



MAX Survey

Third Round Urban Promise Zones Application

Survey name (ID): Third Round Urban Promise Zones Application (9)

Date submitted submitdate	02-22-2016 13:03:20
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Section I: Application Overview

Executive Summary

Provide an Executive Summary that describes the Promise Zone Plan, including:

1. A brief description of the needs and assets of the proposed Promise Zone;
2. The goals of the Promise Zone;
3. Major activities and approaches to achieve goals;
4. The lead applicant's capacity to achieve results; and
5. How the Promise Zone designation would accelerate or strengthen existing efforts at comprehensive community revitalization.

(All attachments will be uploaded on the last page of this survey)

San Bernardino is a resilient city on the brink of recovery from bankruptcy, poverty, high crime and a vile terrorist attack. A Promise Zone designation will build upon the assets in and around the heart of the city to overcome severe challenges, including an extreme poverty rate of 47% and an unemployment rate of 20%. The San Bernardino Promise Zone (SBPZ) consortium aligns regional leaders and their combined assets to achieve collective impact by addressing the following six interconnected, priority areas 1) Reduction of violent crime through prevention, intervention, and suppression strategies; 2) Increased graduation and preparation for higher education for PK-12 students with 21st century skills that support cradle to career pathways and success in local jobs; 3) Delivery of skill-based education to residents with access to local jobs in growing sectors; 4) Transformation of extreme poverty into a viable, mixed income, service enriched inclusive community with investment in infrastructure and housing; 5) Attraction of new capital resources with sufficient depth and leveraging investment to catalyze economic revitalization, support business growth, and enhance commercial areas; 6) Alignment with Affordable Care Act Strategic Goals to

provide families with health insurance coverage and empowerment to advance their own health, safety and well-being through prevention and wellness programs. The County of San Bernardino is qualified to lead this effort as it delivers substantial resources and collaborates to effectively leverage more than \$2 billion annually in state and federal allocations and grant awards. The County has led the SBPZ consortium in its work identifying evidenced-based best practices that will facilitate lasting change. The Promise Zone designation will accelerate the work of this consortium, increasing its competitiveness for additional funding and mobilizing committed partners to advance mutual objectives to revitalize a City of tremendous need.

Section II: Eligibility Criteria [Abstract]

Abstract Information

I give HUD and USDA permission to share information included in this application survey with the public, including: point of contact information, zone geography and the mapping tool data sheet, any attached photography, and the entire Goals and Activities Template. (All other application attachments will not be shared.) Yes, I give permission [A1]

Your response to this question will not affect the review process or the application score

Name of Promise Zone:	San Bernardino Promise Zone
City/Cities Included	San Bernardino
County/Counties Included	San Bernardino
State(s) Included	California
Congressional District(s) Included	31, 8
Application Subcategory	Small/Medium Metro CBSA [A2]
Lead Applicant Information	
Lead Applicant Organization Name	County of San Bernardino
Lead Applicant Organization Address	385 N. Arrowhead Ave. 5th Floor
City, State, Zip Code	San Bernardino, CA 92415
Type of Lead Applicant	UGLG or local government [A1]
Lead Applicant Staff Point of Contact Information	

Name	Greg Devereaux
Title	Chief Executive Officer
Email Address	Greg.Devereaux@cao.sbcounty.gov
Phone Number	(909) 387-5425

Section II-III: Eligibility Criteria [Community Eligibility and Need]

Community Eligibility

UGLG Leadership Support

Please provide the **name(s), title(s), and jurisdiction(s)** for all mayors or chief executives of UGLGs that include any geographical area within the proposed Promise Zone boundary.

Carey Davis, Mayor of the City of San Bernardino
 Greg Devereaux, Chief Executive Officer of the County of San Bernardino
 Janice Rutherford, Chair, Second District Supervisor for the County of San Bernardino
 Gary Ovitt, Vice-Chair, Fourth District Supervisor for the County of San Bernardino
 James Ramos, Third, District Supervisor for the County of San Bernardino

Mapping Tool Data Sheet

Please provide the following information from the Mapping Tool Data Sheet:

Population	36,903
Poverty/ELI Rate	46.86
Employment Rate	79.78

Within your narrative attachment, please submit a narrative describing the nature and scope of crime in the Promise Zone, highlighting Part 1 Violent Crime data. For more information, please refer to the Section titled "Application Section III - Selection Criteria Need (10 Points)" in the Application Guide.

Section IV - V: Selection Criteria [Goal 1]

Goal 1	Reduce Violent Crime [A4]
Please select the goal area:	
Goal 1: Description	Improve safety, reduce violent crime, and transform perceptions of the SBPZ through an aligned set of prevention, intervention, and suppression strategies to address the underlying factors leading to crime.
Describe the Promise Zone Goal.	
How many activities will you be reporting for this goal?	3 [A3]

Section IV - V: Selection Criteria [Goal 1 - Activities]

Activity 1A

Activity 1A:

Please identify and describe an activity or intervention associated with Goal 1: Reduce Violent Crime.

Reduce all forms of violent crime in the SBPZ through “hot-spot” policing and implementation of evidence-based violence prevention strategies, including bicycle patrols, youth offender and parolee programs, and by locating a substation in the SBPZ.

Please select 1, and up to 5, relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Yes [Y]

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Crime reduction strategies are rooted in the idea of collective impact and hot spot policing. Hot spot policing has its basis in the “broken windows” theory of crime, which postulates that crime is likely to flourish in areas with high levels of physical and social disorder. Location of a police substation in the SBPZ and bicycle patrols puts eyes on the street, connecting police to communities. (Making Neighborhoods

Safe, James Q. Wilson and George L. Kelling, 1989)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

The SBPD will serve as lead agency, establishing a substation in the SBPZ, conducting bicycle patrols, and supporting community led programs to build efficacy and trust. IPS is a co-lead administering crime prevention/drug and alcohol prevention funds, and implementing BCJI interventions to address hot spots and improve community engagement. DBH, CFS, DPH and SBCUSD are key partners focusing on early interventions for high-risk youths, gang deterrence, and providing family support services.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$56,500,000; Source: City General Fund; Activity: to rebuild the capacity of the SBPD adding officers and new equipment; Dates: July 2016–June 2021; Recipient: San Bernardino Police Department
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Federal Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,000,000; Source: Department of Justice Byrne Criminal Justice Innovation Program; Activity: Reduce Crime and Violence in Waterman Gardens Hot Spot Locations; Dates: October 2012–June 2016; Recipient: Institute for Public Strategies

Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Federal Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$641,009; Source: Department of Education; Activity: Success Team for At-Risk Students (STARS) Strategy; Date: Awarded March 2014; Recipient: San Bernardino City Unified School District
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$500,000; Source: NeighborWorks America Catalytic Grant; Activity: Implement BCJI interventions and increase community efficacy; Dates: January 2015–June 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 5[Please Select Source Type]	Federal Government
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$546,502; Source: Grant - Department of Justice/AB 109 Grant; Activity: Body cameras for on-duty officers; Dates: Awarded December 2014; Recipient: San Bernardino Police Department
Financial Commitment 6[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 6[Please Select Source Type]	Federal Government
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$589,401; Source: Department of Justice; Activity: Bridging Reentry Integration by Driving Goal-oriented Effective Strategies (BRIDGES) project; Date: Awarded October 2013; Recipient: San Bernardino County Department of Public Health
Financial Commitment 7[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 7[Please Select Source Type]	State Government
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$280,000; Source: California Office of Traffic Safety; Activity: Promote safer pedestrian and bicycle movement in the SBPZ and reduce alcohol related offenses; Date: Awarded October 2014; Recipient: San Bernardino Police Department

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,000,000; Source: Grant - Department of Justice Byrne Criminal Justice Innovation Program; Activity: Reduce Crime and Violence in Downtown Hot Spot Location; Date: NOFA expected 2016; Recipient: Institute for Public Strategies
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: ~\$1,875,000; Source: Grant - Department of Justice COPS Hiring Program; Activity: Reduce Type I Violent Crimes by adding officers; Date: Apply in 2016; Recipient: San Bernardino Police Department
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: up to \$1,000,000; Source: Grant - Department of Justice Community Policing Development Program; Activity: Establish community trust for the police department; Date: Apply in 2016; Recipient: San Bernardino Police Department
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: up to \$750,000; Source: Grant- Department of Justice COPS Anti-Gang Initiative; Activity: Establish a multijurisdictional task force to address gang activity; Date: Apply in 2016; Recipient: San Bernardino Police Department
Financial Need 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated Amount: \$700,000; Source: Grant - Bureau of Justice Assistance

SMART Policing Initiative; Activity: Develop tactics and strategies that are effective, efficient, and economical; Date: June 2016; Recipient San Bernardino Police Department

Financial Need 6[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated Amount: up to \$5,000,000; Source: Grant - Bureau of Justice Assistance Edward Byrne Memorial Justice Assistance Grant (JAG) Program - Local Solicitation; Activity: Establish local initiatives for criminal justice; Date: June 2016; Recipient: San Bernardino Police Department

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Way World Outreach; Activity: Resident outreach and engagement; Start and End Date: Ongoing; Recipient: Institute for Public Strategies. 2. Source: Habitat for Humanity; Activity: Volunteers for beautification events; Start and End Date: Ongoing; Recipient: Institute for Public Strategies.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: Community based organizations or schools will be asked to provide office space for community police officers; Activity: security at key community locations; Date: June 2016–Ongoing; Recipient: San Bernardino Police Department and Institute for Public Strategies. 2. AmeriCorps VISTA volunteer to regularly engage residents to organize community beautification and engagement events; Date: June 2016–Ongoing; Recipient: San Bernardino Police Department and Institute for Public Strategies.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Decrease of 5 percent annually in Part I violent crime. 2. Decrease of 5 percent annually in Juvenile violent crime. 3. Decrease of 5 percent annually in

substantiated reports of child abuse, domestic violence and elder abuse. 4. Increase in violence prevention community engagement activities participation. 5. Increase in the community's perception of public safety.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcomes 1-3 is measured by SBPD UCR data, Outcome 4 will be assessed by attendance at monthly SBPZ community meetings and Outcome 5 through qualitative data collected through bi-annual surveys. IPS and the SBPD have an existing MOU for data collection and sharing for monthly updates on crime data, and annual reports on CIPP activities. Annual reports and periodic presentations on SBPZ goals and their outcomes will be generated and available to partners and the community.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

Apply for a BCJI Program for the Downtown hot spot and other DOJ grants in 2016 (new). Locate a substation in the SBPZ within 5 years (new). Establish evidence based violence reduction strategies targeting youth, including a Nurse Family Partnership and a Family Team program in partnership with DPH, SBCUSD, and PBH by 2017 (new). Continue BCJI interventions in the Waterman hot spot (SBPD bicycle patrols and Lights On San Bernardino! through the Catalytic Grant) (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant’s score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources Yes [Y]

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 1B

Activity 1B:

Please identify and describe an activity or intervention associated with Goal 1: Reduce Violent Crime.

