



City of Turlock
 Community Development Block Grant (CDBG)
Public Service Grant Application
For Fiscal Year 2025-2026

Submittal Reminder
 Applications Due: **Dec. 16, 2024**
 See Application Guidelines for
 submittal requirements.

Please fully review the Public Service Grant Application Guidelines prior to starting the application process.

A. Project Summary

A-1 Project Title: _____
 Amount Requested \$ _____ (Not to exceed \$10,000. One application per project)
 Total Project Cost \$ _____ (Should match **Exhibit B-Budget**)
 Public Service Grant Application or Fair Housing Grant Application

A-2 Legal Name of Agency requesting funding: _____
 DBA Agency: _____
 Agency address: _____
 Phone: _____ Tax ID number: _____
 Incorporated year: _____ 501(c)(): or Not SAM'S number: _____
 City of Turlock Business License Number: _____ (See also Question B-2)
 Organization's website: _____

A-3 Project Contact Name: _____ **Title:** _____
 Address (if different than above): _____
 E-mail address: _____
 Phone: _____

A-4 Agency Type (check all that apply):
 Non-Profit For-Profit Government Faith-Based School/Institution of Higher Education

A-5 Number of **unduplicated individuals and households you anticipate serving with this project:**
 Individuals: _____ and Households: _____. Projects must serve a minimum of 51% low-income persons
 (persons at or below 80% of the area median income defined by HUD). An "unduplicated" count means that each
 client is counted only once during the fiscal year, regardless of the number of times the client is served.

A-6 Summarized Project Description: In the box below, provide a brief description of the proposed project and what it
 plans to accomplish if funded (Do not increase box size):

A-7 Additional Project Information: Expand on and provide additional information about the project and how it will be implemented.:

B. Agency Information

B-1 Certifications: Is your agency required to have local, State, or Federal certificates, licenses, or conditional use permits?

Yes No

If Yes, please indicate what type of certificate/license is required, the entity that certifies your agency, and the dates of your most recent certification. Licensed childcare center agencies and Charter Schools must also attach a copy of Certificate of Occupancy. All CDBG funded staff working with children must be fingerprinted. Please list the staff positions that require fingerprinting. Please attach all of the indicated information labeled as **Exhibit L** (Certifications).

B-2 Business License: A Business License is required for all organizations doing business in Turlock. Please attach a copy of the current Business License labeled **Exhibit J**.

- City of Turlock Business License number:_____.
- Not applicable if the organization is not doing business in Turlock
- Not applicable if the organization is a government agency or school.

B-3 Mission Statement: List the agency's Mission Statement or if none explain why the agency exists and list its goals:

B-4 Experience: Briefly explain the organization's previous experience in carrying out this or similar projects. Discuss staffing responsibilities and their qualifications for administering the project.

C. Project Information

C-1 Project: Is the proposed project new or an expansion of a currently offered project? (Check one)
 New Expanded

C-2 Target Demographic: Project serves the following Target Demographic (check only one):
 Children (infant-12) Youth (13-17) Adult (18-61) Elderly Persons (62+)
 Homeless/Low Income Non-Homeless Special Needs

C-3 Primary Service: Project provides the following Primary Service (check only one):
 Shelter Food Education Foster Care
 Welfare Health Recreation Crime Prevention
 Employment Fair Housing Other _____

C-4 Secondary Services: This project also provides the following services (check all that apply):
 Shelter Food Education Foster Care
 Welfare Health Recreation Crime Prevention
 Employment Fair Housing Other _____

C-5 Target Income Levels: The project target client income level (check all that apply). HUD Income table in Guidelines.
 Extremely Low (not greater than 30%) Very Low (not greater than 50%) Low (Not greater than 80%)

C-6 Client Income Verification:
To be eligible for CDBG assistance, a public service project **must serve low- and moderate-income persons**. Low- and moderate-income is defined as those at or below 80% of the area median income as defined by HUD. Income eligibility is determined by family/household size. HUD's definition of Family (24 CFR 5.403) includes everyone in the household. Documentation of the benefit to low- and moderate-income level persons is required of every project funded (CDBG National Objective 24 CFR 570.208).) There are three income category options for meeting this objective, (1) Limited Clientele-Client based and (2) Limited Clientele-Presumed Benefit, where eligibility is determined on a client basis, or (3) Area-Benefit, where eligibility is determined by where the service is being provided. Each application must specify only one eligibility category for their project. Descriptions of these benefit categories are detailed below:

(For more information refer to page 4 of the Application Guidelines under Project Requirements)

1. **Limited Clientele- Client Based** – Project provides services to clients **city-wide**. Activities will be offered to all residents of a particular group of low- and moderate-income residents in Turlock. Income verification documentation is required on an individual client basis along with other client statistics. The program must serve a minimum of 51% low- and moderate-income persons.
(Requires copies of income verification documentation in each individual client file)

