uniform Reloca-<br>elocation plans, including timetable<br>wner-occupied; (b) renter-occupied  | ation Assistance and Real Property<br>and notifications to occupants. Li<br>l; or (c) businesses. Indicate wheth   | st how many of the occupied<br>er temporary and/or  |
| and a second of the contract o | placement is required. [NOTE: This<br>ding with Fiscal Year 2017-2018 CE   | and major graduate the top of the control of the co | elocation activities will not be  |
| Click here to enter to   |  |  |   |
| Accessibility in<br>commodes and<br>either wrapped<br>floors (elevato  | tions require that all facilities and/<br>cludes such things as: entrance ran<br>d showers, top of toilet seats that n<br>d or insulated, space for wheelchair<br>rs, ramps, lifts), and other improve<br>ng the blind and deaf. | nps, parking with universal logo si<br>neet required height from the floo<br>r maneuverability, accessible wate  | gnage, grab bars around<br>r, drain lines under lavatory sin<br>r fountains, access between |
| Describe belov   | whether the project currently mee  |  |   |
| the accessibilit   | ject site must first be fully ADA-con  | ized to address the problems, inclund in the problems inclunded in the problems in the problems in the problems. It is a support of the problems in the problems in the problems in the problems, including the problems, including the problems, including the problems in the problems. It is a problem in the problems in t |   |
| the accessibilit<br>NOTE: The pro  | ject site must first be fully ADA-con<br>ding.   | 0, 1 m 3, 1 m 1 m 2, 1 m 1 m 1 m 1 m 1 m 2, 1 m 1 m 2 m 2, 1 m 1 m 2 m 2, 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1  |   |
| the accessibilit<br>NOTE: The pro<br>with CDBG fun   | ject site must first be fully ADA-con<br>ding.   | 0, 1 m 3, 1 m 1 m 2, 1 m 1 m 1 m 1 m 1 m 2, 1 m 1 m 2 m 2, 1 m 1 m 2 m 2, 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1  |   |
| the accessibilit<br>NOTE: The pro<br>with CDBG fun<br>Click here to enter to   | ject site must first be fully ADA-con<br>ding.<br>ext.   | npliant before other construction o  | activities can be implemented   |
| the accessibilit<br>NOTE: The pro<br>with CDBG fun<br>Click here to enter to   | ject site must first be fully ADA-con<br>ding.<br>ext.<br>lity Improvements, what are the ho   | npliant before other construction o  | activities can be implemented   |

#### 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 recomended funding amount.

|  | AMOUNT         | AMOUNT    | % OF  |  |
|--|----------------|-----------|-------|--|
|  | SECURED        | UNSECURED | TOTAL |  |
| FY 2017-2018 CDBG Application Request from City of Chula | Vista (Step 1) | \$35,917  | 19%   |  |
| List Other Sources Below: (Step 2)                       |                | 1.        |       |  |
| 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%    |  |
| TOTAL  | \$156,451      | \$35,917  | 100%  |  |

TOTAL PROJECT BUDGET \$192,368

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

| AGENCY                             | City of Chula Vista Recreation Depa                 | City of Chula Vista Recreation Department |            |  |
|------------------------------------|---|---|------------|--|
| PROJECT                            | Senior Services-Norman Park Senior                  | r Center                                  |            |  |
|                                    |   | CDBG                                      |            |  |
| SALARIES & WAGES                   | (Schedule 2)  | 34,142                                    |            |  |
| FRINGE BENEFITS                    | (Schedule 3)  | 1,775                                     |            |  |
|                                    | TOTAL PERSONNEL                                     | 35,917                                    |            |  |
| SUPPLIES                           | (Schedule 5)  |   |            |  |
| POSTAGE                            | (Schedule 5)  |   |            |  |
| CONSULTANT SERVICES                | (Schedule 5)  |   |            |  |
| MAINTENANCE/REPAIR                 | (Schedule 5)  |   |            |  |
| PUBLICATIONS/PRINTING              | (Schedule 5)  |   |            |  |
| TRANSPORTATION                     | (Schedule 5)  |   |            |  |
| RENT                               | (Schedule 5)  |   |            |  |
| EQUIPMENT RENTAL                   | (Schedule 5)  |   |            |  |
| NSURANCE                           | (Schedule 5)  |   |            |  |
| JTILITIES                          | (Schedule 5)  |   |            |  |
| relephone                          | (Schedule 5)  |   |            |  |
| OTHER EXPENSES (SPECIFY):          | (Schedule 5)  |   |            |  |
|                                    | (Schedule 5)  |   |            |  |
|                                    | (Schedule 5)  |   |            |  |
|                                    | TOTAL NON-PERSONNEL                                 | 0   |            |  |
| TOTAL INDIRECT COSTS/ADMINISTRATIV |   |   | Percentage |  |
| [IC/AO Expenses limited to         | (Schedule 4)<br>o 15% of Total CDBG Project Budget] | <del></del>                               |            |  |
|                                    | TOTAL CDBG PROJECT BUDGET                           | 35,917                                    |            |  |
|                                    |   | Page 1 o                                  | f s        |  |

# 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 <u>direct project/client services</u>. 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.

City of Chula Vista Recreation Department

| PROJECT               | CT Senior Services-Norman Park Senior Center |              |                |  |  |  |  |  |
|-----------------------|--|--------------|----------------|--|--|--|--|--|
| (1)                   | (2)  | (3)          | (4)            |  |  |  |  |  |
|                       |  | PERCENT      | TOTAL          |  |  |  |  |  |
| POSITION TITLE        | GROSS PAY                                    | CHARGED      | SALARY & WAGES |  |  |  |  |  |
| Recreation Specialist | 34,142                                       | 100.00%      | 34,142         |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | · ·            |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              |                |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              |                |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | **             |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | -              |  |  |  |  |  |
|                       |  |              | •              |  |  |  |  |  |
|                       | TOTAL CDBG SA                                | LARY & WAGES | 34,142         |  |  |  |  |  |

2. List gross pay for each position listed.

**AGENCY** 

3. List percent of gross pay to be charged against CDBG funding.

| Pay Schedule (Check One) |               |  |  |  |  |  |
|--------------------------|---------------|--|--|--|--|--|
|                          | Monthly       |  |  |  |  |  |
| x                        | Biweekly      |  |  |  |  |  |
|                          | Twice a Month |  |  |  |  |  |
|                          | <u>—</u>      |  |  |  |  |  |

# 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<br>INSURANCE | GROSS PAY     | PERCENT<br>CHARGED | AMOUNT   |  |  |  |
| Recreation Specialist                            | Pars/Medicare                             |                     | 1,775         | 100.00%            | 1,775    |  |  |  |
|  |   |                     |               |                    | 1        |  |  |  |
|  |   |                     |               |                    |          |  |  |  |
|  |   |                     |               |                    | ı        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | =        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    |          |  |  |  |
|  |   |                     |               |                    | <u>.</u> |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   |                     |               |                    |          |  |  |  |
|  |   |                     |               |                    | -        |  |  |  |
|  |   | ТОТ                 | AL CDBG FRING | GE BENEFIT         | 1,775    |  |  |  |

- 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 muliply by required percent for each fringe.
- 5. List percent of gross pay to be multiplied for insurance.

| Pay Scho | edule (Check One) |
|----------|-------------------|
|          | Monthly           |
| Х        | Biweekly          |
|          | Twice a Month     |
|          | <del></del>       |

| Page | 3 | of | 5 |
|------|---|----|---|
|      |   |    |   |

# 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 Recre | ation Departmen    | ıt  |
|---|---------------------------|--------------------|---|
| PROJECT   | Senior Services-Norman I  | Park Senior Cente  | er  |
|   |                           |                    |   |
| (1)   | (2)                       | (3)                | (4)   |
| POSITION TITLE/LINE ITEM  | AGENCY BUDGET AMOUNT      | PERCENT<br>CHARGED | TOTAL INDIRECT<br>COST/ADMINISTRATIVE<br>OVERHEAD |
| n/a   |                           |                    | -   |
|   |                           |                    | -   |
|   |                           |                    |   |
|   |                           |                    | -   |
|   |                           |                    | -   |
|   |                           |                    | -   |
|   |                           |                    | _   |
|   |                           |                    | <u> </u>  |
| <del></del>   |                           |                    | -   |
|   |                           |                    | -   |
|   |                           |                    | -   |
|   |                           |                    | -   |
| TOTAL CDBG IN   | NDIRECT COST/ADMINISTRAT  | IVE OVERHEAD       | **  |
| (5) Total CDBG Budget   | 35,917                    | Percentage         | 0.00%   |
| (a) Iorai eppe paaber   |                           |                    | Must be equal or less than 15%                    |
|   |                           | ι.                 | 11100 00 0400 01 1000 tiluit = 0,0,               |
| <br>1. List all personnel or nonpersonnel (NPE) charg   |                           | clude detailed de  | scription of indirect use                         |
| 2. List an personner of nonpersonner (W. L) charge. 2. List total Agency budget for positon and/or NI |                           | Jude detailed det  | scription of municet use.                         |
| 3. List PERCENT of total budget to be charged ag  |                           |                    |   |
| 4. Total indirect cost/administrative overhead to   | <del>-</del>              | unding.            |   |
| E Enter the Total EV12 CDRG Rudget: percentage  |                           |                    |   |

| Pay Schedule (Check One) |               |  |  |
|--------------------------|---------------|--|--|
|                          | Monthly       |  |  |
| Х                        | Biweekly      |  |  |
|                          | Twice a Month |  |  |
|                          | _             |  |  |

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

| AGENCY                        | City of Chula Vista Recreation Departm | ent           | _           |
|-------------------------------|--|---------------|-------------|
| PROJECT                       | Senior Services-Norman Park Senior Ce  | nter          | _           |
| LINE ITEM                     | Staffing                               |               | AMOUNT      |
| Detailed Explanation:         |  |               |             |
| Recreation Specialists Wag    |  |               | 35,917      |
| Staff that are utilized to im | nplement programs                      |               |             |
|                               |  |               |             |
| <u> </u>                      |  |               |             |
|                               |  |               | •           |
|                               |  | <del></del>   | •           |
|                               |  | TOTAL         | \$ 35,917   |
| LINE ITEM                     |  |               | AMOUNT      |
| Detailed Explanation:         |  |               |             |
|                               |  |               |             |
|                               |  |               |             |
|                               |  |               |             |
|                               | · · · · · · · · · · · · · · · · · · ·  |               |             |
|                               |  |               |             |
|                               |  | <del></del> , |             |
|                               |  | TOTAL         | \$ -        |
| LINE ITEM                     |  |               | AMOUNT      |
| Detailed Explanation:         |  |               |             |
| ·                             |  |               |             |
|                               |  |               |             |
|                               |  |               |             |
| <del></del>                   |  | <del></del>   | 4           |
| <u></u>                       |  | — <b>!</b>    | <del></del> |
|                               |  |               | <del></del> |
|                               |  | TOTAL         | \$ 35,917   |

<sup>\*</sup>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 - 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: **\$762,119** 

Amount of CDBG Requested: N/A. Funding requested is determined by amount of debt

determined by amount of debt services payment for the year.

Amount Recommended:

\$762,119



#### City of Chula Vista Section 108 Loan Repayment Schedule

| Due Date             | In       | terest                   | Principal                        |                 | Total P & I                     |
|----------------------|----------|--------------------------|----------------------------------|-----------------|---------------------------------|
| 2/1/2009             | \$       | 287,032.73               | \$ -                             | \$              | 287,032.73                      |
|                      | ·        | •                        | Total 08/09                      | \$              | 287,032.73                      |
| 8/1/2009             | \$       | 225,615.25               | \$ 287,000.00                    | \$              | 512,615.25                      |
| 2/1/2010             | \$       | 221,855.55               | \$ -                             | \$              | 221,855.55                      |
|                      |          |                          | Total 09/10                      | \$              | 734,470.80                      |
| 8/1/2010             | \$       | 221,855.55               | \$ 302,000.00                    | \$              | 523,855.55                      |
| 2/1/2011             | \$       | 217,159.45               | \$ -                             | \$              | 217,159.45                      |
|                      |          |                          | Total 10/11                      | \$              | 741,015.00                      |
| 8/1/2011             | \$       | 217,159.45               | \$ 317,000.00                    | \$              | 534,159.45                      |
| 2/1/2012             | \$       | 211,707.05               | \$ -                             | \$              | 211,707.05                      |
| 0/1/2012             | ۲        | 211 707 05               | Total 11/12                      | \$              | 745,866.50                      |
| 8/1/2012<br>2/1/2013 | \$<br>\$ | 211,707.05<br>205,365.85 | \$ 332,000.00<br>\$ -            | \$<br>\$        | 543,707.05                      |
| 2/1/2013             | ڔ        | 203,303.83               | Total 12/13                      | \$              | 205,365.85<br><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                      |
| _, _,                | ~        | 150,505.05               | Total 13/14                      | \$              | 752,751.70                      |
| 8/1/2014             | \$       | 198,385.85               | \$ 367,000.00                    | \$              | 565,385.85                      |
| 2/1/2015             | \$       | 190,788.95               | \$ -                             | \$              | 190,788.95                      |
|                      |          |                          | Total 14/15                      | \$              | 756,174.80                      |
| 8/1/2015             | \$       | 190,788.95               | \$ 385,000.00                    | \$              | 575,788.95                      |
| 2/1/2016             | \$       | 182,453.70               | \$ -                             | \$              | 182,453.70                      |
|                      |          |                          | Total 15/16                      | \$              | 758,242.65                      |
| 8/1/2016             | \$       | 182,453.70               | \$ 404,000.00                    | \$              | 586,453.70                      |
| 2/1/2017             | \$       | 173,404.10               | \$ -                             | \$              | 173,404.10                      |
|                      |          |                          | Total 16/17                      | \$              | 759,857.80                      |
| 8/1/2017             | \$       | 173,404.10               | \$ 425,000.00                    | \$              | 598,404.10                      |
| 2/1/2018             | \$       | 163,714.10               | \$ -                             | \$              | 163,714.10                      |
| 0 /1 /2010           | ۲        | 162 714 10               | Total 17/18                      | \$              | 762,118.20                      |
| 8/1/2018<br>2/1/2019 | \$<br>\$ | 163,714.10               | \$ 446,000.00<br>\$ -            | \$<br>\$        | 609,714.10                      |
| 2/1/2019             | Ç        | 153,411.50               | Total 18/19                      | ۶<br>\$         | 153,411.50<br><b>763,125.60</b> |
| 8/1/2019             | \$       | 153,411.50               | \$ 468,000.00                    | <b>ب</b><br>\$  | 621,411.50                      |
| 2/1/2020             | \$       | 142,015.70               | \$ -                             | \$              | 142,015.70                      |
| _, _, _,             | т        | ,                        | Total 19/20                      | \$              | 763,427.20                      |
| 8/1/2020             | \$       | 142,015.70               | \$ 492,000.00                    | \$              | 634,015.70                      |
| 2/1/2021             | \$       | 129,814.10               | \$ -                             | \$              | 129,814.10                      |
|                      |          |                          | Total 20/21                      | \$              | 763,829.80                      |
| 8/1/2021             | \$       | 129,814.10               | \$ 516,000.00                    | \$              | 645,814.10                      |
| 2/1/2022             | \$       | 116,785.10               | \$ -                             | \$              | 116,785.10                      |
|                      |          |                          | Total 21/22                      | \$              | 762,599.20                      |
| 8/1/2022             | \$       | 116,785.10               | \$ 542,000.00                    | \$              | 658,785.10                      |
| 2/1/2023             | \$       | 102,882.80               | \$ -                             | \$              | 102,882.80                      |
| - /. /               | _        |                          | Total 22/23                      | \$              | 761,667.90                      |
| 8/1/2023             | \$       | 102,882.80               | \$ 569,000.00                    | \$              | 671,882.80                      |
| 2/1/2024             | \$       | 88,117.25                | \$ -                             | \$<br><b>¢</b>  | 88,117.25                       |
| 8/1/2024             | \$       | 88,117.25                | <b>Total 23/24</b> \$ 597,000.00 | <b>\$</b><br>\$ | <b>760,000.05</b> 685,117.25    |
| 2/1/2025             | \$<br>\$ | 72,446.00                | \$ 597,000.00                    | \$<br>\$        | 72,446.00                       |
| 2,1,2023             | ڔ        | 12,440.00                | Total 24/25                      | ۶<br>\$         | <b>757,563.25</b>               |
| 8/1/2025             | \$       | 72,446.00                | \$ 627,000.00                    | <b>ب</b><br>\$  | 699,446.00                      |
| 2/1/2026             | \$       | 55,830.50                | \$ -                             | \$              | 55,830.50                       |
| , , = = = =          |          | ,                        | Total 25/26                      | \$              | 755,276.50                      |
| 8/1/2026             | \$       | 55,830.50                | \$ 659,000.00                    | \$              | 714,830.50                      |
| 2/1/2027             | \$       | 38,235.20                | \$ -                             | \$              | 38,235.20                       |
|                      |          |                          | Total 26/27                      | \$              | 753,065.70                      |
| 8/1/2027             | \$       | 38,235.20                | \$ 692,000.00                    | \$              | 730,235.20                      |
| 2/1/2028             | \$       | 19,620.40                | \$ -                             | \$              | 19,620.40                       |
|                      |          |                          | Total 27/28                      | \$              | 749,855.60                      |
| 8/1/2028             | \$       | 19,620.40                | \$ 724,000.00                    | \$              | 743,620.40                      |
|                      |          |                          | Total 28/29                      | \$              | 743,620.40                      |
| I                    | \$       | 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:

\$40,000

Amount of CDBG Requested:

\$40,000

Amount Recommended:

\$40,000



# 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: **\$497,400** 

Amount of CDBG Requested: \$304,300 (based on amount of CDBG available)

Amount Recommended:

\$304,300







296 Tremont Street

276 and 284 Zenith Street

#### FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| 5  |  |  |  |  |           |                                  |  |           |                               |
|--|--|--|--|--|-----------|----------------------------------|--|-----------|-------------------------------|
| Project category:  | Public service                                     |  |  |  |           | Application                      |  |           |                               |
| (check one only)   | Capital improven                                   | nent   |  |  | (CDB      | G Program Of                     | jice Use Only                              | 9         |                               |
|  | <u> </u>   |  | <u></u>  |  |           |                                  |  |           |                               |
| Applicant Agenc  | y Information                                      |  |  |  |           |                                  |  |           |                               |
| Applicant legal  | City of Chula Vista P                              | ublic Wor  | ks Departme  | ent  |           |                                  |  |           |                               |
| Type of agency:  | □501(c)(3)   | ⊠Gov't.  |  | ☐For Pr  | ofit      | ☐ Faith                          | -Based                                     | □Othe     |                               |
| Agency Address:  | 276 Fourth Avenue (<br>91910                       | Chula Vist   | a, CA  | Age  | ncy To    | ıx Identific                     | ation #:                                   | 95-600    | 0690                          |
| Date of Incorporation:   | October 1911                                       |  | ## 100 miles   100 | ,  |           | Central Co<br>Regis<br>ttp://www | tration#                                   | N/A       |                               |
| Agency Annual Operating Budget:  | \$ 292,193,000                                     |  | 100    |  |           | Agency                           | DUNS#                                      | 078726    | 551                           |
| Number of paid<br>staff:   | 47 in Engineering                                  |  | The control of the co |  | Num       | ber of volu                      | ınteers:                                   | 0 in Eng  | gineering                     |
| Agency mission state   | ement:   |  |  |  |           |                                  |  |           |                               |
|  | e of the Department o                              |  | 387  | 200  |           |                                  | de respor                                  | nsive tec | hnical and                    |
| professional experti   | se for existing and pla                            | nned infra   | astructure ar  | nd capita  | l facili  | ties.                            |  |           |                               |
| Project Title  |  |  |  |  |           |                                  |  |           |                               |
| Third Avenue Sidewalk Improvements   |  |  |  |  |           |                                  |  |           |                               |
| Project Descripti  | on (Briefly describ                                | e your p   | roject/pro   | gram):   |           |                                  |  |           |                               |
| No. of the second secon | idewalks on the east                               |  |  |  |           |                                  |  |           |                               |
|  | t sidewalks on the we                              |  |  |  |           |                                  |  |           | The second second second      |
| 1000 100   | access by installing cu                            | 0.0007/1/0.0000  |  |  | (70)      | T                                |  | 2000      |                               |
|  | 2 in priority in the Chu<br>stern Chula Vista. Sta |  |  |  |           |                                  |  |           |                               |
| Carried and Control of the Control o | e competitive bidding                              | and the second s | lo design the  | , project  | . WICH    | iii iiouse .                     | starr arra                                 | awara t   | ne construction               |
| Funding Request  |  |  | E .  |  |           |                                  |  |           |                               |
|  | sted in this application                           |  | 2  | Othor  | funda     | alraaduss                        | cured for                                  |           | 8 8                           |
| manufacti Const. Anna anna anna anna anna anna anna ann  | etailed budget in Appe                             | No. of the Control of | \$304,300  | Other funds already secured for project: \$193,100 |           | \$193,100                        |  |           |                               |
| I TOTAL COST TO COMPLETE PROJECT!  |  | Other ;  |  | not yet sed  | cured for |                                  | \$0  |           |                               |
| Project Informati  | on   |  |  |  |           |                                  |  |           |                               |
| If Project is a Public Service, will service be site specific? ☐Yes ☐No  |  |  | □No  |  |           |                                  |  | 3 20 10   |                               |
| If your answer is <b>yes</b> ,   | , please provide: Addr                             | ress(es) be  | elow:  |  | Cens      | us tract:                        | THE RESIDENCE AND ADMINISTRATION OF STREET |           | designated as<br>e Income CT? |
| 1500 Third Avenue  |  |  |  | 1:   | 32041     | ⊠Yes                             | □No  |           |                               |

