



CITY OF SAN BENITO
Community Development Block Grant (CDBG)
Fiscal Year 2009-2010 (35th Year)

APPLICATION FOR FUNDING

I. APPLICANT INFORMATION

Project Name: _____

Full Legal Name of Applicant Agency: _____

Federal Taxpayer ID Number: _____

Business Hours: _____ Days: _____

Name of Executive Director: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: (956) _____ Fax Number: (956) _____

E-mail Address: _____

Name of Contact Person: _____

Phone Number: (956) _____ Fax Number: (956) _____

E-mail Address: _____

Name of Individual Preparing Application: _____

BUDGET

a. Total amount of funds requested	\$	_____
b. Total amount of funding received from the City last year (if applicable)	\$	_____
c. Total estimated project budget for funding year 2008-09.....	\$	_____
d. Percent of budget requested from City (line a ÷ line c).....		#DIV/0! %
e. Number of years agency has received funding from the City.....		_____
(Include chart for last 5 years reflecting program year and amount received.)		

II. AGENCY INFORMATION (CAPACITY)

A. Brief summary of agency's mission and goals (25 words or less).

B. Longevity

1. Number of years agency has been in business: _____

2. Number of years agency has operated as a 501 (c) (3) _____

3. Has this agency operated under another name? Yes _____ No _____

If "yes," list all:

4. No. of years agency has conducted the project for which funding is requested: _____

C. Does your agency solicit donations or hold fundraisers? Yes _____ No _____

D. Has your agency been involved in any lawsuits? Yes _____ No _____

E. Are there any outstanding judgments against your agency? Yes _____ No _____

F. Has the agency (applicant) filed a petition for bankruptcy or has a petition for bankruptcy been filed against the agency (applicant)? Yes _____ No _____

G. Disclosure of Potential Conflict of Interest:

Are any of the Board Members or employees of the agency which will be carrying out this project or members of their immediate families, or their business associates also:

1. Employed or been employed by the City of San Benito within the past year?

Yes _____ No _____

2. Members of or closely related to members of San Benito's City Commission?

Yes _____ No _____

3. Current beneficiaries or related to beneficiaries of the project for which funds are requested?

Yes _____ No _____

4. Paid providers of goods or services to the project or having other financial interest in the project or related to such individuals? Yes _____ No _____

5. Members of or closely related to members of the San Benito Community Development Citizen's Advisory Board? Yes _____ No _____

If you answered "Yes" to any questions 1 - 5, you must provide an explanation. The existence of a potential conflict of interest does not necessarily make the project ineligible for funding, but the existence of an undisclosed conflict may result in the termination of any grant awarded. List all individuals associated with the applicant or ownership entity that have a reportable financial interest in the program. Include type of participation in the project, percentage, and dollar amount of financial interest in the project.

Explanation (if applicable):

III. PROJECT INFORMATION

A. Project Description:

In 25 words or less, concisely describe your project. This description will be used in future publications should your application be approved.

B. Type of Project: (check one)

Public Service Public Facility Housing

C. CHECK the ONE that best describes your project:

Public Services

<input type="checkbox"/> Senior Services	<input type="checkbox"/> Health Services
<input type="checkbox"/> Youth Services	<input type="checkbox"/> Abused/Neglected Children
<input type="checkbox"/> Employment Training	<input type="checkbox"/> Homeownership Assistance (indirect)
<input type="checkbox"/> Crime Awareness	<input type="checkbox"/> General Services

Public Facilities and Improvements

<input type="checkbox"/> Senior Center	<input type="checkbox"/> Sidewalks
<input type="checkbox"/> Neighborhood Facilities	<input type="checkbox"/> Street Improvements
<input type="checkbox"/> Parks/Rec Facilities	<input type="checkbox"/> General
<input type="checkbox"/> Water/Sewer Improvements	

Housing

Rehab Single Family Direct Homeownership Assistance

D. Describe the full **service area** of the service?

E. Are there other agencies providing similar services? Yes No

1. If "yes", list agency(ies):

2. If "yes", provide QUANTITATIVE DATA to demonstrate the demand for more services of this type. USE ACTUAL DATA FROM FISCAL YEAR OCT 2007-SEPT 2008.

OCT 2007 - SEPT 2008	TOTAL NEED*	CURRENT INVENTORY	GAP IN SERVICES
No. of San Benito beneficiaries			0
No. of other area beneficiaries			0
Total number assisted	0	0	

Total need should be based on actual waiting list

F. How many individuals or households will be served by this project whose income is at or below the median income? (List both, if applicable. Information on median income is on the Submission Requirements/ Additional Information page)

Individuals	
Households	

IV. PROJECT ELIGIBILITY DETERMINATION

A. To be eligible for Community Development Block Grant (CDBG) funds, program activities (projects) must meet one of the HUD national objectives listed below.

CHECK ONE STATEMENT ONLY

1. Benefit to Low and Moderate Income Persons

Area Benefit Activities: At least 51 percent of persons served will be from low-and moderate income households in the service area (area is identified as census tract).

LMI-Limited Clientele: At least 51 percent of persons served will be from low-and moderate income households. (Explain below how you will determine household income)

LMI-Jobs: At least 51 percent of jobs created or retained will be filled by low-or moderate income persons. (Explain below how you will determine household income)

LMI-Housing: All households provided with housing assistance will have low or moderate income. (Explain below how you will determine household income)

Explanation of determination of household income:

2. Activities to Prevent or Eliminate Slum and Blight

Area Blight: The program will cure conditions of slum and blight in a designated blighted area. (Describe the area below and attach a map showing its boundaries.)

Spot Blight: The project will cure conditions that are a threat to public health and safety in a building not located in a blighted area. (Describe below the specific conditions that pose a threat and how the end use will benefit low-and moderate income persons.)

3. Activities to meet Urgent Community Development Needs (Urgent Need)

Note: Must meet all three criteria below.

It poses a serious and immediate threat to the health or welfare of the community, **and**
It is of recent origin or recently became urgent, ("recent" is generally considered to be within the last 18 months), **and**
It is unable to be corrected with other sources of funds including the grantee's own financing. (Explain below).

B. In 50 words or less, explain how your project addresses the national objective you selected.

C. Beneficiary Documentation- Will your agency provide the following required documentation for each individual/household benefiting from funding?*

1. Number of individuals in household Yes No

2. Proof of household income or presumed benefit status Yes No

Presumed Benefit Status: Activities classified as presumed benefit will not be required to show proof of income.

However, their project participant's file must have documentation demonstrating that the activity is limited to one or a combination of the 8 population segments presumed to be low-and moderate income by HUD:

- abused children - homeless persons - battered spouses - illiterate adults - elderly persons - persons living with AIDS/HIV - migrant farm workers - adults meeting the Bureau of the Census' Population Report's definition of "severely disabled."

3. Race for each member of the household or individual Yes No

4. Number of Female Head of Households Yes No

5. How applicant has improved its services or access to its service
Yes No

Failure to document the above criteria can and will result in a compliance finding, requiring CDBG funds be paid back to the City of San Benito.

V. BUDGET/LEVERAGING

A. Indicate specifically what the CDBG funding will be used for (include quantities)

LINE ITEM	QUANTITY	AMOUNT

B. Leveraging - Has your agency actively solicited funds from other sources (besides the City of San Benito) to fund this project during the past year?

TYPE/SOURCE	\$ REQUESTED	\$ AWARDED	PURPOSE/USE

Name of Individual Authorized to execute documents on behalf of organization (please print)

Signature of Authorized Individual

Name of Executive Director (please print)

Signature of Executive Director

SUBMISSION REQUIREMENTS / ADDITIONAL INFORMATION

APPLICATIONS must be submitted to the San Benito Community Development Department, 401 N. Sam Houston Blvd., San Benito by no later than 4:00 p.m. on Monday, March 9, 2009.

Applications that are received after the time and date specified above will not be considered.

Applicants must submit ONE (1) ORIGINAL, and FIFTEEN (15) COMPLETE COPIES of the application on or before the deadline. Applicant should also submit two (2) copies of the "Other Required Documents" specified below.

The ORIGINAL application must contain ORIGINAL signatures in BLUE INK.

Invalid Applications: Applications may be rejected for the following reasons:

- 1 Project is not clearly eligible according to CDBG regulations.
- 2 Applicant has demonstrated poor past performance in carrying out federally funded projects.
- 3 Applicant fails to provide audited financial statements or other required documents.
- 4 Applicant is not in good standing with the City of San Benito Community Development Dept.

OTHER REQUIRED DOCUMENTS

Attached

1. IRS tax determination letter 501 (c)(3)
2. The agency's most recent audit report. Including auditor management letter.
3. A copy of the organization's By-Laws.
4. A copy of the organization's Articles of Incorporation
5. Most recent IRS tax form 990
6. Organizational chart with Key personnel and their titles
7. The agency's present Board of Directors, with mailing addresses
8. The name of the person designated by board of directors as the authorized individual to execute documents on behalf of the organization.

In order to designate the authorized individual, one of the following may be submitted:

- a. Letter from the Board of Directors
- b. A copy of the By-Laws indicating the official
- c. A copy of the Board minutes where item was discussed and approved.

Current Income Limits							
1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8+ persons
\$24,450	\$27,900	\$31,400	\$34,900	\$37,700	\$40,500	\$43,300	\$46,050

Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested. Agencies selected for funding by CDBG will be included in the draft Action Plan for FY 2009-2010.

For questions regarding this CDBG Application for funding, please contact Sandee Alvarez via e-mail at salvarez@cityofsanbenito.com or by phone at 956 - 361 - 3804 ext 303.