



**CITIZENS ADVISORY COMMITTEE  
CITIZENS ADVISORY COMMITTEE AGENDA**

Wednesday, March 1, 2023 at 6:00 p.m.

**SOUTH GATE COUNCIL CHAMBERS AND/OR  
TELECONFERENCE  
8650 CALIFORNIA AVE  
SOUTH GATE, CA 90280**

**DIAL-IN-NUMBER: 1(669) 900-6833  
830 8587 3565  
442630**

**HTTPS://US02WEB.ZOOM.US/J/83085873565?  
PWD=SU1IBFNRZEP1K1Q5ZGJTQWRGQ1JBDZ09**

**CITIZEN ADVISORY COMMITTEE MEMBER CYNTHIA CHAVEZ  
AND CANDICE ESQUIVEL  
WILL BE PARTICIPATING VIA TELECONFERENCE.**

**COMMITTEE MEMBER  
CYNTHIA CHAVEZ  
5204 PENDLETON AVE APT 6  
SOUTH GATE CA 90280**

**COMMITTEE MEMBER  
CANDICE ESQUIVEL  
4730 TWEEDY BOULEVARD  
SOUTH GATE CA 90280**

**Call To Order**

**Pledge of Allegiance**

**Roll Call**

**City Officials:**

**Chairperson**

**Cyndi Esquivel**

**Vice Chairperson**

**Committee Member**

Mayra Castaneda  
Mary De Lourdes Castillo  
Cynthia Chavez  
Janet Cazares  
Rosa Delgado  
Candice Esquivel

**Committee Member**

Andres Gonzalez  
Andrea Martinez  
Norma Mendoza  
Miriam Ruiz Garcia  
Anthony Zepeda

**Meeting Compensation Disclosure**

Pursuant to Government Code Section 54952.3: Disclosure of compensation for meeting attendance by Citizen Advisory Committee is \$25.00 per meeting.

**Items:**

**Item No. 1**

The Citizen Advisory Committee will consider approving the minutes for the Citizen Advisory Committee meeting of June 22, 2022.

Documents:

[Item No. 1.pdf](#)

**Item No. 2**

Reorganization of the Citizen Advisory Committee

Documents:

[Item No. 2.pdf](#)

Item No. 3

Discussion and recommendation for fiscal year 2023-2024 for the Community Development Block Grant funding.

Documents:

[Item No. 3.pdf](#)

### **Comments**

At this time, members of the public and staff may address the Citizen Advisory Committee regarding any items within the subject matter jurisdiction of the Citizen Advisory Committee. No action may be taken on items not listed on the agenda unless authorized by law.

### **Audience Comments**

### **City Staff Comments**

### **Citizen Advisory Committee Comments**

### **Adjournment**

In compliance with the American with Disabilities Act, if you need special assistance to participate in the Citizen Advisory Committee Meetings, please contact Community Development Department. Notification 48 hours prior to the City Council Meeting will enable the City to make reasonable arrangements to assure accessibility.

Materials related to an item on this Agenda submitted to the Citizen Advisory Committee after distribution of the agenda packet are available for public inspection in the City Clerk's Office, 8650 California Avenue, South Gate, California 90280 (323) 563-9510 \* fax (323) 563-5411 \* [www.cityofsouthgate.org](http://www.cityofsouthgate.org)

**MINUTES OF THE REGULAR MEETING  
OF THE CITIZEN ADVISORY COMMITTEE  
TUESDAY, JUNE 22, 2022**

**1. CALL TO ORDER**

The Citizen Advisory Committee of the City of South Gate met in-person and via teleconference on the above-mentioned date at 6:31 PM

**2. PLEDGE OF ALLEGIANCE** – Committee Cynthia Chavez**3. ROLL CALL**

Commissioners Present: Chairperson Cyndi Esquivel Committee Members, Castillo, Chavez, Candice Esquivel, Janer, Johnson, Laborin, Martinez, and Ruiz

Commissioners Absent: Vice Chairperson Jimmy Torres, Committee Member Cazares, Jarquin, Mendoza, Montalvo, and Saucedo

Late: Anthony Zepeda arrived at 7:09pm

Staff Present: Meredith T. Elguira, Director of Community Development  
Ana LeNoue, Interim Housing Administrator  
Jose Montano, Recording Secretary

**4. REPORT ON POSTING AND MEETING COMPENSATION DISCLOSURE****5. MINUTES**

**MOTION:** Committee member Ruiz moved to approve the minutes of March 9, 2022 and Chairperson Esquivel seconded the motion. Motion carried unanimously, with the following roll call vote:

AYES: Cyndi Esquivel, Castillo, Chavez, Candice Esquivel, Janer, Johnson, Laborin, Martinez, and Ruiz.  
NOES: None  
ABSTAIN: None

**MOTION:** Committee member Laborin moved to approve the minutes of May 18, 2022, with the following amendments: Committee member Candice Esquivel, Janer, Martinez, Montalvo will be marked as excused not absent and Committee member Castillo seconded the motion. Motion carried unanimously, with the following roll call vote:

AYES: Cyndi Esquivel, Castillo, Chavez, Candice Esquivel, Janer, Johnson, Laborin, Martinez, and Ruiz.  
NOES: None  
ABSTAIN: None

**6. RECOMMENDATION FOR FISCAL YEAR 2022-2023 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDING**

Ana LeNoue, Interim Housing Administrator presented a staff report to the Citizen Advisory Committee and there was a range of discussion amongst the Citizen Advisory Committee Members and staff regarding the recommendation for Fiscal Year 2022-2023 Community Development Block Grant (CDBG) funding.

**MOTION:** Committee member Laborin moved to remove the recommended funding of \$20,000 from the Los Angeles Centers for Alcohol and Drug Abuse and allocate \$10,000 to the Home Modification Program and \$10,000 to the South Gate Police Explorers, Committee member Castillo seconded the motion. Motion carried 9 ayes, 1 noes and 6 absent, with the following roll call vote:

AYES: Cyndi Esquivel, Castillo, Chavez, Candice Esquivel, Janer, Johnson, Laborin, Martinez, Ruiz  
 NOES: Zepeda  
 ABSTAIN: None

**MOTION:** Committee member Laborin moved to approve the recommendation for the Community Development Block Grant (CDBG) Funding for fiscal year 2022-2023 with the above-mentioned changes, Committee member Zepeda seconded the motion. Motion carried unanimously, with the following roll call vote:

Committee member Ruiz recuse herself from all votes related to the Parks and Recreation funding but will vote for the remaining items.

AYES: Cyndi Esquivel, Castillo, Chavez, Candice Esquivel, Janer, Johnson, Laborin, Martinez, Ruiz and Zepeda  
 NOES: None  
 ABSTAIN: None

## 7. AUDIENCE COMMENTS

None

## 8. CITY STAFF COMMENTS

Meredith T Elguira, Director of Community Development informed the Citizen Advisory Committee that there might be a change in the amount of committee members.

## 9. CITIZEN ADVISORY COMMITTEE COMMENTS

Committee member Martinez would like an update of the final approval of the Community Development Block Grant (CDBG) Funding for fiscal year 2022-2023 that will go before council. Committee member Laborin notified staff that Vice Chairperson Jimmy Torres resigned a few months ago. Selection of Vice Chairperson will be on the next meeting. Chairperson Esquivel welcomed the new committee member Cynthia Chavez to the Citizen Advisory Committee.

## 10. ADJOURNMENT

The meeting was adjourned at 7:55 PM.

**RESPECTFULLY,**

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Meredith T. Elguira, Director of Community Development

**APPROVED:**

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Cyndi Esquivel, Chairperson

***City of South Gate***  
**CITIZENS' ADVISORY COMMITTEE**  
**AGENDA BILL**

For the Regular Meeting of: **March 1, 2023**  
Originating Department: **Community Development**

Housing Manager: *Carol G. Averell* Director: *Meredith T. Elguira*  
*Carol Averell* *Meredith T. Elguira*

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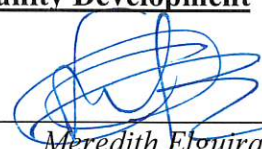
**SUBJECT: REORGANIZATION OF THE CITIZENS' ADVISORY COMMITTEE**

**PURPOSE:** In accordance with the Municipal Code Title 1, Chapter 1.2, Section 1.25.050 and the City of South Gate Citizen Participation Plan, each year the Citizens' Advisory Committee shall elect a new Chairperson and Vice Chairperson for a term of one year.

**RECOMMENDED ACTION:** It is recommended that the Citizens' Advisory Committee re-organize by nominating and voting for a new Chairperson and new Vice Chairperson for a one-year term. The selection will be ratified by a majority vote of the Citizens' Advisory Committee.

***City of South Gate***  
**CITIZENS' ADVISORY COMMITTEE**  
**AGENDA BILL**

For the Regular Meeting of: **March 1, 2023**  
 Originating Department: **Community Development**

**Housing Manager:**  **Director:**   
*Carol Averell* *Meredith Elguira*

**SUBJECT: FISCAL YEAR 2023-2024 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) FUNDING**

**PURPOSE:** The purpose of this item is to inform the Citizen Advisory Committee of the estimated \$1.4 Million in Community Development Block Grant (CDBG) funds that the City will be eligible to receive for FY 2023-24. The CAC will hear presentations from applicants on March 1, 2023.

**RECOMMENDED ACTIONS:** It is recommended that the Citizen Advisory Committee consider eligible applications and recommend to the City Council CDBG funding allocations for Public Services for FY 2022-23.

**ANALYSIS:** During the month of October, emails were sent to non-profit organizations and city departments and a legal notice of funding availability was published on October 28, 2022, to inform prospective applicants of the availability of CDBG funds for fiscal year 2023-24. Applications were made available online and via email. Additionally, the City hosted a Technical Assistance workshop on November 9, 2022, where the application process was explained in detail and questions were answered. Completed application were accepted in the City Clerk's office up until the deadline of November 29, 2022.

