



**CITY OF FOUNTAIN VALLEY  
FY 2026-27 PUBLIC SERVICE AGENCY (PSA) GRANT PROGRAM  
PSA GRANT PROGRAM APPLICATION PACKET**

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**APPLICATION DUE BY 5:00 P.M. ON  
THURSDAY, NOVEMBER 6, 2025.**

**SUBMIT APPLICATION TO:**

**CITY OF FOUNTAIN VALLEY  
HOUSING AND COMMUNITY DEVELOPMENT  
ATTN: ASHLYN NEWMAN  
10200 SLATER AVENUE  
FOUNTAIN VALLEY, CA 92708  
ASHLYN.NEWMAN@FOUNTAINVALLEY.GOV**

**LATE APPLICATIONS WILL NOT BE ACCEPTED  
INCOMPLETE APPLICATIONS WILL NOT BE EVALUATED**



**ELIGIBILITY REQUIREMENTS**

To be eligible for consideration, all applicants must meet the following criteria:

1. Applications must be filled out completely, with all necessary documentation (**single-sided only**) included. This criterion applies to all organizations whether or not they have been previously funded by the City of Fountain Valley. Additionally, applicants requesting funds for multiple services, programs or projects are required to submit a complete and separate application for each service, program or project being applied for.
2. The source of funding for Public Service Grants comes from a Community Development Block Grant (CDBG) received through the Department of Housing and Urban Development. CDBG funds are for the specific use of benefiting low/moderate income households. In order to be eligible for these funds, your organization must provide a service for Fountain Valley residents and be able to document that at least 51% of the clientele served by the project/program earn below the following income limits.

| <b>INCOME ELIGIBILITY TABLE</b> |                                   |
|---------------------------------|-----------------------------------|
| <b><u>Household Size</u></b>    | <b><u>Annual Income Limit</u></b> |
| 1                               | \$94,750                          |
| 2                               | \$108,300                         |
| 3                               | \$121,850                         |
| 4                               | \$135,350                         |
| 5                               | \$146,200                         |
| 6                               | \$157,050                         |
| 7                               | \$167,850                         |
| 8                               | \$178,700                         |

3. The organization must be incorporated as a non-profit organization, or chartered as a local unit, and be tax-exempt.
4. All agencies must have the following:
  - Bylaws that clearly define the agency's purpose, organization, and duties of its officers.
  - An elected or appointed governing board that is responsible for the governance of the agency.
  - Adequate administration of the program to ensure delivery of services.
  - Assurance that it will conduct its business in compliance with the NON-DISCRIMINATION requirements of City, State and Federal Governments.
  - A yearly Single-Audit performed.

All complete applications must be submitted to the Housing and Community Development Office before 5:00 p.m., Thursday, November 6, 2025. Late applications will not be accepted, and incomplete applications will not be evaluated. To consider your application, all items listed in the attached "Application Checklist" must be included, regardless of whether or not any of these items have been submitted in prior years. **(Single-Sided Applications Only Please)**



CITY OF FOUNTAIN VALLEY
FY 2026-27 PSA GRANT PROGRAM APPLICATION PACKET

FUNDING APPLICATION CHECKLIST

ORGANIZATION NAME: \_\_\_\_\_

PROGRAM/PROJECT NAME: \_\_\_\_\_

SERVICE(S) TO BE PROVIDED: \_\_\_\_\_

To be considered for funding, please provide a Single-Sided application with all documents included at the time of submission. Please check each item you have included in your application. If an item is not applicable indicate "N/A."

- 1. \_\_\_\_\_ FUNDING APPLICATION CHECKLIST (page 1)
2. \_\_\_\_\_ APPLICATION (pages 2 through 9)
3. \_\_\_\_\_ APPLICATION SUMMARY PAGE, Exhibit A (page 10)
4. \_\_\_\_\_ BOARD OF DIRECTORS AFFIDAVIT, Exhibit B (page 11)
5. \_\_\_\_\_ CHARTER OR ARTICLES OF INCORPORATION
6. \_\_\_\_\_ IRS TAX STATEMENT
7. \_\_\_\_\_ IRS TAX STATUS
8. \_\_\_\_\_ MOST RECENT SINGLE-AUDIT REPORT

If you need assistance or have questions, contact Ashlyn Newman, Housing Coordinator at (714) 593-4428 or by email at Ashlyn.Newman@FountainValley.gov .

