



# Fiscal Year 2019

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

### *Application for Funding*

<i>Project category:</i> <small>(check one only)</small>	<input type="checkbox"/> Public Service	<input type="checkbox"/> Capital Improvement Project (CIP)
	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Administrative/Professional Services (Continuum of Care or Fair Housing)

### Agency Information

<i>Agency Name:</i>		<i>Program Title:</i>	
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<i>Business Address, including city:</i>					
<i>Mailing Address: (if different)</i>					
<i>Applicant contact name:</i>					
<i>Type of agency:</i>	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<i>Number of paid staff:</i>			<i>Tax ID number:</i>		
<i>Number of volunteers:</i>			<i>DUNS number:</i>		
<i>Annual operating budget:</i>					

<i>Agency Mission Statement:</i>

### Funding Request

<i>Total funding requested in this application:</i>		<i>Other funds already secured for project:</i>	
<i>Total cost to complete project:</i>		<i>Other funds not yet secured for project: *</i>	

*\*Please explain in Project Description section below*

<i>Brief project description (include goals, objectives, and number of clientele to be served)</i>

<b>** This Box For City of Merced Office Use Only – Thank You **</b>			
<i>Project Eligible?</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amt Awarded: \$ _____ Date: _____
HUD Matrix Code: _____			IDIS #: _____
SAM Check Complete? <input type="checkbox"/> Yes			Notes: _____

## Section 1: Project Information

<i>Project address(es):</i>	<i>Census tract:</i>	<i>Project Area:</i>

<i>Target clientele:</i>	
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**1.1** Provide a concise description of the proposed project (this description must match the one provided on the cover page). Space for a fuller narrative is provided in Appendix A.

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<b>1.2</b> How much total funding are you requesting in this application? (You will provide a detailed budget in Appendix C)	
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<b>1.3.</b> Anticipated start date:		Anticipated end date:	
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<b>1.4.</b> Project's days/hours of operation:	
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<b>1.5 Project Category</b> (Check one only)	<input type="checkbox"/> Public Service	<b>1.6 Project Objective</b> (Check one only)	<input type="checkbox"/> Suitable Living Environment
	<input type="checkbox"/> Economic Development		<input type="checkbox"/> Decent Housing
	<input type="checkbox"/> Capital Improvement		<input type="checkbox"/> Economic Opportunity
<b>1.7 Project Outcome</b> (Check one only)	<input type="checkbox"/> Availability/Accessibility		
	<input type="checkbox"/> Sustainability		
	<input type="checkbox"/> Affordability		
	<input type="checkbox"/> Administrative (i.e.: Continuum of Care, Fair Housing Services)		

<b>1.8 CDBG Criteria: Which CDBG criterion below does your proposed project meet? (Not Applicable for GF requests)</b>		
<input type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI)	
<input type="checkbox"/>	(2) Limited clientele (select from options below):	
<input type="checkbox"/>	(a) Special needs group (select benefit group from list below):	
	<input type="checkbox"/>	(i) Abused children
	<input type="checkbox"/>	(ii) Elderly persons 62 years or older
	<input type="checkbox"/>	(iii) Battered spouses
	<input type="checkbox"/>	(iv) Severely disabled adults (not children) – Census definition; documentation required
	<input type="checkbox"/>	(v) Illiterate adults
	<input type="checkbox"/>	(vi) Persons living with HIV/AIDS
	<input type="checkbox"/>	(vii) Migrant farm workers
	<input type="checkbox"/>	(viii) Homeless persons
	(b) At least 51% of clientele to be served will be documented as LMI.	
<input type="checkbox"/>	(3) Housing (select subpart below):	
	<input type="checkbox"/>	(a) Single family (must be 100% LMI)
	<input type="checkbox"/>	(b) Multi-unit (must be 51% LMI)
<input type="checkbox"/>	(4) Job creation: At least 51% of jobs for LMI persons.	

