



**TOWN OF PARADISE
BUSINESS AND HOUSING SERVICES DIVISION
MEMORANDUM**

DATE: January 17, 2011
TO: Community Organizations
FROM: Lauren Gill, Assistant Town Manager/Business and Housing Services Director
RE: Paradise Community Partnership Grant Funding

Thank you for your interest in the Town of Paradise Community Partnership Grant Program. The program is part of the Town's Community Development Block Grant (CDBG) Program funded by the US Department of Housing and Urban Development (HUD).

The CDBG Program allows communities to distribute up to 15 percent of its annual allocation to community groups that serve low-income residents. The actual funding amount for community organizations depends on Council's recommendations. The Town has not yet received its 2011 funding allocation; however based on our best estimations, we will receive approximately \$220,000.

The process for applying for community funding is as follows:

- ☛ Applications are included in this packet or you can contact, Kelly Busia at 872-6235 or kbusia@townofparadise.com. Complete and return one original and 3 (double-sided) copies of the application by 5:00 p.m. on Thursday, February 17, 2011. You may mail or deliver your applications as long as they are received, not postmarked, by the deadline.
- ☛ Applicants will be asked to attend a preliminary funding meeting, whereby a panel consisting of two council members and staff will review the funding proposals and receive input from the organizations on their proposals. A final meeting time will be set up in the future and applicants will be notified directly.
- ☛ The preliminary funding committee will forward recommendations to the Town Council at its regular meeting of March 8, 2011, at 6:00 p.m. Council will make the final decision on community organization funding proposals at their April 12, 2011 meeting.

Thank you for your commitment to serving our community. Please contact Kelly Busia in the Business and Housing Services Division at 872-6235 if you need assistance.



TOWN OF PARADISE
Community Partnership Grant Program 2011-2012
(A CDBG-funded Activity)

Applications must be received by Thursday, February 17, 2011 at 5:00 P.M.

Organization Name: _____

Program/Project Name: _____

Program/Project Location: _____

Contact Person: _____

Address: _____

Phone: _____

E-mail Address: _____

Total Amount of CDBG Funds Requested: _____

Statement of Assurances:

- ☛ The scope of work proposed in the application is in keeping with the expressed purpose of the organization, and does not conflict with the organization's Articles of Incorporation, By-laws, or federal/state regulations governing the organization's conduct of business.
- ☛ The organization has or will acquire the capacity to implement the scope of work contained in this application.
- ☛ If funded, the Community Development Block Grant funds will not be used as a substitute or replacement for other program/project related funds.
- ☛ The organization will implement the scope of work contained in this application in a manner consistent with the Town of Paradise program regulations and U.S. Department of Housing and Urban Development regulations, policies and procedures.

Date: _____ Submitted By (Print or Type Name): _____

Signature: _____ Title: _____

*For further information, please call Kelly Busia at 872-6235. Completed applications must be received by the Town of Paradise, Business and Housing Services Division, 5555 Skyway, Paradise, California 95969, by 5:00 p.m., Tuesday, February 15, 2011. Please provide **one original and 3 (double-sided) copies** of the application. Applicants are encouraged to type answers into the spaces provided on the electronic form. If need be, additional or supplemental information may be provided, but not as a substitute for the completed application form.*

PROGRAM/PROJECT NARRATIVE

1. Program/Project Description: Provide a detailed description of the program/project, why it is needed, what community needs are addressed, and how your program will address the needs of low and moderate-income individuals and families?
2. Does the Program/Project Represent an Expansion of Services?
☐ Yes ☐ No *If yes, please explain and quantify.*
3. Does the program/project currently receive CDBG funds? ☐ Yes ☐ No
4. Has the program/project received CDBG funds in the past? ☐ Yes ☐ No
5. Provide the total number (regardless of income) of individuals or families the program/project will directly serve in Paradise. Count each client only once, even if they received repeated services: _____.
6. Provide the number of low and moderate income individuals or families the program/project will directly serve. Count each client only once, even if they received repeated services: _____.
7. Explain how the organization will document eligibility.
8. Please identify the primary beneficiaries this program/project will serve. Using the categories below, note what percentage of those served is in each category:
 - A. Low and moderate-income community _____ %
 - B. Individuals with disabilities _____ %
 - C. Elderly individuals _____ %
 - D. Homeless individuals _____ %
 - E. At-risk children and youth _____ %
 - F. Other (identify) _____ %

PREVIOUS PROGRAM/PROJECT IMPLEMENTATION

1. Has your organization previously carried out this program/project? ☐ Yes ☐ No
If yes, please answer the following questions. If you do not have specific information, please provide estimates.
 - A. How was it funded? _____
 - B. Is the program/project currently in operation? ☐ Yes ☐ No
 - C. Has the program expanded through the years in terms of service, size, capacity or location? Please explain.

2. **Program/Project Budget for CDBG Funds:** *Attach a separate budget sheet, which must include an itemized estimate of how the organization would spend the CDBG funds being requested. Be as accurate and comprehensive as possible.*
3. **Other Funding Sources for the Program/Project:** *Attach a separate budget sheet. Include amounts, sources, and uses of funds (other than CDBG funds). Provide evidence of funding commitments where applicable.*
4. **The Town reimburses organizations for program/project expenses. Can your organization provide funds for the activity in advance of receiving CDBG funds?**
☐ Yes ☐ No
5. **Program/Project Implementation:** *Describe how the program/project will be implemented, the proposed schedule, milestones, and the responsible staff.*
6. **Accessibility:** *What steps will the organization take to make this program/project accessible to people with physical and other disabilities? What policies and practices does your organization have in place to ensure program and employment access by impaired individuals.*