

**MOORPARK CITY COUNCIL
AGENDA REPORT****TO: Honorable City Council****FROM: Barry K. Hogan, Deputy City Manager**
Prepared by: David Lasher, Senior Management Analyst**DATE: January 16, 2008 (CC Meeting on 2/06/08)****SUBJECT: Consider Proposals for Fiscal Year 2008-2009 for \$199,014 in
Community Development Block Grant (CDBG) Funds****BACKGROUND**

On November 29, 2007, the County of Ventura held its first Fiscal Year 2008-2009 public hearing to address unmet needs of lower-income persons in the Urban County Entitlement Area, which includes the City of Moorpark. FY 2008-2009 CDBG proposal submittal due dates and application preparation training were provided at this hearing. The deadline for submittal of project proposals was January 7, 2008. Nine (9) proposals specific to Moorpark were received. This year's applications are summarized as Attachment 1, with a comparison to funding during previous years. Attachment 2 includes excerpts from this year's applications, and Attachment 3 provides an overview of past CDBG funding. Complete proposals and the 2005 Consolidated Plan (including the three year strategic plan) are available at the Community Development Department public counter. The City's funding proposals are due to the County by March 16, 2008.

DISCUSSION

CDBG projects are expected to address the unmet needs of lower income persons as identified in the Consolidated Plan. Eligible recipients are those whose income does not exceed 80% of area median income. The median income for Ventura County is currently \$79,500.00 for a four person household. CDBG funds may be used for housing, public facilities, economic development, housing rehabilitation, public service programs and administrative activities.

An existing Cooperative Agreement is currently in effect between the City and Ventura County with respect to CDBG oversight. The agreement includes a funding formula that more closely reflects HUD formulas that are based on the 2000 Census.

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According to current projections from the County, staff anticipates that the City will receive approximately \$199,014.39 in CDBG funds for FY 2008-2009. In FY 2007-2008 Moorpark received \$205,633 in CDBG funds (3.22% more than the FY 2008-2009 amount). Of this projected funding, \$163,250.00 has been requested for public projects with fifteen (15%) percent (\$29,852.16) of these funds available for public service programs. A total of \$9,642.83 may be allocated for administrative costs. This figure includes the required \$2,500.00 cost of the City's portion of the administrative charges for the Fair Housing Program. The County, as our CDBG grantee, is required to demonstrate to HUD in their Annual Plan that they affirmatively further fair housing. Therefore, on behalf of the Entitlement Area, the County contracts with the Housing Rights Center (HRC). They provide the Fair Housing Program for the entire Entitlement Area. This Program provides renters with outreach and education on fair housing rights, discrimination complaint investigation, enforcement and litigation, and landlord/tenant counseling in seven languages.

In the current fiscal year (FY 2007-2008), the City is administering four (4) public service programs and one (1) public project. In FY 2007-2008, of the \$9,079 allowed for administrative costs, the Council allocated the difference of the total administrative allowance minus the Fair Housing Program administrative charge to the Human Services Complex public project. This was requested by staff to simplify administration, with funding from the Redevelopment Agency going to offset staff time spent of CDBG programs. If the Council directed staff to follow the same procedure in the FY 2008-09 cycle, \$7,142.83 would be added to the Human Services Center public project request.

For the FY 2008-2009 cycle, six (6) applications for public service programs were received, totaling \$35,000.00. These programs may be considered for funding based on anticipation of increased levels of service, or to assist in establishing a new service. A summary of the funding requests for service programs is shown below:

Organization	Amount Requested
Catholic Charities	\$14,000.00
Long Term Care Ombudsman*	\$3,000.00
Loving Heart Hospice Foundation	\$4,000.00
FOOD Share, Inc.*	\$4,000.00
Many Motors	\$5,000.00
RAIN Project Transitional Living Center*	\$5,000.00
Total	\$35,000.00

* Indicates programs that could be administered by the County, at no cost to the City, through Joint Powers agreements if the City chooses to fund these particular programs.

One (1) proposal for a public project and one (1) proposal for an economic development project were received, totaling \$163,250.00. The City is requesting \$153,250.00 to fund costs related to construction of the Human Services Complex. Additionally, \$10,000.00 has been requested by the Women's Economic Venture for an economic development project to provide self employment training and business counseling. The Women's Economic Venture project could be administered by the County through a Joint Powers Agreement if the City chooses to fund this program.

A summary of the funding requests is shown below:

FUNDING CATEGORY	HUD LIMIT	PROPOSALS RECEIVED
Public Projects/Economic Development	\$159,519.40	\$163,250.00
Public Service Programs	\$29,852.16	\$35,000.00
Administration (with Fair Housing Counseling)	\$9,642.83	\$9,642.83
Total	\$199,014.39	\$207,892.83

As in past years, the amount of monies requested for funding of Public Service Programs exceeds the amount of money that the City can allocate toward such funding.

ENVIRONMENTAL DOCUMENTATION

As final approval authority for CDBG funding allocations, the County of Ventura is the lead agency for processing of environmental documentation pursuant to California Environmental Quality Act (CEQA) requirements.

STAFF RECOMMENDATION

1. Open the public hearing, receive public testimony, and close the public hearing.
2. Refer this matter to the Council's Finance, Administration and Public Safety Committee for preparation of a recommendation for final appropriations for City Council consideration at the regular meeting scheduled for March 5, 2008.
3. Continue this item, with the public hearing closed, to the meeting of March 5, 2008.

Attachments:

1. Summary of Proposals for FY 2008-2009
2. Excerpts from Proposals Submitted for FY 2008-2009
3. Overview of Past CDBG Funding

Summary of CDBG Proposals Received By City of Moorpark for FY 2008-2009

PUBLIC SERVICE PROGRAMS							
Organization	Name of Project	2004-2005 Approved Funding	2005-2006 Approved Funding	2006-2007 Approved Funding	2007-2008 Approved Funding	2008-2009 Amount Requested	Number of Anticipated Moorpark Beneficiaries
Catholic Charities	Community Service Center and Food Pantry	\$ 9,047	\$ 12,000	\$ 14,097	\$ 14,000	\$ 14,000	2200H
Long Term Care Services *	Long Term Care Ombudsman	\$ 2,000	\$ 3,000	\$ 3,000	\$ 2,745	\$ 3,000	150H
Loving Heart Hospice Foundation	Medical Hospice Services	\$ -	\$ 2,500	\$ 5,000	\$ 4,000	\$ 4,000	2H
FOOD Share, Inc.*	Brown Bag Program	\$ -	\$ -	\$ -	\$ 3,000	\$ 4,000	33P
Many Motors	Domestic Violence Outreach and Vehicle Placement Program	\$ -	\$ -	\$ -	-	\$ 5,000	10P
County of Ventura Human Services Agency/ RAIN *	RAIN Project Transitional Living Center	\$ -	\$ -	\$ -	\$ 3,000	\$ 5,000	10P
Subtotal (Public Service Programs)		\$ 11,047	\$ 17,500	\$ 22,097	\$ 26,745	\$ 35,000	
PUBLIC PROJECTS/ECONOMIC DEVELOPMENT							
City of Moorpark	Human Services Complex: Design and Engineering Services for Moorpark.	\$ 137,933	\$ 130,178	\$ 115,714	\$ 158,133	\$ 153,250	N/A
Women's Economic Ventures *	Self Employment Training Program and Business Counseling	\$ -	\$ -	\$ -	\$ -	\$ 10,000	9P
Subtotal (Public Projects)		\$ 137,933	\$ 130,178	\$ 115,714	\$ 158,133	\$ 163,250	
ADMINISTRATION							
City of Moorpark	Administration (including Fair Housing)				\$ 2,500	\$ 9,642	
GRAND TOTAL (ALL PROPOSALS)						\$ 207,892	
ESTIMATED ALLOCATION						\$ 199,014	
AMOUNT EXCEEDING ALLOCATION						\$ 8,878	

* Programs/Projects will likely be funded by the County and the local programs/projects for Moorpark could be administered by the County through a Joint Powers Agreement.