1.9. <i>The 2015-2020 Consolidated Plan goals below have been listed in their descending order of priority. Select the goal appropriate to your project:</i> <a href="#">Consolidated Plan</a>	
<input type="checkbox"/>	<i>Housing Rehabilitation, Reconstruction, and Neighborhood Revitalization.</i>
<input type="checkbox"/>	<i>New Affordable Housing Construction.</i>
<input type="checkbox"/>	<i>Housing Affordability (Homebuyer Assistance Programs).</i>
<input type="checkbox"/>	<i>City Coordination.</i>
<input type="checkbox"/>	<i>Improvement of the Quality and Quantity of Public Services.</i>
<input type="checkbox"/>	<i>Improvement of the Quality and Quantity of Community Infrastructure and Public Facilities.</i>
<input type="checkbox"/>	<i>Planning for Future Housing and Infrastructure Needs.</i>
<input type="checkbox"/>	<i>Homeless Services</i>
<input type="checkbox"/>	<i>Administrative Services</i>

**Please use this area to add any additional information from the above questions:**

**PLEASE NOTE: Maximum length for Questions 1.10 to 1.15 below is two pages)**

1.10. *Explain how the proposed project addresses the goals selected in Section 1.9:*

1.11 *Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:*

1.12 *List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:*

1.13 How does your agency plan to tell the target population about the project/services?:

1.14 List up to three outcomes of the project (at least one is required). For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome:

1.15 Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:

☐

Yes

☐

No

## **Section 2: Target Population** (maximum length this section is one page)

2.1 What is the target population for this project?

2.2 How does your agency track and record client demographics?

2.3 What specific census tracts or housing project areas does the project intend to serve?

2.4 Is the primary office located within eligible census tracts and/or Housing project areas? ☐ Yes ☐ No

2.5 Indicate whether the project will be serving individual clients (IC) or households (HH): ☐ IC ☐ HH

2.6 What is the total number of unduplicated clients/households to be served?

2.7 Of the total number of unduplicated clients/households to be served, what is the total number of unduplicated LMI clients/households to be served, if applicable?

2.8 If applicable, what is the percentage of unduplicated LMI clients/households to be served?

2.9 What is the cost per client/household?

2.10 Over the past three years, what proportion of the targeted population served by the project were City of Merced residents? (Have documentation available, if requested.)  
If this is a new project, what proportion are you anticipating?

### **Section 3: Agency Capacity**

3.1. Who will be the person responsible for the overall oversight of the proposed project?

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project?  
Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 ABOVE

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.4. Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance?  
Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 or 3.3 ABOVE

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone :	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

**Add any additional relevant information here:**

**(Maximum length for Questions 3.5 to 3.8 below is one page)**

3.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

3.6. *How does your agency plan to ensure compliance with applicable policy and procedural requirements (including those listed in HUD's "Playing by the Rules" Handbook)?*

*Click link to access handbook. [Playing by the Rules Handbook](#)*

3.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

3.8. *Please provide agency organization chart and complete Appendix F (Board Members)*



**Section 4: Auditing Control (Maximum length this section is two pages)**

4.1 *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

4.2 *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

4.3 *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

4.4 *Briefly describe your agency's auditing requirements, including those for the proposed project:*

4.5 *How does your agency plan to separate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

## **Section 5: Agency Experience** (max. length: one page for Sections 5 & 6 combined)

- 5.1. Briefly highlight your agency's experience and major accomplishments in providing services to residents of Merced. (Note: you may provide more detail in Appendix A, if needed.)

- 5.2. Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2016/17 through 2018/19)? If yes, complete Appendix E for each of the grants received for Fiscal Years 2016/17, 2017/18, and 2018/19.

☐

Yes

☐

No

## **Section 6: Back-Up Plan** (maximum length: one page for Sections 5 & 6 combined)

- 6.1. Will your agency still implement this project should City funds not be awarded? If yes, how will the implementation be achieved?

☐

Yes

☐

No

- 6.2. If funded, how will your agency continue this project if City funds are not available in future years?

