

Program Overview

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Case Id: 30105

Name: test - 2022

Address: *No Address Assigned

Program Overview



CITY OF SANTA BARBARA PUBLIC SERVICES/HUMAN SERVICES PROGRAM

City of Santa Barbara
630 Garden Street
Santa Barbara, CA 93101
(805) 897-2624
ldrewes@santabarbaraca.gov

The City of Santa Barbara provides funding from the City General Fund to support Human Services programs that provide social services directly to low-income City residents. In addition, the City of Santa Barbara receives an annual allocation of Community Development Block Grant (CDBG) Entitlement funds. CDBG funds are made available to the City to undertake eligible activities that develop a viable urban community by providing decent housing and a suitable living environment. These Human Services/CDBG Public Services funds are required to be used for programs that principally benefit low- and moderate-income persons, and cannot be used for Capital expenses or equipment purchases. To apply for Capital funds, see the CDBG Capital Application. The funding period will begin July 1, 2023, and end June 30, 2024. Instructions to Complete this Application Proposal:

1. The City will only accept applications submitted through this on-line Neighborly Software system. The City will NOT accept hardcopy, faxed, or emailed applications or attachments.
2. Applications must be submitted by 4:30 p.m., December 7, 2022. No late or incomplete applications will be accepted. No exceptions will be granted.
3. If your agency is requesting funding for more than one program or project, a separate application must be submitted for each request.
4. If you are requesting funds for public/human services, you must submit a public/human services Application for each program. For capital projects, you must submit a Capital Application. Capital requests will be funded with CDBG; public service requests will receive funding from CDBG or City Human Services funds. City staff will determine which funding source most suitable and provide that recommendation to the City Council.
5. You are required to answer each question. If a question does not apply, please answer with "N/A".
6. No attachments will be accepted other than those requested.
7. Incomplete applications will not be accepted. Applicants who fail to submit required attachments may have their scores deducted. See "Attachments" tab for more information.
8. The minimum grant award amount in public/human services is \$9,000. If an application for less than \$9,000 is submitted it will not be considered for funding. www.SantaBarbaraCA.gov/humanservices for additional information. If you have questions FIRST review the FAQ page on the Community Development Programs webpage (address above). If you still require assistance, please contact Lindsey Drewes by emailing ldrewes@santabarbaraca.gov or call (805) 897-2624.

Please download and review the following documents:

- [Common Errors to Avoid](#)
- [FAQ 2023-2024](#)
- [Financial Requirements 2023-2024](#)
- [Funding Criteria 2023-2024](#)
- [Living Wage Notice FY23](#)

I have downloaded and read the documents listed above.

A. Organization Contact Information

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A. Organization Contact Information

Please provide the following information.

ORGANIZATION INFORMATION

A.1. Organization Name

A.2. Program Name

A.3. Mailing Address

A.4. Unique Entity Identifier

A.5. DUNS

A.6. Organization Website

A.7. Is your organization currently:

- Incorporated or organized in a U.S. State
- Tax-exempt under Internal Revenue Code §501(c)(3)
- Tax exempt under California Revenue and Taxation Code §23701d
- Local unit of government

PROGRAM POINT OF CONTACT

A.8. First Name

A.9. Last Name

A.10. E-Mail

A.11. Phone Number

A.12. EXECUTIVE DIRECTOR

A.13. First Name

A.14. Last Name

A.15. Email

A.16. Phone Number

B. Project Information

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B. Project Information

Please provide the following information.

B.1. Provide your organization's mission statement.

B.2. Describe your proposed program. In your answer include: 1. the specific service to be provided; 2. hours and days of operation; 3. location of services.

B.3. State the program's overall goal, and describe the specific conditions/situations that will be influenced, improved, changed or maintained if your goal is achieved. What progress is your organization making toward its goals?

B.4. Does your program help meet a basic human need specifically shelter, food, physical or mental medical treatment, and/or reduce the impact of violence?

B.5. What is this program's target population?

