



**CITY OF CHINO HILLS
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
APPLICATION FOR COMMUNITY ORGANIZATIONS**

APPLICATION DEADLINE:

APPLICATIONS MUST BE RECEIVED NO LATER THAN **5:00 P.M. ON JANUARY 15, 2026** AT THE COMMUNITY SERVICES DEPARTMENT OFFICE. APPLICATIONS SENT BY FAX OR E-MAIL WILL NOT BE ACCEPTED. LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

SUBMIT APPLICATIONS TO: CITY OF CHINO HILLS
COMMUNITY SERVICES DEPARTMENT
ATTN: SARAH SNYDER
14000 CITY CENTER DRIVE
CHINO HILLS, CA 91709

APPLICATIONS ARE AVAILABLE ONLINE WWW.CHINOHILLS.ORG/CDBG

Section A – General Program Information Summary

1. Program Title: San Bernardino County Library Adult Literacy Program

2. Brief Summary of the Program:
Example: Provide a Juvenile Fire Prevention Program which provides four six-week courses (@ 2 hours per week) to youth ages 10-17 on fire safety and prevention

The Adult Literacy Services Program provides free tutoring and instructional support to English-speaking illiterate adult learners. The goal of the program is to equip adult participants with lifelong learning skills.

3. Total Estimated Program Budget : \$ 55,000

4. Amount Requested in CDBG Funding (minimum \$10,000) : \$ 15,000

5. Check the ONE category that best describes the proposed program:

- Child Care Youth Services Literacy Program
 Recreation Program Services for Seniors Homeless Services
 Fair Housing Services Health Services Substance Abuse Services
 Other Public Service (specify) _____

6. Location of where services will be provided (i.e., specify if program is citywide, a street address, a school site, etc) James S. Thalman Chino Hills Branch Library

7. Is this a new service? Yes No

8. Was this service previously funded with CDBG funds? Yes No

If not, why is necessary to request CDBG funds this year (please provide a copy of the program's expenditures for the previous year and specify the source of funds used to pay these costs.)

9. If you have receive CDBG funding from the City of Chino Hills in past years, complete the table below for most recent years.

Years Funds Received	CDBG Grant Amount	Name of Funded Program
2025	15,000	Literacy Program
2024	15,000	Literacy Program
2023	15,000	Literacy Program

10. If previously funded by the City of Chino Hills, has your agency ever failed to expend all grant funds that were awarded? If yes, please explain. Yes No

11. If previously funded by the City of Chino Hills, has your agency ever failed to meet established contractual accomplishment goals? If yes, please explain. Yes No

12. Please check the appropriate box, which corresponds to the objectives established by HUD. Please select only one from the following choices.

- Suitable Living Environment Activities that benefit communities/families/individuals by addressing issues in their living environment
- Decent Housing Housing activities that meet individual family or community needs; should not be used for activities where is an element of a larger effort.
- Creating Economic Opportunities Activities related to economic development, commercial revitalization, and job creation.

13. Please check the proposed project performance measurement outcome that most accurately describes what you intend to accomplish by carrying out this activity. Please select only one from the following choices.

- Availability / Accessibility Activities that make services, infrastructure, housing, and shelter available and accessible. Note that accessibility does not only refer to physical barriers.
- Affordability Activities that provide affordability in a variety of ways. It can include creation or maintenance of affordable housing, basic infrastructure hookups, or services such as transportation or daycare.
- Sustainability Activities that promote livable or viable communities or neighborhoods by providing services or by reviving slums or blighted areas.
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Section B – General Applicant Information

1. Legal Name of Applicant Organization: San Bernardino County Library

2. Address of Organization:
Street: 268 W. Hospitality Lane, 3rd Floor, Suite 301
City: San Bernardino State: CA Zip: 92415

3. Mailing Address (if different from above):
Street: _____
City: _____ State: _____ Zip _____

4. Applicant's Authorized Official:
 - a. Name of Authorized Official: Melanie Orosco
 - b. Authorized Official's Title: County Librarian
 - c. Authorized Official's Email: Melanie.Orosco@lib.sbcounty.gov