The City received five (5) public service project applications as noted below:

**Public Service Projects - \$210,000 CDBG Funds Available**

	<b>Program Name</b>	<b>Organization</b>	<b>CDBG Amount Funded in FY 22-23</b>	<b>CDBG Amount Requested for FY 23-24</b>
1.	Comptior Counseling Center	Comptior, Inc.	N/A*	\$30,000
2.	Family Violence Prevention Program	City of South Gate – Police Department	N/A*	\$27,000
3.	Graffiti Abatement	City of South Gate – Public Works	\$140,000	\$140,000



4.	South Gate Police Explorers	City of South Gate – Police Department	N/A*	\$17,000
5.	Home Modification Program	Southern California Rehabilitation Services (SCRS)	N/A*	\$15,000
6.	Nuestra Casa Residencial Treatment	L.A. CADA	N/A*	\$15,000
<b>TOTAL PUBLIC SERVICES REQUESTS FY 2023-2024</b>				<b>\$244,000</b>

\*These programs received different funding sources in FY 22-23

### **Non-Public Service Projects**

	<b>Program Name</b>	<b>Organization</b>	<b>CDBG Amount Funded in FY 22-23</b>	<b>CDBG Amount Requested for FY 23-24</b>
1.	BOOST (Business Operation & Optimization Support)	WeeCare, Inc.	N/A	\$72,000
2.	Commercial Facade	Community Development	\$100,000	\$500,000
3.	Neighborhood Revitalization Grant Program	Community Development	N/A	\$300,000

The CAC will hear presentations from the public services and non-public services applicants on March 1, 2023, at which time the CAC will discuss and recommend funding allocations for projects. On April 25, 2023, after a 30-day comment period, the City Council will open a public hearing to consider the FY 2023/2024 Annual Action Plan which will include the CAC's recommendations. The City's Action Plan is due to HUD by May 15, 2023.

**BACKGROUND:** The City of South Gate (City), as an entitlement city, receives Community Development Block Grant (CDBG) and HOME Investment Partnership (HOME) Program funds on an annual basis from the U.S. Department of Housing and Urban Development (HUD) to carry out a wide range of community development activities to benefit low-income residents. On an annual basis the City receives an estimated \$1.4 million.

**ATTACHMENT:** A. Public and Non Public Service Projects Applications

CITY OF SOUTH GATE

FY 2023-2024

CDBG PUBLIC SERVICES APPLICATION

COMPATIOR, INC.

Compatior Counseling  
Center



FISCAL YEAR 2022-2023  
COMMUNITY DEVELOPMENT BLOCK GRANT  
Application for Funding

APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:	Compatior, Inc.		
Physical Address:	4363 Tweedy Blvd., South Gate, CA 90280		
Organization's Website:	www.compatior.org		
Type of Organization:	<input checked="" type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Government <input type="checkbox"/> For-profit		
Years of Operation:	13		
Tax ID Number:	45-4027159	Agency UEI Number:	1417396060
Are you a Women owned, or a majority Women operated organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
If yes, please select which category or categories is most applicable.	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input checked="" type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

Contact information of person who will be responsible for the oversight of the proposed project:

Name:	Paula Torres	Title:	Director
Mailing Address:	4363 Tweedy Blvd. South Gate, CA 90280		
Email Address:	paula@compatior.org	Phone Number:	paula@compatior.org

Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:

Name:	Paula Torres	Title:	Director
Mailing Address:	4363 Tweedy Blvd, South Gate, CA 90280		
Email Address:	paula@compatior.org	Phone Number:	paula@compatior.org

Agency mission statement:

To provide counseling, mentoring, and substance use disorder educational services to members of our community, including juveniles, young adults, and adults who are disadvantaged and at risk for substance abuse and criminal lives.

<b>PROJECT INFORMATION</b>
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<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input checked="" type="checkbox"/> Public Service
	<input type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation
<b>Proposed Project Title:</b> Compator Counseling Center	
<b>Total funding requested in this application:</b>	\$30,000.00
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$1,500.00
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	20 =

**PROPOSED TARGET POPULATION:**

<i>Select the target population for the proposed project:</i>	<input checked="" type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Youth
	<input checked="" type="checkbox"/> Victims of Child Abuse	<input checked="" type="checkbox"/> Victims of Domestic Violence
	<input checked="" type="checkbox"/> Persons with HIV/AIDS	<input checked="" type="checkbox"/> Persons with Mental Illness
	<input checked="" type="checkbox"/> Illiterate Adults	<input checked="" type="checkbox"/> Persons with Disabilities
	<input type="checkbox"/> Households	<input checked="" type="checkbox"/> Homeless Individuals
	<input checked="" type="checkbox"/> Low to Moderate Income residents	<input checked="" type="checkbox"/> Low to Moderate Income Census Tracts
	<input type="checkbox"/> Businesses	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

**PROPOSED SERVICE DELIVERY METHOD:**

<i>Select the service delivery method for the proposed project:</i>	<input checked="" type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance
	<b>Other Service Types:</b>	

<b>CDBG NATIONAL OBJECTIVE COMPLIANCE</b>
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The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

☐ **3. Urgent Community Needs:**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

### PROJECT DETAILS

Explain below your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

Compatior will provide counseling and case management services to low income individuals who meet income requirements. Individuals will receive services in for issues such as depression, panic attacks, social anxiety, grief counseling in addition to case management services. Compatior will provide services to 20 South Gate residents, each resident will received multiple sessions as needed. Although many may require more intensive counseling services may last up to 6 months.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

Services will be provided to South Gate residents who have an income ranging from extremely low, very low and low. Compatior has provided services to at risk youth, seniors, youth, homeless and individuals in need of mental health and substance use disorder services. All CDBG recipients are South Gate residents.

How does your agency plan to inform the target population about the project/services?

Our agency is conveniently located in the city of Southgate, Tweedy mile area. Compatior or has a high number of walk-ins, in addition we have been in South Gate for over 13 years and have a long-standing relationship with our community. Compatior also participates in year round community outreach events.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

Residents will be able to apply for services at our location located at 4363 Tweedy Blvd, Southgate California 90280. Services are available in person and via telehealth.

Will the project collaborate with other service providers in the community? Yes ☐ No ☒

If yes, list them and briefly describe the collaboration.

Is a similar service provided by another organization? Yes ☐ No ☒

If yes, how will your project differ?

## SCHEDULE OF PERFORMANCE

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

[illegible]

\*Add additional rows as needed.



<b>OTHER SOURCES OF FUNDS</b>
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List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☐ Yes, identify below

☒ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
		\$
		\$
		\$
		\$
<b>TOTAL OF OTHER FUNDS COMMITTED:</b>		<b>\$</b>

**REMINDER**

List these sources of funds in the proposed project budget (page 8, column C & D).

<b>PROPOSED PROJECT BUDGET FY 2023-24</b>
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Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
Counselor I	\$ 8,000.00		\$	\$8,000.00
Counselor II	\$ 8,000.00		\$	\$8,000.00
Case Manager	\$ 8,000.00		\$	\$8,000.00
	\$		\$	\$
*Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	\$		\$	\$
Rent/Lease:	\$ 500.00		\$	\$500.00
Supplies:	\$ 2,000.00		\$	\$2,000.00
Utilities:	\$ 1,500.00		\$	\$1,500.00
Equipment:	\$		\$	\$
*Professional Services:	\$		\$	\$
Printing:	\$ 500.00		\$	\$500.00
Admission/Enrollment:	\$		\$	\$
*Other: Accounting	\$ 550.00		\$	\$550.00
*Other: Insurance	\$ 950.00		\$	\$950.00
*Other:	\$		\$	\$
*Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<u>\$ 30,000.00</u>		<u>\$</u>	<u>\$ 30,000.00</u>
<b>TOTAL PROJECT BUDGET FOR:</b>	Column B <u>\$ 30,000.00</u>		Column D <u>\$</u>	Column E <u>\$ 30,000.00</u>

**\*identify type of service(s)**

<b>AGENCY CAPACITY</b>
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Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties
Counselor I	Provide counseling services to eligible participants. AM Bilingual
Counselor II	Provide counseling services to eligible participants. PM Bilingual
Case Manager	Provide case management services as needed to eligible participants. Bilingual

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

Compatior is a non-profit counseling center that provides counseling services to low income individuals. All program participants are low income or working poor whose incomes fall below a given poverty line due to low-income jobs and low familial household income. Program is State of California and County of Los Angeles Certified as outpatient counseling center. Program is also a California Department of Health Care Services (DHCS) Behavioral Health Workforce Development (BHWD) and assist individuals in meeting employment and educational needs.

Will your agency still implement this project should CDBG funds not be awarded? Yes ☐ No ☐

If yes, please explain.

### LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☐ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)	12/07/2011	
3.	All necessary licenses required to operate are maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes

☒ No

If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

**Paula Torres**

Name of Authorized Representative

**Director**

Title

Signature of Authorized Representative

**11/21/2022**

Date

**NOTE: City sponsored projects must have department director's signature.**

CITY OF SOUTH GATE

FY 2023-2024

CDBG PUBLIC SERVICES APPLICATION

# CITY OF SOUTH GATE - POLICE DEPARTMENT

## Family Violence Prevention Program



### APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:	City of South Gate Police Department		
Physical Address:	8620 California Avenue, South Gate CA 90280		
Organization's Website:	www.sogatepd.org		
Type of Organization:	<input type="checkbox"/> Non-Profit 501(c)(3) <input checked="" type="checkbox"/> Government <input type="checkbox"/> For-profit		
Years of Operation:	99		
Tax ID Number:	95-600799	Agency UEI Number:	0822013100000
Are you a Women owned, or a majority Women operated organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decline to state		
If yes, please select which category or categories is most applicable.	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input checked="" type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

### Contact information of person who will be responsible for the oversight of the proposed project:

Name:	Darren Arakawa	Title:	Chief of Police
Mailing Address:	8620 California Avenue, South Gate, CA 90280		
Email Address:	darakawa@sogate.org	Phone Number:	323-563-5455

### Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:

Name:	Laura Maldonado	Title:	Program Manager
Mailing Address:	8620 California Avenue, South Gate, CA 90280		
Email Address:	lmaldonado@sogate.org	Phone Number:	323-357-9667

### Agency mission statement:

Police Department Mission Statement - The South Gate Police Department is "Proudly dedicated to the highest level of police service, improving quality of life and providing a safe community."

<b>PROJECT INFORMATION</b>
----------------------------

<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input checked="" type="checkbox"/> Public Service
	<input type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation

<b>Proposed Project Title:</b>	Family Violence Prevention Program	
<b>Total funding requested in this application:</b>	\$ 27,000	
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$ 450	
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	60	=

**PROPOSED TARGET POPULATION:**

<i>Select the target population for the proposed project:</i>	<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth
	<input checked="" type="checkbox"/> Victims of Child Abuse	<input checked="" type="checkbox"/> Victims of Domestic Violence
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Illiterate Adults	<input type="checkbox"/> Persons with Disabilities
	<input type="checkbox"/> Households	<input type="checkbox"/> Homeless Individuals
	<input type="checkbox"/> Low to Moderate Income residents	<input type="checkbox"/> Low to Moderate Income Census Tracts
	<input type="checkbox"/> Businesses	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

**PROPOSED SERVICE DELIVERY METHOD:**

<i>Select the service delivery method for the proposed project:</i>	<input checked="" type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input checked="" type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance
	<b>Other Service Types:</b>	



<b>CDBG NATIONAL OBJECTIVE COMPLIANCE</b>
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The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

~~☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**~~

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

~~☐ **3. Urgent Community Needs:**~~

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

## PROJECT DETAILS

Explain below your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

The Family Violence Prevention and Education Program is requesting CDBG funding to continue our Trauma Informed Care services through fiscal year 2023-2024. Domestic Violence, also referred to as 'Intimate Partner Violence (IPV) is one of the most common form of violence against women. It could be physical, sexual, and emotional abuse and controlling behaviors by an intimate partner and occurs in all settings and among all socioeconomic, cultural and religious groups. IPV may lead women to negative health consequences, including mental health disorders (American Psychiatric Association, Division of Diversity and Health Equity, 2019).

