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**City of Rialto
Community Development Block Grant
Fiscal Year 2023/2024**

PUBLIC SERVICE APPLICATION

DEADLINE

The Deadline for returning completed applications is 12:00 p.m., Friday, February 10, 2023. Postmarks and late applications will not be accepted. All application must be mailed to:

Rialto Parks, Recreation & Community Services Department
City of Rialto
214 N. Palm Ave,
Rialto, CA 92376

REQUIRED REVIEW

Prior to submitting a proposal, it is required that you review "Playing by the Rules: A Handbook for CDBG Sub-recipients on Administrative Systems". Please pay special attention to chapters two and five. The handbook can be located at the following link: <https://www.hudexchange.info/resource/687/playing-by-the-rules-a-handbook-for-cdbg-subrecipients-on-administrative-systems/>

REQUIRED DOCUMENTS

Please submit the following information along with your completed application by the abovementioned deadline.

- ☐ Completed and Signed Application – Parts I-VI
- ☐ Articles of Incorporation
- ☐ Non-Profit Determination – 501(c)3 IRS Letter (if applicable)
- ☐ List of Board of Directors
- ☐ Organizational Chart
- ☐ Most Recent Audited Financials
- ☐ Resumes of Key Administrators
- ☐ Job Descriptions for Personnel/Positions Listed in Application
- ☐ Most Recent Certificates of Insurances.

CONTACT

If you have any questions regarding the City of Rialto's Community Development Block Grant (CDBG) funded program, please contact:

Contact	Aknesa Ananikyan
Phone	(909) 816-5623
Email	aananikyan@agi.com.co



I. APPLICANT AND PROJECT/ACTIVITY INFORMATION

Legal Name of Organization/Agency	City of Rialto - Parks, Recreation & Community Services Department
Program/Activity Title	Mobile Recreation
Physical Address	214 N Palm Ave
City, State, ZIP	Rialto, CA 92376

Type of Organization	<input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> Government <input type="checkbox"/> For-Profit
Tax ID	95-6000768
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 type="checkbox"/> Hispanic Americans <input type="checkbox"/> Asian/Pacific Americans <input type="checkbox"/> Hasidic Jews
UEI Number	N/A
Name of Workers' Compensation Insurance (Government exempt)	N/A
Coverage Amount (\$)	City of Rialto is self insured.
Expiration Date	N/A
Name of General Liability and Property Damage Insurance (Government exempt)	N/A
Coverage Amount (\$)	N/A
Expiration Date	N/A

Name of Applicant Contact	Julio Salcedo
Title	Parks, Recreation & Community Services
Mailing Address	214 N Palm Ave
City, State, ZIP	Rialto, CA 92376
Email	jsalcedo@rialtoca.gov
Phone	909-421-4949

Amount of CDBG Funds Requested (\$)	\$33,000
Approximate Total Number of Unduplicated Beneficiaries (Persons or Households) to be Served	150
Type of Beneficiary	<input checked="" type="checkbox"/> Persons <input checked="" type="checkbox"/> Households
Groups that the Program/Activity will Serve (Check all that apply)	<div> <input checked="" type="checkbox"/> Youth <input type="checkbox"/> Abused/Neglected Children </div> <div> <input checked="" type="checkbox"/> Adults <input type="checkbox"/> Households </div> <div> <input checked="" type="checkbox"/> Seniors <input checked="" type="checkbox"/> Community </div> <div> <input type="checkbox"/> Homeless Persons <input type="checkbox"/> Housing Units </div> <div> <input checked="" type="checkbox"/> Disabled Persons <input checked="" type="checkbox"/> Public Facilities </div> <div> <input type="checkbox"/> Battered Spouses <input type="checkbox"/> Businesses </div>



