

PUBLIC SERVICE FUNDING APPLICATION INSTRUCTIONS

This document is a form which can be filled in. Use the tab button to move through the document, not the enter key. No alterations are to be made to this document. Grayed fields are calculated and filled in by the program and cannot be accessed or changed.

A help dialog box is available for each field. Pressing F1 will bring up the information for the highlighted field. Clicking the OK button or hitting the Escape key will take you back to the field.

Some fields contain drop down lists which can be seen by clicking the arrow next to it. Click on the most appropriate choice from the list. In the areas where you need to make more than one selection (as in the Census Tract list) you have been given additional fields in which to make the choices. When you have listed all of your choices please skip any remaining fields in that area.

The following is a list of the help information for each field:

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AGENCY INFORMATION:

1. Type in the name of your agency. If you are with the City, insert the name of your Department.
2. Insert the name of the person in your organization that the City should contact should there be any questions regarding the application for CDBG funding.
3. (Agency Status)
 - a. Check this box if your agency is an approved non-profit organization and are registered as such with the Internal Revenue Service.
 - b. Check this box if you are not registered as a non-profit organization and are not a City or Public Agency.
 - c. Click on this box if you are with the City agency or a public agency.
4. Insert the Title for the contact person listed above.
5. (Agency Address)
 - a. Insert the Number and Street name for your agency. This is the number where all correspondence will be sent.
 - b. Insert the City, State, and Zip Code for your agency. This is the number where all correspondence will be sent.
6. Insert the Telephone number for the contact person listed above. Please include the area code followed by the phone number. If it is a City project, insert your extension number. You will need to enter any necessary punctuation.
7. Insert the Fax Number for your agency. Please include the area code in the field. You will need to enter any necessary punctuation.
8. Insert your Federal Tax ID No. for your agency.
9. If applicable, include the e-mail address for the contact person listed above.
10. Insert your Dun and Bradstreet Data Universal Numbering System (DUNS) number. Grantees applying for federal funds are required by the Office of Management and Budget (OMB) to include this information as of June 27, 2003.
11. Insert the name of the person who is authorized to sign contracts on behalf of your agency. If you are selected to receive CDBG funds, this name will appear as the person signing the contract between the City and your agency.

AGENCY BACKGROUND

1. Input should include but not be limited to information on your organization, the services that you provide, your client base, area of service, and the location of where services are provided. If it is a City department, provide information on department.

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PROJECT INFORMATION

1. Input the Title of your Project. The title should be no more than 6 words in length and describe the project (i.e., Senior Center Facility Construction)
2. Check this box if this is a new project.
3. Check this box if this is a continuation of an existing project or additional funds are being requested for the completion of a project.
4. Input the amount of CDBG funding being requested. Note that you do not need to insert the \$ sign while inputting the information. The \$ and all other punctuation will automatically be inserted for you.
Click on the drop-down list and select the performance indicator that best reflects the type of Project being proposed (i.e., a residential rehabilitation program would have a performance indicator of 4-Households (General) or you may refer to the attached list.
5. (Project Site Address)
 - a. Insert the Number and Street name for the location of the proposed project. For public right-of-way projects, provide a map with the specific locations where the work is to take place.
 - b. Insert the City, State, and Zip Code for the location of the proposed project.
6. (Have You Received City Funds Before?)
 - a. Check the box if you have received CDBG funds in prior years.
 - b. Check the box if you have never received CDBG funds in prior years.
7. Check the Low and Moderate Income category if a minimum of 51% of those served will have a household income that does not exceed the HUD income limits.
Check the Slum or Blight category if the project assists in the eradication of slums or blight.
8. Provide a detailed description of the proposed project. Items should include but not be limited to: scope of work, square footage, persons implementing the project, and if multiple type service, how many cases will be processed as part of the project.

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PROJECT SERVICE AREA INFORMATION

1. Select this box if the project is a Citywide project (i.e., Residential Rehabilitation that is available to all income eligible residents of the City).
2. Select this category if the project will take place within one or more specific census tracts.
3. Click on the drop-down list and select the Census Tract that reflects the area of the Project being proposed. If the tract isn't on the list it isn't applicable to the program.
Choose only those tracts which pertain to your project.
You may refer to the attached list.

