



**CITY OF HUNTINGTON BEACH
COMMUNITY DEVELOPMENT BLOCK GRANT 2020/2021
APPLICATION FOR CONSTRUCTION PROJECTS
PUBLIC IMPROVEMENTS, FACILITIES AND LAND ACQUISITION**

*****Applications must be received by Friday, January 10, 2020 at 4:00 PM***
Please submit one original and 14 copies of the application package, including all
attachments. Please review 2020/21 Application Handbook for submission instructions.**

**CITY OF HUNTINGTON BEACH
ATTENTION: ROBERT RAMIREZ, E.D. PROJECT MANAGER
Community Development/Business Development
2000 MAIN STREET
HUNTINGTON BEACH, CA 92648**

**QUESTIONS: (714) 375-5186
ROBERT.RAMIREZ@SURFCITY-HB.ORG**

Please be sure to read and answer all questions fully. Keep answers informative, yet concise. Only original, signed applications received by the deadline will be accepted. Postmarks will not be accepted in lieu of timely submittal. The City of Huntington Beach reserves the right to reject any or all proposals.

APPLICATION CERTIFICATION – to be signed by a person with the authority to enter into an agreement or MOU; for example, a City Department Head, CEO, or Executive Director of a Non-Profit Agency.

Organization: _____

I certify that the application for Community Development Block Grant (CDBG) funds for 2020-2021 is true and correct. I understand additional documentation will be required if award is granted. If awarded CDBG funding, I understand that my organization will enter into a subgrantee agreement (or MOU if awarded to a City Department) and will be able to comply with HUD regulations and the City's insurance requirements, as shown in the sample subgrantee agreement, by June 1, 2020. Without entering into an agreement and having approved insurance certificates by the City Attorney, my organization will be required to forfeit CDBG funding.

Name: _____ Title: _____

Signature: _____ Date: _____

Staff Use Only:
HUD Matrix Code: _____
National Objective: _____
Requested Amount: _____

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APPLICANT INFORMATION

Organization Name: _____ Contact: _____

Organization Address: _____

Federal Tax ID Number: _____ Contact Phone: _____

Contact Email: _____

Nonprofit agencies must attach a form of confirmation of 501C status. If awarded funds, Articles of Incorporation and listing of Board of Directors will be required.

Applicants other than City Departments: Please provide the mission statement and purpose of your organization:

PROPOSAL SUMMARY

CDBG Grant Request Amount: _____ New Project: Yes No

Project Name: _____

Is this request for a multi-year phased project? (*Example: land or right of way acquisition in year one, design in year two, and construction in subsequent years?*) Yes No

Please describe the project you propose to implement with City of Huntington Beach CDBG funds and how the project will benefit the citizens of Huntington Beach:

From the City's 2015-2019 Consolidated Plan, please specify and explain which priorities and goals are advanced by the program proposed for funding. Please also specify the page number(s) of the Consolidated Plan you reference. You may attach a supplementary page if more space is needed, but please be concise. Priority Needs begin on page 95 of the Plan, in Section SP-25. Goals begin on page 110, in Section SP-45. A link to the plan can be found in the Application Handbook or directly at http://www.huntingtonbeachca.gov/files/users/economic_development/HB-2015-2019ConsolidatedPlanAdmin.Amendment1.6.30.16.pdf. **PLEASE NOTE:** The City is currently updating its 5-year Consolidated Plan, so the City's Priority Needs for 2020-2024 have not been determined and will not be finalized until March 2020. Please review slides 42 – 51 for current survey results for 2020-2024 Priority needs at: <https://www.huntingtonbeachca.gov/files/users/business/2020-2024-Consolidate-Plan-Community-Meeting.pdf>.

This project is for one of the following:

- Public Improvement, low-income neighborhood (please attach map)
- Public Improvement, Americans with Disabilities Act requirement
- Public Facility, low-income neighborhood (please attach map)
- Public Facility, American with Disabilities Act requirement

If your proposal is for a special needs population, please describe your clientele, the need for this facility and attach a client intake form.

Describe your capacity to implement the project, including financial capability, staff experience, licenses, credentials and facilities.

Is this project a collaborative effort? Yes No If yes, please describe below.

Please identify the proposed project schedule including a timeline from start to finish. **PLEASE NOTE:** Projects are expected to be completed within the funded cycle.

BUDGET

Enter the amounts for each line item requested to be funded through the grant for the requested project/program. The budget will become an exhibit to the Subrecipient agreement or MOU. If the grant award is less than requested, a revised budget will be required. Add additional pages if needed to fully present the project budget for which you are requesting funding.

	2020/21 CDBG	Other Funds	2020/21 Total
Costs			
1. Personnel			
2. Supplies			
3. Equipment			
4. Events			
5. Other			
TOTAL			

If this is a multi-year phased project, please enter a general description below for each phase and an estimated CDBG or other costs for multiple years. Leave blank if not applicable to this project.

Task Description	CDBG	Other Funds	TOTAL
Phase 1:			
Phase 2:			
Phase 3:			

Please complete the following for 2020/2021 funding sources for this project:

CDBG Funding Huntington Beach	
Other HB Funds	
CDBG Other Cities	
Other Governmental Grants	
Fund Raising	
Fees	
Private Grants	
TOTAL	