II. CDBG ELIGIBILITY

<p>CDBG Eligible Activity Categories Please choose the CDBG Eligible Activity Category for your proposed project.</p>	<p><input checked="" type="checkbox"/> Public Service. Improves community public services and facilities, including but not limited to those concerned with employment, fair housing and homeownership, homelessness, crime prevention, child care, health, drug abuse, education or recreational needs.</p> <p><input type="checkbox"/> Public Facilities/Improvements</p> <p><input type="checkbox"/> Housing/Special Activities by Subrecipients</p> <p><input type="checkbox"/> Economic Development</p> <p><input type="checkbox"/> Acquisition and/or rehabilitation of real property</p> <p><input type="checkbox"/> Other. Click to specify</p>
<p>CDBG National Objective Compliance Your proposed project/activity must meet at least one of HUD's CDBG National Objectives. Please check all that apply to your proposal.</p>	<p><input checked="" type="checkbox"/> Benefits Low and Moderate Income (LMI) Individuals/Households.</p> <p><input type="checkbox"/> Addresses the prevention or elimination of slums or blight.</p>
<p>Meetings National Objectives Check all statements that describe how your proposed project/activity meets one of the National Objectives above:</p>	<p><input checked="" type="checkbox"/> Low/Moderate Area Benefit – The project serves only a limited area which is proven by current Census data or survey to be a low-income area. By choosing this category you must be able to prove your project/activity primarily benefits low/moderate income households.</p> <p><input checked="" type="checkbox"/> Low/Moderate Limited Clientele – The project/activity benefits a specific group of people (rather than all areas in a particular area), at least 51% of whom are low/moderate income persons. Income verification for clients must be provided for this category. The following groups are presumed to be low/moderate: abused children, elderly persons (62 or older), battered spouses, homeless persons, adults meeting the Census definition of severely disabled, illiterate adults, persons living with AIDS and migrant farm workers.</p> <p><input type="checkbox"/> Slum or Blight on an Area Basis – Area basis activities must be within an officially designated area as defined under State or local law, and addresses one or more of the conditions that contributed to the deterioration of the area.</p>



III. PROJECT NARRATIVE

PROJECT/PROGRAM DESCRIPTION. Briefly describe the proposed service/activity/project to be carried out with the funds requested.

Mobile Recreation is a free program that services families with a range of recreational and enrichment activities at neighborhood city parks where there is no near-by community center. Program participants enjoy a variety of activities which include crafts, painting, board games, and exercise while playing group and individual sports. This year we hope to be able to branch out and offer these activities directly to apartment buildings in either their court yard or a recreation room. Acquiring an enclosed trailer will allow us to bring Mobile Recreation and a wide variety of equipment needed for the activities to the apartment buildings. The purchase of a trailer will help us be able to service as many persons in their neighborhood as possible.

COMMUNITY NEED. Does your proposed project/activity address an identified gap in service or current need in the community? Document the need for the project/program.

The proposed project would assist in bringing Mobile Recreation directly to communities and to individuals who lack the necessary transportation to attend Mobile Recreation at parks.

BENEFIT. Discuss how the project/program provides benefit to low-income persons.

Mobile Recreation has a wide range of benefits to low-income persons. Mobile Recreation aims to provide fun, safe, and accessible opportunities to participate in recreational activities. Participating in recreation can lead to a higher quality of life because it leads to persons having a satisfaction within themselves after participating in an activity. Mobile Recreation can also benefit a community and families as a whole by strengthening their unity. Mobile Recreation has the ability to bring neighbors and families together to create a more positive and livelier environment and help in improving their overall relationships.

COLLABORATION. Has your organization/agency developed this project in collaboration with other groups/organizations? If so, please list the groups/organizations and describe their roles in this project.

The Parks, Recreation & Community Services Department has not developed this project in collaboration with other groups or organizations but we will need to collaborate with the managers of the apartment buildings. The managers role will be to look for a date that will be available for us to use their recreation center or courtyard to provide services to residents.



SIMILAR RESOURCES. Is a similar service provided by another agency/organization? If so, how will your program/activity differ?

Mobile Recreation or a similar service is provided by other cities in Southern California such as Moreno Valley, Chino Hills, and Ontario. Our program will differ because we will bring Mobile Recreation not only to parks but we will be able to host Mobile Recreation directly to low-income apartment buildings that may not be located close enough to walk to a park and participate.

OUTREACH. Discuss outreach efforts for the proposed service/activity/project.

The outreach efforts will include social media programming. We will notify the apartment buildings community members by posting signage at well trafficked locations.

PERFORMANCE SCHEDULE. Prepare a Work Plan for implementation/completion of the services and activities. Identify activities and completion dates below.

Activity	Completion Date
Contact apartment building Managers and arrange meetings with them	July 31, 2023
Finalize social media programming	August 11, 2023
Finalize programming for the activities	August 18, 2023
Promote Mobile Recreation at the apartment building	August 31, 2023
Hold the first Mobile Recreation event at the first location	September 30, 2023

OTHER SOURCES OF FUNDS. List all other funding sources that will be used to undertake the proposed project/program and status of each source.

Source Name	Committed or Pending	Fund Amount (\$)	Current Status
N/A	N/A	N/A	N/A



IV. PROPOSED PUBLIC SERVICE BUDGET

Scope of work and use of CDBG funds must be directly related. The CDBG funds requested must be used to provide a direct benefit/service to low- or moderate-income residents of the City of Rialto. Proof of income eligibility and current residence must be acquired from all recipients. Adequate documentation must also be provided by the Agency to support costs associated with the services provided. This includes such support as timesheets to demonstrate the amount of time spent on each service, cancelled checks to demonstrate payment, client intake forms to demonstrate who received the service and any other documentation deemed necessary to show a direct correlation between the service provided and the costs associated with them.