2. **Limited Clientele- Presumed Benefit** – Project provides services **ONLY** to these HUD Presumed Benefit categories. Since these groups are presumed to be low and moderate income, individual income verification is not required, but other client statistics will be required. Select the presumed benefit options below you will be serving. If you are serving any clients that do not fit into these specified categories you would select Limited Clientele-Client Based above.

| | |
|---|---|
| <input type="checkbox"/> Elderly Persons (62 years and older) | <input type="checkbox"/> Battered Spouses |
| <input type="checkbox"/> Homeless Persons | <input type="checkbox"/> Abused Children |
| <input type="checkbox"/> Migrant Farm Workers | <input type="checkbox"/> Severely Disabled Adults |
| <input type="checkbox"/> Persons living with HIV/AIDS | <input type="checkbox"/> Illiterate Persons (includes non-English speakers) |

3. **Area-Benefit** - The project must be offered to **all residents of a defined geographic area** containing a minimum of 51% of the residents who are low to moderate income as determined by HUD income data. This is not an option for projects open to clients city-wide. If Area-Benefit has been selected, attach a map defining the area and label it **Exhibit O**. Prior city staff approval is required for this option to insure your project is eligible under Area-Benefit.
 Census Tract: _____ Low and moderate %: _____ Census Tract: _____ Low and moderate %: _____

C-7 Statement of Problem or Need: Briefly describe the problem or need that the proposed project is intended to address. Qualify the need based on studies, surveys, or other to show what your conclusions are based on.

C-8 Consolidated Plan Goals: The City of Turlock’s Consolidated Plan is designed to direct the City’s investment of federal CDBG funds to meet priority needs for housing, community and economic development, and public service. The overall goals of the Consolidated Plan are as follows: to provide decent and affordable housing, to provide a suitable living environment, or to expand economic opportunities. **As an applying agency your project must cover one or more of the following objectives.**

(Check all that apply)

- Provide assistance that facilitates homeless services and transitional housing.
- Homeless services -areas of need include: Food, emergency shelter, housing counseling, homeless support services, domestic violence prevention and intervention, individual, family, group counseling, crisis intervention, and drug and alcohol abuse services.
- Support services that accompany permanent housing for people who are chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth.
- Support services to assist target income individuals and families, including those with special needs. Special needs include the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, and victims of domestic violence.

- Promote facilities and services that directly benefit residents of target-income neighborhoods.
- Employment training, job skills, mentoring, and computer technology.
- Senior, Youth, and Handicapped Services- areas of need include: food, physical fitness/wellness, activities/alternatives to serve at risk youth including after school programs, parenting programs, safety services, family and senior support services, handicapped assistive equipment technology, health services, crime awareness, protective services, transportation services, and child care services.
- Fair housing services.

C-9 Consolidated Plan Goals Met: Indicate how the project will meet the goals/needs outlined in the Consolidated Plan?

C-10 Project Accomplishments: What specific accomplishments does your agency expect to achieve with this project? What measures are in place to confirm and track these results? Please detail both short-term and long-term outcomes.

C-11 Client Screening: Describe how clients are prioritized and or screened for services. Are clients chosen for services at random, first come first serve, or a waiting list? What resources are used before services can be provided? If employees are eligible for program services what policies are in place to ensure there is no conflict of interest?

- C-12** Counting Clients Served: Describe the procedures and methods used to count and monitor the unduplicated clients you anticipate serving. An "unduplicated" count means that each client is counted only once during the fiscal year, regardless of the number of times the client is served.
- C-13** Income and City of Turlock Residency Determination: Describe how you will determine the income level and Turlock residency of persons served with regards to the HUD defined CDBG income limits? How will you document family/household size and ages? What staff member(s) will be responsible for documenting and calculating the income? How will you document Turlock residency? (Residency documentation is required by a third-party verification, such as a copy of a TID utility billing.)
- C-14** Location(s) where services will be provided: Please list all locations (with address) where this project will be held, unless the location is a safe haven situation (i.e. Domestic abuse shelter).
- C-15** Site Control: If the project will be offered at location(s) owned or managed by another agency describe and verify that the site(s) is/are firmly committed for this project. Attach evidence of the site control to the application and label **Exhibit N** (Site Control). (Example: copy of lease, deed, agreement).

C-16 Collaboration: If the project is a collaborative effort with other agencies or contracted out, describe the partnership. Name the agencies involved and explain their roles. Services contracted out to other entities are required to have agreements allowing City and HUD access to project related documents and client files and must follow the same project regulations. The agency must have something in place to ensure that project regulations and requirements are met. Describe any informal collaborations with other agencies to assist your clients.

C-17 Public Awareness: How are clients made aware of the agency, the project and services? How does the project receive most of its referrals?

