

MEMORANDUM

To: Consolidated Plan Advisory Board

From: CPAB Ad Hoc Committee

Re: Notes on Simplified CDBG Application, Working Draft 1

This is the ad hoc committee's working draft of the CDBG Application. It is a starting point that encompasses the changes we have discussed as a committee and with the City Council to improve the application process. Our goals were to 1) Make the Application easier to fill out; 2) Allow applicants to directly address the specific criteria that they are being judged on; 3) Make the scoring process clearer for the members of the Board; and 4) Increase transparency in the scoring process.

This is a working draft. The ad hoc committee does not have any ego invested in this format. We expect many changes to be made to this proposal, both stylistically and substantively. Indeed, even if nothing else changes, as we decide the scoring criteria for the next application process, that will *require* changes to the questions.

This will not be the entire application. There is considerable additional information that must be verified if an application is to receive funding. City staff is working diligently on that additional portion of the application. The two parts will be integrated smoothly as we complete these two processes. The Committee and Staff will discuss the best way to do this while preserving the intent of this revision and fulfilling all legal requirements

Features of this Working Draft:

- The cover page provides a quick reference to the vital information about the proposal, and an overview of the project and agency.
- We have taken last year's scoring criteria and re-worded the various criteria into question form. This gives the applicants a way to directly address the particular criteria. As we adjust the scoring criteria, we will adjust the questions.
- We have eliminated a number of duplicate criteria. (Note: we may have to adjust scoring weights to compensate for this.)
- The Score Column ("_____ of ###") will be for the committee's use while scoring the applications. As the board settles on scoring criteria, the ### will be replaced by numbers that reflect the weight of the scores given to that question.
- The various Appendices provide opportunities to provide more detailed information for certain questions and areas of interest.
- Appendix A in particular provides a chance for the Applicant to make a persuasive narrative case for the project.
- Because Appendix A provides an opportunity to make a narrative case, the questions have been limited to short answers, to focus on the specific thing that the Committee needs to know.

- The CIP proposals require substantial information that is not required for other types of projects. Additional questions covering those topics have been moved out of the main body of the questionnaire into an Appendix, so that the other program applicants will not have to wonder what applies to them and what doesn't.

As always, we hope our work on this draft aids our City and the San Diego community. Thank you for the opportunity to serve.

Robert McNamara

William Moore

Vicki Granowitz

Project Title: _____

Agency Name: _____

Primary Contact Person/phone/email: _____

Secondary Contact Person/phone/email: _____

Mailing Address: _____

Project Location Address: _____

Project Location Census Tract(s): _____

Target Clientele: _____

Project Location Council District: _____

Brief Project Description (max 100 words - you will have space to elaborate later):

Funding Request

Total Funding Requested in this Application: _____

Other Funds raised for the Project (Already Secured): _____

Other Funds raised for the Project (Not Yet Secured): _____

Total Cost to Complete the Project: _____

Clients Served

Will the project serve individual clients or will it serve households? _____

Total number of unduplicated clients/households to be served. _____

Of this, total number of unduplicated LMI clients/households to be served: _____

Percentage of unduplicated LMI clients/households to be served _____

Annual cost per client/household \$ _____

Agency Mission:

Agency Description

Date of Incorporation _____

Tax ID Number: _____

Agency DUNS Number: _____

Annual Operating Budget: _____

Number of Paid Staff: _____

Number of Volunteers: _____

Type of Agency (501(c)3, Government/Public, For Profit, Faith-Based, other): _____

1. Project Details

1.1 Provide a concise description of the proposed project (You may/should copy the short description on the cover page). You will have the opportunity to expand on this explanation in Appendix A _____ of ###

1.2 How much total money are you requesting in this application? _____
(You Will Be Asked To Provide a Detailed Budget in Appendix C)

1.3 Project start date _____ Anticipated end date: _____ _____ of ###

1.4 Project's days and hours of operation: _____ _____ of ###

1.5 Project Category: A) Capital Improvements; B) Economic Development; C) Public Services _____ of ###

1.6 Project Objective: A) Suitable living environment; B) Decent housing; C) Creating/Expanding Economic Opportunity. _____ of ###

1.7 Project Outcome: A) New Improved Availability/Accessibility; B) Affordability; C) Sustainability. _____ of ###

Into which of the following categories does the project fall so that it meets the National Objective of benefitting low to moderate income (LMI) persons? 1) Area Benefit, 2) Limited clientele: a) special needs group (specify: _____); b) 51% of clientele LMI, 3) Housing: a) single family - 100% LMI; b) multi-unit - 51% LMI, 4) Job creation: 51% of jobs for LMI _____ of ###

1.9 Select the Consolidated Plan goal appropriate for your project: _____ of ###

- A) Create a better living environment for persons with special needs;
- B) Improve the condition of the City's housing stock and facilities that serve LMI persons, which includes special needs populations, including group homes;
- C) Enhance capacity building of non-profits;
- D) Support the continued revitalization of low and moderate income neighborhoods;
- E) Create jobs;
- F) Increase the number of LMI homeowners;
- G) Provide shelter for homeless persons.

