



TO: INTERESTED ORGANIZATIONS

DATE: December 2019

SUBJECT: 2020-2021 PUBLIC SERVICES GRANT APPLICATION

PURPOSE

The City of Costa Mesa is accepting applications from existing tax-exempt California nonprofit corporations operating within its jurisdiction that provide public services eligible under the federal Community Development Block Grant (CDBG) program. Grants funds are for the time period of July 1, 2020, through June 30, 2021.

NOTE – The submission of a Public Service Grant Application **IS NOT** a guarantee of funding. All funding requests are subject to the City receiving a CDBG allocation from the U.S. Department of Housing and Urban Development (HUD). **All requests for CDBG funds will be considered with respect to current City priorities.**

Grants are subject to the approval of the City Council. The City reserves the right to reject any and all applications. The City also reserves the authority to make mid-year adjustments and/or re-establish priorities for the expenditure of CDBG funds which may impact public service grants.

ELIGIBLE POPULATIONS TO BE SERVED

The provision of public service is a CDBG-eligible activity provided a minimum of seventy-percent (70%) of the program’s beneficiaries are low- and moderate-income persons as defined by HUD. Current HUD income limits, adjusted for household size, are as follows:¹

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8+ Persons
Annual Income Limit	\$66,500	\$76,000	\$ 85,500	\$94,950	\$102,550	\$110,150	\$117,750	\$125,350

The clientele groups listed below are presumed to be eligible for CDBG-funded services regardless of income; however, a program must exclusively serve one client group and **documentation of presumed beneficiary status is required:**

- Abused children
- Battered spouses
- Adults with disabilities
- Persons with HIV/AIDS
- Homeless persons
- Illiterate adults
- Migrant farm workers
- Elderly persons (62 years of age and older)

¹ Income limits are adjusted annually by HUD and may be increased or decreased prior to the beginning of (and during) the grant period.

PROGRAM DESCRIPTION AND CATEGORIES OF FUNDING

HUD has not notified the City of its actual 2020-2021 grant; however, for planning purposes, an estimated \$150,000 in CDBG funds may be available on a competitive basis for public services for fiscal year 2020-2021. Funding goals established by the City Council are as follows:

- No more than ten (10) grants will be awarded for the year.
- Minimum grant amount is \$15,000.
- Greater consideration for funding will be given to applicants that can demonstrate no more than 20% of **all** agency resources are expended for agency-wide administration and fundraising activities.
- Bonus points may also be awarded to programs that provide Veterans a service preference.

Note that the City is not obligated to fund all program cost elements requested in the application budget. The City reserves the right to condition grants to fund only certain eligible program costs; it will be up to the applicant to accept such terms or conditions. Application rating criteria is provided on page 4.

INSURANCE REQUIREMENTS

Organizations awarded grants will be required to maintain insurance coverage for the term of the grant:

- Comprehensive general liability, including premises-operations, products/completed operations, broad form property damage, blanket contractual liability, independent contractors, personal injury with a policy limit of not less than One Million Dollars (\$1,000,000.00), combined single limits, per occurrence and aggregate.
- Automobile liability for owned vehicles, hired, and non-owned vehicles, with a policy limit of not less than One Million Dollars (\$1,000,000.00), combined single limits, per occurrence and aggregate.
- Workers' compensation insurance as required by the State of California. Grant recipients agree to waive, and to obtain endorsements from its workers' compensation insurer waiving, subrogation rights under its workers' compensation insurance policy against Costa Mesa and to require each of its subcontractors, if any, to do likewise under their workers' compensation insurance policies.
- Additionally, depending on the nature of proposed services, professional errors and omissions (E&O) and/or abuse and molestation insurance may be required. E&O liability insurance must be a policy with limits of not less than One Million Dollars (\$1,000,000.00), combined single limits, per occurrence and aggregate. Said E&O liability insurance must be maintained during the life of an agreement and for three years after completion of the grant. Abuse and molestation insurance coverage limits will be determined at the time an application is submitted for funding consideration.

GRANT REQUIREMENTS

- In accordance with Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, an alien (a person who is not a U.S. citizen or national) may be eligible for assistance only if he/she is a qualified alien (defined in 8 U.S.C. 1641). This means that no entity that receives funds under HUD may knowingly provide HUD assistance to an individual who is not a qualified alien.
- All programs must also comply with local land use and permit/license requirements.
- Grant funding for eligible expenditures will be provided by the City on a reimbursable basis. Expenditures, reimbursements, and accounting practices are subject to applicable federal regulations including:
 - 24 CFR 570.00, et seq.
 - 2 CFR part 200
- Grant reimbursements is also based on an applicant's ability to meet performance goals. Failure to meet goals may result in a reduction in grant reimbursement.

- Programs that provide housing assistance are required to comply with the Residential Lead-Based Paint Hazard Reduction Act. Compliance requires inspection of housing units, control/removal of lead-paint hazards, and clearance testing at the applicant's expense.