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CC ATTACHMENT 1

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

submitted to City of Moorpark (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Moorpark Community Service Center and Food Pantry		
Brief Summary of the Project (one sentence)	Provide essential safety net services and special outreach programs to stabilize low-income households in the City of Moorpark.		
Project Address	609 Fitch Avenue Moorpark, CA 93021		
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	City of Moorpark		
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u>14,000</u>	ESG \$ _____	HOME \$ _____ ADDI \$ _____
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	Goal CD-6: To provide other services to low-moderate income persons		

Section B -- General Applicant Information

Legal Name of Applicant Organization	Catholic Charities of Los Angeles, Inc., Ventura Region
Street Address, City and Zip Code (Also note mailing address if different)	<u>Corporate Headquarters:</u> 1531 James M. Wood Boulevard, Los Angeles, CA 90015 <u>Regional Administration:</u> 303 North Ventura Avenue, Ventura, CA 93001 <u>Site Address:</u> 609 Fitch Avenue, Moorpark, CA 93021
Organization's website address	catholiccharitiesla.org/santabarbara_v.html
Person to Contact Regarding this Application	Name: Michael Perry, Regional Director Address: 303 North Ventura Avenue, Ventura, CA 93001 Phone Number: (805) 643-4784 FAX Number: 643-4781 Email: mperry@ccharities.org ; Name: Pat Esseff, Regional Coord. of Client Services. Address: 609 Fitch Avenue, Moorpark, CA 93021

Phone Number: (805) 529-0720 FAX Number: 529-3017 Email: pesseff@ccharities.org ;
Organization's Federal Identification Number (Tax ID#) 95-1690973
Is this organization a Community Housing Development Organization (CHDO)? NO

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
	NA		

Fiscal Year and Audit Reports

What is your agency's fiscal year? July to June
Date of your organization's most recently completed audit. (Month/Year) June 30, 2006
What fiscal year did this most recent audit include? (Month/Year - Month/Year) 2005-2006
Was this audit conducted in compliance with the Single Audit Act? Yes
Are there any outstanding audit findings, which remain unresolved? No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	X
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	X
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	X

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors (as requested: Corporate and Regional)	X

Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	X*
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	X*
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

*(Method depends on funding source and specific program criteria)

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	X
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	X
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

According to Ventura County's 2005 Consolidated Plan, "Moorpark had the largest percentage gain in population with a 37% increase since 1990." It is important that the available social service resources match the community's growth.

Catholic Charities' Moorpark Community Services Center and Food Pantry (MP-CSC) primarily serves "low wage earning", poverty populations. The Ventura County 2005 Consolidated Plan indicates that 13.4% of the 27.8% Hispanic households in Moorpark are considered extremely low-income and low income. Eighty-eight percent of the Moorpark Community Services and Food Pantry (MP-CSC) clients are Hispanic. Seventy-six percent of the households, assisted through the MP-CSC, earned annual incomes under \$20,000. The majority, 95% of the MP-CSC clients' incomes, fit into the extremely low and very low-income categories.

The Moorpark Community Services Center clearly focuses on the most needy residents in this community.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

Food, clothing and secure housing are the basic and ongoing needs of the people who come to the Moorpark Community Services Center and Food Pantry (MP-CSC). The staff and volunteers at the Center provided supplemental food, clothing, eviction prevention assistance, utility assistance, and large holiday programs. These activities fit in Goal CD-6 of the Community Development portion of the 3-Year Strategic Plan.

The CDBG monies will be used to continue the current services by providing the salary and benefits for an experienced, bilingual caseworker to assist the client in addressing their problems and accessing a variety of community resources. In addition, this person organizes the programs, recruits and trains volunteers, coordinates donations, collects and maintains statistics and client records.

The Food Pantry portion of MP-CSC is an ongoing and labor-intensive program. The residents of Moorpark, the school district, local clubs, organizations and churches generously supplement the resources of the FoodShare program. Volunteers work hard to sort, organize, pack and distribute the food. CDBG funds will be used to pay for a portion of the Food Pantry Coordinator's salary and benefits.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

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Agency Certification

The undersigned agency hereby certifies that:

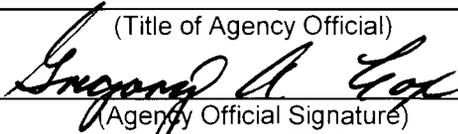
- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Catholic Charities of Los Angeles, Inc. – Ventura Region

(Name of Agency)
Monsignor Gregory A. Cox

(Typed Name of Agency Official)
Executive Director

(Title of Agency Official)



(Agency Official Signature)
January 4, 2008

(Date of Signature)
213-251-3400

(Telephone Number of Agency Official)
mcox@ccharities.org

(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

Submitted to CITY OF MOORPARK (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Long Term Care Services Ombudsman Program
Brief Summary of the Project (one sentence)	ADVOCATES AND COMPLAINT INVESTIGATORS FOR ELDERLY PERSONS LIVING IN LONG TERM CARE FACILITIES
Project Address	2021 SPERRY AVENUE SUITE 35 VENTURA, CA 93003
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	PROGRAM SERVES ALL OF VENTURA COUNTY INCLUDING UNINCORPORATED AREAS; THIS GRANT SPECIFICALLY FOR CITY OF FILLMORE
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u>3,000</u> _____ ESG \$ _____ HOME \$ _____ ADDI \$ _____
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	GOAL #5 PROVIDE SERVICES TO SENIORS

Section B -- General Applicant Information

Legal Name of Applicant Organization	LONG TERM CARE SERVICES OF VENTURA COUNTY,
Street Address, City and Zip Code (Also note mailing address if different)	2021 SPERRY AVENUE SUITE 35 VENTURA, CA 93003
Organization's website address	www.ombudsmanventura.org
Person to Contact Regarding this Application	Name: SYLVIA TAYLOR STEIN Address: 2021 SPERRY AVENUE SUITE 35 VENTURA, CA 93003 Phone Number: 805.656.1986 EXT 13 FAX Number: 805.658.8540 Email: staylor@ombudsmanventura.org
Organization's Federal Identification Number (Tax ID #)	77-0199665
Is this organization a Community Housing Development Organization (CHDO)?	NO

