



CITY OF UPLAND

Development Services Department

Public Service Agency Application for 2016-17 FY CDBG Project Funding

All persons or agencies wishing to apply for 2016-2017 Community Development Block Grant (CDBG) funds must complete an application form in order to be considered. All applications are due by no later than **5:00 p.m.** on **Tuesday, January 19, 2016**. Late applications will not be accepted. NO EXCEPTIONS.

In order to be considered for funding, all sections of the application must be completed. Any sections that do not apply should be marked N/A on the form.

AGENCY INFORMATION	
Department/Agency Name:	Contact Person:
Agency Status (<i>Check One</i>): <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public (City)	Contact Title:
Agency Mailing Address Address: City, State, Zip:	Telephone No.:
	Facsimile No.
Federal Tax ID No.:	E-mail Address:
Dun and Bradstreet No. (<i>Required as of Oct. 1, 2003</i>):	Name of Person Signing Contracts:

AGENCY BACKGROUND <i>(Attach additional sheets if necessary)</i>
Provide a description of your organization and the services that you provide.

PROJECT INFORMATION

Project Title:	This Request is for a <i>(Check One)</i> : <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project
Amount of CDBG Funds Being Requested:	Performance Indicator: <i>(select from list or see instructions)</i> 0 - Other
Project Site Address: Address: City, State, Zip:	
Have You Received City Funds Before <i>(Check One)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting National Objective: <i>(select from list or see instructions)</i> Benefits Low-and Moderate Income Persons
Provide a detailed description of the proposed project and activity <i>(attach additional sheets if necessary)</i> :	

PROJECT SERVICE AREA INFORMATION
(Check one of the following that best describes your service area)

- Citywide (*Entire City of Upland*)
- Specific Target Area (*provide map of target area*)
- Low-Mod Census Tracts (*CDBG Target Area*)
- Specific Census Tracts : Refer to the CDBG Low and Moderate Income Area Map and Chart.)

PROJECT BUDGET SUMMARY

(The Agency understands that no expenditures may be incurred before a contract has been fully executed)

Formula Grant Cost Category	Overall Budgeted	Upland CDBG Funds
Personnel Costs		
Non-Personnel Costs (supplies)		
Non-Personnel Costs (consultants Services)		
Space Rent & Utilities		
Audits		
Other		
Total	\$ 0.00	\$ 0.00

Describe any other funding sources (and the amount of the other funding source) that will be used in the execution of the project:

Note: The City of Upland only funds personnel costs associated with the delivery of public services. However, in order to evaluate the entire program, all project costs must be provided and categorized under one of the categories.

**TOTAL OPERATING BUDGET
EXPENSES**
Use Whole Dollars Only

	A Prior Fiscal Year 2014 to 2015	B Current Operating Year 2015 to 2016	C Proposed Budget July 1, 2016 to June 30, 2017	D Percent Change *
EXPENSE				
Salaries				
Employee Benefits				
Employee Payroll Taxes				
Profess. & Consultant Fees				
Supplies				
Telephone & Fax				
Postage & Shipping				
Occupancy & Utilities				
Rental & Maint. of Equip.				
Printing & Publications				
Travel & Transportation				
Conferences				
Specific Assist. to Individ.				
Membership Dues				
Awards & Grants				
Insurance				
Equipment Purchased				
Miscellaneous Expenses				
Transfer to Other Funds				
Dues to Ntl. Organizations				
Other**(Must provide backup documents).				
TOTAL EXPENSES				
Surplus (or Deficit) of Total Support & Revenue				
Over Expenses				
* Percent Change between items in columns B and C. Please explain changes greater than 15% between columns B and C. Formula (C-B)/B.				
** Explain what is included in the "Other" category.				

**TOTAL OPERATING BUDGET
REVENUE**
Use Whole Dollars Only

	A Prior Fiscal Year 2014 to 2015	B Current Operating Year 2015 to 2016	C Proposed Budget July 1, 2016 to June 30, 2017	D Percent Change *
PUBLIC SUPPORT				
Contributions				
Foundations & Private Grants				
Fundraising/Special Events				
Legacies & Bequests				
Other Federated Org.				
United Way				
Misc. Organizations				
Other				
SUBTOTAL				
GOVERNMENT				
Federal				
State				
Local				
SUBTOTAL				
OTHER REVENUE				
Membership Dues				
Program Service Fees				
Investment Income				
Transfer From Other Fund				
All Other Revenue				
SUBTOTAL				
TOTAL REVENUE				
*Column A is the audited or most recently completed 1-month period.				
** Percent change from B to C. Formula (C-B)/B. Please explain changes greater than 15 percent.				

PROGRAM ACCOMPLISHMENTS

(Please complete the table below)

	City of Upland Clients	Total Overall Clients
Number of clients actually served under program year 2014-2015		
Number of clients expected to serve under current program year 2015-2016		
Number of clients proposed to serve under expected program in 2016-2017		
Describe how the program benefits low-moderate income eligible residents in Upland:		

Note: The number of clients noted in the table above must not exceed the low-moderate income limits as noted in the 2014 HUD Income Limits table below.

2015 HUD INCOME LIMITS

(San Bernardino County Metropolitan Area – Effective March 6, 2015)

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Very Low Income (30%)	13,100	15,930	20,090	24,250	28,410	32,570	36,730	40,890
Low Income (50%)	21,750	24,850	27,950	31,050	33,500	36,050	38,550	41,000
Low-Moderate Income 80%)	34,800	39,800	44,750	49,700	53,700	57,700	61,650	65,650

TYPE OF PUBLIC SERVICE ACTIVITY/HUD CODES

- | | |
|--|---|
| <input type="checkbox"/> 05 Public Services (General) | <input type="checkbox"/> 05K Tenant/Landlord Counseling |
| <input type="checkbox"/> 05A Senior Services | <input type="checkbox"/> 05L Child Care Services |
| <input type="checkbox"/> 05B Services for the Disabled | <input type="checkbox"/> 05M Health Services |
| <input type="checkbox"/> 05C Legal Services | <input type="checkbox"/> 05N Abused and Neglected Children |
| <input type="checkbox"/> 05D Youth Services | <input type="checkbox"/> 05O Mental Health Services |
| <input type="checkbox"/> 05E Transportation Services | <input type="checkbox"/> 05P Screen for Lead-Based Paint/Lead Hazard |
| <input type="checkbox"/> 05F Substance Abuse Services | <input type="checkbox"/> 03T Operating costs of Homeless/Aids patients Programs |
| <input type="checkbox"/> 05G Battered and Abused Spouses | <input type="checkbox"/> 05W Food Banks |
| <input type="checkbox"/> 05H Employment Training | <input type="checkbox"/> 21D Fair Housing Activities (subject to Admin. exp.) |
| <input type="checkbox"/> 05I Crime Awareness/Prevention | <input type="checkbox"/> Other: |

PARTICIPATION OF MINORITIES AND WOMEN

	Board of Directors	Employees
Total		
Number of Minorities		
Number of Women		
Percentage of Minorities		
Percentage of Women		

Please complete the following demographic information (This applies to Program Administrator). Demographic information is requested by the Department of Housing and Urban Development (HUD). This information will be strictly confidential.

RACIAL BACKGROUND (check one)

- American Indian/Alaska Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White
- Other – For individuals that do not identify with any of the above

ETHNIC BACKGROUND

- Not Hispanic/Latino
- Hispanic/Latino Ethnicity
 - Mexican-American
 - Puerto Rican
 - Cuban
 - Other Hispanic/Latino _____

hereby certify that the aforementioned statements are true.

Print Name and Title of Person Signing Contract

Signature

Date