B.6. Describe the ability of program staff to provide the proposed services. What training/qualifications are required? How many years of experience providing services does staff have? What is the client to staff ratio? What is the bilingual/bicultural capacity?

B.7. What is the program's client-outreach strategy, and how are clients referred to the program?

B.8. How is client income eligibility determined and documented?

B.9. Is there a fee charged or donation suggested for program services?

If yes, upload a copy of the fee/donation schedule.

Fee Donation Schedule ***Required**

***No files uploaded*

B.9. Describe the process used to monitor and evaluate the program.

B.10. What is the total amount of funding requested for this project?

\$0.00

B.11. Identify the specific program costs that will be funded with this human services/CDBG grant. How will these funds assist your program's overall goal?

B.12. If you do not receive the full amount of this funding request, detail how the program will be modified.

B.13. Indicate whether ALL staff salaries (for which CDBG/human services funds are requested) are paid as described in Chapter 9.128 of the City of Santa Barbara Municipal Code.

B.14. Is the facility or location of the proposed activity/project accessible to persons with disabilities (e.g., reasonable accommodations are available, no physical barriers for people with disabilities)? Does the applicant have a reasonable accommodation policy and procedure to ensure meaningful access to and participation in the proposed activity/program? (Section 808(e)(5) of Fair Housing Act and Section 504 implementing regulations at 24 CFR §§8.32, 8.4)

B.15. Name the person(s) from your organization who attended the mandatory Application Workshop.

B.16. Has your agency adjusted program services in response to the COVID-19 pandemic

If yes, describe how. Will any of these adjustments become long- term, or permanent?

C. Measurables

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C. Measurables

Please provide the following information.

C.1. Identify Measurable Outputs

Output 1 Ex. 75 children will receive afterschool care.

Output 2 Ex. 75 children will receive afterschool care.

Output 3 Ex. 75 children will receive afterschool care.

C.2. Identify Measurable Outcomes

Outcome #1 Ex.: 75 children will receive afterschool care; of those, 60% will demonstrate improved cognitive abilities upon completion of the program.

Outcome 2 Ex.: 75 children will receive afterschool care; of those, 60% will demonstrate improved cognitive abilities upon completion of the program.

Outcome 3 Ex.: 75 children will receive afterschool care; of those, 60% will demonstrate improved cognitive abilities upon completion of the program.

C.3. Detail the methods used to track clients and measure each client's progress in meeting your program's Measurable Outcomes.

C.4. Detail the methodology used to determine the need for this program's services.

C.5. How is this program unique and clearly distinguishable from other programs that provide similar services?

C.6. With which organizations does this program collaborate? Describe those collaborative relationships.

C.7. Describe your organization's methods to provide access or reasonable accommodations to persons with disabilities who may seek information, services, or employment within your organization.

D. Financials

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D. Financials

Please provide the following information.

D.1. The information below must come from your organization's financial audit/compilation/review ending June 30, 2022, or calendar year ending Dec. 31, 2021. Provide your organization's financial assets.

Revenue	Amount
TOTAL	\$0.00

D.2. If assets are negative, how has this deficit been financed?

D.3. Provide your organization's financial liabilities

Liability	Amount
TOTAL	\$0.00

D.4. Provide your organization's net assets.

Net Asset Type	Amount
TOTAL	\$0.00

D.5. Is your organization current on both federal and state payroll tax deposits and all other employee-related payments? This includes Worker's Compensation insurance, retirement contributions, etc.

If not, explain.

D.6. Within the past three years, has your organization had an IRS or state levy?

If yes, explain below in detail. Include details of current repayment schedule (if applicable) and/or how the matter is to be (or was) resolved.

D.7. Has your organization incurred any new debt (or loans) to help pay for operating expenses during the past 24 months?

If so, briefly explain.

E. Board Information

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E. Board Information

Please provide the following information.

E.1. How is the membership of your organization's Board of Directors representative of the target population you serve?

E.2. Describe the level of leadership and involvement of your Board of Directors. What role do they play? Are they required to donate funds or raise a specific amount of money?