The services that will be provided and funded through CDBG are specifically designed to treat the emotional and mental health needs of individuals (adults and children) that are victims/survivors or exposed to domestic violence. These services include therapeutic and educational support groups, art empowerment sessions, ongoing long-term individual psychotherapy, case management, safety assessments and community outreach including providing education to the schools. These therapeutic services will be available to participants on a short term or long term basis depending on the needs of the participant. These services will be directly provided by an experienced social worker in the field of domestic violence and mental health who working within their scope of practice under a Professional Services Agreement. The Family Violence Prevention and Education Program will also utilize funds for supplies (art supplies, therapy supplies, outreach materials, refreshments), and therapeutic outings/retreats for participants throughout the year.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

Yes, our project addresses an identified gap in service in the community. Fortunately, we have other social service programs available in the City; however we do not have one that specializes on providing services to victims of family violence. The World Health Organization has identified Violence against women as a major public health and human rights problem throughout the world. Yet, these types of services are extremely limited in the Southeast Los Angeles County area. Our project is a direct response to the needs of our community...90% of our services are provided in Spanish, we do not have residency requirements, which means that we can assist undocumented victims, and we do not have income requirements. We have designed our program and services to specifically meet the needs of our community.

How does your agency plan to inform the target population about the project/services?

Our program is very much connected to the community and this allows us to generate referrals to our program effectively. We know that there is a great need for trauma specific services in our community and we will outreach to our current collaborators to inform the target population about our project. We will do this by scheduling ongoing community presentations and reaching out to individual stakeholders. Also, our ongoing community awareness campaign generates a constant flow of referral to our program. The Family Violence Prevention Program outreaches to every victim that is identified on domestic violence reports that are generated through the South Gate Police Department.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

Our services will be available to residents throughout the City of South Gate. Our main service locations are 8620 California Avenue, South Gate 90280 (main police department) and 8632 Garfield Avenue, South Gate 90280 (satellite office). Our support and empowerment groups are facilitated at 4900 Southern Avenue (South Gate Park). Facilitating the groups in a park facility provides a neutral and safe location for our victims to meet. Beneficiaries have access to program staff from Monday – Thursday from 8:30a.m. – 6:30 p.m. or after hours by appointment or by cell phone. With this funding, we will also expand our service hours to include weekends and evening.

Will the project collaborate with other service providers in the community? Yes ☒ No ☐  
If yes, list them and briefly describe the collaboration.

As a result of previous CDBG funding, we have been able to collaborate closely community agencies and community groups. We have built great working relationships with these collaborators and we rely on them for referrals throughout the fiscal year. For instance, we collaborate with our local parent centers; as a result, when they come across a victim of domestic violence they are able to refer them directly to the Family Violence Prevention Program. Also, as a way to collaborate further, we host monthly educational presentations throughout the community.

Is a similar service provided by another organization? Yes ☐ No ☒  
If yes, how will your project differ?

There are not similar services that are being offered in South Gate or surrounding cities. Although there are other social services agencies in the City they do not specialize in therapeutic and supportive services for domestic violence. The two closest domestic violence programs are located in Bell Gardens and East Los Angeles, however, they both funding restrictions and a waitlist for services. There is also a newer agency in Bellflower that offers therapeutic services, but the participants need to meet specific requirements in order to receive services.

<b>SCHEDULE OF PERFORMANCE</b>
--------------------------------

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

#	Task/Activity	Description	Completion Date
1	Complete/continue sub-contract	Complete and file appropriate paperwork/City Forms	June 2024
2	Begin taking referral from community/pd	Complete intake paperwork	June 2024
3	Facilitate counseling support groups	Ongoing groups on Mondays and Thursdays	June 2024
4	Outreach Events (ongoing)	Participate in local community events	June 2024
5	Carryout outings/retreats for participants	Plan and organize therapeutic outing	June 2024
6	Refer CDBG eligible participants for legal assistance	Ongoing referrals for legal services	June 2024
7	Complete final report & Invoices	Submit documentation	June 2024
			June 30, 2023

*\*Add additional rows as needed.*

<b>OTHER SOURCES OF FUNDS</b>
-------------------------------

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☒ Yes, identify below

☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
General Fund	FY 23/24	\$ 9,500
A Window Between Worlds	FY 23/24	\$ 300
Community Donations (estimate)	FY 23/24	\$ 3,000
		\$
TOTAL OF OTHER FUNDS COMMITTED:		\$ 12,800

**REMINDER**

List these sources of funds in the proposed project budget (page 8, column C & D).

<b>PROPOSED PROJECT BUDGET FY 2023-24</b>
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Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
Program Manager	\$	General Fund	\$ 9,500	\$ 9,500
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
*Contract Services:	\$ 25,000		\$	\$ 25,000
<b>TOTAL PERSONNEL BUDGET:</b>	<b>\$ 25,000</b>		<b>\$ 9,500</b>	<b>\$ 34,500</b>
Rent/Lease:	\$		\$	\$
Supplies:	\$ 2,000	A Window Bet Worlds	\$ 300	\$ 2,300
Utilities:	\$		\$	\$
Equipment:	\$		\$	\$
*Professional Services:	\$		\$	\$
Printing:	\$		\$	\$
Admission/Enrollment:	\$		\$	\$
*Other: Community Donations	\$	Community Donations	\$ 3,000	\$ 3,000
*Other:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<b>\$ 2,000</b>		<b>\$ 3,300</b>	<b>\$ 5,300</b>
<b>TOTAL PROJECT BUDGET FOR:</b>	<b>Column B \$ 27,000</b>		<b>Column D \$ 12,800</b>	<b>Column E \$ 39,800</b>

**\*identify type of service(s)**

<b>AGENCY CAPACITY</b>
------------------------

Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties
Program Manager	Coordinate all components of the program; facilitate individual and group therapy, administrative work.
Contractor - Social Worker/therapist	Facilitate two group counseling sessions per week, provide individual counseling/case management and perform community outreach

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

The Family Violence Prevention and Education Program has been provided services to the community for 24 years. It is a program priority to reach the low to moderate income City residents in our community which is why we build and maintain good working relationships with community agencies, schools, and local churches. We collaborate with community agencies that are historically known for assisting individuals within low to moderate income levels such as Women, Infant, and Children (WIC) and the Department of Children and Family Services (DCFS). The U.S. Department of Justice reports that although family violence crosses all socio-economic brackets, it is most frequently reported by women in lower income levels. Because of this, we focus our monthly outreach efforts within areas of low to moderate income. In April 2021, we were awarded a certificate of recognition from the County of Los Angeles for the services that we provide to all victims of crime.

Will your agency still implement this project should CDBG funds not be awarded? Yes ☒ No ☐

If yes, please explain.

This project has proven to be extremely beneficial to the emotional growth and psychological healing of the victims that we work with. For that reason, we would strive to provide similar services on a smaller scale should CDBG funds not be awarded.

### LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☒ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)		
3.	All necessary licenses required to operate are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☒ Yes

☐ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department
Laura Maldonado	Program Manager	City employee	Police

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department



3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes

☒ No

If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

Jim Teeple  
Name of Authorized Representative

CAPTAIN  
Title

[Signature]  
Signature of Authorized Representative

11/22/22  
Date

**NOTE: City sponsored projects must have department director's signature.**

CITY OF SOUTH GATE

FY 2023-2024

CDBG PUBLIC SERVICES APPLICATION

# CITY OF SOUTH GATE - PUBLIC WORKS DEPARTMENT

## Graffiti Abatement



FISCAL YEAR 2023-24 APPLICATION  
COMMUNITY DEVELOPMENT BLOCK GRANT  
Non-Public Service

### APPLICANT AGENCY INFORMATION

<b>LEGAL Name of Agency:</b>	CITY OF SOUTH GATE		
<b>Physical Address:</b>	8650 CALIFORNIA AVENUE, SOUTH GATE, CA 90280		
<b>Organization's Website:</b>	www.cityofsouthgate.org		
<b>Type of Organization:</b>	<input type="checkbox"/> Non-Profit 501(c)(3)	<input checked="" type="checkbox"/> Government	<input type="checkbox"/> For-profit
<b>Years of Operation:</b>	98		
<b>Tax ID Number:</b>	95-6000799	<b>Agency UEI Number:</b>	082201310

Contact information of person who will be responsible for the oversight of the proposed project:			
<b>Name and Title:</b>	Arturo Cervantes: Assistant City Manager / Director of Public Works		
<b>Mailing Address:</b>	8650 California Avenue, South Gate, CA 90280		
<b>Email Address:</b>	acervantes@sogate.org	<b>Phone Number:</b>	(323) 563-9512

Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:			
<b>Name and Title:</b>	Osie Harrell: Electrical & General Maintenance Superintendent		
<b>Mailing Address:</b>	4244 Santa Ana Street, South Gate, CA 90280		
<b>Email Address:</b>	oharrell@sogate.org	<b>Phone Number:</b>	(323) 563-5786

Agency mission statement:
<p>The City of South Gate is dedicated to promoting positive change and conservative growth in an atmosphere of friendship and sensitivity to the needs of the community. We recognize the role of government is to match public resources to community needs; both responsibly and effectively. Our All American City is committed to create an environment that enhances the quality of life for all its citizens and employees.</p>

## PROJECT INFORMATION

<b>Proposed Project Title:</b>	GRAFFITI ABATEMENT
<b>Total funding requested in this application:</b>	\$140,000.00
<b>Proposed project will serve:</b>	<input type="checkbox"/> Units <input type="checkbox"/> Inspections <input type="checkbox"/> Square Feet <input checked="" type="checkbox"/> Census Tracts <input type="checkbox"/> Public Facilities
<b>Estimated number of units anticipated to be completed with grant funds:</b>	Number of Units: 19 Census Tracts. See attached map. Number of Square Feet: 700,000 Number of Inspections: LMI Census Tracts: <input type="checkbox"/> attach list of census tracts

Is there a recognized boundary for the area served, such as census tracts, block groups, neighborhoods, street boundaries, etc.?

- ☒ Yes. If yes, please describe boundaries below.  
☐ No

The Graffiti Abatement Program covers 19 census tracts areas within a 7.5 mile radius.

Will a fee be charged to use the facility/improvement?