All organizations, including Fair Housing Service providers, will be invited to conduct an in-person presentation at the December Housing and Community Development Advisory Board (HCDAB) meeting. The HCDAB meeting is scheduled for Wednesday, December 3, 2025, at 6:00 p.m. in the Fountain Valley City Council Chambers.

If your application proposes to provide support to a City of Fountain Valley department, directly or indirectly, it is recommended that the City of Fountain Valley contact person submit a letter of support with your application or attend the HCDAB meeting and speak during your presentation.



CITY OF FOUNTAIN VALLEY
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
PUBLIC SERVICE AGENCY (PSA) GRANT APPLICATION
FY 2026-27

PLEASE TYPE OR PRINT

1. AGENCY INFORMATION:

AGENCY NAME:

AGENCY ADDRESS

AGENCY ADMINISTRATOR: TITLE:

ADMINISTRATOR TELEPHONE: FAX:

ADMINISTRATOR EMAIL:

PROJECT SITE(S) ADDRESS:

PROJECT CONTACT NAME: TITLE:

PROJECT CONTACT TELEPHONE: FAX:

PROJECT CONTACT EMAIL:

FEDERAL TAX ID (EIN)# DUNS #

1.1 Describe agency's overall function or purpose. Include history and experience in providing this service: (If more room is needed, please type on a blank sheet of paper and attach to the back of the application with a reference number:

Four horizontal lines for text entry.

1.2 If Agency has previously received CDBG funding from the City of Fountain Valley for the specific service, program or project you are applying for, please identify the years and amounts funded:

Table with columns for fiscal years: FY 2022-23, FY 2023-24, FY 2024-25, FY 2025-26. Each cell contains a horizontal line for text entry.



**2. PROGRAM/PROJECT PROPOSAL AND DESCRIPTION (Please describe the service, program or project proposal and description, including cost estimates.)**

**2.1 Grant Amount Requested to provide services, program, or project \$\_\_\_\_\_ . In case of a reduction in the City of Fountain Valley’s CDBG Allocation, please include the minimum amount of grant allocation acceptable to be able to provide the services, program or project.: \$ \_\_\_\_\_  
If the full amount requested is not received, please explain how this would impact your Agency’s ability to provide the services, program or project you are proposing:**

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**2.2 Describe your proposed Service, Program or Project and its goals/objectives. YOUR RESPONSE MUST CONTAIN A SCOPE OF SERVICES INCLUDING SPECIFIC QUANTITATIVE GOALS FOR FOUNTAIN VALLEY CLIENTELE AND A THOROUGH DESCRIPTION OF YOUR PROPOSED SERVICE, PROGRAM OR PROJECT. THE ACCURACY AND COMPLETENESS OF THE INFORMATION YOU PROVIDE HERE IS VERY IMPORTANT, AS IT WILL BE USED IN THE SCOPE OF SERVICES SECTION OF THE CITY’S FUNDING AGREEMENT SHOULD YOU BE AWARDED FUNDING.**

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**2.3 Describe the Fountain Valley clientele (i.e. homeless youths, elderly, handicapped, etc.) who will benefit from your services, program or project:**

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**2.4 Describe how your proposal will benefit the above listed clientele.**

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**2.5 If applicable, describe how your proposal will benefit City of Fountain Valley department, division or agency, whether it is directly or indirectly, and the City staff contact information. If indirectly, also include the partnering agency.**

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**2.6 Can this Service, Program or Project proceed on July 1, 2026? YES  NO  If no, please advise when the service, program or project would begin:**

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2.7 How will your proposed Services, Program or Project aid low-income Fountain Valley clients? This request will (check one):

- Provide a new/additional service, program, or project for FY 2026-27
- Provide a service, program or project that is not currently funded.
- Continue the existing services, program or project at current service levels.
- Increase services, program or project (discuss how):

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- Replace previous source of funding that is no longer available (list source):

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2.8 List funding received in the PREVIOUS year (FY 2024-25), allocated in the CURRENT year (FY 2025-26), and anticipated for the NEXT year (FY 2026-27) to accomplish your Agency’s goals of providing services, for the program or the project?