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
Area Agency on Aging	Support Ombudsman Program	2007-2008	122,000
Area Agency on Aging	Support Ombudsman Program	2006-2007	122,000
Area Agency on Aging	Support of Ombudsman Program	2005-2006	125,000
Area Agency on Aging	" " "	2004-2005	122,000

Fiscal Year and Audit Reports

What is your agency's fiscal year? July 1 – June 30
Date of your organization's most recently completed audit. (Month/Year) 6/06
What fiscal year did this most recent audit include? (Month/Year - Month/Year) July /05 – June/ 06
Was this audit conducted in compliance with the Single Audit Act? Yes or No. NO
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation. NO

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	X
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	X
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	X

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	X Elderly Persons
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	YES*
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	NO**
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	NO

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

* *Ombudsmen are federally mandated to provide services confidentially and free of charge to all seniors regardless of race or ethnicity. We inquire regarding race/ethnicity when appropriate and as necessary in the fulfillment of our duties. By federal law we cannot access records without consent, and since 70% of our clients have varying degrees of dementia and cannot provide consent or accurate information, they are not a reliable source of race/ethnicity data.

Our most reliable source for race/ethnicity are Ombudsman observations and communication when they are in the facilities visiting the residents.

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

Goal #5 to provide services to area seniors;

In the City of Moorpark 127 elderly persons live in one skilled nursing facility (on annual basis); The skilled nursing facility is a hospice and has a very high rate of turnover; typically 60% of those living in nursing homes have no family or friends who ever visit or look out for them; most are female, the average age is 84; majority have varying degrees of dementia and most suffer from some form of chronic, debilitating illness or disease. Most are either on Medi-Cal or SSI or considered low or low/moderate income. Moorpark families needing help with placement in a long term care facility for themselves or a loved one depend on the ombudsman program for objective and knowledgeable assistance;

In December of 2005 we had 178 long term care facilities throughout Ventura County with over 7,000 elderly residents. As of December 2007 we have 220 long term care facilities with over 7,500 residents. When the time comes that seniors cannot live at home any longer, they must make other living arrangements. For many of these individuals that means moving into a long term care facility. These facilities are primarily nursing homes, board and care homes, and assisted living homes. Some of the most vulnerable and at risk seniors are those living in these institutional and long term care settings. Because of their vulnerability and dependence on others to meet their needs, they are very high risk for abuse and neglect. They are also extremely fearful of retribution and are reluctant to speak up for themselves. The ombudsman may be the only extended family or friend they have for the rest of their lives and the only one they have to speak up for them and act on their behalf.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address. Goal #5 Services to Seniors.

Funds will be used to support the ongoing work of the ombudsman program in Moorpark. Ombudsmen make unscheduled and unannounced visits to the nursing home in Moorpark on a weekly basis. Ombudsmen investigate complaints of abuse and neglect on behalf of the residents and work to resolve their issues and concerns. The ombudsman, acting as their advocate, represents their express wish and advocates on their behalf to facility administrators and other facility staff. If the problem cannot be resolved at the lowest level with facility staff, or it is more serious in nature, it is reported to licensing agencies, law enforcement, Attorney General, for further investigation. It is feared that most issues of neglect and abuse could go unremedied or unheeded without the work of the ombudsman who is in the facilities on a regular basis to monitor and investigate and help resolve complaints.

Ombudsmen also provide training for direct caregivers to help improve care and reduce instances of abuse and neglect of residents. Ombudsmen also witness Advanced Health Care Directives and provide community education, counseling and support groups to families dealing with long term care.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

Agency Certification

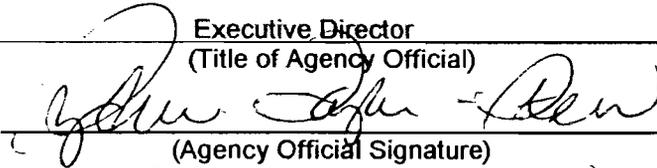
The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Long Term Care Services of Ventura County, Inc.,
(Name of Agency)

Sylvia Taylor-Stein
(Typed Name of Agency Official)

Executive Director
(Title of Agency Official)


(Agency Official Signature)

Jan 2, 2008
(Date of Signature)

805.656.1986 ext 13
(Telephone Number of Agency Official)

staylor@ombudsmanventura.org
(Email address of Agency Official)

EXHIBIT "A"

PART I - APPLICATION

**CDBG, HOME & ESG FUNDING APPLICATION
Project Proposal for Program Year 2008-09**

submitted to City of Moorpark (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Medical Hospice Aid for Low-Income Hospice Patient(s)
Brief Summary of the Project (one sentence)	Provide supplemental medical hospice services in a patient's home or at the Moorpark Health Care Center for one or more low-income residents of Moorpark
Project Address	5400 Atlantis Court, Moorpark, CA 93021
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	City of Moorpark
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u>4,000</u> ESG \$ _____ HOME \$ _____ ADDI \$ _____
Consolidated Plan goal this project will meet.	Goal CD-5 AND CD-6

Section B -- General Applicant Information

Legal Name of Applicant Organization	Loving Heart Hospice Foundation
Street Address, City and Zip Code (Also note mailing address if different)	5400 Atlantis Ct., Moorpark, CA 93021
Organization's website address	www.tlchomehospice.com
Person to Contact Regarding this Application	Name: Diane Scruton, Director of Fundraising Programs Address: 5400 Atlantis Ct., Moorpark, CA 93021 Phone Number: (805) 517-1620 FAX Number: (805) 517-1621 Email: foundation@tlchomehospice.com
Organization's Federal Identification Number (Tax ID #)	77-0440034
Is this organization a Community Housing Development Organization (CHDO)?	No

EXHIBIT "A"

Federal Grant Experience (Disregard if your organization has received HUD funding from this program in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

What is your agency's fiscal year? Calendar Year (January 1-December 31)
Date of your organization's most recently completed audit. (Month/Year) 2006
What fiscal year did this most recent audit include? (Month/Year through Month/Year) January 2006 – December 2006
Was this audit conducted in compliance with the Single Audit Act? Yes
Are there any outstanding audit findings which remain unresolved? No

Financial Management

If you organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	X
OMB Circular A-122 "Cost Principals for Non-Profit Organizations"	X
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	X

Organizational Structure

Documents	Check if Attached
Bylaws	On file
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	On file
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

EXHIBIT "A"

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	X
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	X
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older) , illiterate persons, migrant farm workers, handicapped individuals, homeless persons. If you use this method, please indicate which group is served.	X
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity and Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	X
Does your organization request information on categories of Hispanic ethnicity, i.e., Mexican/Chicano, Puerto Rican, Cuban, etc.?	X
Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.) 	X
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	X

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

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EXHIBIT "A"