- ☐ Yes. If yes, attach a copy of the fee schedule.  
☒ No

## CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law and address one or more of the conditions that contribute to the deterioration of the area.~~

☐ **3. Urgent Community Needs:**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

## PROJECT DETAILS

Explain your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

South Gate Public Works Field Operations operates a Graffiti Abatement Program in eligible low and moderate income service areas removing graffiti. The total Service Areas covers nineteen census tracts which account for eighty percent (80%) of the entire City. Graffiti crews consist of six (1) person crews and five (5) specialized trucks, two hydro-blasters and associated equipment, and one (1) standard pickup trucks equipped with associated equipment. Over the course of last Fiscal Year 2021-22, crews removed approximately 570,025 square feet of graffiti in designated service areas, 132,171 square feet of graffiti in the non-designated service areas, 7,144 assignments completed, 1,393 calls received. The crews used approximately 2,011 gallons of paint, 6 bags of sand, and 139 gallons of bare brick remover for hydro, 47 gallons of graffiti remover, and 2,564 gallons of fuel.

The program includes funding for utilizing two of the six (1) one person crews, one of the specialized trucks, the standard pickup truck, and one hydro-blaster and associated equipment to cover weekend duty providing services 7 days a week.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

The City of South Gate Public Works Department, as a sole source service provider, has operated a Graffiti Abatement Program for over the last 39 years. The program currently services the eligible low and moderate income service areas to remove graffiti. The program activity addresses factors such as gang activity, public health and safety, property values, and overall quality of life issues in our community.

The program maintains removal of graffiti on both residential and business structures in the public right-of-way, sidewalks and street surfaces, street lighting and traffic signal poles, trees, bus bench structures, utility boxes and equipment, regulatory information signs, and playground areas including equipment in eight (8) City parks.

How does your agency plan to inform the target population about the project/services?

The City of South Gate has outreach programs for its graffiti removal efforts and they are:

Graffiti Removal Information Flyers and Door Hangers, which are provided to the public at City events such as Family Day in the Park and Earth Day.

Our Graffiti Sector Crews are very familiar with residents and business owners in their areas. Like Ambassadors for the program they are very involved and have ongoing interactions.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

Department of Public Works - Service Counter 8650

California Avenue

South Gate, CA 90280

M-Th from 7:00 AM to 5:30 PM

Department of Public Works - Field Operations 4244 Santa

Ana Street

South Gate, CA 90280

M-Th from 6:30 AM to 5:00 PM

Tel (323) 563-5785 and Graffiti Hotline (323) 563-5793 or (800) 430-8455

Will the project collaborate with other service providers in the community?

☒ Yes. If yes, list them and briefly describe the collaboration.

☐ No

Public Works Field Operations is a sole source service provider for the abatement of graffiti throughout the City of South Gate in collaboration with the South Gate Police Department's Crime Impact Team, the South Gate Code Enforcement Division, and the Parks Department.

Is a similar service provided by another organization?

☐ Yes. If yes, how will your project differ?

☒ No

Public Works is the City's Department that provides for the abatement of graffiti throughout the City of South Gate to cover designated Census Tract Areas. The City does not contract out the service to other organizations to supplement City forces.





## OTHER SOURCES OF FUNDS

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) Pending donations or non-committed funds are not eligible.

- ☒ Yes. If yes, identify below.  
☐ No. Projects relying solely on CDBG funds are ineligible.

Name of Fund	Date Awarded	Total
City of South Gate - General Fund	Fiscal Year 2023/24	\$343,386.00
		\$
		\$
		\$
<b>TOTAL OF OTHER FUNDS COMMITTED:</b>		<b>\$343,386.00</b>

### REMINDER

List these sources of funds in the proposed project budget (page 8, column C & D)

## PROPOSED PROJECT BUDGET

Please use the following format to present the proposed project budget:

- Column A List the items for which the project anticipates the need for CDBG Funds.  
*Refer to 2 CFR Part 200 subpart E for eligible costs.*  
*Add additional rows as needed.*
- Column B Provide the amount of CDBG funds requested for each line item.
- Column C List the name of other funding sources committed to the proposed project.  
**Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D Provide the total amount of other funds committed for each line item.
- Column E List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Personnel (list job titles below)	Salaries			
Salaries & Benefits	\$ 92,730.00	GENERAL FUND	\$258,248.00	\$350,978.00
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	<b>\$ 92,730.00</b>		<b>\$258,248.00</b>	<b>\$350,978.00</b>
Soft Costs	\$		\$	\$
Hard Costs	\$		\$	\$
Materials	\$		\$	\$
Equipment	\$		\$	\$
Services	\$		\$	\$
Renovation/Construction	\$		\$	\$
Maintenance	\$		\$	\$
Other:Supplies & Services	\$ 8,000.00	GENERAL FUND	\$57,977.00	\$65,977.00
Other:Allocations	\$ 39,270.00	GENERAL FUND	\$27,161.00	\$66,431.00
Other:	\$		\$	\$
Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<b>\$ 47,270.00</b>		<b>\$85,138.00</b>	<b>\$132,408.00</b>
<b>TOTAL PROJECT BUDGET FOR:</b>	<b>Column B \$ 140,000.00</b>		<b>Column D \$343,386.00</b>	<b>Column E \$483,386.00</b>

## AGENCY CAPACITY

Provide a list of duties for each personnel listed in the proposed program budget.

☐ If not applicable, check box

Job Title	Duties
Graffiti Worker (2) Graffiti Worker Hourly (4)	Three (3) sector crews each will be covering 1/3 of the City, Monday through Friday, 6:30 AM to 3:00 PM.
	One (1) sector crew each will be covering special assignments throughout the City, Monday through Friday, 6:30 AM to 3:00 PM
	Two (2) sector crews each will be covering 1/2 of the City, Friday through Sunday, 6:30 AM to 3:00 PM
	Each location serviced is logged by its respective sector crew on a daily and weekly basis.

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate-income City residents and/or communities.

The City of South Gate has operated its Graffiti Abatement Program for over 39 years, the average square footage of graffiti removed: 700,000 square feet.

Every year the Graffiti Abatement Program participates during special clean-ups such as Earth Day, and special events such as the Family Day in the Park, Christmas Parade, Azalea Festival, Navidad on Tweedy, and Tweedy Mile Street Fair.

Will your agency still implement this project should CDBG funds not be awarded?

☒ Yes. If yes, please explain below.

☐ No

The City of South Gate has committed to the operation of Graffiti Abatement Program for over 39 years to address factors such as vandalism, blight, and tagging and gang graffiti citywide. The program has worked to ensure core values such as public health and safety, property values and overall quality of life issues in our community are at their highest levels.

For those reasons, the City is committed to operating its Graffiti Abatement Program. However, the loss of CDBG funds to supplement the program would result in supplementing with General Funds.

## LEGAL REQUIREMENTS FOR NON-CITY APPLICANTS

☐ If a government agency, check box. (the following requirements are not applicable to government agency applicants)

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)		
3.	All necessary licenses required to operate are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>

## CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City laws prohibit employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in a conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens, and/or a City Committee?

☒ Yes. If yes, list the name(s) and affiliation below.

☐ No

Name of Person	Job Title	Indicate: City Employee; City Council Member; or Committee Member	Identify City Department
City Council Members		City Council Members	
City Employees		City Employees	

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, and/or a City Committee?

☐ Yes. If yes, list the name(s) and affiliation below.

☐ No

Name of Person	Job Title	Indicate: City Employee; City Council Member; or Committee Member	Identify City Department
N/A			

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, and/or City Committee?

☐ Yes. If yes, please identify the City employee or Council member with whom each individual has family or business ties.

☐ No

Name of Member	Indicate: City Employee; City Council Member; or Committee Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship
N/A			

If you have answered "Yes" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

**AGENCY CERTIFICATION**

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2022-24 RFP/CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

**Arturo Cervantes**

Assistant City Manager / Director of Public Works

Name of Authorized Representative

Title



11/29/22

Signature of Authorized Representative

Date

Note: City sponsored projects must have department director's signature.

CITY OF SOUTH GATE

FY 2023-2024

CDBG PUBLIC SERVICES APPLICATION

# CITY OF SOUTH GATE - POLICE DEPARTMENT

## Police Explorers



### APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:	South Gate Police Explorers		
Physical Address:	8620 California Avenue, South Gate, CA 90280		
Organization's Website:			
Type of Organization:	<input type="checkbox"/> Non-Profit 501(c)(3) <input checked="" type="checkbox"/> Government <input type="checkbox"/> For-profit		
Years of Operation:	1972 to present		
Tax ID Number:	62-1276289	Agency UEI Number:	
Are you a Women owned, or a majority Women operated organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Decline to state		
If yes, please select which category or categories is most applicable.	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input checked="" type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

Contact information of person who will be responsible for the oversight of the proposed project:			
Name:	James Chavez	Title:	Lieutenant
Mailing Address:	8620 California Avenue. South Gate, CA 90280		
Email Address:	jchavez@sogate.org	Phone Number:	323-563-5436

Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:			
Name:	Juan Rodriguez	Title:	Sergeant
Mailing Address:	8620 California Avenue. South Gate, CA 90280		
Email Address:	jrodriguez@sogate.org	Phone Number:	323-563-5454

Agency mission statement:
The mission of the South Gate Police Explorer Program is to provide South Gate youth with an in depth, first-hand experiences in all related fields of a law enforcement.



<b>PROJECT INFORMATION</b>
----------------------------

<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input checked="" type="checkbox"/> Public Service
	<input type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation

<b>Proposed Project Title:</b>	South Gate Police Explorers	
<b>Total funding requested in this application:</b>	\$17,000	
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$1,500	
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	15	=

**PROPOSED TARGET POPULATION:**

<i>Select the target population for the proposed project:</i>	<input type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Youth
	<input type="checkbox"/> Victims of Child Abuse	<input type="checkbox"/> Victims of Domestic Violence
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Illiterate Adults	<input type="checkbox"/> Persons with Disabilities
	<input type="checkbox"/> Households	<input type="checkbox"/> Homeless Individuals
	<input type="checkbox"/> Low to Moderate Income residents	<input type="checkbox"/> Low to Moderate Income Census Tracts
	<input type="checkbox"/> Businesses	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

**PROPOSED SERVICE DELIVERY METHOD:**

<i>Select the service delivery method for the proposed project:</i>	<input type="checkbox"/> Counseling/Case Management	<input checked="" type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance
<b>Other Service Types:</b>		

<b>CDBG NATIONAL OBJECTIVE COMPLIANCE</b>
---

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

☐ **3. Urgent Community Needs:**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

### PROJECT DETAILS

Explain below your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

This program provides training and orientation to young people (ages 14-21) who are interested in pursuing a career in law enforcement. Police Explorers are used as a supplement to sworn personnel in non-hazardous situations and events. They perform duties such as traffic control, community patrol and assist citizens at the police department. Youth participants are required to maintain a 2.0 grade point average and must be attending either high school or college while participating in the program. Grant funds will be used to provide uniforms, safety equipment (flashlights, bulletproof vests, handheld radios) and participation in training/competition events. The Explorer program is overseen by current staff of eight police officers, on a voluntary basis.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

The South Gate Police Explorer program has identified the need to assist low to moderate income families within the community by providing a low cost program that prepares the youth in the community for a career in a law enforcement related field.