Reduce crime, drug activity, and gang activity in multifamily rental properties in the SBPZ through expansion of the City’s crime free multifamily housing program, utilizing place-based and CPTED strategies recommended by the BCJI Program.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development _____

Private Sector Investment _____

Commercial Corridors _____

Transportation _____

Broadband _____

Community Infrastructure _____

Housing Development _____

Homeownership _____

Renter Assistance _____

Homelessness _____

Crime Prevention and Intervention Yes [Y] _____

Community Policing and Trust Yes [Y] _____

Public Safety Capacity Building Yes [Y] _____

Reentry _____

Health _____

Healthy Food Access _____

Environmental Health _____

Resident Capacity Building _____

Strategic Planning _____

Other _____

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Enforcing CPTED standards promotes visibility and eyes on the street preventing criminal activity. The identification of gang affiliated youth in multifamily properties by the SBPD in order to develop case management plans creates long term community changes. Finally, collective efficacy, defined as mutual trust among neighbors, has been shown by case studies to be a major factor in reducing crime. (Collective Efficacy and Crime in Los Angeles Neighborhoods. Burchfield and Silver, 2012)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

The SBPD will serve as lead agency administering the Crime Free Multi Housing Program and identifying at-risk youth for case management programs. IPS will serve as a co-lead implementing BCJI Program activities to address residential complexes within hot spots and to engage residents to promote trust and community involvement. DBH, CFS, DPH and SBCUSD are key partners providing programs to address

high-risk youths, deter gang involvement, and provide family support services.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,000,000; Source: Department of Justice Byrne Criminal Justice Innovation Program; Activity: Reduce Crime and Violence in Waterman Gardens Hot Spot Locations; Dates: October 2012-June 2016; Recipient: Institute for Public Strategies
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$500,000; Source: NeighborWorks America - Stable Communities Catalytic Grant; Activity: CPTED improvements, resident engagement, and acquisition and rehabilitation of properties in hot spots; Date: October 2015-present; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$961,179; Source: San Bernardino County Department of Alcohol and Drug Services; Activity: Alcohol and Other Drugs Environmental Prevention; Date: 2007 to present; Recipient: Institute for Public Strategies
Financial Commitment 4[Please Select Financing Type]	
Financial Commitment 4[Please Select Source Type]	

Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 5[Please Select Financing Type]

Financial Commitment 5[Please Select Source Type]

Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 6[Please Select Financing Type]

Financial Commitment 6[Please Select Source Type]

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 7[Please Select Financing Type]

Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$1,000,000; Source: Department of Justice Byrne Criminal Justice Innovation Program; Activity: Reduce Crime and Violence in Downtown Hot Spot Locations; Date: NOFA expected 2016; Recipient: Institute for Public Strategies

Financial Need 2[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$250,000; Source: San Bernardino County Children and Families Commission First 5 funds; Activity: Establish a nurse family partnership program to provide services to high risk families with children ages 0-5; Date: June 2016; Recipient: County Department of Public Health

Financial Need 3[Please Select Financing Type]

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Way World Outreach; Activity: resident outreach and engagement; Start and End Date: ongoing; Recipient: Institute for Public Strategies.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

N/A

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Increase in the community's perception of public safety. 2. Increase the number of neighborhood watch groups in the target area by 25%. 3. Increase in violence prevention community engagement activities participation.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 will be measured by qualitative data gathered through a bi-annual community survey administered by IPS and SBPD. Outcome 2-3 will be measured by attendance at monthly community and neighborhood watch meetings. IPS and the SBPD has an existing MOU for data collection and sharing for monthly crime data, and annual reports on hot spot activities. Annual reports and periodic presentations on SBPZ goals and their outcomes will be generated and available to partners and the community.

Timeline/Milestones for Implementation:

Provide training to residents on prevention and advocacy to increase engagement by 2017 (new). Establish two new

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

neighborhood watch groups annually from 2016-2019 (new). Adopt regulations requiring new residential developments to implement CPTED standards by September 2016 and implement on a project basis (new). Enforce the Crime Free Multi Housing Program at problem properties and establish an assistance program for properties to implement CPTED design by 2017 (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

None at time of application.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Yes [Y]

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability*

within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 1C

Activity 1C:

Please identify and describe an activity or intervention associated with Goal 1: Reduce Violent Crime.

Target problematic businesses in hot spot areas, implementing BCJI interventions, including acquisition of vacant properties, street clean ups, façade projects, business owner empowerment, and enforcement of the deemed approved ordinance.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Yes [Y]

Community Policing and Trust

Yes [Y]

Public Safety Capacity Building

Yes [Y]

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Yes [Y]

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Research specific to the City indicates that there is a correlation between Type I crime and irresponsible business practices such as the sale of alcoholic beverages in single-serve containers. (McCaffree et al. The Impact of Retail Practices on Violence, 2011). When the public believes that the police have a relationship with the community and execute tasks fairly, the public is more likely to trust the police. (T. Meares. The Legitimacy of Police among Young African American Males, 2009.)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

IPS will serve as a lead implementing BCJI interventions: establishing a business improvement district (BID) along Baseline Street, organizing beautification efforts, and identifying problematic properties for beautification projects. SBPD will serve as co-lead enforcing the Deemed Approved Ordinance and working directly with businesses to resolve problems and create trust. CORE, NHSIE, and City will support the BID and focus on the acquisition of abandoned/vacant properties.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | [\(Grant or Direct Allocation\)](#) | [\(School District\)](#) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,000,000; Source: Department of Justice; Byrne Criminal Justice Innovation Program; Activity: Reduce Crime and Violence in Hot Spot Locations; Date: October 2012–June 2016; Recipient: Institute for Public Strategies
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation

Financial Commitment 2[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$500,000; Source: NeighborWorks America Stable Communities Catalytic Grant; Activity: CPTED improvements, resident engagement, and acquisition and rehabilitation of properties in hot spots; Date: October 2015-present; Recipient: Neighborhood Housing Services of the Inland Empire

Financial Commitment 3[Please Select Financing Type]
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Financial Commitment 3[Please Select Source Type]

Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]
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Financial Commitment 4[Please Select Financing Type]
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Financial Commitment 4[Please Select Source Type]

Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]
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Financial Commitment 5[Please Select Financing Type]
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Financial Commitment 5[Please Select Source Type]

Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]
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Financial Commitment 6[Please Select Financing Type]
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Financial Commitment 6[Please Select Source Type]

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]
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Financial Commitment 7[Please Select Financing Type]
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Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]
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Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
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Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$500,000; Source: ArtsPlace America; Activity: transform alleyways to walkways using CPTED
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strategies since area has no sidewalks, host creative placemaking activities in alleyways, Residents will participate in concept development for murals to be placed along the walls ways and residents (to include youth) will participate in painting of murals; Date: Apply in 2016; Recipient: Institute for Public Strategies

Financial Need 2[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$180,000; Source: California Wellness Foundation; Activity: Vacant lots to assets; Date: LOI submitted in January 2016; Recipient: Institute for Public Strategies

Financial Need 3[Please Select Financing Type]

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Way World Outreach; Activity: Resident outreach and engagement; Start and End Date: 2016-ongoing; Recipient: volunteers and food provided. 2. Source: Habitat for Humanity; Activity: Volunteers for beautification events; Start and End Date: 2016-ongoing; Recipient: provided 100+ volunteers to assist with beautification events.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. AmeriCorps VISTA volunteer to engage residents in planning community beautification and engagement events; Start and End Date: 2016-ongoing; Recipient: Institute for Public Strategies

and Neighborhood Housing Services of the Inland Empire.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Reduce the number of vacant/abandoned properties. 2. Increase number of alcohol outlets in compliance with Deemed Approved performance standards. 3. Increase in violence prevention community engagement activities participation. 4. Increase in the community's perception of public safety.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 will be measured by the City using GIS software to monitor the number of vacant properties. The SBPD will measure Outcome 2, based on the number of violations issued on a quarterly basis. Outcomes 3-4 will be measured by IPS who will record attendance at monthly SBPZ community meetings and collect qualitative data through bi-annual community surveys. Annual reports and periodic presentations on SBPZ goals and their outcomes will be generated and available to partners and the community.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

IPS will continue efforts to establish the BID in 2016 with official formation by 2017/2018 (ongoing). A survey of vacant properties in the SBPZ will be completed by City/CORE in 2016 and monitored annually to apply for funding to buy and rehabilitate problem properties (new). Partners will coordinate community events and beautification projects to align with SBPZ community meetings to improve efficacy, safety and perception of the area (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

None at time of application.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Section IV - V: Selection Criteria [Goal 2]

Goal 2

Improve Educational Opportunities [A3]

Please select the goal area:

Goal 2: Description

Describe the Promise Zone Goal.

PK-12 students in the SBPZ will develop 21st century skills to ensure graduation and higher education preparedness that support a pathway to careers while receiving support to overcome barriers to success in their communities.



How many activities will you be reporting for this goal? 3 [A3]

Section IV - V: Selection Criteria [Goal 2 - Activities]

Activity 2A

Activity 2A:

Please identify and describe an activity or intervention associated with Goal 2: Improve Educational Opportunities.

Increase early childhood development opportunities by expanding Head Start and state pre-schools, providing pre-kindergarten services, and delivering parenting and family asset building courses to enhance social competence and school readiness.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood Yes [Y]

K-12

Adult Education

Workforce Development

Family Asset Building Yes [Y]

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Children 0-5 living in poverty live in stressful environs that prohibit adequate development leaving them unprepared for school. Providing a learning environ allows children to develop age-appropriate cognitive, social, and emotional skills that

will enable them to excel in school (C. Ramey et al. 2010). Parent involvement is linked to intervening in 0-5 struggle and increase in social-emotional function which is a key indicator of a child's ability to succeed in school (J. Bovaird et al. 2010)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

County of San Bernardino Preschool Services is the lead. SBCUSD is co-lead and will be a direct service provider for early learning and transitional programs. First 5 will be a key partner in funding healthcare access programs for 0-5 children to ensure that children are healthy and prepared for learning. Hope Through Housing will work with service providers to coordinate programs and services to help families provide early learning in their homes and help struggling families access services.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | [\(Grant or Direct Allocation\)](#) | [\(School District\)](#) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,800,000; Source: U.S. Department of Health and Human Services Early Head Start-Child Care Partnership and Early Head Start Expansion grant; Activity: Expand existing Head Start and State preschools in the SBPZ; Date: Awarded in March 2015—ongoing; Recipient: County of San Bernardino Preschool Services
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	School District

Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$202,500; Source: San Bernardino City Unified School District; Activity: Provide Pre-Kindergarten services to children to successfully transition from early learning to Kindergarten; Date: Ongoing; Recipient: San Bernardino City Unified School District
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Financial Commitment 3[Please Select Financing Type]	
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Financial Commitment 3[Please Select Source Type]	
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Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
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Financial Commitment 4[Please Select Financing Type]	
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Financial Commitment 4[Please Select Source Type]	
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Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
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Financial Commitment 5[Please Select Financing Type]	
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Financial Commitment 5[Please Select Source Type]	
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Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
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Financial Commitment 6[Please Select Financing Type]	
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Financial Commitment 6[Please Select Source Type]	
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Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
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Financial Commitment 7[Please Select Financing Type]	
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Financial Commitment 7[Please Select Source Type]	
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Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
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Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
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Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$10,000,000; Source: DOE Promise Neighborhood Grant; Activity: Expanding Head Start and state pre-schools, providing pre-kindergarten services, and delivering parenting and family asset building courses; Date: 2018-
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2023; Recipient: County of San Bernardino
Preschool Services

Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$500,000; Source: HHS Early Head Start Expansion Grant; Activity: Resources to open and expand PK centers in the SBPZ; train early childhood staff and provide consistent professional development; purchase culturally relevant reading materials/resources, technology for parent courses and children centers necessary in preparing children's' motor skill use in primary school; Date: 2017/18-ongoing; Recipient: San Bernardino City Unified School District

Financial Need 3[Please Select Financing Type]	
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Financial Need 4[Please Select Financing Type]	
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Financial Need 5[Please Select Financing Type]	
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Financial Need 6[Please Select Financing Type]	
Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Financial Need 7[Please Select Financing Type]	
Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Committed Non-Financial Support:	
List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.	1. Source: California State University San Bernardino student interns; Activity: Provide student interns from CSUSB teacher education department to support the preschool sites, parent education events, and STEAM centered children's events; Dates: 2016/2017-annually; Recipient: County of San Bernardino Preschool Services and San Bernardino City Unified School District. 2. Source: Loma Linda University student interns; Activity: Obtain community input/data on healthy environment for children and assist

with annual health and literacy fairs; Dates: 2016/2017-annually; Recipient: County of San Bernardino Preschool Services and San Bernardino City Unified School District.