Please use the following format to present your proposed line item budget:

- Column A: List the items for which you anticipate the need for CDBG Funds during FY 2023/2024.
 Column B: Provide the projected request for CDBG funds.
 Column C: Provide the total of other funds to be used.
 Column D: List the name of the other funding source.
 Column E: List the total line budget. Please round your request to the nearest ten.

Column A BUDGET ITEM	Column B CDBG REQUEST (\$)	Column C OTHER SOURCES (\$)	Column D NAMES OF OTHER SOURCES	Column E TOTAL BUDGET (\$)
Personnel*				
N/A	N/A	N/A	N/A	N/A
Personnel Total	N/A	N/A	N/A	N/A
Non-Personnel				
Rent/Lease				
Supplies				
Utilities				
Equipment	\$15,000.00			\$15,000
Services	\$3,000.00			\$3,000.00
Printing				
Admission/Enrollment				
Other: Enclosed Trailer	\$15,000.00			\$15,000.00
Other:				
Other:				
Other:				
Other:				
Other:				
Non-Personnel Total				
TOTAL PROJECT BUDGET	\$33,000.000			\$33,000.00

*For personnel, complete the following CDBG-Funded Personnel Tables.



CDBG-FUNDED PERSONNEL

☐ Check this box if CDBG funds will NOT be used to fund personnel.

If CDBG funds will be used to fund personnel, complete the following tables, as appropriate. Only list personnel that will be paid with CDBG funds.

AGENCY ADMINISTRATION

Job Title	Annual Salary (\$)	Annual Benefits (\$)	Total Compensation (\$)	CDBG Funds Budgeted (\$)	Time Position is Dedicated to CDBG Activity (%)

PROPOSED PROGRAM STAFF

Job Title	Annual Salary (\$)	Annual Benefits (\$)	Total Compensation (\$)	CDBG Funds Budgeted (\$)	Time Position is Dedicated to CDBG Activity (%)

KEY PERSONNEL DUTIES. Provide a list of the duties of key personnel listed above.

Job Title	Duties



COST RATIONALE. If you consider it necessary, explain why your program/activity costs is reasonable.

Acquiring an enclosed trailer is simple in its design. Yet, it is customizable to fit our needs. We will need appropriate shelving and storage space for board games, sports balls, outdoor sporting equipment such as volleyball nets, school supplies, and books. We will be able to store as many tables and benches that we can fit. This will allow for us to have a higher limit to the total number of persons we will be servicing.

PROGRAM CHANGES. If you received CDBG funding last year, has there been an increase in service that you will provide during FY 2023/2024? Explain why there is a new demand or an unmet need in the community for this service.

Mobile Recreation did not receive CDBG funding last year.

IMPACT OF NO CDBG FUNDING. Describe the effect of partial or no CDBG funding on your project/activity.

The number of people, families, and households that can use Mobile Recreation's services will be restricted if it is unable to secure CDBG funding. We won't be able to supply as many tables and chairs, as well as the equipment and materials for the activities that would be required for larger neighborhoods, like apartment buildings, if we are unable to obtain funding.



V. CONFLICT OF INTEREST QUESTIONNAIRE

Federal, State, and City law prohibits employees and public officials of the City of Rialto 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 program funding. The purpose of this questionnaire is to determine if the applicant, or any of the applicant'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 or has been, within one year of the date of this questionnaire, (a) a City Employee or (b) a City Councilmember?

☒ Yes ☐ No

If Yes, please list the name(s) and information requested below:

Name of Person	Job Title	Relationship	City Department
This is a City program			

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 been, within one year of the date of this questionnaire, (a) a City Employee or Consultant or (b) a City Councilmember?

☐ Yes ☒ No

If Yes, please list the name(s) and information requested below:

Name of Person	Job Title	Relationship	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) a City Employee or (b) a City Councilmember?

☐ Yes ☒ No

If Yes, please list the name(s) and information requested below:

Name of Person	Relationship	Tie	If Family, Indicate Relationship



VI. SIGNATURES

Authorized Signature

To the best of my knowledge, the information provided on this application is true, and I am authorized to submit this application on behalf of the applicant agency.

JULIO C SALCEDO Rec / Comm. Serv Supervisor
Print Name Title
[Signature] 2/9/23
Signature Date

Authorized Signature

I have read "Playing by the Rules: A Handbook for CDBG Subrecipients on Administrative Systems" with special attention to chapters two and five.

JULIO C SALCEDO Rec / Comm Serv Supervisor
Print Name Title
[Signature] 2/9/23
Signature Date