



Stanislaus County
Community Development Block Grant (CDBG)
Public Service Grant Application
Cover Page

For Fiscal Year 2016-2017

Submittal Reminder
Due: December 14, 2015 by 4:30pm
(1) Original with Exhibits A-S;
(10) Copies with Exhibits A-C, Q & S
(1) Digital Copy with Application in Word, Exhibit A-C in Excel & S in Word
(See Application Guidelines for more information)

Public Service Grant (PSG) Fair Housing Services Grant (FH)

Please fully review the Grant Application Guidelines prior to starting the application process.

A. Project Summary

A-1 Project Title: _____
Amount Requested \$ _____ (Amount requested cannot exceed **\$20,000 for PSG and \$25,000 for Fair Housing**)
(One application per project)
Total Project Cost \$ _____ (should match Budget "Exhibit A")

A-2 **Legal Name of Agency** Requesting funding: _____
DBA: _____
Agency Address: _____
Phone: _____ Fax: _____
Incorporated year: _____ 501(c)(____): Yes or No Tax ID number: _____
DUNS Number (9 digit No.): _____

A-3 Contact Name: _____ Title: _____
Contact Address (if different than above): _____
Contact E-Mail Address: _____
Contact Phone: _____ Fax: _____

DOE 12-14-2015

A-4 Agency Type (check all that apply):
 Non-Profit Government Faith-Based Education

A-5 Number of unduplicated persons and households you anticipate serving for this project: (I) _____ (H) _____

A-6 Other measurements of program success (Ex: Number of Ind. provided Shelter, or Connected to Employment):

A-7 Summarized Project Description: In the box below, provide a brief description of the proposed project and what it plans to accomplish if funded:

B. Agency Information

B-1 Briefly explain the Agency's previous experience in carrying out this or similar projects/programs. Discuss staff's responsibilities and their qualifications for administering the project.

B-2 Provide copies of job descriptions and resumes of the individuals that will be involved with the implementation of the project. Attach these items to the provided "Exhibit Q" (Please complete regardless of whether or not you are not requesting salary funds as this assists in assessing agency capacity to carry out the activity).

B-3 Is your Agency required to have local, State, or Federal certificates, licenses, or conditional use permits?
 Yes No

If Yes, please indicate what type of certificate/license the entity that certifies your agency, and the dates of your most recent certification(s). List all licenses required. Licensed childcare center applicants and Charter Schools must also attach a copy of Certificate of Occupancy. All CDBG funded staff working with children must be fingerprinted. Please list the staff positions that require fingerprinting. Please attach all of the indicated information labeled as "Exhibit L".

DUE 12-14-2015

B-4 Please provide contact information for Three (3) Professional References from partnering agencies, non-profits, service providers, or public/private agencies. These references may be contacted by CDBG Program staff in order to confirm experience or support for proposed program/project.

1. Name: _____ Email & Phone: _____
Agency: _____ Title: _____
2. Name: _____ Email & Phone: _____
Agency: _____ Title: _____
3. Name: _____ Email & Phone: _____
Agency: _____ Title: _____

C. Project/Program Information

C-1 Statement of Problem or Need: Briefly describe the problem/need that the proposed project is intended to address. Provide any statistics or other data to explain the need.

C-2 Is the proposed project a new (to County CDBG) project or an expansion of a currently offered project? **Check one of the selections and explain.**

New Project- If the Project is New, has the project been attempted by another agency and/or in another jurisdiction? If so please explain.

Expanded Numbers Served- If the Project is Expanded Numbers Served. Please state the estimated percentage of projected increase and explain the reason for the increase.

Expanded Area Served- If the Project is Expanded Area Served. Please state the reason and/or need for the expansion in the service area.

Expanded Activity- If the Project is Expanded Activity. Please explain the expansion of the activity and the reason and/or need for the expansion.

