

0073 13-14 (P)

# PUBLIC SERVICE APPLICATION/PROPOSAL

(Limit responses to the space provided, attach information where requested)

## PART I - APPLICATION SUMMARY

**1. Proposed Project/Program Title:**

Emergency Shelter Program

**2. Legal Name of Agency/Applicant Requesting Funding:**

East County Transitional Living Center, Inc.

**3. Mailing Address:**

1527 East Main Street

**City:**

El Cajon

**Zip:**

92021

**4. Contact Person:**

Ivan Andujar

**Title:**

Chief Operations Officer

**Phone:**

(619) 442-0457  
ext: 1118

**Email:**

IANDUJAR@ECTLC.ORG

**Secondary Contact Person:**

Harold H. Brown

**Title:**

Chief Executive Officer

**Phone:**

(619) 442-0457  
ext: 1111

**Email:**

HBROWN@ECTLC.ORG

**5. Agency Description:**

Faith-Based Organization:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
501(c)3 Non-Profit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Year Incorporated:	2009
Agency Tax ID Number:	27-0865318
Agency DUNS Number:	8331183119

**6. FY 2013-14 CDBG Funding Request:**

Total Project Cost:	\$50,000.00
Less Other Funding Sources (Be Specific):	
	\$
	\$
<b>Total FY 2013-14 CDBG Funding Request:</b>	<b>\$50,000.00</b>

**7. Brief summary of the Project:**

East County Transitional Living Center Inc. will provide (3) daily meal opportunities, counseling/case management and up to a maximum (28) nights of emergency housing to homeless families and/or individuals to stabilize their immediate homeless situation. Clients will be evaluated and provided with additional resources and/or references to obtain permanent housing or programs.

**8. Number of Unduplicated clients expected to be served during the fiscal year:**

150

**9. Project/Program Site Address(es):**

1527 East Main Street, El Cajon CA 92021

**Census Tract:**

Citywide

**10. Applicant Certification:** To the best of my knowledge and belief, the information contained in this application is true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant will comply with all assurances, Federal, State, and Local laws and regulations if funding is approved.

**Agency's Authorized Signee (please print):**

Harold H. Brown

**Signature/Date:**

*Harold H. Brown* 12-13-2012

**YOUR APPLICATION WILL NOT BE ACCEPTED UNLESS ALL THE REQUIRED DOCUMENTATION IS ATTACHED.**

**PART II - PROJECT ELIGIBILITY**

**11. Meeting a CDBG National Objective.** Please check the box that appropriately applies to your project (See Guidelines at Page 3 and Schedule C of this Application):

<input checked="" type="checkbox"/>	Benefit a majority (51%) of low/moderate income residents (low/moderate income residents earn at or below 80% of the area median income, adjusted by family size);
<input type="checkbox"/>	Alleviate a serious and immediate threat to the health and/or welfare of the community. Threat must be recent in origin or urgency (previous 18 months) and no other source of funds is available for the program/project;
<input type="checkbox"/>	Serves to prevent or eliminate conditions of slum and blight.

**12. Which City of El Cajon FY 2009-2014 Consolidated Plan Priority does this project/program address?** (See Guidelines at Page 4 and Schedule C of this Application):

2.1

**13. Proposed Program Service Area / Beneficiaries.** Documentation of benefit to low/moderate-income persons is required for all funded projects. In order to qualify as benefiting low/moderate-income persons, your project must fall into one of the categories below. Please read carefully and check the applicable box for this project:

A.  **Area Benefit** – This category is for projects that benefit all residents of a defined service area as outlined in the Guidelines on Page 5. At least 51% of the residents within the service area must be low/moderate-income persons. (See Attachment E of the Guidelines, Map of Low/Moderate Income Areas to assist with determining LMI Service Areas; call 619-441-1786 for further assistance.)

