

APPLICATION INSTRUCTIONS

Please note – submission of a grant application is not a guarantee of funding. All requests are subject to the City’s annual general fund budget allocations. All requests for CAP funds are subject to approval of the City Council and will be reviewed with respect to current City priorities. The City reserves the right to reject any and all applications. The City also reserves the authority to make mid-year budget adjustments and/or re-establish priorities for the expenditure of CAP funds which may impact grants.

Please ensure that you complete the Application Form for your program or project:
PUBLIC SERVICE PROGRAM/PROJECT PROPOSAL

SECTION A:

- Complete all applicant information. If the applicant is an agency or group, identify an individual contact person. Must be completed in Microsoft Word.

SECTION B:

- Provide a condensed project description, in 25 words or less. This description should be the abbreviated version of the description you will provide on Attachment “A”. In this short version you will describe the proposed project, its purpose and the intended beneficiary population. Explain how CAP funds will be used to provide new or expanded services to your beneficiary population. Typical public service proposals can include services such as: food, clothing, shelter, medical needs, youth services, differently abled services, seniors and veterans.

SECTION C:

- Project Characteristics - Complete each item to provide details necessary to evaluate the proposal.

SECTION D:

- Project Budget - Estimate and itemize project costs. Itemize the proposed CAP funding separate from other sources. Identify other sources of funding committed by other local agencies.

SECTION E:

- State the total amount of CAP funds requested for the project.
- Identify the sources and total the amounts of other funding represented in the project budget.

SECTION F:

- Please provide the requested attachments with your application.

SECTION G:

- A person authorized to act on behalf of the Applicant must sign this section.

ATTACHMENT "A"

- Use Attachment "A" to provide a detailed description of the proposed project, its purpose, and its expected benefits. The description must demonstrate the need for the project and explain how it meets at least one of the national objectives of the CDBG program.
- Refer to the general information provided in this application package for guidelines concerning CAP project eligibility. Justify the CAP funding request by addressing all relevant aspects of project and beneficiary population in the project description.

REMINDER:

**The application deadline is: 5:00pm February 13, 2023
Late applications, postmarks or faxes will NOT be accepted**

Questions/information Call: (760)947-1909

Submit Project Applications to:

Hesperia City Hall
Economic Development
9700 Seventh Avenue
Hesperia, CA 92345

CHECK LIST:

- Copy of your current (as of 2023) Articles of Incorporation and by-laws for the organization
- Non-profit Determination Letter from the IRS for the organization
- Organizational Chart for the 2023-2024 fiscal year for the program/project
- List of Board of Directors for the 2023-2024 fiscal year for the program/project
- Project/program completed application form



City of Hesperia

Community Assistance Program

Program/Project Year July 1, 2023 through June 30, 2024

PUBLIC SERVICE PROGRAM/PROJECT PROPOSAL

- Program/Project Application Form -

PUBLIC SERVICE PROGRAMS/PROJECTS involve the use of Community Assistance Program (CAP) funds to pay the non-construction costs of providing services such as: social, transportation, employment, housing, legal, health, education, and environmental.

NOTE: The CAP will be funded through the City's general fund and will not exceed Fifty thousand dollars (\$50,000) for the 2023-2024 CAP program year.

Type or Print Legibly

A. APPLICANT INFORMATION

1. Name of Applicant: _____

2. Mailing Address: _____

3. Primary Contact Person: _____
Name and Title

4. Phone No. _____ Fax No. _____

E-mail _____

5. Organizational Structure: Non-Profit Corporation

(Recipients must be incorporated public or private non-profit organizations.)

For Non-Profit, identify status [*i.e.* 501(c)(3)] _____

For Non-Profit, state Federal I.D. Number or Social Security Number _____

DUNS Number: _____

B. PROGRAM/PROJECT TITLE & DESCRIPTION

Using 25 words or less, provide a title and concise description of the proposed program/project. This 25-word description is required in order for this application to be considered complete. A more detailed program/project description is also required in another part of this application.

