*For City’s Use Only:*

Actual Grant Award Amount FY 2018-19: FY 2019-20:



***COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS (CDBG)***

***and/or***

***SOCIAL SERVICES ENDOWMENT FUNDS (SSEF)***

***(July 1, 2018 — June 30, 2019 and July 1, 2019 — June 30, 2020)***

##### All Information must be typed or computer-printed. Separate application required for each program to be funded.

## *Required Application Checklist*

|  |  |  |
| --- | --- | --- |
| **Organization Name:** | |  |
|  | | |
| **Program Name:** |  | |

The person signing below is authorized to submit this grant application and, by placing a check mark in box next to the items listed below, verifies that items are complete.

|  |  |  |
| --- | --- | --- |
| 1, |  | **This Certification Page Signed by Agency’s Officer** |
| 2. |  | **Application Sections 1 — 5** |
| 3. |  | **Organization’s Operating Budget or Profit and Loss Statement *(Most recent 12-month period showing revenues and expenses) — Attach to this Application)*** |

## *Certification*

I hereby authorize this application to be submitted for consideration by the City of Thousand Oaks. I, the undersigned certify that the information provided is complete and accurate to the best of my knowledge. I understand that knowingly providing false information constitutes fraud and is punishable under State and Federal law. Failure to provide accurate and truthful information may be grounds for disqualification from the Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | Title: |  |
|  | | | | |
| Signature: | |  | Date: |  |

**Application (2 hard copies) must be received at the City of Thousand Oaks no later than 4:00 p.m. on Friday, January 19, 2018. Submit before the deadline to:**



City of Thousand Oaks

Community Development Department

2100 Thousand Oaks Blvd. 1st Floor

Thousand Oaks, CA 91362

Attn: Caroline Milton, Senior Analyst

***COMMUNITY DEVELOPMENT BLOCK GRANT FUNDS (CDBG)***

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***SOCIAL SERVICES ENDOWMENT FUNDS (SSEF)***

***(July 1, 2018 — June 30, 2019 and July 1, 2019 — June 30, 2020)***

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## *Section 1. Grant Application*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Organization Name: | |  | | | | | | | | |
| 2. | Mailing Address: | |  | | | | | | | | |
|  |  | | Street Address or Post Office Box Number | | | | | | | | |
|  |  | |  | | | | | | | | |
|  |  | | City, State Zip | | | | | | | | |
|  | Web Address: | |  | | | | | | | | |
| 3. | Provide Contact Information for Grant Administrator: | | | | | | | | | | |
|  | Name: | |  | | | | | | | | |
|  | Title: | |  | | | E-mail: | | |  | | |
|  | Office Address: | |  | | | | | | | | |
|  | Phone: | |  | | | Fax: | | |  | | |
| 4. | Name of Program to be funded: | | |  | | | | | | | |
|  | a. Please check one: | | |  | Existing Program | | | | |  | New Program |
|  | b. When did this Program Originate? | | | |  | | | | | | |
| 5. | a. Organization’s Non-Profit Number: | | | |  | | | | | | |
|  | b. Organization’s DUNS Number: | | | |  | | | | | | |
|  |  |  | | | | | | | | | |
|  |  | If not registered with Secretary of State or with DUNS, Please Explain: | | | | | | | | | |
|  |  |  | | | | | | | | | |
| 6. | Annual Dollar Request for This Application: | | | | | | $ |  | | | |
|  |  | | | | | | |  | | | |

APPLICATION CONTINUED ON NEXT PAGE

## *Section 2. Program Information*

Answer the following questions in Section 2 specifically to the **program** named in question 4.

7. Describe how grant funds will be used to deliver services to Low-Income Thousand Oaks residents.

8. Identify measurable Results, Benefits or Outcomes clients can expect to receive from this Program.

9. Describe how Program’s effectiveness will be measured and documented.

10. How will requested funds provide for a Quantifiable Increase in the level of Service(s) to this Program?

11. Identify geographical area to be served by this Program:

|  |  |  |
| --- | --- | --- |
| Homeless/Housing/Food | | Senior |
| Special Needs/Medical | | Youth |
| Other (identify other type): |  | |

12. Place check mark to identify target clientele for this Program (**choose only one**):

|  |  |  |
| --- | --- | --- |
| (a) Based on the following Income Table, what percentage of Extremely Low, Very Low, and Low income persons will be served by this Program? | | |
| Extremely Low Income: | % | |
| Very Low Income: | % | |
| Low Income: | % | |
| (b) Do these percentages add up to at least 51 percent? | | Yes  No |

13.