⊠Yes

□Yes

132042

132043

□No

⊠No

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

|   | ncise description of the proposed  |  | he project/program consi   | ists of a variety of   |
|---|--|--|--|------------------------|
|   | u must include all (i.e. food, case  |  | annone and traffic   | markings along Third   |
|   | or the installation of curb, gutt<br>ork includes the removal, repla   |  |  |                        |
| incidental items of   |  | icement, and restora   | tion of existing conditio  | ns, traine control and |
| incidental items of   | WOTK.  |  |  | - H s                  |
| 1.2. Project start  | date: July 2017  | Anticipa   | ted end date: Jun 20   | 018                    |
|   | 1  | <ul> <li>If the inverse places and challength Labour Action Labour Control</li> </ul>  | M.C.D. qualification account of the Associate form and Astronomic beautiful account group association and the second group associati |                        |
| 1.3. Project's day  | s/hours of operation:   Monday   | through Friday from  | 7:00 am to 4:00 pm.  |                        |
| 1.4. Project  | Public service   | 1.5 Project  | Suitable living envir  | ronment                |
| category:   | Capital improvement and  | objective:   | Decent housing   |                        |
| (check one only)  | Public Facility Improvements   | (check one only)   | Economic opportur  |                        |
|   | Tublic racinty improvements  | 1.6 Project  | Availability/accessil  | bility                 |
|   |  | outcome:   | Affordability  |                        |
|   |  | (check one only)   | Sustainability   |                        |
| 17 The following of   | vestions as individual alients and   | l bayaabalda ta ba aaw   | and comply only to Dublic C  | onice and Miner        |
|   | uestions on individual clients and<br>abilitation projects:  | i nousenoias to be ser   | rea upply only to Public S   | ervice, una ivilnoi    |
|   | ve individual clients (IC) or house  | holds (HH)?  | Individual clients   | Households             |
| Total unduplicated  |  | noids (mi):  | _ marriadar chemes   | riousciiolus           |
| Annual cost per clie  |  |  |  |                        |
|   | 1.1  |  |  |                        |
| 1.8. CDBG Criterio  | a: Which CDBG criterion below do   | es your proposed pro   | iect meet?   |                        |
| (1) Area k  | penefit: At least 51% of residents   | s within the targeted  | activity area are low to m   | noderate income (LMI). |
|   | de a map identifying the Census  | The state of the s |  |                        |
| 100 X | uch as projects related to a comi  | 5.00   | 157 WF3 5:   | (A)                    |
|   | ne project service area(s) bound   |  |  | ce area maps with the  |
|   | rill make the project to be deeme  |  | igible for junaing.  |                        |
|   | <b>clientele</b> (select subpart below)<br>ecial needs group (select benefit o   |  | owl:   |                        |
|   |  | group gronn the list bei   | owj.   |                        |
| (ii   |  | der  |  |                        |
|   |  | 101  |  |                        |
|   | <del> </del>   | finition: documentation  | on required  |                        |
| (v  | W 182 WO 187 D & WEST STREET   |  | 9 0  | 8                      |
| (v  | AND THE PROPERTY OF THE PROPER |  |  |                        |
| (v  | ii) Homeless persons   |  |  |                        |
| ☐ (b) At I  | least 51% of clientele to be served  | d must be LMI.   |  |                        |
| (3) Housing   | g (select subpart below):  |  |  | **                     |
| ☐☐ ☐ ☐(a) Single  | e family (must be 100% LMI)  | (b) Multi-unit   | (must be 51% LMI)  |                        |
| 10 7/ 2045.00   | 10.6   |  |  |                        |
|   | 9 Consolidated Plan goals are lis  | ted below. Select the  | goal appropriate to your   | project:               |
|   | ental Housing Opportunities  | habilitation activities  |  |                        |
|   | and Preservation of Housing (rel<br>hip Opportunities (homebuyer pr  |  |  |                        |
|   | nhancement (public facilities/spc  |  |  |                        |
|   | es to Special Needs Population an  |  | come Persons   |                        |
|   | o to openial recess ropulation un  | a, or Low Wilder att III   | 00.116 1 0100110   |                        |

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.

| 1.11. Explain how the proposed pr  | oject addresses the goal selected:   |   |
|--|--|---|
| This project will provide an improve particularly for the wheelchair use   | ved living environment for local residents by in r.  | nproving pedestrian accessibility,          |
| 1.12. Summarize any statistics and need or problem:  | d other supporting documentation that demon  | strate the importance of addressing this    |
| And the state of t | this project is found in the City's Pedestrian M   | aster Plan, where it is priority #1.        |
| 1.13. List each service provided by existing service:  | the project. For each service, indicate whether  | r it is a new service or an expansion of an |
| Not applicable; this is a construction   | on project.  |   |
|  | to tell the target population about the project/   |   |
|  | n about this as a Capital Improvement Progran<br>r to construction of these facilities. Once this p      |   |
|  | comes for each <b>individual service</b> you are provi<br>number of participants who will benefit and th |   |
|  | ransportation, case management, etc.).   | 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, t   | ransportation, case management, etc).  | 2. 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, t   | ransportation, 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, t   | ransportation, 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 w   | vith other service providers in the community?   | If yes, list them                           |
| and briefly describe the colla   |  | yes, list them                              |
| Click here to enter text.  |  | Fred department 1.                          |
|  |  |   |

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

| Name of person:      | Greg Tscherch           |
|----------------------|-------------------------|
|                      | Senior Civil Engineer   |
|                      | 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? |
|----------------------|--|
|                      | than two individuals:  |
| 1 TOVIGE NO MORE     | CHAIL CWO MAINTAGAIS.  |
| 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   |
|                      | N N N N N N N N N N N N N N N N N N N  |
| 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.

- 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). Do the Policies and Procedures set out the process for determining the eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208? Do the Policies and Procedures Set out the process for determining the number of eligible persons in the ii. applicant(s)'s family? Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? iii. (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). Does it specify which income method is being used (Part 5 or 1040 method). • Does it specify how information on the income status of participants is being requested, updated or properly assessed? Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506? iv. For Presumed Benefit Activities: V. 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)] Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)] vi. For Limited Clientele Activities: 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)] For Limited Benefit Activities by Nature and Location: Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts? Do the Policies and Procedures include how date is collected on Race and Ethnicity on the applicant, per viii. HUD requirements for the Community Development Block Grant Program? Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula ix. Vista? Do the Policies and Procedures identify the process of safeguarding client information? X. Do the Policies and Procedures identify the process for File Management? xi.
- 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 | 0   |  |
| the project's target area? Indicate which ones in Appendix F.                           | O ] |  |

# 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?  | $\boxtimes$ | Yes | No |
|--|-------------|-----|----|
| The City proposes to fund \$193,100 through TransNet funding from the ½ percent sales tax. TransNet for the remaining amount if funds are available. If the grant is not awarded, then this would delay in 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 N               | IS Excel. Choo | se the forms pertaining to your project category.      |
|-------------------------------|---|----------------|--|
| Project category:             | Public service                                    |                | Complete Appendices A-1, A-2, and <b>A-3</b> .         |
| category.<br>(check one only) | Capital improvement (see belo                     | w):            |  |
|                               | Does this Capital Improvement                     | ⊠ No           | If no, complete Appendices A-1, A-2, and A-4.          |
|                               | Project involve Minor Residential Rehabilitation? | Yes            | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |

- 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 <u>category</u> 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<br>Date |
|---|---|--|--------------------|
| 1 | Completion of Design                    | Preparation of plans and specifications            | Jul2017            |
| 2 | Advertisement                           | Placing ads to contractors in news paper           | Sep 2017           |
| 3 | Award                                   | After bid opening, City Council will award project | Nov 2017           |
| 4 | Begin Construction                      | Contractor has executed contract                   | Dec 2017           |
| 5 | End Construction                        | City issues Notice of Completion                   | Jun 2018           |
|   |   |  |                    |
|   |   |  |                    |
|   | 1 |  |                    |
|   |   |  |                    |
|   |   |  |                    |
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|   |   |  |                    |
|   |   |  |                    |
|   |   |  |                    |
|   |   |  |                    |

| Section 8: Identifi  | cation o   | f Pric   | r Year CDBG  | and/d      | or Federal Fun      | ds              |                         |        |
|--|--|--|--|------------|---------------------|-----------------|-------------------------|--------|
| 1. Agency name:  | City of Ch   | nula Vi  | sta  |            |                     |                 | 2                       |        |
| 2. Project name:   | Palomar  | Street   | and Orange Ave   | enue Sid   | ewalk Improveme     | nts             |                         |        |
| 3. Year of funding:  | Fisc   | al Yea   | r 2014   | Fise       | cal Year 2015       | ⊠ Fis           | scal Year 2016          |        |
| 4. Indicate the source of  | the federa   | al fund  | ing awarded to   | the prior  | project:            |                 |                         |        |
| CDBG   |  | ном  | E  |            | ESG                 | 8               | Other (Indicate below)  | )      |
|  |  |  |  |            |                     |                 | Click here to enter tex | t.     |
| 5. Amount awarded:   |  |  | \$400,000  |            | 6. Amount spen      | t to date:      | \$21,500                |        |
| 7. Amount reprogramm   | ed to date:  |  | \$0  |            | 0.                  |                 |                         |        |
| 8. Indicate below the ou   | tcomes an  | ticipat  | ed (refer to the   | original ( | application for the | project, if p   | ossible):               |        |
| Increase mobility for pe   | destrians in   | ncludi   | ng the physically  | , challen  | ged (i.e. wheelcha  | ir users) in th | ne CDBG eligible areas. |        |
| 9. Indicate below the ou   | THE STATE OF THE PARTY OF THE P |  | The second secon |            |                     |                 |                         |        |
| Increased mobility for p   | edestrians   |  |  |            |                     |                 |                         | 71,000 |
| 10. If any anticipated ou  | itcomes we   | ere NO   | T achieved, spec   | cify which | h ones and explaii  | n why below:    |                         |        |
| None   |  |  |  |            |                     |                 |                         |        |
|  |  |  |  |            |                     |                 |                         |        |
| 1. Agency name:  | City of Ch   | nula Vi  | sta  |            |                     |                 |                         |        |
| 2. Project name:   | Moss Str   | eet Sid  | lewalk Installation  | on         |                     |                 | 3                       |        |
| 3. Year of funding:  | Fisc   | al Yea   | r 2014   | Fise       | cal Year 2015       | Fis             | cal Year 2016           |        |
| 4. Indicate the source of  | the federa   | ıl fund  | ing awarded to   | the prior  | project:            |                 |                         |        |
| CDBG   |  | HOP  |  |            | ESG                 |                 | HOME                    |        |
| CDBG-R   |  | HPR  | P  |            | ☐ NSP               |                 | Other (Indicate below)  | ):     |
| 5. Amount awarded:   |  |  | \$468,292  |            | 6. Amount spen      | t to date:      | \$384,300               |        |
| 7. Amount reprogramm   | ed to date:  |  | \$0  |            |                     |                 |                         |        |
| 8. Indicate below the ou   |  |  | ed (refer to the   | original ( | application for the | project, if po  | ossible):               |        |
| Increase mobility for pe   |  |  |  |            |                     |                 |                         |        |
| 9. Indicate below the ou   | tcomes acl   | hieved   | •  |            |                     |                 | 1                       |        |
| Increased mobility for p   | edestrians.  |  |  |            |                     |                 |                         |        |
| 10. If any anticipated ou  | tcomes we  | re NO  | T achieved, spec   | cify which | n ones and explair  | n why below:    |                         |        |
| None   |  |  |  |            |                     |                 |                         |        |
| La company to the company of the com |  |  |  |            |                     |                 |                         |        |
| 1. Agency name:  | City of Ch   | ıula Vi  | sta  |            | 50000               |                 | .15                     |        |
| 2. Project name:   |  |  | treetscape Impr  | ovement    | :s                  |                 |                         |        |
| 3. Year of funding:  |  |  | r 2014   |            | al Year 2015        | Fis             | cal Year 2016           |        |
| 4. Indicate the source of  | the federa   | l fund   | ing awarded to   | the prior  | project:            |                 |                         |        |
| CDBG   |  | НОР  |  |            | ESG                 |                 | HOME                    |        |
| CDBG-R   |  | HPR  | Р  |            | NSP                 |                 | Other (Indicate below)  | :      |
| 5. Amount awarded:   |  |  | \$381,766  |            | 6. Amount spen      | t to date:      | \$381,766               |        |
| 7. Amount reprogramme  | ed to date:  |  | \$0  |            | •                   |                 | 1-3                     |        |
| 8. Indicate below the ou   |  | ticipat  | ed (refer to the   | original d | application for the | project, if po  | ossible):               |        |
| Beautification of Centra   |  |  | - The second sec |            | •                   |                 |                         |        |
| 9. Indicate below the ou   |  |  |  |            |                     |                 |                         |        |
| Beautification of Centra   |  |  |  |            |                     |                 |                         |        |
| 10. If any anticipated ou  |  |  | T achieved, spec   | ify which  | ones and explain    | why below:      |                         |        |
| ,,,  |  | THE PARTY OF THE P |  | 7.7        |                     |                 |                         | -      |

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?   | ☐ Yes ☐ No   |
|--|--|
| If no, indicate the anticipated date of completion:  | July 2017  |
|  | 8  |
| 9.2. For CIP projects, will you be able to select and award a contract to a general contractor   | De la company de |
| within 90 calendar days from the CDBG contract execution date? If no, please explain why   | Yes No   |
| below;   | The second secon |
| Click here to enter text.  |  |
|  |  |
| 9.3. For CIP projects, summarize the construction manager's relevant experience on similar federal   | ally funded projects:  |
| The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engineer. He  |  |
| for many Federally funded projects: Moss Street Corridor Improvements (HSIP), the CDBG awarde  |  |
| and other federally funded City projects efficiently and within budget.  | 20.5.1 1.5.3   |
|  |  |
|  |  |
| 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  | Yes No   |
| preservation, asbestos, location in a flood plain, or other documented health and safety   | ☐ Yes ☐ No   |
| problems. Were issues identified? If yes, identify each issue and the mitigation below:  | The second of th |
| Click here to enter text.  |  |
|  |  |
| ×  |  |
| 9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for  | r a minimum of 5   |
| years after the work is completed. Project records must be maintained for a minimum of five  |  |
| 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 Construct  | ion group.   |
|  |  |
| 9.6. For Public Facility Improvements, the facility shall continue to meet one of the national obje  | ectives and provide  |
| services to low/moderate income persons until five years after the expiration of the contract/MOU  |  |
| Describe how you will comply with this HUD requirement.  |  |
| Not applicable; the objectives will be met after completion of construction.   |  |
| TO SECURE OF THE PROPERTY OF T |  |
| 961 V  |  |
| 9.7. For CIP projects that need occupants to be relocated, describe your agency's relocation plan:   |  |
| Not applicable.  |  |
|  |  |
|  |  |

| 9.8.        | ction 9: Project Site Information  Is the facility agency-owned, City-owned, or p                  |   | •,,p. • •      |           |  |
|-------------|--|---|----------------|-----------|--|
| 9.8.        | Agency-owned   | invatery ownea:                           |                |           |  |
|             | Indicate the property owner(s):  | Click here to enter text.                 |                |           |  |
|             | Is there currently a lien on the property?   | Yes                                       |                | No        |  |
|             | is there currently a neuron the property:  |   |                |           |  |
| $\boxtimes$ | City-owned   |   |                |           |  |
| <u>~ ~</u>  | 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 | Not applicable; this is a City proj       | ect.           |           |  |
|             | completion date.)  | Yes                                       | ⊠ No           |           |  |
|             | Is there currently a lien on the property?   | III Yes                                   | I MO           |           |  |
| П           | Privately owned  | п п                                       |                |           |  |
| ш           | 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?   | Yes                                       |                | ☐ No      |  |
|             |  |   |                |           |  |
| Ц           | Other  |   |                |           |  |
|             | Provide a brief explanation:   |   |                |           |  |
|             |  |   |                |           |  |
| 9.9.        | How old is the property/building in terms of y   | ears?                                     |                | Not app   | licable                                  |
| 5.5.        | For building/structures constructed prior to De  |   |                | Littleapp | modelo                                   |
|             | Has a lead hazard inspection report been issue   |   |                | Yes       | □ No                                     |
|             | Has the facility been abated for lead paint?   |   |                | Yes       | No                                       |
|             | Will children occupy the facility?   |   |                | Yes       | No No                                    |
|             | If yes, indicate the age range of the children w   | who will occupy the facility:             |                |           | re to enter                              |
|             | i, jes, maioate the age range of the omaton.   |   |                |           | BILDAGO (1809-1905) BIC (1809-1909-1907) |
|             |  |   |                |           |  |
| 9.10.       | Has the property been designated or been det   |   | for            | Yes       | ⊠No                                      |
|             | designation as a local, state, or national histo   | ric site? <b>If yes,</b> please describe: |                | Пісз      | MINO                                     |
|             | Click here to enter text.  |   |                |           |  |
|             |  |   |                |           |  |
|             |  |   |                |           | I Maria                                  |
| 9.11.       | Is the building/structure located on a Historic  |   |                | Yes       | No                                       |
|             | Is the building/structure located in a Historic L  | District?                                 |                | Yes       | No                                       |
|             | Is the building/structure in a Flood Zone?   |   |                | Yes       | No                                       |
|             | Is the building/structure in a Flood Plain?  |   |                | Yes       | No                                       |
|             | Does your agency have flood insurance?   |   |                | Yes       | No                                       |
|             | Will there be demolition required?   |   |                | Yes       | No                                       |
| 0.12        | List and describe only become here and I   | soctos storago tanlia undo                | nd/abous arsu  | nd).      |  |
|             | List and describe any known hazards (e.g., ask<br>applicable.                                      | iestos, storuge turks – unuergroui        | iaj above grou | nuj.      |  |
| INULC       | applicable.  |   |                |           |  |

Existing size:

9.13. Will the project result in an expansion of an existing facility?

If yes, specify the size in square feet:

| FY 17-18 CDBG APPLICATION | APPENDIX "B" |
|---------------------------|--------------|

Addition size:

Yes

No

| 9.14. The questions below ask about zoning. If zoning inform     |  | ne City of Chula Vista's   |
|--|--|--|
| Development Services Department at (619) 691-5101 t              |  |  |
| 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                                  |  |
| If no, provide below an explanation of efforts and a timetable   | e to change the zoning or obto         | nin a variance:  |
| Click here to enter text.  |  |  |
|  |  |  |
|  |  | ☐Yes ☐No   |
| 9.15. Does the project require temporary/permanent relocat       |  | Charles and the same and the sa |
| If yes, this project is subject to the Uniform Relocation        | Assistance and Real Property A         | Acquisition Policies Act (UKA).  |
| Describe the relocation plans, including timetable and           | notifications to occupants. List       | t now many of the occupied   |
| units are: (a) owner-occupied; (b) renter-occupied; or (         | c) businesses. Indicate whethe         | lesstion activities will not be  |
| permanent displacement is required. [NOTE: This will b           |  | location activities will not be  |
| eligible for funding with Fiscal Year 2017-2018 CDBG for         | inas.j                                 |  |
| Click here to enter text.  |  |  |
|  |  |  |
| 9.16. Federal regulations require that all facilities and/or ser | vices assisted with CDBG fund          | s he accessible to the disabled.   |
| Accessibility includes such things as: entrance ramps, p         | arkina with universal loao siai        | naae, arab bars around   |
| commodes and showers, top of toilet seats that meet i            | eauired heiaht from the floor,         | drain lines under lavatory sink  |
| either wrapped or insulated, space for wheelchair man            | euverability, accessible water         | fountains, access between  |
| floors (elevators, ramps, lifts), and other improvement          | s needed to assure full access         | to funded facilities/programs,   |
| including serving the blind and deaf.                            |  |  |
|  |  |  |
| Describe below whether the project currently meets AL            | A standards for accessibility <i>k</i> | by the disabled. If not, describe  |
| the accessibility problems and methods to be utilized t          | o address the problems, includ         | ling funding and timetable.  |
| NOTE: The project site must first be fully ADA-complian          | it before other construction ac        | ctivities can be implemented   |
| with CDBG funding.   |  |  |
| Yes, one of the purposes of the project is to provide ADA cor    | npliant sidewalk and pedestria         | an ramps.  |
|  |  |  |
|  |  |  |
| 9.17. For Public Facility Improvements, what are the hours o     |  | 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.

