



# City of Victorville

## Development Department

Planning ♦ Building ♦ Code Enforcement

14343 Civic Drive  
PO Box 5001  
Victorville, CA 92393-5001  
(760) 243-6312  
Fax (760) 269-0044  
hdgrants@ci.victorville.ca.us



### COMMUNITY PLANNING AND DEVELOPMENT GRANTS PROJECT

PROGRAM YEAR JULY 1, 2022 THROUGH JUNE 30, 2023

#### HOUSING PROJECTS

Applicant Name: \_\_\_\_\_ Amount requested: \$ \_\_\_\_\_

#### Application Checklist

Please read this checklist very carefully to ensure your application is complete. A complete application package includes:

- Completed Application Form
- Articles of Incorporation
- By-laws
- List of Board of Directors including names, titles, terms of office and addresses of all members
- Copy of most recent Audited Financial Statements. If not included please provide an explanation.
- Proof of Non-profit status – 501(c)(3) determination letter
- Adopted budget
- Copy of Conditional Use Permit (if required)
- CDBG Target Area Map (if program is located within or will serve a target area)

#### Submittal Information:

- Be sure to read the Application Instructions and Notice of Funding Availability carefully before filling out an application.
- City staff will provide two technical assistance workshops to aid in the preparation of applications. Due to the ongoing COVID-19 pandemic, the workshops will be held virtually on Wednesday, December 1, 2021 at 10:00 a.m. and Thursday, January 6, 2022 at 3:00 p.m. Please join us through Zoom:

December 1, 2021

<https://victorvilleca-gov.zoom.us/j/3414464931>

Passcode: CDBG22

January 6, 2022

<https://victorvilleca-gov.zoom.us/j/3414464931>

Passcode: CDBG22

Workshop information can also be found on the City's website at the following address: <https://vv.city/consolidatedplan> All parties interested in submitting an application for funding are required to attend at least one of the workshops provided.

- Submit **ONE UNBOUND** completed Application Form for each project along with all the required supporting documentation.
- All pages must be one-sided and on 8 ½ x 11 paper. Do not include oversized or undersized pages.
- The application should not include any extraneous materials, unnecessary packaging, or a letter of transmittal, as they will be discarded.

- Original hard copy applications must be received via mail, courier, or in person no later than 3:00 p.m. on Friday, January 21, 2022 at the City of Victorville, Planning Department, 14343 Civic Drive, Victorville, CA 92392. Late, emailed or faxed applications will not be considered for funding.
- For more information, or for questions contact Liliana Collins, Development Specialist, at (760) 243-6312 or by e-mail at: [lcollins@victorvilleca.gov](mailto:lcollins@victorvilleca.gov)

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|--|---|
| <b>Submit Completed Applications to:</b><br><b>City of Victorville</b><br><b>Planning Department</b><br><b>Attn: Liliana Collins</b><br><b>14343 Civic Drive</b><br><b>Victorville, CA 92392</b> | <p style="text-align: right;"><b>For City use only</b></p> <b>Received by:</b> _____<br><b>Date:</b> _____<br><b>Time:</b> _____<br><b>Signature:</b> _____ |
|--|---|

## Application Form

Please type or print clearly, use additional pages if needed

**ELIGIBLE PROJECT ACTIVITIES** may include: **CDBG eligible** - acquisition of real property for rehabilitation for residential purposes, housing rehabilitation, energy improvements; lead-based paint testing and abatement; homeownership assistance; housing services in connection with HOME program activities and other housing services; **HOME eligible** - Homeowner Rehabilitation including repair, rehabilitation or reconstruction of owner-occupied housing, Homebuyer Activities including financing acquisition, rehabilitation or new construction of homes for homebuyers; Rental Housing activities including acquisition, rehabilitation or construction; and Tenant-based rental assistance (TBRA) including financial assistance for rent, security deposits and, under certain conditions, utility deposits.