How does your agency plan to inform the target population about the project/services?

The South Gate Police Explorers program utilizes the South Gate Police Department's social medial platforms for recruiting.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

All beneficiaries will be able to access program services at the South Gate Police Department located at 8620 California Avenue in the city of South Gate. Participants in the program will be participating in various functions that will take place at various times of the day and on any given day of the week.

Will the project collaborate with other service providers in the community? Yes ☐ No ☒

If yes, list them and briefly describe the collaboration.

Is a similar service provided by another organization? Yes ☐ No ☒

If yes, how will your project differ?

### SCHEDULE OF PERFORMANCE

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

[illegible]

*\*Add additional rows as needed.*

<b>OTHER SOURCES OF FUNDS</b>
-------------------------------

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☐ Yes, identify below

☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
		\$
		\$
		\$
		\$
<b>TOTAL OF OTHER FUNDS COMMITTED:</b>		<b>\$</b>

**REMINDER**

List these sources of funds in the proposed project budget (page 8, column C & D).

<b>PROPOSED PROJECT BUDGET FY 2023-24</b>
---

Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
*Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	\$		\$	\$
Rent/Lease:	\$		\$	\$
Supplies:	\$		\$	\$
Utilities:	\$		\$	\$
Equipment:	\$ 17,000		\$	\$17,000
*Professional Services:	\$		\$	\$
Printing:	\$		\$	\$
Admission/Enrollment:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$	Private donations	\$ 5,000	\$ 5,000
*Other:	\$	Pagent of the Trees	\$ 300	\$ 300
*Other:	\$	Tweedy Street Fair Finger	\$ 200	\$ 200
<b>TOTAL NON-PERSONNEL BUDGET:</b>	\$ 17,000		\$ 5,500	\$ 22,500
<b>TOTAL PROJECT BUDGET FOR:</b>	Column B \$ 17,000		Column D \$ 5,500	Column E \$ 22,550

**\*Identify type of service(s)**

### AGENCY CAPACITY

Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties
Police Officers (Advisors x 6)	Responsible for overseeing Explorers related activities. Advisors teach life and career skills through mentorship.
Police Sergeant	Responsible for overseeing Explorer Advisors. Manage program's finances, plan Explorers' Activities and training.

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

Over the past several years the South Gate Police Explorers program has been able to absorb the cost of purchasing equipment for several new police explorers by using CDBG funds. These are costs that otherwise would have been passed on to the parents of the youth in our program. For the past several years our program has also utilized CDBG funds to send several participants from our program to an annual Explorer tactical competition in Arizona and various other tactical competitions.

Will your agency still implement this project should CDBG funds not be awarded? Yes ☐ No ☒

If yes, please explain.

If CDBG funds are not awarded, the program will attempt to move forward using any funds that can be obtained from upcoming fundraisers and/or private donations. Any costs that cannot be covered by the program must be passed on to the parents of the youths that wish to participate in the program.



### LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☒ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)	03-03-2006	
3.	All necessary licenses required to operate are maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes

☒ No

If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

Jim Teeples  
Name of Authorized Representative

Captain  
Title

[Signature]  
Signature of Authorized Representative

11/02/22  
Date

**NOTE: City sponsored projects must have department director's signature.**

CITY OF SOUTH GATE

FY 2023-2024

CDBG PUBLIC SERVICES APPLICATION

# SOUTHERN CALIFORNIA REHABILITATION SERVICES

## Home Modification Program



FISCAL YEAR 2022-2023  
COMMUNITY DEVELOPMENT BLOCK GRANT  
Application for Funding

### APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:	Southern California Rehabilitation Services (SCRS)		
Physical Address:	7830 Quill Drive, Suite D, Downey, CA 90242		
Organization's Website:			
Type of Organization:	<input checked="" type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Government <input type="checkbox"/> For-profit		
Years of Operation:	43		
Tax ID Number:	95-3411383	Agency UEI Number:	WY15WJUQLPF5
Are you a Women owned, or a majority Women operated organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Decline to state		
If yes, please select which category or categories is most applicable.	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

### Contact information of person who will be responsible for the oversight of the proposed project:

Name:	Ignacio Gonzalez	Title:	Public Policy Manager
Mailing Address:	7830 Quill Dr., Ste. D, Downey, CA 90242		
Email Address:	igonzalez@scrs-ilc.org	Phone Number:	562-862-6531

### Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:

Name:	Ana Ramirez	Title:	Assistive Technology Facilitator
Mailing Address:	7830 Quill Dr., Ste. D, Downey, CA 90242		
Email Address:	aramirez@scrs-ilc.org	Phone Number:	562-862-6531 Ext. 502

### Agency mission statement:

The mission of Southern California Rehabilitation Services is to empower members of the disability community to achieve their personalized goals through community education and individualized services to gain independence and maximize their quality of life.

<b>PROJECT INFORMATION</b>
----------------------------

<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input checked="" type="checkbox"/> Public Service
	<input type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation

<b>Proposed Project Title:</b>	City of South Gate's Home Modification Program
<b>Total funding requested in this application:</b>	\$15,000.
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$1,500
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	= 10

**PROPOSED TARGET POPULATION:**

<i>Select the target population for the proposed project:</i>	<input checked="" type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Youth
	<input type="checkbox"/> Victims of Child Abuse	<input checked="" type="checkbox"/> Victims of Domestic Violence
	<input checked="" type="checkbox"/> Persons with HIV/AIDS	<input checked="" type="checkbox"/> Persons with Mental Illness
	<input checked="" type="checkbox"/> Illiterate Adults	<input checked="" type="checkbox"/> Persons with Disabilities
	<input checked="" type="checkbox"/> Households	<input type="checkbox"/> Homeless Individuals
	<input checked="" type="checkbox"/> Low to Moderate Income residents	<input type="checkbox"/> Low to Moderate Income Census Tracts
	<input type="checkbox"/> Businesses	<input checked="" type="checkbox"/> Homeowners
	<input checked="" type="checkbox"/> Renters	<input type="checkbox"/> Landlords

**PROPOSED SERVICE DELIVERY METHOD:**

<i>Select the service delivery method for the proposed project:</i>	<input checked="" type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input checked="" type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input checked="" type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance
<b>Other Service Types:</b>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	

<b>CDBG NATIONAL OBJECTIVE COMPLIANCE</b>
---

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

☐ **3. Urgent Community Needs:**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

## PROJECT DETAILS

Explain your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

The City of South Gate's Home Modification will continue to provide eligible residents and people with disabilities with assistive technology equipment, such as durable medical equipment (DME) and minor home modifications. If awarded, this program will assist those most needed with making their home more accessible and increase independence. Some items provided through this program include but are not limited to:

Equipment: Rollators, hearing aids, scooters, shower chairs/ benches, portable oxygen concentrators, canes, walkers, commodes, and other equipment/ devices as approved by City.

Home Modifications: Wheelchair ramp and grab bar installations, ADA compliant toilet installations, doorway widening, and other physical modifications as approved by City.

Does your proposed project address an identified gap in service or current need in the community?

Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

Many LMI residents with disabilities have a need for assistive technology equipment, devices and home modifications as they age and/or progress in limitations. The City of South Gate's Home Modifications program assists those individuals with obtaining the tools necessary to improve their quality of life and live independently at home and within their communities. Often, this program has been fundamental in avoiding premature institutionalization of people with disabilities, by making their living spaces safe and more accessible to their needs. The City of South Gate's Home Modification program also assists those eligible residents who do not have medical insurance and otherwise would not be able to fund the items needed. Neighboring cities which also offer similar programs cannot keep up with the demand for accessibility improvements or durable medical equipment and devices.

How does your agency plan to inform the target population about the project/services?

Southern California Rehabilitation Services will continue outreach through various platforms. We continue to conduct in-person presentations to community-based organizations, case managers, while also providing written literature to seniors, people with disabilities and families by participating in special community events. We make the program information available at the different locations throughout the City of South Gate, such as: Community Development Department at City Hall, Senior Center, Public Library, and other community venues.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, class room, community park, etc.

Southern California Rehabilitation Services (SCRS) is located at the following address:

7830 Quill Drive, Suite "D"  
Downey, CA 90242

(562) 862-6531

Due to the COVID-19 Pandemic, and the population which we serve, SCRS continues to offer services through various platforms. These may include: In-person, mail, telephone, email and other digital platforms.

Will the project collaborate with other service providers in the community?

☒ Yes. If yes, list them and briefly describe the collaboration.

☐ No

Some services are already provided to residents of Los Angeles County through grants available. There are limited number of these Assistive Technology (AT) grants available, however they must be spread through the county area. Southern California Rehabilitation Services will provide free coordination through its AT Department. Collaboration for home modification projects will be with local licensed construction companies found in the area.

Is a similar service provided by another organization?

☒ Yes. If yes, how will your project differ?

☐ No

Yes, the cities of Whittier and Bellflower have similar programs, which assist only its eligible residents. Both city programs assist by providing durable medical equipment, devices and/or home modifications.



<b>SCHEDULE OF PERFORMANCE</b>
--------------------------------

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

#	Task/Activity	Description	Completion Date
1	Outreach	Outreach efforts will be conducted via local community-based organizations and service providers, in order to bring awareness of the program and services.	July 01, 2023- June 30, 2024
2	Assessments	Detailed evaluations will take place to determine the applicant's eligibility. For home modifications, local contractors will be identified and notified of projects to be completed.	July 01, 2023- September 30, 2023
3	Case Management	Assistive Technology Facilitator will conduct the day-to-day activities of the program. A list of applicants will be established on a "first come, first serve" basis. Individual files and contact notes will be kept and monitored for progress and completion.	October 01, 2023- December 31, 2023
4	Services Provided	Services provided will be based on the information reflected on Scope of Work form. Participant records will continue to show progress.	January 01, 2024- March 31, 2024
5	Completion of Fiscal Year	At the completion of FY 2023-24, all eligible applicants would have successfully participated in the City of South Gate's Home Modification program. Individuals with disabilities would have received durable medical equipment, devices and minor home modifications to help their community. Consumer service records will be completed.	April 01, 2024- June 30, 2024

*\*Add additional rows as needed.*

### OTHER SOURCES OF FUNDS

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☒ Yes, identify below

☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
Department of Rehabilitation (Funds will be distributed between all of SCRS' service areas)	10/01/2022	\$ 5,500
		\$
		\$
		\$
<b>TOTAL OF OTHER FUNDS COMMITTED:</b>		\$ 5,500

#### REMINDER

List these sources of funds in the proposed project budget (page 8, column C & D).