E.3. Give one specific example of a recent significant action taken by your Board of Directors that is not a routine action. (Routine actions are: approval of agenda/minutes, financial reports, etc.). Describe how this action benefitted your organization, program, clients, etc.

F. Client Data

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F. Client Data

Please provide the following information.

F.1. How many people will you serve with extremely low income in fiscal year 2023-2024(0%-30% LMI)?

F.2. How many people will you serve with low income in fiscal year 2023-2024(31%-50% LMI)?

F.3. How many people will you serve with moderate income in fiscal year 2023-2024(51%-80% LMI)?

F.4. How many people will you serve with above moderate income in fiscal year 2023-2024(81% or more LMI)?

F.5. Ages served

Age	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			

F.6. Race/Ethnicity Served

Race/Ethnicity	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			

F.7. Sex/Gender Served

SEX/GENDER	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			

F.8. Residence

Residence	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			

F.9. Income Levels Served

Income Level	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			

F.10. Other Characteristics

Other Characteristic	Last Year 2021-2022	This Year 2022-2023	Next Year 2023-2024
TOTAL			0

F.11. Total Unduplicated

Printed By: Courtney Forrest on 9/28/2022

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G. Compensation and Staffing

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G. Compensation and Staffing

Please provide the following information.

G.1. List top five employees (whether executive, management, or other), starting with highest job title and salary paid. Provide job title only.

Employee	Title	Salary
TOTAL		\$0.00

G.2. How many staff are employed in your organization and program, including executive, management, and all paid employees? Of program staff, how many staff are bi-lingual?

Staff Type	Total Number
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H. Required Documentation

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H. Required Documentation

Below is the list of attachments required to complete your application submittal process. The documents listed are required of ALL grant applications. You will not be allowed to submit your application until you have uploaded all attachments. If any documents do not apply to your agency, you must upload a memo explaining this. If any documents are not available at this time, for example your audit or Board of Directors minutes, you must upload a memo explaining the delay and provide an estimated completion date. DO NOT submit outdated prior year audits or tax returns.

Please download, complete and upload the following templates:

- [Board of Directors Roster Template](#)
- [Organization and Program Budget Template](#)
- [Application Approval and Declaration](#)

Documentation

IRS FEDERAL TAX RETURN FORM 990 - for 2021. If not complete, submit copy of EXTENSION Form 8868

***Required**

**No files uploaded

Articles of Incorporation ***Required**

**No files uploaded

Board Application Approval and Declaration ***Required**

**No files uploaded

Board Minutes ***Required**

**No files uploaded

California Franchise Tax Board Tax Exempt Status Letter ***Required**

**No files uploaded

Fee Donation Schedule

**No files uploaded

Financial Report for Calendar Year 2021 or Fiscal Year 2021-2022 *Required

***No files uploaded*

IRS Tax Exempt Status Letter *Required

***No files uploaded*

Organization Budget *Required

***No files uploaded*

Program Budget *Required

***No files uploaded*

W9 *Required

***No files uploaded*

Board Roster *Required

***No files uploaded*

Submit

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Submit

Once an application is submitted, it can only be "Re-opened" by an Administrator. The system will send a submission confirmation email. If you do not see one, please check your Spam or Junk folder.

This information is true and accurate.

Signature

***Not signed*

Privacy Act Notice Statement: Applications for CDBG/Human Services are public record. The U.S. Department of Housing and Urban Development (HUD) is requiring the collection of the information derived from this form to determine an applicant's eligibility in a CDBG program; to protect the Governmental financial interest; and to verify the accuracy of the information furnished. It may be released to the appropriate Federal, State and local agencies when relevant, as well as to civil, criminal or regulatory investors, and to persecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask this information by the National Affordable Housing Act (NAHA) of 1990.

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false fraudulent statements to any department of the United States Government.

PENALTY FOR FALSE OR FRAUDULENT STATEMENTS: U.S.C. Title 18, Sec. 1001, provides: Whoever in any matter within jurisdiction of any department or agency of the United State knowingly and willingly falsifies any documents knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years or both.