### A. Applicant Information

1. Name of applicant: \_\_\_\_\_
2. Mailing address: \_\_\_\_\_
3. Contact Person: (Name and title): \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Email address: \_\_\_\_\_
6. Street address of the site of office where the Project will be conducted: \_\_\_\_\_

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7. Legal property owner: \_\_\_\_\_
8. Is the Project located within the City's CDBG target area?  Yes  No
9. Local zoning restrictions that would affect the Project: \_\_\_\_\_
10. Conditional use permit required?  Yes, please attach a copy  No
10. Organizational structure (Recipients must be incorporated public or private non-profit organizations):  
 Government or public agency  Non-profit Corporation  Other (Specify)
11. For Non-Profit, identify status [e.g. 501(c)(3)]: \_\_\_\_\_
12. Federal I.D. Number or Social Security Number: \_\_\_\_\_
13. City of Victorville Business License Number (required): \_\_\_\_\_
14. DUNS number (required): \_\_\_\_\_
15. System for Awards Management Registration number (required): \_\_\_\_\_

### B. Project Description

1. Project type  
 New housing construction  Homeowner Assistance  
 Rehab: Single Family Residential  Rehab: Multi-family residential  
 Acquisition  Lead-based paint test/abatement  
 Other (specify): \_\_\_\_\_
2. Type of housing:  
 Single Family: \_\_\_\_\_ Number of units: \_\_\_\_\_  
 Rental  Owner occupied  
 Multi-family: \_\_\_\_\_ Number of units: \_\_\_\_\_  
 Rental  Owner occupied

Group home:

Number of beds/units: \_\_\_\_\_

3. Total units in project: \_\_\_\_\_ Total affordable units in project: \_\_\_\_\_

4. Does your agency have site control?  Yes  No

If yes, attach supporting evidence (e.g. grant deed, sales agreement, option agreement, etc.) proving you have, or will have the authority to carry out the proposed project.

5. Project description - Please provide a brief description of the project the agency will carry out using the grant funds awarded. Please include what specifically the grant funds will be used for. This description is required in order for this application to be considered complete.

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6. Describe the problem(s), need(s), issue(s), or service gap(s) to support the need for this Project in Victorville. Include demographics, statistics, reports, etc.

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7. Describe the geographic boundaries of the neighborhood, community or area to be served by the project (e.g. street address, APN, CDBG Target area or other). This description must include service area boundaries; if land acquisition or construction is proposed (attach a map, if needed):

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8. Complete the following for all construction projects (includes rehabilitation, acquisition, and demolition):

Assessor's parcel number: \_\_\_\_\_

Square footage of proposed facility: \_\_\_\_\_

Square footage of construction site parcel: \_\_\_\_\_

For acquisition/rehabilitation projects, list the current service capacity of existing facility: \_\_\_\_\_

For rehabilitation projects, list the improved capacity of the facility: \_\_\_\_\_

Age of structure: \_\_\_\_\_

Is the facility listed on any local, state, or national historic registers? \_\_\_\_\_

9. List the timetable for project implementation indicating the project milestones (attach additional information as needed):

| Milestone | Start date | Completion date |
|-----------|------------|-----------------|
|           |            |                 |
|           |            |                 |
|           |            |                 |
|           |            |                 |

**C. National objective and Consolidated Plan Priorities**

1. Check the HUD National Objective that applies to this project. You must check at least one if your project is to be considered eligible for CDBG funding.

- This Project principally serves low and moderate-income persons;
- This Project aids in the prevention or elimination of Slum and Blight, or
- This Project addresses a recent and urgent community development need (as defined by HUD).

2. If your Project meets the National Objective of principally serving low and moderate-income persons, please check the box describing how your Project meets this objective (select only one).

- You receive income verification from each Project participant; or
- Your Project serves only a CDBG Target Area (attach CDBG Target Area Map showing area); or
- Your Project serves only the following clients (select only one):
  - Elderly persons
  - Homeless persons
  - Severely disabled adults
  - Illiterate persons
  - Abused children
  - Persons living with AIDS/HIV
  - Battered spouses
  - Migrant farm worker
  - Veterans

3. Please choose the Consolidated Plan goal that best describes your Project. Please see full subcategory list located in the Application Instructions packet.

