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| City Logo - Blue - Large | City of Victorville | 14343 Civic Drive  PO Box 5001  Victorville, CA 92393-5001  (760) 243-6312  Fax (760) 269-0044  Fair housing logohcdgrants@ci.victorville.ca.us |
| Department of Development  Planning ⬩ Building ⬩ Code Enforcement |
| COMMUNITY PLANNING AnD DEVELOPMENT GRANTS PROGRAM |

**Community Development Block Grant Cares Act (CDBG-CV)**

|  |
| --- |
| **COMMUNITY OUTREACH PROGRAM** |

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| --- | --- |
| Applicant Name: | Women of Noble Character |

Application Checklist

Please read this checklist very carefully to ensure your application is complete. A complete application package includes:

|  |  |
| --- | --- |
|  | Completed Application Form |
|  | Articles of Incorporation |
|  | By-laws |
|  | List of Board of Directors including names, titles, terms of office and addresses of all members |
|  | Copy of most recent Audited Financial Statements. If not included please provide an explanation. |
|  | Proof of Non-profit status – 501(c)(3) determination letter |
|  | Adopted budget |
|  | Copy of Conditional Use Permit (if required) |

**Submittal Information:**

In response to the Coronavirus Pandemic (COVID-19), the U.S. Department of Housing and Urban Development has allocated $810,528 in Community Development Block Grant (CDBG-CV) funds to the City of Victorville, of which $121,579 has been committed by the City Council to provide a Community Outreach grant. These funds are to be used to prevent, prepare for and respond to the Coronavirus. Applications MUST provide services that address COVID-19 as intended by the CARES Act.

* Be sure to read the Program Overview and Notice of Funding Availability carefully before filling out an application.
* A separate application must be submitted for each planned project from an organization.
* Incomplete applications will not be considered.
* Application must be received by certified mail, e-mail or fax no later than Friday, June 12, 2020 at 3:00 p.m. No in person applications will be accepted at this time.
  + By mail: 14343 Civic Drive, Victorville, CA 92392
  + Fax: (760) 269-0044
  + Email: [Planning@victorvilleca.gov](mailto:Planning@victorvilleca.gov)
* For more information, or for questions contact the Development Department – Planning Division at (760) 955-5135 or by e-mail at: [Planning@victorvilleca.gov](mailto:Planning@victorvilleca.gov)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Submit Completed Applications to:**  **City of Victorville**  **Development Department** Attn: CDBG-CV Community Outreach Grant **14343 Civic Drive**  **Victorville, CA 92392**  **Or via e-mail at** [**Planning@victorvilleca.gov**](mailto:Planning@victorvilleca.gov)**;**  **Or via fax at (760) 269-0044** | |  |  | | --- | --- | | **For City use only** | | | **Received by:** |  | | **Date:** |  | | **Time:** |  | | **Signature:** |  | |

**Application Form**

Please type or print clearly, use additional pages if needed

**COMMUNITY OUTREACH PROGRAMS** address prevention, preparation and response to COVID-19 by a new program or quantifiable increase in a current public service type program. Examples include but are not limited to job training, meal delivery, testing and diagnosis at a fixed or mobile location, etc.

