



CITY OF FOUNTAIN VALLEY

10200 SLATER AVENUE • FOUNTAIN VALLEY, CA 92708-4736 • (714) 593-4400, FAX: (714) 593-4498

September 22, 2017

Re: FY 2018-2019 Public Service Agency (PSA) Grant Program Application Available

Dear Public Service Provider:

The City of Fountain Valley is currently accepting applications for funding under its Fiscal Year (FY) 2018-19 Public Service Agency (PSA) Grant Program.

The City of Fountain Valley FY 2018-19 PSA Grant Program will be funded with Community Development Block Grant (CDBG) Program funds expected to be made available by the U.S. Department of Housing and Urban Development (HUD) to the City on or about July 1, 2018. It is expected that approximately \$40,000 in funding will be available under the City's FY 2018-19 PSA Grant Program. Applications are submitted as proposals only, and the City of Fountain Valley reserves the right to hold, deny or postpone funding of any, and all applications, as it deems necessary.

If your organization will be submitting a request for funds for several types of services, programs or projects, please be advised that a separate application will be required for each service, program or project. A FY 2018-19 PSA Grant Program Application is enclosed for your convenience, if additional applications are needed please make copies of the application provided.

Should your agency desire to pursue funding under this program, you must complete each page of the attached application and return it along with the other required materials listed on the "Application Checklist". Please return completed applications to the following address:

**CITY OF FOUNTAIN VALLEY
ATTN: HCD
10200 SLATER AVENUE
FOUNTAIN VALLEY, CA 92708**

APPLICATIONS (INCLUDING ATTACHMENTS) MUST BE SUBMITTED NO LATER THAN 5 P.M. ON MONDAY, OCTOBER 23, 2017. ABSOLUTELY NO LATE APPLICATIONS WILL BE ACCEPTED AND/OR NO INCOMPLETE APPLICATIONS WILL BE EVALUATED.

**CITY OF FOUNTAIN VALLEY FY 2018-19 PSA GRANT PROGRAM
SEPTEMBER 22, 2017
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All complete/eligible applications will be submitted to the Housing and Community Development Advisory Board (HCDAB) for evaluation of the focus, quality, and effectiveness of the proposed service(s), program(s) or project(s). HCDAB is responsible for maximizing the use of limited CDBG resources and ensuring that services are provided in a cost-effective and efficient manner. **As part of the review process, the HCDAB may request a site visit.**

All agencies that submit a complete/eligible application packet or packets will be required to make an oral presentation to the HCDAB. **All organizations (except Fair Housing Service providers) will give Oral presentations on Wednesday, December 6, 2017 at 6:00 p.m. in the Fountain Valley City Council Chambers.** HCDAB will make recommendations to the City Council for the allocation of CDBG funds based on the application, oral presentation, nature of the service(s), program(s) or project(s) to be provided, the number of residents anticipated to be assisted, and site visit, if any.

Fair Housing Service providers will give oral presentations on Wednesday, January 17, 2018 at 6:00 p.m. in the Fountain Valley City Council Chambers.

If your application proposes to provide support to a City of Fountain Valley department, agency, or division, whether directly or indirectly through a partnership with another agency or local organization, it is recommended that additional information be provided by the City of Fountain Valley contact person, either orally before the HCDAB, or submitted in writing with the application.

If you would like the application in digital format or have any questions regarding the application submittal and the application review process, please contact me at (714) 593-4428 or email at Ashlyn.Newman@fountainvalley.org. Thank you for your interest in assisting low-income Fountain Valley residents.

Sincerely,

Ashlyn Newman

Ashlyn Newman
Housing Analyst

Attachment: City of Fountain Valley FY 2018-19 PSA Grant Program Application



CITY OF FOUNTAIN VALLEY
FY 2018-19 PUBLIC SERVICE AGENCY (PSA) GRANT PROGRAM
PSA GRANT PROGRAM APPLICATION PACKET

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APPLICATIONS ARE DUE BY 5:00 P.M. ON MONDAY, OCTOBER 23, 2017.