**PROPOSED PROJECT BUDGET FY 2023-24**

Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
Ana Ramirez	\$	Dept of Rehab	\$5,000	\$5,000
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
*Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	\$		\$5,000	\$5,000
Rent/Lease:	\$		\$	\$
Supplies:	\$		\$	\$
Utilities:	\$		\$	\$
Equipment:	\$ 15,000		\$	\$ 15,000
*Professional Services:	\$		\$	\$
Printing:	\$	Dept of Rehab	\$ 250	\$ 250
Admission/Enrollment:	\$		\$	\$
*Other: Mileage	\$	Dept of Rehab	\$ 250	\$ 250
*Other:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	\$ 15,000		\$ 500	\$ 15,500
<b>TOTAL PROJECT BUDGET FOR:</b>	Column B \$ 15,000		Column D \$ 5,500	Column E \$ 20,500

**\*Identify type of service(s)**

<b>AGENCY CAPACITY</b>
------------------------

Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties
Ana Ramirez- Assistive Technology Facilitator	Conducts community outreaches, consumer assessments, home walk-through evaluations (for home modification projects), coordinates with vendors & contractors for projects and purchases of durable medical equipment and devices.
Ignacio Gonzalez- Public Policy Manager	Oversees Assistive Technology Department and Independent Living programs

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

For the past 43 years, SCRS has successfully provided services to LMI households of people with disabilities, many of which reside in the City of South Gate and surrounding cities. Our well-trained Advocates provide specialized/ individualized services which include, but are not limited to: Assistive Technology, Housing Assistance, Benefits Counseling, Peer Counseling, Independent Living Skills Training, Advocacy Services, Community Education Workshops, Youth Transition Services, Traumatic Brain Injury Services and Workforce/ Employment Services.

Will your agency still implement this project should CDBG funds not be awarded? Yes ☒ No ☐

If yes, please explain.

Southern California Rehabilitation Services will continue to support the disability community, residing in the City of South Gate as much as possible. Unfortunately, a lack of CDBG funding may require that we cap the amount of money available per consumer or eliminate fundamental services due to the high demand and costs.

### LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☐ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)	06/28/1979	
3.	All necessary licenses required to operate are maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes ☒ No If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

**Zeb Jenkins**

**CFO**

Name of Authorized Representative

Title



**11/22/2022**

Signature of Authorized Representative

Date

**NOTE: City sponsored projects must have department director's signature.**

### APPLICANT AGENCY INFORMATION

<b>LEGAL Name of Agency:</b>			
<b>Physical Address:</b>			
<b>Organization's Website:</b>			
<b>Type of Organization:</b>	<input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Government <input type="checkbox"/> For-profit		
<b>Years of Operation:</b>			
<b>Tax ID Number:</b>		<b>Agency UEI Number:</b>	
<b>Are you a Women owned, or a majority Women operated organization?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
<b>Are you a Minority owned, or a majority Minority operated organization?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
<b>If yes, please select which category or categories is most applicable.</b>	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

#### Contact information of person who will be responsible for the oversight of the proposed project:

<b>Name:</b>		<b>Title:</b>	
<b>Mailing Address:</b>			
<b>Email Address:</b>		<b>Phone Number:</b>	

#### Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:

<b>Name:</b>		<b>Title:</b>	
<b>Mailing Address:</b>			
<b>Email Address:</b>		<b>Phone Number:</b>	

#### Agency mission statement:

--

## PROJECT INFORMATION

<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input type="checkbox"/> Public Service
	<input type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation

<b>Proposed Project Title:</b>		
<b>Total funding requested in this application:</b>	\$	
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$	
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	=	

### PROPOSED TARGET POPULATION:

<i>Select the target population for the proposed project:</i>	<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth
	<input type="checkbox"/> Victims of Child Abuse	<input type="checkbox"/> Victims of Domestic Violence
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Illiterate Adults	<input type="checkbox"/> Persons with Disabilities
	<input type="checkbox"/> Households	<input type="checkbox"/> Homeless Individuals
	<input type="checkbox"/> Low to Moderate Income residents	<input type="checkbox"/> Low to Moderate Income Census Tracts
	<input type="checkbox"/> Businesses	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

### PROPOSED SERVICE DELIVERY METHOD:

<i>Select the service delivery method for the proposed project:</i>	<input type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance



## CDBG NATIONAL OBJECTIVE COMPLIANCE

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☐ 1. **Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ 2. **~~Aid in the Prevention/Elimination of Slum or Blight:~~**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

☐ 3. **~~Urgent Community Needs:~~**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

## PROJECT DETAILS

Explain below your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

How does your agency plan to inform the target population about the project/services?

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

Will the project collaborate with other service providers in the community? Yes ☐ No ☐

If yes, list them and briefly describe the collaboration.

Is a similar service provided by another organization? Yes ☐ No ☐

If yes, how will your project differ?

## SCHEDULE OF PERFORMANCE

Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

#	Task/Activity	Description	Completion Date
1			
			June 30, 2023

*\*Add additional rows as needed.*

### OTHER SOURCES OF FUNDS

List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☐ Yes, identify below

☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
		\$
		\$
		\$
		\$
TOTAL OF OTHER FUNDS COMMITTED:		\$

#### REMINDER

List these sources of funds in the proposed project budget (page 8, column C & D).

# **PROPOSED PROJECT BUDGET FY 2023-24**

Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
*Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	\$		\$	\$
Rent/Lease:	\$		\$	\$
Supplies:	\$		\$	\$
Utilities:	\$		\$	\$
Equipment:	\$		\$	\$
*Professional Services:	\$		\$	\$
Printing:	\$		\$	\$
Admission/Enrollment:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	\$ _____		\$ _____	\$ _____
<b>TOTAL PROJECT BUDGET FOR:</b>	Column B \$ _____		Column D \$ _____	Column E \$ _____

**\*identify type of service(s)**

AGENCY CAPACITY

Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties

Briefly highlight your agency’s experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

Will your agency still implement this project should CDBG funds not be awarded? Yes ☐ No ☐  
If yes, please explain.

**LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES**

☐ If a government agency, check box

	Check answer in the applicable box below:	YES	NO
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input type="checkbox"/>	<input type="checkbox"/>
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:		
	a) IRS Form 990?	<input type="checkbox"/>	<input type="checkbox"/>
	b) California Franchise Tax Board Form 199?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)		
3.	All necessary licenses required to operate are maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Worker's Compensation Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>
5.	General Liability and Property Damage Insurance is active and current?	<input type="checkbox"/>	<input type="checkbox"/>

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☐ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☐ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department



3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes

☐ No

If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

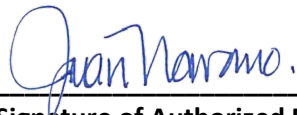
If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title



\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

**NOTE: City sponsored projects must have department director's signature.**



### APPLICANT AGENCY INFORMATION

LEGAL Name of Agency:	WeeCare, Inc.		
Physical Address:			
Organization's Website:	<a href="https://weecare.co/">https://weecare.co/</a>		
Type of Organization:	<input type="checkbox"/> Non-Profit 501(c)(3) <input type="checkbox"/> Government <input checked="" type="checkbox"/> For-profit		
Years of Operation:	2017-Present		
Tax ID Number:	82-2418770	Agency UEI Number:	HRBLHQGM4T5
Are you a Women owned, or a majority Women operated organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
Are you a Minority owned, or a majority Minority operated organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline to state		
If yes, please select which category or categories is most applicable.	<input type="checkbox"/> Black Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews		

Contact information of person who will be responsible for the oversight of the proposed project:			
Name:	Jessa Santangelo	Title:	VP of Business Development
Mailing Address:	12130 Millennium Dr, Office 03-127 Los Angeles, CA 90094		
Email Address:	jessa@weecare.co	Phone Number:	(310) 710-2833

Contact information of person who will be responsible for the day-to-day operations and management of the proposed project:			
Name:	Nia Moise	Title:	Program Manager
Mailing Address:	12130 Millennium Dr, Office 03-127 Los Angeles, CA 90094		
Email Address:	nia@weecare.co	Phone Number:	

Agency mission statement:
WeeCare?s mission is to make affordable, quality child care accessible to all families.

<b>PROJECT INFORMATION</b>
----------------------------

<b>Eligible Project Category:</b> <i>ONLY check one (1)</i>	<input type="checkbox"/> Public Service
	<input checked="" type="checkbox"/> Economic and Community Development
	<input type="checkbox"/> Housing Rehabilitation

<b>Proposed Project Title:</b>	BOOST (Business Operation & Optimization Support
<b>Total funding requested in this application:</b>	\$ 72,000
<b>Estimated cost per beneficiary:</b> <small>*MUST PROVIDE AN ESTIMATED COST</small>	\$ 388
<b>Estimated number of beneficiaries to be served with grant funds (July 1<sup>st</sup> – June 30<sup>th</sup>). The number of beneficiaries assisted shall be provided as an unduplicated count.</b>	185 =

**PROPOSED TARGET POPULATION:**

<i>Select the target population for the proposed project:</i>	<input type="checkbox"/> Seniors	<input type="checkbox"/> Youth
	<input type="checkbox"/> Victims of Child Abuse	<input type="checkbox"/> Victims of Domestic Violence
	<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Persons with Mental Illness
	<input type="checkbox"/> Illiterate Adults	<input type="checkbox"/> Persons with Disabilities
	<input checked="" type="checkbox"/> Households	<input type="checkbox"/> Homeless Individuals
	<input checked="" type="checkbox"/> Low to Moderate Income residents	<input type="checkbox"/> Low to Moderate Income Census Tracts
	<input checked="" type="checkbox"/> Businesses	<input type="checkbox"/> Homeowners
	<input type="checkbox"/> Renters	<input type="checkbox"/> Landlords

**PROPOSED SERVICE DELIVERY METHOD:**

<i>Select the service delivery method for the proposed project:</i>	<input type="checkbox"/> Counseling/Case Management	<input type="checkbox"/> Employment Training/Services
	<input type="checkbox"/> Shelter Services	<input type="checkbox"/> Legal Services
	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Health Services
	<input type="checkbox"/> Tutoring/Homework Assistance	<input type="checkbox"/> Educational Services
	<input type="checkbox"/> Meals/Food Distribution Services	<input type="checkbox"/> Transportation Services
	<input checked="" type="checkbox"/> Child Care Services	<input type="checkbox"/> Fair Housing Services
	<input type="checkbox"/> Recreational Activities	<input type="checkbox"/> Public Safety Services
	<input type="checkbox"/> Services for Persons with Disabilities	<input type="checkbox"/> Street Improvements
	<input type="checkbox"/> Housing Rehabilitation Services	<input type="checkbox"/> Food Banks
	<input type="checkbox"/> Energy Efficiency Improvements	<input type="checkbox"/> Homebuyer Assistance
	<b>Other Service Types:</b> Microenterprise Technical Assistance and Business Support	

**CDBG NATIONAL OBJECTIVE COMPLIANCE**

The proposed project must meet one (1) of HUD's CDBG National Objectives listed below. Select the box to indicate the national objective this project will meet. *\*ONLY ONE (1) objective is allowed per project.*

☒ **1. Benefits Low to Moderate Income INDIVIDUALS:**

The project will serve ONLY LOW TO MODERATE INCOME South Gate residents. Agencies must collect a beneficiary application form, proof of residence, identification, household income verifications and document demographic information for each applicant.

