



**City of Santa Ana
Community Development Block Grant**

**Housing Rehabilitation Application Packet
for
Program Year 2012-2013**

City of Santa Ana
Community Development Agency-M25
20 Civic Center Plaza, 6th Floor
Santa Ana CA 92701

DESCRIPTION OF COMMUNITY DEVELOPMENT BLOCK GRANT REQUIREMENTS FOR FUNDING

National Objective Requirement

Programs must collect information on clients participating to demonstrate that the program participants meet HUD's definition of low- and moderate-income.

Eligible Activities Requirement

This application is intended to request funds to support housing rehabilitation programs.

Organization Requirement

Only nonprofit organizations in good standing with the California Secretary of State and Attorney General will be eligible for CDBG funding. All nonprofit applicants must be able to document 501(c)(3) status at the time of application. Applicants whose status is pending at the time of application will not be considered for funding.

Non-profit status will be checked by city staff with the following websites. The City recommends that organizations visit these sites to confirm their non-profit status so that any issues can be addressed prior to application submittal.

Secretary of State of California
<http://kepler.sos.ca.gov/list.html>

Internal Revenue Service
<http://www.irs.gov/app/pub-78/>

Additional Requirement

All applicants approved for CDBG funding will be required to obtain a minimum of \$1,000,000 general liability insurance and Workers' Compensation insurance for all employees throughout the term of the contract. In addition, the City must be listed as additionally insured via an endorsement stating that it is primary and noncontributory. This requirement will also apply to those companies contracted or sub-contracted by the applicant.

If funded, organizations will also need to comply with several federal requirements. For more information on these requirements organizations may view the following websites.

Regulations governing grants and agreements with institutions of higher education, hospitals and other non-profit organizations

http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr84_98.html

Regulations governing administrative requirements for grants and cooperative agreements to state, local and federally recognized Indian tribal governments

http://www.access.gpo.gov/nara/cfr/waisidx_98/24cfr85_98.html

Guidebooks for grantees and sub-recipients in the CDBG program

<http://www.hud.gov/offices/cpd/communitydevelopment/library/subrecipient/>

If funded, organizations may need to adjust the proposed budget should the city fund only certain budget categories.

If funded, organizations will need to work with city staff to complete administrative procedures before a project can be started. (example environmental reviews)

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
CITY OF SANTA ANA, CALIFORNIA
APPLICATION FOR SUBRECIPIENT PROPOSALS
FY 2012-2013 PROGRAM**

DUE DATE: FEBRUARY 9, 2012

Applications (one hard copy) must be returned to the address below **NO LATER THAN 5 P.M., FEBRUARY 9, 2012; ABSOLUTELY NO LATE APPLICATIONS WILL BE ACCEPTED (NO FAXES OR ELECTRONIC VERSIONS).** We recommend applications be mailed as certified with a return receipt for documentation of delivery.

City of Santa Ana
CDBG Administration
Community Development Agency M-25
20 Civic Center Plaza, 6th floor
Santa Ana, CA 92701

Do not add extra pages or attachments unless instructed to do so. Any supplemental material such as letters of support, press clippings, etc., will not be accepted as part of this application submittal. Limit responses to the space provided – any additional narrative beyond the provided space will not be considered.

Submit one complete application for each proposed program.

- Application Form
- Program Budget (Attachments 1)
- IRS Non-profit Designation Letter (Attachment 2)
- Form 990 (Attachment 3)
- Funding Commitments (Attachments 4)
- Board of Directors, By-laws and Articles of Incorporation (Attachment 5)
- Conflict of Interest Questionnaire (Attachment 6)
- Program Outcome Measurements (Attachment 7)

NOTES:

Failure to provide all required information will cause this application to become invalid and will not be considered for funding. The City reserves the right to withdraw consideration of this application if evidence of compliance is not provided or if compliance status changes during the application process. The City reserves the right to waive a requirement if it is determined to be in the best interest of the City.