C-18 Outreach: What will the agency do in order to promote and provide services to the community's diverse ethnic population?

C-19 a.) Personnel Costs: Complete the Personnel Costs form **Exhibit C** provided. List the positions for **all of the individuals that will be involved with the implementation of the project, funded or not with Turlock CDBG funds**. This would include but is not limited to program staff, volunteers, and contracted employees. The expenses should correspond with the Budget (Exhibit B).

b.) Job Descriptions: Attach copies of all the job descriptions for the program positions listed in Exhibit C (referenced above). Label these as **Exhibit C-1**.

C-20 Eligibility: What are the client eligibility requirements to participate in the project/program? Make sure your requirements correspond to the grant guidelines. If using another agency to provide services or collaboration clarify how program eligibility requirements will be met.

C-21 Faith Based Organizations: CDBG funds cannot be used to support worship or religious instruction. Religious activities must be offered separately from the CDBG supported activity. Faith based agencies may not use direct CDBG funds to support inherently religious activities such as worship or religious instruction. Faith-based agencies that participate in the CDBG program shall not discriminate against a program beneficiary on the basis of religion or religious belief. Are you a faith-based organization?

Yes No

If Yes, What requirements do you have for providing services to your clients? How are you separating your religious instruction/activities from your program?

D. Financial & Budget Information

D-1 Previous Turlock CDBG Funding: Has this project previously been funded with CDBG funds from the City of Turlock? Yes No

If Yes, please indicate the year(s), allocations, expended, number served as reported to city, and project name/description in the following table:

| Fiscal Years | Allocated | Expended | Reported Number Served | Project Name/Description |
|--------------|-----------|-----------------------|------------------------|--------------------------|
| 2021/2022 | \$ | \$ | | |
| 2022/2023 | \$ | \$ | | |
| 2023/2024 | \$ | \$ | | |
| 2024/2025 | \$ | (Program in progress) | | |

Please explain any discrepancy between allocated and expended funds. Explain if funds were reimbursed to the city and why:

D-2 Fee Schedule: Are there any fees, charges, and or membership requirements to receive services for the project? If “Yes” is selected please provide the appropriate fee schedule labeled **Exhibit M**.
 Yes No

If Yes, please fully describe the fees, charges, and or memberships required:

D-3 Funding Level:
If the agency is not awarded all of the funding requested; can the agency still provide the project?
 Yes No

If No, what is the minimum amount of funding that would be needed to provide the project?
\$ _____

D-4 Other Funding Sources: Describe other sources of funding for this project by completing the “Other Funding Sources” form provided labeled **Exhibit A**. Only list funding for this project, not the entire agency.

D-5 Budget: Complete the Budget form provided labeled **Exhibit B**. The budget should identify, in detail, how CDBG funds are to be utilized. This exhibit should balance with the figures provided in Exhibit A (Other Funding Sources) and Exhibit C (Personnel Information). All budget information must be provided using the supplied form. If the supplied form is not utilized the application may be deemed incomplete and not considered for funding. Items listed under Project Costs must be specific. Generic references such as “Program Expenses” are not allowable. Grant draw requests will be required to follow each line item amount and detail.

D-6 Staff Authorized to request payments: List all staff authorized to request grant payments.

Name: _____ Signature: _____
Title: _____

Name: _____ Signature: _____
Title: _____

Name: _____ Signature: _____
Title: _____

Name: _____ Signature: _____
Title: _____

E. Conflict of Interest

E-1 Conflicts of Interest: Conflicts of interest would include Turlock staff members or council members participating as an employee, board member or large contributor for your organization. Please review question E-3 below for possible staff conflicts. A conflict of interest requires a written waiver from the City Attorney before an agreement is signed.

Are there any conflicts or possible conflicts of interest to report? Yes No
If Yes, please explain all conflicts or possible conflicts.

E-2 a.) Board of Directors: Please provide a list of names and positions of the Board of Directors and Officers for the Agency and label as **Exhibit K**.

b.) Board of Directors Minutes: Provide a copy of the minutes from the board of directors or equivalent approving the application submittal has been approved and label as **Exhibit D**. If your board does not require authorization to submit an application, provide a letter signed by an approved representative authorizing the request for funds or provide a waiver of board action to apply for funding and label as **Exhibit D**.

E-3. Agency Staff with City Connection: Please list any employees or board members of the agency who are elected officials, appointed members of a City of Turlock Commission/Committee, or a City of Turlock employee (if applicable). Make sure to clearly identify the group with which they are affiliated. Current listings of City of Turlock advisory groups can be found on the City of Turlock website at <http://www.cityofturlock.org> including the City Council and the Art and Planning Commissions.

