**Application for Capital Projects**

**SECTION 1: APPLICANT SUMMARY**

|  |  |
| --- | --- |
| *Legal name or organization (Do not use DBA)*    *Address*    *City State Zip*    *Project Manager*    *Project Manager email*    *Project Manager Phone* | [*Federal Unique Entity Identifier*](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update#:~:text=By%20April%20of%202022%2C%20the,website%20to%20obtain%20their%20identifier.)    *Tax ID #*    *City Business License Number*    *Executive Officer Name*    *Executive Officer Email*    *Executive Officer Phone* |

**SECTION 2: PROJECT SUMMARY**

|  |
| --- |
| ***FUNDING REQUEST:***    ***Project Name***    ***Project Address***    ***City, Zip Code***  Site Control  **Ownership of site?**  **Yes**  **No**  **Lease of over 5-10 years?**  **Yes**  **No**  **Can acquisition be completed in 3 mos.?**  **Yes  No**  Special Needs Population (if applicable)  **Homeless  Elderly**  **Migrant Farmworkers  Abused children**  **Victims of domestic violence  Illiterate adults**  **Persons living w/ HIV/AIDS  Disabled adults** |

**SECTION 2: PROJECT SUMMARY (Continued)**

Public Facility Type

*(check one)*

Senior Centers (03A)

Facility for Persons w/Disabilities (03B)

Homeless Facilities (not operating costs) (03C)

Youth Centers (03D)

Neighborhood Facilities (03E)

Child Care Centers (03M)

Health Facilities (03P)

Abused & Neglected Children Facilities (03Q)

AIDS Patient Facilities (03S)

Other Public Improvements Not Listed (03Z)

Affordable Housing Type

*(check one)*

Rehab: Single-Unit Residential (14A)

Rehab: Multi-Unit Residential (14B)

Rehab: Public Housing Modernization (14C)

Rehab: Other than Public-Owned Residential Buildings (14D)

Energy Efficiency Improvements only (14F)

Acquisition for Rehabilitation (14G)

**SECTION 3: PROJECT BENEFICIARIES**

**NATIONAL OBJECTIVE:** The program shall benefit and serve all clients that meet one of the following National objectives below:

|  |  |
| --- | --- |
|  | Low Moderate Limited Clientele (LMC) - 51% of the beneficiaries of an activity must be LMI, Or  **INCOME ELIGIBILITY**: Eligible clients under this Contract shall be Extremely Low, Very Low, and/or Low-income individuals and/or families of all ethnic groups. Subrecipient shall document each participant’s eligibility on intake sheets, or other such forms as to thoroughly document the client’s household income.  i. Extremely low-income is defined as household income that is 30% or lower of the HUD median income for the Santa Clara Metropolitan Statistical Area (MSA),  ii. Very low-income is defined as household income that exceeds 30% but does not exceed 50% of the HUD median income for the Santa Clara MSA, and  iii. Low income is defined as household income at or below 80% of the median income for the Santa Clara. |
| **,** | Low Moderate Area Benefit (LMA) – area where at least 51% of the residents are LMI persons  (\*please provide the census tract number of the areas that the project provides the service in complete the Census data table in question #9 below), Or  List the low-income areas that project will serve.  **Proposed Census Tract Data** (*For LMA National Objective*)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Proposed Census Tract #** | **Block Group #** | | **Low/ Mod Persons** | **Total Persons** | **% Low/Mod** | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | |  | |  |  |  |  | | **TOTAL** | |  | **0** | **0** |  |   ***Note:*** *Add lines as need for additional census tracts* |
|  | Low Moderate-Income Housing Activities (LMH) - rental units and rehabilitation. |

**Target Population to be served:**

**Client Type (Check one)**

|  |  |
| --- | --- |
|  | Elderly households (62 years and older) |
|  | Persons with mental, physical, and/or developmental disabilities\* |
|  | Large households |
|  | Female-headed households |
|  | Persons living with HIV/AIDS and their families |
|  | Homeless/unhoused persons |
|  | Others (Please describe) |
| **\* The census definition of “severely disabled” follows:** | |
| Persons are classified as having a severe disability if they: (a) used a wheel-chair or had used another special aid for six months or longer; (b) are unable to perform one or more “functional activities” or need assistance with an “ADL or IADL”; (c) are prevented from working at a job or doing housework; or (d) have a selected condition including autism, cerebral palsy, Alzheimer’s disease, senility or dementia, or mental retardation. Also, persons who are under 65 years of age and who are covered by Medicare or who receive SSI are considered to have a severe disability. | |

**Estimate Number of Client will serve after the project completion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Above 81% AMI | 51% - 80% AMI | 31% - 50% AMI | Below 30% AMI | Total  Served |
| # OF CLIENTS SERVED PROGRAM-WIDE |  |  |  |  |  |
| TOTAL SANTA CLARA CLIENTS SERVED |  |  |  |  |  |
| % OF CLIENTS FROM SANTA CLARA |  |  |  |  |  |
| # OF UNITS CREATED/REHABILITATED |  |  |  |  |  |

