

2011-2012 PUBLIC SERVICE PROGRAM PROPOSAL

C. Project Characteristics			
1	Street address and nearest cross streets of the site or office where the program will be carried out:		
2	Legal property owner:		
3	What is the current zoning? Is this use permitted in this zoning? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain why:		
4	Is a conditional use permit required? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a copy of the permit.)		
5	This community service would address the following community need(s): (Please check all that apply) <table border="0"> <tr> <td style="vertical-align: top;"> <u>Public Service Needs:</u> <input type="checkbox"/> Senior Services <input type="checkbox"/> Handicapped Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Employment Training <input type="checkbox"/> Health Services <input type="checkbox"/> Lead Hazard Screening <input type="checkbox"/> Crime Awareness <input type="checkbox"/> Other: (Please describe): </td> <td style="vertical-align: top;"> <u>Economic Development Needs:</u> <input type="checkbox"/> Assistance to for-Profit Businesses <input type="checkbox"/> Business Technical Assistance <input type="checkbox"/> Micro-Enterprise Business Assistance <input type="checkbox"/> Commercial / Industrial Rehabilitation <input type="checkbox"/> Commercial / Industrial Infrastructure Development <u>Planning Needs:</u> <input type="checkbox"/> Planning </td> </tr> </table>	<u>Public Service Needs:</u> <input type="checkbox"/> Senior Services <input type="checkbox"/> Handicapped Services <input type="checkbox"/> Youth Services <input type="checkbox"/> Child Care Services <input type="checkbox"/> Transportation Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Employment Training <input type="checkbox"/> Health Services <input type="checkbox"/> Lead Hazard Screening <input type="checkbox"/> Crime Awareness <input type="checkbox"/> Other: (Please describe):	<u>Economic Development Needs:</u> <input type="checkbox"/> Assistance to for-Profit Businesses <input type="checkbox"/> Business Technical Assistance <input type="checkbox"/> Micro-Enterprise Business Assistance <input type="checkbox"/> Commercial / Industrial Rehabilitation <input type="checkbox"/> Commercial / Industrial Infrastructure Development <u>Planning Needs:</u> <input type="checkbox"/> Planning
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6	Describe the geographic boundaries of the neighborhood, community or area in which clients of the proposed program reside (attach a map if needed):		
7	The proposed community service would be provided to: (Please check all that apply) <table border="0"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Low-and-moderate-income persons or households <input type="checkbox"/> Abused children <input type="checkbox"/> Handicapped persons <input type="checkbox"/> Illiterate persons </td> <td style="vertical-align: top;"> <input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Elderly persons </td> </tr> </table>	<input type="checkbox"/> Low-and-moderate-income persons or households <input type="checkbox"/> Abused children <input type="checkbox"/> Handicapped persons <input type="checkbox"/> Illiterate persons	<input type="checkbox"/> Battered spouses <input type="checkbox"/> Homeless persons <input type="checkbox"/> Migrant farm workers <input type="checkbox"/> Elderly persons
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8	Estimated unduplicated number of clients/persons projected to be served during the program year (e.g. 25 clients, 50 seniors): (Per month 25 clients will be provided with shelter services for 12 months reflecting 300 per year).		
9	Estimated yearly units of service (duplicated, e.g. 25 clients x 10 visits=250 units of service): (Per month 25 clients will be provided 10 counseling sessions for 12 months reflecting 3,000 units of services per year).		
10	For economic development activities, estimate the number of new full time jobs to be created: (CDBG funds will be used to provide technical assistance to approximately 100 businesses per year to increase economic activity and creation of 25 new jobs).		

