

COUNTY OF RIVERSIDE  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

APPLICATION FOR CITY OF Lake Elsinore  
2023- 2024 COOPERATING CITY ALLOCATION

I. GENERAL INFORMATION

Applicant Name: Assistance League of Temecula Valley

Type of Organization: Non-Profit Organization  Faith Based Organization

For-Profit Organization  Institution of Higher Education

Cooperating City

Address: 28720 Via Montezuma

City: Temecula Zip Code: 92590

Mailing Address: Same

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (951) 694-8018 Fax Number: \_\_\_\_\_

Executive Director/City Staff: Mary Murphy, President

Telephone Number: (361) 877-4452 E-mail: marymurphy02@gmail.com

Program Manager: Diana Elizondo

Telephone Number: (951) 852-3387 E-mail: dianaelizondo@verizon.net

Grant Writer: Diane Sitar

Address (If different from above): Same

Telephone Number: (951) 526-6771 E-mail: primesolutions2@verizon.net

II. ORGANIZATIONAL HISTORY (This is applicable only if you are a non-profit organization)

Date Organization founded: June 15, 1989

Date Organization incorporated as a non-profit organization (Attach Articles of Incorporation and Bylaws): 6/15/89

Federal identification number: [REDACTED]

DUNS Number: 868952920

Organization Web Address: www./assistanceleague.org/temecula-valley

Does your Organization expend \$750,000 or more a year in federal funds? Y  or N

Number of paid staff: None

Number of volunteers: 148

Members/Board of Directors (Attach): Please see attached

III. PROJECT ACTIVITY

A. Name of Project: Operation School Bell ("OSB")

B. Specific Location of Project

*(Attach Project Map - include street address; if a street address has not been assigned provide APN)*

Street or APN: 28720 Via Montezuma

City: Temecula

Zip Code: 92590

C. CDBG Funds Requested: \$50,000

*(total amount for the project only)*

D. Where will the proposed activity occur (be specific as to the geographic boundaries)? If the project involves a new or existing facility, what is the proposed service/benefit area for the facility?

**Southwest Riverside County Economic Development Region: Lake Elsinore Unified School District, Menifee Union School District, Romoland Union, Murrieta Valley Unified School District, Temecula Valley Unified School District.**

E. In which City (ies)/Communities does the activity occur?

Lake Elsinore, Canyon Lake, Wildomar, Murrieta, Temecula, Menifee,  
City (ies): Romoland-northern section of Menifee, Perris-southern area.

Murrieta Hot Springs, French Valley, Sage, Quail Valley, Winchester, Temescal  
Community (ies): Canyon and incorporate areas.

*NOTE: HWS will make the final determination of the appropriate service area of all proposals.*

F. If this project benefits residents of more than one community or jurisdiction, have requests been submitted to those other entitlement jurisdictions? (i.e., County district(s) 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and/or 5<sup>th</sup>, City of Palm Springs, City of Moreno Valley, City of Riverside, etc.)

**Yes**

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G. Check ONLY the applicable category your application represents.

- Public Service
- Homeless Activities
- Real Property Acquisition (Must consult with EDA prior to submitting application)
- Housing
- Rehabilitation/Preservation (please provide picture of structure)
- Public Facilities (construction)
- Infrastructure (i.e. Streets, Sewer, Sidewalk, etc.)
- Other: (provide description) Children and Youth Service Program

H. Respond to A & B only if this application is for a public service project.

(a) Is this a NEW service provided by your agency? Yes  No

(b) If service is not new, will the existing public service activity level be substantially increased or improved? Yes, improved

#### IV. PROJECT NARRATIVE

A. Provide a detailed Project Description. The description should only address or discuss the specific activities, services, or project that is to be assisted with CDBG funds. If CDBG funds will assist the entire program or activity, then provide a description of the entire program or activity.

Assisted with CDBG funds, Assistance League of Temecula Valley's ("ALTV") OSB program improves the lives of students in the Southwest Riverside Economic Development Region. ALTV projects serving 600 low income students in the Lake Elsinore Unified School District by providing new school clothing to those who are eligible based on family income. Program outline:

\* ALTV orders gift cards from local stores at a discount and works with the School District to coordinate the online registration.

\* ALTV schedules shopping dates at local retail stores.

\* Parents register online for a shopping event.

\* Parents check in at a designated store location, complete a self-certification form and provide income eligibility.

\* ALTV volunteers work with parents/students (TK-12th grade) to shop for new school clothes with a tax-free spending allowance of \$125 per student.

\* Families check out at identified registers and volunteers verify that all clothes purchased are school appropriate.