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

Our project meets the national objectives by benefiting low and moderate income persons. We meet the 2005 Consolidated Plan Goals by providing a service that is primarily for seniors (Goal CD-5) and a service to low-moderate income persons (Goal CD-6)

The unmet community need for Moorpark is to provide no-cost care to low-income residents who have exhausted their personal resources and are unable to pay for medical hospice services that are not covered by insurance OR they are not eligible for insurance coverage

Loving Heart Hospice Foundation is the only medical hospice providing bereavement counseling twice a month at the Moorpark Active Adult Center AND who is affiliated with a ten-bed skilled nursing facility in Moorpark that specializes in hospice care.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

Our project and goal is to provide direct medical hospice care to one or more low-income resident(s) of Moorpark in order to help someone that cannot afford hospice care because they are uninsured, under-insured or have exhausted their personal resources. This help can be in the form of skilled nursing days in a facility, supplemental caregiver hours in the home, payment of medicines not covered by insurance, payment for durable medical equipment, or help with cremation or funeral expenses, or the like.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	
Affordability	
Sustainability: Promoting Livable or Viable Communities	X

EXHIBIT "A"

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Loving Heart Hospice Foundation
(Name of Agency)

Shelley Chilton
(Typed Name of Agency Official)

President of the Board
(Title of Agency Official)

Shelley Chilton
(Agency Official Signature)

01/04/08
(Date of Signature)

(805) 517-1620
(Telephone Number of Agency Official)

foundation@tlchomehospice.com
(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

submitted to Moorpark (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Brown Bag Program		
Brief Summary of the Project (one sentence)	FOOD Share provides a weekly supplemental bag of groceries to over 1750 low-income seniors countywide, including those residing in Moorpark		
Project Address	4156 Southbank Rd. Oxnard, CA 93036		
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	Moorpark		
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u> 4,000 </u>	ESG \$ _____	
	HOME \$ _____	ADDI \$ _____	
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	Goal CD-5		

Section B -- General Applicant Information

Legal Name of Applicant Organization	FOOD Share, Inc.
Street Address, City and Zip Code (Also note mailing address if different)	4156 Southbank Rd. Oxnard, CA 93036
Organization's website address	www.foodshare.com
Person to Contact Regarding this Application	Name: Kristy Pollard Address: 4156 Southbank Rd. Oxnard, CA 93036 Phone Number: 805-983-7100 x115 FAX Number: 805-983-2326 Email: kpollard@foodshare.com
Organization's Federal Identification Number (Tax ID #)	77-0018162
Is this organization a Community Housing Development Organization (CHDO)?	No

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

What is your agency's fiscal year?	July 1 through June 30
Date of your organization's most recently completed audit. (Month/Year)	06-07
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	07/01/06 – 06/30/07
Was this audit conducted in compliance with the Single Audit Act?	Yes
Are there any outstanding audit findings which remain unresolved?	No.

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	X
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	X
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	X

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	X
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	X
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	X
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	no

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement. n/a
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Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

Despite living in the world's most bountiful food-producing country, the number of seniors who suffer from hunger in the United States is growing rapidly, according to The National Council on Aging. In addition the USDA reports that more than three quarters of a million Americans over 65 and living alone have difficulty providing themselves with a steady supply of food and experience some degree of hunger.

In Ventura County, there continues to be the same parallel as the rest of the country. There is a growing prevalence of seniors and frail elderly who do not have the economic means to completely sustain them. Many of these individuals lack family and social networks and live on drastically low fixed incomes resulting in barren cupboards for this very vulnerable population. These seniors are economically insecure due to escalating costs of housing, fuel, medications and other necessities, preventing them from purchasing groceries, especially of a high nutritious quality.

The need for hunger services for low-income seniors is escalating with the correlating rise in Ventura County's population. Over the next five years, our county's current population of 800,000 is estimated to increase to 875,000. According to the 2000 census the fastest growing population segment is seniors aged 65 to 74 years of age. This cohort is expected to double by 2030 and the overall senior population is expected to increase by 30%. Currently senior citizens comprise 13.63% of the total population, a 19.35% increase in the last ten years. Of the 9.2% of individuals living in poverty in this county, 6.3% (68% of all those falling under the poverty line) are senior citizens.

In many cases, FOOD Share is the only major source of help to this population. FOOD Share has found a tremendous need in Moorpark where we currently serve over 30 low-income seniors with a bag of groceries 52 weeks of the year. Deliveries are made to the Moorpark Senior Center.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

In addressing the 2005 Consolidated Plan Goal CD-5 and CD-6, FOOD Share will serve seniors and low-income individuals through our Brown Bag Program. This weekly program will work with local partner agencies or distribution points to serve supplemental bags of groceries to seniors over the age of sixty and who qualify under strict income requirements. These individuals then pick up this food at the above listed locations. If delivery is necessary and available, then the bag can also be delivered to those residents with limited mobility. FOOD Share's food assistance will enable countywide seniors to utilize their small household budgets on other vital needs, such as healthcare, housing, transportation and other basic needs.

Another factor affecting the growing number of individuals needing service is the life expectancy of our senior population. With seniors living longer, FOOD Share remains steadfast through service and support through the long term. In a study conducted in recently, FOOD Share found that the average length of time a senior stays on the program is 14 years. This loyalty to the residents of the entire county is what makes FOOD Share so successful. FOOD Share works to increase the health of this vulnerable population by providing a variety of nutritious food each week through the Brown Bag program, whereby minimizing the risk of Type II Diabetes and other diet-related illnesses. The President of the National Council on Aging, James Firman, states, "Hunger can be life threatening. Seniors who experience hunger are at risk for serious health problems. Hunger increases the risk for stroke, exacerbates pre-existing ill health conditions, limits the efficiency of many prescription drugs, and may affect brain chemistry increasing the incidence of depression and isolation."

FOOD Share will continue to serve over 30 low-income seniors each week and will accept new applications in an attempt to serve residents in-need throughout Moorpark.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

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Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

FOOD Share
(Name of Agency)

Sandra Eléspuru-Bishop
(Typed Name of Agency Official)

CEO
(Title of Agency Official)

Sandra Eléspuru-Bishop
(Agency Official Signature)

1-4-08
(Date of Signature)

805-983-7100
(Telephone Number of Agency Official)

sbishop@foodshare.com
(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION

Project Proposal for Program Year 2008-09

submitted to Moorpark (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Opportunity Cars	
Brief Summary of the Project (one sentence)	This project, operated through Many Motors Vehicle Support Services, will assist low-income individuals and families with car ownership and provide support services for obtaining and maintain their vehicle. This project is merged with our vision to assist individuals and families by creating economic and social stability through the venue of transportation.	
Project Address	300 Montgomery Ave Suite U Oxnard, CA 93033	
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	County (including unincorporated areas)	
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u>5,000</u>	ESG\$ _____
	HOME \$ _____	ADDI \$ _____
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	Economic Opportunity, serving low-income individuals and families	

Section B -- General Applicant Information

Legal Name of Applicant Organization	Many Motors
Street Address, City and Zip Code (Also note mailing address if different)	300 Montgomery Ave Suite U Oxnard, CA 93033
Organization's website address	http://www.manymotors.org
Person to Contact Regarding this Application	Name: Helen Ortega Address: 300 Montgomery Ave Suite U Oxnard, CA 93033

	Phone Number: 805-509-4084 FAX Number: 805-656-5072 Email: hortega805@yahoo.com
Organization's Federal Identification Number (Tax ID #) 03-0397487	
Is this organization a Community Housing Development Organization (CHDO)? No	

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
CDBG-Camarillo	Vehicle Supportive Services	August 2007	\$3,000

Fiscal Year and Audit Reports

What is your agency's fiscal year?	July-June
Date of your organization's most recently completed audit. (Month/Year) Audit has not been completed for Many Motors.	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	N/A
Was this audit conducted in compliance with the Single Audit Act? Yes or No.	No
Are there any outstanding audit findings which remain unresolved? If yes, please attach explanation.	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X

Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured." Automobile Insurance	X

Section C – Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients? Clients fill out an application to be qualified for the program and are asked to submit documentation with the application.