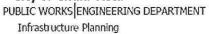
NOTE: Amounts Unsecured should be funding sources that the Agency is reasonably sure will be available for the project. However supporting documentation is not yet available.

|  | AMOUNT            | AMOUNT    | % OF   |
|--|-------------------|-----------|--------|
|  | SECURED           | UNSECURED | TOTAL  |
| FY 2017-2018 CDBG Application Request from City of Chu | la Vista (Step 1) | \$304,300 | 61.18% |
| List Other Sources Below: (Step 2)                     | ii u              |           | /I     |
| 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                           |                   | 9         | 0.00%  |
| State Funds  |                   | 8 1       | 0.00%  |
| County Funds   |                   | 9.00      | 0.00%  |
| Local Funds (TransNet)                                 | ā                 | \$193,100 | 38.82% |
| Private Funds  |                   |           | 0.00%  |
| Agency Funds   |                   |           | 0.00%  |
| TOTAL  | \$0               | \$497,400 | 100%   |

| TOTAL PROJECT BUDGET | \$497,400 |
|----------------------|-----------|
|                      |           |

## APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)

#### City of Chula Vista





 Date
 7-Feb-17

 Prepared By:
 M. Malong

 Checked By:
 8 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

| <b>Item</b>   | Quantity | Unit | Unit Price  |                       | TOTAL COST                              |
|---|----------|------|-------------|-----------------------|---|
| 1 Removal and Disposal                                | 1 1      | LS   | \$30,000.00 |                       | \$30,000.00                             |
| 2 Protection and restoration of existing improvements | 1        | LS   | \$2,000.00  | \$2,000               |   |
| 3 PCC Sidewalk, curb, and gutter                      | 800      | LF   | \$60.00     | \$48,000              |   |
| 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       | 1 2      | EA   | \$300.00    | \$60                  |   |
| 11 Cold Milling/Grind Asphalt Concrete Pavement       | 6048     | SF   | \$1.00      | \$6,048               |   |
| 12 Asphalt Concrete (1.5 to 5-inch)                   | 183      | TN   | \$120.00    | THE RESIDENCE OF      | \$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 1      | LS   | \$10,000.00 |                       | \$10,000.00                             |
| 17  |          |      |             |                       |   |
| 18  |          |      |             | and the second second |   |
| 19  |          |      |             |                       |   |
| 20  |          |      |             |                       |   |
| 21  |          |      |             |                       | *************************************** |
| 22  |          | -    |             |                       | and the second second second second     |
| 23  |          |      |             |                       |   |
| pubtotal  |          |      |             | \$                    | 182,308.00                              |
| Contingencies   | 30 %     |      | \$          | 54,692.40             |   |
| onstruction & Contingencies                           |          |      |             |                       | 237,000.40                              |
| ingineering Design & Inspection                       | 35.0 %   |      | \$          | 82,950.14             |   |
| urvey   | 8.0      | %    |             | \$                    | 18,960.03                               |
| Other Costs (Environmental, soils, etc.)              |          | %    |             | \$                    | 1,185.00                                |
| TOTAL COST OF PROJECT \$ 340,095.57 SAY:              |          | \$   | 340,100.00  |                       |   |

## APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)

# CHILANIETA

# 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

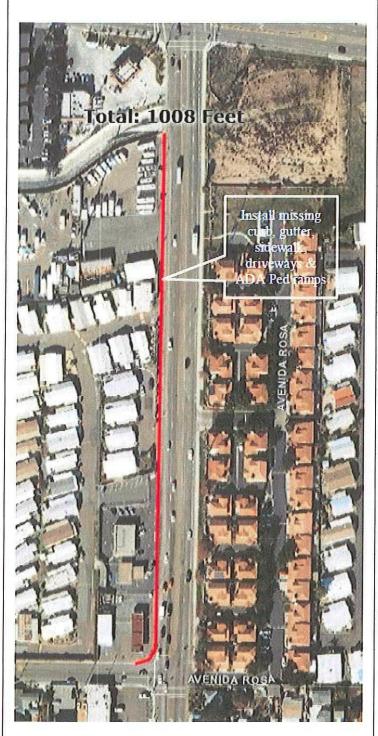
Third Avenue between Anita Street to Zenith Street - East side only

Description:

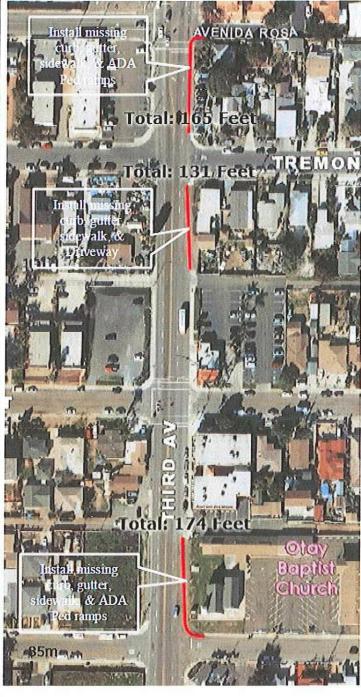
Construct PCC Curb, Gutter and Sidewalk, ADA Pedestrian ramps, and Striping

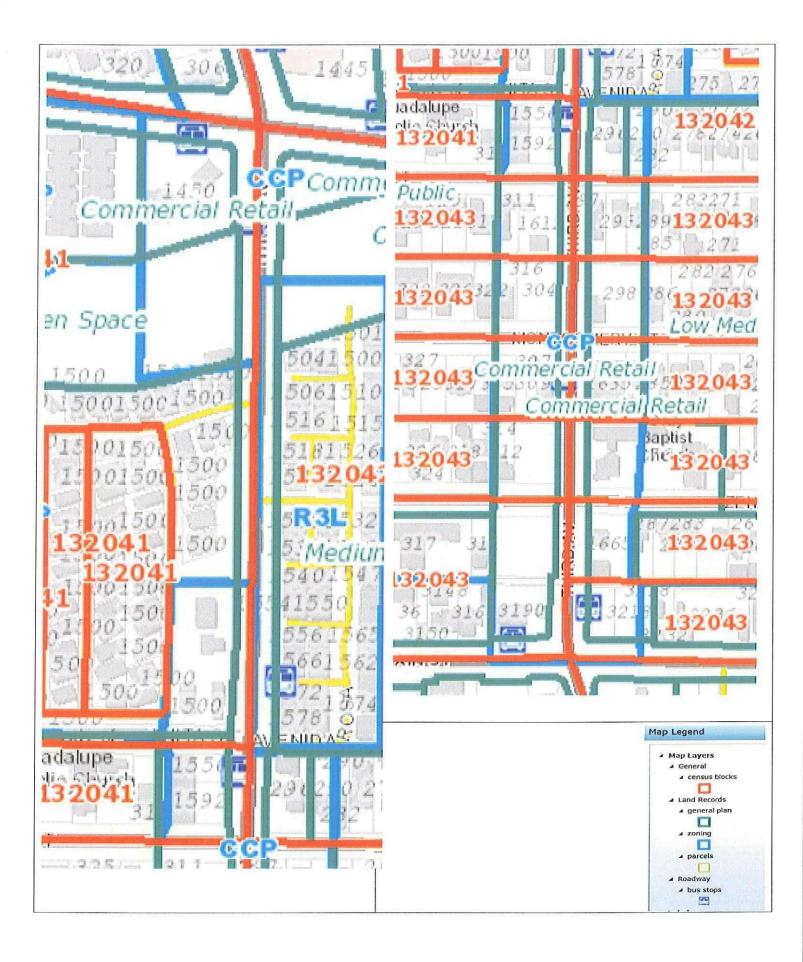
| Item   | Quantity                                 | Unit   | Unit Price | 1                | OTAL COST   |
|--|--|--------|------------|------------------|-------------|
| 1 Removal and Disposal                                 | 1 1                                      | LS     | \$5,000.00 |                  | \$5,000.00  |
| 2 Clear and Grub                                       | 2820                                     | SF     | \$0.45     | \$1,26           |             |
| 3 PCC Sidewalk, curb, and gutter                       | 440                                      | LF     | \$60.00    | \$26,400         |             |
| 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   | \$2,00           |             |
| g 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 | \$2,00           |             |
| 10 Remove and relocate/replace signs with posts        | 2  | EA     | \$300.00   | \$600            |             |
| 11 Cold Milling/Grind Asphalt Concrete Pavement        | 2820                                     | SF     | \$1.00     | \$2,820          |             |
| 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          |             |
| 14 Storm Water Compliance                              | 1  | LS     | \$5,000.00 | \$5,000          |             |
| 15 Protection and restoration of existing improvements | 1  | LS     | \$2,000.00 |                  | \$2,000.00  |
| 16   |  |        |            |                  |             |
| 17   |  |        |            |                  |             |
| 18   |  |        |            |                  |             |
| 19   |  |        |            |                  |             |
| 20   |  |        |            |                  |             |
| 21   |  |        |            |                  |             |
| 22   |  |        |            |                  |             |
| 23   |  |        |            |                  |             |
|  |  |        |            | colors in Tribat |             |
|  |  |        |            |                  |             |
| ubtotal  |  |        |            |                  | 84,309.00   |
| Contingencies  | 30                                       | 30 %   |            | \$               | 25,292.70   |
| Construction & Contingencies                           |  |        |            |                  | 109,601.70  |
| Engineering Design & Inspection                        | 35.0                                     | 35.0 % |            | \$               | 38,360.60   |
| Survey   | 8.0                                      | %      |            | \$               | 8,768.14    |
| Other Costs (Environmental, soils, etc.)               | 0.5                                      | %      |            | \$               | 548.01      |
| TOTAL COST OF PROJECT                                  | TOTAL COST OF PROJECT \$ 157,278.44 SAY: |        |            |                  | 157,300.00  |

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





# 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:

\$44,000

Amount of CDBG Requested:

\$44,000

Amount Recommended:

\$44,000







# FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category:  | Public service   |   |   | Application<br>(CDBG Program Off   |   | 1                                     |   |
|--|--|---|---|--|---|---------------------------------------|---|
| (check one only)   | Capital improvemen   | t   |   |  |   |                                       |   |
| Applicant Agenc  | y Information  |   |   |  |   |                                       |   |
| Applicant legal  | City of Chula Vista Publi  | c Works Departr   | nent  |  |   |                                       |   |
| Type of agency:  | ,  | Gov't./Public   | ☐For Pr   | ofit 📗 Faith-  | Based   | □Othe                                 | •   |
| Agency Address:  | 276 Fourth Avenue Chu<br>91910   | la Vista, CA  | Ageı  | ncy Tax Identific  | ation #:  | 95-6000                               | 0690  |
| Date of<br>Incorporation:  | October 1911   |   |   | Agency Central Co<br>Regis<br>(http://www.   | tration#  | N/A                                   |   |
| Agency Annual Operating Budget:  | \$ 292,193,000   |   |   | Agency   | DUNS#   | 078726                                | 551   |
| Number of paid<br>staff:   | 47 in Engineering  |   |   | Number of volu   | ınteers:  | 0 in Eng                              | ineering  |
|  | Agency mission statemen<br>e of the Department of P  |   | neering Div   | vision is to provi   | de respo  | nsive tech                            | nnical and  |
| ,  | se for existing and planne   | _   | _   | *,   | •   |                                       |   |
| Project Title  Anita Street Sidewa   | lk Improvements  |   |   |  |   |                                       |   |
| Anita Street Sidewa  Project Descripti A missing sidewalk provide the missing Street. Anita Stree low/moderate incom   | on (Briefly describe y<br>gap exists along south sign pedestrian access by instance to its ranked #8 in priority me areas in western Chulct through the competitive  | de of Anita Stree<br>stalling curb, gut<br>in the Chula Vis<br>la Vista. Staff pl                                     | et between<br>ter, sidewa<br>sta Pedestr<br>ans to desi                       | alk and drivewa<br>ian Master Plar   | y improv<br>and is  | vements a<br>within the               | along 515 Anit<br>e CDBG eligibl  |
| Anita Street Sidewa  Project Descripti A missing sidewalk provide the missing Street. Anita Stree low/moderate income  | on (Briefly describe y<br>gap exists along south sign<br>pedestrian access by ins<br>t is ranked #8 in priority<br>me areas in western Chul<br>ct through the competitiv   | de of Anita Stree<br>stalling curb, gut<br>in the Chula Vis<br>la Vista. Staff pl                                     | et between<br>ter, sidewa<br>sta Pedestr<br>ans to desi                       | alk and drivewa<br>ian Master Plar   | y improv<br>and is  | vements a<br>within the               | along 515 Anit<br>e CDBG eligibl  |
| Project Descripti A missing sidewalk provide the missing Street. Anita Stree low/moderate incorconstruction contra Funding Request Total funding reque   | on (Briefly describe y<br>gap exists along south sign<br>pedestrian access by ins<br>t is ranked #8 in priority<br>me areas in western Chul<br>ct through the competitiv   | de of Anita Streestalling curb, gut in the Chula Vis la Vista. Staff playe bidding proces                             | et between<br>ter, sidewa<br>sta Pedestr<br>ans to desi<br>ss.                | alk and drivewa<br>ian Master Plar<br>gn the project v   | y improv<br>a and is v<br>vith in-ho                      | vements a<br>within the<br>ouse staff | along 515 Anit<br>e CDBG eligibl  |
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# Section 1: Project Details (Max Score: 25 Points)

| The state of the s | ncise description of the proposed<br>I must include all (i.e. food, case   |   | ne project/program consists of a variety of  |
|--|--|---|--|
| Project provides fo  | r the installation of curb, gutter<br>rk includes the removal, replac  | , sidewalk and drivew   | ay aprons and traffic markings along 515 Anita ion of existing conditions, traffic control and   |
| 1.2. Project start   | date: July 2017  | Anticipa  | ted end date: May 2018   |
| 1.3. Project's day   | s/hours of operation:   Monday   | through Friday from 1   | 7:00 am to 4:00 pm.  |
|  |  |   | <u> </u>   |
| 1.4. Project   | Public service   | 1.5 Project   | Suitable living environment  |
| category:<br>(check one only)  | Capital improvement and  | objective:<br>(check one only)  | Decent housing Economic opportunity  |
|  | Public Facility Improvements   | 1.6 Project   | Availability/accessibility   |
|  |  | outcome:  | Affordability  |
|  |  | (check one only)  | Sustainability   |
| Residential Reh  | uestions on individual clients and<br>nabilitation projects:<br>ve individual clients (IC) or house                    |   | red apply only to Public Service, and Minor  Individual clients  Households  |
| Total unduplicated   |  | noids (mi)r   | individual cherics Trouseriolus  |
| Annual cost per clie   |  |   |  |
| 1.8. CDBG Criterio   | a: Which CDBG criterion below de   |   |  |
| (1) Area l<br>Please provious<br>given area, s<br>maps with ti   | <b>benefit:</b> At least 51% of resident<br><b>de a map</b> identifying the Census<br>uch as projects related to a com | s within the targeted of<br>Tracts designated as<br>munity center/public f<br>aries clearly outlined. | activity area are low to moderate income (LMI).<br>LMI. If your project serves all the residents of a<br>acility or a fire station, please provide a map or<br>Failure to provide service area maps with the |
| <u> </u>   | <b>l clientele</b> (select subpart below   |   |  |
|  | ecial needs group (select benefit  | group from the list bel   | ow):   |
|  |  | der   |  |
|  | ······································   | ucr   |  |
|  | v) Severely disabled – Census d  | efinition; documentation  | on required  |
|  |  |   |  |
|  | i) Migrant farm workers  |   |  |
| <del>                                 </del>   | iii) Homeless persons  | -d  |  |
|  | least 51% of clientele to be serve  g (select subpart below):  | u must be LIVII.  |  |
|  | le family (must be 100% LMI)   | (b) Multi-unit  | (must be 51% LMI)  |
| L     L     W   On Igi   | - jaming private no moore mining   |   | 1  |
|  | · · · · · · · · · · · · · · · · · · ·  | sted below. Select the  | goal appropriate to your project:  |
|  | ental Housing Opportunities  |   |  |
|  | e and Preservation of Housing (re  |   |  |
|  | ship Opportunities (homebuyer p<br>Enhancement (public facilities/sp   |   |  |
|  | es to Special Needs Population a   | · · · · · · · · · · · · · · · · · · ·   | ncome Persons  |
| 1. 30110 001 110   |  | , J   |  |

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)

|  | ed living environment for local residents by im  | proving pedestrian accessibility,  |
|--|--|--|
| particularly for the wheelchair user   | -  |  |
|  | other supporting documentation that demons   | strate the importance of addressing this   |
| need or problem: Information on the importance of t  | his project is found in the City's Pedestrian Ma   | aster Plan, where it is priority #8.   |
| 1.13. List each service provided by existing service:  | the project. For each service, indicate whether  | it is a new service or an expansion of a   |
| Not applicable; this is a construction   | n project.   |  |
| 1.14. How does your agency plan t  | o tell the target population about the project/  | services?  |
|  | about this as a Capital Improvement Program to construction of these facilities. Once this p   |  |
| and the second of the contract of the contrac  | omes for each <b>individual service</b> you are provi<br>number of participants who will benefit and th  |  |
|  | ansportation, case management, etc.).  | 1. Click here to enter text.   |
| Outcomes   | Number of Proposed Beneficiaries   | Method of Data Collection  |
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| 2. Click here to enter text.   |  |  |
|  |  |  |
| 3. Click here to enter text.   |  |  |
| Service to be Provided (i.e. food, tr  | ansportation, case management, etc).   | 2. Click here to enter text.   |
| Service to be Provided (i.e. food, tr<br>Outcomes  | ransportation, case management, etc).  Number of Proposed Beneficiaries  | 2. Click here to enter text.  Method of Data Collection  |
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# **Section 2: Agency Capacity (Max Score: 10 Points)**

Telephone number:
Date first employed:

| Section 2: Agency   | y 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   |
| Date just employed.   | 2010   |
|   | person responsible for the day-to-day operations and management of the proposed project?<br>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   |
| 사는 중요한 중한 문학 전에는 사람들은 사람들은 사람들이 가는 사람들이 가는 사람들이 하는 것 같아 없다. | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? 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:   |  |
|   |  |

# (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 <b>Policies and Procedures</b> in place for the <u>specific</u> program yeare 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<br>I |
|----------|--|--------|
| 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 income eligibility of the applicant(s)? (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit).  • Does it specify which income method is being used (Part 5 or 1040 method).  |        |
|          | <ul> <li>Does it specify how information on the income status of participants is being requested, updated or<br/>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?  |        |
| ٧.       | For Presumed Benefit Activities:   |        |
| 8        | 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)]  |        |
| <b>Ø</b> | Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)]   |        |
| vi.      | For Limited Clientele Activities:  |        |
|          | 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.     | For Limited Benefit Activities by Nature and Location:   |        |
|          | 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 Race and Ethnicity on the applicant, per HUD requirements for the Community Development Block Grant Program?   |        |
| ix.      | Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula Vista?   |        |
| х.       | Do the Policies and Procedures identify the process of safeguarding client information?  |        |
| xi.      | Do the Policies and Procedures identify the process for File Management?   |        |

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 | 0  |
|      | the project's target area? Indicate which ones in Appendix F.                           | U. |

## 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.

# (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 $\times$ Yes No grants received for the three Fiscal Years 2014, 2015, and 2016. See Section 8. Section 5: Back-Up Plan (Max Score: 5 Points;) Will your agency still implement this project should CDBG funds not be awarded? If yes, how X

Section 4: Agency Experience

will the implementation be achieved?

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.

