

Name of Applicant _____

Due – February 5, 2010 by 5:00 p.m.

Submit Original + 1 Copy

Do not hole punch or staple Original or Copy

Application may not exceed 10 pages excluding the required attachments referenced in Part C, #2.

Use 12 pt. Font size or larger.

**CITY OF SANTA MARIA
AFFORDABLE HOUSING APPLICATION FOR 2010-11 FUNDING**

**PART A.
PROPOSED PROGRAM INFORMATION**

Full Name of Applicant: _____

Mailing Address: _____

City, State, ZIP Code: _____

Agency Official Contact: _____ **Title:** _____
(i.e. Executive Director)

Telephone: () _____ **Fax:** () _____

E-mail Address: _____

Local Contact: _____ **Title:** _____
(i.e. Program Director)

Telephone: () _____ **Fax:** () _____

E-mail Address: _____

1. **Name of proposed program:** _____

2. **Location (street address, if applicable) of proposed program:** _____

Check box or boxes of all locations where your agency provides services:

Santa Maria **Orcutt** **Tanglewood** **Guadalupe** **Other**
(within City limits)

3. **Amount of funds requested from the City of Santa Maria:**

HOME Funds Requested: \$ _____
CDBG Funds Requested: \$ _____
TOTAL Funds Requested: \$ _____

4. Describe the target population the proposed program will benefit or serve. Include how the program will benefit low and moderate-income persons. Provide the income guidelines and requirements used to qualify participants for the proposed program. Include the percentage of the participants that are at-risk and define the method used to determine who is at risk.

Check box or boxes of population category to be served by the proposed program:

- | | | |
|---|--|---|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> At Risk of Homelessness | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Victims of Crime | <input type="checkbox"/> Frail Elderly | <input type="checkbox"/> Mentally Ill |
| <input type="checkbox"/> Physically Disabled | <input type="checkbox"/> Developmentally Disabled | <input type="checkbox"/> Persons with AIDS/HIV |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Illiterate | <input type="checkbox"/> Language Barriers |
| <input type="checkbox"/> Youth, 0-5 Year Olds | <input type="checkbox"/> Youth, 6-12 Year Olds | <input type="checkbox"/> Youth, 13-17 Year Olds |
| <input type="checkbox"/> Families Living In Poverty | <input type="checkbox"/> Families with Housing Cost Burden | <input type="checkbox"/> Substance Abuse Problems |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

5. What is the total number of unduplicated persons to be served by the proposed project in Santa Maria?

6. Problem/Need Statement:

Please describe in detail the established need for the proposed project or the problems that will be solved as a result of the project. Include information, such as statistical data, to justify the need or outline the problems.

7. Proposed Project Description:

Please describe in detail the proposed project. Include information on how the project will meet the need.

8. Schedule:

Proposed date of construction or project start: _____

Please provide a list of major benchmarks in the development and implementation of the project, including funding commitment and completion dates.

9. Phasing:

Since funding is limited, please describe phasing alternatives if feasible. If this is a project which is phased or on which work has been done previously, please describe work done to date.

10. Will you collaborate with other partners in implementing the proposed project? If so, please identify the collaborative partners and describe how the proposed project will be designed and implemented.

PART B.

Please attach architect's, contractor's or engineer's estimate of project costs. Please note that federal labor standards and Davis-Bacon prevailing wages may apply. Contact Special Projects Division for determination prior to obtaining cost estimates. If project involves acquisition, attach copy of appraisal.

BUDGET FOR PROPOSED AFFORDABLE HOUSING PROJECT

Agency: Project:	Total Project Budget Column A	Total Funds Committed Column B
Sources of Funds:		
1 2010-11 HOME Funds City of Santa Maria (Proposed)		
2 2010-11 CDBG Funds City of Santa Maria (Proposed)		
3		
4		
5		
6		
7		
8 TOTAL FUNDING (Add 1 thru 7)		

	Total Project Budget Column A	HOME and/or CDBG Portion of Budget Column B
Estimated Costs:		
9 Design/Engineering/Environmental		
10 Property Acquisition		
11 Building Construction		
12 Financing/Syndication/Legal		
13 Relocation		
14 Demolition or Clearance		
15 Site Improvements and Landscaping		
16 Admin./Activity Delivery		
17 Off-Site Improvements		
18 Rental Assistance		
19 Reserves/Contingency		
20 Other (Specify)		
21 TOTAL COSTS (Add 9 thru 20)		

Note: Figure in Line 1 & 2, Column A, and Line 21, Column B, must equal the amount of funds requested in Part A, #3. Figure in Line 21, Column A must equal Line 8, Column A.

PART C.
APPLICANT BACKGROUND INFORMATION

1. Description of Agency Services:

Please describe in detail the services your agency provides and how they are unique from the services provided by other agencies.

2. Attachments:

Please separate attachments from the rest of the application. Provide only one copy of the documents below that apply to your agency:

- List of board of directors and local advisory board, if applicable
- Copy of most recent annual audit report *(if your agency does not perform an annual audit because it is not required to, please make a note below)*
- Copy of most recent Form 990 and Schedule A Federal Tax Return
- Copies of current and prior year's financial statements
- Budget information for the current fiscal year and next fiscal year *(if budget for next fiscal year is not yet available, please make a note below)*
- Copy of board authorization to apply for this grant
- Certificates of insurance covering Worker's Compensation and General Liability *(it is not necessary to name City of Santa Maria as additional insured at this time)*

Although the following Questions #3-11 do not directly relate to your proposed project, please provide the information requested if applicable to your agency or organization. For those questions that do not apply, please so indicate with "N/A."

3. Indicate the unduplicated number of persons served by your agency for all programs in Santa Maria in the following fiscal years (fill in time period covered):

2009: _____ (__/__/__ - __/__/__) Projected 2010: _____ (__/__/__ - __/__/__)

4. Have you been funded in the past under the CDBG Program?

_____ Yes _____ No

5. How do your services target Santa Maria residents?

6. How do you cooperate or network with other existing related programs, organizations or community resources?
7. List the annual funding sources and amounts for the entire Agency or organization in the table below. These figures should agree with the figures in the financial statements for your agencies' most recent prior fiscal year.

Funding Sources Table	
Source	Amount
Federal Government	\$
State Government	\$
County Government	\$
Local Government	\$
United Way	\$
Contributions	\$
Fundraising	\$
Program Service Fees	\$
Private Foundations	\$
Other (specify):	\$
Other (specify):	\$
Other (specify):	\$
TOTAL	\$

8. How long have you been in existence and provided services to the community?
9. How do you provide a service that reduces City costs or other government costs elsewhere?
10. How do you provide services at an efficient level and at the least possible cost?
11. Do you utilize volunteers for direct services? _____ Yes _____ No

If so, please explain and indicate the total number of hours of volunteer labor used per year and for what purpose:

(If you do not utilize volunteers for direct services because the circumstances do not allow for them or the situation is not appropriate, you may wish to make a comment to clarify your reasoning.)

PART D.
CERTIFICATION OF APPLICATION

I certify that the information in this application is true and accurate to the best of my ability and knowledge. I understand that City staff or members of the Block Grants Advisory Committee may call or visit my current or proposed place of business or proposed project site at any time during the funding process to verify the information presented in this application.

Date of Application

By:

Signature of Applicant Representative

Title

Name of Agency (if applicable)

DO NOT WRITE OR TYPE BELOW THIS LINE

Date of Receipt

By: _____
City Staff