**SECTION 4: PROJECT OVERVIEW**

All projects must meet all the requirements below to be considered for CDBG funding

1. The project must be located in an eligible census tract, **OR**, the population the project intends to serve is presumed to be of Low-Moderate Income (e.g., homeless, seniors). Eligible census tracts are those in which the majority of residents (at least 51%) are low-income (i.e., the household earns less than 80% of the Area Median Income).
2. CDBG funds cannot supplant other City funding. If the project is budgeted or is expected to be budgeted within the next five (5) years, CDBG funds cannot be used. CDBG funds should only be used when there is no other funding source available.
3. Improvements that are not funded or are not planned to be funded by other funding sources.
4. Projects where construction will take longer than 12 months must be apportioned to multiple years (phases).

|  |
| --- |
| 1. Provide a brief description of the proposed project and anticipated outcomes. |
| |  | | --- | |  | |
| 1. Describe the need(s) that the project addresses, and its community impact. |
| |  | | --- | |  | |
| 1. **IMPACT OF THE PROJECT ON THE COMMUNITY**   The project must be cost-effective and provide real or perceived value to the city. Describe the project with sufficient detail to explain the scope, who the beneficiaries will be, and how they will benefit from the project. In addition, describe the impact to the community. If the project will benefit a neighborhood, describe the service area for the project. If the project will benefit a specific population of people (i.e. seniors or homeless individuals) in the community, describe the population to be served |
| |  | | --- | |  |   **SECTION 5: PROJECT SCOPE OF WORK**   |  | | --- | | Describe all the works will be performance. List all the improvement items.  **1.**  **2.**  **3.**  **4.**  **5.**  **6.**  **7.** |   **SECTION 6: PROJECT READINESS**   |  | | --- | | Describe how is the project is ready to implement on July 1, and project will be spent the CDBG awarded amount by the end of fiscal year (June 30). (Detail all the steps until the project is completed) | |

**SECTION 7: PROJECT BUDGET**

Instructions

1. If the entire project cannot spend and complete by the end of fiscal year (June 30),

Project needs to provide the project budget in Phases

1. Consider the cost of prevailing wage when estimating the cost of project. Do not include contingency costs as the City will estimate approximately 25% for contingency. Add/delete line items as needed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Phase I**  **23-24** | **Phase II**  **24-25** | **Other Funding Source** | **Total Project Costs** |
| **I.** | **Environmental Review (ER), Reports or Studies** |  |  |  |  |
|  |  |  |  |  |  |
| **II.** | **Property Acquisition Costs** |  |  |  |  |
|  | Purchase Price |  |  |  |  |
|  | Closing Costs |  |  |  |  |
|  | Other Acquisition Costs |  |  |  |  |
|  | *Subtotal Property Acq. Costs* |  |  |  |  |
| **III.** | **Professional Fees** |  |  |  |  |
|  | Architect/Engineer/Surveyor |  |  |  |  |
|  | Appraisal |  |  |  |  |
|  | Other Professional Fees |  |  |  |  |
|  | *Subtotal Professional Fees* |  |  |  |  |
| **IV.** | **Other Development Costs** |  |  |  |  |
|  | Relocation Costs (if applicable) |  |  |  |  |
|  | Financing Costs |  |  |  |  |
|  | *Subtotal Other Dev. Costs* |  |  |  |  |
| **V.** | **Construction Costs** |  |  |  |  |
|  | Site Improvements |  |  |  |  |
|  | Construction |  |  |  |  |
|  | Permits |  |  |  |  |
|  | Other Construction Costs |  |  |  |  |
|  | *Subtotal Construction Costs* |  |  |  |  |
| **VI.** | **Admin & Project Delivery Costs (up to 20% of project total including contingency)** |  |  |  |  |
|  | Staffing |  |  |  |  |
|  | Consultants |  |  |  |  |
|  | *Subtotal Other Dev. Costs* |  |  |  |  |
|  | **TOTAL COSTS:** |  |  |  |  |