5. Person to Contact Regarding this Application:
 - d. Name: Jena Jacobsmeyer
 - e. Relationship to Agency: Staff Analyst II
 - f. Street: 268 W. Hospitality Lane, 3rd Floor, Suite 301
 - g. City: San Bernardino State: CA Zip: 92415
 - h. Work Phone: 909-387-2220 Ext. _____
 - i. E-mail: Jena.Jacobsmeyer@lib.sbcounty.gov

6. Project Manager (if different than above):
 - j. Project Manager Name: _____
 - k. E-mail: _____ Phone: _____

7. Only federally registered 501(c) (3) or (6) Non-profit organizations, governmental entities or educational institutions may apply. Please check which type of organization you represent:
 Government entity Educational Institution (submit copy of IRS determination letter)
 Registered non-profit (submit copy of IRS determination letter)

8. Federal Identification Number (Tax ID #): 956002748

9. Unique Entity Identifier (UEI): 179263582

10. Does the organization's registration in the System for Award Management (SAM) identify any exclusions, which prohibit the organization from receiving federal contracts or federally approved subcontracts? Yes No

11. Registry of Charitable Trusts Registration Number: _____

12. Has the applicant previously carried out services/programs/projects similar in nature to proposed services/program/project? Yes No
13. Provide evidence of your grant administration capabilities, including policies and procedures for financial grant management, and staff's experience in working with projects of this type. If the organization's staff does not have prior experience in providing the proposed service, please indicate experience and successes in carrying put similar programs and in working in partnership with other agencies and/or consultants.

The San Bernardino Library has been receiving Federal, State, County, and/or City funding to support the Adult Literacy Services Program for over ten years. We have a manual in place that allows staff to be aware of the polices and procedures that are set. Having this manual means that in the event of staff turnover, new staff will be up to date on the grant funding. We have a full time Fiscal Specialist who works in the Administrative office who processes the money reporting, ensuring that the managing of the grant is properly handled.

14. The following policies and procedures are required. Does your organization have the following written policies and procedures?

	<u>Yes</u>	<u>No</u>
Accounting	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conflict of Interest	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Procurement	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Record Retention	<input checked="" type="checkbox"/>	<input type="checkbox"/>

15. Does the organization have liability coverage? Yes No

If Yes, in what amount and with what insurance agency?

Amount: 2,500,000 Insurer: San Bernardino County Dept. Risk Mgt.

16. Does the organization have fidelity bond coverage for principals on staff who handle the organization's account? Yes No

If Yes, in what amount and with what insurance agency?

Amount: _____ Insurer: _____

Section C – Program Description Narratives

1. Please describe the target population you intend to serve in your program.

Example: The target population will be the Chino Hills youth, ages 10-17 who are referred to the program through the schools, courts, police department and social service programs.

The San Bernardino County Library Chino Hills Branch Adult Literacy Services Program will provide programming and instruction for low to moderate income illiterate adults and senior residents of Chino Hills.

2. Please describe the unmet community need this project proposes to meet, and describe the methodology and resources used to identify this unmet need.

Example: The program will address juvenile fire setting. In 2005, juvenile fire setters accounted for 63% of arson arrests. Of the estimated 250 fire related incidents in Chino Hills, 50% were juvenile related. These statistics were provided by the U.S Fire Administration annual report.

According to the San Bernardino County Indicators Report, San Bernardino County is behind the national average for individuals able to earn a high school diploma. Low literacy rates can lead to higher poverty rates and an increase in homelessness and crime. The Literacy Program provides free services to help illiterate adults gain skills that can help them better their and their families lives.

3. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program.

	City of Chino Hills	Total Overall Clients
Number of unduplicated clients actually served during program year 2024-2025	55	72
Number of unduplicated clients expected to be served during program year 2025-2026	45	45
Number of unduplicated clients proposed to be served during program year 2026-2027	45	45

4. What is the basis for the proposed number of clients to be served?

Example: The estimate is based on the number of juvenile related incidents the average number of referrals received and class capacity.

The number of persons served is estimated by looking at what number of individuals have been helped in previous years, as well as looking towards the future and anticipation how the program can grow.