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently “self-certify” on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	Yes
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	Yes
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	Yes
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	Yes
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	Yes
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	No
If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.	

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

Many of the individuals and families provide service and support to are women in domestic violence situations who are seeking to recreate a life for themselves and their families. It is through this recreation that they often need to obtain many of life's basic needs and that includes transportation. When a homeless individual and/or family is able to find housing yet needs economic stability, that is created through employment and/or education opportunities and it is through the venue of transportation that this becomes viably important.

As a woman with four kids has to transport her children from school along with keeping her job, the transportation system is not always viable to do that.

Car ownership is also about the financial credibility that an individual and family can achieve through the program.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

The funds will be leveraged in a two-fold way:

1. To assist with the administrative function to operate the program which includes picking up the vehicles from community donors, working the clients to process the applications and work with vendors to get the vehicles ready for the individuals and families.
2. The funds will also be used to prepare the vehicles for the families. Our vehicles are all donated and often need work to be done so that the vehicles are safe and ready for the family. The other part of the project is to offer the family vehicle support for three months into the program, as the individuals and families are seeking to adjust to having financial responsibility and accountability for the process.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	
Decent Affordable Housing	
Creating Economic Opportunities	X

Outcomes	Check one
Availability/Accessibility	
Affordability	X
Sustainability: Promoting Livable or Viable Communities	

Section E – Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

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Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Many Motors
(Name of Agency)

Helen Oretega
(Typed Name of Agency Official)

Executive Director
(Title of Agency Official)

Helen Oretega

(Agency Official Signature)

1/5/2008
(Date of Signature)

805-509-4084
(Telephone Number of Agency Official)

hortega805@yahoo.com
(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

submitted to City of Moorpark (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	County of Ventura – RAIN Project Transitional Living Center (RAIN) – CDBG Public Service (Operations)		
Brief Summary of the Project (one sentence)	RAIN Staff coordinate and provide transportation for the Transitional Living Center residents to multiple locations daily.		
Project Address	1732 S. Lewis Road, Camarillo, CA 93010		
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	Countywide		
Funds being requested in this proposal. Complete all that apply.	CDBG \$5000.00	ESG \$ _____	HOME \$ _____
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	Services for Homeless Individuals/Families Goal H-1		

Section B -- General Applicant Information

Legal Name of Applicant Organization	County of Ventura Human Services Agency
Street Address, City and Zip Code (Also note mailing address if different)	855 Partridge Drive, Ventura, CA 93003
Organization's website address	www.vchsa.org
Person to Contact Regarding this Application	Name: Debra M. Hyde, Project Director Address: 1732 S. Lewis Road, Camarillo, CA 93010 Phone Number: 805-388-1356 FAX Number: 805-383-6437 Email: debbie.hyde@ventura.org
Organization's Federal Identification Number (Tax ID #)	95-6000944
Is this organization a Community Housing Development Organization (CHDO)?	No

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount
	(Previously Funded)		

Fiscal Year and Audit Reports

What is your agency's fiscal year? July through June
Date of your organization's most recently completed audit. (Month/Year) June 2006
What fiscal year did this most recent audit include? (Month/Year - Month/Year) FY 2005-2006
Was this audit conducted in compliance with the Single Audit Act? Yes or No. YES
Are there any outstanding audit findings which remain unresolved? NO If yes, please attach explanation.

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	
Organization Chart See Attachment 1	X
List of the Board of Directors See Attachment 2	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured." See Attachment 3	X

Section C – Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently “self-certify” on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	X Homeless
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	X
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	X
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	No

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

This project responds to the 2005 Consolidated Plan Goal H-1 (“To assist homeless or at-risk persons with housing and services”) in the “Services for Homeless Individual/Families” section. RAIN’s uniqueness can be traced to its outstanding support and services. It not only works to transition families to a new life, but it also transforms their lives so they are able to participate in a more positive and productive manner when they achieve self-sufficiency. The emphasis on life skills helps guarantee that self-sufficiency will be maintained once it is achieved. Many programs are provided ranging from parenting, self-sufficiency, relapse prevention, women’s domestic violence, and men’s group to individual, family, couples therapies, parent coaching, and children’s counseling. Each resident is provided with intensive case management services. In addition, the children have academic tutoring, yoga and the “Child Watch” and “Beyond the Backyard” programs. Medical services and screenings and job search and skills development are also available. Volunteers work with residents in the garden, do painting projects, offer art classes, and organize parties. Special outings have included trips to sporting events, art, music, plays, cultural and outdoor activities. These services not only enhance the experience of residents, but strive to provide a homelike, supportive atmosphere for children and adults alike, serving to promote parent-child attachment and strengthen family bonds.

The RAIN Project has served 1590 homeless adults and children since 1997. During fiscal year 2006-2007, 13 residents at RAIN were from the City of Moorpark. Thus far in fiscal year 2007-2008, RAIN has also provided services to 13 Moorpark residents. The Ventura County Homeless and Housing Coalition’s 2007 Homeless Count determined that on any given day there are 1,961 adults and children in Ventura County who meet the HUD definition of homelessness. Of those counted, 13, all adults, were from the City of Moorpark. Of these 13: all were living on the street, 92.3% were men and 7.7% were women, 77.7% were Hispanic or Latino and 22.3% were White, and 23.1% were born in California. Of the 1,961 people counted, 75% were determined to be living on the street (not living in a facility), stressing the need for transitional and affordable long term housing in Ventura County.

RAIN’s mission is to end homelessness one person at a time by providing a safe and nurturing environment to renew hope, restore dignity, and strengthen family bonds. All of these elements are essential to end the cycle of homelessness, poverty, unemployment, household violence, trauma, and addiction. In order for individuals to become self-sufficient, they must have assistance in locating appropriate community resources, obtaining employment, and with RAIN’s forced savings plan, the opportunity to save the money necessary for deposits and move-in expenses to unsupported housing. A vital component to the long-term success of our residents is the continuum of care provided by comprehensive case management.