F. Certifications

If this application is approved for funding, the agency agrees to fully comply with all required federal regulations including section 504, state, and local laws and regulations. The agency confirms that it is fully capable of fulfilling the obligations as cited in this proposal, and has attached the required documents referred to in this application. The agency confirms that the board of directors or equivalent has reviewed and approved submittal of this grant application, and the minutes of said meeting are attached marked **Exhibit D**.

The agency understands that any approval of the grant proposal is conditional upon the final acceptance of the fiscal year 2024-2025 Community Development Block Grant application funding from HUD and execution of an agreement with the City of Turlock on implementing the grant and monitoring requirements. Agency acknowledges that only an executed agreement with the City authorizes the initiation of project services or activates incurring expenditures for the project period.

Agency acknowledges that CDBG funds are provided on a reimbursement basis and supporting documentation must be approved by City staff prior to payment processing. Agency has sufficient funds available or will be available to complete the project as described. Agency does not have any unresolved audit findings for prior CDBG or other federal-funded project.

Agency understands that program documentation must be adequate to verify grant eligibility, comply with CDBG and City requirements and must be retained pursuant to program guidelines. If the City and or HUD are not able to verify that program requirements were met through this documentation, the agency will be required to return all grant funding to the City of Turlock.

I hereby certify as an authorized signer on behalf of the agency, I submit this application to the City of Turlock and verify that the information included herein is true, accurate, and complete. **Furthermore, I understand that late or incomplete proposals will not be considered for funding.**

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:
U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.**

Name of Agency: _____

DBA of Agency: _____

Signature of Authorized Official: _____

Date: _____

Print Name & Title: _____

Phone: _____

E-mail Address: _____

Mailing Address: _____



City of Turlock
Housing Program Services Division
156 S. Broadway, Suite 140, Turlock, CA 95380
(209) 668-5610, TDD 1(800)735-2929
www.cityofturlock.ca.us

REQUIRED DOCUMENTATION - EXHIBIT CHECKLIST

All of the following exhibits must be included and clearly labeled (exhibit letter in top right corner of page) or the application will be disqualified. If an attachment does not apply to your agency please place a sheet labeled with the appropriate exhibit letter and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply. All other attached narratives not specifically asked for in the exhibits page will be considered extraneous data and discarded. For application submittal requirements see the Application Guidelines.

Place an X on each of the following Exhibits that are included with this application.

Place an N/A on each item that is Not Applicable to your organization.

- Exhibit A _____ **Other Funding Sources:** Identify all sources of funding for this project (see required Exhibit A Form). (Requested under section D-4). City supplied form must be used.
- Exhibit B _____ **Budget:** Proposed Detailed Budget as requested under section D-5 of the application. Budget expenses should correspond with Exhibit A and Exhibit C. City supplied form must be used.
- Exhibit C _____ **Personnel Information List** the positions for all program staff, volunteers, and contracted employees related to the project, funded or not with Turlock CDBG funds (as requested under section C-19.a). City supplied form must be used.

- Exhibit C-1 _____ **Job Descriptions:** Copies of job descriptions of the individuals involved with the implementation of the project as listed in Exhibit C (as requested under section C-19.b).
- Exhibit D _____ **Authorization to submit application:** Board of Directors minutes authorizing the action to submit an application for funds, for the City of Turlock CDBG Public Service Grant Project. (Requested under section E-2.b)
- Exhibit E _____ **Articles of Incorporation** as a nonprofit corporation from the California Secretary of State.
- Exhibit F _____ **By-laws** as adopted as evidenced by the Corporate Secretary's certificate.
- Exhibit G _____ **Letter from the California Franchise Tax Board** determining tax-exempt status under Section 23701d, Revenue and Taxation Code. Franchise Tax Board Exempt Organizations Unit (916) 845-4171. Current letter can be obtained online from the Franchise Tax Board at <https://webapp.ftb.ca.gov/eLetter/>
- Exhibit H _____ **Internal Revenue Service** letter determining the agency's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. Status letter copies can be obtained by calling the IRS at (877) 829-5500. <https://www.irs.gov/charities-non-profits/about-irs-exempt-organizations>
- Exhibit I _____ **Certified Audit** and/or financial statement (most recent).
- Exhibit J _____ **City of Turlock Business License** (as requested under section B-2 of the application).
- Exhibit K _____ **Board of Directors:** Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the agency or trustees (as requested under section E-2.a of the application).
- Exhibit L _____ **Certifications:** Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize CDBG funds (as requested under section B-1 of the application).
- Exhibit M _____ **Fee Schedule:** Reasonable fees may be charged for project services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based project will render your application as disqualified. (Requested under section D-2).
- Exhibit N _____ **Site Control:** Please attach documentation regarding the status of or evidence of site control. (If applicable under section C-15 of the application).
- Exhibit O _____ **Map:** Please attach a map showing the area to be served that includes census tracts. (Only applicable if Area-Based is selected under section C-6.3).