Yes

No

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

| Complete the         | attached detailed budget forms in N               | 1S Excel. Ch | oose the forms pertaining to your project category.    |
|----------------------|---|--------------|--|
| Project<br>category: | Public service                                    |              | Complete Appendices A-1, A-2, and <b>A-3</b> .         |
| (check one only)     | Capital improvement (see belo                     | w):          |  |
|                      | Does this Capital Improvement                     | ⊠ No         | If no, complete Appendices A-1, A-2, and <b>A-4</b> .  |
|                      | Project involve Minor Residential Rehabilitation? | ☐ Yes        | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |

- <u>All</u> 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 <u>category</u> 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<br>Date |
|---|----------------------|--|--------------------|
| 1 | Completion of Design | Preparation of plans and specifications            | Jul2017            |
| 2 | Advertisement        | Placing ads to contractors in news paper           | Sep 2017           |
| 3 | Award                | After bid opening, City Council will award project | Nov 2017           |
| 4 | Begin Construction   | Contractor has executed contract                   | Dec 2017           |
| 5 | End Construction     | City issues Notice of Completion                   | Jun 2018           |
|   |                      |  |                    |
|   |                      |  |                    |
|   |                      |  |                    |
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|   |                      |  |                    |
|   |                      |  |                    |
|   |                      |  |                    |

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

| 1. Agency name:            | City of Chula V                         | icta                |   |                                |                        |  |
|----------------------------|---|---------------------|---|--------------------------------|------------------------|--|
| 2. Project name:           |   |                     | nue Sidew                               | alk Improvements               | i                      |  |
| 3. Year of funding:        | Fiscal Yea                              |                     |   | Year 2015                      | Fise                   | cal Year 2016                            |
| 4. Indicate the source of  |   |                     | <del></del>                             |                                |                        | .ui reui 2010                            |
| CDBG                       | HOM                                     |                     | ne prior pr                             | ESG                            |                        | Other (Indicate below)                   |
| ⊠ cppq                     |   | <u> </u>            |   |                                |                        | Click here to enter text.                |
| 5. Amount awarded:         |   | \$400,000           |   | 6. Amount spent to             | data                   | \$21,500                                 |
| 7. Amount reprogramme      | id to data:                             | \$0                 |   | o. Annount spent to            | uute.                  | 321,300                                  |
| 8. Indicate below the out  | * | <u> </u>            | original an                             | nlication for the pro          | iact if no             | sciblo).                                 |
|                            | · · · · · · · · · · · · · · · · · · ·   |                     |   | ·                              |                        | 4 m 1 m 1 f 11 m m m m m m m m m m m m m |
| Increase mobility for peo  |   |                     | challenge                               | u (i.e. wheelchair us          | sers) in th            | e CDBG eligible areas.                   |
| 9. Indicate below the out  |   |                     |   |                                |                        |  |
| Increased mobility for pe  |   | T                   |   |                                | a grijani stalacekji   |  |
| 10. If any anticipated out | icomes were ivi                         | ) i acnievea, speci | ijy wnich c                             | nes ana explain wr             | y below:               |  |
| None                       |   |                     |   |                                |                        |  |
| [ 4                        | Ciarrad Charla V                        | ·                   |   |                                |                        |  |
| 1. Agency name:            | City of Chula V                         |                     |   |                                |                        |  |
| 2. Project name:           | ·                                       | dewalk Installatio  | <del>'</del>                            | V 2015                         | [ [ <del>[ [ [ ]</del> | 1 V 204 C                                |
| 3. Year of funding:        | Fiscal Yea                              |                     |   | Year 2015                      | FISE                   | cal Year 2016                            |
| 4. Indicate the source of  |   |                     | ne prior pi.                            | <u></u>                        | 134 professi 1 -       | UONAE                                    |
| CDBG                       |   | PWA                 |   | ESG                            |                        | HOME                                     |
| CDBG-R                     | <u> </u> HPI                            | 1)                  |   | NSP                            |                        | Other (Indicate below):                  |
| 5. Amount awarded:         |   | \$468,292           |   | 6. Amount spent to             | aate:                  | \$384,300                                |
| 7. Amount reprogramme      |   | \$0                 |   | in in the second of the second |                        |  |
| 8. Indicate below the out  |   |                     |   |                                |                        |  |
| Increase mobility for pec  |   |                     | challenge                               | u (i.e. wneeichair us          | sers) in th            | e CDBG eligible areas.                   |
| 9. Indicate below the out  |   |                     |   |                                | Benefit Number         |  |
| Increased mobility for pe  |   | 3T                  | .c                                      |                                |                        |  |
| 10. If any anticipated out | ccomes were inc                         | ) i acnievea, speci | ajy wnich c                             | nes ana expiain wr             | y below:               |  |
| None                       | <u> </u>                                |                     |   |                                |                        |  |
| [10]                       | in. cm. t.                              | •                   |   |                                |                        |  |
| 1. Agency name:            | City of Chula V                         |                     | *************************************** | :                              |                        |  |
| 2. Project name:           |   | Streetscape Impro   |   |                                | <u> </u>               | 111 0015                                 |
| 3. Year of funding:        | Fiscal Ye                               |                     | <del></del>                             | Year 2015                      | Fisc                   | cal Year 2016                            |
| 4. Indicate the source of  |   |                     | the prior pi                            |                                |                        |  |
| CDBG                       |   | PWA                 |   | ESG                            |                        | HOME                                     |
| CDBG-R                     | L] HPI                                  | T                   |   | NSP                            |                        | Other (Indicate below):                  |
| 5. Amount awarded:         |   | \$381,766           |   | 6. Amount spent to             | date:                  | \$381,766                                |
| 7. Amount reprogramme      |   | \$0                 |   |                                | p                      |  |
| 8. Indicate below the out  | · · · · · · · · · · · · · · · · · · ·   | ted (refer to the o | original ap                             | plication for the pro          | oject, if po           | ssible):                                 |
| Beautification of Central  |   | <u> </u>            | <u> </u>                                |                                |                        |  |
| 9. Indicate below the out  |   | d:                  | <u> 1997 - 11</u>                       |                                |                        |  |
| Beautification of Central  |   |                     |   |                                |                        |  |
| 10. If any anticipated out | tcomes were No                          | DT achieved, speci  | ify which o                             | nes and explain wh             | y 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?   |                                       | Ye               | <del></del> | <u> </u>      |
|--|---------------------------------------|------------------|-------------|---------------|
| If no, indicate the anticipated date of completion:  |                                       | July 20          | 17          |               |
|  |                                       |                  |             |               |
| 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:   |                                       | Yes              |             | No            |
| Click here to enter text.  |                                       |                  | •           |               |
| 9.3. For CIP projects, summarize the construction manager's relevant experience on similar fed<br>projects:  | lerally                               | funde            | d           |               |
| The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engine oversight for many Federally funded projects: Moss Street Corridor Improvements (HSIP) 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: |                                       | Yes              | $\boxtimes$ | No            |
| Click here to enter text.  | · · · · · · · · · · · · · · · · · · · |                  | 1           | _L            |
| 9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served years after the work is completed. Project records must be maintained for a minimum of termination of the agreement with the City of Chula Vista? Please describe how the recor  | <b>five</b> ye<br>ds will             | ars aft<br>be mo | ter th      | ne            |
| 9.6. For Public Facility Improvements, the facility shall continue to meet one of the national services to low/moderate income persons until <b>five</b> years after the expiration of the contract/M Describe how you will comply with this HUD requirement.  |                                       |                  |             | ovide         |
| 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 pl  | an:                                   | <del></del>      |             | <i>pd/</i> tg |
| Not applicable.  |                                       |                  |             |               |

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

| 9.8.              | Is the facility agency-owned, City-owned, or priv  | ately owned?    | <b>)</b> यानु प्रकास्त्र र स्                           |  | 1.27       |              |                       |
|-------------------|--|-----------------|---|--|------------|--------------|-----------------------|
|                   | Agency-owned   |                 |   |  |            |              |                       |
|                   | Indicate the property owner(s):  | llick here to e | nter text.  |  |            |              |                       |
|                   | Is there currently a lien on the property?   |                 | Yes   |  |            | No           |                       |
|                   | City-owned   |                 |   | <u> </u>   |            | <u>. –</u>   |                       |
|                   |  | tick Ryals      |   |  |            |              |                       |
|                   | When will the lease expire? (The lease must not  |                 | ; this is a City p                                      | roject.  |            |              |                       |
|                   | Is there currently a lien on the property?   | Yes             |   | ⊠ No   |            |              |                       |
|                   | Privately owned  |                 |   |  |            |              |                       |
|                   | Indicate the property owner(s):  |                 | <del></del>   |  |            |              |                       |
|                   | 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?   |                 | Yes   |  |            | No           |                       |
|                   | Other  Provide a brief explanation:  |                 |   |  | B.;_       |              |                       |
| 9.9.              | How old is the property/building in terms of yea<br>For building/structures constructed prior to Dece                |                 | ~O:   | o proporate producement est est att.<br>A februaries en en tropo de la februaries en | INC        | ot appli     | capie                 |
|                   | Has a lead hazard inspection report been issued  |                 |   |  | ТГ-        | Yes          | T No                  |
| ARIJANI<br>Japana | Has the facility been abated for lead paint?   | jor the jucilit | <b>y k</b> araja di sebesa dan<br>Perapapatan di Sebesa |  |            | Yes          | No No                 |
|                   | Will children occupy the facility?   |                 |   | rde modeljustis i jalius ar vezer i meditira.<br>Poda u sveteni izava šala izavati.                                      | 1          | Yes          | No No                 |
|                   | If yes, indicate the age range of the children who   | o will occupy   | the facility:   |  |            | <b>1</b>     | e to enter            |
|                   | g yes; molecute the age range of the charen will   | o vom occupy    | ine juciney.  | <u> </u>   | 1011       | CH HOR       | - (0) (0) (0) (0)     |
| 9.10              | . Has the property been designated or been deter<br>designation as a local, state, or national historic              |                 |   |  | Ye:        | s [          | ⊠No                   |
|                   | Click here to enter text.  |                 |   |  |            |              |                       |
|                   |  |                 |   |  |            |              |                       |
| 9.11              | . Is the building/structure located on a Historic Si   | te?             |   |  |            | ]Yes         | ⊠No                   |
|                   | Is the building/structure located in a Historic Dis  | strict?         |   |  |            | Yes          | ⊠No                   |
| 341 J. 1.         | Is the building/structure in a Flood Zone?   |                 |   |  |            | Yes          | ⊠No                   |
| -97 T. F          | In the facility of the second of the collection  | est established |   |  |            | 1            |                       |
| L                 | Is the building/structure in a Flood Plain?  |                 | 11.1  |  | <u>L</u> L | Yes          | No                    |
|                   | Does your agency have flood insurance? Will there be demolition required?  |                 |   |  |            | ]Yes<br>]Yes | ⊠No<br>  ⊠No<br>  ⊠No |

### **BUDGET APPENDICES**

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

| 9.12. List and describe any known hazards (e.g., asbestos, st  | orage tanks anacig   | round, above g  | nounuj.  |   |   |
|--|--|---|--|---|---|
| Not applicable.  |  |   |  |   |   |
| 9.13. Will the project result in an expansion of an existing fac   | cility?  |   |  | Yes   |   |
| If yes, specify the size in square feet: Existing size   |  | Addition si   | ze:  |   | الكا ا  |
|  |  | ·   |  |   |   |
| 9.14. The questions below ask about zoning. If zoning inform   | nation is not known, c   | ontact the City   | of Chul  | a Visto   | a's   |
| Development Services Department at (619) 691-5101 t  | o request assistance.  |   |  |   |   |
| Not applicable; zoning does not pertain to roadway right-of-   | way.   |   |  |   |   |
| What is the project structure type?  |  |   |  | YE  |   |
| Residential Commercial   | Public facility  |   | Public r   | ight-o  | f-way   |
| What is the current zoning of the project site?  | Residential  |   |  |   |   |
| Is the project site zoned correctly for the proposed activity?   | ⊠ Yes  |   | No   |   |   |
| f no, provide below an explanation of efforts and a timetable  | e to change the zonin  | g or obtain a v   | ariance:   |   |   |
| Click here to enter text.  |  |   |  |   |   |
|  |  |   |  |   |   |
|  |  |   | ТП.  |   | <u> </u>  |
| 9.15. Does the project require temporary/permanent relocat   |  |   | Yes  |   | ⊠No   |
| If <b>yes</b> , this project is subject to the Uniform Relocation (URA). Describe the relocation plans, including timetab occupied units are: (a) owner-occupied; (b) renter-occu and/or permanent displacement is required. [NOTE: The  | le and notifications to<br>pied; or (c) businesse<br>iis will be for site infol  | o occupants. Li<br>s. Indicate whe  | st how n<br>ether ten  | nany d<br>npora   | of the<br>ry  |
| (URA). Describe the relocation plans, including timetable occupied units are: (a) owner-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (c) renter-occupied; (d) renter-occupied; (e) renter-occup | le and notifications to<br>pied; or (c) businesse<br>iis will be for site infol  | o occupants. Li<br>s. Indicate whe  | st how n<br>ether ten  | nany d<br>npora   | of the<br>ry  |
| (URA). Describe the relocation plans, including timetable occupied units are: (a) owner-occupied; (b) renter-occupied and/or permanent displacement is required. [NOTE: The content is required.]  | le and notifications to<br>pied; or (c) businesse<br>iis will be for site infol  | o occupants. Li<br>s. Indicate whe  | st how n<br>ether ten  | nany d<br>npora   | of the<br>ry  |
| (URA). Describe the relocation plans, including timetable occupied units are: (a) owner-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (b) renter-occupied; (c) renter-occupied; (d) renter-occupied; (e) renter-occup | le and notifications to<br>pied; or (c) businesse<br>his will be for site infol<br>118 CDBG funds.]<br>vices assisted with CL<br>e ramps, parking with<br>t meet required heigh<br>neelchair maneuverab<br>er improvements nee   | o occupants. Li<br>s. Indicate who<br>rmation only. I<br>DBG funds be a<br>universal loga<br>at from the floa<br>pility, accessibl  | st how nether ten<br>Relocation<br>Iccessible<br>Signage<br>Or, drain<br>e water                                 | nany on pora on action | of the<br>ry<br>ivities<br>ne<br>o bars<br>under<br>ains,                             |
| (URA). Describe the relocation plans, including timetals occupied units are: (a) owner-occupied; (b) renter-occupied and/or permanent displacement is required. [NOTE: The will not be eligible for funding with Fiscal Year 2017-20. Click here to enter text.  9.16. Federal regulations require that all facilities and/or service disabled. Accessibility includes such things as: entrance around commodes and showers, top of toilet seats that lavatory sink either wrapped or insulated, space for whaccess between floors (elevators, ramps, lifts), and oth facilities/programs, including serving the blind and decomposed below whether the project currently meets All describe the accessibility problems and methods to be timetable. NOTE: The project site must first be fully AD implemented with CDBG funding.  | le and notifications to pied; or (c) businesse his will be for site infolonate with CI aramps, parking with the meet required heigh eelchair maneuveraber improvements need of standards for accentilized to address the A-compliant before of the pieds of the compliant before of the pieds of the compliant before of the pieds of the compliant before of the compliant before of the will be the compliant before of the compliant before the complete of | o occupants. Li<br>s. Indicate who<br>rmation only. I<br>DBG funds be a<br>universal logo<br>at from the floo<br>bility, accessible<br>ded to assure<br>ssibility by the<br>e problems, inc                     | st how nether ten<br>Relocation<br>Recessible<br>Signage<br>Or, drain<br>e water<br>full acces                   | nany on pora pora pora pora pora pora pora pora   | of the<br>ry<br>ivities<br>b bars<br>under<br>ains,<br>unded<br>ot,<br>g and          |
| (URA). Describe the relocation plans, including timetals occupied units are: (a) owner-occupied; (b) renter-occupied and/or permanent displacement is required. [NOTE: The will not be eligible for funding with Fiscal Year 2017-20. Click here to enter text.  9.16. Federal regulations require that all facilities and/or service disabled. Accessibility includes such things as: entrance around commodes and showers, top of toilet seats that lavatory sink either wrapped or insulated, space for whaccess between floors (elevators, ramps, lifts), and oth facilities/programs, including serving the blind and decomposed below whether the project currently meets All describe the accessibility problems and methods to be timetable. NOTE: The project site must first be fully AD implemented with CDBG funding.  | le and notifications to pied; or (c) businesse his will be for site infolonate with CI aramps, parking with the meet required heigh eelchair maneuveraber improvements need of standards for accentilized to address the A-compliant before of the pieds of the compliant before of the pieds of the compliant before of the pieds of the compliant before of the compliant before of the will be the compliant before of the compliant before the complete of | o occupants. Li<br>s. Indicate who<br>rmation only. I<br>DBG funds be a<br>universal logo<br>at from the floo<br>bility, accessible<br>ded to assure<br>ssibility by the<br>e problems, inc                     | st how nether ten<br>Relocation<br>Recessible<br>Signage<br>Or, drain<br>e water<br>full acces                   | nany on pora pora pora pora pora pora pora pora   | of the<br>ry<br>ivities<br>b bars<br>under<br>ains,<br>unded<br>ot,<br>g and          |
| (URA). Describe the relocation plans, including timetals occupied units are: (a) owner-occupied; (b) renter-occu and/or permanent displacement is required. [NOTE: The will not be eligible for funding with Fiscal Year 2017-20. Click here to enter text.  9.16. Federal regulations require that all facilities and/or ser disabled. Accessibility includes such things as: entrance around commodes and showers, top of toilet seats that lavatory sink either wrapped or insulated, space for whaccess between floors (elevators, ramps, lifts), and oth facilities/programs, including serving the blind and decomposed below whether the project currently meets All describe the accessibility problems and methods to be timetable. NOTE: The project site must first be fully AD implemented with CDBG funding.  Yes, one of the purposes of the project is to provide ADA cor   | le and notifications to pied; or (c) businesse his will be for site infolonate with CI arometer required heigh reelchair maneuverater improvements need to address the A-compliant before on mpliant sidewalk.   | D occupants. Li<br>s. Indicate who<br>rmation only. I<br>DBG funds be a<br>universal loga<br>at from the floo<br>bility, accessible<br>ded to assure a<br>ssibility by the<br>e problems, ind<br>ther construct | st how nether ten<br>Relocation<br>Iccessible<br>Signage<br>Or, drain<br>e water<br>full accessible<br>cluding f | nany on pora on action | of the<br>ry<br>ivities<br>b bars<br>under<br>ains,<br>unded<br>ot,<br>g and<br>an be |
| (URA). Describe the relocation plans, including timetall occupied units are: (a) owner-occupied; (b) renter-occupied and/or permanent displacement is required. [NOTE: The will not be eligible for funding with Fiscal Year 2017-20. Click here to enter text.  9.16. Federal regulations require that all facilities and/or service disabled. Accessibility includes such things as: entrance around commodes and showers, top of toilet seats that lavatory sink either wrapped or insulated, space for what access between floors (elevators, ramps, lifts), and other facilities/programs, including serving the blind and decomposed below whether the project currently meets All describe the accessibility problems and methods to be timetable. NOTE: The project site must first be fully AD  | le and notifications to pied; or (c) businesse is will be for site informations to the following process assisted with CE eramps, parking with the meet required heigh reelchair maneuverabler improvements need for acceptilized to address the A-compliant before on the following properties of the following process the following pro | D occupants. Li<br>s. Indicate who<br>rmation only. I<br>DBG funds be a<br>universal loga<br>at from the floo<br>bility, accessible<br>ded to assure a<br>ssibility by the<br>e problems, ind<br>ther construct | st how nether ten<br>Relocation<br>Iccessible<br>Signage<br>Or, drain<br>e water<br>full accessible<br>cluding f | nany on pora on action | of the<br>ry<br>ivities<br>b bars<br>under<br>ains,<br>unded<br>ot,<br>g and<br>an be |

#### 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

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.

