



# FY 2018-19 CDBG -PSG and Fair Housing Grant Application

## Project Summary Page

- Must Specify Activity
- Please Complete all Sections
- 80% Area Median Income (AMI) and below



**Stanislaus County**  
 Community Development Block Grant (CDBG)  
 Public Service (PSG) and  
 Fair Housing Services Grant  
**Grant Application**  
 for Fiscal Year 2018-2019

**Submittal Reminder**  
**Due: December 15, 2017 by 4:30pm**  
 (1) Original with Exhibits A-P  
 (10) Copies with Exhibits A, A1, A2 & P  
 (1) Digital Copy with Exhibits A-P  
 (See Grant Application Guidelines for more information)

**Public Service Grant (PSG)**  **Fair Housing Services Grant (FH)**  
*(Not to exceed \$20,000) (Not to exceed \$25,000)*

*PSG: Limit (1) one grant application per activity, limit of (3) three per agency. FH: Limit (1) one grant application per agency. Please fully review the Grant Application Guidelines prior to starting the application process.*

**A. PROGRAM SUMMARY**

1 Program Title: \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_ Total Program Cost \$ \_\_\_\_\_ (should match Budget "Exhibit A")  
 (One application per program)

2 Legal Name of Agency: \_\_\_\_\_  
 Doing Business As (DBA): \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Incorporation year: \_\_\_\_\_ 501(c)( ):  Yes or  No Tax ID number: \_\_\_\_\_  
 DUNS Number (9 digit No.): \_\_\_\_\_

3 Program Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Program Site Address (if different than above): \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4 Agency Type (check all that apply):  
 Non-Profit  Government  Faith-Based  Education  HUD Certified Fair Housing Agency

5 Number of unduplicated persons and households you anticipate serving for this program:  
 Individuals (I) \_\_\_\_\_ Households (H) \_\_\_\_\_

6 Other measurements of program success (*Ex: # of Individuals provided Shelter, or Connected to Employment*):  
 \_\_\_\_\_

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

**B. AGENCY CAPACITY AND EXPERIENCE**

**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 program.

2 Provide copies of job descriptions and resumes of the individuals that will be involved with the implementation of the program. Attach these items to the provided "Exhibit A-2" (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).

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 K".

4 Will any of the services to be delivered as part of the proposed program be contracted out?  Yes  No  
If yes, please list all agencies to be contracted and explain their role: *Please note: services contracted out to other entities are required to have agreements allowing County and HUD access to program related documents and client files and shall follow the same program regulations.*

5 If the program 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 program related documents and client files and must follow the same program regulations. The agency must have adopted program policies and procedures in place to ensure that program regulations and requirements are met.

**B-6** Please list all building locations (by street address) where program activities will be conducted, except where the location is a safe haven situation (i.e. domestic abuse shelter): *Please note: a copy of the Certificate of Occupancy for any building to be utilized for childcare and/or by a charter school as part of the proposed program will need to be provided before a grant may be recommended for funding.*

**B-7** 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.

1. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Title: \_\_\_\_\_  
 Email: \_\_\_\_\_

**C. PROGRAM INFORMATION**

**C-1** Statement of Problem or Need: Briefly describe the problem/need that the proposed program is intended to address. (Explain why your agency feels the population to be served is most in need of assistance. Provide any statistics or other data to demonstrate the need.)

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

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

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

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

Expansion or Change of an Activity- Please explain the expansion or change of the activity and the reason and/or need for the expansion/change.

**C-3** The primary service that the program 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              |
| Strengthening Families                             | Youth Early Intervention                               | Reducing Recidivism  |

- C-4** Additional services that the program 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** Program 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 program target area(s) that will benefit from these funds (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): _____ |  |  |

- 7 Select program 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)

8 Client Income Verification: If your program 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 Program Requirements).

- Limited Clientele:**
- Client Based** – Program provides services to low-income clients in eligible Urban County areas.
  - Presumed Benefit** – Program 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).
 

<input type="checkbox"/> Elderly Persons (62 years and older)	<input type="checkbox"/> Battered Spouses
<input type="checkbox"/> Homeless Persons	<input type="checkbox"/> Abused Children
<input type="checkbox"/> Migrant Farm Workers	<input type="checkbox"/> <u>Severely</u> Disabled Adults
<input type="checkbox"/> Illiterate Persons (includes non-English speakers)	
  - Nature & Location** – Program 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.