3. Source: Community Leaders (Volunteers); Activity: Support the preschool sites, parent education events, and STEAM centered children's events; Dates: 2016/2017-ongoing; Recipient: County of San Bernardino Preschool Services and San Bernardino City Unified School.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: AmeriCorps VISTA Volunteers; Activity: Recruit parents to attend child development, parenting and family asset building courses; Dates: 2016/2017-ongoing; Recipient: Hope Through Housing Foundation. 2. Source: Community Based Organizations; Activity: Support annual literacy fairs; Dates: 2016/2017- occur annually; Recipient: Hope Through Housing Foundation and San Bernardino City Unified School.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Increased number of spots available for pre-school aged children. 2. Increase percent of 0-5 children enrolled in preschool. 3. Increase percent of 0-5 children adequately prepared for kindergarten.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 is measured by auditing the number of new preschool programs and enrollment spaces available. Outcome 2 is measured using U.S. census data and data available through County of San Bernardino Preschool Services. Outcome 3 is measured using SBCUSD benchmark assessments (KPIs). Children enrolled in current and new preschools will be assessed twice a year. Annual summative reports examining all SBPZ goals and their related outcomes will be generated and made available to the community.

Timeline/Milestones for Implementation:

Parenting and family asset building courses will be created, promoted and delivered in

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

2017/18 (new). Identify locations for the PK centers and expand/revitalize current PK centers in 2017-2019 (new) PK staff will create an accountability council of parents by 2018/19 (new). By 2020, 50% of 0-5 children will be enrolled in PK and 50% of children in kindergarten will enter with age-appropriate skill sets increasing to 65% and 80% respectively by 2025. Annual health and literacy fairs (new).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

None at time of application.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation	Yes [Y]
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Research and Best Practices/General Guidance

Grant and Financial Management Resources	Yes [Y]
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Needs Assessment

Training for Partners and Staff	Yes [Y]
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Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability*

within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 2B

Activity 2B:

Please identify and describe an activity or intervention associated with Goal 2: Improve Educational Opportunities.

Enhance college and career pathways by delivering STEAM out of school programming, access to applied learning experiences through collaborative community partnerships and parent engagement opportunities.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Yes [Y]

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Yes [Y]

Strategic Planning

Other

Rationale/Evidence:

Sole focus on college readiness will not equip youth with skills needed for the

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

workforce. Creating work experiences and parent engagement prospects lead to a greater employment rate (Almeda, T. et al. 2011) Studies show teens that have school work experiences are more likely to stay in school, graduate, and pursue goals (Goldin, C. et al. 2008) Social impact is formed by creating career pathways that deter dropouts, mold active citizens and prepare youth with 21st century skills (Sum, A. 2009)

Implementing Partners:

List the implementing partner organizations for the proposed activity, including roles and responsibilities for each.

SBCUSD is the lead. As GEAR UP grantee, CSUSB is a key partner in providing college to career pathway programs for SCBUSD students. Technical Employment Training delivers local training and work experiences. Loma Linda University offers direct student intern pathways in public health. As the local economic mobility case manager and out of school provider, Hope Through Housing will work with SBCUSD in expanding the BELL summer program and coordinating out of school STEAM programs and services.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	School District
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$8,900,000; Source: Local Control Accountability Plan; Activity: Map coaching/mentoring assets and establish a community resource hub where parents and staff are trained and monitored to respond to the needs of the students and community; Dates: 2016-ongoing;

	Recipient: San Bernardino City Unified School District
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	School District
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$8,700,000; Source: San Bernardino City Unified School District; Activity: Apply STEAM focused afterschool programs that offer professional mentoring for children and provide applied learning experiences; Dates: 2016-ongoing; Recipient: San Bernardino City Unified School District
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	State Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$398,200; Source: HCD Housing Related Parks Program grant; Activity: Pre-development costs to build a 21st century community recreation center that will have multiple uses for school programs, out of school activities and community use; Dates: 2016-2018; Recipient: City of San Bernardino and National CORE
Financial Commitment 4[Please Select Financing Type]	
Financial Commitment 4[Please Select Source Type]	
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 7[Please Select Financing Type]	
Financial Commitment 7[Please Select Source Type]	
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them

empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | (Grant or Direct Allocation) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$10,000,000; Source: DOE Promise Neighborhood Grant; Activity: Enhance college and career pathways by delivering STEAM out of school programming, access to applied learning experiences; Dates: 2018-2023; Recipient: San Bernardino City Unified School District and National CORE
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$2,000,000; Source: Choice Neighborhood Implementation Grant; Activity: Build a 21st century community recreation center that will have multiple uses for school programs, out of school activities and community use; Dates: 2016-2019; Recipient: San Bernardino City Unified School District and National CORE
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$2,000,000; Source: HCD Housing Related Parks Program grant; Activity: Build a 21st century community recreation center that will have multiple uses for school programs, out of school activities and community use; Dates: 2017-2021; Recipient: City of San Bernardino and National CORE
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$2,500,000; Source: Philanthropic Institutions; Activity: Build a 21st century community recreation center that will have multiple uses for school programs, out of school activities and community use; Dates: 2017-2021; Recipient: Hope Through Housing Foundation
Financial Need 5[Please Select Financing Type]	

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: African American Parent Council (AAPAC); Activity: Staff the community resource hub where parents and staff are trained and monitored to respond to the needs of the students and community; Dates: 2016-Annually; Recipient: San Bernardino City Unified School District. 2. Source: Technical Employment Training (TET); Activity: Provide work experiences/internships to SBCUSD students; Dates: 2016/2017-Annually; Recipient: San Bernardino City Unified School District. 3. Source: California State University San Bernardino student interns; Activity: Tutor and mentor children in after school programs; assist with college preparedness courses for parents and students; Dates: 2016/2017-Annually; Recipient: San Bernardino City Unified School District. 4. Source: Loma Linda University; Activity: Tutor and mentor children in after school programs; assist with college preparedness courses for parents and students; Dates: 2016/2017-Annually; Recipient: San Bernardino City Unified School District.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: AmeriCorps VISTA Volunteers; Activity: Tutor and mentor children in after school programs; assist with college preparedness courses for parents and students; recruit parents; Dates: 2016-Annually; Recipient: San Bernardino City Unified School District.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity

1. 75% of students are attending STEAM out of school programs in the SBPZ. 2.



Decrease suspension rates by 80%. 3.
Decrease truancy rates by 98%.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 is measured using SBCUSD's ad HTH attendance records. Outcome 2 is measured using U.S. census data and data available through SBCUSD KPIs. Outcome 3 is measured using SBCUSD attendance records. Summative reports examining all SBPZ goals and their related outcomes will be generated annually and made available to the partners and broader community.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

SBCUSD will create space within a school campus to be designated a community resource hub and work experiences offered by 2018 (new). Implement college bound and STEAM preparatory afterschool programs by 2018/19 (new). Achieve enrollment of 50% of the students in the SBPZ in an out of school program by 2021. Open a new 21st century multi-use community center for multi-generational programming by 2022. HTH/SBCUSD will run the BELL summer program, annually (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach	Yes [Y]
Direct Technical Assistance for Specific Issues	
Data Collection and Evaluation	
Research and Best Practices/General Guidance	
Grant and Financial Management Resources	Yes [Y]
Needs Assessment	
Training for Partners and Staff	Yes [Y]
Peer to Peer Learning and Networking	

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 2C

Activity 2C: Students will complete a secondary school program and obtain a secondary diploma leaving them prepared for post-secondary education and qualified as technical workers across a variety of STEAM focused sectors.

Please identify and describe an activity or intervention associated with Goal 2: Improve Educational Opportunities.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood	
K-12	Yes [Y]
Adult Education	
Workforce Development	Yes [Y]
Family Asset Building	
Entrepreneurship	
Small Business Development	
Private Sector Investment	
Commercial Corridors	
Transportation	

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Research shows that students who drop out of high school exhibit strong warning signs such as truancy, infractions, course failure, and inability to read by 3rd grade. These signs accurately predict whether students will drop out more than any other socioeconomic factors and can be used to predict high school graduation as early as elementary school (Archambault, 2009). Dual enrollment increases secondary graduation success and post-secondary acceptance rates (Krueger, 2006).

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

SBCUSD will serve as the lead. SBCUSD administers "Middle College High School" where students in grades 10-12 take community college courses at SBVC to dually earn an AA degree. Other key partners include GEAR UP grant awardee, CSUSB. Technical Employment Training offers student work experiences and Loma Linda University offers direct student intern pathways in public health.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total

dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$14,500,000; Source: GEAR UP grant; Activity: Employment of a GEAR UP coordinator at every SBPZ middle school to leverage the relationships of community partners and post-secondary institutions to create sustainable post-graduation goals and critical life skills, Construct magnet career and STEAM focus constructed between elementary, middle, and high schools; Dates: January 2015 – June 2021; Recipient: California State University San Bernardino
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	State Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,500,000; Source: California Careers Trust grant; Activity: Develop a linked learning pathway in the SBPZ K-12 school structure which includes dual enrollment to the local CSUSB or SBVCC; Dates: January 2015- June 2020; Recipient: San Bernardino City Unified School District
Financial Commitment 3[Please Select Financing Type]	
Financial Commitment 3[Please Select Source Type]	
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 4[Please Select Financing Type]	
Financial Commitment 4[Please Select Source Type]	
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	

Financial Commitment 6[Please Select Source Type]

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 7[Please Select Financing Type]

Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$500,000; Source: Choice Neighborhood Implementation Grant; Activity: Implementation of Common Core State Standards and all related academic training for staff and parents; Dates: 2016-2019; Recipient: San Bernardino City Unified School District and National CORE

Financial Need 2[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$499,000; Source: DOE Full-Service Community Schools grant; Activity: Construct magnet career and STEAM focus between elementary, middle, and high schools; Date: Apply in 2017; Recipient: San Bernardino City Unified School District

Financial Need 3[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$200,000; Source: Minority Science and Engineering Improvement Program; Activity: Construct magnet career and STEM focus between elementary, middle, and high schools; Date: Apply in 2017; Recipient: San Bernardino City Unified School District

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Loma Linda University student interns; Activity: Mentor and tutor SBCUSD students in health-related studies; Dates: 2016- annually; Recipient: SBCUSD. 2. Source: Technical Employment Training (TET); Activity: Provide work experiences, mentoring, and tutoring in technical computer and construction trades; Dates: 2016-annually; Recipient: SBCUSD.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

N/A

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Increase graduation rates by 75%. 2. 80% of students will reach ELA proficiency. 3. 80% of all students will reach Math proficiency. 4. Secondary acceptance rates increase by 30%.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 is measured using SBCUSD's graduation records (KPIs) and using U.S. census data. Outcomes 2-3 are measured using STAR testing/scores, CST testing/scores and CCSS testing scores collected by SBCUSD. Outcome 4 is measured using CHASEE acceptance rates through the school district. Annual summative reports examining all SBPZ goals and their related outcomes will be generated and made available to the community.

Timeline/Milestones for Implementation:

Establish a GEAR UP coordinator at every SBPZ middle school in 2016/17

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

(underway). Create a council of business, vocational, and county/city leaders to establish career opportunities and internships for high school students in 2017 (new). Implement quarterly CCSS parent trainings beginning in 2018/2019 (new). All elementary, middle and high school students will be enrolled in a chosen magnet career and/or STEAM focus by 2020 (new).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

None at time of application.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach	Yes [Y]
Direct Technical Assistance for Specific Issues	Yes [Y]
Data Collection and Evaluation	
Research and Best Practices/General Guidance	
Grant and Financial Management Resources	Yes [Y]
Needs Assessment	
Training for Partners and Staff	
Peer to Peer Learning and Networking	

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability*

within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Section IV - V: Selection Criteria [Goal 3]

Goal 3

Create Jobs [A1]

Please select the goal area:

Goal 3: Description

Describe the Promise Zone Goal.

Implement job readiness and training programs to prepare SBPZ residents for jobs in the growing sectors of healthcare, distribution, and logistics. Provide skill-based education, placement services, and local hiring incentives to reduce unemployment.