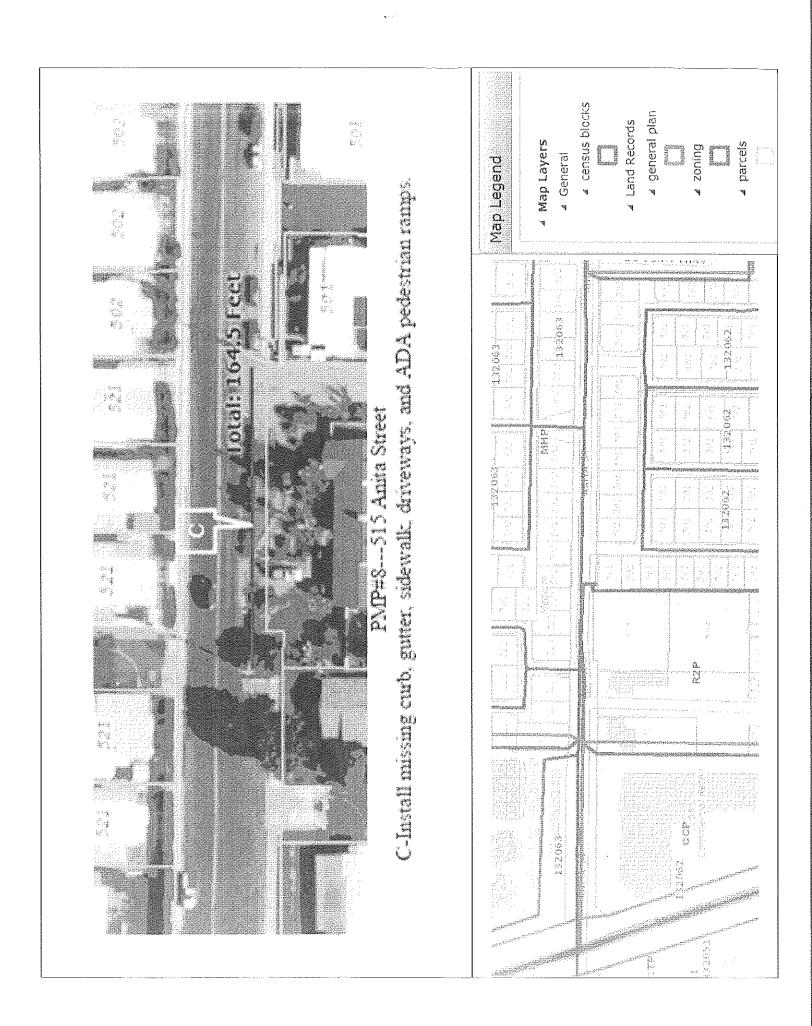
|  | AMOUNT<br>SECURED | AMOUNT<br>UNSECURED | % OF<br>TOTAL |
|--|-------------------|---------------------|---------------|
| FY 2017-2018 CDBG Application Request from City of Chula Vista (Step 1) \$44,000 |                   |                     |               |
| List Other Sources Below: (Step 2)   |                   |                     |               |
| НОМЕ   |                   |                     | 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%         |
| TOTAL  | \$0               | \$44,000            | 100%          |
|  | \$44,000          |                     |               |

# APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT) CITY OF CHULA VISTA

|                 | SIDEWALK IMPROVEMENTS AT 515 AN  | ITA SIREET  |                                       | DATE:                                      | OP202<br>1/18/2017   |
|-----------------|--|---|---------------------------------------|--|--|
| JBJE            | (CT:   |   |                                       | PREPARED BY:                               |  |
|                 | PRELIMINARY COST ESTIMA  | TE  |                                       | CHECKED BY:                                |  |
| 10.             | Description  | UNIT PRICE  | Unit                                  | QUANTITY                                   | Cost   |
|                 | ROADWAY  | MPROVEMENTS   |                                       | MENOR THE                                  | A ASSETT   |
| 1               | ROADWAY EXCAVATION   | \$40.00   |                                       | 56,30                                      | \$2,25   |
|                 | 7" CRUSHED AGGREGATE BASE  | \$130.00  |                                       | 77.14                                      | \$10,02  |
| 3               | 3" ASPHALT CONCRETE  | \$100.00  | TON                                   | 34.20                                      | \$3,42   |
|                 | CONCRETE 1   |   | BTOTAL:                               |  | \$15,70  |
| L               | MonoLithic Curb, Gutter and<br>Sidewalk, Per SDRSD G-03  | \$60.00   |                                       | 159.16                                     | \$9,55   |
| 5               | DRIVEWAY, PER CVCS IA  | \$8.50  | SF                                    | 179,92                                     | \$1,52   |
| <del>-</del>    | porterior of the pro-  | #3.55   |                                       | 17.7.7.8                                   | #135   |
|                 |  |   | JBTOTAL:                              |  | \$11,07  |
| 14.             | TRAFFIC II   |   | The Fly                               | and the first of the same                  | Salaman C.   |
| 6               | TRAFFIC MARKING (PAINT) (RED CURB)   | \$1,00  | LF                                    | 159  | \$15   |
|                 |  |   |                                       |  |  |
|                 |  | WATER TO  |                                       |  | <u>\</u>   |
| . 107           | TOTAL TOTAL TOTAL DE MONTO DE LA PROMINCE  |   | BTOTAL:                               | Park many historia                         | \$15   |
| 300 B<br>60 8 B | THE STATE OF STATE STATE OF ST | MPROVEMENTS   |                                       | า การสาราสาราสาราสาราสาราสาราสาราสาราสาราส | arin Ainai<br><b>1</b>   |
|                 |  | · <del>······························</del>   |                                       |  | \$   |
|                 |  |   |                                       |  |  |
|                 |  |   |                                       |  | Ś  |
| <del></del>     |  | St  | JBTOTAL:                              |  |  |
| 9 <u>3</u> 9    | LANDSCAPE, LIGHTING, I   |   |                                       |  | Mariana  |
| 9134<br>94      | LANDSCAPE, LIGHTING, I   |   |                                       |  | 743 (24 %)<br>   |
| 9.30            | LANDSCAPE, LIGHTING, I   |   |                                       |  | 740, 134 <u>4</u>  |
| 2.2.2           | LANDSCAPE, LIGHTING, I   | DECORATIVE IMPROV   | EMENTS                                |  | 743. (25. 1 <sub>6.</sub> 35.)   |
|                 |  | DECORATIVE IMPROV<br>SI   | EMENTS.                               |  | 945. (34 %) <u>(</u>   |
| 7               | Misce  | DECORATIVE IMPROV   | EMENTS<br>JBTOTAL                     |  |  |
| 7 T             | CLEARING AND GRUBBING  | DECORATIVE IMPROV SI LLANEOUS \$40,000.00   | EMENTS<br>JBTOTAL<br>AC               | 0.11                                       | \$4,21   |
| 7               | Misce  | DECORATIVE IMPROV   | EMENTS<br>JBTOTAL                     |  | \$4,2 <sup>2</sup><br>\$1,8 <sup>2</sup>   |
| 7               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR  | St.  LLANEOUS \$40,000.00 \$30.00   | BHENTS<br>BHOTAL<br>AC<br>LF          | 0.11<br>60.00                              | \$4,24<br>\$4,24<br>\$1,84   |
| 7               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR  | St.  LLANEOUS \$40,000.00 \$30.00 \$2.75  | BHENTS<br>BHOTAL<br>AC<br>LF          | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$4,24<br>\$1,84   |
| 7               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE   | SI<br>LLANEOUS<br>\$40,000.00<br>\$30.00<br>\$2.75  | JETOTAL AC LF LF UBTOTAL              | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,8<br>\$1,8   |
| 7               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE   | St.  LLANEOUS \$40,000.00 \$30.00 \$2.75  | JETOTAL AC LF LF UBTOTAL              | 0.11<br>60.00<br>56.7                      | \$4,20<br>\$1,80<br>\$1,80<br>\$6,19<br>\$33,10  |
| 8               | CLEARING AND GRUBBING REMOVE SW. CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL)   | State of the Construction | JETOTAL AC LF LF UBTOTAL              | 0.11<br>60.00<br>56.7                      | \$4,2°<br>\$1,8°<br>\$1,8°<br>\$6,1°<br>\$33,1°  |
| 8               | CLEARING AND GRUBBING REMOVE SW. CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL. STUDIES, ETC)   | SI LLANEOUS \$40,000.00 \$30.00 \$2.75  SI OTAL CONSTRUCTION 30%  | BTOTAL  AC  LF  LF  UBTOTAL  ON COST  | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,8<br>\$1,8<br>\$6,19<br>\$33,13  |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL)  OTHER (SOIL TESTING, ENVIRONMENTAL)  | SI LLANEOUS \$40,000.00 \$30.00 \$2.75  SI OTAL CONSTRUCTION 30%  | JETOTAL:  AC LF LF LF JETOTAL ON COST | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,81<br>\$15<br>\$33,13<br>\$5,9   |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  CONTINGENCIES (INCL. TRAFFIC CONTROL)  OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC)  SURVEY WORK (STAFF COSTS)   | SI LLANEOUS \$40,000.00 \$30.00 \$2.75  SI OTAL CONSTRUCTION 30%  | BROTAL  AC LF LF LF UBTOTAL           | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,81<br>\$1,81<br>\$6,15<br>\$33,13<br>\$2,6   |
| 7<br>8          | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL) STUDIES, ETC) SURVEY WORK (STAFF COSTS) DESIGN (STAFF COSTS)   | SI LLANEOUS \$40,000.00 \$30.00 \$2.75  SI OTAL CONSTRUCTION 5% 5%  | JETOTAL  AC LF LF UETOTAL  DISTOTAL   | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,81<br>\$1,81<br>\$6,15<br>\$33,13<br>\$9,9<br>\$2,6<br>\$1,61                            |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC) SURVEY WORK (STAFF COSTS) DESIGN (STAFF COSTS) LANDSCAPE (STAFF COSTS) CONSTRUCTION INSPECTION (STAFF  | SI LLANEOUS \$40,000.00 \$30.00 \$2.75  SI OTAL CONSTRUCTO 5% 5%  | JETOTAL  AC LF LF UETOTAL  DISTOTAL   | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,81<br>\$1,81<br>\$6,15<br>\$33,13<br>\$9,9<br>\$2,6<br>\$1,6<br>\$1,6                    |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC) SURVEY WORK (STAFF COSTS) DESIGN (STAFF COSTS)   | SI  LLANEOUS \$40,000.00 \$50.00 \$2.75  SI  OTAL CONSTRUCTION 5% 5%  | JETOTAL  AC  LF  LF  UETOTAL          | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,8<br>\$1,8<br>\$6,19<br>\$33,13<br>\$9,9<br>\$2,6<br>\$1,6<br>\$1,6                      |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC) SURVEY WORK (STAFF COSTS) DESIGN (STAFF COSTS) LANDSCAPE (STAFF COSTS) CONSTRUCTION INSPECTION (STAFF  | SI  LLANEOUS \$40,000.00 \$50.00 \$2.75  SI  OTAL CONSTRUCTION 5% 5%  | JETOTAL  AC  LF  LF  UETOTAL          | 0.11<br>60.00<br>56.7                      | \$4,24<br>\$1,81<br>\$1,81<br>\$6,19<br>\$33,13<br>\$2,6<br>\$1,6<br>\$1,6<br>\$1,6<br>\$1,6<br>\$52,3 |
| 8               | CLEARING AND GRUBBING REMOVE SW, CURB AND GTR REMOVE AC DIKE  T  CONTINGENCIES (INCL. TRAFFIC CONTROL) OTHER (SOIL TESTING, ENVIRONMENTAL STUDIES, ETC) SURVEY WORK (STAFF COSTS) DESIGN (STAFF COSTS) LANDSCAPE (STAFF COSTS) CONSTRUCTION INSPECTION (STAFF  | SI  LLANEOUS \$40,000.00 \$50.00 \$2.75  SI  OTAL CONSTRUCTION 5% 5%  | JETOTAL  AC LF LF JETOTAL ON COST     | 0,11<br>60.00<br>56.7                      | \$4,24<br>\$1,8<br>\$1,8<br>\$6,15<br>\$33,1<br>\$2,6<br>\$1,6<br>\$1,6<br>\$1,6<br>\$52,3<br>\$9,0    |

Workbook: Q:\\_Projects\OP202 - Improvements At 515 Anita St\Admin\OP202 - Scope-S chedule-Budget Worksheet: EST-Preliminary

Page 1 of 1 Printed: 1/18/2017 11:30 AM



# Table 5.2 Chula Vista Pedestrian Master Plan High Priority Project Areas

|  | elong .  | and the second state of the second second   |  | Tyme  | A Company of   | Points   |
|--|--|---|--|---|--|--|
|  |  | Han-Priority Corridors  |  |   |  | entre de la constante de la co |
|  | Segment  | From  | <u></u>  |   |  | L Market Profession  |
| 3  | Fectial  | Calga Acaus   |  | China   | a pa electrodes que tito el destituba que titología de la fina fonda del destituba de electrodes el | A P. S.  |
| p.e  | Third Avenue   | Total Sylvan  | New Street   | Comitter  | SW   | 15,55  |
| svo.   | Orange Assette   | Palomar Street  | Second Avenue  | Corridor  | MS   | 15.60  |
| -/A-   | CONTRACTOR SOCIETY   |   | Anta Steel   | Conider   | N.S  | \$2.29   |
| :13  | Fourth Average   | Moss Street   | Man Orest  | Cervidar  | Ť  | 14,43  |
| Ø  | Current Street   | Oreinge Avenue  | The Markets  | Contda  | Ħ  | 704  |
| National Action of the Control of th | , Enders   | D Sheet   | Long   | Complet   | **************************************   | 12,63  |
| 320  | Asia Steer   | Вграсия   | Third Avenue   | Corridor  | MS.  | 13.59  |
| <b>6</b> 55  | East Orange Ayense   | Mak Avera   |  | Caritte   |  | <br>   |
|  | Third Avenue   | II Office   | K Steet  | Comition  | Jan Jan  | 13.83  |
|  | Third Avenue   | E SERGE   |  | Confider  | N.   | 18.73  |
|  | C Street Third Avenue Extension Third Avenue   | The Ashes   | The state of the s | Carridor  | 7  | 5.5  |
| (C)  | TO THE POST OF THE | Muss Street   |  | Caridor   | (18) Y   | 535  |
| <b>अ</b> तुत्रे<br>श्र   | (6. 我就能)   | Broschay  | The Avenue   | SENO  | - Paris  | 252  |
| ĽΩ   | H Creek  |   | Security Avenue  |   | 7.00<br>2.00<br>2.00<br>2.00   | 5.45<br>5.45<br>5.45   |
| 90   | Fourth Avenue  | State Route 54  |  | CHAC  | ) Park   | 13.23  |
| Ţ  | Hith Arous   | F Street  |  | Cric  | *SN  | (5)<br>(7)   |
| 20   | Oxford Street  |   | Second Averus  | Caract  | ň  | 6.<br>6.   |
| (£)  | Broadway   | H Street  | Muss Streat  | Confess   | MSMM   | 12.83  |
| 9.   |  | に無法がある  | Thickens   | ŽĮ.   | 7 8 7 N  | 27 52  |
| Ŋ  | Mcss Street  | Industrial Boulevard  | Inia Avenue  | Carac   | 30   | 12.55  |
| 22   | Fourth Avenue  | Hore  | Muss Street  | Cornidor  | NAMEW  |  |
| 53   | The CO   | Fouth Assing  | Second Average   |   |  | A Company of the Comp |
|  | Napies Sinet   | Industrial Bowerd   | Milian Drive   | Contidor  | K  | 12.24  |
| g)   |  | Industrial Bouleverd  |  |   |  | ō  |
| 8  |  | Furth Avenue  | Second Average   | Certical  |  |  |
|  | Köraa  | Fourth Avenue   | Seranti Averale  | Contidor  | MM   | ាំវិទ  |
|  |  |   | AN 1994 I Arbana (Prim In Maria Ind. Hala And An 1984 I Al Alba An 1984 I An 1984 I An 1984 I An 1984 I An 1984  | AND ARREST AND ARREST AND ARREST ARREST AND ARREST | and A i December A benefit a A for a debug i i A benefit com a december i i a december i i a benefit a i a dece  |  |
| 65<br>63   | Passed Ranichendage Rose and Talegraph Can   |   |  | กาเลาชอบโดก   | LLi  | eget in  |
| σ <sub>ε</sub>   | Chay Lakes Road and Borella Road   |   |  | acqueste (  | ist  | Prints.  |
| S  | Nedical Canter Drive and Telegraph Canyon Road   |   |  |   | iu   | ÇŽ.  |
| E e e e e e e e e e e e e e e e e e e e  |  | akonominatorismos konomis sokonomis susuan zozanlikatoriski ilikatoriski data konomis | Anderson and the state of the s | amenineman keelemiksi (Askeelemikses)— kansi (Askeelemikses) akseelemineksi (Askeelemikses) Askeelemiksi (Askeelemikses)  |  | Andrewson and the second secon |

Notes Cornidor galouthy scorne are rounded to the nearest fancheelds. Corndors are listed to order according to their actual probabil

Scores Alm Planting + Danier, March 2010

|        | APPLICATION AND APPENDICES   |
|--------|--|
| The ap | plication and other related appendices apply to all projects unless otherwise stated   |
| Х      | Application for Funding  |
| Χ      | Appendix A-1: List of All Funding Sources for Project  |
| N/A    | Appendix A-2: Three-Month Cash Rule Test (applicable to non-governmental agencies)   |
| N/A    | Appendix A-3: Detailed Budget (for Public Services applications)   |
| Х      | Appendix A-4: Detailed Budget (for Capital Improvement Project applications)   |
| N/A    | Appendix A-5: Detailed Budget (for Minor Residential Rehabilitation Projects)  |
| Χ      | Appendix B: Project Contact Information  |
| Х      | Appendix C: Designated Authorized Signatures   |
| Х      | Appendix D-1: Certification Regarding Application Submission (note that there are three distinct forms, based on the type of application (Public Services, Economic Development and Capital Improvement Project)   |
| Х      | Appendix D-2: Certification Regarding Lobbying   |
| Х      | Appendix D-3: Certification Regarding Debarment, Suspension, Proposed Debarment, Ineligibility, and Other Responsibility Matters   |
| Х      | Appendix D-4: Certification for Drug-Free Workplace  |
| Х      | Appendix D-5: Certification Regarding Compliance with Civil Rights Act and Americans with Disabilities Act   |
| Х      | Appendix D-6: Certification Regarding Section 504 of the Rehabilitation Act of 1973  |
| Х      | Appendix D-7: Certification Regarding Compliance with MBE, WBE and Small Business Contracting Requirement  |
| X      | Appendix D-8: Certification Regarding Compliance with Conflict of Interest and Procurement Policies  |
| Х      | Appendix D-9: Certification Regarding Section 3 of the Housing and Urban Development Act of 1968   |
| Х      | 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 (applicants that that spent \$500,000 or more in federal funds during FY 2016  |
|        | 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 (http://www.ccr.gov)  |
|        | annification and an incident and a sign for City of Charles Vistar I have a sign for City of City |

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                                      | Richard A. Hopkins                  |
|--|-------------------------------------|
| Name of Agency W. M. | Name of Authorized Signing Official |
| Signature of Authorized Signing Official/Representative  | 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: **\$351.700** 

Amount of CDBG Requested: \$351,700 (based on amount of CDBG Available)

Amount Recommended: \$351,700





# FY 2017-2018 CDBG PROGRAM FUNDING APPLICATION

| Project category: (check one only)   | Public service Capital improvement  |  |  | Application<br>(CDBG Program Off                          |                                    | RECEIVE   |
|--|---|--|--|---|------------------------------------|---|
| Applicant Agenc  | v Information   |  |  |   |                                    | FEB 1.5 2017  |
| Applicant legal  | City of Chula Vista Public V  | Vorks Denartme   | nt   |   | -                                  | - 4   |
| Type of agency:  |   |  | ☐For Pr                                      | ofit  | Based                              | Other:  |
| Type of agency.  | 276 Fourth Avenue Chula   |  |  |   | Duscu                              | 95-6000690  |
| Agency Address:  | 91910   | Vista, Civ   | Agei   | ncy Tax Identific   | ation #:                           | St.   |
| Date of<br>Incorporation:  | October 1911  |  | ,  | Agency Central Co<br>Regis<br>(http://www.                | tration#                           | N/A   |
| Agency Annual  | \$ 292,193,000  |  |  |   |                                    | 078726551   |
| Operating Budget:  | \$ 232,133,000 j  |  |  | Agency  | DUNS#                              |   |
| Number of paid   | 47 in Engineering   | And distance of the second of  |  | Number of volu  | inteers:                           | 0 in Engineering  |
| staff:   |   | The second secon |  | raniber of role   |                                    |   |
| Agency mission stat  |   |  |  |   |                                    |   |
| The primary purpos   | e of the Department of Publ   | ic Works Engine  | ering Div                                    | ision is to provid  | de respor                          | sive technical and  |
|  | se for existing and planned i   |  |  |   |                                    |   |
| Missing sidewalk ga<br>provide the missing<br>Street. It will also in<br>Vista Pedestrian Ma | on (Briefly describe you<br>ps exists along south side<br>pedestrian access by instanstall the missing streetlight<br>ester Plan and is within the<br>project with in-house staff | of Palomar Stre<br>Illing curb, gutte<br>s along the segi<br>CDBG eligible lo  | eet betw<br>er, sidew<br>ment. Pa<br>ow/mode | valk and drivew<br>llomar Street is r<br>erate income are | ay impro<br>ranked #1<br>eas in we | vements along Paloma<br>L in priority in the Chula<br>stern Chula Vista. Staf |
| <b>Funding Request</b>   |   | The second secon |  |   |                                    |   |
|  | sted in this application<br>etailed budget in Appendix (  | \$351,700  | Other project                                | Other funds already secured for roject:                   |                                    |   |
| Total cost to complete project: \$351,700 Oth  |   |  | Other project                                | funds not yet sed<br>t:                                   | cured for                          | \$0   |
| Project Informat   | ion   |  |  |   |                                    |   |
|  | Service, will service be site s   | pecific? ⊠Yes  | □No  |   |                                    |   |
| If your answer is <b>ye</b> s  | , please provide: Address(e   | s) below:  |  | Census tract:   |                                    | us Tract designated as Moderate Income CT?                                    |
| 401 to 485 Palomar   | Street  |  |  | 132063  | ⊠Yes                               | □No   |
|  |   |  |  |   | □Yes                               | □No   |
|  |   |  |  |   | □Yes                               | □No   |