**C-9** What are the eligibility requirements to participate in the 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 program. Describe the procedures/methods used to count and monitor the unduplicated beneficiaries or program participants.

- C-12** What specific accomplishments/outcomes does your agency/collaborative expect to achieve with this program? What measures are in place to confirm and track these results? Please detail both short-term and long-term outcomes.
- C-13** List all locations (with address) where this program 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 N"
- C-14** If the program 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 program related documents and client files and must follow the same program regulations. The agency must have policies and procedures in place to ensure that program regulations and requirements are met.
- C-15** How are people made aware of the agency and/or collaborative, the program and services? How does the program receive most of its referrals?
- C-16** What will the agency do in order to promote and provide services to the community's diverse ethnic population?
- C-17** Are you aware of other programs in the area that offer these same services?  Yes  No  
If so, how does your program ensure duplication of services is not occurring?
- C-18** a. Is the proposed program prevention focused?  Yes  No
- b. Is there cross sector engagements?  Yes  No  
If Yes, please explain
- C-19** Describe how your agency will engage other community partners in order to address the needs of clients; include a list of all anticipated partners and a detailed description of the types of collaboration that will occur with each listed partner: *Please highlight any cross sector engagement or coordinated access efforts to be undertaken as part of the proposed program.*

**D. FINANCIAL AND BUDGET INFORMATION**

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

Fiscal Years	Allocated	Expended	Goal for # Served	Actual # Served	Program Name/Description (ex: Second Harvest/Food Assistance)
2013/2014	\$	\$			
2014/2015	\$	\$			
2015/2016	\$	\$			
2016/2017	\$	\$			
2017/2018	\$	\$			

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

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

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

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

5 Describe other sources of funding for this program by completing the attached form labeled "Exhibit A-1 - Other Funding Sources". **Make sure to only list funding for this program, not for your entire Agency.**

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 A-1 - 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.

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

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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 J**.

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.shtm>.

## F. CERTIFICATIONS AND APPLICATION SIGNATURES

All applications must be signed by the authorized official of the agency and, if applicable, the authorized official of any co-applicant. The application signature(s) acts to certify compliance with state and federal laws and requirements, as outlined in this section of the application, and to certify the application as being true, accurate, and complete.

### COMPLIANCE WITH DRUG-FREE WORKPLACE REQUIREMENTS

- The undersigned acknowledges and certifies that the employees to be engaged in the performance of this grant at the Place or Places of Performance, hereinafter defined, will comply with the Drug-Free Workplace Act of 1988. The agency also agrees to obtain signed certifications by each employee and new hire that certifies that the employee will

Function of Facility in Program Services	Street Address	City / Zip Code	Estimated No. of employees at site:
<i>Example: Shelter</i>	<i>1000 A Street</i>	<i>Mesquite, 89004</i>	<i>10</i>

comply with the Act, and the agency will maintain these certifications on file and make them available for review pursuant to the terms and conditions relative to record keeping and monitoring, as will be defined in the resolution governing any future grant awards.

Places of Performance (include street address, city and zip code for each site where services will be provided):

### COMPLIANCE WITH OTHER FEDERAL AND STATE REQUIREMENTS

- The undersigned acknowledges and certifies that the organization will comply with all applicable State and Federal requirements as reflected in 24 CFR part 576.404, 576.406, 576.407 and 576.408 regarding the following: Conflict of Interest; Lobbying Requirements, Uniform Administrative Requirements; Procurement of Recovered Materials; Displacement, Relocation and Acquisition; and Relocation Assistance for Displaced Persons.

In addition the undersigned acknowledges and certifies that the organization prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in Section 504 of the Rehabilitation of 1973, as amended, and the Americans with Disabilities Act of 1990.



## CONFIDENTIALITY REQUIREMENTS

- The undersigned certifies that the organization will adopt policies and procedures which meet at least the minimum standards for protecting the confidentiality of information as set forth in the Federal requirements as reflected in 24 CFR part 576.500.

## CERTIFICATION OF HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) PARTICIPATION REQUIREMENTS

- The undersigned acknowledges and certifies that the organization may be required to participate in the congressionally mandated HMIS database system that has been implemented by the Continuum of Care if requested by HUD.

The undersigned understands that participation in the HMIS database system will be at their own cost in order to meet this mandated requirement. (Note: Domestic violence shelters will not be required to participate in the HMIS database system but must agree to enter client data into a comparable database as required by 24 CFR part 576.)