| <b>PROGRAM REVENUE</b> | <b>ACTUAL<br/>FY 2024-25<br/>Program Budget</b> | <b>ALLOCATED<br/>FY 2025-26<br/>Program Budget</b> | <b>ANTICIPATED<br/>FY 2026-27<br/>Program Budget</b> |
|------------------------|---|--|--|
| Other Federal Funds    |   |  |  |
| State Funds            |   |  |  |
| County Funds           |   |  |  |
| Other City Funds       |   |  |  |
| Local Funds            |   |  |  |
| Private Contributions  |   |  |  |
| Fundraising            |   |  |  |
| Participant Fees       |   |  |  |
| Program Income         |   |  |  |
| Other: _____           |   |  |  |
| <b>TOTAL:</b>          |   |  |  |



2.9 How were Fountain Valley CDBG funds expended in the PREVIOUS year (FY 2024-25), allocated in the CURRENT year (FY 2025-26), and anticipated NEXT year (FY 2026-27) to accomplish the services, program, or project?

| PROGRAM EXPENDITURES         | PREVIOUS FY 2024-25 Program Budget | ALLOCATED FY 2025-26 Program Budget | PROPOSED FY 2026-27 Program Budget |
|------------------------------|------------------------------------|-------------------------------------|------------------------------------|
| Salaries & Benefits          |                                    |                                     |                                    |
| Rent, Utilities and Supplies |                                    |                                     |                                    |
| Communication Expenses       |                                    |                                     |                                    |
| Training, Conference, Dues   |                                    |                                     |                                    |
| Insurance                    |                                    |                                     |                                    |
| Other: _____                 |                                    |                                     |                                    |
| <b>TOTAL:</b>                |                                    |                                     |                                    |

3. CLIENT INTAKE INFORMATION

3.1 HUD requires that agencies obtain intake data from each client/household served unless your program exclusively serve a “presumed benefit” population. Does your intake sheet include the following information?

- 1. Name: YES  NO
- 2. Address: YES  NO
- 3. City in which client last resided: YES  NO
- 4. Number of Family Members: YES  NO
- 5. Total Family (Household) Income: YES  NO
- 6. Race: YES  NO
- 7. Ethnicity: YES  NO
- 8. Female Head of Household: YES  NO
- 9. Age: YES  NO
- 10. Presumed benefit clientele: YES  NO

3.2 Describe any additional information your intake sheet collects to describe your clientele:

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**3.3 Provide percentage breakdowns for Fountain Valley clientele and your Agency in Total for the categories listed below. Provide the actual data for PREVIOUS years and projected data from CURRENT and NEXT year.**

| YEARS   | Youth |        | Youth at Risk |        | Women at Risk |        | Homeless |        | Disabled |        | Seniors |        |
|---|-------|--------|---------------|--------|---------------|--------|----------|--------|----------|--------|---------|--------|
|   | City  | Agency | City          | Agency | City          | Agency | City     | Agency | City     | Agency | City    | Agency |
| July 1, 2023-<br>June 30, 2024                | %     | %      | %             | %      | %             | %      | %        | %      | %        | %      | %       | %      |
| July 1, 2024-<br>June 30, 2025                | %     | %      | %             | %      | %             | %      | %        | %      | %        | %      | %       | %      |
| July 1, 2025-<br>June 30, 2026<br>(Projected) | %     | %      | %             | %      | %             | %      | %        | %      | %        | %      | %       | %      |
| July 1, 2026-<br>June 30, 2027<br>(Projected) | %     | %      | %             | %      | %             | %      | %        | %      | %        | %      | %       | %      |

**3.4 Provide the actual percentage of Fountain Valley residents and total Agency clientele served in the following age categories: (For start-up agencies please provide projected data for up-coming fiscal year)**

| YEARS                                       | Children 0-12 years |        | Youth 13-17 years |        | Adult 18-61 years |        | Elderly 62 & over |        |
|---|---------------------|--------|-------------------|--------|-------------------|--------|-------------------|--------|
|   | City                | Agency | City              | Agency | City              | Agency | City              | Agency |
| July 1, 2023-<br>June 30, 2024              | %                   | %      | %                 | %      | %                 | %      | %                 | %      |
| July 1, 2024-<br>June 30, 2025              | %                   | %      | %                 | %      | %                 | %      | %                 | %      |
| July 1, 2025 - June<br>30, 2026 (Projected) | %                   | %      | %                 | %      | %                 | %      | %                 | %      |
| July 1, 2026 - June<br>30, 2027 (Projected) | %                   | %      | %                 | %      | %                 | %      | %                 | %      |



