

COUNTY OF SAN BERNARDINO
DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

2005-2006 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

- PUBLIC SERVICE PROGRAM PROPOSAL -

Public service programs involve the use of CDBG funds to pay the non-construction costs of providing new or expanded services such as: graffiti removal, social services, transportation services (in support of qualified social services); employment, housing, legal, health and education services; and blight abatement. Please note that federal regulations limit the use of CDBG funds for public services to 15 percent of the County's grant.

Important: The U.S. Department of Housing and Urban Development (HUD) notified the County that the costs associated with subrecipient oversight of small grants far exceed the actual grant award. HUD recommended that the County increase the minimum grant awards in order to justify the administrative burden. Consequently, ECD strongly encourages CDBG awards of \$5,000 or more per city or unincorporated community to be served, and will use this grant minimum in making its recommendations for approved projects. See page 4 of 5 for more details.

Carefully read through the instructions and proposal forms. Answer all questions, which are applicable to your project, as specifically and completely as possible. If more space is needed, attach separate sheets.

TYPE OR PRINT

A. APPLICANT INFORMATION

- 1) Name of Applicant Organization: _____

- 2) Mailing Address: _____
_____ Zip: _____
- 3) Contact Person: _____
- 4) Title: _____
- 5) Phone: _____ FAX: _____
- 6) E-mail Address: _____

B. PROJECT DESCRIPTION

- 1) Using 25 words or less, provide a concise description of the proposed program. **This 25-word description is required in order for this application to be considered complete.** Consider items addressed under the General Project Eligibility section of the Project Proposal Instructions. A detailed project description is also required to be provided on Attachment A, page 5 of 5.

C. PROJECT CHARACTERISTICS

1) Street address and nearest cross streets of the site or office where the program will be carried out: (3 lines max.)

2) Legal property owner: (2 lines max)

3) Local zoning restrictions that would affect the program: (2 lines max.)

4) Conditional use permit required? Yes No
If yes, attach a copy of the permit. If no, explain why: (2 lines max.)

5) Description of the community need(s) addressed by this proposal: (4 lines max.)

6) Describe the geographic boundaries of the neighborhood, community or area in which clients of the proposed program reside (attach a map if needed): (2 lines max.)

7) Estimated number of people to be served: _____

8) The proposed Community Service would be provided to: (Please click the one which most applies)

- | | |
|--|---|
| <input type="checkbox"/> Low-and moderate-income persons or households | <input type="checkbox"/> Battered spouses |
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Handicapped persons | <input type="checkbox"/> Migrant farm workers |
| <input type="checkbox"/> Illiterate persons | <input type="checkbox"/> Elderly persons |

9) Corporate name and non-profit corporation status of the non-profit agency to provide the proposed service (CDBG subrecipients must be incorporated public or private non-profit organizations): (2 lines max.)

10) Federal I.D. Number or Social Security Number of the non-profit organization:

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D. PROJECT BUDGET

	<u>County CDBG Share</u>	<u>Other Sources</u>
Personnel		
Equipment		
Consultant Services		
Space Rent		
Audits		
Other		
Total Costs		
Grand Total (CDBG + Other)		

Estimator (name and title): _____

E. AMOUNT OF CDBG FUNDS REQUESTED

1) Amount of CDBG funds requested in this application:

(Equals Total County CDBG Share, Above)

2) Additional funds to be provided by Other Source(s) for this project. The date that the Other Source(s) of funds have been or will be awarded and available, must be stated below:

Source(s): _____

Award Date: _____ Date Available: _____

Source(s): _____

Award Date: _____ Date Available: _____

Source(s): _____

Award Date: _____ Date Available: _____

Total (Should Equal "Other Sources", Above)

3) Authorized Signature: To the best of my knowledge, the information provided on this application is true and I am authorized to submit this application on behalf of the applicant agency. Also, I acknowledge that insurance coverage including, but not limited to, Comprehensive General Liability and Automobile Liability, and Professional Liability will be required before CDBG funds can be made available to approved projects.