The majority of homeless individuals are unemployed for a myriad of reasons including: lack of transportation, either public or private; lack of appropriate clothing and/or equipment; limited or no access to bathing facilities or hygiene products; criminal records; poor self-esteem; substance abuse history and addiction; lack of marketable skills; limited job search skills; poor interpersonal skills; functional illiteracy and/or untreated medical/psychological problems. Programs are needed that provide transitional housing and in-house services to address these issues and assist individuals in finding employment while developing the life skills essential for self-sufficiency.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

RAIN is a 24/7 operational facility and is the only transitional living center in Ventura County that provides transportation. Primary hours for transportation are from 6:00 a.m. to 10:00 p.m., but transportation is available 24/7 as needed. Starting from RAIN in Camarillo, residents are transported to multiple locations including Job and Career Centers, vocational training, job interviews, places of employment, and medical examinations; their non school age children are transported to day care and their school age children are picked up from school if sick.

These funds will be utilized to partially compensate for the maintenance and fuel of one vehicle used in these functions.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

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Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

County of Ventura – Human Services Agency
(Name of Agency)

Ted Myers
(Typed Name of Agency Official)

Director
(Title of Agency Official)


(Agency Official Signature)

January 7, 2008
(Date of Signature)

805-477-5301
(Telephone Number of Agency Official)

ted.myers@ventura.org
(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

submitted to City of Moorpark (Jurisdiction)

PART I -- General Information **Section A -- General Project Information Summary**

For Office Use Matrix Code

Project Title	Women's Economic Ventures – Self Employment Training Program and Business Counseling		
Brief Summary of the Project (one sentence)	WEV provides Self Employment Training and business and loan services for Ventura County residents		
Project Address	400 E. Esplanade Drive Suite 300 Oxnard, CA 93036		
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	Countywide		
Funds being requested in this proposal. Complete all that apply.	CDBG \$ <u> \$10,000 </u>	ESG \$ <u> </u>	HOME \$ <u> </u>
Consolidated Plan goal this project will meet (code or description from Part I Instructions - Attachment A).	CD-3 Enhance economic development by creating jobs for low to moderate income areas.		

Section B -- General Applicant Information

Legal Name of Applicant Organization	Women's Economic Ventures
Street Address, City and Zip Code (Also note mailing address if different)	333 South Salinas Street, Santa Barbara, CA 93105 Corporate office
Organization's website address	www.wevonline.org
Person to Contact Regarding this Application	Name: Mary Anne Rooney, Regional Leader Address: 400 E. Esplanade Dr. Suite 300 Oxnard, CA 93036 Phone Number: 805.604.9000 ext. 241 FAX Number: 805.604.7784 Email: marooney@wevonline.org
Organization's Federal Identification Number (Tax ID #) 95-3674624	
Is this organization a Community Housing Development Organization (CHDO)? No	

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

What is your agency's fiscal year?	January 1 through December 31
Date of your organization's most recently completed audit. (Month/Year)	December 31, 2006
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	01/2006-12/2006
Was this audit conducted in compliance with the Single Audit Act? Yes or No.	No
Are there any outstanding audit findings which remain unresolved?	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	X
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	X
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	X

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	X
Organization Chart	X
List of the Board of Directors	X
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	X
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	X

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	X
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	
Presumed beneficiaries. Clients served are primarily and specifically from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	

Ethnicity (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	X
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Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization ask <u>all clients (including Hispanic clients)</u> whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (Category used to report individuals who are of a race or combination of races not listed above.) 	X
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

Section D – Project Information

Community Needs: WEV provides technical assistance and microenterprise assistance to businesses. Between 1997 and 2002, the number of woman-owned businesses increased by 14% nationwide – twice the rate of all firms. Employment in woman-owned firms increased by 30%; 1.5 times the U.S. rate, and sales grew by 40% the same rate as all firms. Ventura County is home to over 18,000 woman-owned businesses with no business development programs targeted specifically toward their needs. According to census data, only 11 percent of woman-owned businesses in Ventura County have employees, while two-thirds of all businesses have employees. This suggests that woman-owned businesses have a need for programs that will help them establish and expand stable enterprises. WEV seeks funding to help underwrite its two core programs in Ventura County: Self-Employment Training (SET), Loan Fund Operation, and post-loan, post-training follow-up services. SET is a highly interactive comprehensive entrepreneurial training curriculum. Since 2002, through all our services, we have served 25 total Moorpark residents; 19 LMI; 4 Hispanic; 24 Female. In 2007, 9 total Moorpark residents; 6 LMI; 1 Hispanic; 9 Female. (LMI is determined by HUD.) We have also provided \$12,000 in loan dollars to Moorpark residents. As you may recall, Moxie McMahon appeared in the Ventura County Star article in December, 2007, as she was a SET graduate and started her business, Blonde on the Roof Publishing. We estimate that for every business that has been created, one and one-half jobs are created. HUD's standards ask that for every \$35,000 that is issued, one new job is created. Last year WEV created 7 new full-time jobs and 37 part-time jobs countywide. This is well above the HUD standard. These two service categories – training and capital services – are integral components of a comprehensive program that helps clients succeed in achieving their goal of economic self-sufficiency through entrepreneurship.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? WEV proposes to provide 8 self-employment training (SET) classes per year in various locations throughout the county, of which two (2) will be Spanish-language (SSET) classes. The funds requested will enable staff to continue SET outreach and delivery efforts within the community (for both Spanish and English speaking residents) and pay for the instructors and facilitators of the program. SET is a 14-week, 56-hour self-employment training class composed of four major components: 1) Self-assessment and personal skills development such as goal-setting, personal financial management and building support networks 2) Business feasibility, 3) Business management skills and 4) Business planning. WEV projects that it will serve 347 women through all WEV's programs this year and anticipates 75 businesses served through technical assistance. WEV operates the Small Business Loan Fund (SBLF) which provides pre-bankable clients with loans of up to \$25,000 for start-up and up to \$50,000 for expansion. WEV offers business counseling for general business support as clients start and expand their businesses, and loan counseling to screen and support loan applicants as they prepare applications for loans. Funding from other jurisdictions has remained stagnant or decreased over the past few years (Simi Valley has already declined for 08-09). The cost per client to WEV is \$2,500; \$15,000 serves six clients yet WEV projects serving 9 Moorpark clients despite these challenges.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	
Decent Affordable Housing	
Creating Economic Opportunities	X

Outcomes	Check one
Availability/Accessibility	
Affordability	
Sustainability: Promoting Livable or Viable Communities	X

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

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Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

Women's Economic Ventures
(Name of Agency)

Judy Hawkins
(Typed Name of Agency Official)

Executive Director
(Title of Agency Official)

Judy Hawkins
(Agency Official Signature)