DUE 12-14-2015

C-3 The primary service that the project provides meets the following goal: (check one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Serves Victims of Domestic Violence |
| <input type="checkbox"/> Job/Education Training | <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Serves Physically/Mentally Disabled |
| <input type="checkbox"/> Emergency Food Assistance | <input type="checkbox"/> Serves at-risk Children/Youth | <input type="checkbox"/> General Low-Mod Income |
| <input type="checkbox"/> Strengthening Families | <input type="checkbox"/> Youth Early Intervention | <input type="checkbox"/> Reducing Recidivism |

C-4 Additional services that the project provides meets the following goal(s) (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Homeless Services | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Serves Victims of Domestic Violence |
| <input type="checkbox"/> Job/Education Training | <input type="checkbox"/> Homeless Prevention | <input type="checkbox"/> Serves Physically/Mentally Disabled |
| <input type="checkbox"/> Emergency Food Assistance | <input type="checkbox"/> Serves At-risk Children/Youth | <input type="checkbox"/> General Low-Mod Income |
| <input type="checkbox"/> Strengthening Families | <input type="checkbox"/> Youth Early Intervention | <input type="checkbox"/> Reducing Recidivism |
| <input type="checkbox"/> Other _____ | | |

C-5 Project also provides the following services (check all that apply):

- | | | | |
|---|---------------------------------------|--|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Food | <input type="checkbox"/> Education | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Health | <input type="checkbox"/> Case Management | <input type="checkbox"/> Crime Prevention |
| <input type="checkbox"/> Connection to Employment | <input type="checkbox"/> Fair Housing | <input type="checkbox"/> Other _____ | |

C-6 Select project target area(s) that will benefit from these funds:

Public Service Grant and Fair Housing Grant (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> City of Ceres | <input type="checkbox"/> City of Oakdale | <input type="checkbox"/> City of Hughson |
| <input type="checkbox"/> City of Patterson | <input type="checkbox"/> City of Newman | <input type="checkbox"/> City of Waterford |
| <input type="checkbox"/> Stanislaus County Unincorporated Areas (please specify): _____ | | |

C-7 Select project target client income level (check all that apply):
 Very Low (not greater than 30% AMI) Low (not greater than 50% AMI) Low/Mod (not greater than 80% AMI)

C-8 Client Income Verification: If your project serves a particular group Consortium area-wide then please select one of the three sub-categories under "Limited Clientele." If you are serving clients only in a specific census tract then please select the "Area Benefit" option. (for more information please refer to the Application Guidelines under Project Requirements).

Limited Clientele:

- Client Based** – Project provides services to low-income clients in eligible Urban County areas.
- Presumed Benefit** – Project provides services only to these specifically approved groups. Since these groups are presumed to be low and moderate income, individual income verification is not required. Select the presumed benefit option below you will be serving (other client statistics will be required during reporting periods if funds are awarded).
 - Elderly Persons (62 years and older)
 - Battered Spouses
 - Homeless Persons
 - Abused Children
 - Migrant Farm Workers
 - Severely Disabled Adults
 - Illiterate Persons (includes non-English speakers)

Nature & Location – Project provides services that are of such a nature and in such a location that it may be reasonably concluded that the activity's clientele will primarily be Low or Moderate income.

Area-Benefit: (Providing services only to a defined area) The public service must be offered to all residents of a defined geographic area that must contain a minimum of 51% of the residents who are low to moderate income as proven by 2000 Census data. Agencies will need to list census tracts or blocks with income data and geographic service boundaries. A map defining the area is required as an exhibit to the application (Exhibit Q) (see application guidelines).

DUE 12-14-2015

Census Tract: _____ Low and moderate %: _____
 Census Tract: _____ Low and moderate %: _____
 Census Tract: _____ Low and moderate %: _____
 Census Tract: _____ Low and moderate %: _____

C-9 What are the eligibility requirements to participate in the project/program?

C-10 Describe how you will determine the income level and income documentation requested from clients.

C-11 Give the definition of an unduplicated person for the purposes of this project. Describe the procedures/methods used to count and monitor the unduplicated beneficiaries or project participants.

C-12 How does your agency monitor the number of persons served?

C-13 What specific accomplishments/outcomes does your agency/collaborative expect to achieve with this project? What measures are in place to confirm and track these results? Please detail both short-term and long-term outcomes.