**CDBG 2012-2013
APPLICATION FORM
DUE DATE: 5:00 p.m., February 9, 2012**

I. ORGANIZATIONAL

A.	Legal Organizational Name:	
B.	Proposed Program Name:	
C.	Mailing Address:	
D.	Service Address(es):	
E.	Contact Name:	
	Title:	
	Telephone:	
	Fax:	
	E-Mail:	
F.	Authorized Signature Name	
	Title:	
G.	Federal Tax ID #:	
H.	DUNS #:	

II. SERVICE AND FUNDING

A. How many unduplicated Households (both Santa Ana Households and Non-Santa Ana Households) will this program plan to serve during 2012-2013?	
B. Of the number from II.A. how many will be City of Santa Ana Households?	
C. Amount of CDBG funding requested for FY 2012-2013: (If this application is an electronic version the blank will automatically fill in once Attachment 1 is completed)	0

III. HISTORY

	2010-2011	2009-2010	2008-2009
A. Total Households served by the proposed program			
B. Of III.A. number of Santa Ana Santa Ana Households			
C. Total expense of the proposed program			
D. Total amount of Santa Ana grants received for this program.			

IV. PROGRAM DESCRIPTION-DETAIL

In the space below, describe the program. List the specific services that will be provided with CDBG funds (max. char. 2000)

V. ADDITIONAL INFORMATION

A. Community Involvement - In the space below, list the Santa Ana Neighborhood Associations, local community organizations and/or civic groups your organization participate in and to what extent? (max. char. 1000)

B. With rising construction costs, how will your organization ensure it will meet the goal stated in II.A. and II.B. (max. char. 1000)

VI. OUTCOME PERFORMANCE

What is the intended outcome of the proposed program (max. char. 2000)

VII. DONATIONS

Please list the types of items that will be donated by different groups (in-kind, supplies, volunteer, etc...). Also indicate which of these have already been committed and which are expected to be committed. (max. char. 2000)

VIII. BUDGET CONTROLS

Describe the internal controls for ensuring costs do not exceed the budget per unit or per program. (max. char. 2000)

IX. BUDGET OVERAGE

If costs do exceed the budget, how will additional funds be obtained in order to meet your goal. (max.char. 2000)

X. QUALIFICATIONS

Please describe the qualifications of your staff (Program & Administrative) that would allow your organization to provide the services stated as well as comply with regulatory requirements. (max. char. 2000)

(If more lines are needed for additional staff, please create a separate page with the same format to list the remaining personnel. Label it X(a))

List all individuals working on the proposed program by Name and Title. (include both Admin and Program Staff)	List activities that they will perform.	List qualifications to perform these activities	Place an "X" for whom will be CDBG funded
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

XI. CERTIFICATIONS

- A. Applicant certifies that it will not discriminate against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age, in compliance with Government Code 12900, *et seq.* Applicant agrees to take affirmative action to insure that applicants are employed, and that employees are treated during employment, without regard to their race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age.
- B. Applicant certifies that it does not discriminate against any person wishing to benefit from their services/program on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or age.
- C. Does any officer, employee or board member have an ownership interest, either directly or through a partnership or corporate entity, in any facilities owned, leased, or rented by the applicant organization? This includes leases between an organization and a director, trustee, officer or key employee of the organization or his/her immediate family either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest. Yes No

If Yes, please list the individual(s) and/or company(ies) below.

Name

If No, please list the owner(s) of record.

- D. Do your board members receive a salary or other stipend for serving on this board?
 Yes No (If yes, include amount next to each board member's name as part of attachment #5)
- E. What was the date of the last meeting of your board of directors?

XII. SIGNATURE

I hereby certify that, to the best of my knowledge, all statements made in this application are true and correct. If funds are granted to our organization, they will be used for a CDBG-eligible purpose. I understand that liability and workers compensation insurance will be required for our group, and that our formal agreement with the City will specify other reporting and programmatic provisions.