**If your project benefits all residents of a defined service area, please describe and define the boundaries of the service area of your project in detail. Be very specific, and include street boundaries and/or Census Tract and block group information:**

Recipients must be an El Cajon resident or have been homeless within El Cajon city limits for (24) hours prior to seeking assistance.

**Attach a map page showing project boundaries and label it Attachment to Question 13A – Service Area Boundaries.**

B.  **Limited Clientele** – This category is for projects that benefit limited clientele as outlined in the Guidelines on Page 5. At least 51% of the clientele served must be low/moderate income persons. **Data must be collected and reported for all clients served by the program including household size, income levels** (See Attachment C of the Guidelines), **race, ethnicity, and city of residency** (see Guidelines at Page 5 and Attachment B, Reporting Requirements)

**If your project benefits a particular clientele, please 1) describe the population served by your program; 2) indicate the number of unduplicated clients to be served; 3) indicate the number who are expected to be low/moderate income; and 4) describe the specific method of collecting demographic data used by your project:**



**PART III – PROPOSED PROGRAM / PROJECT DESCRIPTION**

**14. Describe the proposed program or project** and provide information on how the CDBG funds will be used to address solutions and benefit low/moderate income El Cajon residents. Be specific.

East County Transitional Living Center Inc. will provide (3) daily meal opportunities, counseling/case management and up to a maximum (28) nights of emergency housing to homeless families and/or individuals to stabilize their immediate homeless situation. Clients will be evaluated and provided with additional resources and/or references to obtain permanent housing or programs.

**15. Describe the need or problem to be addressed** and how this proposed program/project meets that need:

Assist homeless families and/or individuals with their immediate needs of shelter, meals and case management/resources.

**16. Describe the characteristics of the target population to be served (i.e., youth, elderly, persons with disabilities, etc.) by the project (if not already described well in Question 13). Specify the total number of El Cajon persons to be served by the program in the grant year and the geographic area to be benefitted:**

East County Transitional Living Center Inc.'s target population is homeless families and/or individuals. ECTLIC anticipates assisting (150) men, women and children within the City of El Cajon city limits.

**17. State the overall goal for the project and describe up to 3 specific objectives for the program/project during the grant year. See the Guidelines for specific requirements.**

Assist homeless families and/or individuals with their immediate needs of shelter, meals and case management/resources. The long term goal is to assist them with finding a suitable program, locating permanent housing and employment.

- Assist (150) men, women children with emergency shelter.
- Provide case management on a weekly basis to emergency shelter clientele.
- Assist emergency shelter clientele with gathering proper documents needed for permanent housing or long term programs.

**18. For each objective above, describe the work to be performed, including the key activities to be undertaken or the services to be provided, and a detailed timeline for implementation and completion of the project. CDBG requests must be limited to activities that can be implemented, completed and CDBG funds expended within 12 months. See the Guidelines for specific requirements.**

Emergency Shelter will be provided for an initial (24) hour stay and can be reissued daily up to a maximum (28) night stay. Recipients must meet with our onsite case managers, for case review/progress reports, on a regular basis to insure the recipient is making progress towards a long term shelter solution/program.

Emergency Shelter will be available on a limited basis July - October 2013 with the bulk of funding to be utilized during the winter – spring months, November 2013 – March 2014. Records show the greatest need is during the inclement weather months.

**19. For each objective above, describe the method of service delivery to be used to accomplish the goals and objectives of the project. See the Guidelines for specific requirements.**

Emergency Shelter will be provided for an initial (24) hour stay and can be reissued daily up to a maximum (28) night stay. Recipients must meet with our onsite case managers, for case review/progress reports, on a regular basis to insure the recipient is making progress towards a long term shelter solution/program.