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

| activities, you   | a must include all (i.e. food, case<br>r the installation of curb, gutter,<br>ther work includes the removal   | <i>management, etc.)</i><br>sidewalk, driveway ap  | the project/program consists of a variety of prons and traffic markings and streetlights along estoration of existing conditions, traffic control   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| 1.2. Project start date: July 2017 Anticipated end date: Jun 2018   |  |  |   |  |  |  |  |
| 1.3. Project's day  | s/hours of operation:   Monday   | through Friday from  | 7:00 am to 4:00 pm.   |  |  |  |  |
| 1.4. Project category: (check one only)   | category: Objective: Decent housing  |  |   |  |  |  |  |
| Residential Reh   | abilitation projects:<br>ve individual clients (IC) or house<br>IC/HH served in  | I households to be serv  | yed apply only to Public Service, and Minor  Individual clients Households  |  |  |  |  |
| (1) Area by Please providing given area, so maps with the applicable, we can be applied as a second control of the control of | de a map identifying the Census uch as projects related to a common project service area(s) bounder ill make the project to be deemed clientele (select subpart below, ecial needs group (select benefit of Abused children)                   | s within the targeted of Tracts designated as munity center/public faries clearly outlined. ed incomplete and inel is: | activity area are low to moderate income (LMI). LMI. If your project serves all the residents of a acility or a fire station, please provide a map or Failure to provide service area maps with the igible for funding. |  |  |  |  |
| (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):   |  |  |   |  |  |  |  |
| 1.9. The 2015-202  Affordable Re Maintenance Homeowners Community E   | e family (must be 100% LMI)  9 Consolidated Plan goals are lisental Housing Opportunities  and Preservation of Housing (reliable Opportunities (homebuyer proportunities)  Inhancement (public facilities/sposs to Special Needs Population an | ted below. Select the habilitation activities) rograms)  | goal appropriate to your project:   |  |  |  |  |

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 Evaluin how the proposed project   | addrasses the anal colocted:                      |   |
|---|---|---|
| 1.11. Explain how the proposed project  |   | nroving nodostrian accessibility          |
|   | ng environment for local residents by im          | proving pedestrian accessibility,         |
| particularly for the wheelchair user.   |   |   |
|   |   |   |
| 1 12 Summarize any statistics and other   | r supporting documentation that demons            | strate the importance of addressing this  |
| need or problem:  | supporting documentation that demons              | trate the importance of dadressing this   |
|   | oject is found in the City's Pedestrian Ma        | aster Plan, where it is priority #1.      |
| South Control of the |   |   |
| 1.13. List each service provided by the pl  | roject. For each service, indicate whether        | it is a new service or an expansion of an |
| existing service:   |   |   |
| Not applicable; this is a construction pro  | iect.   |   |
|   |   |   |
|   |   |   |
| 1.14. How does your agency plan to tell   |   |   |
| We plan to include the information abou   |   |   |
| Adjacent areas will be posted prior to co will be apparent to all residents.  | nstruction of these facilities. Once this p       | roject is completed, the improvements     |
| will be apparent to all residents.  |   |   |
|   |   |   |
| 1.15. List a minimum of three outcomes  | for each <b>individual service</b> you are provid | ding as part of your program. For each    |
|   | er of participants who will benefit and th        |   |
| verify the outcome.   |   |   |
| Service to be Provided (i.e. food, transpo  | ortation, case management, etc.).                 | 1. 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, transpo  | ortation, case management, etc).                  | 2. 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.  | 2   |   |
| Service to be Provided (i.e. food, transpo  | ortation, case management, etc).                  | 3. Click here to enter text.              |
| Outcomes  | Number of Proposed Beneficiaries                  | Method of Data Collection                 |
| 1. Click here to enter text.  | 0   |   |
| 2. Click here to enter text.  |   |   |
| 3. Click here to enter text.  |   |   |
| Service to be Provided (i.e. food, transpo  |   | 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 ot  |   | f yes, list them Yes No                   |
| and briefly describe the collaboration  | on:   |   |
| 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   |
|                      |  |
|                      | 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   |
| ,                    | lam i b  |
| 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 34/4!!!   +   -  | sacram and the far the financial exercishs of the CDBC expenditures and fiscal compliance?     |
|                      | person responsible for the financial oversight of the CDBG expenditures and fiscal compliance? |
| Provide no more      | than two marviauais.   |
| 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.

- Your organization must have programmatic **Policies and Procedures** in place for the <u>specific</u> 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). Do the Policies and Procedures set out the process for determining the eligibility of the program applicant(s) prior to receiving service/assistance to ensure that the program meets a HUD National Objective §570.208? Do the Policies and Procedures Set out the process for determining the number of eligible persons in the ii. applicant(s)'s family? Do the Policies and Procedures identify the process for determining income eligibility of the applicant(s)? iii. (This applies to Projects that qualify under Limited Clientele and not Presumed Benefit). Does it specify which income method is being used (Part 5 or 1040 method). · Does it specify how information on the income status of participants is being requested, updated or properly assessed? Do the Policies and Procedures specify the record keeping requirements, as stated in 24 CFR Part §570.506? iv. For Presumed Benefit Activities: ٧. 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)] Is the process of how information is disseminated to program participants, which are exclusively for presumed benefit, described? [24 CFR 570.208(a)(2)] For Limited Clientele Activities: vi. 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)] For Limited Benefit Activities by Nature and Location: vii. Do the Policies and Procedures specify the process for only assisting clientele that live within eligible census tracts? Do the Policies and Procedures include how date is collected on Race and Ethnicity on the applicant, per viii. HUD requirements for the Community Development Block Grant Program? Do the Policies and Procedures identify the process for submitting quarterly reports to the City of Chula ix. Vista? Do the Policies and Procedures identify the process of safeguarding client information? X. Do the Policies and Procedures identify the process for File Management? xi.
- 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 | 0 | 1 |
| the project's target area? Indicate which ones in Appendix F.                           | U |   |

# 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)

| communities.  |         |        |         |    |
|---|---------|--------|---------|----|
| The City has constructed a large number of Capital Improvement projects in the LMI area of Chula projects are summarized in Appendix A.   | Vista.  | Currei | nt      |    |
|   |         |        |         | ī  |
| 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    | П       | No |
| See Section 8.  |         |        |         |    |
| e = 5.  |         |        |         |    |
| 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  |         | Yes    |         | No |
| 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?   |         |        | Dletion |    |
| 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?  TransNet funds from the half percent sales tax will be used if funds are available. This could delay | project | comp   | Dletion |    |
| 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  | project | comp   | Dietion |    |

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

| Complete the      | attached detailed budget forms in N               | 1S Excel. Cho | ose the forms pertaining to your project category.     |
|-------------------|---|---------------|--|
| Project category: | Public service                                    |               | Complete Appendices A-1, A-2, and <b>A-3</b> .         |
| (check one only)  | Capital improvement (see below):                  |               |  |
|                   | Does this Capital Improvement                     | ⊠ No          | If no, complete Appendices A-1, A-2, and A-4.          |
|                   | Project involve Minor Residential Rehabilitation? | Yes           | If yes, complete Appendices A-1, A-2, and <b>A-5</b> . |

- 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 <u>category</u> 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  | <b>Description</b>                                 | Completion<br>Date |  |  |
|---|--|--|--------------------|--|--|
| 1 | Completion of Design   | Preparation of plans and specifications            | Jul2017            |  |  |
| 2 | Advertisement  | Placing ads to contractors in news paper           | Sep 2017           |  |  |
| 3 | Award  | After bid opening, City Council will award project | Nov 2017           |  |  |
| 4 | Begin Construction   | Contractor has executed contract                   | Dec 2017           |  |  |
| 5 | End Construction   | City issues Notice of Completion                   | Jun 2018           |  |  |
|   | i i i i i i i i i i i i i i i i i i i  |  |                    |  |  |
|   |  |  |                    |  |  |
|   | - Communication of the Communi |  |                    |  |  |
|   |  |  |                    |  |  |
|   | - Committee of the comm |  |                    |  |  |
|   |  |  |                    |  |  |
|   | in the state of th |  |                    |  |  |
|   |  |  |                    |  |  |
|   |  |  | 100                |  |  |
|   |  |  |                    |  |  |
|   | - Committee  |  |                    |  |  |
|   |  |  | 1                  |  |  |
|   |  |  |                    |  |  |
|   |  |  |                    |  |  |
|   |  |  |                    |  |  |

|  |  |  |  |                                  | P                        | ROJECT COM                | NTACT INFORMATION   |
|--|--|--|--|----------------------------------|--------------------------|---------------------------|---|
|  |  |  |  | BG an                            | d/or Federal Fun         | ds                        |   |
| 1. Agency name:                                    |  | of Chula   |  |                                  | C' I II I                |                           | 8/  |
| 2. Project name:                                   | Palo   | T  |  | -                                | Sidewalk Improveme       |                           |   |
| 3. Year of funding:                                |  |  | 'ear 2014  |                                  | Fiscal Year 2015         | 💹   Fi                    | iscal Year 2016   |
| 4. Indicate the source                             | e of the f   | T  |  | to the p                         |                          |                           | I C   |
| ⊠ CDBG   |  | HC   | ME   |                                  | ☐ ESG                    |                           | Other (Indicate belo  |
|  |  |  | with the second  | 1000000                          |                          | -                         | Click here to enter t   |
| 5. Amount awarded:                                 |  | \$400,000  |  | 6. Amount spen                   | 6. Amount spent to date: |                           |   |
| 7. Amount reprogran                                |  |  | \$0  |                                  |                          |                           |   |
| 8. Indicate below the                              | outcom   | es antici <sub>l</sub>   | pated (refer to t  | he origii                        | nal application for the  | project, if p             | oossible):  |
| Increase mobility for                              | pedestr  | ians inclu   | iding the physic   | ally chal                        | lenged (i.e. wheelcha    | ir users) in t            | the CDBG eligible areas   |
| 9. Indicate below the                              | outcom   | es achiev  | red:   |                                  |                          |                           |   |
| Increased mobility fo                              | r pedest   | rians.   |  |                                  |                          |                           |   |
| 10. If any anticipated                             | outcom   | es were i  | NOT achieved, s  | pecify w                         | hich ones and explain    | why below                 | ′′  |
| None   |  |  |  |                                  |                          | •                         |   |
|  |  |  |  |                                  | 3                        |                           | 8   |
| 1. Agency name:                                    | City   | of Chula   | Vista  |                                  |                          |                           |   |
| 2. Project name:                                   |  |  | Sidewalk Install   | ation                            |                          |                           |   |
| 3. Year of funding:                                |  | CONTROL STREET   | ear 2014   |                                  | Fiscal Year 2015         | ∏ Fi                      | scal Year 2016  |
| 4. Indicate the source                             | of the f   |  |  |                                  |                          |                           |   |
| CDBG   | -, -, -,   |  | OPWA   |                                  | ESG                      |                           | Пноме   |
| CDBG-R   |  | _=   | PRP  |                                  | □ NSP                    |                           | Other (Indicate belo  |
| 5. Amount awarded:                                 |  |  | \$468,292  |                                  | 6. Amount spen           | t to date:                | \$384,300   |
| 7. Amount awarded. 7. Amount reprogrammed to date: |  |  | \$0  |                                  | o. i into ante open      | o.r.micancop circus acces |   |
| 8. Indicate below the                              |  | Consult and Consultation   |  | he oriair                        | nal application for the  | project if n              | nossible):  |
|  |  |  | THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS | the said in the said of the said |                          |                           | he CDBG eligible areas  |
| 9. Indicate below the                              | · Anna and a second                                      | the second second second   |  | uny chai                         | iengea (i.e. wheelena    | ii ascrs, iii c           | THE CDDG CHBIBIC Great  |
| Increased mobility fo                              | PROGRAMMA SAMPLE AND |  | eu,  |                                  |                          |                           |   |
| 10. If any anticipated                             |  |  | NOT achieved s   | nacify w                         | which ones and evolair   | why halow                 |   |
|  | outcom   | es were i  | vo i ucilieveu, s  | pecijy w                         | men ones una explan      | willy below.              | When the second |
| None   |  |  |  |                                  |                          |                           |   |
|  |  |  |  |                                  |                          |                           |   |
| 1. Agency name:                                    |  | of Chula   |  | Marian Marian Marian Company     |                          | <u> </u>                  |   |
| 2. Project name:                                   | <b>5 7</b>   |  | Streetscape Im   |                                  |                          |                           |   |
| 3. Year of funding:                                |  | Lat to be a section of the section o | ear 2014   |                                  | Fiscal Year 2015         | Fis                       | scal Year 2016  |
| 4. Indicate the source                             | of the fe  |  |  | to the p                         |                          |                           |   |
|  |  |  | OPWA   |                                  | ESG                      |                           | HOME  |
| CDBG-R   |  | H  | PRP  |                                  | ☐ NSP                    |                           | Other (Indicate belo  |
| 5. Amount awarded:                                 |  |  | \$381,766  |                                  | 6. Amount spen           | t to date:                | \$381,766   |
| 7. Amount reprogram                                | med to   | date:  | \$0  |                                  |                          |                           |   |
| Q Indicate helow the                               | outcom   | ac anticir   | ated Irofar to th  | na origin                        | al application for the   | project if n              | ossible).   |

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

Beautification of Central Chula Vista. 9. Indicate below the outcomes achieved: Beautification of Central Chula Vista.

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?   |         | Yes                | $\boxtimes$ | No   |
|--|---------|--------------------|-------------|------|
| If no, indicate the anticipated date of completion:  | July    | 2017               |             | 8)   |
|  |         |                    |             |      |
|  |         |                    |             |      |
| 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   |         | Yes                | Ш           | ·No  |
| below:   |         |                    |             |      |
| Click here to enter text.  |         |                    |             |      |
|  |         |                    | 40          |      |
| 9.3. For CIP projects, summarize the construction manager's relevant experience on similar federal   | ly fund | ded pr             | ojects      |      |
| The construction oversight shall be provided by Silvester Evetovich, Principal Civil Engineer. He has  | s pro   | vided              | overs       | ight |
| for many Federally funded projects: Moss Street Corridor Improvements (HSIP), the CDBG awarded   | proje   | cts list           | ed ab       | ove  |
| and other federally funded City projects efficiently and within budget.  |         |                    |             |      |
|  |         |                    | 50          |      |
| 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  | П       |                    |             | A1-  |
| preservation, asbestos, location in a flood plain, or other documented health and safety   | Ш       | Yes                | $\boxtimes$ | No   |
| problems. Were issues identified? If yes, identify each issue and the mitigation below:  |         |                    |             |      |
| Click here to enter text.  |         |                    |             |      |
|  |         |                    |             |      |
| a sign of the state of the stat | a mini  | imum               | of C        |      |
| 9.5. For CIP projects, Low and Moderate income clients (51% below 80% AMI) must be served for a  | ioarc i | after t            | )] J<br>ha  |      |
| years after the work is completed. Project records must be maintained for a minimum of five y  | ill ha  | ujtei ti<br>mainto | inod        |      |
| termination of the agreement with the City of Chula Vista? Please describe how the records we Project records will be filed and maintained by the Public Works Engineering Design and Construction   |         |                    | incu.       |      |
| Project records will be filed and maintained by the Public Works Engineering Design and Construction   | ii gi o | up.                |             |      |
| 9.6. For Public Facility Improvements, the facility shall continue to meet one of the national object  | tives   | and pr             | ovide       |      |
| services to low/moderate income persons until <b>five</b> years after the expiration of the contract/MOU w   |         |                    |             |      |
| 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.  |         |                    |             |      |
|  |         |                    |             |      |
|  |         |                    |             |      |

| 9.8.  | Is the facility agency-owned, City-owned, or privately owned?   |  |                                       |               |  |            |  |
|---|---|--|---------------------------------------|---------------|--|------------|--|
|   | Agency-owned  |  | H                                     |               |  |            |  |
|   | Indicate the property owner(s):   | Click here to  | enter text.                           |               |  | 1          |  |
| ii.   | Is there currently a lien on the property?  |  | Yes                                   |               | ☐ No   | ¥1         |  |
| X   | City-owned  |  |                                       | 12            |  |            |  |
| Indicate your City Real Estate Assets liaison: Rick Ryals |   |  |                                       |               | _  |            |  |
| 62  | When will the lease expire? (The lease must not expire within five years of the proposed project's completion date.)  |  | e; this is a City p                   | roject.       |  | =          |  |
|   | Is there currently a lien on the property?  | Yes  |                                       | ⊠ No          |  |            |  |
| $\neg$  | Privately owned   | 202  |                                       |               |  |            |  |
|   | Indicate the property owner(s):   |  | 5.                                    |               | *  |            |  |
|   | 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?  |  | Yes                                   |               | ☐ No   |            |  |
| _   | Out -   |  |                                       |               |  |            |  |
| _   | Other   |  |                                       |               |  |            |  |
|   | Provide a brief explanation:  |  | , , , , , , , , , , , , , , , , , , , |               |  |            |  |
|   |   |  |                                       |               |  | 11         |  |
| .9.   | How old is the property/building in terms of y  |  | co.                                   |               | Not applie   | саріе      |  |
|   | For building/structures constructed prior to De   | THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O |                                       |               | Yes  | T No       |  |
|   | Has a lead hazard inspection report been issue  | ea for the facili  | tyr                                   |               | Yes  | No No      |  |
|   | Has the facility been abated for lead paint?  |  |                                       |               |  | No         |  |
|   | Will children occupy the facility?  If yes, indicate the age range of the children w  | uho will occupy  | the facility:                         |               | ☐ Yes<br>Click here  |            |  |
|   | if yes, malcute the age runge of the children w   | viio wiii occupy   | the jutility.                         |               | chek nere  | to circi   |  |
| 10  | Has the property been designated or been det  | ermined to he  | notentially eliail                    | ale for       | The state of the s |            |  |
| .10,  | designation as a local, state, or national history  |  |                                       |               | Yes  | ⊠No        |  |
|   |   |  |                                       |               | 2000   |            |  |
|   | Click here to enter text.   |  |                                       |               |  |            |  |
|   | Click here to enter text.   | 3  |                                       | 10            |  |            |  |
| .11.  |   | Site?  |                                       |               | Yes  | No         |  |
| 11.   | Is the building/structure located on a Historic   |  |                                       |               | Yes Yes  | ⊠No<br>⊠No |  |
| 11.   | Is the building/structure located on a Historic Is the building/structure located in a Historic L   |  |                                       |               |  | ⊠No        |  |
| 11.   | Is the building/structure located on a Historic Is the building/structure located in a Historic I Is the building/structure in a Flood Zone?  |  |                                       |               | Yes  |            |  |
| 11.   | Is the building/structure located on a Historic Is the building/structure located in a Historic I Is the building/structure in a Flood Zone? Is the building/structure in a Flood Plain?  |  |                                       |               | Yes Yes  | ⊠No<br>⊠No |  |
| .11.  | Is the building/structure located on a Historic Is the building/structure located in a Historic I Is the building/structure in a Flood Zone?  |  |                                       |               | Yes Yes  | No No      |  |
| 11.   | Is the building/structure located on a Historic Is the building/structure located in a Historic I Is the building/structure in a Flood Zone? Is the building/structure in a Flood Plain? Does your agency have flood insurance? |  |                                       |               | Yes Yes Yes Yes  | No No No   |  |
|   | Is the building/structure located on a Historic Is the building/structure located in a Historic I Is the building/structure in a Flood Zone? Is the building/structure in a Flood Plain? Does your agency have flood insurance? | District?  | tanks – undergr                       | ound/above gr | Yes Yes Yes Yes Yes Yes  | No No No   |  |

Existing size:

9.13. Will the project result in an expansion of an existing facility?

If yes, specify the size in square feet:

Addition size:

Yes

No

| - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1  |     |
|--|-----|
| 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  |     |
| Section 1 to the section of the sect |     |
| Is the project site zoned correctly for the proposed activity?   X Yes   No   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.  |     |
| Click here to enter text.  |     |
|  |     |
| 9.15. Does the project require temporary/permanent relocation of occupants?  | o C |
| If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA   | 1). |
| 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   | 9   |
| eligible for funding with Fiscal Year 2017-2018 CDBG funds.]   |     |
| Click here to enter text.  |     |
| a a  |     |
| 9.16. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disable  | ьd  |
| Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around   | cu. |
| commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory s   | ink |
| 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/program   | 15, |
| including serving the blind and deaf.  |     |
|  |     |
| Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe   | ibe |
| 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.   | J   |