- Supportive services for the homeless and at risk homeless
- Human services
- Need to increase economic development and employment opportunities
- Housing Projects
- Accessibility and mobility

**D. Estimated Project Budget**

1. Provide the financial information in the table below for the project. When preparing this information, consider the following factors:

- The budget categories listed below are not intended to be exhaustive or appropriate for your particular project. A narrative page may be attached to the application to explain each line item that is not self-explanatory, or to explain how the budget figure was arrived at.
- Precise, comprehensive, and accurate cost estimates/bids are necessary to prepare an accurate budget. Be sure to use reliable sources in obtaining estimates/bids.
- Project should be completed in one fiscal year and in one phase if possible;
- If project cannot be completed in one fiscal year, it should be phased. If phased, funds for each phase

should be requested separately for the fiscal year in which the phase will take place;

- A phased project should be prioritized and broken into distinct parts, with estimated costs and priority for each phase; and
- **Apply federal prevailing wage rates as follows;** CDBG funds for residential rehabilitation of eight (8) or more units, **or** HOME funds for the construction or rehabilitation of twelve (12) or more housing units.

**Acquisition activities:**

| Description  | Victorville grant share | Other source(s) |
|--|-------------------------|-----------------|
| Purchase price                                     | \$                      | \$              |
| Financing cost                                     | \$                      | \$              |
| Other (specify)                                    | \$                      | \$              |
| Other (specify)                                    | \$                      | \$              |
| <b>Total Cost:</b>                                 | \$                      | \$              |
| <b>Project Total (Victorville + Other Sources)</b> | \$                      |                 |

**Construction activities:**

| Description  | Victorville grant share | Other source(s) |
|--|-------------------------|-----------------|
| Construction/Rehabilitation                        | \$                      | \$              |
| Parking  | \$                      | \$              |
| Landscaping  | \$                      | \$              |
| Architectural and engineering services             | \$                      | \$              |
| Environmental studies                              | \$                      | \$              |
| Financing cost                                     | \$                      | \$              |
| Other (specify)                                    |                         |                 |
| Other (specify)                                    | \$                      | \$              |
| <b>Total Cost</b>                                  | \$                      | \$              |
| <b>Project Total (Victorville + Other Sources)</b> | \$                      |                 |

**Homebuyer activities**

| Description  | Victorville grant share | Other source(s) |
|--|-------------------------|-----------------|
| Down payment cost                                  | \$                      | \$              |
| Closing cost                                       | \$                      | \$              |
| Other (specify)                                    | \$                      | \$              |
| Other (specify)                                    | \$                      | \$              |
| <b>Total Cost</b>                                  | \$                      | \$              |
| <b>Project Total (Victorville + Other Sources)</b> | \$                      |                 |

**Other project (specify)**

|                       |    |    |
|-----------------------|----|----|
| Describe type of cost | \$ | \$ |
| Describe type of cost | \$ | \$ |
| <b>Total cost:</b>    | \$ | \$ |

|  |          |
|--|----------|
| <b>Project total (Victorville + other sources)</b> | \$ _____ |
|--|----------|

**E. Funding**

1. Identify the amount of grant funds requested in this application \$ \_\_\_\_\_

2. Has your organization received grant funds from the City of Victorville in the past? If so, list the year(s) (up to five years) and the amount(s) and a brief description of the Project or project:

| <b>Year Funded</b> | <b>Project name</b> | <b>Grant amount</b> |
|--------------------|---------------------|---------------------|
|                    |                     | \$                  |
|                    |                     | \$                  |
|                    |                     | \$                  |
|                    |                     | \$                  |
|                    |                     | \$                  |

3. HOME funded activities require that all activities be matched 25% with non-federal forms of subsidy. Identify the type of match contributions and the specific source of match:

| <b>Source</b>                               | <b>Date available</b> | <b>Amount</b> |
|---|-----------------------|---------------|
|   |                       | \$            |
|   |                       | \$            |
|   |                       | \$            |
| <b>Total match amount by other sources:</b> |                       | \$            |

