

SONOMA COUNTY COMMUNITY
DEVELOPMENT COMMISSION
**CDBG-CV FUNDING APPLICATION: PUBLIC
SERVICES**

(See separate application for Fair Housing and Housing Justice programs)

This space reserved for CDC date and time stamp

Please review the Notice of Funding Availability (NOFA), Application Guidelines, and the FY 2022–2023 CDBG and HOME Funding Policies before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

Part 1: Applicant Information

Legal name of organization:		
Organization's DUNS number:		
Contact Information		
Authorized Representative (City/Town Manager, Executive Director, or other):	Name, title:	
	Phone:	
	Email:	
Primary point of contact:	Name, title:	
	Phone:	
	Email:	
Organization is a:	<input type="checkbox"/> Non-profit organization <input type="checkbox"/> Local government	
Organization mailing address:		
Organization website:		
Organizational Capacity and Experience		
Describe applicant's record of administrative and programmatic capacity using federal, state, local, and/or private grant funds, explaining any past issues or challenges administering grant funds.		

Part 2: Project Description

Brief Description of Project or Program

The description provided here will be incorporated into the staff reports provided to the Community Development Committee, Cities and Towns Advisory Committee, and/or the Board of Supervisors. Descriptions MUST BE 125 words or less. It will not be edited and will be truncated at 125 words. A longer project description may be attached (see Part 6, Attachments).

Part 3: Project Information

Project Name			
Amount of Funding Request:			
Primary Physical Location of Activities or Program (if applicable):			
Address:			
Project Focus (check one)			
<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Rapid Re-Housing <input type="checkbox"/> Street Outreach and Day Centers <input type="checkbox"/> Homeless Prevention <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other Public Service: _____			
CDBG-CV Requirements			
Please describe the how the proposed activity will <u>prevent, prepare for or respond to Coronavirus</u> (<i>activities must demonstrate they respond to one of more</i>):			
Please fill out the table below by stating the numbers served per category according to the stated time frames.			
	Proposed number of Households Served project in upcoming Fiscal Year	Current number of Households Served as of the filing of this application (if project is currently in operation)	Number of Households Served by project last Fiscal Year
	July 1, 2022 – June 30, 2023	July 1, 2021 to Current Date	July 1, 2020 - June 30, 2021

Number of <u>households</u> served			
Number of <u>households</u> with children			
Number of Households comprised of <u>unaccompanied youth</u> under 25 years old			
Number of <u>adults</u> in households served			
Number of <u>children</u> in households served			
Project Subpopulation			
<i>Check subpopulations that the proposed project will directly serve:</i>			
<input type="checkbox"/> Homeless Day Laborers <input type="checkbox"/> Chronically Homeless <input type="checkbox"/> Veterans <input type="checkbox"/> Runaway & Homeless Youth (12-17) <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Seniors/Elderly <input type="checkbox"/> Substance Abuse Disabilities <input type="checkbox"/> Victims of Domestic Violence / Sexual Assault <input type="checkbox"/> Mental Health Disabilities <input type="checkbox"/> Other Subpopulation: _____			
Supplemental Project Services Provided			
<i>Check secondary services provided directly by your staff to participant:</i>			
<input type="checkbox"/> Individual or Family Counseling <input type="checkbox"/> Housing Location <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Domestic Violence Intervention <input type="checkbox"/> Street Outreach <input type="checkbox"/> Tenancy Education <input type="checkbox"/> Short- to Medium-Term Rental Assistance <input type="checkbox"/> Housing Focused Case Management <input type="checkbox"/> Drug/Alcohol Treatment Services <input type="checkbox"/> Mental Health Services & Treatment <input type="checkbox"/> Case Management <input type="checkbox"/> Other Services Not Listed: _____			
Urban County Beneficiaries			
The County of Sonoma, as well as the seven municipalities of Cloverdale, Cotati, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and Windsor, comprise the Urban County. At least 51% of beneficiaries served by the program or activity funded by the Sonoma County Community Development Commission with CDBG-CV funds must be Urban County residents. Please state how your organization will obtain, verify and document program beneficiaries meet this requirement:			
<u>Considering only Urban County residents to be assisted</u>, list the estimated percentage of the target population served in each of the income categories below			
Extremely Low (Below 30% AMI)			
Very Low (Between 31% -50% AMI)			
Low (Between 51% -80% AMI)			

Moderate (Over 80% AMI)		
Project Outcomes In the table below, choose an Outcome Identifier and describe two measurable changes in participants' lives from their participation in the program. Please discuss the change in a <u>participant's status, knowledge, or behavior</u> resulting from receiving this service.		
Outcome Number	Outcome Identifier Select one Outcome Indicator that you will use to measure your success.	Project Goal Briefly describe how your project will work towards achievement the specified Outcome Indicator
1	System Performance Measures <input type="checkbox"/> Outreach, day centers or coordinated entry – placement in temporary or permanent housing <input type="checkbox"/> Coordinated entry – decrease length of homeless episodes <input type="checkbox"/> Shelter or transitional housing – exits to permanent housing <input type="checkbox"/> Permanent supportive housing – retention of permanent housing <input type="checkbox"/> Homeless prevention and housing retention – improvement in housing stability	
2	Other Measures <input type="checkbox"/> Increased income from benefits and/or employment <input type="checkbox"/> Increased access to health benefits	
Outcomes Describe the experience your agency has in providing services associated with Outcome #1 as identified in the previous section.		
Describe the experience your agency has in providing services associated with Outcome #2 as identified in the previous section.		
Project Evaluation Framework Please provide responses to the following questions.		
Describe how your organization will use data and other information as a self-evaluation tool to ensure you are on track to achieve proposed outcomes:		