**20. If applying for funds to purchase equipment or any capital item, include justification of the purchase to the operation of your program.**

Non-applicable

**21. If the project includes rehabilitation of residential units, please indicate how your agency will comply with the lead-based paint regulations that went into effect on September 15, 2000. These may be obtained at [www.access.gpo.gov/nara](http://www.access.gpo.gov/nara), or by calling (800) 424-LEAD.**

Non-applicable

[Empty rectangular box]

**22. Site Control. Is the Program Site Address owned by Applicant?**  Yes  No

If the program will be offered at a location owned or managed by another agency, describe and prove that the site is firmly committed for this project. **Attach evidence of site control to the application and label Attachment to Question 22 - Site Control.** (i.e., lease or rental agreement).

**23. Will the proposed project meet Americans with Disabilities Act standards for accessibility to persons with disabilities? Explain.**

The facility is equipped with designated rooms that are ADA compliant.

**24. LICENSING / FINGERPRINTING**

List any and all licenses required to carry out this project and whether the license has been approved or is pending. For further information about childcare licensing, contact CA Department of Social Services, Community Care Licensing Division at (916) 229-4500 or <http://www.cclid.ca.gov/PG411.htm>. CDBG-funded staff working with children or physically or developmentally disabled people must be fingerprinted. This is an eligible CDBG cost and should be reflected in the budget. Contact Global Livescan at Postal Center Plus at (619) 593-9993, 772 Jamacha Road, El Cajon, CA 92019.

City of El Cajon, Conditional Use Permit (CUP # 1956)

**PART IV - PROJECT BUDGET**

**25. Complete and submit Schedule A (Program Budget) and Schedule B (Personnel Schedule), if applicable.**

**26. For each line item in the proposed project budget (Schedule A and B, if applicable), provide narrative explaining each item and describe how the project will be fully funded.**

100 percent of the requested \$50,000.00 proposed budget will be used for sheltering @ a rate of \$49.50 per night.

Case management costs and meal opportunities (estimated @ \$2.50 per person – per meal) will be absorbed by East County Transitional Living Center, Inc.

**27. Matching Funds.** Matching funds are not required for Public Service Projects, but if the program contains other non-CDBG resources that will be used to carry out the program, please list them here

and on the **Schedule A and B**, if applicable. Indicate whether matching funds are firmly committed to the program.

Non-applicable

**28. Collaboration With Other Agencies.** If the program is a collaborative effort with other existing programs, services or agencies explain the partnership(s), what resources the partners bring, and whether the partners are committed to the program. If a partnership is proposed, explain how you will engage the partner(s).

El Cajon Collaborative, Southern Baptist Association of San Diego, San Diego Rescue Mission, Father Joe's Village, Salvation Army, Volunteers of America, Crisis House, HomeStart Inc., Jewish Family Services of San Diego, The Rock Church, 211 San Diego, El Cajon Police Department and the San Diego East County Chamber of Commerce. All of the agencies/organizations listed refer families and/or individuals to ECTLC for shelter, food and counseling assistance throughout the year.

#### **PART V - AGENCY INFORMATION**

#### **29. BACKGROUND**

A. Outline the background of your agency, including the length of time your agency has been in operation, the date of incorporation, and the type of corporation.

East County Transitional Living Center, Inc. has been in operation since August 2009. Date of incorporation: August 11, 2009. A California Nonprofit Religious Corporation.  
ECTLC, Inc. was formerly known as Set Free Baptist Fellowship and began operations in 2004.

B. Describe the agency's mission and purpose.

East County Transitional Living Center, Inc. is a 501c (3) non-profit, religious based humanitarian organization extending shelter, meal opportunities and case management to homeless families and/or individuals in East San Diego County.

C. Describe the type of services provided.

Transitional shelter, meal opportunities, anger management classes, parenting classes, clothing, onsite access to medical services (County medical bus on Mondays) and onsite case management.

[Empty box]

D. List the average number of clients assisted by your program in a typical year and the characteristics of your clients.

(400) + clients are assisted each year through the (4) various programs ECTLC, Inc. has to offer. The vast majority of our clientele are homeless and enter into one of our programs based on their specific needs/situation.