How many activities will you be reporting for this goal?

2 [A2]

Section IV - V: Selection Criteria [Goal 3 - Activities]

Activity 3A

Activity 3A:

Please identify and describe an activity or intervention associated with Goal 3:Create Jobs.

Provide SBPZ residents with access to effective skills-based/ technical education programs, on-the-job training, and job-placement services to promote economic mobility and establish a workforce aligned with local employers' needs.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Yes [Y]

Workforce Development

Yes [Y]

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of **Goal 3:Reduce Violent Crime** in this specific context.

A high percentage of SBPZ residents lack the skills needed to compete for growth/demand occupations. Employability and job access are proven ways to raise families out of poverty and foster self-sufficiency (Kling, Lieberman & Katz. "Experimental Analysis of Neighborhood Effects" Econometrics, 2007; Gallo, Michael J. "The Launch Initiative: Creating a Trajectory from Dependency to Prosperity", 2014; Lerman, Robert I. "Training Tomorrow's Workforce" The Urban Institute, 2014)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

County Transitional Assistance Department (TAD) and City Workforce Investment Board (City WIB) will serve as co-leads administering \$3M annually. The County Workforce Development Board assists with job placement through specialized on-site staff. The City WIB and IVDA will focus on recruiting local businesses to determine hiring demands. TET, HTH, HACSB, LLU, CSUSB and SBVC are key partners focusing on providing skilled education, on-the-job training and job placement services for residents.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total

dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$6,550,000; Source: Department of Labor; Activity: Fund Inland Empire Job Corps Center; Date: Annually; Recipient: Inland Empire Job Corps
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	State Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,000,000; Source: CalWorks Subsidized Employment Program; Activity: Support families through times of unemployment; Date: Annually; Recipient: County
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	State Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$3,100,000; Source: CalYouth Employment Program; Activity: Provide youth with paid work experience; Date: Annually; Recipient: County
Financial Commitment 4[Please Select Financing Type]	
Financial Commitment 4[Please Select Source Type]	
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 7[Please Select Financing Type]	
Financial Commitment 7[Please Select Source Type]	
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated Amount: \$4,000,000; Source: Department of Labor allocation; Activity: Fund the City WIB to reactivate the Workforce Investment Act Adult Program, Workforce Investment Act Youth Activities and Workforce Investment Act Dislocated Workers/Rapid Response for City residents; Date: Annually; Recipient: City
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$3,000,000; Source: EDA's Public Works and Economic Adjustment Assistance programs; Activity: Foster job creation and attract private investment; Date: Apply in 2017; Recipient: County
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$4,000,000; Source: Strengthening Working Families Initiative; Activity: Remove barriers to job training; Date: Apply in 2017; Recipient: City
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,360,000; Source: Training to Work 3 - Adult Reentry grant; Activity: Assist residents participating in the Work Release Program prioritizing veterans; Date: Apply in 2017; Recipient: County
Financial Need 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,100,000; Source: YouthBuild grant ; Activity: Reactivate the San Bernardino YouthBuild program; Date: Apply in 2017; Recipient: YouthBuild San Bernardino
Financial Need 6[Please Select Financing Type]	

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Hope Through Housing Foundation; Activity: Provide one person to staff the Family Independence Center at Waterman Gardens; Date: Annually; Recipient: Hope Through Housing Foundation to serve SBPZ residents. 2. Source: County; Activity: Provide on-site coordinator/ESS office at Waterman Gardens; Date: Annually; Recipient: County Transitional Assistance Department to serve SBPZ residents. 3. Source: County; Activity: Provide two workforce development specialists; Date: Annually; Recipient: County Workforce Development Board to serve SBPZ residents. 4. Trade Adjustment Assistance Community College And Career Training (TAACCCT) for SBPZ residents. 5. Source: IVDA; Activity: Economic Development Staff Support; Date: Annually; Recipient: Local business and SBPZ residents.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

N/A

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1.Number of residents receiving workforce development services and referrals through the Family Independence Center 2.Percent of residents enrolled completing manufacturing trades education 3.Percent of residents enrolled in manufacturing trades education that are placed in a new job 4.Percent of residents enrolled graduating from training/workforce development programs (certificate or degree programs) 5.Percent of residents served placed in local jobs 6.Decreased unemployment in the SBPZ.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

ETO will be used to track Outcomes 1-6. Data in ETO will be supplemented by detailed hiring audits to assess the percent of residents employed and jobs created; reviews of case management records; and census data on unemployment rates. Summative reports on SBPZ goals and their outcomes will be generated annually and available to partners and the community; presentations, in multiple formats to the Leadership Council, Working Groups, Community Councils and stakeholders regarding annual results.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

 Direct Technical Assistance for Specific Issues

 Data Collection and Evaluation

 Research and Best Practices/General Guidance

 Grant and Financial Management Resources

 Needs Assessment

 Training for Partners and Staff

 Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

***The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 3B

Activity 3B:

Please identify and describe an activity or intervention associated with Goal 3: Create Jobs.

Seek partnerships and garner commitments from local businesses to hire qualified, eligible employees living within the SBPZ that have completed educational and skill-based training programs.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Yes [Y]

Family Asset Building

Entrepreneurship

Small Business Development

Yes [Y]

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Despite the availability of training programs, many low-income individuals cannot afford to participate in them. Simultaneously, employers often claim that they cannot easily find individuals with the right skills. This skill mismatch results in

some types of jobs going unfilled, and in turn a weakened economy. The SBPZ Plan aims to establish a mutually beneficial arrangement for local businesses and residents (Tessler, et al., Meeting the Needs of Workers and Employers, 2014).

Implementing Partners:

List the implementing partner organizations for the proposed activity, including roles and responsibilities for each.

County Transitional Assistance Department (TAD) is the lead operating the Family Independence Center and the County WIB providing workforce development assistance on-site at Waterman Gardens. The City WIB and IVDA operate the Job Placement Program. TET, HTH, HACSB, LLU, CSUSB and SBVC are key partners referring residents to appropriate programs providing education, skilled training and on-the-job experience.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$3,000,000; Source: Workforce Innovation and Opportunity Act of 2014 (WIOA); Activity: Fund City Workforce Investment Board (WIB) activities; Date: Annually; Recipient: City
Financial Commitment 2[Please Select Financing Type]	
Financial Commitment 2[Please Select Source Type]	
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 3[Please Select Financing Type]	
Financial Commitment 3[Please Select Source Type]	
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Financial Commitment 4[Please Select Financing Type]

Financial Commitment 4[Please Select Source Type]

Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 5[Please Select Financing Type]

Financial Commitment 5[Please Select Source Type]

Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 6[Please Select Financing Type]

Financial Commitment 6[Please Select Source Type]

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 7[Please Select Financing Type]

Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$2,000,000; Source: Summer Jobs and Beyond: Career Pathways for Youth grant; Activity: Expand existing summer employment programs and work experiences for eligible youth; Date: Apply in 2017; Recipient: City and/or Hope Through Housing Foundation

Financial Need 2[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$300,000; Source: EDA Planning Program and Local Technical Assistance Program grant; Activity: Establish a regional economic development plan; Date: Apply in 2017; Recipient: County

Financial Need 3[Please Select Financing Type]

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Hope Through Housing Foundation; Activity: Provide one person to staff the Family Independence Center at Waterman Gardens; Date: Annually; Recipient: Hope Through Housing Foundation to serve SBPZ residents. 2. Source: County; Activity: Provide on-site coordinator/ESS office at Waterman Gardens; Date: Annually; Recipient: County Transitional Assistance Department to serve SBPZ residents. 3. Source: County; Activity: Provide two workforce development specialists; Date: Annually; Recipient: County Workforce Development Board to serve SBPZ residents. 4. Trade Adjustment Assistance Community College And Career Training (TAACCCT) for SBPZ residents. 5. Source: IVDA; Activity: Economic Development Staff Support; Date: Annually; Recipient: Local business and SBPZ residents.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: VISTA AmeriCorp volunteers; Activity: to help coordinate and build capacity for job creation and connections; Date: 2017; annually; Recipient: Hope Though Housing Foundation and IVDA.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Number of businesses with first-choice hiring agreements. 2. Number of residents receiving job placement services. 3. Percent of residents hired in local job. 4.

Increase new jobs created in the SBPZ. 5.
Decrease unemployment in the SBPZ.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 will be measured based on an established IVDA database of "first choice" hiring agreements. Outcomes 2-3 will be measured using ETO, accessible by all Partners. Outcomes 4-5 will be measured using Census data and the Healthy San Bernardino County data. Summative reports on SBPZ goals and their outcomes will be generated annually and available to Partners and the community; presentations to the Leadership Council, Working Groups and stakeholders will be made showing annual outcomes.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

Initiate first source" hiring agreements with local employers in 2016 (new). Launch a job training and employment program for SBPZ residents, per DOL regulations, by June 2017 (new). Establish a preferential agreement with LLU to promote hiring of trained SBPZ residents by Spring 2017 (new). Expand the network of local employers (i.e. Amazon and BNSF railway) connected to IVDA by June 2018 and add new businesses annually (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Section IV - V: Selection Criteria [Goal 4]

Goal 4

Increase Economic Activity [A2]

Please select the goal area:

Goal 4: Description

Describe the Promise Zone Goal.

Foster opportunity and vitality through attraction of new capital resources to catalyze economic revitalization, support neighborhood business growth, and enhance commercial areas while building on the character and composition of the neighborhood.

How many activities will you be reporting for this goal?

2 [A2]

Section IV - V: Selection Criteria [Goal 4 - Activities]

Activity 4A

Activity 4A:

Please identify and describe an activity or intervention associated with Goal 4: Increase Economic Activity.

Revitalize the Downtown and commercial corridors within the SBPZ to retain and expand existing businesses while

establishing new opportunities for job-generating uses mixed with workforce housing.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development

Yes [Y]

Private Sector Investment

Yes [Y]

Commercial Corridors

Yes [Y]

Transportation

Broadband

Community Infrastructure

Yes [Y]

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Data indicates that the Main Street approach leads to substantial reinvestment and new economic activity, building both capacity and community for a vital commercial district. The cumulative success of the Main Street approach reports \$65.7 billion in new investment, 251,838 building improvement projects, 120,510 net new businesses, and 528,557 net new jobs (Seidman, K. "Revitalizing Commerce for American Cities: A Practitioner's Guide to Urban Main Street Programs," 2004)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

CORE has prepared a Neighborhood Transformation Plan to incentivize redevelopment, is establishing a marketing strategy and assisting with creation of a business improvement district (BID). The City will serve as co-lead, implementing the Plan, leading the Downtown revitalization effort, supporting key infrastructure investments and the creation of BID. IPS and NHSIE are co-leading the BID and beautification efforts along key corridors to build efficacy, increase safety and patronage.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$600,000; Source: CORE; Activity: Prepare and adopt a neighborhood transformation plan to establish zoning regulations that promote a flexible mix of uses, identify catalytic sites, develop an incentive package for lot assembly and redevelopment, and create a unified design scheme for commercial corridors; Date: February 2015-Adoption and implementation in summer 2016; Recipient: City
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Federal Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,000,000; Activity: Implementation of BCJI interventions to increase safety in commercial corridors through the creation of a BID and beautification events; Date: October 2012

