**Application for Public Service Projects**

1. **PROJECT NAME:**

|  |
| --- |
|  |

* + - 1. **FUNDING REQUEST:**

|  |  |
| --- | --- |
| **CDBG:** | **HOME ARP** |
| **FY 23-24** |  | **FY 23-24** |  |
| **FY 24-25** |  | **FY 24-25** |  |

1. **PROJECT ELIGILITY CRITERIA:**

Proposed projects must address established community needs set forth in the City’s Consolidated Plan, 2020-2025 (ConPlan). The adopted 2020-2025 ConPlan is available at [www.santaclaraca.gov](http://www.santaclaraca.gov). A summary of the needs and goals identified in the plan are:

**Check One:**

|  |
| --- |
|[ ]  Affordable Housing and Tenant-based Rental Assistance |
|[ ]  Homelessness prevention, housing, support services |
|[ ]  Public Services |
|[ ]  Fair Housing Services |
|[ ]  Public Facilities (government and non-profit) |
|[ ]  Planning and Administration |

1. **APPLICANT CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization:** |  | **Project Contact 1:** |  |
| CEO/ Director: |  | Project Street |  |
| Phone: |  | Project City, Zip |  |
| Email: |  | **Project Contact 2:** |  |
| Agency Street |  | Title: |  |
| Agency City, Zip: |  | Phone |  |
| Tax ID #: |  | Email |  |
| Federal Unique ID: |  | **Fiscal Contact:** |  |
| Faith based: |  | Title: |  |
|  |  | Phone: |  |
|  |  | Email |  |

1. **ORGANIZATION DESCRIPTION**

|  |
| --- |
| Provide a brief general description of what your organization does overall.Describe your agency’s mission and history. Describe your agency’s experienceproviding services that are relevant to this NOFA. Please provide information aboutyour agency’s relevant accomplishments and outcomes. For example, the typesof services your agency provides: |
|  |
| a. Describe your experience administering federal grants especiallyCommunity Development Block Grants or HOME ARP Grants eitherdirectly or as a sub-recipient. |
|  |
| b. Describe how you measure the success of your customer service. |

1. **PROGRAM OVERVIEW / PURPOSE:**

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| --- |
|  |
|  |

1. **PROJECT ORIGIN (Check One)**

|  |  |
| --- | --- |
|  | **Existing Funded Project:** Projects already funded by the City in the current fiscal year, which are satisfactorily meeting their program goals.  |
|  | **Seed Project**: Projects addressing a community need that is being met by a new service. Such projects must demonstrate a high probability that they have developed or are likely to develop future, non-City commitments for on-going funding. City funding for such projects is normally for a maximum of three years. |

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

**National Objective (Check one) (For CDBG projects, not HOME ARP.)**

|  |  |
| --- | --- |
|  | 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 which 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 which 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**Proposed Census Tract Data** (*For LMA National Objective*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Council** **District** | **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. |

**Client Type (Check one) (CDBG projects only, not HOME ARP.)**

|  |  |
| --- | --- |
|  | Individual Clients |
|  | Households |

**Target Population Served (CDBG projects only, not HOME ARP)**

|  |  |
| --- | --- |
|  | 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. |

**Qualified Population(s) Served (HOME ARP projects only, check ALL or #3.)**

|  |  |
| --- | --- |
| **1.** | Homeless, as defined in section 103(a) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11302(a)); |
| **2.** | At-risk of homelessness, as defined in section 401(1) of the McKinney-Vento Homeless Assistance Act ([**42 U.S.C. 11360(1)**](http://uscode.house.gov/quicksearch/get.plx?title=42&section=11360)); |
| **3.** | Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined by the Secretary; |
| **4.** | In other populations where providing supportive services or assistance under section 212(a) of the Act ([**42 U.S.C. 12742(a)**](http://uscode.house.gov/quicksearch/get.plx?title=42&section=12742)) would prevent the family’s homelessness or would serve those with the greatest risk of housing instability; |
| **5.** | Veterans and families that include a veteran family member that meet one of the preceding criteria. |

1. **SERVICE AREA: Describe the areas where services will be provided:**

|  |  |
| --- | --- |
| **Location of services:** | 1.2. 3.  |
| **Hours of operation:** |   |

1. **HUD OBJECTIVES AND OUTCOME PERFORMANCE MEASUREMENT**:

The U.S. Department of Housing and Urban Development (HUD) requires a performance measurement system to better capture data for the activities that are undertaken with CDBG funding. For each proposed activity, a HUD objective, outcome, and performance indicator must be identified, and needs align with one of HUD Performance Measures.