## PERFORMANCE STANDARDS

- The undersigned acknowledges and certifies that programs and services funded through the CDBG program will be designed to assist the County in meeting the goals set forth to HUD and approved by the Board of Supervisors.
- If applicable, the undersigned also agrees to provide the County copies of reports obtained from HMIS if required in the future by HUD which will be used to determine whether or not the agency is meeting objectives, and will provide completed Quarterly and Annual Reports to the County upon request.

## CERTIFICATION OF SUBMISSION

- The undersigned hereby acknowledges and certifies that the Board of Directors of the applying organization endorses this Application to be submitted to Stanislaus County Planning and Community Development and the U.S. Department of Housing and Urban Development (HUD) for funding consideration for Fiscal Year 2018-2019.
- The undersigned further certifies that the organization submitting this Application is: 1) a non-profit, government, faith-based, or government organization; 2) tax-exempt, if applicable; 3) incorporated in the State of California; and 4) has complied with all applicable laws and regulations pertaining to same.
- The undersigned hereby commits the organization to provide Eligible Activities in accordance with this Application for Community Development Block Grant (CDBG) Public Services Grants Program Funds.
- The undersigned further commits that the organization will submit required reports and draw reimbursement requests within the timeframes provided by Stanislaus County once funds are awarded.
- The undersigned further commits that the organization will agree that all relevant federal, state and local regulations and other assurances as required by the Stanislaus County, including all guidelines, definitions, and limitations set forth in CDBG-PSG Program Guidelines, will be adhered to at all times.
- The undersigned hereby confirms that the organization is fully capable of fulfilling the obligations as cited in this Application, and that the organizations Board of Directors, or equivalent, has reviewed and approved submittal of this Application, as reflected in the minutes provide as "**Exhibit C**" of the Application.
- The undersigned further confirms that the organization understands that any approval of the Application is conditional pending the final approval of CDBG funding by HUD acceptance of the funding for Stanislaus County, and execution of an agreement by Stanislaus County with the organization. Applicant acknowledges that only an executed agreement with Stanislaus County authorizes the initiation of program services or activates eligibility for reimbursement.
- The undersigned further acknowledges that CDBG funds are provided on a reimbursement basis and supporting documentation shall be approved by Stanislaus County prior to payment, that the organization has sufficient funds available, or will be available, to complete the program as described in the Application, and that the organization does not have any unresolved audit findings for any prior CDBG or other state and/or federal funded program.

- The undersigned further certifies, as the official authorized to act on behalf of the organization, that this Application, and the information contained herein, is true, correct and complete, and that the organization understands that an Application submitted late or incomplete will not be considered for funding.

**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: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Signature of Authorized Official: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Application Contact Information**

Name of Program Contact Person: \_\_\_\_\_

Program Agency: \_\_\_\_\_ Title: \_\_\_\_\_

Program Contact's Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



**Staff Use Only**

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_  
 Staff Initials: \_\_\_\_\_  
 Complete: \_\_\_\_\_ Incomplete \_\_\_\_\_

Electronic Copy Received

Date \_\_\_\_\_ Time \_\_\_\_\_



**FY 2018-19**

# **CDBG -PSG and Fair Housing Grant Application**

## **Exhibit Checklist and Application Reminders**

- Use Exhibit Checklist to ensure that all the required information is included
- Do not remove the Exhibit Checklist
- Label all Exhibits
- Use forms provided- do not substitute or remove forms
- Do not edit forms
- Remember Signatures

**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:** All **EXHIBITS** need to be included in the Electronic Copy and Original Hard Copy  
The 10 additional copies of your application submitted in addition to the Original application must have Exhibits A-A-2 & P only.