E. Describe your agency's capabilities of assisting these clients.

East County Transitional Living Center, Inc. is fully staffed with case management and CEDAC counseling. ECTLC, Inc. has the ability to serve approximately (400), at any given time with shelter through the (4) various programs we offer.

F. **Organizational Chart and current Board of Directors.** Attach both to application and label it Attachment to Question 29F.

**30. PERSONNEL**

A. Outline the intended staffing pattern specifically for this project or program, existing staff positions and qualifications and describe experience of program staff.

East County Transitional Living Center, Inc. has had (5) successful years administering the CDBG-HUD Emergency Voucher Program (2005-06, 2007-08, 2009-10 under Set Free Baptist Fellowship and 2010-11, 2012-present under ECTLC, Inc.)

B. Please state whether or not your agency has a personnel policy manual with an affirmative action plan and grievance procedure.

East County Transitional Living Center, Inc. provides all staff copies of our policies/procedures manual that addresses our affirmative action plan and grievance procedures.

**31. FINANCIAL**

A. Describe your agency's current overall operating budget, itemizing revenues and expenses.

See attached budget.



**B. Major Sources Of Applicant Funding (Please List)**

Privately funded and self supportive.

**C. Describe the agency's fiscal management procedures including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.**

East County Transitional Living Center, Inc. is a 501c(3) non-profit organization overseen by an independent Board of Directors. See Attached.

**PART VI - TRACK RECORD / CAPABILITY**

**32. AGENCY PERFORMANCE HISTORY**

Provide information on the two most recent El Cajon CDBG funded project/programs administered by your agency. If you have never or not recently received an El Cajon CDBG grant, list other, similar recent programs. Complete all fields or write NA for not applicable.

**A. PROJECT ADMINISTERED BY YOUR ORGANIZATION**

Project/Program Name:

Project/Program Address:

El Cajon CDBG Funded? Yes  No  List other funder(s):

Year Funded:  Award Amount:

Contract Expiration Date:

Performance Reports and Monthly Billing Up to Date? Yes  No  Indicate the most recent monthly report/billing submitted:

If Performance Reports and/or Billings are not up to date please explain why:

**B. PROJECT ADMINISTERED BY YOUR ORGANIZATION**

Project/Program Name:

Project/Program Address:

El Cajon CDBG Funded? Yes  No  List other funder(s):

Year Funded:  Award Amount:

Contract Expiration Date:  Amt. Spent to Date: \$

Performance Reports and Monthly Billing Up to Date? Yes  No  Indicate the most recent monthly report/billing submitted:

If Performance Reports and/or Billings are not up to date please explain why:

Use the space provided below to enter the project status including the goals achieved and project completion date or anticipated project completion date.

2012-13 YTD (November 30, 2012)  
(55) men, women and children were provided services. We anticipate assisting another (145) by June 30, 2013.

2010-11 FY  
(142) men, women and children were provided services.

**PART VII - AUDIT AND INSURANCE REQUIREMENTS**

**33. Audit**

In accordance with the Office of Management and Budget Circulars A-133, A-128, and A-110, the Federal Government requires that organizations receiving a cumulative amount of \$500,000 or more in Federal financial assistance in a fiscal year must have an audit prepared at the end of the fiscal year (referred to as the "Federal Single Audit". Agencies that fall into this category must choose one of the three following ways of meeting this requirement and state which method is chosen. Please check the applicable box for this project:

- If your agency already conducts audits of all its funding sources including CDBG, you must submit a copy of your most recent audit, and may, at your discretion, include the CDBG portion of the audit cost in your CDBG project budget.
- If your agency already conducts audits of its other funding sources but has neither received nor included CDBG funds in the past, the scope of the audit should be modified to incorporate CDBG audit requirements. The associated audit cost of the addition of CDBG funds could then be included in your CDBG project budget, accompanied by the auditor's written cost estimate.
- If your agency does not have a current audit process in place, your agency will be required to include a 10% set-aside in the CDBG project budget for the provision of an audit.