C-14 List all locations (with address) where this project will be held, unless the location is a safe haven situation (i.e. Domestic abuse shelter). **Attach evidence of site control**, such as a rental, lease, or use agreement, or proof of ownership, to the application and label "Exhibit O"

C-15 If the project is a collaborative effort with other agencies or contracted out, **describe** the partnership. Name the agencies involved and explain their role. Services contracted out to other entities are required to have agreements allowing County and HUD access to project related documents and client files and must follow the same project regulations. The agency must have policies and procedures in place to ensure that project regulations and requirements are met.

DUE 12-14-2015

C-16 How are people made aware of the agency and/or collaborative, the project and services? How does the project receive most of its referrals?

C-17 What will the agency do in order to promote and provide services to the community's diverse ethnic population?

C-18 Are you aware of other programs in the area that offer these same services? If so, how does your program ensure duplication of services is not occurring?

C-19 a) Is the proposed program prevention focused? Is there cross sector engagements? Please explain
 Yes No

b) Is there cross sector engagements? Please explain

D. Financial & Budget Information

D-1 a) Has this project been previously funded with Stanislaus County ESG/CDBG funds? Yes No
 If Yes, please indicate the year(s), allocations, expended, number served, and project name/description in the following table:

Fiscal Years	Allocated	Expended	Goal for # Served	Actual # Served	Project Name/Description
2011/2012	\$	\$			
2012/2013	\$	\$			
2013/2014	\$	\$			
2014/2015	\$	\$			
2015/2016	\$	\$			

b) Please explain any discrepancy between allocated and expended funds:

D-2 Has the Agency received any findings or concerns from other funding sources? If so, please explain.

DUE 12-14-2015

D-3 Are there any fees or charges required for membership in the agency or to receive services for the project? If "Yes" is selected please provide the appropriate fee schedule labeled "Exhibit N".
 Yes No

If Yes, please fully describe the fees or charges:

D-4 a) If the Agency is not awarded all of the funding requested; can the agency still provide the project?
 Yes No

b) What impact will not receiving this funding have on your program?

D-5 Describe other sources of funding for this project by completing the attached form labeled "Exhibit B - Other Funding Sources". **Make sure to only list funding for this project, not for your entire Agency.**

D-6 Complete the attached budget form "Exhibit A". The budget should identify in detail how CDBG funds are to be utilized. This form should balance with the figures provided in "Exhibit B - Other Funding Sources". All budget information must be provided using the supplied form, no substitutions will be allowed. If the supplied form is not utilized the application will be deemed incomplete and not considered for approval.

D-7 Please provide a list of all persons authorized to request payment:

Name: _____
 Title: _____

Signature: _____

Name: _____

Signature: _____

Title: _____

Name: _____

Title: _____

Signature: _____

E. Conflict of Interest

E-1 Any conflicts of interest to report? Yes No

If Yes, please explain in the space provided. Conflict of interest requires a written waiver from the County Counsel before an agreement is signed. Please make sure to list any and all conflicts or possible conflicts.

E-2 Please provide a list of names and positions of the Board of Directors and Officers for the Agency and label Exhibit K. Provide a copy of the minutes from the Board of Directors or equivalent that the grant application submittal has been approved and label as "Exhibit D". If not required provide a notation that it was not required and label as "Exhibit D".

E-3. Please list any employees or board members of the Agency who are elected officials, appointed members of a Stanislaus County Commission/Committee, or a Stanislaus County employee (if applicable). Make sure to clearly identify the group with which they are affiliated. Current listings of Stanislaus County advisory groups can be found on the Stanislaus County website at <http://www.stancounty.com/board/index.shtml>.

F. Certifications

If this application is approved for funding, the Agency agrees to fully comply with all required federal regulations including section 504, state, and local laws and regulations. The agency confirms that it is fully capable of fulfilling the obligations as cited in this proposal, and has attached the required documents referred to in this application. The Agency confirms that the board of directors or equivalent has reviewed and approved submittal of this grant application, and the minutes of said meeting are attached marked "Exhibit D".