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

- Exhibit A \_\_\_\_\_ **Detailed Budget** (Required to use supplied "Exhibit A" Form). The budget should correspond with "Exhibit A-1 - Other Funding Sources." **Exhibit is Required**
- Exhibit A-1 \_\_\_\_\_ **Other Funding Sources:** Identify all sources of funding for this program (Required to use supplied "Exhibit A-1" Form). **Exhibit is Required**
- Exhibit A-2 \_\_\_\_\_ **Personnel Information:** Provide copies of resumes and job descriptions for the program staff that is involved in operating and/or implementing this program (Required to use supplied "Exhibit A-2" Form) **Exhibit is Required**
- Exhibit B \_\_\_\_\_ **Proof of Insurance:** Provide a copy of the Insurance Requirements outlined in Exhibit B. **Exhibit is Required**
- Exhibit C \_\_\_\_\_ **Copy of the Agency's Board of Directors Approved Minutes:** authorizing the action to submit an application for funds, for Stanislaus County CDBG PSG funds. **Exhibit is Required**
- Exhibit D \_\_\_\_\_ **Articles of Incorporation:** Copy from the California Secretary of State identifying the agency as a nonprofit. **Exhibit is Required**
- Exhibit E \_\_\_\_\_ **By-Laws:** Copy of Agency By-laws as registered with the California Secretary of State. **Exhibit is Required**
- Exhibit F \_\_\_\_\_ **Letter from the California Franchise Tax Board:** determining tax-exempt status under Section 23701d, Revenue and Taxation Code. **Exhibit is Required**
- Exhibit G \_\_\_\_\_ **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 H \_\_\_\_\_ **Certified Audit and/or Financial Statement:** (most recent). **Exhibit is Required**
- Exhibit I \_\_\_\_\_ **Business License:** (if applicable)
- Exhibit J \_\_\_\_\_ **Board of Directors Information:** 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 K \_\_\_\_\_ **Certifications:** Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the program or program component that will utilize CDBG funds. (If Applicable)
- Exhibit L \_\_\_\_\_ **Request for NEPA Environmental Review** (see supplied "Exhibit L") **Original Signature is Required.**
- Exhibit M \_\_\_\_\_ **Fee Schedule:** Reasonable fees may be charged for program services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based program will render your application as disqualified. (If Applicable)
- Exhibit N \_\_\_\_\_ **Site Control:** Please attach documentation regarding the status of or evidence of site control. **Exhibit is Required**
- Exhibit O \_\_\_\_\_ **Detailed Program Description:** (Required to use supplied "Exhibit O" Form) **Exhibit is Required**
- Exhibit P \_\_\_\_\_ **Pre Award Risk Assessment:** (Required to use supplied "Exhibit P" Form) **Exhibit is Required** (See *Application Guidelines for more information*)



FY 2018-19

# CDBG -PSG and Fair Housing Grant Application

## Exhibit A- BUDGET

- CDBG funds may not be used to pay for food/meals for staff, fund raising, entertainment, alcoholic beverages, deposits on equipment, incentives to clients (gift cards, raffle prizes, holiday gifts, prizes for social activities), and late fees or penalties.
- No bonuses or PTO**
- Costs must be directly related to grant project work (back-up documentation for payment requests must clearly show this)

## EXHIBIT A

### Proposed Program Budget

Project: \_\_\_\_\_

Agency: \_\_\_\_\_

Please fill out the form below noting the total amount of funding requested for each line item. The "Total Program" amount must be the total budget for the proposed **activity** and must be equal to the amount requested in the "CDBG" column plus the amount shown in the "Other Funding" column. **Failure to complete this Budget form will cause the application to be incomplete and thus not eligible for funding. You will be required to follow each line item amount detailed in this budget for your draw requests.**

Line Item	Stan County CDBG	Other Funding (should match Exhibit B)	Total Program
<b>ESSENTIAL SERVICES</b>			
Case Management Salaries:			\$ 0.00
Salaries:			\$ 0.00
Benefits/Taxes ( <i>capped at 20% of salary</i> ):			\$ 0.00
<b>DIRECT PROGRAM-RELATED COSTS</b>			
<b>Rent</b>			
Rent/Lease of Space ( <i>project only</i> ):			\$ 0.00
<b>Utilities/Maintenance</b>			
Janitorial:			\$ 0.00
Utilities:			\$ 0.00
Telephone/Internet Services:			\$ 0.00
<b>Supplies</b>			
Office Supplies:			\$ 0.00
Printing:			\$ 0.00
<b>Transportation</b>			
Automobile/Transportation/Mileage:			\$ 0.00
<b>Other Program Costs:</b>			
Staff Training/Conferences:			\$ 0.00
Professional Fees ( <i>specify _____</i> ):			\$ 0.00
<b>ADDITIONAL PROGRAM COSTS (<i>be specific</i>):</b>			
			\$ 0.00
			\$ 0.00
			\$ 0.00
			\$ 0.00
<b>INDIRECT COSTS</b>			
<i>(Must provide federal certification letter)</i>			
<b>TOTAL (Must not exceed \$20,000):</b>	\$ 0.00	\$ 0.00	\$ 0.00



**FY 2018-19**

# **CDBG -PSG and Fair Housing Grant Application**

**Exhibit A-1**

## **Other Project Funding Sources**

- Only list funding that has been secured or committed for the proposed activity. not agency-wide.







