



**CITY OF UPLAND**  
*Development Services Department*

**Capital Improvement Application for additional  
FY 2020-2021 CDBG Project Funding as part of the CARES Act  
(CDBG-CV2)**

All Departments or agencies wishing to apply for 2020-2021 Community Development Block Grant COVID-19 (CDBG-CV2) funds as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act must complete an application form in order to be considered. All applications are due by no later than **5:00 p.m. on Monday, October 26, 2020**. Late applications will not be accepted. **NO EXCEPTIONS.**

In order to be considered for funding, all sections of the application must be completed. Any sections that do not apply should be marked N/A on the form.

<b>AGENCY INFORMATION</b>	
Department/Agency Name:	Contact Person:
Agency Status ( <i>Check One</i> ): <input type="checkbox"/> Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public (City)	Contact Title:
Agency Address Address: City, State, Zip: Phone No.	Telephone No.:
	Facsimile No.
Federal Tax ID No.:	E-mail Address:
Dun and Bradstreet No. ( <i>Required as of Oct. 1, 2003</i> ):	Name of Person Signing Contracts:

**AGENCY BACKGROUND**  
*(Attach additional sheets if necessary)*

Provide a description of your organization and the services that you provide:

**PROJECT INFORMATION**

Project Title:	This Request is for a <i>(Check One)</i> : <input type="checkbox"/> New Project <input type="checkbox"/> Existing Project
Amount of CDBG Funds Being Requested:	Performance Indicator: 1- People
Project Site Address: Address    City, State, Zip: Upland, CA, 91786	Expected Accomplishments: Qty (goal) Type 1 - People
Have You Received City Funds Before <i>(Check One)</i> : <input type="checkbox"/> Yes <input type="checkbox"/> No	Meeting National Objective:  Benefits Low-and Moderate Income Persons

Provide a detailed description of the proposed project and activity and how it will prevent, prepare for and respond to COVID-19 *(attach additional sheets if necessary)*:

**PROJECT SERVICE AREA INFORMATION**  
*(Check one of the following that best describes your service area)*

- Citywide *(Entire City of Upland)*                       Specific Census Tracts *(see chart on instruction form)*
- Specific Target Area *(provide map of target area)*
- Low-Mod Census Tracts *(CDBG Target Area)*
- Slum and Blight Area

**PROJECT BUDGET SUMMARY**  
*(The Agency understands that no expenditures may be incurred before a contract has been fully executed)*

Formula Grant Cost Category	Overall Budgeted	Upland CDBG Funds
Personnel Costs		
Non-Personnel Costs (supplies)		
Non-Personnel Costs (consultants)		
Capital Improvement Costs		
Other		
<b>Total</b>		

Describe any other funding sources (and the amount of the other funding source) that will be used in the execution of the project:



# TOTAL OPERATING BUDGET

## EXPENSES

Use Whole Dollars Only

	A Prior Fiscal Year 2019 to 2020	B Current Operating Year 2020 to 2021	C Proposed Budget with CDBG-CV2 funds 2020 to 2021	D Percent Change *
<b>EXPENSE</b>				
Salaries				
Employee Benefits				
Employee Payroll Taxes				
Profess. & Consultant Fees				
Supplies				
Telephone & Fax				
Postage & Shipping				
Occupancy & Utilities				
Rental & Maint. of Equip.				
Printing & Publications				
Travel & Transportation				
Conferences				
Specific Assist. to Individ.				
Membership Dues				
Awards & Grants				
Insurance				
Equipment Purchased				
Miscellaneous Expenses				
Transfer to Other Funds				
Dues to Ntl. Organizations				
Other**(Must provide backup documents).				
<b>TOTAL EXPENSES</b>				
Surplus (or Deficit) of Total Support & Revenue				
Over Expenses				
* Percent Change between items in columns B and C. Please explain changes greater than 15% between columns B and C. Formula (C-B)/B.				
** Explain what is included in the "Other" category.				

**TOTAL OPERATING BUDGET  
REVENUE**  
Use Whole Dollars Only

	A Prior Fiscal Year 2019 to 2020	B Current Operating Year 2020 to 2021	C Proposed Budget with CDBG-CV2 funds 2020 to 2021	D Percent Change *
<b>PUBLIC SUPPORT</b>				
Contributions				
Foundations & Private Grants				
Fundraising/Special Events				
Legacies & Bequests				
Other Federated Org.				
United Way				
Misc. Organizations				
Other				
<b>SUBTOTAL</b>				
<b>GOVERNMENT</b>				
Federal				
State				
Local				
<b>SUBTOTAL</b>				
<b>OTHER REVENUE</b>				
Membership Dues				
Program Service Fees				
Investment Income				
Transfer From Other Fund				
All Other Revenue				
<b>SUBTOTAL</b>				
<b>TOTAL REVENUE</b>				
*Column A is the audited or most recently completed 1-month period.				
** Percent change from B to C. Formula (C-B)/B. Please explain changes greater than 15 percent.				

In the table below, please input the approximate target date for each of the 8 phases listed. These dates will allow us to track the progress of your project during the program year.

Milestone	Target Date	Percent Completed	Comments
Phase 1: Preparation of Bid Document		4%	
Phase 2: Pre-Bid		6%	
Phase 3: Bid Opening		8%	
Phase 4: Contract Award		10%	
Phase 5: Pre-Construction		12%	
Phase 6: Mid-Construction		54%	
Phase 7: Construction Completed		96%	
Phase 8: Post Construction/Labor File Review		100%	

**2020 HUD INCOME LIMITS (Eff. 06/28/2020)**  
*(San Bernardino County Metropolitan Area)*

	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Very Low Income (30%)	15,850	18,100	21,720	26,200	30,680	35,160	39,640	44,120
Low Income (50%)	26,400	30,150	33,900	37,650	40,700	43,700	46,700	49,700
Low-Moderate Income (80%)	42,200	48,200	54,250	60,250	65,100	69,900	74,750	79,550

**Please complete the following demographic information (This applies to Program Administrator). Demographic information is requested by the Department of Housing and Urban Development (HUD). This information will be strictly confidential.**

RACIAL BACKGROUND <i>(check one)</i>	ETHNIC BACKGROUND
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other – For individuals that do not identify with any of the above	<input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Hispanic/Latino Ethnicity <input type="checkbox"/> Mexican-American <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic/Latino _____

**I hereby certify that the aforementioned statements are true.**

\_\_\_\_\_  
Print Name and Title of Person Signing  
Contract

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date