

A. Organization Information

Case Id: 30103

Name: CDBG Fiscal Year 26-27 Street Rehabilitation and

Address: Various Streets in City of Orange, Orange, CA

A. Organization Information

Please provide the following information.

A.1. Applicant/Organization Name:

City of Orange

A.2. Executive Director:

Christopher Cash

A.3. Phone:

7147445545

A.4. Email:

ccash@cityoforange.org

A.5. Funding Request:

\$554,082.00

A.6. Address:

300 E. Chapman Ave. Orange, CA 92866

A.7. Mailing Address (if different from Business address):

A.8. Tax ID#

A.9. DUNS#:

PROJECT/PROGRAM

A.10. Project/Program Name:

CDBG Fiscal Year 26-27 Street Rehabilitation and ADA Wheelchair Ramp Replacement

A.11. Project/Program Address:

Various Streets in City of Orange Orange, CA 92866

A.12. Additional project address locations?

No

A.13. Project/Program Manager:

Dien Vu

A.14. Project/Program Manager Phone:

(714) 744-5551

A.15. Project/Program Manager Email:

dvu@cityoforange.org

FISCAL MANAGER

A.16. Fiscal Manager:

Dien Vu

A.17. Fiscal Manager Phone:

(714) 744-5551

A.18. Fiscal Manager Email:

dvu@cityoforange.org

GRANT CONTACT

A.19. Grant Application Contact:

Dien Vu

A.20. Grant Contact Phone:

(714) 744-5551

A.21. Grant Contact Email:

dvu@cityoforange.org

AUTHORIZED SIGNERS ON AGREEMENT

A.22. Name:

Dien Vu

A.23. Title:

Senior Civil Engineer

A.24. Email:

dvu@cityoforange.org

If secondary signer:

A.25. Name:

A.26. Title:

A.27. Email:

QUARTERLY AND ANNUAL REPORTING CONTACT

A.28. Name:

Dien Vu

A.29. Title:

Senior Civil Engineer

A.30. Email:

dvu@cityoforange.org

B. Description

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B. Description

Please provide the following information.

ORGANIZATION DESCRIPTION

B.1. Provide a brief general description of your organization's goals and/or mission statement:

As part of the City's strategic plan goals, the City's mission focuses on keeping the community safe through well maintained infrastructure and to provide outstanding public service through City facilities and services to meet customers and residents expectations.

PROJECT/PROGRAM DESCRIPTION and PURPOSE

B.2. Provide a description of the specific project or program being proposed, clearly stating what the project intends to provide or accomplish, and the specific activities for which funds will be used.

The proposed project is street rehabilitation and ADA wheelchair ramp replacement that will improve roadway, safety, accessibility and mobility. The project will include pavement resurfacing and the replacement of ADA compliant curb ramps at intersections. CDBG Funds will be used to support construction cost and activities, including pavement improvements, curb ramp reconstruction, concrete works, and any necessary accessibility improvements.

C. Objective

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C. Objective

Please provide the following information.

NATIONAL OBJECTIVE

C.1. Check the National Objective Subcategory that your project meets the national objective of **Benefiting Low- and Moderate Income (LMI) Persons**:

National Objective Subcategories:

- Low Moderate Limited Clientele (LMC) – 51% of the beneficiaries of an activity have to be LMI
- Low Moderate Area Benefit (LMA) – area where at least 51% of the residents are LMI persons
- Low Moderate Income Housing Activities (LMH) - rental units and rehab units

C.2. **PROJECT SCHEDULE: Please estimate project completion timeline.**

Design completion: Quarter 2 2026 Construction completion: Quarter 4 2027 See the timeline of project milestones in the supplemental attachments.

D. Demographics

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D. Demographics

Please provide the following information.

RACE/ETHNICITY

D.1. Estimate the number of clients for each Race/Ethnic categories your project will serve:

Race/Ethnicity	Estimate number of clients that will be served from/in each Race/Ethnic category:	If Previously Funded: Number of clients served from/in each Race/Ethnic category:
White	2011	
Black/African American	97	
Asian	407	
American Indian/Alaskan Native	115	
Native American/Other Pacific Islander	11	
American Indian/Alaskan Native & White	42	
Asian & White	83	
Black/African American & White	13	
American Indian/Alaska Native & Black/African American	5	
Other Multi-Racial	2029	
TOTAL	4,813	0

INCOME REQUIREMENTS

All funded projects and activities must meet the CDBG national objective of benefiting low to moderate income persons which is defined as “under 80% Area Median Income (AMI)”, (see current chart below). The AMI is subject to change based on HUD’s annual calculations and must be adjusted and adhered to throughout the life of the grant and subsequent affordability period.

FY 2025 Income Limits	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30%) Income Limits	\$35,550	\$40,600	\$45,700	\$50,750	\$54,850	\$58,900	\$62,950	\$67,000
Very	\$59,250	\$67,700	\$76,150	\$84,600	\$91,400	\$98,150	\$104,950	\$111,700

Low (50%) Income Limits								
Low (80%) Income Limits	\$94,750	\$108,300	\$121,850	\$135,350	\$146,200	\$157,050	\$167,850	\$178,700

D.2. Please identify if your project will track income eligibility by household or by area:

Area or Neighborhood

INCOME ELIGIBILITY:

- Eligible clients under this Contract shall be Extremely Low, Very Low, and/or Low-income individuals and/or families of all ethnic groups. Subrecipients shall document each participant's eligibility on intake sheets, or other such forms as to thoroughly document the client's household income.
- Agencies and organizations receiving CDBG funding must be able to document that the individuals, or households, or the area the project serves meets the HUD minimum 51% low to moderate-income requirement.
 - **Extremely low-income** which is defined as household income that is 30% or lower of the HUD median income for Orange County,
 - **Very low-income** which is defined as household income that exceeds 30% but does not exceed 50% of the HUD median income for Orange County, and
 - **Low income** is defined as household income at or below 80% of the median income for Orange County.