**a. Primary Objectives**: (Check One).

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

**b. Primary Outcome**: (Check One)

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

**11. SPECIFIC OUTCOME INDICATORS:**

 Number of Unduplicated Persons/Households to be assisted by this Program:

|  |
| --- |
| **Of the Total Persons Assisted, how many will:**  |
| Have new or continued access to this service or benefit: |  |
| Have improved access to this service or benefit: |  |
| Receive a service or benefit that is no longer substandard: |  |
| **Of the Total Persons Assisted, the number of:** |
| Homeless Persons Given Overnight Shelter |  |
| Beds Created in Overnight Shelter or Other Emergency Housing |  |

**12. SCOPE OF SERVICES**: Estimate the number of unduplicated persons or unduplicated households who will be served and benefitted from the project during FY 2023-24, FY 2024-25 for each contract quarter.

* **Unduplicated Participants (UP)** – Indicate, by quarter, the proposed number of unduplicated participants the city grant funded project will serve. An unduplicated participant is a Santa Clara resident who is counted only once each fiscal year. If this project has other funding sources, only list and report on the percentage of unduplicated persons served under this grant, or;
* **Unduplicated Households (UH)**– Indicate, by quarter, the proposed number of unduplicated Households/Families the City grant funded project will serve. An unduplicated household/family is a Santa Clara resident who is counted only once each fiscal year. If this project has other funding sources, only list and report on the percentage of unduplicated persons served under this grant.
1. **Propose Number of Client will be served per quarter.**

|  |  |  |
| --- | --- | --- |
| **Quarter** | **# UP or UH Served** | **Performance Indicator (check one)** |
| Quarter 1: Jul 1 – Sept 30 |  | \_\_\_\_People \_\_\_\_Households  |
| Quarter 2: Oct 1 – Dec 31 |  | \_\_\_\_ People \_\_\_\_ Households  |
| Quarter 2: Oct 1 – Dec 31 |  | \_\_\_\_People \_\_\_\_Households  |
| Quarter 4: Apr 1 – Jun 30 |  | \_\_\_\_People \_\_\_\_Households  |
| **Total No. Served:**  |  |  |

**Activity Description**

|  |
| --- |
| **Activity 1:** |
| **Activity Name:** |  |
| **Activity Description** |  |

|  |
| --- |
| **Activity 2:** |
| **Activity Name:** |  |
| **Activity Description** |  |

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| --- |
| **Activity 3:** |
| **Activity Name:** |  |
| **Activity Description** |  |

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| --- |
| **Activity 4:** |
| **Activity Name:** |  |
| **Activity Description** |  |

(Please note that if your program has more than 4 activities, you can add additional rows as needed)

**13. PERFORMANCE MEASURES AND NUMERIC GOALS**

**a. UNIT OF SERVICE METHODOLOGY:** Unit of service means the schedule for performance of the work in terms of overall duration and cumulative units of service per quarter during the contract period (for example, 12−15 children per quarter). Please complete the Unit of Service information below.

|  |
| --- |
| **Define of the Project Units of Service and** **Cost of a unit** |
| **Activity** | **Unit Description** | **# Units Served** | **Duration per unit**  | **Cost per Unit** |
| ***Activity Ex.: Case Management Sessions*** | **1 unit = 2 hours of case management** | **100** | **2 hours** | **$100** |
| **Activity 1:** |  |  |  |  |
| **Activity 2:** |  |  |  |  |
| **Activity 3:** |  |  |  |  |
| **Activity 4:** |  |  |  |  |

**14. PROJECT PERSONNEL**

1. **Personnel Cost Allocation Plan (PCAP).**

Enter staff person who will work directly with the program in which you are applying for funding. In addition, please provide Job description, and the employees experience.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Annual salary** | **% of Time Dedicated** | **Grant Share $** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Total Personnel Costs:****(This total should be equal to the total salary in the Project Budget.)** |  |  |  |  |

**15. PROPOSED PROJECT BUDGET**:

Budget must match the amount of funding being requested.

**Year 1 - 2023-24 Proposed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed City of Santa Clara Grant Project Expenses** | **[Funding Source]****Request** | **Others Match Funds** | **Total Project Costs** |
| Personnel Costs: |  |  |  |
| Salaries (This total should be equal to the total salary in the PCAP) |  |  |  |
| Benefits |  |  |  |
| **Subtotal Personnel:**  |  |  |  |
| **Direct Costs of Non-Personnel:** |  |  |  |
| Program Office Supplies |  |  |  |
| Construction Materials |  |  |  |
| Communication |  |  |  |
| Publications/Printing/Advertising |  |  |  |
| Travel: Local |  |  |  |
| Professional or Contract Services |  |  |  |
| **Subtotal Direct Costs:**  |  |  |  |
| **In-Direct Costs of Non-Personnel:** |  |  |  |
| Agency Office Supplies |  |  |  |
| Rent/Lease/Mortgage |  |  |  |
| Utilities |  |  |  |
| Insurance |  |  |  |
| Communication: Phone/Internet/Licenses |  |  |  |
| Gas and Mileages |  |  |  |
| Equipment Rental/ Vehicle Maintenance |  |  |  |
| Audit Fees |  |  |  |
| Professional & Contracted Services |  |  |  |
| Other, Specify: |  |  |  |
| Subtotal Indirect Costs:  |  |  |  |
| **Total Expenses:** |  |  |  |