APPLICATIONS MUST BE SUBMITTED TO:

CITY OF FOUNTAIN VALLEY

CITY CLERK’S OFFICE

10200 SLATER AVENUE

FOUNTAIN VALLEY, CA 92708

LATE APPLICATIONS WILL NOT BE ACCEPTED

INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED



ELIGIBILITY REQUIREMENTS

To be eligible for consideration, all applicants must meet the following criteria:

1. Applications must be filled out completely, with all necessary documentation (single-sided only) included. This criterion applies to all organizations whether or not they have been previously funded by the City of Fountain Valley. Additionally, applicants requesting funds for multiple services, programs or projects are required to submit a complete and separate application for each service, program or project being applied for.
2. The source of funding for Public Service Grants comes from a Community Development Block Grant (CDBG) received through the Department of Housing and Urban Development. CDBG funds are for the specific use of benefiting low/moderate income households. In order to be eligible for these funds, your organization must provide a service for Fountain Valley residents and be able to document that at least 51% of the clientele served by the project/program earn below the following income limits.

INCOME ELIGIBILITY TABLE	
<u>Household Size</u>	<u>Annual Income Limit</u>
1	\$58,450
2	\$66,800
3	\$75,150
4	\$83,450
5	\$90,150
6	\$96,850
7	\$103,500
8	\$110,200

3. The organization must be incorporated as a non-profit organization, or chartered as a local unit, and be tax-exempt.
4. All agencies must have the following:
 - Bylaws that clearly define the agency's purpose, organization, and duties of its officers.
 - An elected or appointed governing board that is responsible for the governance of the agency.
 - Adequate administration of the program to ensure delivery of services.
 - Assurance that it will conduct its business in compliance with the NON-DISCRIMINATION requirements of City, State and Federal Governments.
 - A yearly Single-Audit performed.

All complete applications must be submitted to the City Clerk's Office on or before 5:00 p.m., Monday, October 23, 2017. Late applications will not be accepted and incomplete applications will not be evaluated. In order to be considered your application, all items listed in the attached "Application Checklist" must be included, regardless of whether or not any of these items have been submitted in prior years.

(Single-Sided Applications Only Please)



CITY OF FOUNTAIN VALLEY
FY 2018-19 PSA GRANT PROGRAM APPLICATION PACKET
FUNDING APPLICATION CHECKLIST

ORGANIZATION NAME: _____

PROGRAM/PROJECT NAME: _____

SERVICE(S) TO BE PROVIDED: _____

To be considered for funding, please provided a Single-Sided application with all documents included at the time of submission. Please check each item you have included in your application. If an item is not applicable indicate "N/A."

- 1. _____ FUNDING APPLICATION CHECKLIST (page 1)
2. _____ APPLICATION (pages 2 through 9)
3. _____ APPLICATION SUMMARY PAGE, Exhibit A (page 10)
4. _____ BOARD OF DIRECTORS AFFIDAVIT, Exhibit B (page 11)
5. _____ CHARTER OR ARTICLES OF INCORPORATION
6. _____ IRS TAX STATEMENT
7. _____ IRS TAX STATUS
8. _____ MOST RECENT SINGLE-AUDIT REPORT

If you would like the application in digital format, need assistance or have questions, contact Ashlyn Newman, Housing Analyst at (714) 593-4428 or email Ashlyn.Newman@FountainValley.org .

All organizations (except Fair Housing Service providers) will give Oral presentations on Wednesday, December 6, 2017 at 6:00 p.m. in the Fountain Valley City Council Chambers. Fair Housing Service providers will give Oral presentations on Wednesday, January 17, 2018 at 6:00 p.m. in the Fountain Valley City Council Chambers.

If your application proposes to provide support to a City of Fountain Valley department, agency, or division, whether directly or indirectly through a partnership with another agency or local organization, it is recommended that additional information be provided by the City of Fountain Valley contact person, either orally, before the HCDAB, or submitted in writing with the application.

To ensure that an appropriate amount of time is allotted to review Public Service Agency (PSA) grant applications, please notate the number of applications being submitted, the number of oral presentations to be given, and the number of speakers:

NUMBER OF PROJECTS/PROGRAMS APPLYING FOR: _____
NUMBER OF ORAL PRESENTATIONS TO BE GIVEN: _____
NUMBER OF SPEAKERS (INCLUDING CITY CONTACT, if any) _____
NAME OF CITY CONTACT/DEPARTMENT _____



CITY OF FOUNTAIN VALLEY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC SERVICE AGENCY (PSA) GRANT APPLICATION
FY 2018-19

PLEASE TYPE OR PRINT

1. AGENCY INFORMATION:

AGENCY NAME:

AGENCY ADDRESS

AGENCY ADMINISTRATOR:

TITLE:

ADMINISTRATOR TELEPHONE:

FAX:

ADMINISTRATOR EMAIL:

PROJECT SITE(S) ADDRESS:

PROJECT CONTACT NAME:

TITLE:

PROJECT CONTACT TELEPHONE:

FAX:

PROJECT CONTACT EMAIL:

FEDERAL TAX ID #

DUNS #

**1.1 Describe agency's overall function or purpose. Include history and experience in providing this service:
(If more room is needed, please type on a blank sheet of paper and attach to the back of the application
with a reference number:**

**1.2 If Agency has previously received CDBG funding from the City of Fountain Valley for the specific service,
program or project you are applying for, please identify the years and amounts funded:**

FY 2014-15

FY 2016-17

FY 2015-16

FY 2017-18



2. PROGRAM/PROJECT PROPOSAL AND DESCRIPTION (Please describe the service, program or project proposal and description, including cost estimates.)