Is this a new or existing/expanding program/project that received City CAP Funds during FY 2022-2023? _____

C. PROGRAM/PROJECT CHARACTERISTICS

1. Address and/or nearest cross streets of the facility where the program/project will be conducted: _____
2. Legal property owner: _____
3. Describe the community need(s) addressed by this proposal as it relates to the City's current CDBG 5-Year Consolidated Plan: _____
(A copy of the current CDBG 5-Year Consolidated Plan can be viewed at <http://www.cityofhesperia.us/DocumentCenter/View/13372>)
4. Projected number of **unduplicated** Hesperia residents (people) to be served through the program/project: _____
5. Provide the percentage of unduplicated Hesperia residents served in the last two years. The percentage should be based on the entire population served through your program/project: _____ Yr. 1 _____ Yr. 2
6. The proposed Public Service or Community program/project would be provided to (select all that apply to the program/project that will utilize CAP funds):

- | | |
|---|---|
| <input type="checkbox"/> Abused children/Battered Spouses | <input type="checkbox"/> Homeless persons |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Low- & moderate-income persons |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Persons with AIDS |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Severely disabled adults |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Illiterate adults | |

D. PROPOSED PROGRAM/PROJECT BUDGET

Provide the financial information in the form below for the appropriate program/project. Costs should be based on the best information available and must reflect only those costs of serving CAP eligible City residents. Please consider the following factors:

| | <u>CAP Share</u> | <u>Other Source</u> |
|--------------------------------------|------------------|---------------------|
| Personnel | \$ _____ | \$ _____ |
| Equipment | \$ _____ | \$ _____ |
| Consultant Services | \$ _____ | \$ _____ |
| Space Rent | \$ _____ | \$ _____ |
| Other: _____ | \$ _____ | \$ _____ |
| Total Costs: | \$ _____ | \$ _____ |
| Program/Project Total (CAP + Other): | \$ _____ | |
| Estimator Name and Title: _____ | | |

E. FUNDING COMMITMENTS

1. Identify the amount of CAP funds requested in this application: \$ _____
2. Identify the amount of funds to be provided by other source(s) for this program/project. The date of commitment for funding from these other sources must be stated below.

Source: _____ \$ _____

Award date: _____ Date available: _____

Source: _____ \$ _____

Award date: _____ Date available: _____

Source: _____ \$ _____

Award date: _____ Date available: _____

Source: _____ \$ _____

Award date: _____ Date available: _____

Source: _____ \$ _____

Award date: _____ Date available: _____

Total Amount Committed by Other Sources: \$ _____

F. APPLICATION ATTACHMENTS Please attach the following documents with your application.

- Copy of your current (as of 2023) Articles of Incorporation and by-laws for your organization
- Non-profit Determination Letter from the IRS for your organization
- Organizational Chart for the 2023-24 fiscal year for your program/project
- List of Board of Directors for the 2023-24 fiscal year for your program/project

G. LIST ORGANIZATIONS Please list any organizations that you network with that enhance your program. (Please add more if needed)

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

H. 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.

Name/Title: _____ **Phone:** _____

Signature: _____ **Date:** _____

Email: _____

- City of Hesperia Program/Project Applications will be accepted until **February 13, 2023 no later than 5:00 pm.**
- Applications must be delivered to: Hesperia City Hall; Attn: Economic Development Department, 9700 Seventh Avenue, Hesperia, CA 92345 on the date listed above in order to be considered eligible.
- Please call (760) 947-1909 for any questions you may have.

ATTACHMENT "A"
DETAILED PROGRAM/PROJECT DESCRIPTION

Within the space provided on this page, furnish additional information needed to fully describe the program/project, its purpose and its beneficiaries. Maps, plans, and brochures may be attached to this application. (Add additional page(s) if needed.