4. In the table below, identify the amount of funds to be provided by other source(s) for this Project. The date of commitment for funding from these other sources must be stated below. Please include funding you are applying for from other communities.

| <b>Source</b>                                   | <b>Date available</b> | <b>Amount</b> |
|---|-----------------------|---------------|
|   |                       | \$            |
|   |                       | \$            |
|   |                       | \$            |
| <b>Total amount committed by other sources:</b> |                       | \$            |

**F. Authorized Signature**

To the best of my knowledge, the information provided on this application is true, complete, and accurate and I am authorized to submit this application on behalf of the applicant agency.

Name Printed: \_\_\_\_\_ Signature: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**-MAINTENANCE AND OPERATION COMMITMENT-**

The governing body of the below named entity has the financial capacity and is willing to assume the Maintenance and Operation responsibilities and costs associated with the indicated activity. This body has reviewed the "Estimated Annual Maintenance and Operation Budget" part of this commitment. To the best of this body's ability, it has determined this budget to be a true and accurate estimate of the annual maintenance and operating costs for the proposed project.

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Planning and Development Grants program. Should this project be funded, a formal contract between the City and the responsible entity may be required before any funds can be released.

NOTE: Maintenance and operation costs are not eligible for funding.

1. Proposed Project: \_\_\_\_\_
2. Name of prospective responsible entity: \_\_\_\_\_
3. Address of prospective responsible entity: \_\_\_\_\_
4. Federal ID of the responsible entity: \_\_\_\_\_
5. Estimated Annual Maintenance and Operation Budget:

| Annual Expense                            | Estimated dollar amount |
|---|-------------------------|
| <b>Utilities</b>                          |                         |
| Electric                                  | \$                      |
| Gas                                       | \$                      |
| Water                                     | \$                      |
| Telephone                                 | \$                      |
| Disposal Services                         | \$                      |
| Other (specify)                           | \$                      |
| Subtotal                                  | \$                      |
| <b>Materials</b>                          |                         |
| Janitorial Supplies                       | \$                      |
| Office Supplies                           | \$                      |
| Recreational Supplies                     | \$                      |
| Ground Supplies                           | \$                      |
| Other (specify)                           | \$                      |
| Subtotal                                  | \$                      |
| <b>Maintenance – Capital Improvements</b> |                         |
| Building Repair                           | \$                      |
| Maintenance of Equipment                  | \$                      |
| Improvements to Property                  | \$                      |
| Other (specify)                           | \$                      |
| Subtotal                                  | \$                      |
| <b>Insurance</b>                          |                         |



|  |             |       |    |
|--|-------------|-------|----|
| Liability  |             |       | \$ |
| Fire   |             |       | \$ |
| Other (specify)  |             |       | \$ |
| Subtotal   |             |       | \$ |
| Personnel - *List the number of people and hours based on 2080 hrs/year. Dollar value must include salaries <b>and</b> benefits. |             |       |    |
| Position   | # of People | Hours |    |
| Maintenance  |             |       | \$ |
| Secretary  |             |       | \$ |
| Administrator  |             |       | \$ |
| Program Staff  |             |       | \$ |
| Other (specify)  |             |       | \$ |
| Other (specify)  |             |       | \$ |
| Subtotal   |             |       | \$ |
| Maintenance and operations expenses total  |             |       | \$ |

6. Revenue Sources (List all sources such as budget, grants, memberships, user fees, fundraising, etc.)

| Annual Budget Revenue  | Estimated Dollar Value |
|------------------------|------------------------|
|                        | \$                     |
|                        | \$                     |
|                        | \$                     |
|                        | \$                     |
| Budgeted Revenue Total | \$                     |

7. Assets and Liabilities

|                            |    |
|----------------------------|----|
| Revenue minus M&O Expenses | \$ |
|----------------------------|----|

**F. Authorized Signature**

To the best of my knowledge, the information provided on this application is true, complete, and accurate and I am authorized to submit this application on behalf of the applicant agency.

Name Printed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_