1.10 Explain how the proposed project addresses the goals selected. _____ of ###

1.11 Summarize any statistics other supporting documentation that demonstrate the importance of addressing this need or problem? (html links acceptable) _____ of ###

1.12 List each service provided by the project. For each indicate whether it is a new service or expansion of an existing service. _____ of ###

1.13 How does your agency plan to tell the target population about the project/services? _____ of ###

1.14 List up to three outcomes of the project (only one is required), the number of participants who will benefit, and the way data will be collected to track or verify those outcomes. _____ of ###

Outcome #1 , Brief Description: (20 words)

Outcome #1, number of participants benefitted _____
Outcome #1, Data Collection Methodology: (20 words)

Outcome #2 , Brief Description: (20 words)

Outcome #2, number of participants benefitted _____
Outcome #2, Data Collection Methodology: (20 words)

Outcome #3 , Brief Description: (20 words)

Outcome #3, number of participants benefitted _____
Outcome #3, Data Collection Methodology: (20 words)

1.24 Will the project collaborate with other service providers in the community? (yes/no) If yes, list them and briefly describe the collaboration. _____ of ###

2. Target Population

2.1 What is the target population for this project? _____ of ###

2.2 How does your agency track and record client demographics? _____ of ###

2.3 What specific census tracts does the project intend to serve? _____ of ###

2.4 Is the office from which the project is managed located in an area where at least 51% of the residents are LMI? (Yes/No, and remarks) _____ of ###

2.5 Indicate whether the project will be serving individual clients (enter IC) or households (enter HH): _____ of ###

2.6 Total number of unduplicated clients/households to be served: _____

2.7 Of this, total number of unduplicated LMI clients/households to be served: _____

2.8 Percentage of unduplicated LMI clients/households to be served: _____

2.9 Annual cost per client/household: \$_____

2.10 Over the past three years, what proportion of the people served by the project were city residents? _____ (please have documentation available if requested)
If this is a new project, what proportion are you anticipating?

3. Agency Capacity

3.1 Who will be responsible for the overall oversight of the project? 1) Name, Title, Relevant Education, Relevant Experience, Phone #, Date Employed. _____ of ###

3.2 Alternate Person Overseeing Project: Name, Title, Relevant Education, Relevant Experience, Phone #, Date Employed. (max 3 sentences)

3.3 Who will be responsible for the day-to-day operations and management of the project? 1) Name, Title, Relevant education, Relevant experience, Phone #, Date first employed. 2) Name, Title, Relevant education, Relevant experience, Phone #, Date first employed. (3 sentences per entry) (no more than 2 individuals) _____ of ###

3.4 Who will be responsible for the financial oversight of CDBG expenditures and fiscal compliance? 1) Name, Title, Relevant education, Relevant experience, Phone #, Date first employed. 1) Name, Title, Relevant education, Relevant experience, Phone #, Date first employed. (5 sentences max per entry, no more than 2 individuals) _____ of ###

3.5 List the evaluation tools your agency plans to employ to track and monitor the progress of the project? _____ of ###

3.6 How does your agency plan to ensure compliance with applicable policy and procedural requirements (including those listed in the relevant Application and Contracting Process Handbook)? _____ of ###

4. Auditing Control

4.1 Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project. _____ of ###

4.2 How many people are on your Board of Directors? ____ How many Board members are also members of the project's target population, or reside in the project's target area? _____ of ###

4.3 Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If objective of project is ADA rehabilitation, do not repeat project description) _____ of ###

4.4 Describe how your agency's Board of Directors exercises programmatic and fiscal oversight. _____ of ###

4.5 Briefly describe your agency's financial reporting system, with relevance to the proposed project. _____ of ###

4.6 Briefly describe your agency's record keeping system, with relevance to the proposed project. _____ of ###

4.7 Briefly describe your agency's accounting procedures, with relevance to the proposed project. _____ of ###

4.8 Briefly describe your agency's auditing requirements, including those for the proposed project. _____ of ###

4.9 Briefly describe your agency's internal controls to minimize opportunities for fraud, waste, and mismanagement. _____ of ###

4.10 How does your agency plan to segregate CDBG funds from other agency funds for purposes of identification, tracking , and reporting? _____ of ###

4.11 What paragraph or section of your organization's Bylaws contains your Conflict of Interest policy? _____ of ###

5. Agency Experience

5.1 Briefly highlight your agency's experience and major accomplishments in providing services to LMI residents and/or communities. (You may expand in Appendix A) _____ of ###

5.2 Has your agency received CDBG or other federal funds in any of the four fiscal years FY 2010 through FY 2013? (Yes/No) If yes, please complete Appendix E for each grant received for the three fiscal years FY 2010, FY 2011, and FY 2012. _____ of ###

6. Back-up Plan

6.1 Will your agency implement this project should CDBG funds not be awarded? _____ of ###
(Yes/No) If yes, how will the implementation be achieved?

6.2 If funded, how will your agency continue this project if CDBG funds are not _____ of ###
available in future years?

Appendix B: CIP Projects ONLY

B.1 For CIP projects, have construction plans been completed? (Yes/No) If no, what is the expected date of completion? _____ of ###

B.2 For CIP projects, will you be able to select and award a general contractor within 90 calendar days from the CDBG contract execution? (Yes/No) If no, please explain why. _____ of ###

B.3 For CIP projects, summarize the construction manager's relevant previous experience on similar federally funded projects. _____ of ###

B.4 For CIP projects, please address the mitigation of any issues identified on the "Project Site Information" sheet with respect to lead hazards, histories preservation, asbestos, location in a flood plain, or other documented health and safety problems. Issues identified: (Yes/No) If yes, (#1-3, Issue, Mitigation) _____ of ###

B.5 For CIP projects, how will the completed work be maintained for at least five years after the termination of the agreement with the City? _____ of ###

B.6 For CIP projects, has funding of the construction phase been identified and committed? (Yes/No) If no, describe issues preventing your agency from seeking the outside funding. _____ of ###

B.7 For CIP projects that necessitate relocation of occupants, describe your agency's relocation plan. _____ of ###