	–June 2016; Recipient: Institute for Public Strategies
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Local Nonprofit or Foundation
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$25,000; Source: Direct - LISC and NTC; Activity: Commercial Corridor Diagnostic; Date: January 2016-July 2016; Recipient: Larisa Ortiz & Associates - commercial district advisor
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$80,000; Source: City General Fund - Funding for Carousel Mall redevelopment; Activity: Funding to hire financial, planning and design consultants; Date: Start: 2016-2017; Recipient: City
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 7[Please Select Financing Type]	
Financial Commitment 7[Please Select Source Type]	
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$500,000; Source: HOPE VI Main Street Program; Activity: Rejuvenate the Downtown/Civic Center district while retaining the City's historic

	character; Date: 2017-2019; Recipient: County/City
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,000,000; Source: EDA's Public Works and Economic Adjustment Assistance grant program; Activity: Facilitate site readiness by supporting investment in sewer, water, flood control, and other infrastructure necessary to attract development on key sites; Date: 2017-2020; Recipient: City of San Bernardino Public Works
Financial Need 3[Please Select Financing Type]	Tax Credit Proceeds
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$25,000,000; Source: New Market Tax Credits Program; Activity: To finance and support loans to or investments in operating SBPZ businesses; Date: 2017-2020; Recipient: National CORE and Neighborhood Housing Services of the Inland Empire
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Amount: \$400,000 annually; Source: Community Development Block Grant; Activity: Establish and continually fund a façade improvement program; Date: 2016-annually/ongoing; Recipient: City allocates to the NTC - National CORE, Neighborhood Housing Services of the Inland Empire and Institute for Public Strategies
Financial Need 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$800,000; Source: Community Economic Development Program grant; Activity: Small business development; Date: 2017-2020; Recipient: County/City
Financial Need 6[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$500,000; Source: Grant; Activity: Façade Improvement Program; Date: 2017-2020; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Need 7[Please Select Financing Type]	Grant or Direct Allocation

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:] Estimated amount: \$180,000; Source: California Wellness Foundation grant; Activity: Vacant lots to assets; Date: Letter of Intent submitted in January 2016; Recipient: Institute for Public Strategies

Committed Non-Financial Support:

N/A

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source and type: CSUSB and SBVC Interns; Activity: Participate in market analysis and executing façade improvements; Date: 2016-2018; Recipient: The Neighborhood Transformation Collaborative. 2. Source and type: VISTA Americorp Volunteers; Activity: Build and maintain capacity and engagement in the BID; Date: 2016-2020; Recipient: The Neighborhood Transformation Collaborative.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Decrease commercial vacancy rates within the SBPZ focusing on corridors and the Downtown. 2. Increase job growth and employment rates within the SBPZ. 3. Grow the number of new businesses and financing for new businesses. 4. Foster new public and private investments in the Promise Zone. .

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcome 1 is measured by the City using GIS software to monitor the number of vacant properties. Outcomes 2-3 is measured using U.S Census data and the City business license/building permit database. Outcome 4 will be measured using data from the City Economic Development Division. To measure and ensure equity outcomes, data will be disaggregated by race, ethnicity, and geography. Additional performance measures will be refined as specific initiatives are implemented with advise of the Council.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

City to adopt comprehensive Neighborhood Transformation Plan by summer 2016 (underway). Build on the Commercial Corridor Diagnostic to establish a BID by 2019 (new). Invest in infrastructure as development occurs and grants become available to facilitate site readiness – apply for Choice Neighborhood Implementation grant in 2016. Survey vacant properties in the SBPZ by 2017 and monitor annually to apply for funding to buy and rehabilitate problem properties (new).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

None at the time of application.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation Yes [Y]

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment Yes [Y]

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 4B

Activity 4B:

Please identify and describe an activity or intervention associated with Goal 4: Increase Economic Activity.

Attract financial resources and investment to build local business capacity, encourage start-up businesses, and spur economic development that aligns with SBPZ workforce development strategies to increase higher wage jobs for qualified residents.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Yes [Y]

Small Business Development

Yes [Y]

Private Sector Investment

Commercial Corridors

Yes [Y]

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

The systematic nature in which capital investment occurs involves an “ecosystem” of stakeholders, institutions and policies. Taking a functional view of the ecosystem is a valuable contribution that evaluates the strengths and weaknesses in a community development system, identifies critical gaps and crafts an effective response providing a more comprehensive framework for economic development. (Seidman, K. The Capital Absorption Capacity of Places: A Research Agenda & Framework, 2012)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

The Neighborhood Transformation Collaborative will serve as lead building partnerships with CBOs, conducting outreach and providing information to small businesses and resident start-ups. The City Economic Dev Division will offer technical support, incentives, and seek funding to promote entrepreneurship establishing a place-based tool box for business owners. The City, Clancy, and CORE will develop and implement marketing/branding strategies to attract, retain and grow local businesses.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | [\(Grant or Direct Allocation\)](#) | [\(School District\)](#) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Commitment 1[Please Select Source Type]

Federal Government

Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Total amount: \$1,000,000; Source: Department of Justice Byrne Criminal Justice Innovation Program; Activity: Implement BCJI strategies to engage local business and community members in

	beautification and revitalization efforts and increase the level of community support/patronage of local businesses; Date: October 2012– June 2016; Recipient: Institute for Public Strategies
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$100,000; Source: National CORE/Clancy Partnership; Activity: Implementation of branding & marketing strategy; Date: January 2015 - June 2017; Recipient: The 20/20 Network – marketing consultant
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$600,000; Source: National CORE; Activity: Prepare and adopt a neighborhood transformation plan to establish zoning regulations that promote a flexible mix of uses, identify catalytic sites, develop an incentive package for lot assembly and redevelopment, and create a unified design scheme for commercial corridors; Date: February 2015-adoption in summer 2016; Recipient: City
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	Local Nonprofit or Foundation
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$25,000; Source: LISC and NTC; Activity: Complete a commercial corridor diagnostic, engaging business owners to identify what programs, funding, and services are needed to better operate and expand their businesses; Date:: January 2016-July 2016; Recipient: Larisa Ortiz & Associates - commercial district advisor
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 7[Please Select Financing Type]

Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$250,000 annually; Source: Program for Investment in Micro-Entrepreneurs (PRIME) grant; Activity: Provide training and technical assistance to new and existing business owners to start, operate, or expand businesses; Date: 2017-2021; Recipient: County/City for businesses located within the SBPZ

Financial Need 2[Please Select Financing Type]

Tax Credit Proceeds

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$25,000,000; Source: New Market Tax Credits Program; Activity: To finance and support loans to or investments in operating SBPZ businesses and start-ups; Date: 2017-2020; Recipient: National CORE and Neighborhood Housing Services of the Inland Empire

Financial Need 3[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$100,000; Source: Community Development Block Grant funds; Activity: Establish the BID and implement a façade improvement program per the Commercial Corridor Diagnostic; Start and end date: June 2016 – ongoing; Recipient: City allocates to the Neighborhood Transformation Collaborative (NTC)

Financial Need 4[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:] Estimated amount: \$800,000; Source: Community Economic Development Program; Activity: Small business development; Date: 2017-2020; Recipient: County/City

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Monstro Marketing; Activity: SBPZ neighborhood transformation promotional video and website; Estimated amount: \$150,000 (in-kind); Date: February 2016–August 2016; Recipient: The Neighborhood Transformation Collaborative (NTC)

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: Office of Entrepreneurial Education, SBA's Emerging Leaders Initiative; Activity: Provide in-kind entrepreneurial resources and tools to help established SBPZ businesses succeed; Date: 2017-2020; Recipient: County/City. 2. Source and type: CSUSB, College of Business Administration; Activity: Provide in-kind consulting services to businesses to build capacity and expand operations; Start and end date: Annually; Recipient: Business located within the SBPZ.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Improved profitability of neighborhood businesses. 2. Net increase in new businesses. 3. Number of jobs added within the SBPZ. 4. Decrease in the non-residential vacancy rate within the SBPZ.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Data for Outcomes 1-3 will be collected by via an annual survey administered to neighborhood businesses and entered into the ETO database. To measure and ensure equity outcomes, data will be

disaggregated by race, ethnicity, and geography. Additional performance measures will be refined as specific initiatives are implemented and with advise of the Leadership Council. Outcome 4 will be tracked by the City/CORE using GIS software to monitor the number of vacant properties in the SBPZ.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

Complete marketing and branding activities to attract businesses to the SBPZ (ongoing). Develop a resource hub for local businesses offering entrepreneurial resources and trainings, financial and technical support by 2017 (new). Build on the Commercial Corridor Diagnostic to establish a BID and façade improvement program by 2018 (new). Establish a minority-owned and small business loan/financing program by 2018 (new).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at the time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Yes [Y]

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Section IV - V: Selection Criteria [Goal 5]

Would you like to report another goal?

Yes [A1]

Goal 5

Increase Access to Quality Affordable Housing [A9]

Please select the goal area:

Goal 5: Description

Describe the Promise Zone Goal.

Construct new, high quality affordable and workforce housing in identified opportunity areas, facilitate home ownership, invest in the existing housing stock to preserve and improve existing neighborhoods, and end homelessness.

How many activities will you be reporting for this goal?

3 [A3]

Section IV - V: Selection Criteria [Goal 5 - Activities]

Activity 5A

Activity 5A:

Please identify and describe an activity or intervention associated with Goal 5: Increase Access to Quality Affordable Housing.

Transform the 38-acre Waterman Gardens public housing site into a privately-owned and managed 400+ home mixed-income, service enriched inclusive community and leverage this effort to revitalize the surrounding neighborhood.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building	
Entrepreneurship	
Small Business Development	
Private Sector Investment	
Commercial Corridors	
Transportation	
Broadband	
Community Infrastructure	
Housing Development	Yes [Y]
Homeownership	Yes [Y]
Renter Assistance	Yes [Y]
Homelessness	
Crime Prevention and Intervention	
Community Policing and Trust	
Public Safety Capacity Building	
Reentry	
Health	
Healthy Food Access	
Environmental Health	
Resident Capacity Building	
Strategic Planning	

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Studies prove the value of using public dollars as a catalyst for neighborhood renewal by funding public units within a market rate development integrated with the community; by partnering with private sector and integrating them within ownership and management; by attracting mod income families to live there; and by framing the development within a complete neighborhood renewal strategy (Piper,V. et al. Hope VI and Mixed-Financed Developments, 2005; Cisneros,H. et al. Brookings Institute, 2009)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

National CORE is the lead as developer and future manager of the mixed-income community (Waterman Gardens). As co-developer, The Clancy Company is co-lead. HACSB currently owns and manages Waterman Gardens and is a key partner in the redevelopment. Other partners include the Neighborhood Transformation Collaborative led by Neighborhood Housing Services of the Inland Empire, Institute for

Public Strategies and CORE, and includes local non-profits and service organizations in the area.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: ~\$1,000,000 - 75 HUD RAD; Source: HUD's Rental Assistance Demonstration (RAD) program; Activity: Phase I development of 75 affordable units; Date: HUD RAD Commitment (CHAP) Letter issued June 26, 2014; construction underway with occupancy in summer 2016; Recipient: Val 9 Apartments, LP (Phase I of Waterman Gardens)
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$4,044,000; Source: City/County allocation of Federal HOME program funds; Activity: Phase I development of 75 affordable units and Phase II development of 62 affordable units; Awarded: Phase I awarded in March 2015 and Phase II awarded in February 2017; Recipient: Val 9 Apartments, LP and National CORE
Financial Commitment 3[Please Select Financing Type]	Tax Credit Proceeds
Financial Commitment 3[Please Select Source Type]	State Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$12,424,223; Source: Tax Credit Proceeds - 9% California Tax Credit Allocation/Wells Fargo as Equity Partner; Activity: Phase I development of 75 affordable units; Awarded: March 2015-

	construction underway with occupancy in summer 2016; Recipient: Val 9 Apartments, LP
Financial Commitment 4[Please Select Financing Type]	Below Market Loan
Financial Commitment 4[Please Select Source Type]	Federal Government
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$9,884,400; Source: PNC 221(d)(4) Loan; Activity: Phase I development of 75 affordable units; Date: March 2015-construction underway with occupancy in summer 2016; Recipient: Val 9 Apartments, LP
Financial Commitment 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 5[Please Select Source Type]	Public Housing Authority
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$3,315,000; Source: HACSB Land Donation for Phase II-VI; Activity: Buildout of Waterman Garden redevelopment; Date: 2016 - anticipated financial closing 2020; Recipient: National CORE/The Clancy Company Partnership
Financial Commitment 6[Please Select Financing Type]	Tax Credit Proceeds
Financial Commitment 6[Please Select Source Type]	State Government
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$12,912,142; Source: Tax Credit Proceeds - 9% California Tax Credit Allocation; Activity: Phase II development of 62 affordable units; Date: Awarded 2015; Recipient: National CORE
Financial Commitment 7[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 7[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$25,000; Source: National CORE; Activity: Residential Market Analysis; Date: October-December 2014; Recipient: Zimmerman Volks (consultant for market study)