#### 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               | AMOUNT    | % OF    |
|--|----------------------|-----------|---------|
| ¥  | SECURED              | UNSECURED | TOTAL   |
| FY 2017-2018 CDBG Application Request from City of | Chula Vista (Step 1) | \$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   |                      | и, и      | 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                                       |                      | 9         | 0.00%   |
| Local Funds (TransNet)                             | 2                    |           | 0.00%   |
| Private Funds                                      |                      | 0 0       | 0.00%   |
| Agency Funds                                       |                      | P         | 0.00%   |
|  |                      |           |         |

TOTAL

| TOTAL PROJECT BUDGET \$351,700 |  |
|--------------------------------|--|
|--------------------------------|--|

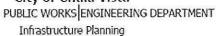
\$0

\$351,700

100%

### APPENDIX A-4: DETAILED BUDGET (CAPITAL IMPROVEMENT PROJECT)

### City of Chula Vista





| 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

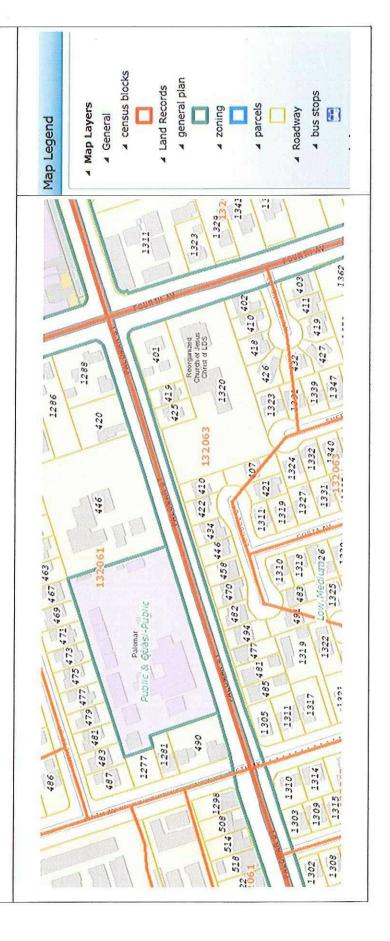
### Description:

Construct PCC Curb, Gutter and Sidewalk, ADA Pedestrian ramps, and Striping

| <b>Item</b>   | 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      | MENTION CHARLES | \$1,512.00  |
| 3 PCC Sidewalk, curb, and gutter including bulb out         | 420           | LF    | \$60.00     |                 | \$25,200.00 |
| PCC Driveways (2-10ft and 6-12ft opening at approx 4 depth) | t. 10ft 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.                     |               |       |             |                 |             |
| total   |               |       |             | \$              | 188,482.00  |
| tingencies 30 %   |               |       |             | \$              | 56,544.60   |
| struction & Contingencies                                   |               |       |             | \$              | 245,026.60  |
| neering Design & Inspection                                 | 35.0          | %     |             | \$              | 85,759.31   |
| rey   | 8.0           | 8.0 % |             | \$              | 19,602.13   |
| er Costs (Environmental, soils, etc.)                       |               | 0.5 % |             | \$              | 1,225.13    |
| TOTAL COST OF PROJECT                                       | \$ 351,613.17 |       | SAY:        | \$              | 351,700.00  |



A & B-Install missing curb, gutter, sidewalk, driveways, ADA pedestrian ramps, and new street lights 🌞 PMP#1---Palomar Street from Fifth Avenue and Fourth Avenue



### 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: **Unknown at this time.** 

Amount of CDBG Requested: Any amount of CDBG funds that may become available. Amount Recommended: Funding available not to exceed \$60,000



### 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:

\$11,345

Amount of ESG Requested: N/A. Funding requested is determined by amount available.

Amount Recommended:

\$11,345



### **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: Amount of \$544,077

Amount of ESG Requested: \$63,777

Amount Recommended:

\$63.777



| DUE DATE: February | y 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. Gener      | ral Application Info       | rmation   |  |  |  |  |  |
|-----------------------|----------------------------|---|--|--|--|--|--|
| Project Name:         | Casa Nueva Vida            | I   |  |  |  |  |  |
| <b>Applicant Name</b> | South Bay Comm             | South Bay Community Services  |  |  |  |  |  |
| Applicant Contact:    | Kathryn Lembo, F           | President and CEO   |  |  |  |  |  |
| Applicant Address:    | 430 F Street, Chul         | la Vista, CA 91910  |  |  |  |  |  |
| Phone Number:         | (619) 420-3620             | Fax Number: (619) 420-8722  |  |  |  |  |  |
| E-Mail Address:       | klembo@csbcs.or            | · <b>g</b>  |  |  |  |  |  |
| Federal Tax ID:       | 95-2693142                 | Business License No.: 068557  |  |  |  |  |  |
| DUNS#:                | 113407779                  |   |  |  |  |  |  |
|                       |                            | Business licenses are available at no cost to non-profit agencies   |  |  |  |  |  |
|                       | in an area that requires a | gram is operated requires a Conditional Use Permit (CUP)  Conditional Use Permit (CUP), please attach a copy. Application will not be |  |  |  |  |  |
| E:                    | SG Funds Requested:        | \$63,777  |  |  |  |  |  |

| Type of Organization (please check one)  |   | Other Organization Characteristics (check all that apply)  |
|--|---|--|
| 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 |   | 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 programmed Help prevent Homelessness  Help those with 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   | 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 & A       | ssociates (Realty)   | 1   |
| Section 4. Project Activity   |                  |  |   |
| Emergency Solutions Grant Eligible Activities: Note application will abide by these limits.   | e: Due to the    | 60% cap on Street Outreach a   | and Emergency Shelter activities, the   |
| <ol> <li>Street Outreach</li> <li>Emergency Shelter</li> <li>HMIS</li> <li>Rapid Re-Housing</li> <li>Homeless Management Information System</li> </ol>  |                  |  |   |
| Street Outreach   |                  |  |   |
| Emergency Shelter   |                  | $\boxtimes$  |   |
| HMIS  |                  |  |   |
| Rapid Re-Housing  |                  |  |   |
| Homeless Prevention   |                  |  |   |
| OBJECTIVE (check one)  1. Create a suitable living environment 2. Provide decent affordable housing 3. Create economic opportunity  |                  |  | ME (check one) ility  |
| <ol> <li>Objectives:         <ol> <li>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).</li> </ol> </li> <li>Providing decent housing facuses on housing activities whose purpose is to meet individual family or community housing needs.</li> <li>Creating economic opportunities applies to activities related to economic development, commercial revitalization, or job creation.</li> </ol> |                  | services, infrastructure housing, or shelter ave moderate-income peo disabilities.  2. Affordability applies to in a variety of ways to Affordability is an app activity is lowering the | ity applies to activities that make e, public services, public facilities, allable or accessible to low- and ple, including persons with activities that provide affordability low- and moderate-income people. Topriate objective whenever an e cost, improving the quality, or bility of a product or service to household. |
|   |                  | improving communitie<br>make them viable by p  | to activities that are aimed at<br>es or neighborhoods, helping to<br>providing benefit to persons of low-<br>or by removing or eliminating slums   |

| Total clients served Note: The City's progra |                                       |                                       | _                           | duplicated clien                                 | ts served.                              |  |
|--|---------------------------------------|---------------------------------------|-----------------------------|--|---|--|
| Type of clients                              | 2015-2016<br># of clients<br>(Actual) | 2015-2016<br>% Low Income<br>(Actual) | 2016-2017<br>Served to Date | 2016-2017<br>% Low Income<br>(served to<br>date) | 2017-2018<br># of clients<br>(Estimate) | 2017-2018<br>% Low Income<br>(Estimate |
| Chula Vista                                  | 42                                    | 100%                                  | 45                          | 100%   | 30                                      | 80%                                    |
| Non-residents                                | 57                                    | 100%                                  | 29                          | 100%   | 60                                      | 80%                                    |
| Total  | 99                                    | 100%                                  | 74                          | 100%   | 90                                      | 80%                                    |

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 I     | inancial Inform                              | ation  |   |               |              |
|--------------------------|--|--|---|---------------|--------------|
| Using the tables below i |  | The state of the s |   |               |              |
| Income                   | A<br>Most Recent Fiscal<br>Year<br>2015-2016 | B<br>Current Fiscal Year<br>2016-2017  | C<br>Proposed Budget<br>July 1, 2017– June 30, 2018 | D<br>% Change | E<br>% Total |
| PRIVATE SUPPORT          |  |  |   |               |              |
| 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  |               |              |
| Subtotal                 | \$168,626.00                                 | \$120,000  | \$120,000   | 0%            |              |
| GOVERNMENT               |  |  |   |               |              |
| 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  |               |              |
| Subtotal                 | \$388,073                                    | \$424,077  | \$424,077   | 0             |              |
| OTHER REVENUE            |  |  |   |               | NE SAMES     |
| Membership Dues          | \$0.00                                       | \$0.00   | \$0.00  |               |              |
| Program Fees             | \$0.00                                       | \$0.00   | \$0.00  |               |              |
| Other                    | \$0.00                                       | \$0.00   | \$0.00  |               |              |
| Subtotal                 | \$ 0.00                                      | \$ 0.00  | \$ 0.00   |               |              |
| TOTAL REVENUE            | \$556,699                                    | \$544,077  | \$544,077   |               | 100%         |

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.

| Expenses   | A<br>Most Recent Fiscal<br>Year<br>2015-2016 | B<br>Current Fiscal Year<br>2016-2017 | C<br>Proposed Budget<br>July 1, 2017 – June 30, 2018 | D<br>% Change | E<br>% Total |
|--|--|---------------------------------------|--|---------------|--------------|
| Personnel (salaries,<br>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%          |
| TOTAL EXPENSES   | \$556,699                                    | \$544,077                             | \$544,077  | %             | 100%         |
| Surplus (or Deficit) of<br>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.  |   |
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| 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. <b>Note:</b> Matching funds for ESG grants may not come CDBG). | from other federal funding sources (i.e., |
| Funding Source   | Amount                                    |
| Fundraising  | 105,000                                   |
| Grants – Foundations   |   |
| Office - Foundations   | 15,000                                    |
|  | \$0.00                                    |

\$0.00 \$0.00 \$0.00 \$0.00 \$0.00

\$120,000.00

TOTAL

### 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<br>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  |
| Total Expenses  | \$63,777.00                       | \$480,300     | \$544,077.00 |

### 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                           |   |  | ources.   |
|--|---|--|-----------|
| Note: Indicate if the other sources have bee<br>Funding Source | n awarded and the date the fu  Award Date | nds will be available.  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    |
|  |   | Total Other Sources                    | \$480,300 |

### **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<br>Services | Operations (excluding Staff) | Operations<br>(Staff Costs) | Homeless<br>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                 |
| TOTAL REQUEST           | \$ 0.00               | \$32,947                     | \$30,830                    | \$ 0.00                |

### **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<br>Liability | Deductibles per<br>Occurrence |
|---------------------------|---------------------------|------------------------|-------------------------------|
| Genera                    | l Liability Insurance     |                        |                               |
| Zenith Insurance Company  | 7/8/16 – 7/8/17           | \$3,000,000            | \$1,000                       |
| Auto                      | omobile Liability         |                        |                               |
| Zenith Insurance Company  | 7/8/16 – 7/8/17           | \$1,000,000            | \$500                         |
| Worke                     | er's Compensation         |                        |                               |
| 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

02//9//

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

### APPLICANT INFORMATION

Applicant: City of Chula Vista - DSD Housing Division

Project | Program: Homeless Managemement 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: **\$7,663** 

Amount of ESG Requested: \$7,663

**Amount Recommended:** 

\$7,663



### **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: **\$68.517** 

Amount of ESG Requested:

\$68,517

Amount Recommended:

\$68,517



### 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: Amount of HOME Requested:

\$64,215

Amount Recommended:

\$64,215



### **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 tenanat-based rental assistance program

(TBRA) provides direct financial assistance to lowincome 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:

\$200,000

Amount of HOME Requested: \$200,000

Amount Recommended:

\$200,000



### **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 assitst 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:

\$4,727,000

Amount of HOME Requested:

\$1,200,000

Amount Recommended:

\$1,100,000





### 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.



| APPLICATION SPECIFICATIONS   |  |
|--|--|
| ☐ All pages 8.5 x 11 inches  |  |
| <ul> <li>One signed original and one signed copy, and o</li> </ul>   | ne electronic copy                             |
| REQUIREMENTS   |  |
| All ✓ items are REQUIRED. ♦ Additional information   | n as may be appropriate.                       |
| 1. Proposal Submittal:   |  |
|  | ordable Housing)                               |
| <ul> <li>✓ Project Proforma (see Affordable Hou</li> </ul>   | <u> </u>                                       |
| -  | / executed purchase option or sales contract   |
| ☐ ♦ Tenant Rent Rolls (current rent roll an  | d rent roll at time of buyer/seller agreement) |
|  |  |
| The Proposal and the above listed items had note that complete applications can be processe submit all required information may result in you extend the length of time needed for review. | •  |
| Acknowledgement  |  |
| The undersigned has read and reviewed the "Instru<br>Affordable Housing Application.   | uctions" and "Checklist" under this            |
| Authorized Signature   | Kenneth Kosman Print Name                      |
| <u> </u>   |  |
| Chief Construction Officer  Title  | 3/3/2017<br>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



| 2. | Befo         | re Proceeding to the Housing Advisory Commission  |
|----|--------------|---|
|    | $\checkmark$ | Preliminary Title Report  |
|    | ✓            | Developer's Board Resolution authorizing submittal of proposal and identifying persons authorized to execute documents  |
|    | $\checkmark$ | 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. |
|    | $\Diamond$   | 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.   |
|    | $\Diamond$   | Rehabilitation Scope of Work and Cost Estimate.   |
|    | $\Diamond$   | Evidence of Compliance with Previous City Loans   |
|    | $\Diamond$   | Summary Statement of Previous Residual Receipts Payments on Previous City Loans (use Attachment F)  |
|    | $\Diamond$   | Tenant Characteristics Form if development is currently occupied  |
|    | $\checkmark$ | Narrative Describing Operating Reserves and Replacement Reserves  |
| 3. | Befo         | re Proceeding to Housing Commission Board   |
|    | $\checkmark$ | Affirmative Fair Housing Marketing Plan   |
|    | $\checkmark$ | Certificate of Compliance with the City's Equal Opportunity Program   |
|    | $\Diamond$   | Chula Vista Consolidated Plan Certification   |
|    | $\checkmark$ | Credit Report Authorization (use Attachment L)  |
|    | $\checkmark$ | Environmental Review Completed (CEQA and NEPA)  |
|    | $\Diamond$   | Lead Paint and Asbestos Review  |
|    | ✓            | HOME Program Basics – if HOME funds are used – (see Attachment 2 for more information)  |
|    | $\Diamond$   | Relocation Plan and Relocation Noticing to Tenants (see Attachments D1-D4 for more information)   |
|    | $\checkmark$ | Evidence of Compliance with Zoning – Letters from the City of Chula Vista DSD.  |
|    | $\checkmark$ | Audited Financial Statements within the last 12 months.   |
|    | $\checkmark$ | Board of Directors Certification (Nonprofits only)  |
|    | $\checkmark$ | Board of Directors Meeting Minutes for last 3 meetings (Nonprofits only)  |
|    | $\checkmark$ | Schedule and Analysis of Real Estate Owned (use Attachment M)   |
|    | $\Diamond$   | Service Delivery Plan (If providing units for the homeless or Special Purpose Housing Applicants)   |
|    | $\checkmark$ | Market Study  |
|    | $\Diamond$   | Section 3 Certification of Compliance   |



### Development Services Department Housing Division | Development Processing

# AFFORDABLE HOUSING APPLICATION | Checklist

### 4. Before Proceeding to City Loan Funding

| Ш | ✓            | ALIA litle Report  |
|---|--------------|--|
|   | $\checkmark$ | Construction Agreement with City Approval  |
|   | $\checkmark$ | Borrower Attorney's Opinion Letter   |
|   | $\checkmark$ | Certified Escrow Instructions  |
|   | ✓            | Evidence of Funding Commitments – Letters to identify funder contact information |
|   | $\checkmark$ | Certificates of Insurance for Property Insurance and Liability Insurance         |
|   | $\checkmark$ | Management Plan (see Attachment Q)   |
|   | $\checkmark$ | Partnership Agreement, Articles of Incorporation, and By-Laws                    |
|   | $\checkmark$ | Copies of Other Lenders' Loan Documents  |
| П | $\checkmark$ | City Attorney Approval and Loan Documents Execution                              |



### AFFORDABLE HOUSING APPLICATION | Page 1

### **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:             | <ul><li>☐ For Profit Corpora</li><li>☐ Limited Partnershi</li><li>☐ Other (Please Description)</li></ul> | p          | <ul><li>Nonprofit</li></ul> | □ CHDO     □ Sole     Proprietorship |  |
| Federal Tax Identification No          | ). (Sponsor):  |            | 33-0259190                  |                                      |  |
| Managing Partner:                      |  |            |                             |                                      |  |
| Address:                               |  |            |                             |                                      |  |
| Telephone No.:                         |  |            | Fax No.:                    |                                      |  |
| Identify Development Team              | (i.e., developer, contra   | actor, man | agement company, e          | etc.):                               |  |
| Developer (if different):              | Same   |            |                             |                                      |  |
| General Contractor:                    | Same   |            |                             |                                      |  |
| Management Company:                    | N//A   |            |                             |                                      |  |
| Tax Credit Syndicator:                 |  |            |                             |                                      |  |
| Credit Enhancer:                       |  |            |                             |                                      |  |
| Attorney:                              |  |            |                             |                                      |  |
| Other (Please Describe):               |  |            |                             |                                      |  |
| General Project Inform                 | nation   |            |                             |                                      |  |
| Ownership Name:                        |  |            |                             |                                      |  |
| Project Name:                          |  |            |                             |                                      |  |
| Project Address/<br>Site Location:     | 364 Palm Avenue  | , Chula Vi | sta, 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.