**2017 HUD Section 8 Program Annual Household Income Limits for**

**Oxnard-Thousand Oaks-Ventura Metropolitan Statistical Area (MSA)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
| Ext Low-Income  (0% - 30%) | $ 21,000 | $ 24,000 | $ 27,000 | $ 29,950 | $ 32,350 | $ 34,750 | $ 37,150 | $ 41,320 |
| Very Low-Income  (31% - 50%) | $ 35,000 | $ 40,000 | $ 45,000 | $ 49,950 | $ 53,950 | $ 57,950 | $ 61,950 | $ 65,950 |
| Low-Income  (51% - 80%) | $ 55,950 | $ 63,950 | $ 71,950 | $ 79,900 | $ 86,300 | $ 92,700 | $ 99,100 | $ 105,500 |

14. (a) Are clients screened for Income Eligibility?  Yes  No

(b) If yes, how is Income Eligibility Determined?

15. Unduplicated Program goals for this application request:

|  |  |  |
| --- | --- | --- |
| (a) How many unduplicated Thousand Oaks residents will be served by this Program? | |  |
| (b) How many unduplicated non-City residents will be served by this Program? |  | |

16. What percent of Thousand Oaks Program costs will be covered by this grant?       %

17. Number of Program Staff (not whole organization staff):

Paid Staffers

Full Time:       Part Time:

Volunteers

Full Time:       Part Time:

18. (a) List Primary Person(s) Responsible for Program Management (not Board of Directors):

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Title | Contact Phone | E-Mail Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(b) Describe briefly the roles and responsibility of program staff person(s) implementing the program and how much time on average they will be spend per month on implementation:

APPLICATION CONTINUED ON NEXT PAGE

***Section 3. Financial Information***

19. PROGRAM BUDGET

**Program Income**

Please list all community support, government grants, donations, government contracts, interest earnings, individual donations, fundraisers, and other sources of income, specific to the Program, since January 1, 2017.

|  |  |
| --- | --- |
| Funding Source | Amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL INCOME** | $ |

**Program Expenses**

|  |  |  |
| --- | --- | --- |
| Salaries | | $ |
| Maintenance and Operations | | $ |
| Capital Outlay | | $ |
| **TOTAL EXPENSES** | | $ |
| **NET (Income less Expenses)** | | $ |
| Prepared by: |  | |
|  | *Print Name and Title Above* | |
|  | *Print Email Address of Preparer Above* | |

20. AGENCY Financial Report or Estimate for Period Ending June 30, 2017

ENDING CASH BALANCES Fiscal Year ends

Organization Name

|  |  |
| --- | --- |
| BANK NAME | BALANCE |
|  | $ |
|  | $ |
| **TOTAL CASH** | **$** |

AGENCY BALANCE SHEET

|  |  |
| --- | --- |
| ASSETS | LIABILITIES AND EQUITIES |
| Cash $ |  |
| Accounts  Receivable $ | Accounts  Payable $ |
| **TOTAL $** | **NET WORTH $** |

21. Does your Agency annually file Form 990 with the IRS?  YES  NO

22. Please attach Organization’s Operating Budget or Profit and Loss.

(Most recent 12-month period showing revenues and expenses.)

APPLICATION CONTINUED ON NEXT PAGE

***Section 4. Organization Capacity***

Answer the following questions specifically to the **Organization** as a whole.

23. Describe primary purpose(s) of the Main or Parent Organization (Mission Statement)

24. Number of Organization’s Staff:

Paid Staffers

Full Time:       Part Time:

Volunteers

Full Time:       Part Time:

25. Describe the Organization’s “track record” in Thousand Oaks.

26. List of Current Local Board of Directors.

27. Organization’s Insurance Capacity. Does organization have the capacity to maintain the City’s required insurance coverage for the duration of the grant period, as follows?

|  |  |  |
| --- | --- | --- |
| (a) | Organization has reviewed City’s requirements with its insurance provider(s)? | Yes  No |
| (b) | Commercial General Liability Not less than $1 million per occurrence, $2 million general aggregate). | Yes  No |
| (c) | Automobile Liability Not less than $1 million combined single limit for each accident. | Yes  No |
| (d) | Worker’s Compensation Statutory benefits, as required by law, $1 million per injury or illness, OR  Self-Insured for a minimum of $1 million. | Yes  No |
| (e) | Additional Insured: City, its officers, officials, employees and volunteers are to be covered as additional insureds on Commercial General Liability. | Yes  No |
| (f) | Hold Harmless: City to be held harmless for damages; defended and indemnified from third party claims/liability; and City does not waive any indemnity, defense or hold harmless rights. | Yes  No |
| (g) | Waiver of Subrogation against the City (endorsed to waive subrogation against the City). | Yes  No |
| (h) | If you contend that your organization does not need Worker’s Compensation coverage, as required by law, please attach documents that support your position. | N/A  Attached |