2.1 Grant Amount Requested to provide services, program, or project \$_____ . In case of a reduction in the City of Fountain Valley’s CDBG Allocation, please include the minimum amount of grant allocation acceptable to be able to provide the services, program or project.: \$_____ If the full amount requested is not received, please explain how this would impact your Agency’s ability to provide the services, program or project you are proposing:

2.2 Describe your proposed Service, Program or Project and its goals/objectives. YOUR RESPONSE MUST CONTAIN A SCOPE OF SERVICES INCLUDING SPECIFIC QUANTITATIVE GOALS FOR FOUNTAIN VALLEY CLIENTELE AND A THOROUGH DESCRIPTION OF YOUR PROPOSED SERVICE, PROGRAM OR PROJECT. THE ACCURACY AND COMPLETENESS OF THE INFORMATION YOU PROVIDE HERE IS VERY IMPORTANT, AS IT WILL BE USED IN THE SCOPE OF SERVICES SECTION OF THE CITY’S FUNDING AGREEMENT SHOULD YOU BE AWARDED FUNDING.

2.3 Describe the Fountain Valley clientele (i.e. homeless youths, elderly, handicapped, etc.) who will benefit from your services, program or project:

2.4 Describe how your proposal will benefit the above listed clientele.

2.5 Describe how your proposal will benefit City of Fountain Valley department, division or agency, whether it is directly or indirectly and the City staff contact information. If indirectly, also include the partnering agency.

2.6 Can this Service, Program or Project proceed on July 1, 2018? YES NO If no, please advise when the service, program or project would begin:



2.7 How will your proposed Services, Program or Project provide assistance to low-income Fountain Valley clients? This request will (check one):

- Provide a new/additional service, program, or project for FY 2018-19
- Provide a service, program or project that is not currently funded.
- Continue the existing services, program or project at current service levels.
- Increase services, program or project (discuss how):

- Replace previous source of funding that is no longer available (list source):

2.8 What other funds were received the PREVIOUS year FY 2016-17, allocated in the CURRENT year FY 2017-18 and anticipated for the NEXT year FY 2018-19 to accomplish your Agency’s goals of providing services, the program or the project?

PROGRAM REVENUE	ACTUAL FY 2016-17 Program Budget	ALLOCATED FY 2017-18 Program Budget	ANTICIPATED FY 2018-19 Program Budget
Other Federal Funds			
State Funds			
County Funds			
Other City Funds			
Local Funds			
Private Contributions			
Fundraising			
Participant Fees			
Program Income			
Other: _____			
TOTAL:			



2.9 How were Fountain Valley CDBG funds expended the PREVIOUS year, FY 2016-17, allocated in the CURRENT year, FY 2017-18 and anticipated NEXT year, FY 2018-19, to accomplish the services, program or project?

PROGRAM EXPENDITURES	PREVIOUS FY 2016-17 Program Budget	ALLOCATED FY 2017-18 Program Budget	PROPOSED FY 2018-19 Program Budget
Salaries & Benefits			
Rent, Utilities and Supplies			
Communication Expenses			
Training, Conference, Dues			
Insurance			
Other: _____			
TOTAL:			

3. CLIENT INTAKE INFORMATION

3.1 HUD requires that agencies obtain intake data from each client/household served. Does your intake sheet include the following information?

- 1. Name: YES NO
- 2. Address: YES NO
- 3. City in which client last resided: YES NO
- 4. Number of Family Members: YES NO
- 5. Total Family (Household) Income: YES NO
- 6. Race: YES NO
- 7. Ethnicity: YES NO
- 8. Female Head of Household: YES NO
- 9. Age: YES NO

3.2 Describe any additional information your intake sheet collects to describe your clientele:



3.3 Provide percentage breakdowns for Fountain Valley clientele and your Agency in Total for the categories listed below. Provide the actual data for PREVIOUS years and projected data from CURRENT and NEXT year.