The applicant understands that any approval of the grant proposal is conditional upon the final acceptance of the Fiscal Year 2016-2017 Community Development Block Grant application funding from HUD and execution of an agreement with Stanislaus County on implementing the grant and monitoring requirements. Applicant acknowledges that only an executed agreement with the County authorizes the initiation of project services or activates incurring expenditures for the project period. Applicant acknowledges that CDBG funds are provided on a reimbursement basis and supporting documentation must be approved by County staff prior to payment. Applicant has sufficient funds available or will be available to complete the project as described. Applicant does not have any unresolved audit findings for prior CDBG or other federal-funded project.

I hereby certify as an authorized signer on behalf of the agency, I submit this application to the Stanislaus County Department of Planning & Community Development and verify that the information included herein is true, accurate, and complete. **Furthermore, I understand that late or incomplete proposals will not be considered for funding**

DUE 12-14-2015

PENALTY FOR FALSE OR FAUDULENT STATEMENT:

U.S. Code Title 18, Section 1001, provides that a fine up to \$10,000 or imprisonment for a period not to exceed 5 years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious, or fraudulent statements, knowing the same to be false.

Name of Agency: _____

DBA: _____

Signature of Authorized Official: _____ Date: _____

Print Name: _____ Title: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Mailing Address: _____



DUE 12-14-2015

REQUIRED DOCUMENTATION (EXHIBITS) CHECKLIST

All of the following Exhibits must be included and **clearly labeled** or the application will be disqualified and returned to the applicant. If an attachment does not apply to your agency please place a sheet labeled with the appropriate exhibit designation and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply. All other attached narratives not specifically asked for in the exhibits page will be considered extraneous data and disregarded.

Note: Exhibits **A- C, Q & S** are exhibits that need to be included in the digital format and 10 additional copies of your application submitted in addition to your application.

Place an X on each of the following Exhibits that are included with this application.

- Exhibit A _____ **Proposed Detailed Budget** as requested under section D-5 of the application (see supplied "Exhibit A" Form). The budget should correspond with "Exhibit B - Other Funding Sources." **Exhibit is Required**
- Exhibit B _____ **Other Funding Sources** as requested under section D-4 of the application. Identify all sources of funding for this project (see supplied "Exhibit B" Form). **Exhibit is Required**
- Exhibit C _____ **Personnel Information** (see supplied "Exhibit C" Form) **Exhibit is Required**
- Exhibit D _____ Copy of the agency's Board of Directors minutes authorizing the action to submit an application for funds, for the Stanislaus County CDBG Public Service Grant Project. **Exhibit is Required**
- Exhibit E _____ Articles of Incorporation as a nonprofit corporation from the California Secretary of State **Exhibit is Required**
- Exhibit F _____ By-Laws as registered with the California Secretary of State. **Exhibit is Required**
- Exhibit G _____ Letter from the California Franchise Tax Board determining tax-exempt status under Section 23701d, Revenue and Taxation Code. **Exhibit is Required**
- Exhibit H _____ Letter from Internal Revenue Service determining the agency's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code. **Exhibit is Required**
- Exhibit I _____ Certified Audit and/or Financial Statement (most recent). **Exhibit is Required**
- Exhibit J _____ Business License (If Applicable)
- Exhibit K _____ Board of Directors: Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the Agency. **Exhibit is Required**
- Exhibit L _____ Certifications: Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize CDBG funds. (If Applicable)
- Exhibit M _____ Request for NEPA Environmental Review (see supplied "Exhibit M"). **Original Signature is Required.**
- Exhibit N _____ Fee Schedule: Reasonable fees may be charged for project services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based project will render your application as disqualified. (If Applicable)
- Exhibit O _____ Site Control: Please attach documentation regarding the status of or evidence of site control (See section C-14 of the application). **Exhibit is Required**
- Exhibit P _____ Map: Please attach a map showing the area to be served that includes census tracts. Only applicable if Area-Based is selected as the National Objective under section C-8 of the application. (If Applicable)
- Exhibit Q _____ Program Staff Resume(s): Provide copies resumes for the program staff that is involved in operating and/or implementing this program. **Exhibit is Required**
- Exhibit R _____ Proof of Insurance: Provide a copy of the Insurance Requirements outlined in Attachment 1. **Exhibit is Required**
- Exhibit S _____ Detailed Project Description **Exhibit is Required**

DUE 12-14-2015

DUE 12-14-2015