



Received (Date/Time):

For City of Goleta Staff Use Only

2017-2018

**COMBINED GRANT FUNDING APPLICATION FORM FOR
THE COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
AND
THE GOLETA CITY GRANT PROGRAMS**

Applications are due by 5:00 p.m.
Thursday, January 19, 2017

POSTMARKS WILL NOT BE ACCEPTED

Submit Applications to:

**City of Goleta
Attn: Claudia Dato
130 Cremona Drive, Ste. B
Goleta, CA 93117**

In lieu of a hard copy (paper) submittal, a pdf of the completed application with all required attachments and signatures may be emailed to Claudia Dato at cdato@cityofgoleta.org

Please contact Claudia Dato at cdato@cityofgoleta.org or 961-7554 for more information. Para información en español, por favor llame al (805) 961-7555 y pregunte por Vyto Adomaitis.

AGENCY INFORMATION

- 1. Provide the Organization's Mission Statement:

- 2. How does the program or event for which you are seeking funding fit the mission of the organization?

3. Is your organization currently:

Incorporated?	<input type="checkbox"/> Yes	<input type="checkbox"/> In Progress
Non-profit?	<input type="checkbox"/> Yes	<input type="checkbox"/> In Progress
Tax-exempt?	<input type="checkbox"/> Yes	<input type="checkbox"/> In Progress

Federal Employee ID # (EIN) _____
Dun & Bradstreet # (DUNS) _____

Does your organization have current registration with the System for Award Management (SAM)? **(Required only of applicants seeking federal CDBG funds)** Yes In Progress

- 4. Does your facility, program or event have any barriers that would prevent a person with a disability (verbal, visual, physical, cognitive, etc.) from gaining employment, attending meetings or obtaining services? Yes No

If so, what measures do you take to provide persons with disabilities alternative access to your facility, program or event?

- 5. Please check the box(es) that most accurately reflect the program, event or activity for which you are seeking funding:

_____ One-time or annual community event (concert, creek cleanups, festival, etc.)

_____ Youth Programs (sports, educational, performing arts, etc.)

_____ Senior Programs (food/nutrition, educational programs, day activities, etc.)

_____ Other miscellaneous community programs (Ex: animal welfare, environmental, parental classes, etc.)

_____ Public services for low-income residents _____ Services for the homeless

_____ Other (please describe) _____

PROGRAM INFORMATION

6. Describe the proposed program or event, how it will operate (days, hours, eligibility, etc.), how it will be monitored and the people you intend to serve (target population).

7. How do you measure the impact or define the success of this program/event?

8. Please list the following:
 - 1) Number of Goleta residents your event or program typically serves per year: _____
 - 2) Approximate number of Goleta residents your project or event(s) will assist or serve in the following year if funded: _____

Please continue to Question 9 on Page 4.

9. List total revenue and expenses for the Program/Event to be funded according to the sources and time periods listed below.

REVENUE SOURCES	Current Year 7/1/16-6/30/17	Requested 7/1/17-6/30/18			
City of Goleta CDBG Funds					
Goleta City Grant Funds					
County Funds					
School District Funds					
State Funds					
Federal Funds					
Foundations/Trusts					
Donations					
United Way					
Special Fundraising Events					
Client Fees (Incl. 3rd Party)					
Other _____					
TOTAL PROGRAM REVENUE	\$	\$			
EXPENSES	Current Year 7/1/16-6/30/17	Proposed Year 7/1/17-6/30/18	Proposed Use of City Grant Funds		
Salaries, Benefit, Payroll Taxes					
Consultants and Contracts					
Facility, Utilities, Maintenance					
Supplies					
Marketing (Printing, Advertising)					
Travel, Mileage, Training					
Equipment Rental/Maintenance					
Insurance					
Other _____					
TOTAL PROGRAM EXPENSES	\$	\$	\$		
NET EXCESS/DEFICIT	\$	\$			

STOP HERE if applying for a Goleta City Grant and GO TO required Attachments on Page 7. Applicants interesting in being considered for federal CDBG funding must complete below questions 10-19.

