### **CITY OF DAVIS**

### 2022-2023 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

PART ONE:

Organization	Name:Bed	cerra Plaza					
Name: [	Devin Vander S	Schaaf Phone:	800-466-7	Title:	Public Rela	tions and Ma	rketing
		rsity Ave. West Su					
Email		Address:		С	Ovanderschaaf	f@accessiblesp	ace.org
PART 1	ΓWO:						
Proposed	Project	Location	326	Becerra	Way	Davis,	CA
of the	•	Il project, an econe project areas bo og.)	•	•	_		
Total Proposa	I Request: \$	150,000		_ Minimum F	Request: \$ 75,	000	
CDBG Eligible	Category: _Low	Income Adults wi					
		(	See List A in A	Application Pack	et)		
National Obje	ctive Complianc	e/Low and Mod B	enefit:				
City Council Ic	dentified Critical	Needs: (See List (	C in Application	•	n Application F	Packet)	
						_	
2)Disa 3)	ibled						
Beneficiary In	formation:						
		number of <u>undupl</u> i		• •			
		er of unduplicated entage of the CDB		. •		n <b>CDBG</b> funds	
		ost (\$) per <b>CDBG</b> b		· · · · · · · · · · · · · · · · · · ·		ice/CDBG	
Beneficiaries)	Unit of se	ervice to determin	ie cost ner he	neficiary (meal	grocery hag k	it. hour. day/ni	ht.
		c) (Public Services	-	inclicially (inical,	B. Occ. y Dug, K	, 110ai, aay, 1118	0'''

### 2022-2023 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

### **PART THREE: Scope of Proposal**

**a. Need/Target Group** (Describe the need for the activity and the group being served)

Our very low-income residents with qualifying physical disabilities, traumatic brain injuries and/or mobility impairments will benefit from this activity. The resident HVAC systems are failing and the water heater is aging, causing temperature issues for our residents. Our residents are having difficulty regulating temperatures in their units and we continue to spend money on costly repairs. Replacing the HVAC and water heaters will eliminate this issue once and for all and help us remain more financially independent.

**b.** <u>Project Description/Benefit</u> (Activity Summary: Describe the activities of the proposed budget and benefit)

very low-income adults with physical disabilities, traumatic brain injuries and/or mobility impairments.
50K for the water heater replacements
100K for the HVAC replacements
- Outroach /D 11 J J J J J J J J J J J J J J J J J J

c. <u>Outreach</u> (Describe the outreach your organization will provide for the CDBG-funded project, as well as provide a list of the languages currently included in your organizational outreach)

We currently outreach to a variety of organizations per our affirmative fair housing marketing plan. Organizations include the center for independent living, county case managers, housing authority, etc.

d. Organizational Capacity (Summarize your organizational capacity for the proposed project)

	$\neg$
See attached	
Partnerships and Other Resources (List other agencies you collaborate with and indicate whether or not your proposed proj	ect
duplicative of other projects operated by local public or non-profit organizations)	

	•	•	-	•	•	•	•	•	•			
					_					_		
W	'e have worked	iw ł	ithan	umber	of org	anizations ii	n the na	ast W	/e work with	Over the Rain	bow Foundatio	n. the
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We have worked with a number of organizations in the past... We work with Over the Rainbow Foundation, the National Handicap Housing Institute. (find California orgs).

# f. <u>Impacts of COVID-19 for your 1) clients 2) services 3) agency and how you are addressing it for each.</u> (Describe how COVID-19 is impacting 1-3 above and what you are doing to continue services (or not) in the same way or differently)

We have taken a number of precautionary measures to ensure our staff and residents are safe. We have provided masks, sanitizer and additional cleaning supplies to all of buildings.

#### PERFORMANCE MEASUREMENTS AND SCHEDULE

ACTIVITY	INDICATOR	OUTCOME	COMPLETION DATE			
(What the program does to fulfill its mission)	(The direct products of program activities)	(Benefits that result from the program)	(When the specific task is completed)			
	SERVICE #s					
Replace Water heater	Provide a new water heater to help 20 very low income adults with	New water heater will help the residents of the building with their hot water needs	TBD			

	qualifying physical disabilities.		
HVAC replacement in all units	Provide new HVACs in resident units to help better control temperatures	building be more	TBD

## CITY OF DAVIS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**BUDGET SUMMARY FOR PROPOSED PROJECT\*** 

\* Please use Project Budget Summary Excel form available on the City of Davis website and revise budget items as needed

All applicants are requested to submit a copy of their organization's Operating Budget.

# CITY OF DAVIS COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

**CAPITAL PROJECT BUDGET SUMMARY\*** 

\* Please use Capital Budget Summary Excel form available on the City of Davis website and revise budget items as needed

All applicants are requested to submit a copy of their organization's Operating Budget.

BUDGET SUMMARY FOR PROPOSED PROJECT										
	CDBG/HOME Portion			Other Funds for Project (Non-CDBG/HOME)						
Program year 2021–22 Budget Category	Salaries & Wages	Fringe Benefits	Total Salary + Fringe	Other Federal Funds		Local Funds	Private Funds (List Source)	Other (List Source)	Totals	
Salaries/Wages (Specify each position)										
Direct Service Personnel										
1			0.00						\$0.00	
2			0.00						\$0.00	
Administrative Personnel										
1			0.00						\$0.00	
2	2		0.00						\$0.00	
Consultant/Contract Services			0.00						\$0.00	
TOTAL PERSONNEL BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Supplies and Equipment for Service Delivery										
DIRECT SERVICE SUPPLIES AND EQUIPMENT BUDGET										
Office Rent									\$0.00	
Utilities									\$0.00	
Telephone			]						\$0.00	
Office Supplies									\$0.00	
Cost of new PTAC units and water heater		150,000.00							\$150,000.00	
Printing									\$0.00	
Travel									\$0.00	
Training									\$0.00	
Internet									\$0.00	
Postage									\$0.00	
Other (Specify)									\$0.00	
TOTAL DIRECT SERVICE BUDGET	<b>\$</b> 0.00	\$150,000.00	\$0.00	\$0.00	\$0.00	<b>\$</b> 0.00	\$0.00	\$0.00	<b>\$</b> 150,000.00	
ADMINISTRATIVE COST BUDGET										
Insurance									0.00	
Utilities									0.00	
Telephone									0.00	
Other (Specify)									0.00	
Other (Specify)									0.00	
TOTAL DIRECT COST BUDGET	<b>\$</b> 0.00	\$0.00	<b>\$</b> 0.00	<b>\$</b> 0.00	\$0.00		\$0.00	<b>\$</b> 0.00	\$0.00	
TOTAL PROJECT BUDGET	<b>\$</b> 0.00	<b>\$</b> 150,000.00	<b>\$</b> 0.00	\$0.00	<b>\$</b> 0.00	<b>\$</b> 0.00	<b>\$</b> 0.00	<b>\$</b> 0.00	<b>\$</b> 150,000.00	

 $^{ullet}$  Please revise this form and annotate budget items as needed

All applicants are requested to submit a copy of their organization's Operating Budget.