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
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Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$4,500,000; Source: City/County allocation of Federal HOME program funds; Activity: Buildout of Waterman Garden redevelopment – Phases III-VI; Date: March 2016-anticipated financial closing 2020; Recipient: National CORE/The Clancy Company Partnership
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$22,500,000; Source: HUD Choice Neighborhood Implementation grant; Activity: Buildout of Waterman Garden redevelopment–Phases III-VI; Date: 2016-2020; Recipient: CORE/The Clancy Company Partnership
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$20,000,000; Source: State HCD Affordable Housing Sustainable Communities program grant; Activity: Buildout of Waterman Garden redevelopment–Phases III-VI; Date: March 2019-anticipated financial closing 2020; Recipient: National CORE/The Clancy Company Partnership
Financial Need 4[Please Select Financing Type]	Tax Credit Proceeds
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$37,136,750 of tax credit equity; Source: Tax Credit Proceeds; Activity: Buildout of Waterman Garden redevelopment-Phases III-VI; Awarded: 2017-2020; Recipient: National CORE
Financial Need 5[Please Select Financing Type]	Market Rate Loan
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Amount: \$49,422,000; Source: Below Market Loan; Activity: Buildout of Waterman Garden redevelopment – Phases III-VI; Date: 2017-2020 apply for loan with each phase; Recipient: National CORE
Financial Need 6[Please Select Financing Type]	Below Market Loan
Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,500,000 at 0% interest; Source: Federal Home Loan Bank Affordable Housing - Renter Program; Activity: Buildout of Waterman Garden redevelopment; Date: Apply in 2016/17;

Recipient: CORE/The Clancy Company
Partnership

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name,
Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: National CORE/Hope through Housing Foundation; Activity: Provide support for marketing activities; Amount: One (1) full time staff; Date: 2016-2018; Recipient: National CORE/HTH

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: California State University San Bernardino, Department of Marketing; Activity: Provide student support to employ marketing activities; Amount: Five student interns or volunteers; Date: 2016-2018; Recipient: National CORE/Hope through Housing Foundation.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Number of public housing units replaced with privately owned/managed affordable units. 2. Number of new mixed income units, including senior units and for-sale units. 3. Number of existing and new homeowners receiving home ownership support services.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcomes 1-3 will audit financial and program records to examine the number of public housing and market-rate units developed for rent or for-sale. Summative reports examining all SBPZ goals and their related outcomes will be generated annually and made available to partners and broader community; targeted presentations, in multiple formats (e.g., in-person; webinar) to the Leadership Council, Goal 5 Working Group, Community Council and community stakeholders regarding annual results.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

Construction on Phase I of Waterman Gardens began in March 2015 with occupancy by September 2016 (underway). Community rebranding efforts are underway; marketing strategy launched by fall 2016 (new). Phases II-VI of Waterman

Gardens redevelopment will build one phase per year with 400+ mixed income units and community support facilities built by 2022 (new).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

Duration/length of Section 106 review and clearance was a barrier to closing on our financing. An expedited process is needed.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 5B

Activity 5B:

Please identify and describe an activity or intervention associated with Goal 5: Increase Access to Quality Affordable Housing.

Preserve existing and create new opportunities for home ownership by collaborating with landowners and residents to improve neighborhood appearance and housing quality and assist existing/new homeowners in meeting physical and financial challenges.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Yes [Y]

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Yes [Y]

Homeownership

Yes [Y]

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

An association exists between homeownership, property maintenance and longer lengths of tenure. Census data indicates greater property value appreciation in areas with greater home ownership (Rohea, W. et al. Housing Policy Debate: Homeownership and

Neighborhood Stability,1996) Children of low-income renters are better served when their families become homeowners in their current neighborhood instead of renting in a better one (Harkness, H. et al. Effects of Homeownership on Children, 2003)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

The Lead is the Build San Bernardino partnership which includes National CORE, HACSB, HTH, Habitat for Humanity, Inland Empire Economic Recovery Corporation, Neighborhood Housing Services of the Inland Empire, and Housing Partners, Inc. services offered by partners include new housing development, owner occupied home rehabilitation, down payment assistance, financial capability and homeowner education, community engagement.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$500,000; Source: NeighborWorks America Catalytic Grant; Activities: Neighborhood improvement including acquisition and rehabilitation, lighting and landscaping; Date: January 2015–July 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$132,955; Source: Weingart Foundation; Activities: Acquisition and rehabilitation, down payment assistance,

	and financial and homeowner education; Date: February 2014–March 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$34,500; Source: Enterprise Community Partners/HUD Section 4 – Federal grant; Activities: Acquisition and rehabilitation, down payment assistance, and financial and homeowner education; Dates: August 2015–July 2016; Recipient: Neighborhood Housing Services of the Inland Empire.
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$100,000; Source: NeighborWorks – NFMC Rounds 8, 9, 10 – Federal grant; Activities: Acquisition and rehabilitation, down payment assistance, and financial and homeowner education; Date: October 2013-December 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 5[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$10,000; Source: NeighborWorks Community Stabilization grant; Activities: Surveying and resident engagement activities; Date: October 2014 –September 2017; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 6[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 6[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$1,970,000; Source: City allocation of Federal HOME program funds; Activities: acquisition, rehabilitation, and resale activities, single family beatification, and mobile home repair; Date: July 2014 –July 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Commitment 7[Please Select Financing Type]	Grant or Direct Allocation

Financial Commitment 7[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$600,000; Source: City allocation of Federal HOME program funds; Activities Down payment assistance; Date: 2015 until all funds are expended; Recipient: Neighborhood Housing Services of the Inland Empire

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; Funding needed to purchase test preparation materials for students at Promise Middle School.

Financial Need 1[Please Select Financing Type]	Market Rate Loan
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,500,000; Source: Federal Home Loan Bank Affordable Owner Occupied Housing Program (0% interest loan); Activity: Acquisition/Rehab Program; Date: Apply in 2016; Recipient: Neighborhood Housing Services of the Inland Empire
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,500,000; Source: Lead-Based Paint Hazard Control (LBPHC) Grant Program; Activity: Acquisition/Rehabilitation Program; Date: 2018-2021; Recipient: Build San Bernardino Partnership
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$1,000,000; Source: Lead Hazard Reduction Demonstration (LHRD) Grant Program; Activity: Acquisition/Rehabilitation Program; Date: 2018-2021; Recipient: Build San Bernardino Partnership
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$325,000; Source: Fair Housing Initiatives Program (FHIP); Activity: Educational activities, housing counseling and classes; Date: 2017-2025;

Recipient: Neighborhood Housing Services
of the Inland Empire

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name,
Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name,
Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name,
Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Inland Empire Job Corp participants; Activity: Neighborhood Acquisition/Rehabilitation Program; Date: fall 2017, annually; Recipient: CORE/Clancy Partnership.

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

2. Source: VISTA AmeriCorps Volunteers; Activity: Acquisition/Rehab Program – conduct housing condition survey; Date: Early 2017; Recipient: CORE/Clancy Partnership.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Number of new mixed income units, including senior units and for-sale units. 2. Number of rehabilitated existing homes. 3. Number of existing and new homeowners receiving home ownership support services. 4. Increased number and percent of homeowners in the neighborhood.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcomes 1-2 will be measured by auditing financial and program records to examine the number of affordable and market-rate housing units developed and existing homes improved. Outcome 3 will be measured by examining case management records. Outcome 4 will utilize census data to examine homeownership rates in the neighborhood. Summative reports examining all SBPZ goals and their related outcomes will be generated annually and made available to partners and broader community.

Timeline/Milestones for Implementation:

Initial efforts for the acquisition/rehabilitation and home

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

beautification programs will be concentrated in the blocks nearest to Waterman Gardens (2017-2020) and expanded throughout SBPZ in subsequent years (2021-2024) (new). Down payment assistance, and financial and homeowner education is offered at NHSIE and will be expanded to multiple locations in the SBPZ as well as the future one-stop resource center (ongoing).

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

Due to the age of the housing stock, lead abatement is required for majority of homes within the neighborhood. Recent rehabilitation projects are finding it is financially infeasible.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach	Yes [Y]
Direct Technical Assistance for Specific Issues	Yes [Y]
Data Collection and Evaluation	Yes [Y]
Research and Best Practices/General Guidance	
Grant and Financial Management Resources	
Needs Assessment	
Training for Partners and Staff	
Peer to Peer Learning and Networking	

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability*

within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 5C

Activity 5C:

Please identify and describe an activity or intervention associated with Goal 5: Increase Access to Quality Affordable Housing.

Reduce new episodes of homelessness and return entries by increasing the supply of permanent supportive units, building a unified system of continuous care to link housing with services and coordinate access, and expanding services for special needs.

Please select 1, and up to 5 relevant policy areas for the proposed activity:

Early Childhood

K-12

Adult Education

Yes [Y]

Workforce Development

Yes [Y]

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Yes [Y]

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Yes [Y]

Healthy Food Access

Environmental Health

Resident Capacity Building

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Studies show strong support for first providing permanently supported housing for chronically homeless and treatment of disorders (Housing Stability and Recovery among Chronically Homeless, 2011) Studies prove that chronic homelessness should be addressed by preventative permanent supportive housing and community-based programs that help those with housing emergencies to remain housed or quickly return to housing and be served by supportive programs(Evaluation of Homelessness Initiatives, 2006)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

HACSB and the Department of Behavioral Health, San Bernardino County Homeless Partnership are the Co-Leads. The interagency Council on Homelessness, Homeless Prevention Network and Office of Homeless Services work together to ensure the that recommendations listed in the County’s 10-Year Strategy to End Homelessness are realized.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$2,410,000; Source: HUD Continuum of Care homeless programs; Activities: Various Continuum of Care programs that serve homeless families and individuals with disabilities; DBH refers families to HACSB which in turn provides rental subsidy and administers the housing assistance; Start and end date: 2016;

	annual renewal; Recipient: Housing Authority of the County of San Bernardino
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Public Housing Authority
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$236,605; Source: HACSB; Activities: For housing navigators to assist clients with housing, case management and support services; Start and end date: 2016, annual renewal; Recipient: Knowledge and Education for Your Success (KEYS)
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Federal Government
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$5,417,000; Source: HUD Veterans Affairs Supportive Housing (VASH); Activities: to permanently house homeless veterans and provide supportive services. Date: 2009-ongoing; Recipient: Housing Authority of the County of San Bernardino
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	Public Housing Authority
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Amount: \$1,850,000; Source: HACSB; Activities: Housing navigators assist veterans and their families with case management, assistance in obtaining VA benefits and other public benefits; and temporary financial assistance for rent and utility payments, security deposits and moving expenses; Date: January 2013-September 2016; plan to reapply for renewal funding; Recipient: Knowledge and Education for Your Success (KEYS)
Financial Commitment 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 5[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$2,080,000; Source: County's Transitional Assistance Department; Activities: To administer the CalWORKs Housing Support Program that promotes housing stability for homeless families, HACSB works with families and private landlords to provide rapid rehousing and rental assistance, ensure HUD's

Housing Quality Standards are followed and maintained, and to ensure the families know and understand their tenant rights and responsibilities; Date: January 2015 – December 2016; Recipient: Housing Authority of the County of San Bernardino

Financial Commitment 6[Please Select Financing Type]

Financial Commitment 6[Please Select Source Type]

Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Commitment 7[Please Select Financing Type]

Financial Commitment 7[Please Select Source Type]

Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]