Explain how the use of data will help to improve service offerings:
Please describe the involvement of participants in the evaluation of the project:
Project History and Readiness <i>(Please answer <u>only one</u> of the following two questions)</i>
If this project has been operating one year or less , please discuss its stage of project growth or preparation. <i>(If more than one year = NA)</i>
If this project has been operating longer than one year , describe any material changes that have affected the project along with associated impact(s) that have taken place over the <u>past two</u> years due to any of the following conditions. <i>(If under one year = NA)</i>

Part 4: Alignment with Sonoma County Initiatives

Do services offered in this project directly utilize evidence-based practices (EBPs) represented in the Upstream Portfolio?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the proposed project directly utilize any EBPs included in the Upstream Investment portfolio?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please answer the next question.</i>

Which Tier does the EBP utilized directly in the proposed project fall.	<input type="checkbox"/> Tier 1 – Evidence Based Practice <input type="checkbox"/> Tier 2 – Promising Practice <input type="checkbox"/> Tier 3 – Emerging Practice
If you are directly using an EBP in this project please enter the name of the strategy:	
Are you participating in the Housing First / Housing First Fidelity process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your strategy to ensure that staff are trained and are using the EBP to fidelity:	

Part 5: Coordinated Entry (this part only applicable to Homeless Services)

<p>Coordinated Entry Capacity If funded for homeless services, your project will be required to participate in Coordinated Entry, either as an access point or accepting referrals (or both). In the space below, provide an overview of your organization's ability, knowledge, and potential barriers to overcome to take part in Coordinated Entry. <u>Please limit your response to no more than 125 words.</u></p>
<p>Program Standards Workgroup Does your agency participate in the program standards workgroup for your project type? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please state in which standards group your organization engages and the name of the staff responsible for attending. <i>Compliance with the local program standards for your project component, and participation in program standards working groups will be a requirement of all funding agreements.</i></p>

Part 6: Part 6: Project Financing and Budget

Funding Status	
Is this application for new or renewal funding?	<input type="checkbox"/> New <input type="checkbox"/> Renewal

Has this project been previously funded by the CDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If this project received funding under a different name, please state the name of the program (<i>If "No" = NA</i>)	
What percentage of your project budget does your request make up?	
Will funding requested supplant existing funding for the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Community Development Commission Funding History

	FY 2019-20	FY 2020-21	FY 2021-22	Request for FY 2022-2023
Funds Requested				
Funds Awarded				

Application Budget Overview

Total Organization Budget:	
Total Project Budget:	
The request represents this percentage of the project budget:	

Please state funding sources leveraged to support your proposed project and approximate percentage of the total project budget that these represent.

--

Describe the aspects of the project design that are scalable. Indicate how many fewer participants will receive services if the award is less than the amount requested.

--

What is your organization's plan for the long-term financial sustainability of this project?

--

Part 7: Attachments Required

Project sponsors must submit the following documents, as applicable, with their funding application:

- Project Description: Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time.
- Authorizing Resolution: For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application.
- IRS Letter of Determination: Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
- Letters of Commitment: Submit letters of commitment from all other funding sources.
- Financial Documentation:
 - Non-profit organizations must attach the following:
 - Current operating budget
 - Most recent completed final audit report
 - IRS Form 990 for the most current tax year
 - If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors.

**Additional financial information may be requested by CDC staff as deemed appropriate.*

- Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.
- Organizations are **required** to have **written** policies and procedures. The applicant must submit certification that they have the following policies and procedures. (Please complete the forms found in Part 7 – Certifications)
 - Accounting
 - Conflict of Interest
 - Procurement
 - Record Retention

Part 8: Certifications

- Grant Certification Form – 1 (Application Completeness & Accuracy & Signatory Authority)
- Grant Certification Form – 2 (Federal Regulations)
- Grant Certification Form – 3 (Conflict of Interest)
- Grant Certification Form – 4 (Policies and Procedures)

Grant Certification Form – 1

Application Completeness & Accuracy & Signatory Authority

I hereby certify that _____ (*insert name of organization requesting funds*) has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding.

The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State, and local regulations and other assurances as required by the Commission.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations described in the written agreement that are not subsequently made a part of the program/project as funded shall be considered a material contract failure and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

I hereby certify that the organization is fully capable of fulfilling its obligation under this application, as stated herein.