**34. Insurance**

A. Please list the amount of your liability insurance coverage and the name and address of your insurance agency.

Philadelphia Indemnity Insurance Company (see attached copy of policy)  
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691

B. Please state whether your agency pays all payroll taxes and worker's compensation insurance as required by Federal and State law.

East County Transitional Living Center, Inc. will incur all administrative costs.

C. Please state whether your agency has fidelity bond coverage for principal staff who handle your agency's accounts. Yes  No  If so, please indicate the amount of coverage and the insuring agency.

\$4,000,000,000 umbrella policy. Philadelphia Indemnity Insurance Company

D. Please list your insurance carrier and whether it is an "admitted" carrier pursuant to the provisions of the California Insurance Code and licensed by the State Insurance Commissioner as a carrier authorized to transact the business of insurance in the State of California and has received a Best's rating of B+ VII or better.

Philadelphia Indemnity Insurance Company (see attached copy of policy)  
27101 & 27201 Puerta Real, Suite 200 Mission Viejo, CA 92691

E. See further Insurance Requirements (Attachment G of these Guidelines – Council Policy D-3)

**PART VIII - ADDITIONAL INFORMATION**

**35. ADDITIONAL INFORMATION** Use the space below to provide additional information that you would like considered for this proposal.

East County Transitional Living Center, Inc. has seen a dramatic increase in homeless families and/or individuals over the past (4) years that can be directly attributed to the current economic situation in our country.

ECTLC anticipates a further increase of individuals in need of assistance due to decreases in welfare funding, prison early release programs and unemployment assistance ending. A vast majority of these individuals will be in need of shelter and case management.

**PART IX – REQUIRED DOCUMENTATION**

**Checklist of Required Documents**

✓	# copies	Item
	6	<b>Application for CDBG Funds</b> (Questions 1 – 35 above)
	6	<b>Proposed Budget</b> (Schedule A required and Schedule B if applicable), and a copy of the agency's Current Year Budget
	6	<b>List of Board of Directors</b> - include the name, telephone number, address, occupation or affiliation of each member and identify the principal officers of your governing body.
	6	<b>Board of Directors' Authorization to Submit Application, and Designation of Authorized Official</b> - documentation of your governing body's action authorizing the representative of your agency negotiate for and contractually bind your agency. This is the same individual(s) that will be authorized to execute requests for payment. Documentation may consist of a signed letter from the Chairperson of your governing body providing the name, title, address and telephone number of each authorized individual, or a copy of the minutes of the meeting in which your governing body's resolution, motion, or other official action is recorded.
	6	<b>Organizational Chart</b> - describe your agency's administrative framework and staff positions, which indicates where your proposed project will fit into your organizational structure, and which identifies any staff positions of shared responsibility.
	6	<b>Resume of Program Administrator</b>
	6	<b>Resume of Fiscal Officer</b>
	6	<b>Conflict of Interest Statement</b> - please identify any member, officer, or employee of your organization who is an officer or employee of the City, a member of any of its' boards, commissions, committees, has any interest or holding which could be affected by any actions taken in execution of this application.
	1	<b>Financial Statement</b> and most recent <b>Audit</b>
	1	<b>Articles of Incorporation</b> and <b>Bylaws</b>
	1	<b>State and Federal Tax Exemption Determination Letters</b>
	1	<b>City of El Cajon Business License</b>

# SCHEDULE A

## Public Service Program Budget

**PROJECT TITLE**

**Emergency Shelter Program**

<u>COST COMPONENT</u> <u>PROJECT</u>	<u>CDBG FUNDS</u>	<u>OTHER FUNDS<sup>1</sup></u>	<u>IN-KIND</u>	<u>TOTAL</u>
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**PERSONNEL SERVICES**

Salaries (attach <b>Schedule B</b> )		\$25,000	\$75,000	\$100,000
Fringe Benefits				
<b>Total Personnel</b>	0	\$25,000	\$75,000	\$100,000