3.5 The City of Fountain Valley utilizes Community Development Block Grant (CDBG) funds from the U.S. Department of Housing and Urban Development (HUD) to provide Public Service Agency Grants. Under CDBG program regulations, CDBG program funds must be used to benefit low-income households/persons. As such, agencies that receive public service agency grant funding must provide and document the provision of services to low-income Fountain Valley residents. At least 51% of the households/persons assisted by agencies funded with CDBG Program funds must qualify as low-income under HUD’s low-income limits, as adjusted for household size. The FY 2025-26 HUD low-income limits, as adjusted for household size are provided below.

| Household Size | HUD INCOME LIMITS (Eff. 6/1/2025) |                     |                    |
|----------------|-----------------------------------|---------------------|--------------------|
|                | Extremely Low (30% AMI*)          | Very Low (50% AMI*) | HUD Low (80% AMI*) |
| 1 Person       | \$35,550                          | \$59,250            | \$94,750           |
| 2 Person       | \$40,600                          | \$67,700            | \$108,300          |
| 3 Person       | \$45,700                          | \$76,150            | \$121,850          |
| 4 Person       | \$50,750                          | \$84,600            | \$135,350          |
| 5 Person       | \$54,850                          | \$91,400            | \$146,200          |
| 6 Person       | \$58,900                          | \$98,150            | \$157,050          |
| 7 Person       | \$62,950                          | \$104,950           | \$167,850          |
| 8 Person       | \$67,000                          | \$111,700           | \$178,700          |

\*(AMI) Area Median Income – Orange County

3.6 Report the actual unduplicated number of Fountain Valley clients your agency assisted during the past several years and anticipated to be assisted for next fiscal year by income level. Each person can only be counted once per fiscal year.

| INCOME LEVEL           | ACTUAL FY 2023-24 | ACTUAL FY 2024-25 | ANTICIPATED FY 2025-26 | PROJECTED FY 2026-27 |
|------------------------|-------------------|-------------------|------------------------|----------------------|
| Extremely Low          |                   |                   |                        |                      |
| Very Low               |                   |                   |                        |                      |
| Low Income             |                   |                   |                        |                      |
| Total Low Income       |                   |                   |                        |                      |
| Above Low              |                   |                   |                        |                      |
| Total Served by Agency |                   |                   |                        |                      |



3.7 In order to fully understand the level of services to be provided by your agency for Fountain Valley residents, please describe the type of services and/or the aggregate number of actual services this equated to in the last fiscal year. (Example: Report the total cumulative number of days of assistance, number of beds for shelters, number of meals, scholarships, hours, etc. over the course of the year as it pertains to the services you provided).

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

3.8 Report the number of actual unduplicated clients your agency served from July 1, 2024 - June 30, 2025, by Income Category. Each person can only be counted once, even though the client may have been served many times during the reporting period. Calculate the totals and percentage for each category.

| Household Size   | CDBG Low Income Limits (Eff. 5/9/24) | Total # of Persons Assisted By Agency, All Incomes | Total # of Low-Income Persons Assisted By Agency | # of Low Income Fountain Valley Residents Assisted |
|--|--------------------------------------|--|--|--|
| 1  | \$88,400                             |  |  |  |
| 2  | \$101,000                            |  |  |  |
| 3  | \$113,650                            |  |  |  |
| 4  | \$126,250                            |  |  |  |
| 5  | \$136,350                            |  |  |  |
| 6  | \$146,450                            |  |  |  |
| 7  | \$156,550                            |  |  |  |
| 8  | \$170,300                            |  |  |  |
| <b>Total Households Assisted:</b>  |                                      |  |  |  |
| <b>Percentage of Low-Income Households assisted in FY 2024-25 based on the total number of clients assisted by Agency.</b> |                                      |  | <b>%</b>   | <b>%</b>   |

3.9 Please check the corresponding item(s) that further describe the activity you are proposing:

- The project will benefit clientele who are generally presumed by HUD to be below eligible income limits. The following groups are presumed to meet this criterion: abused children, battered spouses, elderly persons, handicapped persons, homeless persons, illiterate persons, and persons with Acquired Immune Deficiency Syndrome (AIDS).
- At least 51% of the persons/households served by the program qualify as low-income households/persons under U.S. Department of Housing and Urban Development (HUD) guidelines.
- The project has programmatic limits that restrict the activity exclusively to CDBG eligible low-income households/persons.
- The project is of such a nature and/or location that it may be concluded that the activity's clientele will primarily consist of CDBG income eligible persons.