Grant or Direct Allocation

Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Estimated amount: \$10,000,000; Source: Federal grant; Activity: To address new housing opportunities for youth and prison re-entry as well as additional housing for single females and families (permanent housing); Date: Apply in 2017; Recipient: County

Financial Need 2[Please Select Financing Type]

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 3[Please Select Financing Type]

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: No Child Left Unsheltered Program; Activity: House street homeless children and their families in various apartment complexes owned and managed by HACSB. Date: 2015-ongoing; Recipient: Housing Authority of County of San Bernardino. 2. Source: County Department of Behavioral Health; Activity: Provide intensive case management and behavioral health services to support the long term stability of these families. Specifically: Help families identify and remove barriers to employment, housing and/or education, Assess the family's physical and emotional health and safety, Develop an action plan to stabilize the families; and Provide ongoing case management; Date: 2015-ongoing; Recipient: County Department of Behavioral Health

Non-Financial Support Needed:

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

1. Source: VISTA AmeriCorps Volunteers; Activity: Street Outreach and Engagement Services; Start and end date: 2017-2020; Recipient: County/HACSB.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Decrease in number of people who become homeless. 2. Decrease in length of time homeless. 3. Decrease in returns to homelessness. 4. Increase in access to jobs and income. 5. Thoroughness in reaching homeless population.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Homeless services providers have been gathering/submitting data regularly to federal, state and local funders through the Homeless Management Information System (HMIS). An Evaluation of the 2009 County 10-Year Strategy to End Homelessness recommends expanding capacity of HMIS so users may make better

use of data, decrease intake time, and enhance the Continuum of Care. Once this has been in effect for a year, HMIS is able to address gaps/barriers in service delivery using data driven strategies.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

Expand HMIS in 2018 (new). Establish "One-Stop" Continuum of Care center in the SBPZ by 2020 (new). Continue Veterans Affairs Supportive Housing, Supportive Services for Veterans Families, Continuum of Care, Housing Support Program; and No Child Left Unsheltered programs (ongoing). Find location for permanent homeless shelter by 2018 (new); longer-term outcome for ending homelessness aligns with the federal goal of preventing and ending homelessness among families, youth and children by 2020.

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Yes [Y]

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Section IV - V: Selection Criteria [Goal 6]

Would you like to report another goal?	Yes [A1]
Goal 6	Promote Health and Access to Healthcare [A6]
Please select the goal area:	
Goal 6: Description	Align with the Affordable Care Act's Strategic Goals 1 & 3 to connect SBPZ families with sufficient health insurance coverage and empower the community to advance their own health, safety and well-being through prevention and wellness programs.
Describe the Promise Zone Goal.	
How many activities will you be reporting for this goal?	2 [A2]

Section IV - V: Selection Criteria [Goal 6 - Activities]

Activity 6A

Activity 6A:	Increase access to quality physical and mental health services by mapping existing healthcare and insurance options for families, launching a Promotores de Salud program, and building and operating a federally qualified health clinic in the SBPZ.
Please identify and describe an activity or intervention associated with Goal 6: Promote Health and Access to Healthcare.	
Please select 1, and up to 5 relevant policy areas for the proposed activity:	
Early Childhood	
K-12	
Adult Education	

Workforce Development	
Family Asset Building	
Entrepreneurship	
Small Business Development	
Private Sector Investment	
Commercial Corridors	
Transportation	
Broadband	
Community Infrastructure	
Housing Development	
Homeownership	
Renter Assistance	
Homelessness	
Crime Prevention and Intervention	
Community Policing and Trust	
Public Safety Capacity Building	
Reentry	
Health	Yes [Y]
Healthy Food Access	Yes [Y]
Environmental Health	
Resident Capacity Building	Yes [Y]
Strategic Planning	
Other	

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Lack of insurance and inability to obtain services leads to adverse health outcomes such as high blood pressure and heart disease (Andrulis, D. Access to Care is the Centerpiece in the Elimination of Socioeconomic Disparities in Health, 1998) A California Endowment study endorses the Promotores de Salud model as a promising strategy for transforming communities through relationship-building, sharing information and engagement (The Promotor Model: A Model for Building Healthy Communities, 2011)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

Loma Linda University is lead. Co-leads are County Departments of Public and Behavioral Health. Key partners include Community Clinics Association-connecting residents to local clinics to deliver quality and culturally appropriate care; Dignity Health leading FHQC efforts; El Sol and LF Leadership implementing Promotores; First 5 funds healthcare access for children 0-5;

Inland Empire Health Plan and Molina Healthcare–MediCal/MediCare; Partners for Better Health funds R. Lewis Health Fellowship.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	Federal Government
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: estimated infusion of \$4 billion for region; Source: Federal Affordable Care Act Funding; Activity: Map current healthcare options and provide health insurance; Date: 2013-ongoing; Recipients: Loma Linda University (who is granting to Community Clinic Association), Inland Empire Health Plan, Molina HealthCare
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Local, Regional, or Tribal Government
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$500,000; Source: County Department of Behavioral Health; Activity: Promotores and Community Leadership Development program; Date: 2016-annual renewal; Recipient: El Sol
Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Local Nonprofit or Foundation
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$4,000; Source: Randall Lewis Health Fellowship; Activity: All activities – Student can assist with implementation of all activities; Date: 2016-annual renewal; Recipient: Loma Linda University
Financial Commitment 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 4[Please Select Source Type]	State Government

Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$990,000; Source: Covered California; Activity: to raise awareness about health care and insurance options; Date: annual; Recipient: Loma Linda University Health and Community Clinic Association
Financial Commitment 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 5[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$125,000, annually; Source: Dignity Health community grants; Activity: Implement Promotores de Salud and Community Leadership Development program; raise awareness about health care and insurance options; Date: January 2015-annually; Recipient: El Sol, LF Leadership and Hope through Housing Foundation
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 7[Please Select Financing Type]	
Financial Commitment 7[Please Select Source Type]	
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$350,000 annually; Source: Advancing Health Disparities Interventions Through Community-Based Participatory Research; Activity: To implement Promotores de Salud program; Date: 2017-2019; Recipient: County of San Bernardino Department of Public Health
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation

Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:] Estimated amount: \$400,000 annually; Source: Health Resources and Services Administration; Activity: Build and Operate Federally Qualified Health Clinic in SBPZ; Date: 2017-2025; Recipient: County of San Bernardino Department of Public Health and Dignity Health St. Bernardine Medical Center (future FQHC site)

Financial Need 3[Please Select Financing Type] Grant or Direct Allocation

Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:] Estimated amount: \$650,000; Source: Health Resources and Services Administration; Activity: Resources for the delivery of primary health care services to the SBPZ; Date: 2017-2019; Recipient: County of San Bernardino Department of Public Health

Financial Need 4[Please Select Financing Type]

Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 5[Please Select Financing Type]

Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 6[Please Select Financing Type]

Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Community Vital Signs ; Activity: Health database; Date: Ongoing; Recipient: All SBPZ Partners. 2. Source: Loma Linda University student interns; Activity: Health data gathering/ community input on health and wellness needs; deliver annual health fairs in the SBPZ; Date: 2017-annually; Recipient: Hope Through Housing Foundation. 3. Source: Promotores and Community Leaders (Volunteers); Activity: Promotores de Salud and Community Leadership program; Date: 2016-Ongoing; Recipient: El Sol and LF Leadership.

Non-Financial Support Needed:

1. Source: Community Based Organizations; Activity: Deliver annual

List the types of non-financial support needed for implementing this activity. health fairs in the SBPZ; Date: Start 2017
 List the type of support, start and end date for each resource and identify the and occur annually; Recipient: Latino
 intended organization receiving each resource. Type N/A if not applicable. Health Coalition.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Increased percent of families with health insurance. 2. Increased percent of families with a regular source of care. 3. Decreased percent of residents who delayed or did not get medical care in the past year. 4. Increased percent of families with a primary care provider.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcomes 1, 2, and 3 are measured using Community Vital Signs (CVS) a health database run by County Departments of Public and Behavioral Health since 2012 and aligned with Nation's Healthy People 2020 and Healthy California 2020. All SBPZ partners access and provide data to CVS. Outcome 4 is measured using Healthy San Bernardino County, a one stop source of non-biased data available to all partners. Annual reports evaluating SBPZ goals and related outcomes will be made available to the public.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

In 2016/17, baseline data will be assembled. Recruitment and training of Promotores de Salud cohort will begin in 2017 and occur annually (new). In 2018/19, Dignity Health and partners will apply and receive notice of FQHC designation (new). Ongoing activities starting in 2017 include annual health fairs promoting enrollment in Covered California (ACA) or Medicare/MediCal, Connecting families to primary care doctor/care home and Promotores will continually engage in community outreach efforts.

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

Requirements to build a Federally Qualified Health Clinic are restrictive as it must serve a Medically Underserved Area or Medically Underserved Populations.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant's score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

 Direct Technical Assistance for Specific Issues

 Data Collection and Evaluation

 Research and Best Practices/General Guidance

 Grant and Financial Management Resources

 Needs Assessment

 Training for Partners and Staff

 Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Activity 6B

Activity 6B:

Please identify and describe an activity or intervention associated with Goal 6: Promote Health and Access to Healthcare.

Reduce preventable chronic health problems and financial burdens associated with disease through evidence-based community disease prevention programs including health education, healthy food access, and a healthy built environment.

Please select 1, and up to 5 relevant policy areas for the proposed activity:
Early Childhood

K-12

Adult Education

Workforce Development

Family Asset Building

Entrepreneurship

Small Business Development

Private Sector Investment

Commercial Corridors

Transportation

Broadband

Community Infrastructure

Housing Development

Homeownership

Renter Assistance

Homelessness

Crime Prevention and Intervention

Community Policing and Trust

Public Safety Capacity Building

Reentry

Health

Yes [Y]

Healthy Food Access

Yes [Y]

Environmental Health

Yes [Y]

Resident Capacity Building

Yes [Y]

Strategic Planning

Other

Rationale/Evidence:

Discuss how or why you believe the proposed activity will lead to the achievement of the goal in this specific context.

Health is influenced by societal structures and environmental issues. Programs that address social determinants of health through a holistic approach ultimately prevent chronic health problems and financial burdens associated with disease through empowering and educating the public to take ownership of their individual and overall community's health (Costa M. et al. Moving Upstream: How Interventions that Address the Social Determinants of Health Can Improve Health and Reduce Disparities, 2008)

Implementation Partners:

List the implementation partner organizations for the proposed activity, including roles and responsibilities for each.

Loma Linda University Health is the Lead. Key partners include California State University San Bernardino, Community Clinics Association, Dignity Health, Inland Empire Health Plan, Molina HealthCare, SAC Health System, First 5 San

Bernardino, Hope through Housing Foundation, Incredible Edible Community Gardens, Old Grove Orange Farmers, El Sol Neighborhood Education Center, and the Latino Health Collaborative, a coalition of 75 partners that educate and encourage health.

Committed Financial Support

List up to 7 firm financial commitments for implementing this activity. For each commitment, select the type of financing in the first column, and type of funder/source in the second column, from the drop down menus. A new row will appear when dropdown options are selected. If one or more unneeded rows appear, please disregard and leave them empty. For each row used, in the third column, please type in: The total dollar amount committed, name of source, start and end date if available, and any other details including activity and recipient.

For example: Financial Commitment 1 | (Grant or Direct Allocation) | (School District) | \$50,000; School District 123 General Fund Allocation; 8/1/16 - 7/31/20; Salary for additional school counselor at Neighborhood High School.