**CONTRACTUAL SERVICES**

Professional Services		\$12,500		
Telephone		\$1,000		
Utilities		\$5,200		
Rent				
Insurance		\$40,000		
Maintenance		\$1,800		
Travel/Mileage				
Fingerprinting				
Other (specify)	\$50,000*			
<b>Total Contractual</b>	\$50,000	\$60,500	0	\$110,500

**COMMODITIES**

Program/Office Supplies		\$800		
Printing				
Postage/Office Equipment				
Other (specify)				
<b>Total Commodities</b>	0	\$800	0	\$800

<b>Total Project Budget</b>	<b>\$50,000</b>	<b>\$86,300</b>	<b>\$75,000</b>	<b>\$211,300</b>
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**Use the space below to explain professional services, office equipment expenditures or other cost components that require clarification:**

All Staff costs and meal opportunities (estimated @ \$2.50 per person – per meal), maintenance and housekeeping services will be absorbed by East County Transitional Living Center, Inc.

Note: If your proposal is funded, **CDBG paid expenditures must be documented with receipts and or invoices that verify the expense was incurred, as well as checks and bank statements to verify the invoice was actually paid.** To minimize the amount of documentation, we strongly suggest the CDBG dollars be used to pay for only a few program costs and not spread out over several line items. If CDBG

<sup>1</sup> Includes Federal and non- Federal funding sources. Be specific.

funds are requested to pay for Personnel Services (salaries), **Schedule B** must be completed to detail the costs for the positions to be funded.

**SCHEDULE B**  
**Personnel Schedule**  
 (For CDBG-Funded Public Service Salaries Only)

**PROJECT TITLE**

**Emergency Shelter Program**

This schedule must be completed if you are seeking CDBG funding for Personnel Services costs on Schedule A. Only information on salaried positions should be included on this schedule. Do not include fringe benefits costs on this schedule.

Employee Name/ Position Title	Percentage of job time the position spends on the program <sup>2</sup>	CDBG Funded	Other Funds	Total Salary Amount
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
<b>TOTALS</b>	N/A	N/A	N/A	N/A

NOTE: THE TOTAL MUST BE THE SAME AS THE SALARIES AMOUNT LISTED ON SCHEDULE A.

<sup>2</sup> Out of 100%, how much of the position funded is spent on the CDBG funded program.



# SCHEDULE C

## CDBG FACT SHEET & CITIZEN PARTICIPATION PLAN FOR FY 2013-14

### I. Introduction

This FACT SHEET has been prepared to assist citizens to understand the COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) program in El Cajon. Also, this FACT SHEET provides information as to how non-profit organizations may apply for CDBG funds from the City of El Cajon and how those funds must be used to benefit the community.

### II. Overview of Program

- A. Per Title I of the Housing and Community Development Act of 1974 (Public Law 93-383), as amended, the City of El Cajon is entitled to receive federal CDBG funds on an annual basis. The purpose of the federal grant program is to assist cities, such as El Cajon, with the development of decent housing, a suitable living environment, and economic opportunities for the benefit of low and moderate-income residents.
- B. **All CDBG-funded projects and programs must meet one or more of the following NATIONAL OBJECTIVES:**
- 1) Benefit a majority of low/moderate income residents; or
  - 2) Meet a community need having a particular urgency because existing conditions pose a serious and immediate threat to the health and/or welfare of the community and no other financial resources are available to meet the need. (A condition will be considered urgent or of recent origin if it developed or became critical within the 18-month period preceding the application); or
  - 3) Aid in the prevention or elimination of conditions of slum and blight.