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D. Project Budget		
	CDBG Share	Other Source
Personnel	\$	\$
Equipment (Rental, Lease or Purchase)	\$	\$
Consultant Services (Auditing, Accounting or Payroll Services)	\$	\$
Space Rent	\$	\$
Insurance	\$	\$
Consumable Supplies	\$	\$
Other	\$	\$
Total Costs	\$0	\$0
Grand Total (CDBG & Other)	\$0	
Estimator (name and title):		

E. Amount of CDBG Funds Requested		
1	Amount of CDBG funds requested in this application (must equal Section D CDBG Share)	\$
2	Additional funds to be provided by <u>Other Source(s)</u> for this project. The date that the <u>Other Source(s)</u> of funds have been or will be awarded and available, must be stated below:	
	Source(s) <input type="checkbox"/> Federal (Type of Funding): _____ <input type="checkbox"/> State (Type of Funding): _____ <input type="checkbox"/> County (Type of Funding): _____ <input type="checkbox"/> Other (Type of Funding): _____ Award Date / / Date Available / /	\$
	Source(s) <input type="checkbox"/> Federal (Type of Funding): _____ <input type="checkbox"/> State (Type of Funding): _____ <input type="checkbox"/> County (Type of Funding): _____ <input type="checkbox"/> Other (Type of Funding): _____ Award Date / / Date Available / /	\$
	Source(s) <input type="checkbox"/> Federal (Type of Funding): _____ <input type="checkbox"/> State (Type of Funding): _____ <input type="checkbox"/> County (Type of Funding): _____ <input type="checkbox"/> Other (Type of Funding): _____ Award Date / / Date Available / /	\$
	Source(s) <input type="checkbox"/> Federal (Type of Funding): _____ <input type="checkbox"/> State (Type of Funding): _____ <input type="checkbox"/> County (Type of Funding): _____ <input type="checkbox"/> Other (Type of Funding): _____ Award Date / / Date Available / /	\$
	Total of Other Sources (Should equal "Total costs, Other Sources" in section D above)	\$0

Please note: If this project also benefits residents of non-participating jurisdictions, matching funds in proportion to the percentage of non-cooperating residents to be served must be provided by other funding sources.

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DETAILED PROJECT DESCRIPTION

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

Provide detailed information needed to fully describe the proposed public service, its purpose and its beneficiaries. Please attach applicable maps, plans and brochures.

**2011-2012 PUBLIC SERVICE PROGRAM PROPOSAL
DETAILED PROJECT DESCRIPTION (Continued)**

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.

Signature: _____ **Title:** _____

Print Name: _____ **Date:** ____ / ____ / ____

PLEASE SUBMIT ONE SIGNED PAPER COPY OF EACH COMPLETED AND SIGNED PROJECT PROPOSAL TO:
County of San Bernardino, Department of Community Development and Housing, 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) 388-0800 or FAX (909) 388-0929.

This application form can be accessed on CDH's Web Page at:
http://www.sbcountyadvantage.com/Community_Development_Information-Community_Dev_Division.aspx

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CDBG Application Checklist

Community-based organizations are required to include one copy of the items listed below. If you are not submitting these items at this time, please notify the Department of Community Development at (909) 388-0800 to make other arrangements. The following information is required before any contract or reimbursement can be completed.

- Summary of agency's current year General Operating Budget
- List of Agency's Board of Directors, including names and addresses
- Proof of existing non-profit/tax-exempt status (Letters from the Federal Internal Revenue Service and State Franchise Tax Board)
- Current certificate of insurance and amounts covered
- Organizational Chart
- Minutes of last Board meeting

If your application is funded you will be required to provide a copy of you last audit and your Articles of Incorporation and Bylaws must be on file.

CDBG Application Training

All Community Based Organizations are required to attend a 2011-2012 CDBG Application Training Session before the application will be accepted. See the 2011-2012 CDBG Application Training Schedule below.

CDBG Application Training Schedule		
Date	Time	Location
Wednesday, 1/5/2010	10:00am - 12:00pm	HIGH DESERT VICTOR VALLEY AREA Mojave Desert Air Quality Management District, Board Chambers 14306 Park Avenue, Victorville, CA
Wednesday, 1/5/2010	3:00pm - 5:00pm	CENTRAL VALLEY AREA County of San Bernardino Workforce Development Department Conference Room 215 North D Street, San Bernardino, CA