4 January 2008
(Date of Signature)

805.892.4924
(Telephone Number of Agency Official)

jhawkins@wevonline.org
(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION

Project Proposal for Program Year 2008-09

submitted to _____ City of Moorpark _____ (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Moorpark Human Services Center
Brief Summary of the Project (one sentence)	To provide funds to complete the design and engineering for the proposed building.
Project Address	612 Spring Road, Moorpark, CA 93021
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	Moorpark
Funds being requested in this proposal. Complete all that apply.	CDBG <u>\$153,250.00</u> ESG \$ _____ HOME \$ _____ ADDI \$ _____
Consolidated Plan goal this project will meet.	Community Development – Goal 1- Public Facilities

Section B -- General Applicant Information

Legal Name of Applicant Organization	City of Moorpark
Street Address, City and Zip Code (Also note mailing address if different)	799 Moorpark Avenue, Moorpark, CA 93021
Organization's website address	www.ci.moorpark.ca.us
Person to Contact Regarding this Application	Name: Jessica Sczegan Address: 799 Moorpark Avenue, Moorpark, CA 93021 Phone Number: (805) 517-6225 FAX Number: (805) 532-2530 Email: jsczegan@ci.moorpark.ca.us
Organization's Federal Identification Number (Tax ID #)	95-3860962
Is this organization a Community Housing Development Organization (CHDO)?	No

Federal Grant Experience (Disregard if your organization has received HUD funding from this program in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

What is your agency's fiscal year?	July 1-June 30
Date of your organization's most recently completed audit. (Month/Year)	December 2006
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	July 1- June 30, 2007
Was this audit conducted in compliance with the Single Audit Act?	Not Applicable
Are there any outstanding audit findings which remain unresolved?	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure

Documents	Check if Attached
Bylaws	N/A
Organization Chart	X
List of the Board of Directors	N/A
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	N/A
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	Self-Insured

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

<p>Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u></p>	
<p>Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u></p>	<p>X (by future tenants)</p>
<p>Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u></p>	<p>X (by future tenants)</p>
<p>Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons. If you use this method, please indicate which group is served.</p>	<p>X (by future tenants)</p>
<p>Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u></p>	

Ethnicity and Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

<p>Does your organization request information on whether your clients are of Hispanic ethnicity?</p>	
<p>Does your organization request information on categories of Hispanic ethnicity, i.e., Mexican/Chicano, Puerto Rican, Cuban, etc.?</p>	
<p>Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races:</p> <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.) 	
<p>Does your organization use any other Race categories? If yes, please explain and attach any forms you use.</p>	

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

Beneficiary information will be collected by future tenants of the building.

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

Currently, the only social service agency in Moorpark is the Catholic Charities' Food Pantry, and the only medical facility in Moorpark is a County of Ventura clinic that is highly impacted. Therefore, the low income population of Moorpark must travel to Simi Valley or Ventura to obtain needed services.

A community-wide survey completed by the Moorpark/Simi Valley Neighborhoods for Learning (NfL) in late 2001 identified as high priority need in the Moorpark community: the need for medical, mental health, and social services to be located in Moorpark; and the lack of adequate transportation to obtain services outside of Moorpark. These needs made up the majority of the Top 10 needs identified in the community of Moorpark. Focus groups conducted by the Moorpark/Simi Valley NfL further clarified that those Moorpark residents who do not have their own means of transportation, and must utilize public transportation to reach these services located outside of Moorpark, do not seek or obtain needed services until a crisis occurs. The Focus Groups further clarified that this is because it is so difficult, time consuming, and costly to utilize public transit.

Another need in the Moorpark community is the need for low-cost facilities from which social and human service agencies may provide services for the residents of Moorpark. As an example, Catholic Charities has aided the low-income citizens of Moorpark with food pantry services, as well as hosting a few social services, for 25 years. They provide food distribution; utility, rent and eviction prevention assistance; dental stipends for first graders; an outreach service to home bound frail seniors; and special holiday food and toy programs. Their permanent facility burned down five years ago, and they are currently housed at a temporary site. They have been searching for a permanent location for 5 years. To date no permanent solution has been found due to lack of facilities at an affordable cost. Other social service agencies have also expressed a desire to locate in Moorpark to provide better outreach to the residents of Moorpark; however, the lack of facilities, even market-rate facilities, has prevented this from happening. Building such a facility will enable these agencies to be located in Moorpark and make their services more readily available to those in need.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

The City of Moorpark plans to utilize these grant monies to continue architectural design and engineering for the Human Services Center site and buildings. The City has retained HMC Architects for the conceptual design of the project and will enter into an agreement with HMC for the preparation of construction drawings and specifications for the complex.

The Human Services Complex is to be located on a 2 acre site on the east side of Spring Road immediately south of the Union Pacific Railroad Right-of-way. The site has already been purchased with CDBG funds. Specific tenants have not yet been identified.

The City plans to lease the property at very low rates (\$1/year) to human/social service/mental health agencies, so that they can afford to locate in Moorpark.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

City of Moorpark
(Name of Agency)

Steven Kueny
(Typed Name of Agency Official)

City Manager
(Title of Agency Official)

(Agency Official Signature)

January 7, 2008
(Date of Signature)

(805) 517-6221
(Telephone Number of Agency Official)

(Email address of Agency Official)

PART I - APPLICATION

CDBG, HOME & ESG FUNDING APPLICATION Project Proposal for Program Year 2008-09

submitted to _____ City of Moorpark _____ (Jurisdiction)

PART I -- General Information

For Office Use Matrix Code

Section A -- General Project Information Summary

Project Title	Administration
Brief Summary of the Project (one sentence)	Reimbursement for the cost of managing the CDBG program and activities.
Project Address	799 Moorpark Avenue, Moorpark, CA 93021
Service Area of Proposed Project (i.e., specific city, countywide, etc.)	City of Moorpark
Funds being requested in this proposal. Complete all that apply.	CDBG <u>\$9,642.83</u> ESG \$ _____ HOME \$ _____ ADDI \$ _____
Consolidated Plan goal this project will meet.	

Section B -- General Applicant Information

Legal Name of Applicant Organization	City of Moorpark
Street Address, City and Zip Code (Also note mailing address if different)	799 Moorpark Avenue, Moorpark, CA 93021
Organization's website address	www.ci.moorpark.ca.us
Person to Contact Regarding this Application	Name: David Lasher Address: 799 Moorpark Avenue, Moorpark, CA 93021 Phone Number: (805) 517-6230 FAX Number: (805) 532-2540 Email: dlasher@ci.moorpark.ca.us
Organization's Federal Identification Number (Tax ID #)	95-3860962
Is this organization a Community Housing Development Organization (CHDO)?	No

Federal Grant Experience (Disregard if your organization received CDBG, HOME or ESG funding from this jurisdiction in the last 3 years.)

