



TOWN OF PARADISE
Community Partnership Grant Program 2022-2023
(A CDBG-funded Activity)

Applications must be received by Monday, March 14th, 2022 by 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.
- ☞ **By submitting this application, agency understands it must have organizational capacity to meet CDBG regulatory and reporting requirements, including by not limited to: collection of income and demographic information from all assisted persons, capacity to assist limited English proficient persons, follow Fair Housing laws and provide reasonable accommodations.**

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

Signature: _____ **Title:** _____

For further information, please call Sarah Richter at (530) 872-6291 ext 130. 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., Monday, March 14th, 2022. Applications may be submitted by email to srichter@townofparadise.com. 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. Is the organization faith based?
☐ Yes ☐ No

If the organization is faith based, how will the funded program be separate from religious activities/requirements?

6. 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: _____.
7. Will 100% of funds received by CDBG be used to serve households within Paradise town limits?
☐ Yes ☐ No
8. 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: _____.
9. Explain how the organization will document eligibility.
10. 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 families with children | _____ % |
| 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.*
7. Please include with your application the following documents:
 - Evidence of tax-exempt status
 - Copy of the organization's by-laws
 - List of current Board of Directors
 - Most recent annual audit or financial statement

Conflict of Interest:

Federal, State, and Town law prohibits employees and public officials of the Town of Paradise from participating on behalf of the Town in any transaction in which they have a financial interest. In order to determine a possible conflict of interest, please indicate whether the applicant, any of the applicant's staff, any of the applicant's Board of Directors, or any of the applicant's family members or business partners is or has been within one year of the date of this application one of the following: 1) a Town employee or consultant, or 2) a Town Council Member.

Checking Yes on the possible conflict of interest box does not automatically disqualify the applicant; however, additional verification may be requested to process the application and to determine project eligibility.

☐ No, no conflict of interest

☐ Yes, possible conflict of interest. Explanation below: