



City of Hawthorne

Community Development Block Grant (CDBG) Program PY22-23 Public Service Application

December 2021

City of Hawthorne
Housing Department
4455 W. 126th Street
Hawthorne, CA 90250

CDBG Application

All organizations wishing to apply for Community Development Block Grant (CDBG) funds must complete all sections of this application to be considered. All applications and required documentation are due no later than **5:00 P.M. on Friday, January 21, 2022**, via e-mail to dmunoz@mdg-ldm.com. Late applications will not be accepted. **NO EXCEPTIONS.**

Applications must be typed (not handwritten) and shall be accepted in electronic format only. Applications that are incomplete, have content deficiencies, that are missing required documentation, or that are submitted after the deadline may be rejected. Applicants are advised that this form contains **fillable form fields**, [screen tips](#), and was intentionally designed to ensure responses only include pertinent information.

Application Form	
<input type="checkbox"/>	Responses to each question are complete and accurate
<input type="checkbox"/>	The 'Agency Statement' section is signed by an authorized official
Required Attachments	
<input type="checkbox"/>	Cover letter from the Executive Director of Board President describing the project to be implemented and how it will benefit Hawthorne residents
<input type="checkbox"/>	IRS letter confirming your 501(c)(3) non-profit status
<input type="checkbox"/>	Copy of your Articles of Incorporation and Bylaws
<input type="checkbox"/>	List of current Board of Directors
<input type="checkbox"/>	Organizational Chart
<input type="checkbox"/>	Job descriptions for each position to be funded under this application
<input type="checkbox"/>	Corporate resolution authorizing an appropriate staff member to execute program applications, agreements, payment requests, and related documents on behalf of the agency related to the City of Hawthorne CDBG grant
<input type="checkbox"/>	Most recently filed IRS-990
<input type="checkbox"/>	Most recently audited financial statement or Single Audit, or if your agency is not required to perform audits, a current balance sheet and income statement

If you have any questions or require additional information, please contact Kimberly Mack, Housing Director, via email at kmack@cityofhawthorne.org.

Agency Information

Agency Information	
Agency Name:	Agency Address:
Agency / Department Name	Street, City, Zip Code
Project Name:	Project Address:
Project Name	Street, City, Zip Code
Agency Type:	Faith-based Organization:
Select Agency from Dropdown	Select Response from Dropdown
Federal EIN:	DUNS No.:
Enter Nine Digit Number	Enter Nine Digit Number
The Proposed Project is:	
Select Project from Dropdown	
Amount Requested:	No. of Unduplicated People to be Served:
\$Enter Amount	Enter No. of Residents to be Served
Contact Information	
Contact Person for Application	
Name:	Title:
Name of POC for Application	Job Title of POC for Application
Phone:	Email:
Phone No. of POC for Application	Email of POC for Application
Contact Person for Project Implementation	
Name:	Title:
Name of POC for Project	Job Title of POC for Project
Phone:	Email:
Phone No. of POC for Project	Email of POC for Project
Official Authorized to Execute Contracts	
Name:	Title:
Name of POC for Contracts	Job Title of POC for Contracts
Phone:	Email:
Phone No. of POC for Contracts	Email of POC for Contracts

Narrative Questions

- 1. Please describe the project services to be provided and how CDBG funds will be used. If the project is currently CDBG-funded, please explain how the services will be expanded and/or modified.**

Enter concise response that states the services to be provided, population served, reasonable start and end dates, program costs, positions, and operating expenses to be funded.

Narrative Questions (Continued)

- 2. Please describe the level of need for the proposed project in the City. Discuss how the proposed project addresses a 2020-2024 Consolidated Plan – Strategic Plan Goal.**

If the activity will provide Fair Housing and landlord / tenant mediation services, describe how your agency will assist the City in the implementation of its Fair Housing Plan that is part of the most recent Analysis of Impediments to Fair Housing Choice

- 3. Please describe the target population and number of unduplicated residents to be served from July 1, 2022, through June 30, 2023. Describe how the expected number of clients was determined. Explain why this project is needed for this target population. Cite specific data to explain and document need.**

Enter concise response that describes how the expected number of clients was determined, explain why this project is needed for this target population, and cite specific data to document need.

- 4. Describe the project marketing / outreach and service delivery method**

Enter concise description of how you will reach your target population and how your program will be carried out, what service(s) will be provided and who will deliver those services.

- 5. Describe the anticipated program outcomes and objectives. Indicate how the outcomes and objectives will be measured.**

Outcomes and objectives must be results oriented, specific, and measurable. For example, if the project is a workshop, list the number of workshops, how many participants are expected to attend, and how the benefit(s) to the participants will be demonstrated

Project Budget

Provide the anticipated [budget](#) for the proposed CDBG public service project. The [total CDBG project operating budget](#) must reflect only those costs of serving CDBG-eligible City residents. Indicate any [leveraged funds](#) to be used in conjunction with CDBG funds to implement the project. Additionally, provide your total Agency operating budget for each type of operating expense. Please round up to the nearest dollar.

