

American Rescue Plan (ARP) COMMUNITY HEALTH AND WELLNESS FUND

**Programming for Learning Loss and to Address Educational
Disparity for Pomona K-12 Students**

Grant Application

2022-2023



Submit your completed application to the

City of Pomona

no later than

4:00 PM on November 9, 2022

Submit an electronic copy to: **ARP.Grant.Application@pomonaca.gov**

Deliver or mail hard copy applications to -

City of Pomona

C/O Housing Services Counter

550 S. Garey Avenue, Pomona, CA 91769

For questions please contact Isabel Abundis at Isabel.Abundis@pomonaca.gov or (909) 620-3772

The City of Pomona is actively seeking proposals for community health and wellness programming to meet the wide variety of needs and interests of Pomona residents.

The City is interested in receiving proposals from qualified organizations who would like to provide assistance to address the impact of learning loss for Pomona K-12 students and/or services to address educational disparities through evidence-based services to address student academic, social, emotional, and mental health needs.

Please submit one proposal per agency. Submitting an application does not guarantee you will be selected for funding. Awarded organizations will need to sign an agreement and provide required documentation (i.e. insurance, business license, certifications, etc.) prior to programming beginning.

Grants may be awarded up to \$50,000 total, for all ARP funding per organization.

Only organizations serving Pomona K-12 students will be considered for funding.

I. CONTACT INFORMATION

A. ORGANIZATION INFORMATION			
ORGANIZATION NAME	TELEPHONE NUMBER	501(c)3 STATUS? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach proof of status) Is this a Pomona-based organization? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
POMONA BUSINESS LICENSE NUMBER (IF APPLICABLE):			
UNIQUE ENTITY ID (WWW.SAM.GOV) NUMBER:			
B. PROJECT LEAD INFORMATION			
NAME			
TITLE		TELEPHONE NUMBER	
STREET ADDRESS		SECONDARY NUMBER	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS
C. FISCAL SPONSOR INFORMATION (individual authorized to sign contracts and submit financials)			
Please attach proof of 501(c)3 status			
NAME			
TITLE		TELEPHONE NUMBER	
STREET ADDRESS		SECONDARY NUMBER	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

II. APPLICATION NARRATIVE

1. Proposed Project/Program Name:

2. Provide a brief summary of the Community Health and Wellness Program that you are proposing.
Explain how your proposed program will meet the focus need to provide assistance to address the impact of learning loss for Pomona K-12 students and/or services to address educational disparities through evidence-based services to address student academic, social, emotional, and mental health needs.

3. Which eligible participant category is your program serving (Impacted Households and/or Disproportionately Impacted Households)? How will you ensure that program participants meet the eligibility requirement(s) as outlined in Attachment 1?

4. What experience does your organization have in providing the programming you are proposing?

5. Is the proposed program a new program? Or, an expansion of current programming? How does the proposed program serve those impacted and/or disproportionately impacted the pandemic?

6. Explain how your organization served the Pomona community during the recent pandemic?

7. How many Pomona participants do you propose to serve with your program?

8. Where do you propose to provide your program? Please provide location and address of program site. If multiple sites will be used please provide the list of sites.

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9. How often will your organization be providing programming? (Daily, weekly, monthly, etc) What days and times will programming be available to participants? Please use the weekly table below.

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	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES							

If you are planning to use a City facility/park/field to provide your programming please indicate your preferred day, time and location. Staff will try to accommodate your requests, but selection approval will be based on availability.

Preferred (First Choice) Day of Week and Time:		Second Choice Day of Week and Time: _____
Location		Location

10. How long will your program operate with the proposed budget? What is your plan to sustain the proposed programming in the future, if needed?

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III. APPLICATION BUDGET FORM

Year 2022-23 Project Budget Total:	Total Amount Requested from the Community Health and Wellness Fund. Request should not exceed \$20,000

Budget Category (Staffing, Supplies, Marketing, Materials etc.)	Community Program Grant Amount	Other Potential Funding Sources (if applicable)	Total Budgeted Amount
1.			
2.			
3.			
4.			
5.			
6.			
Grand Total	\$		\$

Provide a narrative explanation for each category, including in-kind contribution(s).	
1.	
2.	
3.	
4.	
5.	
6.	
In-kind Contribution(s): (meeting space, office supplies, salaries, etc.)	