4. CERTIFICATION OF ACCURACY

ALL ORGANIZATIONS THAT SUBMIT THIS APPLICATION MUST PROVIDE ACCURATE DATA CONCERNING THE NUMBER AND INCOME LEVEL OF CLIENTS. ESTIMATES ARE NOT ACCEPTABLE. THIS STIPULATION SHALL ALSO APPLY TO ALL ORGANIZATIONS THAT ARE SUBSEQUENTLY AWARDED FUNDING. ANY ORGANIZATION THAT FALSIFIES INFORMATION, EITHER ACCIDENTALLY OR INTENTIONALLY, SHALL BE REQUIRED TO REIMBURSE THE CITY FOR ANY AND ALL FUNDS PAID OUT TO THAT ORGANIZATION, AND SHALL NOT BE PERMITTED TO APPLY FOR FUNDING AT ANY TIME IN THE FUTURE.

THE APPLICANT HEREBY PROPOSES TO PROVIDE THE ABOVE DESCRIBED SERVICES FOR THE CITY OF FOUNTAIN VALLEY AS STATED IN THIS PROPOSAL. IF THIS PROPOSAL IS APPROVED AND FUNDED, IT IS AGREED THAT RELEVANT FEDERAL, STATE AND LOCAL REGULATIONS, AND OTHER ASSURANCES, AS REQUIRED BY THE CITY OF FOUNTAIN VALLEY, WILL BE ADHERED TO. FURTHERMORE, AS THE DULY AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION APPLYING FOR GRANT FUNDING, I CERTIFY THAT THE APPLICANT IS FULLY CAPABLE OF FULFILLING ITS OBLIGATION UNDER THIS PROPOSAL.

\_\_\_\_\_  
NAME OF ORGANIZATION

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
AUTHORIZED SIGNATURE



**EXHIBIT A  
APPLICATION SUMMARY**

|                                       |  |
|---------------------------------------|--|
| <b>AGENCY NAME</b>                    | <b>PROGRAM NAME</b>                    |
|                                       |  |
| <b>CITY STAFF CONTACT INFORMATION</b> | <b>CITY DEPARTMENT/AGENCY/DIVISION</b> |
|                                       |  |

- DATE OF CHARTER OR ARTICLES OF INCORPORATION \_\_\_\_\_
- IRS TAX STATUS: \_\_\_\_\_
- DATE OF IRS TAX STATEMENT PROVIDED: \_\_\_\_\_
- DATE OF MOST RECENT SINGLE AUDIT PROVIDED: \_\_\_\_\_
- PAST CDBG FUNDING AND PAST PERFORMANCE:

|   |                  |   |                       |
|---|------------------|---|-----------------------|
| CDBG Spent 1 <sup>st</sup> QTR FY 2025-26 |                  | # Assisted 1 <sup>st</sup> QTR FY 2025-26 |                       |
| CDBG Funding FY 2025-26                   |                  | # Anticipated FY 2025-26                  |                       |
| CDBG Funding FY 2024-25                   |                  | # Assisted FY 2024-25                     |                       |
| CDBG Funding FY 2023-24                   |                  | # Assisted FY 2023-24                     |                       |
| Type of Services provided:                |                  |   |                       |
|   |                  |   |                       |
| Funds used for:                           |                  |   |                       |
|   |                  |   |                       |
| Program Budget FY 2025-26                 | \$               | % of Agency Budget FY 2025-26             |                       |
| Other Federal Funds                       | State Funds      | Local Funds                               | Private Contributions |
|   |                  |   |                       |
| Fund Raising                              | Participant Fees | Program Income                            | Other: _____          |
|   |                  |   |                       |

- FUNDING REQUESTED FY 2026-27 AND ANTICIPATED PERFORMANCE:

|                                   |                  |                                 |                       |
|-----------------------------------|------------------|---------------------------------|-----------------------|
| <b>Funding Request FY 2026-27</b> | \$               | <b># Anticipated FY 2026-27</b> |                       |
| Services to be provided:          |                  |                                 |                       |
|                                   |                  |                                 |                       |
| Funds to be used for:             |                  |                                 |                       |
|                                   |                  |                                 |                       |
| Total Program Budget FY 2026-27   |                  | % Agency Budget                 |                       |
| Other Federal Funds               | State Funds      | Local Funds                     | Private Contributions |
|                                   |                  |                                 |                       |
| Program Income                    | Participant Fees | Fund Raising                    | Other: _____          |
|                                   |                  |                                 |                       |
| Additional Comments:              |                  |                                 |                       |
|                                   |                  |                                 |                       |