5. Will the program be conducted within the City of Chino Hills boundaries? Yes No
 If not, explain how Chino Hills residents will be served.

6. What is the projected use of the funds requested in Section A, Line 4?
If the funding request is for personnel, itemize each by job title. If the funding request is for supplies, materials or other administrative costs, itemize and estimate these costs.

Budget Line Item	Estimated Annual Salary / Operating Costs	CDBG %	CDBG Amount
Library Technician (Branch Staff)	7,373	33	4,950
Librarian III (Branch Manager)	11,394	67	10,050
Total	18,767	Total	15,000

7. What is the amount of source of funds for the remainder of the total program budget?

Funding Source	Amount
HOME	
ESG	
HOPWA	
Other federal funds	
State/local funds	40,000
Private funds	
Other (specify):	
Total	40,000

8. If this request is not fully funded, can your proposed program operate with a reduced CDBG award? Yes No
 If yes, please explain what services can be offered with lower funding.

This program is funded primarily through the Library budget. Additional State, County, or City funding helps offset staff costs to ensure dedicated time can be spent towards the program. To reach the goal of the program and expand the capacity of services offered, the dedicated time is needed for this program. If funding was lowered, there may be a reduction of time spent conducting the program.

9. Is there a fee charged or donation suggestion for your services? Yes No
 If Yes, attach a copy of the fee schedule, and describe pricing methodology in the space below.

Section D – Performance Based Reporting Formula

How can it be determined whether your proposal yields the desired outcomes or shows an overall improvement in the lives of persons assisted with HUD funds? Propose a formula for your project based on anticipated accomplishments and measurable outcomes that can be documented and verified. When completing the formula, please base your accomplishments on unduplicated Chino Hills residents only. You will be asked to report on your accomplishments on a quarterly basis.

Program Goal: *(Example: To provide workplace readiness for teens. To improve chances of success for teens to enter the college of their choice.)*

To aid illiterate adults and the elderly to help improve their situation and give them the tools needed to succeed.

Amount Requested in CDBG Funding: *(Example: \$5,000)* 15,000

Proposed Output (Benchmark): *(Example: Provide assistance to 14 teens once per week)*

To provide weekly service to at least five individuals a month with one-on-one tutoring and set programs for the elderly.

Proposed Outcome (Activity Performance):

(Example: CyberCorp – 1 session per week (3.5 hours/week); College Prep – 1 session per week (1 hour/week)

5 tutoring sessions every week- 4 weeks- 20 hours monthly.

Bechmarks (Progress Report):

Example: (Completion/distribution of an e-newsletter = 1 unit of 10; Completion of website design = 1 unit of 10; Application to colleges/universities completed & submitted = 1 unit of 8; SAT exam taken = 1 unit of 8)

The goal is to have every learner meet one or more of their goals set during the year. In the previous Fiscal Year, an average of 60% of learners met at least one or more of their goals.

Formula (must be numerical/dollar based): *(Example: \$5,000 divided by 36 units = \$138.89 per unit)*

\$15,000 divided by 49 weeks divided by 5 tutoring sessions per week + \$61.20 per session

Section E – Beneficiary Information

1. **Verification of Eligibility:** Identify the beneficiaries of the proposed project. Select LMA or LMC.

Low/Moderate Income Area Benefit (LMA)

Number of Persons Served: _____

Census Tract and Block Group: _____

Area Population: _____ LMI Population: _____ Percent LMI: _____

Low/Moderate Income Limited Clientele (LMC) (please attach blank intake form)

Self-Certification: Yes No

Clients independently “self-certify” on a membership form, intake form, etc.

Client Document Review: Yes No

Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff.

Presumed Beneficiaries: Yes No

Place a checkmark in the box that describes the beneficiaries of the proposed service.