Name _____ Title _____

Signature _____ Date _____

ATTACHMENT #1(a-c)

PLEASE COMPLETE THE FOLLOWING FORMS REGARDING
CDBG FUNDED PERSONNEL AND CONTRACTUAL SERVICES (ATTACHMENT 1a)
2012-2013 PROGRAM BUDGET (ATTACHMENT 1b)
2011-2012 PROGRAM BUDGET (ATTACHMENT 1c)

IMPORTANT NOTICE:

The City asks that you list other secured funding sources on the budget forms, but the City realizes that all other funding sources may not be secured at the time of this application. Organizations may include unsecured resources with the understanding that the City will hold the organization to the same service level indicated in the application whether all the resources listed are actually received or not. The only item that will affect the service level expected by the City will be the responses provided under section II.B. & C. of this application and the amount of funding provided by the City of Santa Ana CDBG for the 2012-2013 grant year.

ATTACHMENT 1(a-c)

**CDBG FUNDED PERSONNEL
ADMINISTRATIVE STAFF**

Position Title	Annual Salary	Annual Benefits	Total Compensation	CDBG Funds Requested	% of time in the program serving Santa Ana Residents
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00	\$0.00	

PROGRAM STAFF

Position Title	Annual Salary	Annual Benefits	Total Compensation	CDBG Funds Requested	% of time in the program serving Santa Ana Residents
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00	\$0.00	

CONTRACTUAL/PROFESSIONAL SERVICES

Type of Service	Contract Amount		Total Compensation	CDBG Funds Requested	% of time in the program serving Santa Ana Residents
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00		
			\$0.00	\$0.00	

PROGRAM YEAR 2012-2013
PUBLIC SERVICE PROGRAM BUDGET PROPOSAL

Organization Name: _____
Program Name: _____

EXPENDITURES

CATEGORY	EXPENDITURES FUNDED BY SANTA ANA CDBG	EXPENDITURES FUNDED BY OTHER SOURCES	TOTAL PROGRAM BUDGET	TOTAL ORGANIZATIONAL BUDGET
Administrative Staff Salaries & Benefits (Santa Ana Exp. Will fill in upon completion of Attachment 1(a))	\$0.00		\$0.00	
Program Staff Salaries & Benefits (Santa Ana Exp. Will fill in upon completion of Attachment 1(a))	\$0.00		\$0.00	
Contractual/Professional Services (Santa Ana Exp. Will fill in upon completion of Attachment 1(a))	\$0.00		\$0.00	
Office Supplies			0	
Rent/Lease			0	
Communications			0	
Utilities			0	
Insurance			0	
Other (Please Specify)				
1.			0	
2.			0	
3.			0	
4.			0	
5.			0	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

PROGRAM REVENUE

LIST ALL OTHER PROGRAM RESOURCES THAT HAVE BEEN SECURED*** FOR 12-13
"Funding Source" total must equal "Total Program Budget" listed above.

FUNDING SOURCE	AMOUNT
Santa Ana CDBG	\$0.00
TOTAL	\$0.00

***See note on Attachment #1 cover page

PROGRAM YEAR 2011-2012
CURRENT PUBLIC SERVICE PROGRAM BUDGET

Organization Name: _____

Program Name: _____

EXPENDITURES

CATEGORY	EXPENDITURES FUNDED BY SANTA ANA CDBG	EXPENDITURES FUNDED BY OTHER SOURCES	TOTAL PROGRAM BUDGET	TOTAL ORGANIZATIONAL BUDGET
Administrative Staff Salaries & Benefits			\$0.00	
Program Staff Salaries & Benefits			0	
Contractual/Professional Services			0	
Office Supplies			0	
Rent/Lease			0	
Communications			0	
Utilities			0	
Insurance			0	
Other (Please Specify)				
1.			0	
2.			0	
3.			0	
4.			0	
5.			0	
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00

PROGRAM REVENUE

LIST ALL OTHER PROGRAM RESOURCES THAT HAVE BEEN SECURED FOR 11-12
"Funding Source" total must equal "Total Program Budget" listed above.