**SECTION 8: PROJECT CONSTRUCTION SCHEDULE/TIMELINE**

**Detail all the estimate completion date for each phase, if the project does not complete in the same program year**

|  |  |  |
| --- | --- | --- |
| **Activity** | **2023-24**  **Goal Completion Date** | **2024-25**  **Goal Completion Date** |
| **Acquisition. (Phase #\_ ?)** |  |  |
| Identify potential sites |  |  |
| Meet with City Planning/obtain permits |  |  |
| Obtain Environmental Review |  |  |
| Purchase property |  |  |
| Occupy property |  |  |
| **Predevelopment. (Phase #\_ ?)** | |  |
| Obtain Environmental Review |  |  |
| Project Planning/ Study/ Survey |  |  |
| Advertise for and Contract with Architect |  |  |
| Design development |  |  |
| Building Permit approval from governing agency (provide copy to City Staff) |  |  |
| Complete design work/plans and specifications |  |  |
| **Relocation. (Phase #\_ ?)** | |  |
| Obtain sign-off relocates |  |  |
|  |  |  |
| **Demolition. (Phase #\_ ?)** |  |  |
|  |  |  |
| **Construction/Rehabilitation/Expansion. (Phase #\_ ?)** | |  |
| Prepare bid packet for construction |  |  |
| Advertise for bids |  |  |
| Bid opening |  |  |
| Award of Contract by Delegation of the Board |  |  |
| To the Board for Ratification |  |  |
| Sign contract with selected contractor  (Provide a copy to City staff) |  |  |
| Pre- Construction meeting  (Provide copy of sign-in sheet to City staff) |  |  |
| Notice to Proceed (provide a copy to City staff) |  |  |
| Begin Construction |  |  |
| Final Inspection / Punch list |  |  |
| Occupancy Permit (provide copy to City staff) |  |  |
| Unconditional lien release for final payment  (Provide copy to City staff) |  |  |
| Finish Construction |  |  |
| Issue Notice of Acceptance or Notice of project completion |  |  |

**ATTACHMENT I: DOCUMENTATION CHECKLIST**

**Submit one copy of each required document together with the completed application for funding. Please check the items below to indicate that copies are attached.**

Proof of 501(c)3 (tax exempt status for non-profit entities)

Organizational chart for entire organization

Key project staff, including job description and brief description of qualifications

Board roster

By-laws (for non-profit entities)

Articles of incorporation (for non-profit entities)

Certified financial audit no more than 1 fiscal year old, prepared by CPA

Single Audit (for entities that receive more than $750,000 in federal funding)   
(Attachment II)

Resolution authorizing application and designation of signatory by name and title

Certification that services are accessible for persons with disabilities

Proof of liability insurance (must be submitted prior to actual funding)

Authorization and Certification   
(Attachment III)

**For Capital Projects only:**

Proof of Site control for Capital Projects (may be submitted prior to funding, but funding is contingent upon site control)

**For TBRA Projects only:**

TBRA Budget (See Excel spreadsheet)

**ATTACHMENT II**

**SINGLE AUDIT CERTIFICATION**

City of Santa Clara

Housing & Community Services Division

1500 Warburton Avenue

Santa Clara, CA 95050

To whom it may concern:

This is to certify that as (title) for (name of agency), we did not expend more than $750,000 of federal funds from **all** federal sources during the 2021-2022 fiscal year. As such, our independent financial audit submitted with this application is not required to comply with the single audit requirements set forth in 2 CFR Part 200.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUTHORIZED SIGNATURE** | |  | | |
| **PRINT NAME:** |  | | **Date** |  |
| **TITLE:** |  | | | |

**ATTACHMENT III**

**AUTHORIZATION AND CERTIFICATION**

The applicant hereby assures and certifies that, if this request for funds is approved, it will comply with all applicable federal, state, and local laws, regulations, policies, and requirements (including, but not limited to, 2 CFR 200), as they relate to the acceptance and use of federal and local funds by private or public organizations. Furthermore, the organization declares that it is capable of fulfilling the obligations as set forth in this application and certifies to the following information:

1. It possesses legal authority to make a grant submission and to execute the proposed project.
2. The agency’s governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the corporation to submit this funding application and all associated information and assurances;
3. The grant will be conducted and administered in compliance with:
   1. Title VI of the Civil Rights Act of 1964 as amended.
   2. Regulations issued at 24 CFR Part 1; Part 107
   3. Title VIII of the Civil Rights Act of 1968, as amended, and Executive Order 11063
   4. Titles I & II of the Housing and Community Development Act of 1974, as amended.
   5. Section 504 of the Rehabilitation Act of 1973, as amended.
   6. Executive Order 11246, the implementing regulations issued at 41 CFR Chapter 60, and the Housing & Urban Development Act of 1968 (12 U.S.C. 1701u), as amended.
   7. The Age Discrimination Act of 1975, as amended.
   8. Presidential Executive Order 13166 (“Improving Access to Services for Persons with Limited English Proficiency”); and
   9. Executive Orders 11625, 12432 and 12138, encouraging the use of minority and women-owned business enterprises in connection with activities funded under this grant.
4. It will affirmatively further fair housing (if applicable).
5. It will implement the requirements of the Lead-Based Paint Poisoning Prevention Act (24 CFR Part 35).
6. It will comply with Uniform Federal Accessibility Standards at 24 CFR Part 40, Appendix A, as they related to major rehabilitation or conversion of housing and public facilities.

As a duly authorized representative of the Agency, I submit this application to the City of Santa Clara and certify, under penalty of perjury under the laws of the State of California or other jurisdiction of authority, that the information contained herein is, to the best of my knowledge, true, correct and complete.

**Attach documentation verifying person(s) with Authority to Submit Application and Execute the Contract (see Attachment III)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AUTHORIZED SIGNATURE** | |  | | |
| **PRINT NAME:** |  | | **Date** |  |
| **TITLE:** |  | | | |