**Note:** The following groups are presumed by HUD to be low to moderate income: abused children, elderly persons (55 years or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS, and migrant farm workers. If projects serve a presumed group, agencies are NOT required to collect household income verifications but must collect a beneficiary application form, identification, proof of residence and document demographic information for each applicant.

☐ **2. Aid in the Prevention/Elimination of Slum or Blight:**

~~Services must be within an officially DESIGNATED AREA (ex. census tract) as defined under State or local law, and addresses one or more of the conditions that contribute to the deterioration of the area.~~

☐ **3. Urgent Community Needs:**

~~Meeting other community needs having a PARTICULAR URGENCY because existing conditions pose a serious and immediate threat to the health or welfare of the community, and other financial resources are not available to meet such needs. For example, earthquake, fire, natural disaster, etc.~~

## PROJECT DETAILS

Explain below your proposed project and make the case why it should be awarded funding. Include the services to be provided, program goals, client characteristics and how grant funds will be utilized.

WeeCare proposes CDBG funds be used to benefit child care microenterprises in the City of South Gate. The project, BOOST (Business Operation & Optimization Support Tools), provides specialized technical assistance and business support for Family Child Care (FCC) providers. The BOOST program will expand economic opportunities for 12 FCC providers in the City of South Gate by training them to use essential tools that will make their operations more efficient. This program will enable them to reach their full revenue potential and stabilize their jobs in the child care industry. Through BOOST, FCC providers get individual business coaching and learn best practices on how to grow and sustain their business while also supporting the Low to Moderate Income (LMI) families who use their services. There are more FCC microenterprises located in the city of South Gate, however WeeCare has identified 12 of them who are on its waitlist as eligible and positioned to benefit greatly from BOOST.

Child care is a much-needed service, but paradoxically an under-resourced industry. The cost to care for young children exceeds what many families can afford to pay, and child care workers are left to bear the brunt of the disparity. In Southern California, 98% of FCC providers are women, 72% are people of color, and 60% are between the ages of 40-59 years old (Center for the Study of Child Care Employment, 2021). The average annual earnings of a child care worker in South Gate is \$17.82 an hour, or about \$37,000 a year (Zippia, 2022), qualifying them as LMI persons themselves. LMI families rely greatly on FCCs as their child care option because of the typically lower tuition, close proximity to their home (especially if they are relying on public transportation), and the non-traditional hours they are open that align with all types of work schedules.

### Comparison of FCCs to Child Care Centers in Los Angeles County

	Family Child Care Home	Child Care Center
Average Cost of Care (For an Infant in 2019)	\$ 10,465/year	\$ 16,866/year
Percent Offering Nontraditional hours	51%	2%
Number of Locations	5,464	2,468

Source: California Child Care Resource & Referral Network (2019)

The child care workforce has been steadily declining for years because of low wages. With a vulnerable, low-income earning payer mix, FCCs are at a disadvantage because they cannot rely on raising prices on their customers (LMI Families) when their own costs go up. If they charge too much, the families will take their business elsewhere, but if they charge too little, they will not be able to cover their expenses. Because of this they must rely on other methods to operate soundly.

Child Care Aware of America provides detailed guidance on practices that will ensure a child care program's financial stability. On that list, the concept of the "Iron Triangle" is explained. To succeed, a program must: Reach and retain full enrollment, Collect all fees in full and on time, and Ensure that revenues cover the cost per child (2022) (ie: set appropriate tuition prices)

Unfortunately, these things are easier said than done, especially for a microenterprise with few employees and a demanding schedule. BOOST addresses all three sides of this triangle by teaching FCC providers how to use a robust Child Care Management System (CCMS) that automates enrollments and waitlists, tracks attendance, facilitates tuition payments, and much more. BOOST also provides customer leads for each provider and teaches them how to market themselves, so their enrollment can reach its full capacity and stay there. By learning business automation tools and reaching full enrollment, FCC providers will earn more money and get to a state of equilibrium. An FCC in South Gate charges an average of \$248 a week for full time care (WeeCare, 2022). If they were to operate at the full licensed capacity for a large FCC, serving 14 children full time, they could generate \$174,000 a year. Reaching this healthy model, year after year, will allow them some wiggle room to invest in their staff and program quality, try new innovative practices, and save up for unexpected emergencies.

Does your proposed project address an identified gap in service or current need in the community? Summarize any statistics/supporting documentation that demonstrate the importance of addressing this need or problem.

South Gate has over 5,000 children ages 0-5 years old (U.S. Census, 2020). This young age is a critical time in a child's development. As First5 LA explains, there are many benefits of early care and education that happen before a child enters kindergarten. Being exposed to quality early care promotes crucial brain development, socialization skills, school readiness and even shapes future factors like health outcomes and employment opportunities as adults (2022).

According to U.S. Census data, there are about 3,400 households with a child under 6 years old in South Gate (2020). That means there are about 3,400 households that potentially need full or part time child care to support their family's well-being. Without this type of support, many parents – particularly mothers – cannot join or rejoin the labor force. This makes child care a two-generation support for working families, giving kids a future-learning jump start while also helping parents return to the workforce. (U.S. News and World Report, 2022) . We live in an era where dual incomes are a necessity to make ends meet. Therefore, with working families as the norm, child care has become an essential service families, and the workforce at large, depend on.

How does your agency plan to inform the target population about the project/services?

There are many large and small FCC microenterprises in the City of South Gate and WeeCare has compiled a list of 12 of them who are eligible and positioned to benefit from the BOOST program. (See Appendix A: FCC Provider Map and List). To ensure equitable and fair access, outreach efforts will be made to inform *all* eligible providers of the program via multiple mediums of communication. WeeCare's public announcement and affirmative marketing strategies include creating a unique website for the city of South Gate for all digital marketing to direct to, publicity via social media and local newspapers, and announcements through community organizations that have proven relationships with FCC providers (ex: First 5 LA, local libraries, Parks and Recreation, etc.).

A marketing campaign will launch to also make LMI families who need child care aware of the open spots available at participating locations. WeeCare will take out paid advertisements in key locations such as grocery stores, bus stops, clinics, WIC offices, and other locations where a need has been identified. These advertisements will educate families on how to determine their own child care needs and how to enroll with a participating FCC provider.

Provide all the locations/addresses where beneficiaries will be able to access agency services/assistance for the proposed project. Include all relevant information, such as service hours, type of space: office, community room, classroom, community park, etc.

WeeCare's services are conducted remotely and are available to FCCs and families 24 hours a day, 7 days a week. The locations of FCCs are private residences and therefore treated as confidential information. If BOOST is selected to receive CDBG funds, the exact locations of each FCC who choose to participate will be disclosed to the city and eventually the public once the program is launched.

Will the project collaborate with other service providers in the community? Yes ☒ No ☐

If yes, list them and briefly describe the collaboration.

WeeCare works with an array of public and private partners and has developed different programs to serve different needs. BOOST will benefit from WeeCare's partnerships overall. For example, WeeCare is contracted with the State of California to administer child care subsidies to income-eligible families through the General Child Care and Development (CCTR) Expansion program using American Rescue Plan (ARP) funds. WeeCare was awarded \$1.8 million and is in the process of rolling out a tailored subsidy program, WeeSubsidy, for the entire state. This includes the families of South Gate. WeeCare also sits on the Child Care Planning Committee for Los Angeles County and regularly meets with agencies like California's Department of Social Services, Child Care Center Directors, Resource and Referral agencies, Family Child Care Home Providers, parents of young

Is a similar service provided by another organization? Yes ☐ No ☒

If yes, how will your project differ?

To the best of WeeCare's knowledge, other child care resources in the area do not provide 24/7 support to each FCC provider or family looking for care. South Gate has access to the Mexican American Opportunity Foundation as its child care Resource and Referral Agency, but the scope of their work consists of providing referrals and facilitating child care payment assistance. Navigating the child care system is confusing and WeeCare has found that a more customized touch makes for a successful child care experience. Other organizations like First 5 LA or Family Resource Centers fall into the same category as a great starting point for information, but they do not engage in long-term relationships with providers and families like WeeCare does.

<b>SCHEDULE OF PERFORMANCE</b>
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Provide a list of the specific tasks/activities needed to implement the proposed project and a timeline for their completion (July 1<sup>st</sup> to June 30<sup>th</sup>). Number each task/activity, describe it, and give the projected date of completion.

#	Task/Activity	Description	Completion Date
1	Public Announcement & Marketing Strategies	Launch marketing and outreach campaigns to FCCH providers and LMI families to ensure all LMI persons within the city limits have an equal opportunity to participate in the program. WeeCare's public announcement & marketing strategies include digital advertisements, social media campaigns, press releases, announcements through community organizations, and incentives for referrals.	August, 2023
2	Accept and Process Program Participant Applications	Document the size, ethnicity, and annual income of the family of each person receiving the benefit. Confirm the microenterprises' eligibility.	August, 2023
3	Conduct pre-test surveys & evaluations	Conduct an evaluation of each to identify its strengths and weaknesses.	August, 2023
4	Start BOOST Program	Begin program operations and connect each FCC provider to their Care Coach.	September, 2023
5	FCCH Provider Onboarding	Train FCC providers on how to use the WeeCare's Child Care Management Software (CCMS).	August, 2023
6	Eligible Family Onboarding	Outreach to new and existing families already enrolled in the FCCH locations to onboard them to the WeeCare mobile app.	September, 2023
7	Feedback Survey #1	Collect anonymous feedback survey #1 from FCC providers and families.	September, 2023
8	Feedback Survey #2	Collect anonymous feedback survey #2 from FCC providers and families.	December, 2023
9	Feedback Survey #3	Collect anonymous feedback survey #3 from FCC providers and families.	March, 2023
10	Business Support & Capacity Building Activities	Provide 24/7 dedicated business, technology, matching, enrollment, and post-enrollment support. Monitor when participants are ready to expand their licensing capacity and hire additional staff.	June, 2024



11	Marketing Activities to New LMI Families	Continue marketing activities to attract new families in need of child care. This is to provide leads to consistently fill FCC vacant slots to ensure an increase in revenue and business capacity.	June, 2024
12	Family Engagement & Support	Provide 24/7 support to enrolled LMI families.	June, 2024
13	Monitoring & Reporting	Submit custom reporting and data to monitor the program's success. Examples of reported information include: the number of providers outreached and onboarded, trainings provided, tours requested and completed by families, children enrolled in each location, updates on provider revenue. the number of providers outreached and onboarded, trainings provided, tours requested and completed by families, children enrolled in each location, updates on provider revenue.	June, 2024
14	Feedback Survey #4	Collect anonymous feedback survey #4 from FCC providers and families.	June, 2024
15	Completion of BOOST Program	Close the program and evaluate its effectiveness. Prepare required end of year funding and programming reports.	June 30, 2024

**\*Add additional rows as needed.**

<b>OTHER SOURCES OF FUNDS</b>
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List the other sources of funds that will be committed to the proposed project? (e.g., CDBG funding from other municipalities, grants, general fund, special funds, etc.) *\*Pending donations or non-committed funds are not eligible.*

☒ Yes, identify below

☐ No (projects relying solely on CDBG funds are ineligible)

Name of Fund	Date Awarded	Total
WeeCare 1:1 Match	N/A	\$ 72,000
		\$
		\$
		\$
<b>TOTAL OF OTHER FUNDS COMMITTED:</b>		<b>\$ 72,000</b>

**REMINDER**

List these sources of funds in the proposed project budget (page 8, column C & D).