Federal Grant Program	Purpose of Grant	Date Obtained	Funding Amount

Fiscal Year and Audit Reports

What is your agency's fiscal year?	July 1-June 30
Date of your organization's most recently completed audit. (Month/Year)	December 2006
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	7/01/05-06/30/06
Was this audit conducted in compliance with the Single Audit Act?	Not Applicable
Are there any outstanding audit findings which remain unresolved?	No

Financial Management

If your organization is a non-profit organization, does your organization comply with:	Check if yes
OMB Circular A-110, as implemented at 24 CFR Part 84 "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals and Other Non-Profit Organizations"	
OMB Circular A-122 "Cost Principles for Non-Profit Organizations"	
OMB Circular A-133 "Audits of States, Local Governments and Non-Profit Organizations"	

Organizational Structure and Insurance Documentation

Documents	Check if Attached
Bylaws	N/A
Organization Chart	X
List of the Board of Directors	N/A
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501.3.c)	N/A
Evidence of Insurance: A copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) must be attached with this application. If funded, an updated insurance policy will be required with the funding jurisdiction listed as "additionally insured."	Self-Insured

Section C -- Beneficiary Information

Income verification. How does (will) your organization verify income eligibility of your clients?

Check if yes

Area of Benefit. Program service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your program and a calculation of the low-income percentage. <u>Also attach a map.</u>	N/A
Self Certification. Clients independently "self-certify" on a membership form, intake form, etc. If you use this method, please <u>attach blank intake form.</u>	N/A
Client Document Review. Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <u>attach blank worksheet.</u>	N/A
Presumed beneficiaries. Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. If you use this method, please indicate which group.	N/A
Other. Survey, other documentation (required documentation for other governmental programs, etc.). <u>Please explain.</u>	N/A

Ethnicity and Race (Very few projects are exempted from this requirement. Please refer to instructions.)

Check if yes

Does your organization request information on whether your clients are of Hispanic ethnicity?	N/A
Does your organization request information on categories of Hispanic ethnicity, i.e., Mexican/Chicano, Puerto Rican, Cuban, etc.?	N/A
Does your organization ask all clients (including Hispanic clients) whether they are the one or more of the following races: <ul style="list-style-type: none"> - White - Black or African American - American Indian or Alaska Native - Asian - Native Hawaiian or Other Pacific Islander - American Indian or Alaska Native and White - Asian and White - Black or African American and White - American Indian or Alaska Native and Black or African American - Balance/Other (The balance category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.) 	N/A
Does your organization use any other Race categories? If yes, please explain and attach any forms you use.	N/A

If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

Section D – Project Information

Community Needs: Please describe the unmet community need this project proposes to meet. Refer to the instructions and the 2005 Consolidated Plan. Describe your proposed project in the next box.

To support the delivery of CDBG sponsored projects and programs as deemed necessary through the public participation plan.

Proposed Project to Meet Community Needs: How will your agency use these grant monies to address the unmet community needs described above? In other words, what is your project? Refer to Attachment A and indicate which 2005 Consolidated Plan goal your project will address.

To reimburse City staff salary and miscellaneous expenses for time spent administering the CDBG programs.

Objectives and Outcomes: Check one box in each table below that best reflects your project's objectives and outcomes. See instructions for definitions.

Objectives	Check one
Suitable Living Environment	X
Decent Affordable Housing	
Creating Economic Opportunities	

Outcomes	Check one
Availability/Accessibility	X
Affordability	
Sustainability: Promoting Livable or Viable Communities	

Section E -- Application Certifications

The following certification must be completed and signed by an authorized agency representative to be further considered for HUD program funding.

Agency Certification

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached Part II and Part III (if applicable) is complete and accurate;
- b. The agency shall comply with all federal and County policies and requirements applicable to the CDBG, HOME (and ADDI), ESG program as appropriate for the funding if received;
- c. The federal assistance made available through the CDBG, HOME (and ADDI) or ESG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities; and,
- d. If CDBG funds are approved for a facility, the agency shall maintain and operate the facility for its approved use for a period of not less than twenty years, unless given specific approval from HUD to do otherwise; and
- e. If CDBG or HOME (and ADDI) funds are approved in the requested amount, then to the best of your knowledge, sufficient funds will be available to complete the project as proposed.

City of Moorpark
(Name of Agency)

Steven Kueny
(Typed Name of Agency Official)

City Manager
(Title of Agency Official)

(Agency Official Signature)

January 22, 2008
(Date of Signature)

(805) 517-6230
(Telephone Number of Agency Official)

dlasher@ci.moorpark.ca.us

CDBG OVERVIEW OF PAST FUNDING: PUBLIC SERVICES

Public Service Program	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	TOTAL
Adult Literacy		\$1,000	\$1,000									\$2,000
Catholic Charities	\$6,200	\$9,097	\$5,366	\$7,293	\$7,330	\$7,643	\$7,643	\$9,047	\$12,000	\$12,000	\$14,000	\$97,619
Child Health Care												\$0
Coalition to End Family Violence								\$3,000	\$3,000	\$3,000		\$9,000
Food Share, Inc.											\$3,000	\$3,000
Homeless Ombudsman												\$0
Legal Services	\$2,000											\$2,000
Long-term Care Ombudsman	\$1,964						\$459	\$2,000	\$3,000	\$3,000	\$2,745	\$13,168
Loving Heart Hospice Foundation									\$2,500	\$2,500	\$4,000	\$9,000
PDAP/Teen Counseling	\$1,500											\$1,500
RAIN Project											\$3,000	\$3,000
Senior Center Part-time Staff	\$9,200	\$10,100	\$13,000	\$12,000	\$12,000	\$12,000	\$12,000	\$5,500	\$7,444	\$7,444		\$100,688
Senior Equipment												\$0
Senior Survivalmobile					\$1,000							\$1,000
Senior Lifeline												\$0
Senior Nutrition	\$9,000	\$9,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000				\$78,000
Vocational Training												\$0
TOTAL (All Public Service projects)	\$29,864	\$29,197	\$29,366	\$29,293	\$30,330	\$29,643	\$30,102	\$29,547	\$27,944	\$27,944	\$26,745	\$319,975

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CDBG OVERVIEW OF FUNDING: OTHER CATEGORIES

CATEGORY	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	TOTAL
AFFORDABLE HOUSING												
Affordable Housing				\$1,235								\$1,235
CODE ENFORCEMENT												
Residential Code Enforcement		\$5,000		\$703								\$5,703
CAPITAL IMPROVEMENTS												
ADA Play Equipment at Mountain Meadows Park												\$0
Boys and Girls Club			\$51,764	\$20,000								\$71,764
Food Share					\$5,077	\$5,000	\$5,000	\$5,000	\$10,000			\$25,077
Human Services Complex		\$69,367	\$90,294	\$126,856	\$105,587	\$150,392	\$138,000	\$137,933	\$130,178	\$115,714	\$177,716	\$1,242,037
Public Park Acquisition and Improvements												\$0
RAIN Facility Rehabilitation					\$5,000		\$2,539					\$7,539
Senior Center Expansion	\$150,634	\$66,875										\$217,509
Street Improvement												\$0
Street Light Improvement Project					\$46,876							\$46,876
ECONOMIC DEVELOPMENT												
Women's Economic Ventures (WEV)												\$0
RAIN Project				\$1,000								\$1,000
TOTAL (All Public Service projects)	\$150,634	\$141,242	\$142,058	\$149,794	\$157,463	\$150,392	\$145,616	\$142,933	\$135,178	\$125,714	\$177,716	\$1,618,739