IV. Signature

I hereby certify that the information contained herein is true to the best of my knowledge and understand that falsification of this information is grounds to be excluded from the City of Pomona Community Program Grant program. Program Leader and Fiscal Sponsor must provide their original signatures upon submission.

Project Leader

Name (print)		Position/Role
Signature		Date _____

Fiscal Sponsor

Name (print)		Position/Role
Organization		
Signature		Date _____

ATTACHMENT 1

ELIGIBLE PARTICIPANTS FOR COMMUNITY HEALTH AND WELLNESS GRANT FUNDING

Impacted Households and Communities

Per the regulations, the following households and communities are considered impacted by the pandemic and qualify for eligible services under this category.

- ✓ Low- or-moderate income (LMI) households or communities, defined as those at or below 300% of the Federal Poverty Guidelines(FPG) or 65% or below of the Area Median Income (AMI)
- ✓ Households that experienced unemployment
- ✓ Households that experienced increased food or housing insecurity
- ✓ Households that qualify for the
 - Children's Health Insurance Program
 - Childcare Subsidies through the Child Care Development Fund (CCDF) Program
 - MediCal

65% Area Median Income - Los Angeles County							
1	2	3	4	5	6	7	8
\$ 36,400	\$ 41,600	\$ 46,800	\$ 52,000	\$ 56,160	\$ 60,320	\$ 64,480	\$ 68,640

Disproportionately Impacted Households and Communities

Per the regulation, the following households and communities are presumed disproportionately impacted by the pandemic and qualify for eligible services under this category.

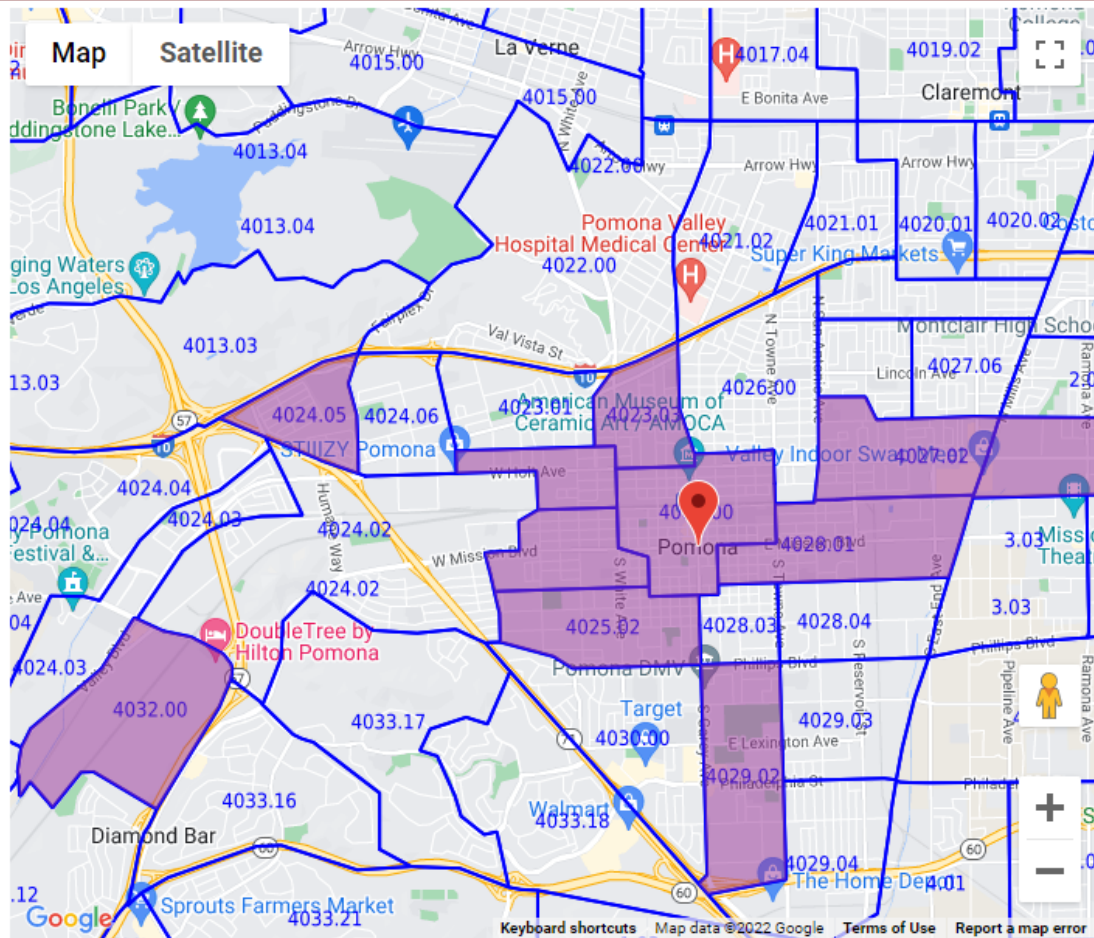
- ✓ Low -income households and communities defined as those at or below 185% of the Federal Poverty Guidelines(FPG) or 40% or below of the Area Median Income (AMI)
- ✓ Households residing in Qualified Census Tracts (map provided)
- ✓ Households that qualify for certain federal benefits
 - Temporary Assistance for Needy Families (TANF)
 - Supplemental Nutrition Assistance Program (SNAP)
 - Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) programs
 - Medicare Part D Low-income Subsidies
 - Supplemental Security Income (SSI)
 - Head Start and/or Early Head Start
 - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
 - Section 8 Vouchers
 - Low-Income Home Energy Assistance Program (LIHEAP)
 - Pell Grants