APPLICATION SUBMISSION REQUIREMENTS

1. A request for the electronic version of the application must be submitted via email. The application is in Microsoft Word format. Email requesting the application should be sent to Mike Linares at mike.linares@costamesaca.gov.
2. **Applications must be submitted by 3:00 PM, January 28, 2020.**
 - A. Submit 1 signed original grant application including Attachments A-D. All other requested supporting documentation must be submitted in PDF file format on a CD-ROM or USB flash drive. The original application must be signed by an official authorized to act on behalf of the applicant. Application and CD-ROM/USB drive must be directed to **Mike Linares, at Costa Mesa City Hall, 2nd Floor, 77 Fair Drive, Costa Mesa CA 92628**. Applications may not be submitted via facsimile.
 - B. Submit the application in Microsoft WORD format via email to Mike Linares at the following email address: mike.linares@costamesaca.gov (do not email supporting documentation). The email version does not need an electronic signature. The same deadline date and time apply to the email application. **An application will be considered late if the electronic version is not submitted in MS-WORD by the deadline.**
 - C. Do not submit applications in a binder or presentation folder of any kind. All materials should be provided as one-sided copies without staples.
3. Do not submit letters of recommendation or program information such as flyers or brochures. Only submit information required (see application coversheet checklist). You will be provided an opportunity to present these materials during the application interview process.
4. No deadline extension will be granted - late submissions **will not** be considered for funding.
5. A meeting of all grant applicants may be scheduled at the discretion of the City to review grant application requirements, outcome measurements, and funding process. If applicable, notification of the date, time and location will be provided prior to the application due date.

Applications will be rated on the following points system (note application rating criteria was modified in January 2016):

SELECTION CRITERIA

APPLICATION RATING CRITERIA	MAXIMUM POINTS
Program will address a community need	15 Pts
City of Costa Mesa Consolidated Plan priority need met by the proposed program (see Appendix)	High Need = 5 Pts Low Need = 2 Pts No Need = 0 Pts
Applicant has capacity to implement proposed program & meet projected service goals	15 Pts
Cost effectiveness of the proposed program	15 Pts
Leveraging of Costa Mesa CDBG funds	10 Pts
Financial and client tracking systems	10 Pts
Percent of overall program budget benefiting Costa Mesa residents	100% - 70% = 10 Pts 69% - 30% = 6 Pts 29% or less = 0 Pts
Application submitted as a coalition or collaborative	10 Pts
Agency based in the City of Costa Mesa	5 Pts
Effectiveness of interview	5 Pts
MAXIMUM POINTS	100 POINTS
Bonus Points	MAXIMUM BONUS POINTS
Veterans preference (up to 10 points based on % of veteran clients served)	10 Pts
TOTAL MAXIMUM POINTS	110 POINTS

FUNDING RECOMMENDATION PROCESS

The City’s Housing and Public Service Grant Ad-hoc Committee will interview eligible grant applicants. The committee’s funding recommendations will be presented to the City Council for consideration. Interviews of eligible applicants are tentatively scheduled for February 2020. Interviews will be scheduled during evening hours (e.g., between 5 PM and 9 PM). It is important that each agency be represented at the interview by an individual(s) with sufficient knowledge of the program services and overall agency administration. The ability to reply to specific questions may impact scoring.

The City reserves the right to allocate all or some portion of funds for City programs that are also eligible for CDBG public service grant funds, or other City priorities.

APPLICATION INFORMATION CONTACT

For additional information regarding this application and process, please call or email Mike Linares CDBG/HOME Coordinator at (714) 754-5678 – mike.linares@costamesaca.gov.

APPENDIX

**CONSOLIDATED PLAN
PRIORITIES NEEDS ***

Public Services Priority Needs	Priority Level
Elderly/Frail Elderly	High
Homeless Services	High
Fair Housing	High
Senior Services	High
Disabled Services	High
Youth Services	High
Other Low/Moderate Income Persons Service Needs	High

*** A new 2020-2024 Consolidated Plan is being prepared. Please note that the list of Priority Needs is subject to change.**



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name:

Program Name:

CDBG Amount Requested: \$

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Signed Conflict of Interest Questionnaire
- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name:

B. Address:

C. Program Name:

D. CDBG Amount Requested: \$

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.):

I. Person to contact regarding this application & program administration:

Name: Email Address:

Telephone: Fax:

J. Federal Tax ID Number:

K. DUNS Number:

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Title:

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information.
- B. Summarize your organization's experience administering CDBG public service grant funds.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
	\$	
	\$	
	\$	

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons:

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons:

- F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

- G. Compliance with OMB Circular A-133 (Single Audit):

- In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
- During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared.

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: \$
- 2. Total 2020-2021 Program Budget: \$
(The total budget for same program that may be offered at multiple jurisdictions)
- 3. Total 2020-2021 Agency Budget: \$

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline.

C. What is the per unit cost to delivery of the proposed program? /person

D. How does this cost per unit of service compare to other similar services?

E. Does the proposed program serve Veterans? (*Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.*) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? %

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts?
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements.

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve **with requested CDBG funds?**
Individuals.

What % of these individuals will be of low/moderate income? %

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a “**presumed beneficiary**” population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If “**Yes**,” how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category

If “**No**,” how will this information be collected & reported to the City?

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?”
% Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

- B. Describe the target population to be served by the coalition.
- C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*
- D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.
- E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa ("City") by the Board of Directors of {Insert Agency Name} ("Agency"). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name:

Title:

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name:

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME				
LOW-INCOME 50%-80% MEDIAN INCOME				
VERY LOW-INCOME 30%-50% MEDIAN INCOME				
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME				
TOTAL				§

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

ATTACHMENT B

PROPOSED 2020-2021 PROGRAM BUDGET

Program Name:

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$	\$	\$
Program Staff Salaries & Benefits	\$	\$	\$
Program Supplies	\$	\$	\$
Rent/Lease	\$	\$	\$
Communications	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Professional Services (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$	\$	\$

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<p><i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.</p>	<p><i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.</p>	<p><i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)</p>	<p><i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?</p>	<p><i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?</p>	<p>Please identify which of the following high-priority populations your outcomes serve</p> <ul style="list-style-type: none"> – Homeless Services/ Fair Housing – Youth Services – Disabled Services – Elderly/ Frail, Senior Services
Goal 1:					
Goal 2:					
Goal 3:					