10. The U.S. Department of Housing and Urban Development (HUD) requires that CDBG funding support activities that serve low- to moderate-income people. Organizations receiving CDBG funds are required to obtain intake data from each client or family served. Please answer the below questions:

Does the program you are seeking grant funds for serve low-income people? _____
 If yes, does your agency obtain documentation from clients on their income (e.g. tax returns, pay stubs)? _____

Does your intake sheet or process obtain the following:

1. Name Yes _____ No _____
2. Address or City last resided in Yes _____ No _____
3. Number of family members Yes _____ No _____
4. Total family (household) income Yes _____ No _____
5. Race and Ethnicity Yes _____ No _____

If your organization does not obtain proof of income, will the program for which you are seeking funding serve any of the following: (check all that apply)

_____ Abused Children _____ Battered Spouses/Victims of Domestic Violence

_____ Elderly Persons (age 62 and up) _____ Severely Disabled Persons
 (Proof of Age Required)

_____ Migrant Farm Workers _____ Homeless Persons _____ Persons with HIV/AIDS

11. If your agency or organization serves any of the above populations listed under Question 10, please report the number of unduplicated clients your agency/organization served from July 1, 2015 through June 30, 2016 (or for calendar year 2016). Calculate the totals and percentage for each category.

Income Level*	Eligible Income Limit	# Served by Agency in the Income Range	# of Goleta Residents served by Agency in the Income Range
Very Low	0-50% MFI		
Low	51-80% MFI		
Lower- Moderate	81%-100% MFI		
Upper- Moderate	101%-120% MFI		
Total Households Served			

* Refer to below Federal Income Guidelines.

FY 2016 Income Limits Summary

FY 2016 Income Limit Area	Median Income	FY 2016 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Santa Maria- Santa Barbara, CA MSA	\$77,100	Very Low (50%) Income Limits (\$)	29,500	33,700	37,900	42,100	45,500	48,850	52,250	55,600
		Extremely Low Income Limits (\$)*	17,700	20,200	22,750	25,250	28,440	32,580	36,730	40,890
		Low (80%) Income Limits (\$)	47,150	53,900	60,650	67,350	72,750	78,150	83,550	88,950

FINANCIAL INFORMATION

13. When was your organization/agency last audited? _____ (attached copy)
Were there any findings or concerns? _____ If yes, please explain below:

14. How often does your Agency's Board of Directors review and approve financial statements?

15. Is there a fee charged or donation suggested for your services/event? If yes, attach a copy of the fee schedule.

16. Specifically state how the requested funds be used (i.e. salaries, supplies)?
If the funds will be used to pay staff salaries, would you be able to keep accurate time and activity records that can track the number of hours and work activity being charged to the grant?

17. Statement of Financial Position (from the most recent fiscal year's financials).

ASSETS, LIABILITIES AND NET ASSETS

Total Assets	\$
Total Liabilities	\$
Total Net Assets	\$
Total Liabilities and Net Assets	\$

18. Does your organization have any past due obligations with any funding source (e.g. disallowed costs or unearned grants from a previous contract)? ____ If yes, explain:
19. In the last 3 years, has your organization had an IRS or State levee? If yes, are you on a repayment schedule? How was the matter resolved? Explain below:

THE FOLLOWING ITEMS MUST BE SUBMITTED BY ALL APPLICANTS

1. One (1) Original signed application (paper clipped - not stapled) or pdf copy emailed to cdatao@cityofgoleta.org
2. Financial Statements from the most recently completed Fiscal Year (as applicable)
3. IRS Federal Tax Exempt 501(c)(3) status letter
4. Organizational (Org) Chart
5. List of Organization/Agency Board of Directors (if applicable)

Additional information may be requested at a later date from applicants seeking CDBG funding.