

**COUNTY OF SANTA CRUZ  
CDBG APPLICATION  
Public Service**

***(NOTE: This pre-application is being published prior to the State Notice of Funding Availability and is subject to change.)***

1. Explain which of the following meets the public service being proposed:
  - a. New Service
  - b. An existing service to be increased (quantifiable increase required). Provide documentation that CDBG funds are not supplanting other state or local funds.
    - i. List current funding source.
    - ii. Anticipated increase in service (percentage)
    - iii. Quantify the increase.
    - iv. Describe financial situation.
    - v. Current financial statement and quantifiable documentation of increase.
  - c. An existing service funded by prior CDBG funds.
  - d. An existing service to be continued, but for which funding has been, or will be decreased for reasons beyond the jurisdiction's control.
    - i. List of current funding source.
    - ii. Describe current financial situation and why loss or decrease in funding is beyond jurisdiction's control.
    - iii. Date all existing funding will end.

2. What type of Public Service will be provided? (select one if applicable)

Senior Services	Tenant/Landlord Counseling
Services for Disabled	Child Care Services
Legal Services	Health Services
Youth Service	Abused & Neglected Children
Transportation Service	Mental Health Services
Substance Abuse Services	Screening for Lead
Battered & Abused Spouses	Subsistence Payments
Employment Training	Security Deposits
Crime Awareness	Homeless/AIDS Programs
Fair Housing	Other Public Services

3. How much funding are you requesting? (Please note the amount will be reduced by CDBG as administration funds for the County of approximately 17%)

4. Where will the service be provided? (The County CDBG funds can only be used in unincorporated Santa Cruz County, not in the Cities of Scotts Valley, Santa Cruz, Watsonville or Capitola)
  - a. Do you have site control? List source of site control (leasehold, deed of trust, etc.)
  
5. Describe your program, include quantifiable information on who, what, where and how.
  
6. What is the necessity of the service (must be directly COVID-19 related), describe the problem if the service is not provided. How was need determined?
  - a. Need survey of proposed beneficiaries? Proposed number to be served (day, week, or month)?
  - b. Need survey of existing beneficiaries? Currently serve (day, week, or month)?
  - c. Unmet demand? People on waitlist or turned away (day, week, or month)? Or other quantifiable documentation.
  - d. Are there similar services currently provided within the community?
    - i. If yes, where are they provided? What is the distance to the proposed location?
    - ii. If yes, are there any impediments to low income households accessing existing services? What are impediments (transportation, ada access, other)?
  - e. Explain consequences if service is not provided, continued or expanded.
  
7. Explain how and to what extent the proposed service/activity will solve the problem. Can you provide quantifiable reports (data only, no anecdotal information), third party letters that describe the direct health and safety impact, studies that are less than 5 years old to support this?
  
8. Is service area jurisdiction wide or smaller service area? If smaller service area please include justification.
  
9. To be eligible for CDBG assistance, the service must serve low income person(s) (80% Area Median Income as defined by the Department of Housing and Community Development).
  - a. Is the program income restricted (100% low income)? Open to all as long as meet income limits.
  - b. Limited clientele (ie. homeless, seniors)? Only restricted to these groups.
  - c. Was an income survey executed? Survey Income must comply with CDBG rules.
  - d. Provide breakdown of beneficiaries

<u>81% AND ABOVE</u>	<u>BETWEEN 51% - 80%</u>	<u>BETWEEN 31% - 50%</u>	<u>BELOW 30%</u> <i>(Extremely</i>	<u>TOTAL</u> <i>Number of</i>
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<b><i>(Non-Low/Mod)</i></b>	<b><i>(Low/Mod)</i></b>	<b><i>(Very Low-Income)</i></b>	<b><i>Low-Income)</i></b>	<b><i>People</i></b>

10. Has applicant operated/administered a public service program funded with CDBG?

- a. Was program completed?
- b. Was all funding expended? If no, why?