I further certify that the information provided in this Funding Application is correct, accurate, and complete.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 2

Federal Regulations – CDBG

Requirements	Federal Regulations	Other References
Federal Labor Standards - Davis-Bacon - Copeland Act (Anti-kickback) - Contract Work Hours and Safety Standards	24 CFR 92.354 29 CFR Parts 1, 3, and 5	40 U.S.C. 3141; 40 U.S.C. 3701
Section 3	24 CFR 135	Section 3 of the HUD Act of 1968, as amended (12 U.S.C. 1701u); 2 CFR 200.321
Minority and Women Business Enterprise Participation (MBE/WBE)	Small Business Act, Section 3(a) 15 U.S.C. 632	12 U.S.C. 1701
Civil Rights and Non-Discrimination	Title VI of Civil Rights Act of 1964 Title VIII of the Civil Rights Act of 1968 Section 104(b) and 109 of Title I of the Housing and Community Development Act of 1974	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 Age Discrimination Act of 1975 Executive Orders 11063, 11246, 11375, 11478, 12107, 12086, and 13279
Equal Employment Opportunity	24 CFR 570.601-602; 570.607 41 CFR 60	Executive Orders 11246; 12086 12 USC 1701u
Fair Housing	Fair Housing Act (42 U.S.C. 3601-3620) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d) Equal Opportunity in Housing Section 504 of the Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990	24 CFR Parts 8, 107, and 146 42 U.S.C. 200(d) Executive Orders 11063, as amended by Executive Order 12259 Age Discrimination Act of 1975, as amended (42 U.S.C. 6101)
Debarred or Ineligible Contractors	24 CFR 570.609; 24 CFR 24	Executive Orders 12549 and 12689
Reasonable Accommodation	24 CFR Part 8; 24 CFR 570.601-602	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990

Fire Safety Codes		Local ordinances
Building, Housing, and Zoning Codes Housing Quality Standards	24 CFR 570.208(b)(1)(iv); 208(b)(2)	Local ordinances
Lead-Based Paint	24 CFR 570.608; 24 CFR Part 35	42 U.S.C 4821 et seq.
Anti-Lobbying	Appendix II to Part 200 J; 31 U.S.C. 1352	
Environmental, Historic Preservation, National Environmental Policy Act, Flood Insurance Requirements - Sitting near airports and coastal barrier - Fish and wildlife protection - Flood plain/flood insurance - National Historic Preservation - Noise abatement and control - Wetlands/Coastal zones - Air quality - Endangered species - Thermal/Explosive hazards	24 CFR 570.503(b)(5)(i); 570.604; 570.605; 570.202; 24 CFR 58 References at: 24 CFR 58.6; 58.5570.605	Section 104(g), HCDA 42 U.S.C 4001 et seq.
Relocation, Real Property Acquisitions, and One-for-One Housing Replacement - Uniform Relocation Act - Residential anti-displacement and relocation assistance	24 CFR 570.201(i); 570.606(b), (c), (d) 49 CFR 24 42 USC 4601 et seq	Sections 104(d); 105(a)(11), HCDA www.hud.gov/relocation
Competitive Procurement	2 CFR 200.319	
Insurance and Bonding	2 CFR 200.310 and 200.325	
Administrative and Accounting Standards	2 CFR Part 200	
Cost Considerations	2 CFR 200.402, 403, 404, 405, 406 and 407	
Documentation and Recordkeeping	24 CFR 570.506 24 CFR 570.502	
Conflict of Interest	2 CFR 200.112 and 24 CFR 570.611	
Section 108 Loan Guarantees	24 CFR 570.700-570.709	Section 108, HCDA

To the best of my knowledge and belief, I certify that all data contained in this application and all supportive documentation is true, correct and will incorporate the above requirements. This submission has been duly authorized by the governing body of _____.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 3

Conflict of Interest – CDBG

The standards in 2 CFR 200.318 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

- A. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to participate in the decision making process for approval of this application?
Yes No
- B. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to gain inside information with regard to approval of this application?
Yes No
- C. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds obtain a financial interest or substantial benefit from this activity?
Yes No
- D. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the program year and one year thereafter? Yes No

If you answered YES to any of the above questions, a letter must be submitted with the application that includes the following information:

- 1) A disclosure of the nature and extent of the conflict
- 2) A description of how public disclosure will be made
- 3) A qualified attorney's opinion that the conflict of interest does not violate federal, state, or local law

Note: If you are approved for funding, the Commission must issue a public notice of the disclosure with a 15-day public comment period, and then submit to HUD for approval prior to execution of a grant agreement or release of funds.

Signature/Authorized Representative of Organization

Printed Name: _____

Title: _____

Date: _____

Grant Certification Form – 4

Policies & Procedures

The undersigned does hereby certify that the applicant organization has the following policies and/or procedures and can produce them if requested by the Commission:

1. Accounting policy/procedure
2. Procurement policy/procedure
3. Conflict of Interest policy/procedure
4. Record Retention policy/procedure
5. Language Access Plan & Limited English Proficiency Policy

Signature/Authorized Representative of Organization

Printed Name:_____

Title:_____

Date:_____