



# 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 PROGRAM

PROGRAM YEAR JULY 1, 2022 THROUGH JUNE 30, 2023

#### PUBLIC SERVICE PROGRAM

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)

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

Please type or print clearly, use additional pages if needed

**PUBLIC SERVICE PROGRAMS** involve the use of CDBG funds to pay the non-construction costs of providing services such as: job training and employment; health care and substance abuse; child care; recreational services; crime prevention; graffiti removal; services to presumed benefit clientele; and fair housing counseling.

### 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 office where the program will be conducted: \_\_\_\_\_

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7. Legal property owner: \_\_\_\_\_
8. Is the Program/Project located within the City's CDBG target area?     Yes                                     No
9. Local zoning restrictions that would affect the program: \_\_\_\_\_
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. Program/Project Description

1. Project type  
 Public Service                     Fair Housing Services                     Other (specify): \_\_\_\_\_
2. Name of Program/Project: \_\_\_\_\_
  
3. Program/project description - Please provide a brief description of the program/project the agency will carry out using the CDBG funds awarded. Please include what specifically the CDBG funds will be used for. Explain how this program/project will be implemented, administered and operated. This description is required in order for this application to be considered complete.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. Describe the population your agency anticipates serving with these funds and how they will benefit from the implementation of this program/project.

6. Will the services offered by your organization increase or expand as a result of CDBG assistance?

7. Estimate the total of unduplicated Victorville residents to be served in 2022/2023: \_\_\_\_\_

8. Estimate the percentage of persons served to be by this program/project that are low and moderate income and explain how this figure was arrived at.

9. Please list and briefly describe the outcome measures that are crucial to the success of this project. What strategies or objectives will your agency use to track the progress of meeting the outcome(s)?

10. Has your organization been impacted by the Coronavirus (COVID-19)? How has your organization been impacted by COVID-19? Has your organization seen an increase of services requested?

11. If your organization has been affected by COVID-19, please choose one of the following statements which best represents the impact of the requested funds, based in the current economic situation with COVID-19:

- Funding will be used to bridge organizational funding gaps until the economy recovers.
- Funding will maintain the same number of services to an increased number of participants due to COVID-19.
- Funding will be used to expand services and serve more people due to COVID-19.

12. Collaboration – Identify organizations that your agency partners with and describe their relevant capabilities that result in greater service integration.

### C. National objective and Consolidated Plan Priorities

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

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

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

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

3. Please choose the Consolidated Plan goal that best describes your program/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 programs
- Accessibility and mobility

**D. Proposed Program/Project Budget**

1. Provide the financial information in the table below for the appropriate program/project. The budget categories listed below are not intended to be exhaustive or suitable for your particular program. 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. Costs should be based on the best information available. When preparing this information, consider the following factors:

Description	Victorville CDBG share	Other source(s)
Personnel (Wages & Fringe Benefits)	\$	\$
Consultant/Contract Services	\$	\$
Travel (mileage x rate)	\$	\$
Space Rent/Mortgage	\$	\$
Utilities	\$	\$
Office Equipment	\$	\$
Supplies	\$	\$
Insurance	\$	\$
Audits	\$	\$
Other (Specify)	\$	\$
Other (Specify)	\$	\$
Other (Specify)	\$	\$
Total Cost	\$	\$
<b>Program Total (CDBG + Other Sources)</b>	\$	

**E. Funding**

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

2. Has your organization received CDBG 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 program or project:

Year Funded	Program/project name	Grant amount
		\$
		\$
		\$
		\$
		\$

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

Source	Date available	Amount
		\$
		\$
		\$

		\$
		\$
		\$
<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: \_\_\_\_\_