**Year 2 - 2024-25 Proposed Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed City of Santa Clara Grant Project Expenses** | **[Funding Source]****Request** | **Others Match Funds** | **Total Project Costs** |
| **Personnel Costs:** |  |  |  |
| Salaries |  |  |  |
| Benefits |  |  |  |
| **Subtotal Personnel Costs:**  |  |  |  |
| **Direct Costs of Non-Personnel:** |  |  |  |
| Program Office Supplies |  |  |  |
| Construction Materials |  |  |  |
| Communication |  |  |  |
| Publications/Printing/Advertising |  |  |  |
| Travel: Local |  |  |  |
| Professional or Contract Services |  |  |  |
| **Subtotal Direct Costs:**  |  |  |  |
| **In-Direct Costs of Non-Personnel:** |  |  |  |
| Agency Office Supplies |  |  |  |
| Rent/Lease/Mortgage |  |  |  |
| Utilities |  |  |  |
| Insurance |  |  |  |
| Communication: Phone/Internet/Licenses |  |  |  |
| Gas and Mileages |  |  |  |
| Equipment Rental/ Vehicle Maintenance |  |  |  |
| Audit Fees |  |  |  |
| Professional & Contracted Services |  |  |  |
| Other, Specify: |  |  |  |
| **Subtotal Indirect Costs:**  |  |  |  |
| **Total Expenses:** |  |  |  |

1. **Proposed Operating Revenues & Other Source of Funds:** (If applicable):

Include all potential or anticipated funding sources, other local, State, or Federal Grants, conventional bank loans, tax credits, etc. Indicate the status of commitment of funding source, i.e. secured, committed or application pending with anticipated dates of final funding decisions.

**Year 1 – 2023-24 Other Source of Funds:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Project Revenues** | **Total Committed (Year 1)** | **Total Pending (Year 1)** | **Total Costs** **(Year 1)** |
| Proposed [Funding Source] City of Santa Clara Grant |  |  |  |
|  |  |  |  |
| **Other Revenue Sources of Funds for proposed project (Please List)** |  |  |  |
|  Other Federal Funds |  |  |  |
|  City Santa Clara Funds |  |  |  |
|  State and Local Funds |  |  |  |
|  Foundation Funds |  |  |  |
|  Donation Funds |  |  |  |
|  Client Fees |  |  |  |
|  Fundraising |  |  |  |
| Agency Reserve Funds |  |  |  |
|  In-Kind  |  |  |  |
|  |  |  |  |
| **Total of Other Revenue Sources** |  |  |  |

**Year 2 – 2024-25 Other Source of Funds:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Project Revenues** | **Total Committed (Year 2)** | **Total Pending (Year 2)** | **Total Costs (Year 2)** |
| Proposed [Funding Source] City of Santa Clara Grant |  |  |  |
|  |  |  |  |
| **Other Revenue Sources of Funds for proposed project (Please List)** |  |  |  |
|  Other Federal Funds |  |  |  |
|  City Santa Clara Funds |  |  |  |
|  State and Local Funds |  |  |  |
|  Foundation Funds |  |  |  |
|  Donation Funds |  |  |  |
|  Client Fees |  |  |  |
|  Fundraising |  |  |  |
| Agency Reserve Funds |  |  |  |
|  In-Kind  |  |  |  |
|  |  |  |  |
| **Total of Other Revenue Sources** |  |  |  |

|  |
| --- |
| If your organization is not leveraging the requested CDBG funds with other funds, please explain why. |
|  |

1. Does your organization charge fees for services that are provided by the Project?

 (Y/N) \_\_\_\_

2. Has your organization ever had funds withdrawn or a contract terminated for cause unsatisfactory performance, or questionable cots on any financial statement or audit?

 (Y/N) \_\_\_\_

 3. Are the revenues of your organization greater than 25 million per year?

 (Y/N) \_\_\_\_\_

1. **AUDIT INFORMATION:** Provide a copy of the latest audited financial statements, or link to where it can be viewed. Provide the date of the most recent audit of your organization and describe any findings or concerns which may have been cited in the audit or in any accompanying management letter particularly any pertaining to the use of CDBG funds. Also, describe any action taken to correct identified findings or concerns.

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**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**

**(Insert sample language onto your agency letter head)**

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**

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