



**CITY OF HUNTINGTON PARK**  
**COMMUNITY DEVELOPMENT BLOCK GRANT**  
**CDBG and CDBG-CV FUNDING APPLICATION**  
**FISCAL YEAR 2021/2022**

**Community Development Department**  
**6550 Miles Avenue**  
**Huntington Park, CA 90255**

**SECTION I: CDBG FUNDING APPLICATION WORKSHEET**

Name of Agency Submitting Proposal \_\_\_\_\_

Type of Organization  Non-Profit  Public Agency \_\_\_\_\_

Program Name \_\_\_\_\_

Organization Address \_\_\_\_\_

Project Location, if different from above \_\_\_\_\_

Federal Identification Number (9 Digit Number) \_\_\_\_\_

DUNS Number \_\_\_\_\_

Contact Person and Title \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

Amount of CDBG Funds Requested \$ \_\_\_\_\_

Amount of CDBG-CV Funds Requested \$ \_\_\_\_\_

**Note:** CDBG-CV programs must provide services that are directly related to the prevention and response to the spread of COVID-19.

Proposed Use of Funds \_\_\_\_\_

Yes

No

The project location is confidential.

Yes No 

We have previously received Huntington Park funding. If Yes, when?

Yes No 

This is a new project.

**CITY PRIORITIES. Identify which priority need your organization meets.**

 Youth Services Child Care Services Transportation Services Senior Services Anti-crime Services Lead Based Paint Hazard Health Services Fair Housing Other: \_\_\_\_\_

**OUTPUT STATEMENT**

The objective of our proposed CDBG-funded activity is to create (check one):

- A suitable living environment. (Select this objective for activities that are intended to address a wide range of issues faced by LMI persons, from physical problems with their environment, such as poor quality infrastructure, to social issues such as crime prevention, literacy, or elderly health services.)
- Decent affordable housing. (Select this objective for activities where the purpose is to meet individual family or community housing needs.)
- Economic opportunities. (Select for activities related to economic development, commercial revitalization, or job creation.)

The desired outcome of our proposed CDBG-funded activity is (check one):

- Availability/Accessibility. (Select for activities that make services, infrastructure, public services, public facilities, housing, or shelter available or accessible to LMI people, including persons with disabilities.)
- Affordability. (Select for activities that lower the cost, improve the quality, or increase the affordability of a product or service to benefit a low-income household.)
- Sustainability. (Select for activities that are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of LMI or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.)

**PERFORMANCE MEASURES/INDICATORS** (check one and indicate proposed performance goal)

- Estimated total number of unduplicated beneficiaries provided with **new access** to this service or benefit (*new access to a service includes a service offered for the first time or a service that continues to be provided in subsequent years*):
  
- Estimated total number of unduplicated beneficiaries with **Improved access** to this service or benefit (*improved access to a service refers to a previously offered service that now is expanded in terms of size, capacity or location*):
  
- Estimated total number of unduplicated beneficiaries expected to receive a service or benefit that is **no longer substandard** (*this is in reference to a public service activity used to meet a quality standard or measurably improved quality*):

I hereby certify that, to the best of my knowledge, the information submitted with this funding application is complete and accurate.

Person Authorized to Certify  
Commitments Made to this Grant:

\_\_\_\_\_

Authorized Signature:

\_\_\_\_\_

Name:

\_\_\_\_\_

Date:

\_\_\_\_\_

Title:

\_\_\_\_\_

E-mail:

\_\_\_\_\_

## **SECTION II: NARRATIVE**

### **PROGRAM SUMMARY**

Provide a project description stating the number of people and/or households and/or housing units expected to result from this project and the targeted client group in relation to the 2020/21 – 2024/25 Consolidated Plan. What is the location of the project and what obstacles, of any, could delay the project start-up or completion? What is the timeline for this project? Note: The City of Huntington Park's program year is July 1 through June 30. Limit narrative to one page.

### **ORGANIZATIONAL CAPACITY, PROGRAM EXPERIENCE AND QUALIFICATIONS**

Attach a summary covering the following items:

- Organization profile, years in operation, resumes of the staff/personnel and experience with Federal Programs.
- Identify the project/program team by name, position title, and years of experience (employee, independent contractor, or volunteer), and their specific responsibilities in this project/program. If the team is not yet assembled, describe how you will select them. You must demonstrate that you have operated a comparable program for at least two years, though it need not necessarily have served Huntington Park residents.
- Description of previous CDBG funded projects/programs.
- Description of your track record with target population and established presence in Huntington Park

### **FISCAL ADMINISTRATION CAPACITY AND FUNDING NEEDED**

Attach a summary of the following:

- Your organization's capacity to manage and administer federal funds and comply with OMB financial control and reporting standards. Be sure to specify any previous experience with CDBG or other HUD funds.
- Has your Agency had problems in the expenditure of Federal funds? If so, when and why did this occur?
- Explain the need for these CDBG funds. What other funding sources are proposed or confirmed for this project/program? Please attach commitment letters.
- How will the project be affected if the CDBG funds awarded are less than the amount requested?
- How will this project benefit low and moderate-income persons/households, and how will the information be documented? Feel free to submit any policies, guidelines, or procedures to this effect.

**OUTREACH**

Attach a description describing your outreach plan to make your best effort that your target population, not only the clients you presently serve, will be aware of your programs. You must be able to reach out to and communicate with those who need your services who may have limited ability to speak English. Please list all languages in which your agency has capability, specifying the full-time equivalent staff or the number of volunteers on call to assist with each.

**SUPPLEMENTAL DOCUMENTS CHECKLIST**

Submit one (1) copy of each of the following.

- Board of Directors' authorization to submit CDBG application (copy of the minutes of the meeting in which the governing body's resolution, motion, or other official action is recorded).
- Board of Directors' designation of person(s) authorized to sign contract documents and request funds (a signed letter from the chairperson of the governing body providing the name, title, address, and telephone number of each authorized individual).
- Current list of the Board of Directors including their phone number and address, along with the Board appointment date and term expiration date.
- Articles of Incorporation and By-Laws.
- 501(c)(3) tax exemption letter / Non-Profit Determination.
- Organizational chart.

---

**SECTION III: BUDGET****PROPOSED BUDGET**

**Use the table on the next page** to indicate how the requested grant funds will be utilized and matching resources for the grant. Matching funds may include non-federal grants; the value of any donated material, building, or lease, calculated at fair market value; and volunteer hours, valued at \$5 per hour. You must submit a budget showing all expenses and resources associated with the proposed project/program, not only those of staff or other program expenses for which you are requesting CDBG funds. The full-time equivalent (FTE) for our agency is \_\_\_\_\_ hours/week.

**Proposed Budget  
FY 2021/22**

A Budget Item	B Calculation	C Matching Sources	D CDBG Contribution	E Program Budget
<b>Personnel</b>				
Salaried Positions, Job Title				
Salaries Total				
Fringe Benefits				
<b>Personnel Sub-Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Operations</b>				
Supplies				
Equipment				
Rent/Lease				
Insurance				
Printing				
Telephone				
Travel				
<b>Other: (be specific)</b>				
<b>Other: (be specific)</b>				
<b>Operations Sub-Total</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Budget</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>