- | | | |
|---|---|---|
| <input type="checkbox"/> Abused Children | <input type="checkbox"/> Battered Spouses | <input checked="" type="checkbox"/> Elderly Persons |
| <input type="checkbox"/> Severely Disabled Adults | <input type="checkbox"/> Homeless Persons | <input checked="" type="checkbox"/> Illiterate Adults |
| <input type="checkbox"/> Persons living with AIDS | <input type="checkbox"/> Migrant Farm Workers | |

2. **Ethnicity and Race**

a. Does your organization request information on whether your clients are of Hispanic ethnicity? Yes No

b. Does your organization ask all clients (including Hispanic clients) whether they are one or more of the following races? Yes No

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native and White
- Asian and White
- Black or African and White
- American Indian or Alaska Native and Black or African American
- Other (this category will be used to report individuals that are not included in any of the single race categories or in any of the multiple race categories listed above.)

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

Section F - Financial Information

1. What is your agency's fiscal year end date? 06/30/2026
2. What fiscal year did this most recent audit include? 06/30/2018
Please attach a copy of your organizations audited financial statements for the most recent fiscal year.
3. Does your Board of Directors have an audit committee? Yes No
4. Are there any outstanding financial audit findings which remain unresolved? Yes No
If yes, please explain.
- _____
- _____

5. Describe the organization's experience with Federal program funding.

The San Bernardino County Library System has been receiving Federal program funding for over ten years. During this time, the Library has expanded their Adult Literacy Services Program, and have increased the numbers of learners who have benefited from the tutoring that the program provides. The funds received go towards the high quality of materials and services that the San Bernardino County Library System strives to produce.

Federal Grant Experience within past 5 years:

Federal Grant Program	Project Name	Purpose of Grant	Date Obtained	Funding Amount
CDBG	Adult Lit.	Lit. Staffing	7/1/2025	\$15,000
CDBG	Adult Lit.	Lit. Staffing	7/1/2024	\$15,000
CDBG	Adult Lit.	Lit. Staffing	7/1/2023	\$15,000
CDBG	Adult Lit.	Lit. Staffing	7/1/2022	\$15,000

- a. Has your agency expended more than \$750,000 in federal funds in its last operating year? Yes No

If you answered "Yes" to question a, please answer questions b and c below. If you answered "no" to question a, please proceed to question 6.

- b. Was there an audit conducted in compliance with the Single Audit Act (OMB A-133)? Yes No

- c. Are there any outstanding single audit findings which remain unresolved? If Yes, please explain. Yes No
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6. Financial Capacity: Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

The Adult Literacy services includes an on-site Library Assistant assigned to Literacy duties. They are available for learner intake and assessment, provide orientation and training to tutors, to assist participants with required Beneficiary Qualification Statements and CDBG documentation, and maintain program statistics/record keeping to report to state and local government agencies. A Branch Manager oversees the running of the program in the branch and ensures proper statistics/record keeping, and also checks-in regularly with the program learners and volunteer tutors, making sure that the program is running smoothly and producing the desired results from those involved.

7. Does your organization have the financial capacity to administer your program under a cost reimbursement system where invoices are only processed once each month? Yes No

8. Does your organization have any outstanding litigation or other legal issues? Yes No
If yes, please attach written explanation as a separate sheet.

Section G – Certifications – All Certifications must be executed in BLUE INK

Agency Certification

The undersigned agency hereby certifies that:

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

San Bernardino County Library

(Name of Agency)

Melanie Orosco

(Typed Name of Agency Official)

County Librarian

(Title of Agency Official)



(Agency Official Signature)

1/5/2020

(Date of Signature)

909-387-2220

(Telephone Number of Agency Official)

Melanie.Orosco@lib.sbcounty.gov

(Email address of Agency Official)

Checklist of Required Documents

The documents listed below are required of Agencies applying for CDBG Public Service funds:

- Non- Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board**
- Evidence of Insurance – General Liability Certificate with additional insured endorsement**
- Program Budget**
- Most recent financial audit**
- Program fee schedule, if applicable**
- Single Audit (if organization expended more than \$750,000 of federal funds within a program year)**
- Most recent filed IRS-990**
- Explanation of outstanding legal/litigation issues, if applicable**
- Blank client intake form, with self-certification of eligibility status, if applicable**
- Copy of your agency's Corporate Resolution of Authorized Officials, authorizing specific officials of the agency to sign on behalf of the agency, the application, agreement with the City, requests for reimbursements, and all other pertinent documents required by the City for the CDBG Activity.**