CHUI A VISTA

Housing Division | Development Processing

#### AFFORDABLE HOUSING APPLICATION | Checklist Project Type: ☐ Acquisition & Rehab ☐ Rehabilitation Only Other (Please Describe): Rental Ownership **Project Condition:** ☐ Unimproved Site Acquisition & Rehab Age (years): ☐ Ownership ☐ Commercial Other (Please Describe): 1-single family home on 1.6 acre site Existing Uses of Property: Status of Entitlements **Preliminary** and Environmental Review. ☐ Executed Purchase ☐ Deed Site Control: Contract Clause to Extend Date of Expiration: ☐ Executed Option Yes No Acreage of Site: 1.62 Census Tract #: 133082 Zone Designation: R-1 Single SPA Land Use District: **Project Acres** Total # of Units: 12 # of Affordable Units: 12 # of Density Bonus Units: Proposed Density: # of Buildings: 6 # of Parking Spaces: 36 Type of Construction: ☐ Row house/Townhouse ☐ Garden Apartments Slab on Grade Frame ☐ Podium Duplex ☑ Other (Please Describe): Type of Units: Multi Story # of Elevators? ☐ Single Story Other (Please Describe): **Target Population:** ☐ Elderly/Senior ☐ Disabled % ☐ Homeless %

Other (Please Describe):

# Development Services Department

Housing Division | Development Processing

### AFFORDABLE HOUSING APPLICATION | Checklist

| Availability of<br>Neighborhood Services:            | □ Rail station, rapid transit, bus stop with service at least every 30 mins from 7-9 am | Within | 1 | mile |
|--|---|--------|---|------|
|  | □ Full scall grocery store/supermarket  | Within | 3 | mile |
|  | □ Convenience market  | Within | 1 | mile |
|  |   | Within | 3 | mile |
|  | $oxed{\boxtimes}$ Public elementary, middle or high school                              | Within | 3 | mile |
|  | ⊠ Public park   | Within | 1 | mile |
|  | □ Public library  | Within | 2 | mile |
| For Senior or Special Needs:                         | Other:  | Within |   | Mile |
| Acquisition & Rehabilitation                         | n Projects  |        |   |      |
| No. of Households pote subject to tenant relocations | ' () No. of vacant units  |        |   | 1    |
| Please attach the follow                             | ving:   |        |   |      |
| ☐ Copy of current ter                                | ant rent rolls and income levels  |        |   |      |
| ☐ Relocation plan                                    |   |        |   |      |

|                   |         | Bedroom Mix |          |          |          | Total    |       |
|-------------------|---------|-------------|----------|----------|----------|----------|-------|
| Description       | 0       | 0 1 2 3 4 5 |          |          |          |          |       |
|                   | Bedroom | Bedroom     | Bedrooms | Bedrooms | Bedrooms | Bedrooms | Units |
| TOTAL DUS         |         |             |          |          |          |          |       |
| AFFORDABLE<br>DUS |         |             |          | 12       |          |          | 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.



| Project Timeline                      |  |   |
|---------------------------------------|--|---|
| Housing Advisory Commiss              | ion Date:                                      |   |
| City Council Housing/ Authority Date: |  |   |
| CTCAC Application Date:               |  |   |
| CTCAC Allocation Date:                |  |   |
| CDLAC Application Date:               |  |   |
| CDLAC Allocation Date:                |  |   |
| Estimated Acquisition Date:           |  |   |
| Estimated Permanent Loan              | Closing Date:                                  |   |
| Estimated Date to Start Cor           | nstruction/Rehab:                              |   |
| Estimated Full Occupancy [            | Date:  |   |
| to provide for the final              | mary documents and in<br>ncial analysis of the | nformation needed to complete the application proposed project. It is recognized that all           |
|                                       | orior to the Housir                            | ailable at the time of application. Information ng Division's underwriting evaluation and inancing. |
| Requested<br>Assistance/Incentives:   | ☐ Bonds - Tax<br>Exempt/Taxable                | ☐ 4% Tax Credits ☐ 9% Tax Credits   |
| I                                     | ☐ City/Hsg Authority<br>Financing              | □ Density Bonus   |
|                                       |  | Concessions (Please Describe): duplex units, minimum lot size, minimum frontage                     |
| Identify any other project co         | onditions which may be rel                     | levant to project feasibility:  |
| Access easement for bac               | k units, overhead electrica                    | al running down easement driveway   |
| BOND FINANCING (If ap                 | plicable)                                      |   |
| Use of Bond Proceeds:                 |  |   |
| □ Construction                        |  | ng to construction financing.   |
| Z construction                        | There is no construc                           | ction financing. Habitat self finan   |
| ☐ Permanent Financing                 | Has construction financia                      | ng been obtained?   |
|                                       | Name of Construction Le                        | ender:  |
| Bond Amount                           | \$   |   |



| 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 applicab                           | le)            |                |
| Tax Credit Amount anticipated:                              | \$             |                |
| Expected Date of Commitment Letter:                         | \$             |                |
| Partnership Agreement Executed:                             | Yes            | □ No           |
| Expected Internal Rate of Return for Tax Credit Syndicator: | Date:          | %              |
| Price per Dollar:   | \$             |                |
| Type of Tax Credit Offering:                                | ☐ Public       | ☐ Private      |
| Type of Investors:  | ☐ Individuals  | ☐ Corporations |
|   | ☐ Funds/Trusts | ☐ FNMA         |
| Type of Credit Enhancement:                                 |                |                |



### CONSTRUCTION FINANCING

| 1.         \$           2.         \$           3.         \$           Total Funds for Construction         \$           1. Name of Lender/Source         Address:           Contact Person:         Committed           Type of Financing:         Committed           2. Name of Lender/Source         E-Mail:           Address:         Contact Person:           Telephone No.:         E-Mail:           Type of Financing:         Not Committed           3. Name of Lender/Source         E-Mail:           Address:         Contact Person:           Telephone No.:         E-Mail:           Type of Financing:         Not Committed           4. Name of Lender/Source         Address:           Contact Person:         E-Mail:           Telephone No.:         E-Mail:           Contact Person:         Committed           Type of Financing:         Committed | Name of Lender/Source        | Term in Months | Interest Rate | Amount of Funds |
|--|------------------------------|----------------|---------------|-----------------|
| 3.   | 1.                           |                |               | \$              |
| Total Funds for Construction   | 2.                           |                |               | \$              |
| Total Funds for Construction  1. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  Type of Financing:  Contact Person:  Telephone No.:  E-Mail:  Committed  2. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  3. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  Committed   | 3.                           |                |               | \$              |
| 1.Name of Lender/Source  | 4.                           |                |               | \$              |
| Address:  Contact Person:  Telephone No.:  Type of Financing:  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  Address:  Contact Person:  Telephone No.:  Type of Financing:  Address:  Contact Person:  Type of Financing:  Type of Financing:  E-Mail:  Committed  3. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Type of Financing:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Type of Financing:  E-Mail:  Committed  Type of Financing:  Committed   | Total Funds for Construction | on             |               | \$              |
| Contact Person:  Telephone No.:  Type of Financing:  2.Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  Committed  Committed  Committed  Address:  Contact Person:  Type of Financing:  Contact Person:  Telephone No.:  Telephone No.:  Type of Financing:  Contact Person:  Telephone No.:  Type of Financing:  Committed  Address:  Contact Person:  Telephone No.:  Type of Financing:  Committed  Committed  Address:  Contact Person:  Type of Financing:  Committed  Committed  Committed  | 1.Name of Lender/Source      |                |               |                 |
| Telephone No.:   | Address:                     |                |               |                 |
| Commited   Not Committed   | Contact Person:              |                |               |                 |
| Type of Financing: Not Committed  2.Name of Lender/Source Address: Contact Person: E-Mail: Committed  3.Name of Lender/Source Address: Contact Person: E-Mail: Committed  3.Name of Lender/Source Address: Contact Person: E-Mail: Committed  4.Name of Lender/Source Address: Contact Person: E-Mail: Committed  4.Name of Lender/Source E-Mail: Committed  5.Name of Lender/Source E-Mail: Committed   | Telephone No.:               |                | E-Mail:       |                 |
| Address:  Contact Person:  Telephone No.:  Type of Financing:  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  3. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  Type of Financing:  Address:  Contact Person:  Type of Financing:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  | Type of Financing:           |                |               | <del></del>     |
| Contact Person:  Telephone No.:  Type of Financing:  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  3. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Not Committed  4. Name of Lender/Source  Address:  Contact Person:  Type of Financing:  E-Mail:  Committed  5. Not Committed  4. Name of Lender/Source  Feliphone No.:  Type of Financing:  Contact Person:  Telephone No.:  Type of Financing:  Committed   | 2.Name of Lender/Source      |                |               |                 |
| Telephone No.:  Type of Financing:  Address:  Contact Person:  Telephone No.:  Type of Financing:  E-Mail:  Committed  Committed  Committed  Committed  Committed  Address:  Contact Person:  Type of Financing:  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  Committed   | Address:                     |                |               |                 |
| Type of Financing:    Committed   Not Committed  | Contact Person:              |                |               |                 |
| Type of Financing:  3. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  Type of Financing:  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  | Telephone No.:               |                | E-Mail:       |                 |
| Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  Type of Financing:  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed   | Type of Financing:           |                |               |                 |
| Contact Person:  Telephone No.:  E-Mail:  Commited  Not Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Commited  Committed   | 3.Name of Lender/Source      |                |               |                 |
| Telephone No.:  Type of Financing:  E-Mail:  Committed  4.Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed   | Address:                     |                |               |                 |
| Type of Financing:  Committed  Not Committed  4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  | Contact Person:              |                |               |                 |
| Type of Financing:    Not Committed  | Telephone No.:               |                | E-Mail:       |                 |
| 4. Name of Lender/Source  Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  | Type of Financing:           |                |               | ☐ Commited      |
| Address:  Contact Person:  Telephone No.:  E-Mail:  Committed  | Type of Financing.           |                |               | ☐ Not Committed |
| Contact Person:  Telephone No.:  E-Mail:  Committed  | 4. Name of Lender/Source     |                |               |                 |
| Type of Financing:   | Address:                     |                |               |                 |
| Type of Financing:   | Contact Person:              |                |               |                 |
| Type of Financing:   | Telephone No.:               |                | E-Mail:       |                 |
|  | Type of Financing:           |                |               | <del></del>     |



Type of Financing:

### AFFORDABLE HOUSING APPLICATION | Checklist

■ Not Committed

## PERMANENT FINANCING Name of Lender/Source Term in Months Amount of Funds Interest Rate **Total Permanent Financing** \$ Total Tax Credit Equity \$ Total Sources of Project Funds \$ 1. Name of Lender/Source Address: Contact Person: Telephone No.: E-Mail: ☐ Commited Type of Financing: ☐ Not Committed 2. Name of Lender/Source Address: Contact Person: Telephone No.: E-Mail: ☐ Committed Type of Financing: ■ Not Committed 3. Name of Lender/Source Address: Contact Person: Telephone No.: E-Mail: ☐ Commited



## Development Services Department Housing Division | Development Processing

AFFORDABLE HOUSING APPLICATION | Checklist

| I.Name of Lender/Source |   |         |                            |
|-------------------------|---|---------|----------------------------|
|                         | - |         |                            |
| Address:                |   |         |                            |
| Contact Person:         |   |         |                            |
| Telephone No.:          |   | E-Mail: |                            |
| Type of Financing:      |   |         | ☐ Commited ☐ Not Committed |



## Housing Division | Development Processing

AFFORDABLE HOUSING APPLICATION | Page 9

### **Development Proposed Rent Schedule**

| а            | b               | С                    | d                     | е                 | f               | g                               | h                               | i  | j                           | k   |
|--------------|-----------------|----------------------|-----------------------|-------------------|-----------------|---------------------------------|---------------------------------|--|-----------------------------|---|
| Unit Type    | No. of<br>Units | Bedrooms<br>Per Unit | Bathrooms<br>Per Unit | Sq Ft<br>Per Unit | Current<br>Rent | Monthly<br>Net Rent<br>Per Unit | Monthly<br>Utility<br>Allowance | Monthly<br>Gross Rent<br>Per Unit<br>(g+h) | Percent<br>Median<br>Income | Yearly Gross<br>Rent All Units<br>(i x b) |
| А            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| В            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| С            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| D            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| E            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| F            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| G            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| Н            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| Manager's DU |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| Market Rate  |                 | Τ                    |                       |                   |                 | T                               | T &                             |  |                             |   |
| I            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| J            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
| К            |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |





| a         | b               | С                    | d                     | е                 | f               | g                               | h                               | i  | j                           | k   |
|-----------|-----------------|----------------------|-----------------------|-------------------|-----------------|---------------------------------|---------------------------------|--|-----------------------------|---|
| Unit Type | No. of<br>Units | Bedrooms<br>Per Unit | Bathrooms<br>Per Unit | Sq Ft<br>Per Unit | Current<br>Rent | Monthly<br>Net Rent<br>Per Unit | Monthly<br>Utility<br>Allowance | Monthly<br>Gross Rent<br>Per Unit<br>(g+h) | Percent<br>Median<br>Income | Yearly Gross<br>Rent All Units<br>(i x b) |
| L         |                 |                      |                       |                   | \$              | \$                              | \$                              | \$   | %                           | \$  |
|           |                 |                      |                       |                   | Total Rent (    | Year)                           |                                 |  |                             | \$  |
|           |                 |                      |                       |                   | Other Incom     | e (Describe)                    |                                 |  |                             | \$  |
|           |                 |                      |                       |                   | Other Incom     | e (Describe)                    |                                 |  |                             | \$  |
|           |                 |                      |                       |                   | Total Annua     | I Income                        |                                 |  |                             | \$  |
|           |                 |                      |                       |                   | Total Units     |                                 |                                 |  |                             |   |
|           |                 |                      |                       |                   | Total Square    | e Feet                          |                                 |  |                             |   |

Term of Affordability (i.e., 30 yrs, Life of Project):



### **Development - Operating Expense**

| OPERATING EXPENSE ITEM         | ANNUAL COST | COST PER UNIT |
|--------------------------------|-------------|---------------|
| General Administrative         |             |               |
| Advertising & Marketing        | \$          | \$            |
| Legal/Partnership Expenses     | \$          | \$            |
| Accounting/Audits              | \$          | \$            |
| Security                       | \$          | \$            |
| Property Tax                   | \$          | \$            |
| Subtotal:                      | \$          | \$            |
| Management – Fees              | \$          | \$            |
| Utilities                      |             |               |
| Gas & Electric                 | \$          | \$            |
| Water & Sewer                  | \$          | \$            |
| Trash Removal                  | \$          | \$            |
| Operating                      |             |               |
| Payroll Taxes & Overhead       | \$          | \$            |
| Telephone                      | \$          | \$            |
| Insurance                      | \$          | \$            |
| Office Expenses                | \$          | \$            |
| All other operating            | \$          | \$            |
| Subtotal:                      | \$          | \$            |
| Maintenance                    |             |               |
| Maintenance – Labor            | \$          | \$            |
| Maintenance – Supplies         | \$          | \$            |
| Repairs – Labor                | \$          | \$            |
| Repairs – Supplies             | \$          | \$            |
| Landscape & Grounds – Labor    | \$          | \$            |
| Landscape & Grounds – Supplies | \$          | \$            |
| Pest Control                   | \$          | \$            |
| Replacement Reserve            | \$          | \$            |
| Subtotal:                      | \$          | \$            |
| ANNUAL OPERATING COST          | \$          | \$            |



#### **Development Costs**

| DEVELOPMENT COST ITEM    | PERCENT | AMOUNT       | COST<br>PER UNIT | COST<br>PER SQ FT | ELIGIBLE BASIS<br>(Tax Credit Projects) |
|--------------------------|---------|--------------|------------------|-------------------|---|
| AQUISITION               |         |              |                  | -                 |   |
| Land                     |         | \$ 482,875   | \$ 40,239        | \$ 26.47          | \$                                      |
| Buildings                |         | \$ Inc       | \$ Inc           | \$ Inc            | \$                                      |
| Subtotal                 | %       | \$ 482,875   | \$ 40,239        | \$ 26.47          | \$                                      |
| SITE IMPROVEMENTS        |         |              |                  |                   |   |
| 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          | \$                                      |
| STRUCTURES               |         |              |                  |                   |   |
| 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          | \$                                      |
| CONSTRUCTION CONTINGENCY |         |              |                  |                   |   |
| Overhead & Fees          |         | \$ 345,403   | \$ 28,783        | \$ 18.94          | \$                                      |
| General Requirements     |         | \$           | \$               | \$                | \$                                      |
| Builders Overhead        |         | \$           | \$               | \$                | \$                                      |
| Builders Profit          |         | \$           | \$               | \$                | \$                                      |
| Bond Premium             |         | \$ 45,000    | \$ 3,750         | \$ 2.47           | \$                                      |
| Other Fees               |         | \$           | \$               | \$                | \$                                      |



| DEVELOPMENT COST ITEM        | PERCENT | AMOUNT     | COST<br>PER UNIT | COST<br>PER SQ FT | ELIGIBLE BASIS<br>(Tax Credit Projects) |
|------------------------------|---------|------------|------------------|-------------------|---|
| Architect – Design           |         | \$ 329,700 | \$ 27,475        | \$ 18.08          | \$                                      |
| Architect- Supervision       |         | \$ 0       | \$ 0             | \$ 0              | \$                                      |
| Subtotal                     | %       | \$ 329,700 | \$ 27,475        | \$ 18.08          | \$                                      |
| CHARGES & INTEREST           |         |            |                  |                   |   |
| 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                     | %       | \$         | \$               | \$                | \$                                      |
| LEGAL ORGANIZATION & AUDIT   |         |            |                  |                   |   |
| Legal                        |         | \$         | \$               | \$                | \$                                      |
| Organization                 |         | \$         | \$               | \$                | \$                                      |
| Audit                        |         | \$         | \$               | \$                | \$                                      |
| Subtotal                     | %       | \$         | \$               | \$                | \$                                      |
| OTHER COSTS                  |         |            |                  |                   |   |
| Developer's Fee              |         | \$         | \$               | \$                | \$                                      |



| DEVELOPMENT COST ITEM        | PERCENT | AMOUNT       | COST<br>PER UNIT | COST<br>PER SQ FT | ELIGIBLE BASIS<br>(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                     | %       | \$           | \$               | \$                | \$                                      |
| TOTAL DEVELOPMENT COST       | 100%    | \$ 4,727,573 | \$ 393,964       | \$ 259.19         | \$                                      |



#### **Development - Pro Forma**

| DESCRIPTION            | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 | YEAR 6 | YEAR 7 | YEAR 8 |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| Rental Income          | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Other Income           | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Gross Income           | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Vacancy                | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Effective Gross Income | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Operating Expense      | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Net Operating Income   | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Debt Service           | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Residual Cash          | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Replacement Reserve    | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Operating Reserve      | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Debt Service Coverage  | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |
| Cumulative Residual    | \$     | \$     | \$     | \$     | \$     | \$     | \$     | \$     |



| DESCRIPTION            | YEAR 10 | YEAR 9 | YEAR 11 | YEAR 12 | YEAR 13 | YEAR 14 | YEAR 15 |
|------------------------|---------|--------|---------|---------|---------|---------|---------|
| Rental Income          | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Other Income           | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Gross Income           | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Vacancy                | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Effective Gross Income | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Operating Expense      | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Net Operating Income   | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Debt Service           | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Residual Cash          | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Replacement Reserve    | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Operating Reserve      | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Debt Service Coverage  | \$      | \$     | \$      | \$      | \$      | \$      | \$      |
| Cumulative Residual    | \$      | \$     | \$      | \$      | \$      | \$      | \$      |

| YEARLY INCOME & E   | EXPENSES | ASSUMED ANNUAL INCREASES |  |   |                       |    |     |
|---------------------|----------|--------------------------|--|---|-----------------------|----|-----|
| Rental Income:      | \$       | Rental & Other Income:   |  | % | Mortgage Amount:      | \$ |     |
| Other Income:       | \$       | Operating Expenses:      |  | % | Mortgage Rate:        |    | %   |
| Operating Expenses: | \$       | Vacancy Losses:          |  | % | Mortgage Term (Years) | :  |     |
| Rental Income:      | \$       |                          |  |   | Number of Units:      |    | dus |



### Housing Division | Development Processing

AFFORDABLE HOUSING APPLICATION | Page 17

#### **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 Of  | Chief Construction Officer |                  |          |  |  |  |  |
| Address:           | 10222 San Diego Mis    | sion Road, San             | Diego, Ca. 92108 |          |  |  |  |  |
| Telephone<br>No.:  | 619-227-8871           | E-Mail:                    | kenk@sdhfh.o     |          |  |  |  |  |
|                    |                        |                            |                  |          |  |  |  |  |
|                    | THIS BO                | OX IS FOR CIT              | Y USE ONLY       |          |  |  |  |  |
| Date Request Rece  | eived:                 |                            |                  |          |  |  |  |  |
| Staff Recommenda   | ation:                 |                            |                  |          |  |  |  |  |
| Date of Housing Ac | dvisory Commission Rev | view:                      |                  |          |  |  |  |  |
| Action on Request  | by Housing Advisory Co | ommission:                 |                  |          |  |  |  |  |
| Other Comments:    |                        |                            |                  |          |  |  |  |  |
|                    |                        |                            |                  |          |  |  |  |  |
|                    |                        |                            |                  |          |  |  |  |  |



## AFFORDABLE HOUSING APPLICATION | Appendix A

#### **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 in the application, project or contract (e.g., owner material supplier).   |   |
|----|--|---|
|    | N/A  |   |
|    |  |   |
|    |  |   |
|    |  |   |
| 2. | If any person* identified in section 1. is a corpora individuals with an investment of \$2000 or more in   |   |
|    | N/A  |   |
|    |  |   |
|    |  |   |
|    |  |   |
|    |  |   |
| 3. | If any person* identified in section 1. is a non-pro<br>any person who is the director of the non-profit of<br>beneficiary and trustor of the trust.   |   |
| 3. | any person who is the director of the non-profit of  |   |
| 3. | any person who is the director of the non-profit obeneficiary and trustor of the trust.  |   |
| 3. | any person who is the director of the non-profit obeneficiary and trustor of the trust.  |   |
| 3. | any person who is the director of the non-profit obeneficiary and trustor of the trust.  |   |
| 3. | any person who is the director of the non-profit of beneficiary and trustor of the trust.  N/A   | organization or the names of the trustee,   |
|    | any person who is the director of the non-profit of beneficiary and trustor of the trust.  N/A  Please identify every person,* including any agents  | organization or the names of the trustee,   |
|    | any person who is the director of the non-profit of beneficiary and trustor of the trust.  N/A  Please identify every person,* including any agents contractors, whom you have authorized to represe                                 | s, employees, consultants, or independent ent you before the City in this matter.               |
|    | any person who is the director of the non-profit of beneficiary and trustor of the trust.  N/A  Please identify every person,* including any agents contractors, whom you have authorized to represent the contractors of the trust. | s, employees, consultants, or independent ent you before the City in this matter.  Kenneth Kosr |





## AFFORDABLE HOUSING APPLICATION | Appendix A

## **Disclosure Statement** – Page 2

| 5. | 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

### HULA VISIA

| 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.