



COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING  
OUTSIDE SERVICE PROVIDER/NON-PROFIT AGENCY FUNDING  
REQUEST FOR FISCAL YEARS 2017-18, 2018-19, AND 2019-20

The attached form is intended as a guide for preparation of your Community Development Block Grant (CDBG) "Request for Funding" application to the City of Tustin. Feel free to use the form as provided, or if more space is needed for your responses, you may add separate sheets. You may also retype the form to suit your needs, keeping the same basic format.

Information you provide will be used by City staff, citizens attending the Citizen Participation Meeting, and elected officials to evaluate and rank the proposals received. The evaluation criteria to be used are attached for your use (Attachment II – File No. 3).

The funding of specific proposals is subject to City Council approval, and the Council reserves the right to reject any or all funding requests.

The deadline for filing applications for the City of Tustin's Community Development Block Grant Program is 5:00 p.m. on January 6, 2017. No applications will be accepted after that date.

If you have questions or need additional information, please call Adrienne DiLeva-Johnson at (714) 573-3138.



**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING  
OUTSIDE SERVICE PROVIDER/NON-PROFIT AGENCY  
FOR FISCAL YEARS 2017-18, 2018-19, AND 2019-20  
REQUEST FOR FUNDING APPLICATION**

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**GENERAL INFORMATION**

1. Name of applicant (agency): \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Name and title of contact person: \_\_\_\_\_  
\_\_\_\_\_
5. Non-profit incorporation (if applicable): \_\_\_\_\_  
Date State
6. Federal Tax ID number: \_\_\_\_\_
7. Purpose of the organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7a. Is organization affiliated with a religious institution?

Yes       No

8. Qualifications of organization. (Describe your organization and explain how your professional qualifications will help carry out the proposed program. Please list all appropriate academic credentials, as well as previous related experience. You should also describe the past performance of this program, and other related programs with which you

have been affiliated with. Please be aware that a favorable evaluation of this section will depend on how clearly your qualifications will promote a successful program).

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**FUNDING REQUEST**

1. Name of proposed project (please note the specific individual project/program for which you are requesting funding, not the general services provided by your organization) \_\_\_\_\_

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2. Area, physical location, or address of specific project: \_\_\_\_\_

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3. Statement of needs. (Provide a detailed description of the proposed project and its purpose, including a detailed explanation of what need you will be fulfilling for Tustin residents. Include specific geographic boundaries of your proposed service area, or target area to be served. If your program operates outside of Tustin City limits, please indicate how you will ensure that the majority of individuals served meet the low/moderate income as stipulated by CDBG regulations [example: income statements.] Also, please explain how your program will reach Tustin residents.) \_\_\_\_\_

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**PROJECT JUSTIFICATION**

1. Number of persons anticipated annually to be benefited by project: \_\_\_\_\_
  
2.
  - a. Number of Tustin residents anticipated annually to be benefited by project: \_\_\_\_\_
  - b. Percentage of Tustin residents anticipated annually to benefit by the project: \_\_\_\_\_
  
3.
  - a. Is this a new project?  Yes       No
  - b. If not, how many years has it been in existence? \_\_\_\_\_
  - c. Is this a multi-phased project that would require funding in future years?  
 Yes       No      Number of Years \_\_\_\_\_
  
4. To the extent known to you, please estimate the following characteristics of your client population, or the population of the area served by your program. (Please refer to the attached Income Limits)

<u>Client Characteristics-Estimated</u>	<u>Percent of Clients</u>
Low income	_____ %
Moderate income	_____ %
Abused children	_____ %
Battered spouses	_____ %
Elderly (62 or older)	_____ %
Handicapped	_____ %
Homeless	_____ %
Illiterate	_____ %
Migrant farm workers	_____ %

5. Indicate under which federal criterion your program qualifies for CDBG funds.
  - Low/Moderate Income
  - Slum/Blight

If you are qualifying under the “slum/blight” criterion, describe the condition and economic

characteristics of the targeted area or properties. Explain how your program will address the conditions which contribute to the deterioration of the area.

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6. Indicate under which federal objectives your program qualifies for CDBG funds.

Availability/Accessibility

- Enhance suitable living environment through new/improved accessibility
- Create decent housing with new/improved accessibility
- Promote economic opportunity through new/improved accessibility

Affordability

- Enhance suitable living environment through new/improved affordability
- Create decent housing with new/improved affordability
- Promote economic opportunity through new/improved affordability

Sustainability

- Enhance suitable living environment through new/improved sustainability
- Create decent housing with new/improved sustainability
- Promote economic opportunity through new/improved sustainability

7. Which of the following categories best describes your program:

- Social service                       Historical preservation                       Capital improvement
- Other (specify) \_\_\_\_\_

**BUDGET/FINANCIAL DATA**

1. Average annual budget of organization \$ \_\_\_\_\_

2. Estimated total project cost (Specific project/program for which you are requesting funding, not entire organization)

FY 2017-18 \_\_\_\_\_

FY 2018-19 \_\_\_\_\_

3. Please list anticipated annual revenues and expenditures for the specific project or program for which you are requesting funding, not the entire organization. If you are seeking funding for salaries and benefits, please list each position separately. Emphasis in reviewing will be placed on self-sufficiency, and consideration of the extent the project relies on Block Grant funding. (Attach a copy of your organization’s budget, if necessary).

**REVENUE:**

Tustin CDBG request	\$ _____
Other public funding	\$ _____
Private funding/contributions	\$ _____
Program fees	\$ _____
Other (please specify)	\$ _____
<b>Total Annual Revenue</b>	<b>\$ _____</b>

**EXPENDITURES:**

	<u>TOTAL</u>	<u>CDBG FUNDS</u>	<u>OTHER FUNDS</u>
Salaries and benefits			
Staff position	\$ _____	\$ _____	\$ _____
Staff position	\$ _____	\$ _____	\$ _____
Supplies	\$ _____	\$ _____	\$ _____
Rent	\$ _____	\$ _____	\$ _____
Communications			
(telephone, postage etc)	\$ _____	\$ _____	\$ _____
Local travel	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
Staff training			
(workshops, materials etc)	\$ _____	\$ _____	\$ _____
Capital expenses			
(please specify)	\$ _____	\$ _____	\$ _____



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8. Evaluation of project. (Please describe the process you will employ in order to evaluate the effectiveness of your program. You are encouraged to provide an evaluation plan which can be expressed in quantifiable terms, with objective, measurable standards to judge the relative success of the program).

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9. Certification.

I hereby certify that the above information is accurate and true. If funds are granted to our organization, they will be used for a CDBG eligible purpose. We understand that liability insurance will be required for our group, and that our formal agreement with the City will specify other reporting and programmatic provisions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization/Agency

*Note: If signer is a representative of a corporation/partnership, then documentation should be attached which clearly authorizes them to sign on behalf of the organization/partnership.*