YEARS	Youth		Youth at Risk		Women at Risk		Homeless		Disabled		Seniors	
	City	Agency	City	Agency	City	Agency	City	Agency	City	Agency	City	Agency
July 1, 2014- June 30, 2015	%	%	%	%	%	%	%	%	%	%	%	%
July 1, 2015- June 30, 2016	%	%	%	%	%	%	%	%	%	%	%	%
July 1, 2016- June 30, 2017	%	%	%	%	%	%	%	%	%	%	%	%
July 1, 2017- June 30, 2018	%	%	%	%	%	%	%	%	%	%	%	%
July 1, 2018- June 30, 2019	%	%	%	%	%	%	%	%	%	%	%	%

3.4 Provide the actual percentage of Fountain Valley residents and total Agency clientele served in the following age categories: (For start-up agencies please provide projected data for up-coming fiscal year)

YEARS	Children 0-12 years		Youth 13-17 years		Adult 18-61 years		Elderly 62 & over	
	City	Agency	City	Agency	City	Agency	City	Agency
July 1, 2014- June 30, 2015	%	%	%	%	%	%	%	%
July 1, 2015- June 30, 2016	%	%	%	%	%	%	%	%
July 1, 2016- June 30, 2017	%	%	%	%	%	%	%	%
July 1, 2017- June 30, 2018	%	%	%	%	%	%	%	%
July 1, 2018- June 30, 2019	%	%	%	%	%	%	%	%



3.5 The City of Fountain Valley utilizes Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD) to provide Public Service Agency Grants. Under CDBG program regulations, CDBG program funds must be used to benefit low-income households/persons. As such, agencies that receive public service agency grant funding must provide and document the provision of services to low-income Fountain Valley residents. At least 51% of the households/persons assisted by agencies funded with CDBG Program funds must qualify as low-income under HUD’s low-income limits, as adjusted for household size. The FY 2018-19 HUD low-income limits, as adjusted for household size are provided below.

Household Size	HUD INCOME LIMITS		
	Extremely Low (30% AMI*)	Very Low (50% AMI*)	HUD Low (80% AMI*)
1 Person	\$21,950	\$36,550	\$58,450
2 Person	\$25,050	\$41,750	\$66,800
3 Person	\$28,200	\$46,950	\$75,150
4 Person	\$31,300	\$52,150	\$83,450
5 Person	\$33,850	\$56,350	\$90,150
6 Person	\$36,350	\$60,500	\$96,850
7 Person	\$38,850	\$64,700	\$103,500
8 Person	\$41,350	\$68,850	\$110,200

*(AMI) Area Median Income – Orange County

3.6 Report the actual unduplicated number of Fountain Valley clients your agency assisted during the past several years and anticipated to be assisted for next fiscal year by income level. Each person can only be counted once per fiscal year.

INCOME LEVEL	ACTUAL PY2014-15	ACTUAL PY2015-16	ACTUAL FY2016-17	ANTICIPATED FY 2017-18	PROJECTED FY 2018-19
Extremely Low					
Very Low					
Low Income					
Total Low Income					
Above Low					
Total Served by Agency					



3.7 In order to fully understand the level of services to be provided by your agency for Fountain Valley residents, please describe the type of services and/or the aggregate amount of actual services this equated to in the last fiscal year. (Example: Report the total cumulative number of days of assistance, number of beds for shelters, number of meals, scholarships, hours, etc. over the course of the year as it pertains to the services you provided).

3.8 Report the number of actual unduplicated clients your agency served from July 1, 2016 - June 30, 2017 by Income Category. Each person can only be counted once, even though the client may have been served many times during the reporting period. Calculate the totals and percentage for each category.

Household Size	CDBG Low Income Limits (FY 2016-17)	Total # of Persons Assisted By Agency	Total # of Low-Income Persons Assisted By Agency	# of Low Income Fountain Valley Residents Assisted
1	\$52,500			
2	\$60,000			
3	\$67,500			
4	\$74,950			
5	\$80,950			
6	\$86,950			
7	\$92,950			
8	\$98,950			
Total Households Assisted:				
Percentage of Low Income Households assisted FY 2016-17 based on the total number of clients assisted by Agency.			%	%

3.9 Please check the corresponding item(s) that further describe the activity you are proposing:

- The project will benefit clientele who are generally presumed by HUD to be below eligible income limits. The following groups are presumed to meet this criterion: abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, and persons with Acquired Immune Deficiency Syndrome (AIDS).
- At least 51% of the persons/households served by the program qualify as low-income households/persons under U.S. Department of Housing and Urban Development (HUD) guidelines.
- The project has programmatic limits that restrict the activity exclusively to CDBG eligible low-income households/persons.
- The project is of such a nature and/or location that it may be concluded that the activity's clientele will primarily consist of CDBG income eligible persons.