40% Area Median Income - Los Angeles County							
1	2	3	4	5	6	7	8
\$ 22,400	\$ 25,600	\$ 28,800	\$ 32,000	\$ 34,560	\$ 37,120	\$ 39,680	\$ 42,240

Subrecipients can measure income for a specific household or the median income for the community, depending on whether the response you plan to provide serves specific households or the general community. The income thresholds vary by household size; subrecipients should generally use income thresholds for the appropriate household size but can use a default household size of three when easier for administration or when measuring income for a general community.

ELIGIBLE PARTICIPANTS FOR COMMUNITY HEALTH AND WELLNESS GRANT FUNDING

POMONA QUALIFIED CENSUS TRACTS



COMMUNITY HEALTH AND WELLNESS FUND

APPLICATION CHECKLIST

Insert Organization Name: _____

Insert Project Name: _____

To be considered for funding, applications must be completed with the following documents attached at the time of submission. Please complete an Application Form for each proposed program/project. If an item is not applicable, indicate "N/A" in the box. If you need assistance, or have questions, contact Isabel Abundis at (909) 620-3772.

APPLICATION

- 1) _____ Signed and Completed Application
- 2) _____ Completed Application Checklist
- 3) _____ Completed Certification of Non-Debarment or Suspension Form (**template form provided**)
- 4) _____ Proof of Unique Entity ID (www.sams.gov)

NON-PROFIT STATUS

- 5) _____ 501 (c) (3) Tax-exempt status
(State & Federal Tax Exemption Determination Letter)
- 6) _____ Copy of 990's
- 7) _____ Copy of State and Federal Tax Exemption Determination Letter for
Fiscal sponsor (**if applicable**)
- 9) _____ Completed Certification of Non-Debarment or Suspension Form for Fiscal
sponsor (**if applicable, template form provided**)

OTHER:

- 10) _____ Copy of Pomona Business License

APPLICATION SUBMISSION:

- 11) _____ **Online Submission:** E-mail copy with corporate seal, signatures, etc. to:
ARP.Grant.Application@pomonaca.gov
- 12) _____ **Hard Copy Submission:** Deliver one (1) ORIGINAL and one (1) COPY with
corporate seal and signatures to: Pomona City Hall, 505 S. Garey Avenue,
Pomona, CA 91766, 1st Floor – Housing Division

LATE APPLICATIONS WILL NOT BE ACCEPTED
(Due Date: November 9 by 4:00pm)



**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, PROPOSED DEBARMENT,
INELIGIBILITY AND OTHER
RESPONSIBILITY MATTERS**

1. By signing and submitting these certifications, the undersigned certifies to the best of its knowledge and belief, that it and its principals:

- a) Are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency;
- b) Have not within a three-year period preceding this award, have been convicted of or had a civil judgment rendered against them for: commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, tax evasion, or receiving stolen property;
- c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offenses enumerated in 2 of the certification;
- d) Have not within a three-year period preceding this award, had one or more contracts (Federal, State, or local) terminated for cause or default;
- e) Will not knowingly enter into any subcontract with a person who is, or organization that is, debarred, suspended, proposed for debarment, or declared ineligible from award of contracts by any Federal agency; and
- f) Will require that the language of this certification to be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

2. "Principals", for the purposes of this certification, means officers; directors; owners; partners; and, persons having primary management or supervisory responsibilities within a business entity.

