

City Of Oceanside
Neighborhood Services Department – Housing Division

2011-2012 PUBLIC SERVICES AND HOUSING PROGRAMS

II. APPLICATION FORMS

PART 1 – COVER PAGE AND CHECKLIST

Name of Organization: _____

Name of Program: _____

Date Submitted: _____

Checklist (refer to Part I p. 7 for limits on pages):

- ☐ Application Summary Form
- ☐ Summary Description with goal, objectives, and outcomes
- ☐ Community Benefit
- ☐ Program Budget / Sources and Uses
- ☐ Budget Narrative
- ☐ Letters of collaboration or MOUs/MOAs, if applicable
- ☐ List of current Board of Directors showing corporate officers

Certifications: I understand that if the City awards Community Development Block Grant or other grant funds for the activity described in this application,

- ☐ The agency will comply with federal regulations on eligible expenses, accounting procedures and reporting requirements in accordance with 24 CFR 502 and OMB Circulars A-122 and A-110.
- ☐ The agency will be able to comply with insurance requirements of the City of Oceanside and provide insurance certificates and endorsements.
- ☐ The agency will be able to return a signed agreement with all required attachments within ninety days of receipt of the agreement.

Signature of Agency Director or Board President

Printed name of signer

PART 2 - APPLICATION SUMMARY FORM

Name of Organization _____

Mailing Address _____

Contact Person _____ Telephone _____

Fax _____ E-Mail _____

DUNS Number _____

Program Name _____

Program (site) Address _____

Program Manager _____

Brief Summary of Program (100 words maximum):

Total Program Cost: \$ _____ **Grant funds requested:** \$ _____

(The budget must show the total cost of the grant-funded program during the entire program period. Grant request may not exceed amount awarded in 2009-2010.)

Funding Source: ___ CDBG (Public Services) ___ Mortgage Revenue Bond (Housing)

Which National Objective does your program meet? (check one)

_____ Low/Moderate Income Clientele _____ Housing / Transitional Housing

_____ Low/Moderate Income Area Benefit _____ Emergency Services

Which Local Objective does your program address? _____

What positive outcome(s) will result from this program? _____

Which neighborhood will benefit by this program? In what way? _____

How many **unduplicated Oceanside** clients do you expect to serve by this program?

_____ Persons or _____ Households

PART 3 - PROGRAM DESCRIPTION

I. Summary Description (maximum two pages, single-sided, double-spaced, 12 pt font)

A. Mission Statement

Include the agency's mission statement.

B. Program Goal and Objectives:

1. State the overall goal of the program and up to three specific objectives. Use the SMART guide when writing objectives (Strategic, Measurable, Achievable, Realistic, Time-related).
2. Indicate the number of "service units" that will be provided (number of counseling sessions or health screenings, hours of after school activities, etc.), the total number of unduplicated clients/participants who will be served, the number of clients/participants who are low/moderate income, and the number of clients/participants who are residents of Oceanside.

C. Program Description:

1. Briefly describe the program: what work or activities will be performed, what services will be provided, etc.
2. Describe the level of collaboration with other agencies or organizations in this Program. Attach letters of intent or the MOU from each collaborative partner.
3. Describe the positive outcomes that result from this activity and what performance measurements and evaluation tools are used in the program.

II. Community Benefit (maximum two pages, single-sided, double-spaced, 12 pt font)

A. Justification for Continued Funding:

1. Describe the continued need for the program in the community and how the allocation of grant funds from the City of Oceanside is a cost effective use of limited grant funds.
2. Describe what additional positive results the program can accomplish with continued funding.
3. Describe efforts to raise funds for this program from the local community

B. Program Year 2011-2012 Accomplishments:

1. With reference to the reports submitted for 2009-2010 and for the first six months of 2010-2011, describe the accomplishments achieved to date, the degree to which the objectives were met, and the positive outcomes resulting from the program.
2. Describe how any difficulties or obstacles were or will be overcome.
3. Describe the positive impacts on the neighborhood.

PART 4 – PROGRAM BUDGET (two pages)

- A. Budget: Submit a “sources and uses” budget for the program on the attached Budget Form, showing all sources of funds for the Program (total cost) and how 2011-2012 grant funds will be used, based on the amount awarded for 2010-2011. The value of in-kind contributions and volunteer hours may be estimated. Be sure to Include registration, membership, day-use or other fees charged to participants.
- B. Budget Narrative: Attach a budget narrative (one page) briefly explaining each line item for which you are requesting funds.

2010-2011 PROGRAM BUDGET

Organization: _____

Program Name: _____

CDBG Funds 2009-2010: \$ _____ Total Program Budget: \$ _____

Note: Indicate with an asterisk (*) funds that are volunteer time or in-kind contribution.

1. Sources of funding for the program:

- | | |
|---|----------|
| a. 2009-2010 City grant funds | \$ _____ |
| b. Other federal funds (if any) | _____ |
| c. State or local government funds | _____ |
| d. Donations and contributions | _____ |
| e. Membership, registration or other fees | _____ |
| f. In-kind contributions / Volunteer time | _____ |
| g. Other funding _____ | _____ |
| h. TOTAL PROGRAM BUDGET (Total program cost) | \$ _____ |

2. Use of grant funds for the program: (1.a.)

- | | |
|--|----------|
| a. Wages and salaries | \$ _____ |
| b. Personnel benefits | _____ |
| c. Materials and supplies | _____ |
| d. Program expenses and evaluation | _____ |
| e. Rent and utilities | _____ |
| f. Insurance | _____ |
| g. Mileage | _____ |
| h. Incentives and Special Events | _____ |
| i. Indirect costs | _____ |
| j. _____ | _____ |
| k. _____ | _____ |
| l. TOTAL GRANT FUNDING (same as 1.a.) | \$ _____ |

3. Percentage of Program budget represented by requested funding _____ %

SAMPLE PROGRAM BUDGET

Organization: ABC Service Agency

Program Name: Senior Health Services

CDBG/MRB: \$15,000 Program Budget: \$20,200 + \$1,500 in-kind

1. Sources of funding for program:

a. Funding from the City	\$ <u>15,000</u>
b. Other federal funds (if any)	<u>0</u>
c. State or local government funds	<u>3,600</u>
d. Donations and contributions	<u>520</u>
e. Fees or memberships	<u>0</u>
f. In-kind contributions / Volunteer time	<u>1,500*</u>
g. Other funding: <u>Discount on rent by owner</u>	<u>1,000*</u>
h. Indirect costs	<u>0</u>
i. TOTAL PROGRAM BUDGET (program cost)	\$ <u>21,620</u>

2. Use of grant funds requested for the Program

a. Wages and salaries	\$ <u>5,600</u>
b. Personnel benefits	<u>1,120</u>
c. Materials and supplies	<u>480</u>
d. Program expenses and Evaluation	<u>0</u>
e. Rent	<u>5,000</u>
f. Utilities	<u>1,800</u>
g. Insurance	<u>1,000</u>
h. Mileage	<u>0</u>
i. Other: _____	<u>0</u>
j. Indirect costs	<u>0</u>
k. TOTAL GRANT FUNDING	<u>\$15,000</u>

3. Percentage of Program budget represented by requested funding 69.4%
[Grant funds (2.k.) divided by total program budget (1.i.)]