\* Families complete an Exit Evaluation form which asks how the savings received will help their family.

\* ALTV volunteers complete a thorough reconciliation of receipts/gift cards.

\* The OSB team copies receipts and CDBG forms so that our administrator can gather data needed for reimbursement.

B. Provide a detailed description of the proposed use of the CDBG funds only (e.g. construction design, purchase of specific equipment, rent, supplies, utilities, salaries, etc.):

100% of CDBG funds awarded will be used exclusively to purchase new school clothing for students from families whose income is extremely low, low or moderately low based on HUD income classifications.

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C. What are the goals and objectives of the project, service, or activity? How will you measure and evaluate the success of the project to meet these goals and objectives (measures should be qualitative)?

ALTV's goal for the 2023-2024 school year is to provide new school clothing to 1800 students in Southwest Riverside Economic Development Region. Projected total program cost is \$225,000 (1800 students X \$125). Of the 1800 total, we project that 600 of those students will be from the Lake Elsinore Unified School District. Total projected cost for Lake Elsinore is \$75,000 (600 students X \$125).

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D. Please identify the project milestones using an Estimated Timeline for Project Implementation:

Feb 2023-Aug 2023- Planning and Coordination of OSB program  
Aug 2023-Sept 2023- ALTV Volunteer training  
Aug 2023-Oct 2023- Fall Shopping Events  
Nov 2023-Dec 2023- Reporting and Compliance  
Jan 2024-Feb 2024-Reporting and Compliance  
Mar 2024- Final follow-up and close out final reporting

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V. PROJECT BENEFIT

A. Indicate the number of people or households that will directly benefit from your proposal using CDBG funds: *Note: This is based on the expected number of clients to be served if the County funds your project for the requested amount.*

**ALTV projects that the OSB program will serve 600 students in the Lake Elsinore Unified School District which includes at-risk youth as well as foster/homeless youth.**

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B. Indicate the number of unduplicated clients that will be served (*An unduplicated client is counted only once, no matter how many direct services the client receives during a funding year*):

**All 600 students will be unduplicated clients.**

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C. Length of proposed CDBG-funded activities or service (weeks, months, year):

**One year-June 1, 2023 through May 31, 2024**

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D. Service will be provided to (check one or more):

- |  |   |
|--|---|
| <input type="checkbox"/> Men   | <input type="checkbox"/> Seniors                  |
| <input type="checkbox"/> Women   | <input type="checkbox"/> Severely Disabled Adults |
| <input checked="" type="checkbox"/> Children (Range of children's ages : <u>4-17</u> ) | <input type="checkbox"/> Migrant Farm Workers     |
| <input type="checkbox"/> Homeless (Number of beds at facility : _____)                 | <input type="checkbox"/> Families                 |

E. What methods will be used for community involvement to assure that all who might benefit from the project are provided an opportunity to participate?

ALTV works closely with Lake Elsinore School District's office of the Social Services Resource Specialist, health techs, counselors, foster agencies and community liasons to assure that the neediest students are served through our OSB program.

F. What evidence is there of a long-term commitment to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

ALTV's OSB program is currently in its 34th year of operation.

ALTV's Thrift Shop provides a stable and reliable source of revenue from thrift shop sales. This revenue, combined with CDBG funds, as well as funding from private foundations, corporate sponsors, government grants and private donations provides diversified income to support the OSB program.

VI. National Objective

All CDBG-funded activities must meet at least one of the following National Objectives of the CDBG program. Indicate the category of National Objective to be met by your activity.

**CATEGORY A: Benefit to low-moderate income persons (must be documented).** Please choose either subcategory 1 or 2:

1. Limited Clientele:

The project serves clientele that will provide documentation of their family size, income, and ethnicity. Identify the procedure you currently have in place to document that at least 51% of the clientele you serve are low-moderate income persons.

Clientele served are determined to be "A" limited clientele. The OSB program requires that 100% of client families provide CDBG standardized documentation certifying household income and household size. All of the target population includes students from families whose income is extremely low, low or moderately low based on income levels provided by HUD. A majority are in the 30-50% AMI category.

2. Clientele presumed to be principally low- and moderate-income persons:

The following groups are presumed by HUD to meet this criterion. You will be required to submit a certification from the client (s) that they fall into one of the following presumed categories.