4. CERTIFICATION OF ACCURACY

ALL ORGANIZATIONS THAT SUBMIT THIS APPLICATION MUST PROVIDE ACCURATE DATA CONCERNING THE NUMBER AND INCOME LEVEL OF CLIENTS. ESTIMATES ARE NOT ACCEPTABLE. THIS STIPULATION SHALL ALSO APPLY TO ALL ORGANIZATIONS THAT ARE SUBSEQUENTLY AWARDED FUNDING. ANY ORGANIZATION THAT FALSIFIES INFORMATION, EITHER ACCIDENTALLY OR INTENTIONALLY, SHALL BE REQUIRED TO REIMBURSE THE CITY FOR ANY AND ALL FUNDS PAID OUT TO THAT ORGANIZATION, AND SHALL NOT BE PERMITTED TO APPLY FOR FUNDING AT ANY TIME IN THE FUTURE.

THE APPLICANT HEREBY PROPOSES TO PROVIDE THE ABOVE DESCRIBED SERVICES FOR THE CITY OF FOUNTAIN VALLEY AS STATED IN THIS PROPOSAL. IF THIS PROPOSAL IS APPROVED AND FUNDED, IT IS AGREED THAT RELEVANT FEDERAL, STATE AND LOCAL REGULATIONS, AND OTHER ASSURANCES, AS REQUIRED BY THE CITY OF FOUNTAIN VALLEY, WILL BE ADHERED TO. FURTHERMORE, AS THE DULY AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION APPLYING FOR GRANT FUNDING, I CERTIFY THAT THE APPLICANT IS FULLY CAPABLE OF FULFILLING ITS OBLIGATION UNDER THIS PROPOSAL.

NAME OF ORGANIZATION

DATE

PRINTED NAME

TITLE

AUTHORIZED SIGNATURE



**EXHIBIT A
APPLICATION SUMMARY**

AGENCY NAME	PROGRAM NAME
CITY STAFF CONTACT INFORMATION	CITY DEPARTMENT/AGENCY/DIVISION

1. DATE OF CHARTER OR ARTICLES OF INCORPORATION _____
2. IRS TAX STATUS: _____
3. DATE OF IRS TAX STATEMENT PROVIDED: _____
4. DATE OF MOST RECENT SINGLE AUDIT PROVIDED: _____
5. PAST CDBG FUNDING AND PAST PERFORMANCE:

CDBG Spent 1 st QTR FY 2017-18		# Assisted 1 st QTR FY 2017-18	
CDBG Funding FY 2017-18		# Anticipated FY 2017-18	
CDBG Funding FY 2016-17		# Assisted FY 2016-17	
CDBG Funding FY 2015-16		# Assisted FY 2015-16	
Type of Services provided:			
Funds used for:			
Program Budget FY 2017-18	\$	% of Agency Budget FY 2017-18	
Other Federal Funds	State Funds	Local Funds	Private Contributions
Fund Raising	Participant Fees	Program Income	Other: _____

6. FUNDING REQUESTED FY 2018-19 AND ANTICIPATED PERFORMANCE:

Funding Request FY 2018-19	\$	# Anticipated FY 2018-19	
Services to be provided:			
Funds to be used for:			
Total Program Budget FY 2018-19		% Agency Budget	
Other Federal Funds	State Funds	Local Funds	Private Contributions
Program Income	Participant Fees	Fund Raising	Other: _____
Additional Comments:			



**EXHIBIT B
BOARD OF DIRECTORS AFFIDAVIT**

All Agencies applying for assistance must complete this affidavit listing the members of the Board of Directors and all other officers. If there are changes in the board membership after the request is submitted, the City of Fountain Valley must be notified in writing.

In submitting this funding request, I _____ certify that I am
_____ (Designee)
_____ of _____
(President, Vice-president, etc.) (Insert name of Agency).

Located at _____.

Agency Officers and Members of the Board of Directors:

Name	Title	Date Term Expires

(List names of members and attach an additional sheet if necessary)

THE APPROPRIATE AGENCY DESIGNEE MUST SIGN AND AFFIX THE SEAL.

I certify and declare under penalty of perjury that the foregoing is true and correct.

Signature

Print Name

Title

Date

Affix Seal Below

