



**CITY OF HUNTINGTON BEACH**  
**COMMUNITY DEVELOPMENT BLOCK GRANT 2024-2025**  
**APPLICATION FOR NON-CONSTRUCTION/PUBLIC SERVICES**

**\*\*\*Applications must be received by Friday, December 15, 2023 by 5:00 PM\*\*\***

**Please submit one original and 10 copies of the application package,  
including all attachments to:**

**City of Huntington Beach**  
**Attention: Charles Kovac, Housing Manager**  
**Community Enhancement Division**  
**2000 Main Street, 5<sup>th</sup> Floor**  
**Huntington Beach, CA 92648**

**QUESTIONS: (714) 374-5316**  
**[charles.kovac@surfcity-hb.org](mailto:charles.kovac@surfcity-hb.org)**

Please refer to the submission requirements in the 2024-2025 Application Handbook for information and specific instructions on submitting your application, available online:

[https:// www.huntingtonbeachca.gov/business/economic-development/cdbg/.](https://www.huntingtonbeachca.gov/business/economic-development/cdbg/)

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.

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**APPLICATION CERTIFICATION** – The application must be signed by a person with the authority to enter into an agreement or Memorandum of Understanding (MOU). Examples: Chief Executive Officer or Executive Director of a nonprofit agency, or Director of a City department.

Organization Name: \_\_\_\_\_

I certify that the application for Community Development Block Grant funds for 2024-2025 is true and correct and that submission requirements and acknowledgments outlined in the 2024-2025 Application Handbook are and will be complied with. I understand additional documentation will be required if award is granted. If awarded CDBG funding, I understand that my organization will enter into a Subrecipient (Subgrantee) Agreement (or MOU if awarded to a City department) and will be able to comply with U.S. Department of Housing and Urban Development (HUD) regulations and the City's insurance requirements, as shown in the sample Subrecipient Agreement, by July 1, 2024. 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: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Unique Entity ID Number (see Page 6 of 2024-2025 Application Handbook): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

**Nonprofit applicants 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: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_

☐ New Project      ☐ Continuation of Existing Project/Program

Number of unduplicated people to be served: \_\_\_\_\_

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 *2020-2024 Consolidated Plan*, please specify and explain which priorities and goals that 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 127 of the Plan, in Section SP-25. **Goals** begin on page 141, in Section SP-45. A link to the plan can be found in the Application Handbook or directly at:

<https://www.huntingtonbeachca.gov/business/economic-development/cdbg/>.

## PROPOSAL DESCRIPTION

HUD requires that the number of persons in a household, household income, ethnicity, and female head of household information is verified. For some programs age and address is also required.

**Attach a copy of your client data/intake form. If not applicable, check here ☐**

a) Will this activity serve on a citywide basis? ☐ Yes ☐ No

If not, then describe the neighborhood and/or service area where your program will be implemented and attach a map where this activity will be conducted.

b) If your project will serve persons who are in a “presumed benefit” category (not subjected to income verification), check here ☐

*Presumed benefit:*

*Activities that exclusively serve a group of persons in any one or a combination of the following HUD-approved categories may be presumed to benefit 51% of the residents who are low to moderate income. Since these groups are presumed to be low and moderate income, individual income verification is not required, although other client statistics will be required. HUD presumed benefit categories include:*

<i>Elderly persons 62 years and older</i>	<i>Battered spouses</i>
<i>Homeless persons</i>	<i>Abused children</i>
<i>Migrant farm workers</i>	<i>Severely disabled adults</i>
<i>Persons living with HIV/AIDS</i>	<i>Illiterate persons (includes non-English speakers)</i>

- c) For this particular project, complete the following table for the income categories of unduplicated numbers of persons or households for the years indicated:

Check One: \_\_\_\_\_Persons \_\_\_\_\_Households

	<b>2021-2022 Actual</b>	<b>2022-2023 Actual</b>	<b>2023-2024 Estimated</b>	<b>2024-2025 Projected</b>
<b>HB ONLY</b> -Extremely Low-Income 30% AMI				
<b>HB ONLY</b> - Very Low-Income 50% AMI				
<b>HB ONLY</b> - Low Income 80 % AMI				
<b>HB ONLY</b> -81% and above				
<sup>1</sup> <b>Other Cities</b> - Extremely Low-Income 30% AMI				
<b>Other Cities</b> - Very Low-Income 50% AMI				
<b>Other Cities</b> -81% and above				
<b>Total HB</b>				
<b>Total Other Cities</b>				
<b>Total All</b>				
<b>Percent Low</b>				
<b>Percent HB</b>				

- d) Describe your organizational capacity to implement the program/project, including financial capability, staff experience, credentials, and facilities.

<sup>1</sup> Only for providers that provide services outside of Huntington Beach as well.

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

f) Please describe in detail how you establish your client's eligibility for service.

g) Please identify anticipated qualitative outcomes to be achieved through the program and what methods will be used specifically to measure and evaluate such outcome.

- h) For continuing programs of all kinds (regardless of previous CDBG funding from the City of Huntington Beach), if there is a difference between 2023-2024 estimated service levels and the projected service levels for 2024-2025, briefly explain the reason for the projected difference, and explain the data used to make these projections.

- i) Describe your organization's experience in working with CDBG and other federal funds in communities other than Huntington Beach, including outcomes.

- j) Describe your organization's experience in working with City of Huntington Beach CDBG and other federal funds, including outcomes.

- k) Identify and describe any audit findings, liens, investigations, or probation by any oversight agency in the past five (5) years. Additionally, identify and briefly describe any lawsuits (regardless of outcome), claims or settlements in the past five (5) years. If none, please state none.

## BUDGET

Enter the amounts for each line item requested to be funded through the grant **related to the program for which 2024-2025 CDBG funding is requested**. 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 your budget. Personnel costs include salaries and benefits. Under Operational Costs, identify each line item and the amount to be funded through the grant. Then enter a subtotal for total Operational Costs. Purchasing of equipment and supplies must be directly related to the delivery of services. Indicate the percentage of CDBG funds that are relevant to the total Huntington Beach activity.

### Specific Project Proposal – Budget Detail 2024-2025

	CDBG	Total Program	Number of CDBG-funded staff:
<b>Personnel</b>			
<b>Operating Costs</b>			
<b>1.</b>			<b>Notes:</b>
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			
<b>6.</b>			
<b>Operating Costs Subtotal</b>			
<b>PROGRAM TOTAL</b>			
<b>Percentage of CDBG</b>			



Please complete the following to identify your funding resources for the program for which you are requesting 2024-2025 CDBG funding.

	<b>2021-2022 Actual</b>	<b>2022-2023 Actual</b>	<b>2023-2024 Estimated</b>	<b>2024-2025 Projected</b>
CDBG Huntington Beach				
CDBG – Other Cities				
Other Government Grants				
Fund Raising				
City				
Fees				
Private Grants				
<b>TOTAL:</b>				

Due to limited funding for public services, grant awards are often for less than the requested amounts. Please describe the specific adjustments that will be made to your program in the event this should occur.

**Nonprofit/Non-City applicants only:**

Please provide a link to a location where the most recent IRS Form 990 for your organization can be found: \_\_\_\_\_

Please indicate the total annual organizational budget for your current fiscal year (all programs):  
\$ \_\_\_\_\_

Please provide the total salary of the organization's highest compensated executive:  
\$ \_\_\_\_\_