The activity will benefit (check one or more)

- |   |   |
|---|---|
| <input type="checkbox"/> Abused children          | <input type="checkbox"/> Homeless persons         |
| <input type="checkbox"/> Battered spouses         | <input type="checkbox"/> Illiterate adults        |
| <input type="checkbox"/> Elderly persons          | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Severely disabled adults | <input type="checkbox"/> Migrant Farm workers     |

a. Describe the clientele above to be served by this activity:

N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Discuss how this project directly benefits low- and moderate- income residents:

**ALTV's OSB program changes lives by meeting some basic needs for children/youth. The program also provides affordability for housing and other basic living expenses. Based on results from our Exit Evaluations, more than 90% of parents/guardians respond that the family will spend the savings on basic needs such as housing, food and utilities.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CATEGORY B: Area Benefit - The project or facility serves, or is available to, ALL persons located within an area where at least 51% of the residents are low/moderate-income. (Applicant is welcome to contact a County of Riverside, HWS CDBG Program Manager for Census Information)**

2010 Census Tract and Block Group numbers:

(must use 2011-2015 ACS data pursuant to HUD Notice -C&D-19-02)

<https://hud.maps.arcgis.com/apps/webappviewer/index.html?id=ffd0597e8af24f88b501b7e7f326bedd>

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total population in Census Tract(s) / block group(s): \_\_\_\_\_

Total percentage of low-moderate population in Census Tract(s) / block group(s): \_\_\_\_\_



**CATEGORY C:** Activities undertaken to create or retain permanent jobs, at least 51% of which will be made available to or held by low/moderate-income persons.

**Proposed Job Creation/Retention**

Total Jobs Expected to Create: 0

Total Jobs Expected to Retain: 0

**CATEGORY D:** Activities that provide assistance to micro-enterprise owners/developers who are low/moderate-income.

**Proposed Assistance to Businesses**

New Businesses expected to assist: 0

Existing Businesses expected to assist: 0

Enter Total Businesses expected to assist: 0

**VII. FINANCIAL INFORMATION**

**A. Proposed Project Budget**

Complete the following annual program budget to begin July 1, 2023. If your proposed CDBG-funded activity will start on a date other than July 1, 2023, please indicate starting date. Provide total Budget information and distribution of CDBG funds in the proposed budget.

The budgeted items are for the specific activity for which you are requesting CDBG funding - NOT for the budget of the "entire" organization or agency. (Note: CDBG funds requested must match amount requested in Project Activity, C above.)

(EXAMPLE: The Valley Senior Center is requesting funding for a new Senior Nutritional Program. The total cost of the program is \$15,000 and \$10,000 in CDBG funds is being requested for operating expenses associated with the proposed activity. The total Activity/Project Budget will include \$5,000 of other non-CDBG funding and \$10,000 in CDBG funds for a Grand Total of \$15,000).

	<b>TOTAL ACTIVITY/ PROJECT BUDGET</b> <small>(Include non-CDBG Funds and CDBG Funds)</small>	<b>CDBG FUNDS REQUESTED-Only</b>
<b>I. Personnel</b>		
A. Salaries & Wages	\$ <u>0</u>	\$ _____
B. Fringe Benefits	\$ <u>0</u>	\$ _____
C. Consultants & Contract Services	\$ <u>0</u>	\$ _____
<b>PERSONNEL SUB-TOTAL</b>	<b>\$ <u>0</u></b>	<b>\$ _____</b>



II. Non-Personnel		
A. Space Costs	\$ <u>886</u>	\$ _____
B. Rental, Lease or Purchase of Equipment	\$ _____	\$ _____
C. Consumable Supplies	\$ <u>143</u>	\$ _____
D. Travel	\$ _____	\$ _____
E. Telephone	\$ <u>42</u>	\$ _____
F. Utilities	\$ <u>238</u>	\$ _____
G. Other Costs	\$ <u>225,000</u>	\$ _____
<b>NON-PERSONNEL SUB-TOTAL:</b>	\$ <u>226,309</u>	\$ _____
III. Other		
A. Architectural/Engineering Design	\$ _____	\$ _____
B. Acquisition of Real Property	\$ _____	\$ _____
C. Construction/Rehabilitation	\$ _____	\$ _____
D. Indirect Costs	\$ _____	\$ _____
E. Other	\$ _____	\$ _____
<b>OTHER SUB-TOTAL:</b>	\$ _____	\$ _____
<b>GRAND TOTAL:</b>	\$ <u>226,309</u>	\$ _____

B. Leveraging

List other funding sources and amounts (commitments or applications) which will assist in the implementation of this activity. Current and pending evidence of leveraging commitments/applications must be submitted with application. (Attach)

TYPE	SOURCE	AMOUNT	SOURCE	AMOUNT	SOURCE	AMOUNT	TOTAL
FEDERAL	CDBG	100,451					100,451
STATE/LOCAL							
PRIVATE	Donations	40,000					40,000
OTHER	Thrift Shop	85,858					85,858

**TOTAL:** 226,309

Federal: Leveraging shown above reflects ALTV's OSB budget for FY June 1, 2022 - May 31, 2023, however planning for the 2023-2024 OSB program has already begun with fundraising efforts underway, commencing with the upcoming submission of CDBG applications to EDA Riverside County, and the cities of Murrieta, Temecula, and Menifee.