FUNDING SOURCE	AMOUNT
Santa Ana CDBG	\$0.00
TOTAL	\$0.00

Attachment 1(c)

ATTACHMENT #2

PLEASE PLACE A COPY OF YOUR ORGANIZATION'S
IRS NON-PROFIT DESIGNATION LETTER
BEHIND THIS SHEET

ATTACHMENT #2

ATTACHMENT # 3
PLEASE PLACE A COPY OF YOUR ORGANIZATION'S
990 FORM
BEHIND THIS SHEET

ATTACHMENT #3

ATTACHMENT #4
PLEASE PLACE A COPY OF YOUR ORGANIZATION'S
FUNDING COMMITMENTS (AWARD LETTERS, GRANTS NOTIFICATIONS, ETC...)
BEHIND THIS SHEET

ATTACHMENT #4

ATTACHMENT #5
PLEASE PLACE A COPY OF YOUR ORGANIZATION'S
LIST OF BOARD OF DIRECTORS, BY-LAWS
AND ARTICLES OF INCORPORATION
BEHIND THIS SHEET

ATTACHMENT #5

ATTACHMENT #6
PLEASE PLACE A COPY OF THE
CONFLICT OF INTEREST QUESTIONNAIRE
BEHIND THIS SHEET

ATTACHMENT #6

CITY OF SANTA ANA
Community Development Block Grant

CONFLICT OF INTEREST QUESTIONNAIRE

Federal, state and city law prohibits employees and public officials of the City of Santa Ana from participating in any transaction, on behalf of the City, in which they have a financial interest. In order to assure compliance with this requirement, this questionnaire must be completed and submitted by each applicant for Community Development Block Grant (CDBG) funding. The purpose of this questionnaire is to determine if your agency staff or Board members perform functions or responsibilities that would be a conflict of interest with respect to the CDBG program. If necessary, detailed explanations may be provided on separate sheets of paper.

1. Is/are there any member(s) of your staff, Board of Directors, or other governing body, who is currently, or has/have been within one year of the date of this questionnaire, a City of Santa Ana employee or a member of a City board or commission that has a direct influence on the allocation of CDBG funding? Yes No

If yes, please list the following:

<u>Name</u>	<u>Position</u>	<u>City/Department</u>

2. Will the CDBG funds requested by the applicant be used to pay the salaries of any of applicant's staff person(s) who is/are, or has/have been within one year of the date of this questionnaire, employed by the City of Santa Ana? Yes No

If yes, please list the name(s) below and identify the City Department in which each person is employed:

<u>Name</u>	<u>City/Department</u>

3. Will the CDBG funds requested by the applicant be used to pay the salaries of any of applicant's staff person(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a member of a City of Santa Ana board or commission that has a direct influence on the allocation of CDBG funding? Yes No

If yes, please list the following:

Name: _____	Year(s) _____
Name: _____	Year(s) _____
Name: _____	Year(s) _____
Name: _____	Year(s) _____

4. Will the CDBG funds, requested by the applicant, be used to award a contract or subcontract to any individual(s) or business affiliate(s) who is/are currently, or has/have been within one year of the date of this questionnaire, a City of Santa Ana employee or a member of a City board or commission that has a direct influence on the allocation of CDBG funding? Yes No

If yes, please list the name(s): Name: _____

The CDBG funds used for reimbursement of rent shall not benefit any employee, agent, consultant, officer, elected official or appointed official of the subrecipient. This prohibition includes leases between an organization and a director, trustee, officer or key employee of the organization or his/her immediate family either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest.

Organization Date

Signature Title

ATTACHMENT #7
OUTCOME MEASUREMENT

ATTACHMENT #7

City Performance Outcomes

Based on the type of service that the proposed program will perform your agency will be asked to track certain information. Below is a list of services and the corresponding information that will need to be tracked. Place an "X" next to the service that best describes your activity.

Owner-Occupied Housing Rehabilitation	Number of owners assisted to rehabilitate their primary residence for the following income categories: -Extremely Low Income -Very Low Income -Moderate Income Special Needs Categories -Large Families	Physical safety and comfort will be improved for Low and Moderate income households by improving homes to a level that meets or exceeds HUD housing quality standards.	Total number of units: -Number occupied by elderly -Number of units brought from substandard to standard condition (HQS or local code) -Number qualified as Energy Star -Number of units brought into compliance with lead safe housing rule (24 CFR part 35) -Number of units made accessible for persons with disabilities	Accessibility for the purpose of providing Decent Affordable Housing
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Please describe how your organization will accomplish the City and HUD tracking that is required. Describe the process of obtaining the needed information.