<b>PROPOSED PROJECT BUDGET FY 2023-24</b>
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Please use the following format to present the proposed project budget:

- Column A: List the items needed to implement the project/program.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*  
*\*Add additional rows as needed.*
- Column B: Provide the amount of CDBG funds requested for each line item.  
*\*Refer to 2 CFR Part 200 Subpart E for eligible costs in the CDBG application handbook*
- Column C: List the name of other funding sources committed to the proposed project. **Projects relying solely on CDBG funds are INELIGIBLE.**
- Column D: Provide the total amount of other funds committed for each line item.
- Column E: List the total budget amount for each line item.

Column A Budget Item	Column B CDBG Amount Requested	Column C Name of other funding source	Column D Amount of other funding committed	Column E Total Amount
Overhead (list job titles below)	Salaries			
Program Manager	\$		\$	\$
Care Coach	\$		\$	\$
Care Manager	\$		\$	\$
Technical Support	\$		\$	\$
*Contract Services:	\$		\$	\$
<b>TOTAL PERSONNEL BUDGET:</b>	<b>\$ 57,600</b>	<b>WeeCare Match</b>	<b>\$ 57,600</b>	<b>\$ 115,200</b>
Rent/Lease:	\$		\$	\$
Supplies:	\$		\$	\$
Utilities:	\$		\$	\$
Equipment:	\$		\$	\$
*Professional Services:	\$		\$	\$
Printing:	\$		\$	\$
Admission/Enrollment:	\$		\$	\$
*Other: Software	\$		\$	\$
*Other: Marketing	\$		\$	\$
*Other:	\$		\$	\$
*Other:	\$		\$	\$
<b>TOTAL NON-PERSONNEL BUDGET:</b>	<b>\$ 14,400</b>		<b>\$ 14,400</b>	<b>\$ 28,800</b>
<b>TOTAL PROJECT BUDGET FOR:</b>	<b>Column B \$ 72,000</b>		<b>Column D \$ 72,000</b>	<b>Column E \$ 144,000</b>

**\*identify type of service(s)**

<b>AGENCY CAPACITY</b>
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Provide a list of duties for each personnel listed in the proposed program budget. ☐ If not applicable, check box

Job Titles	Duties
Program Manager	Oversees the entire operation of the BOOST program, including all reporting metrics and team coordination. They ensure the overall quality of the program is thriving and meeting its goals
Care Coaches	Manage a caseload of 100 FCCH providers each and are responsible for overseeing their success. Care Coaches provide support by closely monitoring quality and safety, conducting assessments, and assisting with resources and training. Care Coaches also work to expand FCCH's capacity through licensing expansion support and teacher assistant recruitment and staffing support. Care Coaches can provide support in English or Spanish.
Care Managers	Manage a caseload of 200 families and are responsible for overseeing the success of enrolled families and children. They ensure comprehension of materials and programs, assist with every step of enrollment and beyond, and address any questions or concerns. They bridge the gap between families and FCCH providers to support at critical junctures such as enrollment, family meetings and transitions. They encourage family involvement and provide resources and referrals for additional services based on families' needs, such as access to food or parenting resources. They can provide support in English or Spanish.
Technical Support Staff	Responsible for handling all requests during off-hours to ensure families and providers have access to support at all times and support multiple languages to help facilitate families' home language.

Briefly highlight your agency's experience and major accomplishments in providing services to low to moderate income City residents and/or communities.

WeeCare services LMI FCC owners and families on a daily basis across the country. Notably, it received CDBG funding in 2021 through Cathedral City, CA. Together they implemented three child care-focused programs. The programs implemented were BOOST- for child care providers, CASE - child care benefits for small enterprises, and Back2Work- assistance for unemployed LMI families. The total funding for the first program year was \$138,500 of CDBG dollars.

- WeeCare successfully completed the project in June, 2022. Accomplishments include:
- BOOST: Assisted 40 LMI microenterprise FCCH providers and 232 LMI persons
- CASE: Assisted 1,416 LMI persons
- Back2Work: Assisted 15 LMI persons
- **Total: 1,703 LMI persons assisted equating to \$81.32 of CDBG/LMI person.**

Will your agency still implement this project should CDBG funds not be awarded? Yes      No ☒ If yes, please explain.

WeeCare currently works with five FCCs within South Gate's city limits and will continue to offer its business services via traditional methods to the providers who would like to become a part of the WeeCare Network. However, it will be unable to implement the BOOST program if CDBG funds are not awarded. As WeeCare is a for-profit organization it cannot offer free services without some sort of partnership to subsidize the cost for its services

## LEGAL REQUIREMENTS FOR NON-CITY APPLICANT AGENCIES

☐ If a government agency, check box

	Check answer in the applicable box below:	YES	NO	
1.	The applicant is incorporated as a Non-Profit organization and currently has exempt status 501(c)(3) of the IRS Code and 2370(d) of the California Code?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
2.	The applicant has maintained its California Tax-Exempt Non-Profit Corporation status by filing the appropriate documents:			
	a) IRS Form 990?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
	b) California Franchise Tax Board Form 199?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
	c) Articles of Incorporation organized under the Nonprofit Public Benefit Corporation Law?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
	d) Date Articles of Incorporation filed with the Secretary of State? (mm/dd/yyyy)			
3.	All necessary licenses required to operate are maintained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4.	Worker's Compensation Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5.	General Liability and Property Damage Insurance is active and current?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

### CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of South Gate from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for CDBG funding. The purpose of this questionnaire is to determine if the applicant, it's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or governing body who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

2. Will the CDBG funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is currently or has/have been within one year of the date of this application a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or a City Committee?

☐ Yes

☒ No

If yes, list the name(s) and affiliation below:

Name of Person	Job Title	Indicate: City Employee; City Council Member; or CAC Member	Identify City Department

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or member of the City Council, Citizens Advisory Committee and/or City Committee?

☐ Yes ☒ No If yes, please identify the City employee or Council member with whom each individual has family or business ties.

Name of Member	Indicate: City Employee; City Council Member; or CAC Member	Indicate Type of Tie (Family or Business)	If Family, Indicate Relationship

If you have answered "YES" to any of the questions listed in this form, the CDBG Program Office, alongside the City Attorney's Office, will need to determine whether a real or apparent conflict of interest exists.

### Agency Certification

The undersigned hereby acknowledges and confirms submittal of a response to the FY 2023-24 RFP /CDBG Program and certifies that, to his/her best knowledge and belief, all factual information provided is true and correct.

Jessa Santangelo

VP of Business Development

**Name of Authorized Representative**

**Title**



11/23/2022

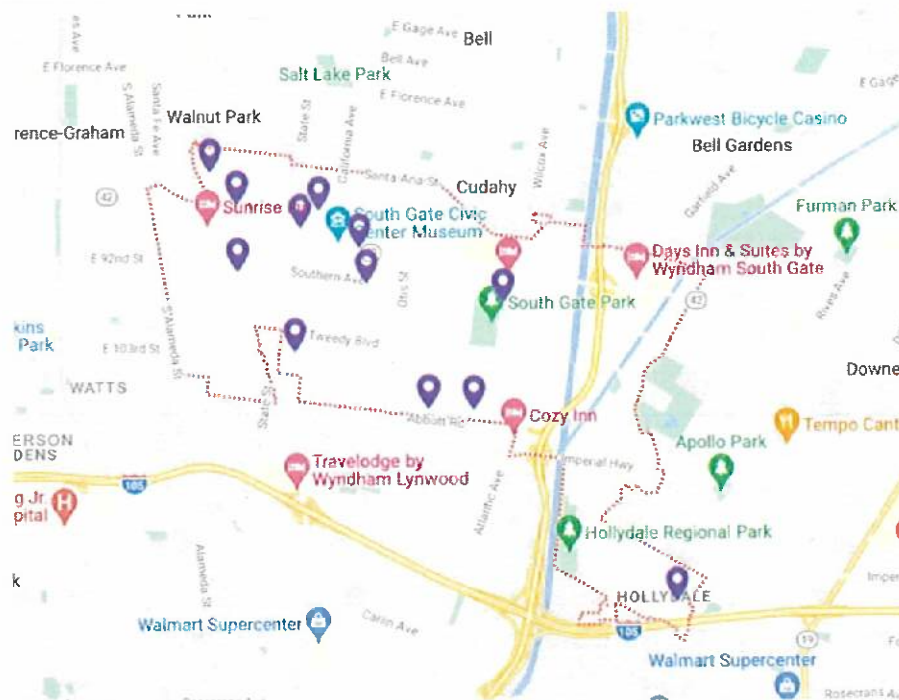
**Signature of Authorized Representative**

**Date**

**NOTE: City sponsored projects must have department director's signature.**

## Appendix A - Map & List of Potential BOOST Family Child Care Home (FCC) Providers in South Gate

\*Locations are approximate because these are private residences and home addresses are treated as confidential information.



	Facility Name	Facility City	Facility Zip	License Number
1	Avitia Family Child Care	South Gate	90280	198008373
2	Castillo Family Child Care	South Gate	90280	198005039
3	Escobedo Family Day Care	South Gate	90280	191596214
4	Fraile Family Child Care	South Gate	90280	198016374
5	Hernandez Family Child Care	South Gate	90280	198013941
6	Mendoza Family Child Care	South Gate	90280	192005786
7	Merloz Family Child Care	South Gate	90280	198013429
8	Munoz Family Child Care	South Gate	90280	198019977
9	Naranjo Family Child Care	South Gate	90280	198019998
10	Ruiz & Rivera Family Child Care	South Gate	90280	198011473
11	Sedano Family Child Care	South Gate	90280	198017822
12	Vasquez Family Child Care	South Gate	90280	198015575