***NOTE: The majority of CDBG-funded projects in the City of El Cajon will address the national objective to benefit a majority of low/moderate income residents.***

- C. Additionally, projects must meet **at least one** or more of the local priorities developed by the City of El Cajon in its FY 2009-2014 Five-Year Consolidated Plan:

- Priority 1:** Conserve and Improve Existing Affordable Housing
- Priority 2:** Provide Homeownership Assistance to Low and Moderate Income Households
- Priority 3:** Provide Rental Assistance to Low and Moderate Income Households
- Priority 4:** Preserve Assisted Housing at Risk of Converting to Market Rate
- Priority 5:** Assist in the Development of Affordable Housing
- Priority 6:** Promote Equal Housing Opportunity
- Priority 7:** Support a Continuum of Care System for the Homeless
- Priority 8:** Provide for New Community Facilities and Improve the Quality of Existing Community Facilities to Serve Those of Low and Moderate Income and/or with Special Needs
- Priority 9:** Provide Needed Community and Supportive Services to Those of Lower Income and/or with Special Needs
- Priority 10:** Provide for Needed Infrastructure Improvements in Low and Moderate Income Areas
- Priority 11:** Provide for Necessary Planning Activities to Develop and Implement Both Housing and Community Development Plans to Address Anticipated Needs.

The Priorities are more fully described in the FY 2009-2014 Five-Year Consolidated Plan which is available for review at the Housing Division public counter, located at 200 Civic Center Way, Third Floor, El Cajon, CA 92020. The FY 2009-2014 Five-Year Consolidated Plan is also available for review on the City's website at <http://www.cityofelcajon.us/dept/redev/housing/funding.aspx>.

- D. In addition, proposed projects/programs will be assessed according to the following objectives and outcomes:



## PERFORMANCE MEASUREMENT STANDARDS

Outcomes → Objectives ↓	Availability / Accessibility	Affordability	Sustainability
Suitable Living Environment	Enhance suitable living environment through improved/ new accessibility	Enhance suitable living environment through improved/ new affordability	Enhance suitable living environment through improved/ new sustainability
Decent Housing	Create decent housing with improved/ new availability	Create decent housing with improved/ new affordability	Create decent housing with improved/ new sustainability
Economic Opportunity	Provide economic opportunity through improved/ new accessibility	Provide economic opportunity through improved/ new affordability	Provide economic opportunity through improved/ new sustainability

NOTE: City staff will assign the most suitable Outcome/Objective classification.

### III. Eligible Activity Categories

The following provides a list of activity categories that may be eligible for funding under the CDBG program (24 CFR 570.201). Please note that each category is subject to very specific guidelines.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>◆ Acquisition of real property</li> <li>◆ Disposition of real property</li> <li>◆ Public facilities and improvements</li> <li>◆ Clearance activities</li> <li>◆ Public services</li> <li>◆ Interim assistance</li> <li>◆ Payment of non-federal share of matching requirements for other federal grants</li> <li>◆ Urban renewal completion</li> <li>◆ Relocation assistance</li> <li>◆ Loss of rental income (due to relocation)</li> <li>◆ Code enforcement</li> </ul> | <ul style="list-style-type: none"> <li>◆ Housing services</li> <li>◆ Privately owned utilities</li> <li>◆ Construction of housing</li> <li>◆ Homeownership assistance</li> <li>◆ Facilitation of economic development</li> <li>◆ Technical assistance</li> <li>◆ Assistance to institutions of higher education</li> <li>◆ Rehabilitation and preservation activities</li> <li>◆ Planning activities</li> <li>◆ Program administration</li> </ul> |
|---|---|

### IV. Ineligible Activities (24 CFR 570.207)

The following provides a brief summary of specific activities which would not be eligible for CDBG funding:

- ◆ Buildings, or portions thereof, used for the general conduct of government.
- ◆ General government expenses.
- ◆ Political activities.
- ◆ Purchase of construction equipment.
- ◆ Purchase of equipment, fixtures, motor vehicles, furnishings or other personal property that is not an integral structural fixture (specific exceptions exist—contact program coordinator with questions).
- ◆ Operating and maintenance expenses of public facilities with the exception of public service activities, interim assistance and office space for CDBG program staff.
- ◆ Income payments for housing or any other purpose.