**A. Applicant Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Name of applicant: | | | | | | | Women of Noble Character (Winds Foundation is our fiscal sponsor) | | | | | | | | | | | | | | | | | | | | |
| 2. Mailing address: | | | | | | | 13782 Bear Valley Road, D-3 #469, Victorville, CA 92392 | | | | | | | | | | | | | | | | | | | | |
| 3. Contact Person: (Name and title): | | | | | | | Sandy Studebaker, Executive Assistant | | | | | | | | | | | | | | | | | | | | |
| 4. Telephone Number: | | | | | | | 760-684-0628 | | | | | | | | | | | | | | | | | | | | |
| 5. Email address: | | | | | | | sandystudebaker@gmail.com | | | | | | | | | | | | | | | | | | | | |
| 6. Street address of office where the program will be conducted: | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 14890 Loves Lane, Victorville, CA 92395 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Legal property owner: | | | | Aaron Gudis | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Is the Program/Project located within the City’s CDBG target area? | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No |
| *CDBG Target Area Map:* [*https://www.victorvilleca.gov/government/city-departments/development/planning/housing-programs/community-outreach-program*](https://www.victorvilleca.gov/government/city-departments/development/planning/housing-programs/community-outreach-program) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Conditional use permit required? | | | | | | | Yes, please attach a copy | | | | | | | | | | | | | | | No | | | | | |
| 10. Organizational structure (Recipients must be incorporated public or private non-profit organizations): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Government or public agency | | | | | | | Non-profit Corporation | | | | | | | | | | | | Other (Specify) | | | | | | | | |
| 11. For Non-Profit, identify status [*e.g*. 501(c)(3)]: | | | | | | | | | 501(c)3 | | | | | | | | | | | | | | | | | | |
| 12. Federal I.D. Number or Social Security Number: | | | | | | | | | | | | 27-1404608 | | | | | | | | | | | | | | | |
| 13. City of Victorville Business License Number (required): | | | | | | | | | | | | | BSLC-000163-2019 | | | | | | | | | | | | | | |
| 14. DUNS (Data Universal Numbering System) number (required): | | | | | | | | | | | | | | | | 130197845 | | | | | | | | | | | |
| 15. System for Awards Management Registration number (required): | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **B. Program/Project Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Is the proposed activity: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A new CDBG activity | | | | | A quantifiable increase in the level of service of an existing CDBG activity | | | | | | | | | | | | | | | | | | | | | | |
| 2. Name of Program/Project: | | | | | | COVID-19 Mobile Response to the Homeless | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Program/project description - Please provide a brief description of the program/project the agency will carry out using the CDBG-CV funds awarded. Please include what specifically the CDBG-CV funds will be used for. Explain how this program/project will be implemented, administered and operated. This description is required in order for this application to be considered complete. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Our program will provide education and current updates on COVID-19 as well as hygiene items and | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| meals to the homeless living in encampments near the Sanitation Stations and throughout the community. We | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| will visit the different encampments weekly on a rotating basis. Flyers will detail other services available to | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| them, i.e. weekly shower program complete with new socks and underwear. Funds will be used to administer | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| the program and purchase supplies – PPE, a digital thermometer, hygiene items and food. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Describe the problem(s), need(s), issue(s), or service gap(s) to support the need for this program/project in Victorville. How is this need related to COVID-19 and why CDBG-CV funds are essential to address this need.  The homeless in our community are most at risk for COVID-19 due to poor health, poor nutrition and unsanitary | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| living conditions. The Sanitation Stations installed by the City are a vital first step to curtail the disease. If | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| awarded funds, Women of Noble Character will take the next steps, a digital thermometer to screen for COVID- | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19, flyers educating them about the disease as well as current updates, nutritious meals to build their immune | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| systems, showers and hygiene kits to help keep germs and illness at bay. Each item will improve the health and | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| well-being of the individual, making him less susceptible to the disease. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Describe the population your agency anticipates serving with these funds and how they will benefit from the implementation of this program/project. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We provide low barrier assistance to the various demographics of the homeless population. This includes men | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| women, and families, those who are disabled, mentally impaired, substance abusers, veterans and the | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hardcore chronically homeless. Each person will benefit from having services brought to them, i.e., meals, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| hygiene items and weekly screenings for fever, the first sign of having contracted COVID-19. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Estimate the total of unduplicated Victorville residents to be served: | | | | | | | | | | | | | | | | | | | | | | | 100 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Please list and briefly describe the outcome measures that are crucial to the success of this project. What strategies or objectives will your agency use to track the progress of meeting the outcome(s)? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. We will track the number of homeless served, meals provided, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. The homeless are aware of COVID-19 updates. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. The homeless are aware of the various services available to them through our local nonprofits. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Those with fevers were able to quarantine themselves to keep from spreading the virus. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Collaboration - Identify organizations that your agency partners with and describe their relevant capabilities that result in greater service integration. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| We partner with Victor Valley Rescue Mission, utilizing their mobile shower unit, and High Desert Homeless | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Services shares their excess food donations. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **C. National objective and Consolidated Plan Priorities** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Check the HUD National Objective that applies to this program. You must check at least one if your program is to be considered eligible for CDBG funding.  This program principally serves low and moderate-income persons; | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This program aids in the prevention or elimination of Slum and Blight, or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This program addresses a recent and urgent community development need (as defined by HUD). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. If your program meets the National Objective of principally serving low and moderate-income persons, please check the box describing how your program meets this objective (select only one). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You receive income verification from each program participant; or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your program serves only a CDBG Target Area (attach CDBG Target Area Map showing area); or | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your program serves only the following clients (select only one): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Elderly persons | | | | | | | Homeless persons | | | | | | | | | | | | Severely disabled adults | | | | | | | |
|  | Illiterate persons | | | | | | | Abused children | | | | | | | | | | | | Persons living with AIDS/HIV | | | | | | | |
|  | Battered spouses | | | | | | | Migrant farm worker | | | | | | | | | | | | Veterans | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. The CDBG-CV funds requested for this application are only for activities that support Conoravirus and other infection disease responses (Consolidated Plan number 6). Please choose the Consolidated Plan subcategory goal that best describes your program/project. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Assistance to non-profit agencies in providing basic needs to support activities that relate to their | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Coronavirus and other infectious disease responses. Services may include but are not limited to:   * Activities to assist senior services; * Food banks; * Substance abuse; * Domestic violence survivors; * Housing legal services; * Food and shelter; and * Case management. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Subsistence payments provided to qualifying households directly affected by COVID-19 for | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | homeless prevention. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Emergency expenses related to shelter activities and the homeless population, including those | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | expenses to treat and/or prevent the spread of infectious diseases. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. Proposed Program/Project Budget** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Provide the financial information in the table below for the appropriate program/project. The budget categories listed below are not intended to be exhaustive or suitable for your particular program. A narrative page may be attached to the application to explain each line item that is not self-explanatory, or to explain how the budget figure was arrived at. Costs should be based on the best information available. When preparing this information, consider the following factors: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description** | | | | | | | | | | | **Victorville CDBG share** | | | | | | | | | | | | | | **Other source(s)** | | |
| Personnel (Wages & Fringe Benefits) | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 0 | | |
| Consultant/Contract Services | | | | | | | | | | | $ 2,000 | | | | | | | | | | | | | | $ 5,956 | | |
| Travel (mileage x rate) 1040 x .575c | | | | | | | | | | | $ 600 | | | | | | | | | | | | | | $ 0 | | |
| Space Rent/Mortgage | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 7,200 | | |
| Utilities | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 3,000 | | |
| Office Supplies | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 900 | | |
| Mobile Showers | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 2,400 | | |
| Insurance | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 1,759 | | |
| Other (Specify) Freezer | | | | | | | | | | | $ 600 | | | | | | | | | | | | | | $ 0 | | |
| Other (Specify) Food | | | | | | | | | | | $ 4,000 | | | | | | | | | | | | | | $ 6,400 | | |
| Other (Specify) Hygiene Kits | | | | | | | | | | | $ 2,800 | | | | | | | | | | | | | | $ 10,200 | | |
| Other (Specify) Thermometer | | | | | | | | | | | $ 0 | | | | | | | | | | | | | | $ 70 | | |
| Total Cost | | | | | | | | | | | $ 10,000 | | | | | | | | | | | | | | $ 37,885 | | |
| **Program Total (CDBG + Other Sources)** | | | | | | | | | | | $ 47,885 | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. Funding** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Identify the amount of CDBG-CV funds requested in this application | | | | | | | | | | | | | | | | | | | | | $10,000 | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | *($10,000 Maximum)* | | | | | | |
| 2. Has your organization received CDBG funds from the City of Victorville in the past? If so, list the year(s) (up to five years) and the amount(s) and a brief description of the program or project: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Year Funded** | | | **Program/project name** | | | | | | | | | | | | | | | | | | | | | **Grant amount** | | | |
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| 3. In the table below, identify the amount of funds to be provided by other source(s) for this program. The date of commitment for funding from these other sources must be stated below. Please include funding you are applying for from other communities. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source** | | | | | | | | | | | | | | **Date available** | | | | | | | | | | | | **Amount** | |
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| **Total Amount Committed By Other Sources:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **F. Authorized Signature** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the best of my knowledge, the information provided on this application is true, complete, and accurate and I am authorized to submit this application on behalf of the applicant agency. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Printed: | | | | | | | | | | Signature: | | | | | | | | | | | | | | | | | |
| Title | | | | | | | | | | Date | | | | | | | | | | | | | | | | | |
| Telephone #: | | | | | | | | | | Email address: | | | | | | | | | | | | | | | | | |