APPLICATION CONTINUED ON NEXT PAGE

|  |
| --- |
| ***Section 5. Self Evaluation*** |

|  |
| --- |
| **Part 1: Applicant Self Evaluation: Priority Criteria Categories Assessment**  *Select the Category Below that best Describes Your Program and Explain* |

|  |  |
| --- | --- |
|  | ***Priority 1: Essential, Unduplicated Services for 51+ Percent Low-Income Persons***  Existing programs providing critical (homeless, housing, food, special needs, medical) services to primarily (at least 51%) lower-income persons. (0 - 50 Points) |

Comment:

|  |  |
| --- | --- |
|  | ***Priority 2: Much-Needed Services for 51+ Percent Low-Income Persons***  Existing programs providing support services (counseling, tutoring, recreational, other) services to primarily (at least 51%) lower-income families. (0 – 40 Points) |

Comment:

|  |  |
| --- | --- |
|  | ***Priority 3 & 4: Services for All Income Groups***  Existing programs providing life-enhancing services to all, regardless of income.  (0 – 30 Points) |

Comment:

|  |  |
| --- | --- |
|  | ***Priority 5: New Programs Addressing An Unmet Community Need***  A program new to Thousand Oaks or a first-time program without a track record. Funding would be recommended only based on exceptional circumstances, such as meeting an unmet need in the community. (0 to 20 Points) |

Comment:

|  |
| --- |
| **Part 2: Applicant Self Evaluation: Agency, Budget, Management, Support** |

|  |  |
| --- | --- |
| A. | Describe your agency’s community support (e.g., volunteer support, broad funding base.)  (0 – 10 Points) |

Comment:

|  |  |
| --- | --- |
| C. | Show how your agency will leverage any City grant with other funding. (0 – 10 Points) |

Comment:

|  |  |
| --- | --- |
| B. | Describe your agency’s proven financial controls and management capabilities?  (0 – 10 Points) |

Comment:

|  |  |
| --- | --- |
| D. | Show how your program is cost effective, i.e. cost per client served versus outcome, benefit to be gained by the clients. (0 – 10 Points) |

Comment:

|  |
| --- |
| **Part 2 Total Maximum Value: 50 Points** |

## *Information for Applicants*

**Application (2 hard copies) must be received at the City of Thousand Oaks no later than 4:00 p.m., Friday, January 19, 2018, as follows:**

City of Thousand Oaks

Community Development Department

2100 Thousand Oaks Blvd. 1st Floor

Thousand Oaks, CA 91362

Attn: Caroline Milton, Senior Analyst

Applicants are advised to carefully read the following information as this is a competitive application process. Completed applications must be submitted on the form provided by the City of Thousand Oaks with required appendices attached. Any questions about the Social Services Grant Program can be directed to Caroline Milton at [cmilton@toaks.org](mailto:cmilton@toaks.org) or 805/449-2331.

*(Note: City Hall will be closed for the Holidays between 12/25/2017 and 1/1/2018)*

City Council Resolution 2007-098 (Recommended Criteria for Social/Public Service Applicants)

### The Social Services Ad Hoc Committee is an advisory committee to the City Council. Applications will be evaluated by the Committee under the guidelines of City Council Resolution 2007-098, as follows:

### 1. Highest Priority

### Organizations that provide unduplicated, essential services meeting identified and priority community needs of lower-income families. These would be existing services by agencies that have proven financial controls and management skills. The objective is that the funding should not be reduced from a recommended amount, if at all possible.

### 2. High Priority

### Funding for the maintenance of an existing program providing much-needed services to predominantly lower-income families.

### 3. Medium Priority

### Funding for enhancements to existing programs for all income groups.

### 4. Low Priority

### Established programs by existing agencies that would address recognized needs in Thousand Oaks.

### 5. Lowest Priority

### Programs without a track record. Only in exceptional circumstances would such programs be funded.

Services to Low-Income Thousand Oaks Residents

To be eligible for federally funded social services grants from the City’s Community Development Block Grant (CDBG) entitlement from the U.S. Department of Housing and Urban Development (HUD), applicants must be able to satisfy each of the following criteria:

a. The applicant must demonstrate the activity proposed for funding is either:

√ A new service; or

√ Funding would provide for a quantifiable increase in the level of an existing service;

b. The applicant must maintain records to:

√ Describe how the nature and the location of the activity is such that at least 51 percent of clients are low-income persons; and

√ Demonstrate that each person benefiting qualifies for low-income status, based on HUD household size and annual income limits.

Organizations that serve at least 51% low-income persons have a higher probability of being funded. Organizations that serve less than 51% low-income persons will have a lower probability of being funded as they are not eligible to receive federal funds. Low-income is considered to be 80% of the Area Median Income (AMI) for the Oxnard-Thousand Oaks-Ventura Metropolitan Statistical Area (MSA).

Insurance Requirements

See Section 4 of this application.

Reporting Requirements

All social services grantees are required to report to the City on a quarterly basis, in the City’s format (see next page), on income, race, ethnicity and other demographic information, for unduplicated persons served through the City’s social services grant.

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