Name: _____ Phone: _____

Signature: _____ Date: _____

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F. BENEFIT AREAS

This section requires a break down of the requested CDBG funds according to the geographic area to be covered by the proposed public service. Only enter amounts for communities where you intend to provide primary service. Partial funding of a project proposal may occur and must be considered when calculating a requested amount for more than one areas. **Each requested amount must be \$5,000 or greater and must be sufficient to provide the service within the identified city or unincorporated region.**

- 1) **Cooperating Cities:** The following cities participate as cooperating cities in the County's CDBG program. Please determine if the primary service area for your proposed service would include one or more of the following cities. If the service would provide predominate or partial benefit to city residents, the County will request a funding recommendation from the benefiting city or cities. Enter the requested amount of CDBG funds needed to provide the proposed service to each applicable city. Sub-total your entries below.

<u>Amount Requested</u>	<u>Amount Requested</u>
Adelanto	Montclair
Barstow	Needles
Big Bear Lake	Redlands
Colton	Twentynine Palms
Grand Terrace	Yucaipa
Highland	Town of Yucca Valley
Loma Linda	

Funds Benefiting Cooperating Cities:

Sub-total

- 2) **Unincorporated Regions:** The following regions contain unincorporated areas covered by the County CDBG program. Please determine if the primary service area for your proposed project includes one or more of the following unincorporated areas. Check off the applicable community or communities. Enter the requested amount of CDBG funds needed to provide the proposed project to each applicable unincorporated area. Sub-total your entries below.

Amount Requested

- Searles Valley and vicinity (in the First District)
 - Hinkley/Lenwood Newberry Springs Baker / vicinity (in the First District)
 - Wonder Valley Colorado River areas (in the First District)
 - Oro Grande other unincorporated Victor Valley areas (in the First District)
 - Phelan/Pinon Hills El Mirage Wrightwood / vicinity (in the First District)
 - Lucerne Valley and vicinity (in the First District)
 - Crestline/Cedarpines Park (in the Second District)
 - West Fontana Lytle Creek Devore (in the Second District)
 - Johnson Valley Landers Morongo Valley / vicinity (in the Third District)
 - Joshua Tree and areas to the north and east (in the Third District)
 - Lake Arrowhead Running Springs Big Bear Valley (in the Third District)
 - Bryn Mawr Del Rosa Mentone (in the Third District)
 - South Montclair Dairy Preserve area (in the Fourth District)
 - Muscoy North Norton Bloomington (in the Fifth District)
 - Arrowhead Suburban Farms (in the Fifth District)
- Other, Please specify

Funds Benefiting Unincorporated Regions:

Sub-total

- 3) **Total Funds:** The total amount of CDBG funds requested in Section F, (Cooperating Cities + Unincorporated Regions). **This amount must equal the amount of CDBG funds requested in this application on Line 1, Section E.**

Total Funds (or countywide amount) Requested

DETAILED PROJECT DESCRIPTION

(Continuation of Section B, Project Description, Page 1 of 5)

Within the space provided on this page, provide detailed information needed to fully describe the proposed public service, its purpose and its beneficiaries. Please attach applicable maps, plans and brochures.

PLEASE SUBMIT ONE PAPER COPY OF EACH COMPLETED AND SIGNED PROJECT PROPOSAL TO: County of San Bernardino, Department of Economic and Community Development, 290 North "D" Street, Sixth Floor, San Bernardino, CA 92415-0040, Attention: Program and Compliance Section.

For assistance or information regarding the completion of this proposal, call (909) 388-0959. FAX (909) 388-0929.

This application form can be accessed in PDF form on ECD's Web Page at:
<http://www.sbcounty.gov/e cd/community/CDBGProjPropAppPkg.htm>

comdev/consolidated plan/2005-2006/CDBG Application text/
10/05/04/mh