Financial Commitment 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 1[Please Select Source Type]	College/University or Research Group
Financial Commitment 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$40,000; Source: Loma Linda University; Activity: Community Fresh Start Program - a comprehensive and collaborative program provided by CBOs that provides: a community exercise program, farm fresh food access, civic engagement and health education; Date: September 2014 to September 2016; Recipient: Hope through Housing Foundation (passed through to LF Leadership to implement)
Financial Commitment 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 2[Please Select Source Type]	Public Housing Authority
Financial Commitment 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Total amount: \$80,000/annually; Source: Housing Authority of County San Bernardino; Activity: Community Fresh Start Program - a comprehensive and collaborative program provided by CBOs that provides: a community exercise program, farm fresh food access, civic engagement and health education; Date: 2016-2025; Recipient: Hope through Housing Foundation

Financial Commitment 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Commitment 3[Please Select Source Type]	Regional/National Nonprofit or Foundation
Financial Commitment 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Amount: \$125,000, annually; Source: Dignity Health community grants; Activity: Build and operate community garden; Community Fresh Start Program - a comprehensive and collaborative program provided by CBOs that provides: a community exercise program, farm fresh food access, civic engagement and health education; Date: 2016, annually; Recipient: Latino Health Coalition
Financial Commitment 4[Please Select Financing Type]	
Financial Commitment 4[Please Select Source Type]	
Financial Commitment 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 5[Please Select Financing Type]	
Financial Commitment 5[Please Select Source Type]	
Financial Commitment 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 6[Please Select Financing Type]	
Financial Commitment 6[Please Select Source Type]	
Financial Commitment 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	
Financial Commitment 7[Please Select Financing Type]	
Financial Commitment 7[Please Select Source Type]	
Financial Commitment 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	

Needed Financial Support

List up to 7 types of financial support that are, or will be needed for implementing this activity. In the first column, for each need, please select the type of financing needed. The next row will appear when a dropdown option is selected. If one or more unneeded rows appear, please disregard and leave them empty. In the second column, please type in: The total dollar amount needed, start and end date if available, and any other details including activity and recipient.

For example: Financial Need 1 | ([Grant or Direct Allocation](#)) | \$10,000; 8/1/16 - 7/31/18; *Funding needed to purchase test preparation materials for students at Promise Middle School.*

Financial Need 1[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 1[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$10,000/ annually; Source: USDA Community Food Projects Competitive Grants Program (CFP); Activity: Build and operate organic community garden; Date: Apply 2017/2018;

	Recipient: Incredible Edible Community Gardens
Financial Need 2[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 2[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$100,000; Source: USDA Farm to School Grant Program; Activity: Implement farm to school program that improves access to local foods in SBPZ schools; Date: Apply in Sept 2017; Recipient: San Bernardino City Unified School District
Financial Need 3[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 3[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$2,000,000; Source: State HCD's Infill Infrastructure Grant Program; Activity: Create a walkable/active community – complete gaps in the sidewalk system, create bike lanes/paths, construct a multi-use trail along flood channel; Date: Apply in 2017; Recipient: National CORE and Housing Authority of County San Bernardino
Financial Need 4[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 4[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$2,500,000; Source: Choice Neighborhood Implementation grant; Activity: Create a walkable/active community – requesting large infrastructure items such as street improvements with bike lanes and sidewalks (public right-of-way improvements); Date: Applying in 2016; Recipient: National CORE and Housing Authority of County San Bernardino, City and SBCUSD
Financial Need 5[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 5[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$500,000; Source: Grant - Caltrans Active Transportation Program (ATP); Activity: Create a walkable/active community - complete gaps in the sidewalk system to create safe routes to school; Date: Apply in 2017/2018; Recipient: San Bernardino City Unified School District
Financial Need 6[Please Select Financing Type]	Grant or Direct Allocation
Financial Need 6[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]	Estimated amount: \$75,000; Source: Dignity Health community grant program;

Activity: Community Fresh Start Program - a comprehensive and collaborative program provided by CBOs that provides: a community exercise program, farm fresh food access, civic engagement and health education; Date: 2017-annually; Recipient: El Sol, LF Leadership and Hope through Housing Foundation

Financial Need 7[Please Select Financing Type]

Financial Need 7[Please Enter: Total Amount (\$), Source Name, Start and End Date, Any Other Details:]

Committed Non-Financial Support:

List any committed non-financial support for this activity. List the source and type of support, start and end date for each resource and identify the organization receiving each resource. Type N/A if not applicable.

1. Source: Promotores de Salud and Volunteers (trained by LF Leadership and El Sol); Activity: Community Fresh Start Program and Diabetes Prevention Program and screenings; Date: 2017–ongoing; Recipient: LF Leadership and El Sol. 2. Source: County of San Bernardino Department of Public Health; Activity: Health Education; Date: Ongoing; Recipient: Hope Through Housing Foundation. 3. Source: California State University of San Bernardino School of Nursing volunteers; Activity: Deliver weekly nutrition and fitness program at Waterman Gardens; Conduct annual screenings; Date: 2016; annually; Recipient: Hope Through Housing Foundation. 4. Source: Loma Linda University student interns; Activity: Deliver weekly nutrition and fitness program at Waterman Gardens – diabetes prevention program; Conduct annual screenings; Date: 2016; annually; Recipient: Hope Through Housing Foundation.

Non-Financial Support Needed:

N/A

List the types of non-financial support needed for implementing this activity. List the type of support, start and end date for each resource and identify the intended organization receiving each resource. Type N/A if not applicable.

Expected Outcomes and Measurement:

List measures or metrics that will be used to determine whether the activity is leading to the achievement of the goal or any interim outcomes.

1. Build out of walkable community. 2. Build out of community garden. 3. Reduction in diabetes (adults and children). 4. Reduction in obesity (adults and children), 5.

Increased number and percent of families engaged in annual well visits and health screenings. 6. Number of residents participating in programs and services.

Data Collection, Tracking and Sharing:

For top-level tracking of progress of the activity, describe how data will be collected, tracked and shared.

Outcomes 1-2 are measured by evaluating the extent to which walkable community elements are developed in the SBPZ. Outcomes 3-6 are measured using Community Vital Signs (CVS) a health database run by County Departments of Public and Behavioral Health since 2012 and aligned with Nation's Healthy People 2020 and Healthy California 2020. All SBPZ partners have access to and provide data to CVS. Annual reports evaluating SBPZ goals and related outcomes will be made available to the public.

Timeline/Milestones for Implementation:

Briefly describe anticipated timeline and milestones for implementation of this activity. Omit information on needed financial or non-financial support that would be redundant with information provided above.

The Community Fresh Start Program began in 2014 and will expand in 2017/18 to cover the entire SBPZ. In 2016, apply for CNI grant and propose large active transportation infrastructure items. By 2019 plant and operate community garden. Implement farm to school program that improves access to local foods in SBPZ schools by 2020. 2017–2025, complete gaps in the sidewalk system and link all new developments in the SBPZ with sidewalks. Provide annual health screenings. Blue Zones Project is ongoing.

OPTIONAL Federal Regulatory and/or Statutory Barriers:

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Please describe any regulations and/or statutes that create barriers to the implementation of this activity, with citations if possible. Your voluntary response to this question will help HUD, and agencies across the federal government, with policy development, program administration, and technical assistance.

None at time of application.

OPTIONAL Technical Assistance:

Please select any type(s) of technical assistance that might be needed for this activity.

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process

Technical Assistance is broadly defined as answers to questions, extra support, flexibilities, capacity building, and training that can help organizations to meet their goals by overcoming identified limitations, barriers, and weaknesses. The responses will help HUD, agencies

across the federal government, and a wide network of technical assistance providers in efforts to develop new services and tools and improve responsiveness to local capacity needs. Responses to optional questions will not affect the applicant’s score in the review process, but may be beneficial to applicants by helping to create new resources, collaborations, and tools open to communities regardless of Promise Zone designation status.

Community Engagement/Outreach

Direct Technical Assistance for Specific Issues

Data Collection and Evaluation

Research and Best Practices/General Guidance

Grant and Financial Management Resources

Needs Assessment

Training for Partners and Staff

Peer to Peer Learning and Networking

Please describe each type of identified technical assistance** needed for this activity, including roles and deliverables, if any, that federal staff could play on short term assignments.*

**short term assignments for federal staff should generally be less than one year.*

*** The provision of any and all technical assistance, delivered directly by federal staff or by other means, is subject to availability within future appropriations and ability to identify appropriate staff and to deploy them in the requested timeframe. No response to any individual request can be guaranteed.*

Please Note: Responses to this question are voluntary and will not be evaluated in the application review process.

Application Attachments

Mapping Tool Data Sheet

Attach the **entire** PDF mapping tool data sheet and map here.

1. %202016%20SBPZ%20-%20HUD%20Mapping%20Tool.pdf (49.654KB) 2016 SBPZ - HUD Mapping Tool -

File count [1]

Letter of UGLG Commitment

Attach a letter(s) that demonstrates the commitment from UGLG leadership, including the mayors or chief executives of the UGLGs represented in the Promise Zone. For applications across UGLG lines, a commitment must be demonstrated by leadership of all UGLGs involved.

2. %202016%20SBPZ%20-%20UGLG%20Letters%20of%20Support%20-%205%20pages.pdf (294.101KB) 2016 SBPZ - UGLG Letters of Support - 5 Pages

File count [1]

Narrative

Attach the application narrative here.

Narrative should include the most important information for the purposes of Promise Zone selection, including a Promise Zone-specific diagram of the partnership structure. For more information on the elements of the narrative, please review the Promise Zones Application Guide.

3. %202016%20SBPZ%20-%20Narrative.pdf (941.522KB) 2016 SBPZ - Narrative - 28 Pages

Additional Documentation

Attach all additional documentation here.

Additional documentation that will apply to the 35 page combined attachment limit include all letters of UGLG commitment uploaded above, plus the following to be uploaded here:

- To scale city map and community level map
- Preliminary Memorandum of Understanding (MOU)
- Optional Letters of Support from implementation partners (please do not upload general letters of support from entities not acting in the capacity of a partner)
- Any tables, figures, charts, or additional maps.

Additional documentation that will not count against the 35 page combined attachment limit include the following to be uploaded here:

- For public sector lead applicant organizations only, their most recent OMB A-133 (2 CFR Part 200) Full Audit Report
- For nonprofit lead applicant organizations only: BOTH the IRS determination letter to prove 501(c) status, or the letter from the state government to prove non-profit status *and* the most recent IRS Form 990, Return of Organization Exempt from Income Tax

Please combine documents as necessary and label accordingly (upload limit is 10 separate files)

File count [1]
 4. %202016%20SBPZ%20-%20City%20and%20Community%20Maps%20-%20202%20pages.pdf (1680.15KB) 2016 SBPZ - City and Community Maps - 2 Pages
 5. %202016%20SBPZ%20-%20Preliminary%20MOU%20-%205%20pages.pdf (751.952KB) 2016 SBPZ - Executed MOU - 5 Pages
 6. %202016%20SBPZ%20-%20Partner%20Letters%20of%20Support%20-%2020%20pages.pdf (3704.328KB) 2016 SBPZ - Partner Letters of Support - 20 Pages
 7. %202016%20SBPZ%20-%20Process%20and%20Outcome%20Exhibits%20-%203%20pages.pdf (913.857KB) 2016 SBPZ - Process and Outcomes, Program Alignment Exhibits - 3 Pages
 8. %20County%20of%20San%20Bernardino%202014%20Single%20Audit%20Report.pdf (150.447KB) County of San Bernardino OMB A-133 Audit Report -

Photographs (Optional)

Attach no more than 3 JPEG photographs of neighborhoods, buildings and streets within the proposed Promise Zone.

The submission of photographs will in no way affect the scoring outcome of an application. These photographs may be used in promotional material in association with the announcement of the third round designees. Do not include images of individuals, as this would require specific release forms from anyone in the image.

File count [5]
 A. %20Overview%20of%20San%20Bernardino.jpg (4379.593KB) Aerial of San Bernardino - B. %20San%20Bernardino%20Strong%20-%20Vigil%20for%2012-2%20Attack.jpg (81.87KB) San Bernardino Strong - Vigil for 12.02.15 Terrorist Attack - C. %20Waterman%20Gardens%20Public%20Housing%20Redevelopment%20Project.jpg

(4280.613KB) Waterman Gardens Public
Housing Redevelopment Project -

File count [3]