3. Where the undersigned is unable to certify to the statements listed in section (1) in this certification, an explanation shall be attached. The Contractor shall provide immediate written notice if, at any time prior to or during the negotiated contract period, the Contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by paragraph (1) of this provision. The knowledge and information of Contractor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

Initials_____

5. It possesses the legal authority to apply for the grant, and to execute the proposed program;
6. Its governing body has duly adopted or passes as an official act or resolution, motion, or similar action authorizing the filing of the application, including all understandings and assurances contained therein, and authorizing the applicant's chief executive officer or other designee to act in connection with the application and to provide such additional information as may be required;

(a) It will comply with the policies, guidelines and requirements of OMB OMNI Circular at 2 CFR part 200 as they relate to the acceptance and use of CDBG Funds amounts by local governments and by private non-profit organizations.

(b) It will comply with the following regarding non-discrimination:

1. Title VIII of the Civil Rights Act of 1968 and implementing regulations;
2. Executive Order 11063 and implementing regulations;
3. Title VI of the Civil Rights Act of 1964 and implementing regulations;
4. The Age Discrimination Act of 1975 and Section 5043 of the Rehabilitation Act of 1973;
5. Executive Order 11246 and implementing regulations;
6. Section 3 of the Housing and Urban Development Act of 1968;
7. Executive Orders 11625, 12432, and 12138 regarding encouragement of minority and women's business participation;
8. The prospective contractor's signature affixed hereon and dated shall constitute a certification under penalty of perjury under the laws of the State of California that the bidder has, unless exempted , complied with the non-discrimination program requirements of Government Code Section 12990 and Title 2, California Administrative Code, Section 8103;

(c) For major rehabilitation or conversion, it will comply with the Uniform Federal Accessibility Standards (24 CFR Part 40, Appendix A).

7. No person who is an employee, agent, consultant, officer, or elected or appointed official of the non-profit recipient that receives CDBG funds and who exercises or has exercised any functions or responsibilities with respect to assisted activities or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement

With respect hereto, or the proceeds there under, either for him or herself or those with whom he or she has family or business ties, during his or her tenure or for one (1) year thereafter;

8. It will comply with the applicable requirements of the Lead Based Paint Poisoning Prevention Act and implementing regulations;
9. It will register in the **System for Award Management** (SAM), the Official U.S. Government system that consolidated the capabilities of double-checking Contractor status (debarment). There is NO fee to register for this site.
10. It will not comply, award contracts to, or otherwise engage the services of any contractor while that contractor is in a period of debarment, suspension, or placement in ineligibility status under the provision of 24 CFR Part 24;
11. It will maintain records necessary to document compliance with applicable requirements and will give HUD, the City of Pomona, or any of their authorized representatives access to and the right to examine all records related to the grant;
12. Reports required by the City or HUD shall be submitted in a timely manner and contain all required information as can reasonably be made available;
13. The building standard requirements of 24 CFR 576.75;
14. The requirements of 24 CFR 576.79, other appropriate provision of 24 CFR Part 576, and other applicable Federal laws concerning non-discrimination and equal opportunity;

15. The requirements of 24 CFR 576.80 concerning the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970; and,
16. The requirement of 24 CFR 576.80 concerning minimizing the displacement of persons as a result of a project assisted with these funds.

This certification submitted to the City of Pomona is a material representation of fact upon which reliance will be placed when entering into a contract agreement. If it later determined that the Contractor/Proposer knowingly rendered an erroneous certification, in addition to other remedies available, the City of Pomona may terminate the contract for default. This certification is made under penalty of perjury.

CERTIFYING OFFICIAL:

Print Name: _____

Signature

Date