E. Measurements & Outcomes

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E. Measurements & Outcomes

Please provide the following information.

E.1. CONSOLIDATED PLAN ACTIVITY: (check one)

Affordable Housing (Create or Maintain)	<input type="checkbox"/>
Homelessness (Activities to end homelessness)	<input type="checkbox"/>
Community Development (Public Services or Public Facilities)	<input checked="" type="checkbox"/>

E.2. PERFORMANCE MEASUREMENT: The U.S. Department of Housing and Urban Development (HUD) requires a performance measurement system to better capture data for the activities that are undertaken with CDBG funding. For each proposed activity, an objective, an outcome, and performance indicator must be identified.

E.2a. Primary Objectives: Check One

- Create Suitable Living Environment** – this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment.
- Provide Decent Affordable Housing** – this activity focuses on housing programs where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort.
- Create Economic Opportunities** – this objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

E.2b. Primary Outcome: Check One

- Availability/Accessibility** – Activity that makes services, infrastructure and/or shelter available and accessible.
- Affordability** – Activity that provides affordability in the creation of affordable housing, transportation, or daycare.
- Sustainability** – Activity which promotes livable or viable communities or neighborhoods by providing services or by removing slums or blighted areas.

E.3. SPECIFIC OUTCOME INDICATORS: Number of Unduplicated Persons/Households to be assisted by this Program:

Of the Total Persons Assisted, how many will:

Have new or continued access to this service or benefit:	4813
Have improved access to this service or benefit:	

Receive a service or benefit that is no longer substandard:	4813
-------------------------------------------------------------	------

Of the Total Persons Assisted, the number of:

Homeless Persons Given Overnight Shelter:	
Beds Created in Overnight Shelter or Other Emergency Housing:	

F. Budget

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F. Budget

Please provide the following information.

F.1. Total budget must match the amount of funding being requested:

DIRECT COSTS:

BUDGET CATEGORY	PROPOSED AMOUNT OF CDBG FUNDS	PROPOSED AMOUNTS OF OTHER	TOTAL PROGRAM COSTS
Personnel Salaries	\$26,384.82	\$0.00	\$26,384.82
Supplies	\$0.00	\$0.00	\$0.00
Construction	\$527,696.40	\$0.00	\$527,696.40
Supplies/Other	\$0.00	\$0.00	\$0.00
TOTAL	\$554,081.22	\$0.00	\$554,081.22

F.2. OTHER SOURCES OF FUNDS (if applicable): Include all potential or anticipated funding sources, other local, State, or Federal Grants, conventional bank loans, tax credits, etc. Indicate the status of commitment of funding source, i.e. secured, committed or application pending with anticipated dates of final funding decisions. (click Add Row)

Type of Contribution	Source of Contribution	Estimated Amount	Status
		\$0.00	

G. Audit & Performance

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G. Audit & Performance

Please provide the following information.

AUDIT INFORMATION

G.1. Please provide the date of the most recent audit of your organization. Describe any findings or concerns which may have been cited in the audit or in any accompanying management letter particularly any pertaining to the use of CDBG funds. Also, describe any action taken to correct identified findings or concerns.

Audit on file with finance.

G.2. PAST PERFORMANCE:

G.2a. Funding Expenditure Status. Enter dollar amounts

FY Year	Amount Awarded	Remaining
2025-26	\$586,339.00	\$586,339.00
2024-25	\$649,117.35	\$0.00
2023-24	\$672,390.00	\$0.00
TOTAL	\$1,907,846.35	\$586,339.00

G.2b. Goals - If your agency was funded previously, were the stated goals met, and if not explain why and what your agency is doing to ensure these goals are met in the future:

The City's goals have been met for each CDBG-funded project and is in good financial standing.

H. Required Documents

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H. Required Documents

Please provide the following information.

Articles of Incorporation

***No files uploaded*

Board Minutes-Recent Board of Director's Meeting Minutes

***No files uploaded*

Bylaws

***No files uploaded*

Census Tract Table

02 CDBG Census Tract.pdf

Low/Moderate Area Map

***No files uploaded*

Organizational Chart

***No files uploaded*

Recent Audited Financial Statements

***No files uploaded*

Service Area Map

FY26-27 CDBG Street Rehab Location Map.pdf

Tax status-IRS 501(c)(3) Letter

***No files uploaded*

Printed By: Jessica Herrera on 1/23/2026

Timeline of Expenditures *Required

04 CDBG Expenditures_FY26-27.pdf

Timeline of Program/Project Milestones *Required

03 CDBG Timeline Milestones_FY26-27.pdf

Other Documentation

***No files uploaded*

Certification

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Certification

I hereby certify that all information contained herein and attached hereto is accurate to best of my knowledge:

Signature:

Dien Vu

Electronically signed by dvu@cityoforange.org on 1/23/2026 9:58 AM

Title:

Senior Civil Engineer