PROJECT BUDGET SUMMARY

1. Insert the amount proposed for personnel costs for the entire project. Personnel Costs include staff salaries and benefits.
2. Insert the amount proposed for personnel costs through the use of City provided CDBG funds. Personnel Costs include staff salaries and benefits.
3. Insert the amount proposed for Non-Personnel costs for the entire project. Non-Personnel costs include costs for supplies, consultants, etc. for your project.
4. Insert the amount proposed for non-personnel costs through the use of City provided CDBG funds. Personnel Costs include supplies and consultants.
5. Insert the amount proposed for Capital Improvements for the entire project. Capital Improvements include all costs associated with the construction of a structure or facility.
6. Insert the amount proposed for capital improvement costs through the use of City provided CDBG funds. Capital Improvements include all costs associated with the construction of a structure or facility.

7. Provide information on all other funding sources proposed for the capital improvement project. Include the amounts and if the funds have already been secured. If the funds have not been secured, please provide detailed information on such funds.

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PROGRAM ACCOMPLISHMENTS:

1. Insert the number of Newport Beach Residents that your program assisted during the 2007-2008 Program Year. Insert quantity even if you did not receive CDBG funds during that program year. If your program did not exist at the time, place a 0 in that box.
2. Insert the number of total clients that your program assisted during the 2007-2008 Program Year. Insert quantity even if you did not receive CDBG funds during that program year. If your program did not exist at the time, place a 0 in that box.
3. Insert the number of Newport Beach Residents that your program expects to assist in the 2008-2009 Program Year. Insert quantity even if you did not receive CDBG funds during this program year. If your program does not currently exist, place a 0 in that box.
4. Insert the number of total clients that your program expects to assist in the 2008-2009 Program Year. Insert quantity even if you did not receive CDBG funds during this program year. If your program does not currently exist, place a 0 in that box.
5. Insert the number of Newport Beach Residents that your program proposes to assist in the 2009-2010 Program Year.
6. Insert the number of total clients that your program proposes to assist in the 2009-2010 Program Year.
7. Describe how your program will provide a benefit to the Low- and Moderate Income residents of the City of Newport Beach

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TYPE OF PUBLIC SERVICE ACTIVITY/HUD CODES (Fields 05A-05T)

1. Check this box if it provides service to the category listed to the right of this check box.

PARTICIPATION OF MINORITIES AND WOMEN

1. Insert the total number of persons that comprise of your Board of Directors
2. Insert the total number of employees in your organization.
3. Insert the total number of minority persons that are part of the Board of Directors
4. Insert the total number of employees in your organization that are considered a minority.
5. Insert the total number of women that are part of the Board of Directors
6. Insert the total number of employees in your organization that are women.

RACIAL/ETHNIC BACKGROUND:

Provide the Racial and Ethnic background of the program administrator. This information is required by the Department of Housing and Urban Development (HUD).

Provide name and title of program administrator, and signature.

DROP-DOWN LIST ITEMS

PERFORMANCE INDICATOR:

0	Other	9	Organizations	90	Elderly Housing Units
1	People	10	Housing Units	91	Young People
2	Youth	11	Public Facilities	92	Children
3	Elderly	12	Linear Feet of Public Utilities	94	Property of Building Cleared or Demolished
4	Households (General)	13	Jobs	96	Property Acquired
5	Large Households	14	Persons with Special Needs	98	Graffiti Removal (square Feet)
6	Small Households	15	Persons with HIV/AIDS	99	Code Enforcement
7	Elderly Household	16	Persons who are Homeless		
8	Businesses	17	Persons at Risk Homeless		

MEETING NATIONAL OBJECTIVE:

- Benefit Low-and Moderate Income Persons
- Address Slum or Blight

PROJECT SERVICE AREA INFORMATION:

CITYWIDE - LMC