	Proposed City CDBG Project Operating Budget			Total Agency Operating Budget
	City CDBG Funds Requested	Leveraged Funds	Total CDBG Project Operating Budget	
Personnel				
Salaries	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Benefits	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Other	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Supplies				
Office Supplies	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Postage	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Other	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Client Services				
Cost A	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Cost B	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Cost C	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Operating Costs				
Telephone	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Utilities	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Rent (Facility)	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Insurance	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Printing	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Training	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Travel	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Audit	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Other	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Other Costs				
Cost A	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Cost B	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Cost C	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Total Budget:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Agency Capacity

Please complete the table below with information from previous years your agency received CDBG funds from the City of Hawthorne.

	2018-2019	2019-2020	2020-2021	2021-2022
Financial Information				
CDBG Funds Awarded	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Amount Expended	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount	\$ Enter Amount
Program Information				
Expected People Served	Enter Amount	Enter Amount	Enter Amount	Enter Amount
People Actually Served	Enter Amount	Enter Amount	Enter Amount	Enter Amount

Please list all the sources of funding you anticipate using to implement the City's CDBG project by source, amount, type, and status. List the amount of CDBG funds you are seeking first, followed by other sources.

Source	Amount	Type	Loan Terms	Status
Hawthorne CDBG	\$ Enter Amount	Grant	N/A	Applied
Source Name	\$ Enter Amount	Select Type	Enter Terms	Select Status
Source Name	\$ Enter Amount	Select Type	Enter Terms	Select Status
Source Name	\$ Enter Amount	Select Type	Enter Terms	Select Status
Source Name	\$ Enter Amount	Select Type	Enter Terms	Select Status

Narrative Questions	
<p>1. Please list and describe similar projects your agency has previously implemented.</p> <p>Enter concise response that lists similar services your agency has provided.</p>	
<p>2. Discuss the outcomes of the programs mentioned above in measurable terms.</p> <p>Enter concise response that describes the number of clients served and the timeframe in which those accomplishments were achieved</p>	

Narrative Questions (Continued)

3. Explain how your agency will verify that clients are eligible for CDBG assistance.

Enter concise explanation of your agency's procedures to verify and document the eligibility of clients to receive services.

4. Describe your agency's experience in working with CDBG and other federal funds in communities other than Hawthorne, including outcomes.

Enter concise description of your agency's experience and outcomes with other federal funding opportunities.

5. List your agency's personnel, consultants, and/or volunteers who will be carrying out the program and their qualifications

Enter concise description personnel that will be implementing the CDBG project and their qualifications.

6. Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. Additionally, identify and briefly describe any lawsuits (regardless of outcome), claims, or settlements in the past five (5) years. If none, please state none.

Enter concise description of your agency's experience with oversight agencies and legal interventions over the past five (5) years. If none, please state "none."

Agency Statement

The undersigned acknowledges the following:

1. That, by submission of this application, the agency agrees that it will become a public document.
2. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
3. That no revisions may be made in connection with this application once the deadline for submission has passed.
4. That the City of Hawthorne may request or require changes in the information submitted which it deems reasonable for all information provided.
5. That the agency will cooperatively assist in the application review process.
6. That, if the project is recommended and approved by the City Council, the City reserves the right to fund less than the full amount requested. The City also reserves the right to reduce and / or cancel allocations if federal entitlements are cancelled, reduced, or rescinded.
7. The City of Hawthorne reserves the right not to fund any submittals received.
8. By submission of this application, the agency agrees to abide by the federal regulations applicable to this project.
9. That past programmatic and financial performance will be considered in reviewing this application.
10. That services are to be provided only to eligible residents at not cost during the grant period.
11. That, if the project is funded, the City or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for project expenditures.
12. That, if the project is funded, the City will perform an environmental review prior to the obligation of funds.
13. That, if the project is funded, a written agreement will be required that includes, among other matters, a statement of work, records retention and reporting, local and federal requirements, and circumstances that would trigger grant suspensions and terminations.
14. That a project's funding does not guarantee its continuation in subsequent program years.
15. That proof of insurance (general comprehensive public liability insurance with a company licensed to do business in California, and in the aggregate naming the City, its employees and agents as additional insured) will be submitted to the City prior to receiving funds.
16. That written signature authority from the agency's governing body indicating who can execute contracts and amendments on its behalf will be submitted to the City prior to receiving funds.
17. That the agency agrees to abide by the City of Hawthorne's Conflict of Interest Policy. Items of concern would include Board of Directors or staff members families having a monetary interest in any contract made by the City, and other matters that may give the appearance of a conflict of interest.

By signing below, the applicant acknowledges the above.

Name:

Name of POC for Contracts

Title:

Title of POC for Contracts

Signature:

Date:

Select Date from Dropdown