# FY 2018-19 CDBG -PSG and Fair Housing Grant Application

## Exhibit A-2 Personnel Information

- List names of staff, their hourly wage and % of their salary to be covered by the grant.



**EXHIBIT B**

Please provide ALL requested information. Partial submission delays approval. Thank you

**Contractor:**

**Program /Req # :**

**INSURANCE CHECKLIST**

	Section 1 Department Complete	General Liability	Auto	Workers' Comp
1	NAIC # of insurers is provided on certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Best's rating of no less than A-, and Financial Size Category of at least VII*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrier is admitted/licensed to issue insurance in California (CA)* or on the Ca. Approved LASLI list**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Policy limits of insurance meet requirements in the agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Expiration date of policy is six months or more into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Deductibles/self-insured retention are declared and approved or waived by County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section 2 Insurance Broker</b>				
7.	Certificate Holder is "Stanislaus County" or "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy numbers on all Endorsements or, provide a copy of the Declarations Page(s) to show which endorsements are attached to the various policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Additional Insured (AI) Endorsement naming "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers" or a blanket endorsement as required by written agreement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10	Waiver of subrogation endorsement included. ( see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Primary and Non-Contributory Endorsement. ( see AI wording above)	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12	30 day notice of cancellation included. ( see AI wording above )	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Section 3 Check with Risk Management</b>				
13	Professional Liability if on claims made basis retroactive date is prior to the contract date & continues into future	Yes <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/>	
14	Is Fire / Builders Risk Insurance a requirement ?	Yes	No	If Yes ***
15	Is a Waiver of Insurance Requirements required ?	Yes	No	If Yes ***

**RESOURCE HELP:**

\*To check insurers: <http://www3.ambest.com/consumers/consumersearch.aspx?bl=36>

\*\*Approved surplus line insurance (LASLI) carrier acceptable if no CA carrier writes the insurance, see <http://www.insurance.ca.gov/0100-consumers/0030-licensee-info/0031-surplus-lines/lasli.cfm>

Note: County Counsel approval required if carrier is reinsured.

\*\*\* Check with Risk Management for details

FOR COUNTY USE ONLY		
Surety Bonds Required? If Yes specify type(s)	No	Yes
Reviewer Signature:	Date:	
Title:		



**EXHIBIT O**

**Detailed Program Description**

## EXHIBIT P

### Pre-Award Risk Assessment

As part of the Stanislaus County CDBG-PSG Grant Application, we need additional information about the operation of your organization. Please respond to all questions, attach requested information, and submit with application.

**Organization name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Year Incorporated in:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Name of CEO:** \_\_\_\_\_

**URL:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fiscal year dates** (month and year): \_\_\_\_\_

**Type of organization** (check all that apply):

- US Government Entity
- US entity that did not expend \$750,000 or more in US federal funds in the latest fiscal year
- For profit organization
- Non-profit organization
- University
- Foundation

<b>Must mark either Yes or No to all questions. Application will not be considered if incomplete.</b>	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
<b>Audits</b>			
Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?			
Have your annual financial statements been audited by an independent audit firm?			
Does your organization have a financial management system that records the source and application of funds for award-supported activities?			

<b>Must mark either Yes or No to all questions.</b> <b>Application will not be considered if incomplete.</b>	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Are all cash disbursements within the organization fully documented with evidence of receipt of goods or performance of services?			
Does organization have an effective system or procedure to control paid time charged to awarded funds?			
Does organization have an effective system or procedure for authorization and approval of:			
Capital equipment expenditures?			
Travel expenditures?			
Vendor and subcontractor expenditures?			
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Do you have written policies that address:			
Pay Rates and Benefits?			
Time and Attendance?			
Leave?			
Discrimination?			
Privacy and Confidentiality?			
Conflicts of Interest?			
Purchasing?			
Record Retention?			
Petty Cash?			
Accounts Payable?			
Accounts Receivable?			
Information Technology?			
Credit Cards?			
Do you subcontract to perform duties under this contract?			
Does your organization have appropriate insurance documents?			
Has there been a change in your senior management team in the past year?			
Have any key program staff started with the organization in the past year?			
Has your agency been placed on a corrective action plan within the past 12 months by any agency?			