### V. Citizen Participation Plan

To encourage public participation in the development of the CDBG program, the City has adopted a Citizen Participation Plan which outlines the procedures to be followed by public officials and private citizens to establish a statement of projects for a given program year. The complete Citizen Participation Plan is available for review at the public counter of the Housing Division, Third Floor, 200 Civic Center Way, El Cajon, CA 92020. A summary of the application process for CDBG funds is provided below for organizations and/or private citizens who wish to participate in the City's program.

The application process for CDBG funding begins each year in the fall. A "Notice of Funding Availability" is published in the local newspaper of general circulation for review by the public and a courtesy copy is mailed to all persons and organizations that requested to be placed on the City's mailing list. The Notice

will provide information regarding the amount of funds expected to be available, the procedures to follow for submitting proposals to the City with a schedule of applicable activities, and any additional information determined to be necessary by the program coordinator.

In the "Notice of Funding Availability", the City will request applications for proposed projects from the community for eligible projects to be funded through the CDBG program. Applicants will be given at least thirty (30) days to submit a proposal or submit program comments/suggestions to the Housing Division, 200 Civic Center Way in El Cajon. Staff will review project submittals and determine whether or not a proposed project meets the stated criteria and is eligible for CDBG funding, and will then forward all eligible projects to the City Council for further consideration at two (2) public hearings.

The City Council will select the projects to be funded through the CDBG program and those projects will be included in the One Year Action Plan that is submitted to the U.S. Department of Housing and Urban Development for additional review and final approval. Once the Action Plan is approved, and all other stated conditions are met, project activities may begin and CDBG funding will be available for disbursement to the agencies who were selected to participate in the program.

For additional information on the Community Development Block Grant program and/or an application for funding, contact the City of El Cajon Housing Division at (619) 441-1786.

**TENTATIVE FY 2013-14 ANNUAL ACTION PLAN TIMELINE\***

November 8, 2012	"Notice of Funding Availability" published in the newspaper and mailed to interested parties' list.
<b>November 8, 2012</b>	<b>Applications for CDBG Funding available.</b>
November 13- December 11, 2012	Technical Assistance is available upon request. Call the program coordinator at (619) 441-1786 for assistance via telephone or to set an appointment.
<b>December 13, 2012</b>	<b>Deadline for proposals/applications for CDBG funds to be submitted to Housing Division, 200 Civic Center Way, Third Floor, El Cajon, CA 92020 by 5:30 p.m.</b>
January 11, 2013	Notify applicants regarding eligibility.
February 7, 2013	"Notice of First Public Hearing" to be published in newspaper.
<b>February 26, 2013</b>	<b>First Public Hearing at 7:00 p.m. to allocate FY 2013-14 CDBG funds and to solicit public input.</b>
March 21, 2013	"Notice of 30-day Public Review Period and Second Public Hearing" to be published in newspaper. Notice includes full listing of approved projects, amounts and regulatory citations, and seeks public input. Draft of Action Plan is available at the Housing Division Counter.
<b>April 23, 2013</b>	<b>Second Public Hearing at 3:00 p.m. to solicit public input and final adoption of FY 2013-14 One-Year Action Plan.</b>
April 24, 2013	Begin contract negotiations with selected CDBG subrecipients and initiate environmental reviews. Agreements targeted for execution on or before June 30, 2013.
May 14, 2013	One-Year Action Plan submitted to HUD for approval.
May 23, 2013	"Notice of Submittal of One-Year Action Plan" published in newspaper.
May 15 – June 30, 2013	HUD review period of One-Year Action Plan.
July 1, 2013	Begin Fiscal Year 2013-14.

\*All dates listed herein are approximate and are subject to change. Persons relying on this Schedule must contact the program coordinator at (619) 441-1786 or [jkasviki@cityofelcajon.us](mailto:jkasviki@cityofelcajon.us) to confirm the actual date of each event as the timeframe nears.