Private: Various private and corporate donations.

Other: ALTV Thrift Shop revenue.

Note: Volunteer hours, projected to be 1,100 hours at \$5/hr (1,100 X \$5 = \$5,500) has not been included in the above budget.

C. What type of long-term financial commitment is there to the proposal? Describe how you plan to continue the work (project) after the CDBG funds are expended?

The OSB program is supported by ALTV Thrift Shop revenue, grants, corporate sponsors and private donations. ALTV has a long history of receiving federal, county, city and private foundation grants along with corporate and private donations.

D. Provide a summary by line item of your organization's previous year's income and expense statement. (Attach)

Please see attached.

E. Does this project benefit residents of more than one community or jurisdiction, have requests been submitted to those other jurisdictions? Yes  No

If yes, identify sources and indicate outcome. CDBG, CSF and/or CID funds will be requested from

Cities of Lake Elsinore, Temecula, Murrieta, Menifee, County of Riverside HHWPS and Riverside County Supervisors.

If no, please explain. \_\_\_\_\_

F. Was this project or activity previously funded with CDBG? Yes  No

If yes, when? Fiscal year 2022-2023

Is this activity a continuation of a previously funded (CDBG) project? Yes  No

If yes, explain: \_\_\_\_\_

**VIII. MANAGEMENT CAPACITY**

A. Describe your organization's experience in managing and operating project or activities funded with CDBG or other Federal funds.

ALTV has operated the OSB program with funding from both cities and Riverside County Supervisors for the last 19 years. We have successfully tracked all activity, completed all required documentation and submitted for reimbursement.

B. Management Systems

Does your organization have written and adopted management systems (i.e., policies and procedures) including personnel, procurement, property management, record keeping, financial management, etc.?

**ALTV maintains extensive policies and procedures including national organization and local chapter regulations, policies, bylaws, committee rules and detailed job descriptions. Financial policies related to procurement, internal controls, disbursements, deposits and investments are in place. The Board of Directors oversees organizational budgets/expenditures; and the VP of Finance manages daily/monthly/annual financials. An outside CPA firm conducts Annual Audits and completes tax forms.**

C. Capacity

Please provide the names and qualifications of the person(s) that will be primarily responsible for the implementation and completion of the proposed project.

**Annette Sheehy-VP Philanthropic Programs, retired educator**  
**Diana Elizondo, OSB Chairman, retired educator**

**IX. APPLICATION CERTIFICATION**

Undersigned hereby certifies that (check box after reading each statement and digitally sign the document):

1. The information contained in the project application is complete and accurate.  X
2. The applicant agrees to comply with all Federal and County policies and requirements imposed upon the project or activity funded by the CDBG program.  X
3. The applicant acknowledges that the Federal assistance made available through the CDBG program funding will not be used to substantially reduce prior levels of local, (NON-CDBG) financial support for community development activities.  X
4. The applicant fully understands that any facility built or equipment purchased with CDBG funds shall be maintained and/or operated for the approved use throughout its economic life, pursuant to CDBG regulation.  X
5. If CDBG funds are approved, the applicant acknowledges that sufficient non-CDBG funds are available or will be available to complete the project as described within a reasonable timeframe.  X
6. On behalf of the applying organization, I have obtained authorization to submit this application for CDBG funding. (DOCUMENTATION ATTACHED Minute Action and/or written Board Approval signed by the Board President)  X

DATE: 10/8/2022

Signature: Mary Murphy, President

Print Name/Title  
Authorized Representative: Mary Murphy, President

**CHECK-LIST:**

The following required documents listed below have been attached. Any missing documentation to the application will be cause for the application to be reviewed as INELIGIBLE.

Yes	No	ATTACHMENT
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Members/Board of Directors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Articles of Incorporation and Bylaws
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. Project Activity Map
<input type="checkbox"/>	<input type="checkbox"/>	4. Project Benefit, Category B, Low Mod Area Maps ( <b>Attach if applicable</b> )
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Leveraging (Current evidence of commitment)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Income and Expense Statement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Management Capacity (Detailed organizational chart)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8. Board Written Authorization approving submission of application