**Appendix A: Narrative of Project (maximum length is two pages)**

*In two pages or less, 1) explain your proposed project and, 2) explain why it should be awarded funding.*

*1) Explain your proposed project:*

2) *Explain why it should be awarded funding:*

## Appendix B: CIP Projects (maximum length for Questions B.1 to B.6: one page)<sup>1</sup>

B.1. Have the construction plans and drawings been completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, indicate the anticipated date of completion:				

B.2. Will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.3. Summarize the organization's relevant experience on similar federally funded projects:
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B.4. Address the mitigation of any issues identified on the "Project Site Information section (see Questions B.8 to B.16) with respect to lead hazards, historic preservation, asbestos, location in a flood plain, or other documented health and safety problems. Were issues identified? If yes, identify each issue and the mitigation below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.5. How will the completed work be maintained for at least five years after the termination of the agreement with the City of Merced?
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B.6. Has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<sup>1</sup> For Appendix B only – If legally necessary responses cannot be provided within the page-count constraints, then please provide brief summaries of the responses above and reference and attach outside documentation.

**Project Site Information (maximum length for Questions B.7 to B.15 is two pages)**

<b>B.7. Is the facility agency-owned, City-owned, or privately owned?</b>			
<input type="checkbox"/>	<b>Agency-owned</b>		
	<b>Property owner(s):</b>		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>		
	<b>City Department:</b>		
	<b>When will the lease expire?</b> (The lease must not expire within five years of the proposed project's completion date.)		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>		
	<b>Property owner(s):</b>		
	<b>When will the lease expire?</b> (The lease must not expire within five years of the proposed project's completion date.)		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>		
	<b>Provide a brief explanation:</b>		

<b>B.8 For building/structures constructed prior to December 31, 1978:</b>				
<b>Has a lead hazard inspection report been issued for the facility?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Has the facility been abated for lead paint?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Will children occupy the facility?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Provide Year Built:</b>				

<b>B.9. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If yes, describe below:</b>				

<b>B.10. Is the building/structure located on a Historic Site?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Is the building/structure in a Flood Zone?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Is the building/structure in a Flood Plain?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Does your agency have flood insurance?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Will demolition be required?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

**B.11. List and describe any known hazards (e.g., asbestos, storage tanks –underground/above ground):**

<b>B.12. Will the project result in an expansion of an existing facility?</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>If yes, specify the size in square feet:</b>	<b>Existing size:</b>		<b>Addition size:</b>	

B.13. The questions below ask about zoning. If zoning information is not known, contact the City of Merced's Development Services Department at (209) 385-6858 to request assistance.

What is the project structure type?

☐ Residential

☐ Commercial

☐ Public facility

☐ Public right-of-way

What is the current zoning of the project site?

Is the project site zoned correctly for the proposed activity?

☐ Yes

☐ No

B.14. Does the project require temporary/permanent relocation of occupants?

☐

Yes

☐

No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2019/20 CDBG funds.]

B. 15. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.



## Appendix C: Funding Sources and Detailed Budget

Complete the attached detailed budget forms in MS Excel. Choose the forms pertaining to your project category.

<b>Project category:</b> <i>(check one)</i>	<input type="checkbox"/> Public Service	Complete Appendices C-1 & C-2
	<input type="checkbox"/> Economic Development	
	<input type="checkbox"/> Capital Improvement Project (CIP)	
	<input type="checkbox"/> Administrative	

- All project categories must complete the following:
  - [Appendix C-1](#): List of All Funding Sources for the Project
  - [Appendix C-2](#): CDBG Detailed Project Budget
- Provide Last 2 Years of Financial Audits (attach separately)

**NOTE!** If you are filling out this application in your web browser, make sure to right-click on the links, then copy them into a new page. Otherwise, you may lose all your progress.

## **Appendix D: Implementation** (Maximum length is one page)

*Provide a listing of the specific tasks or activities needed to implement the proposed project. Number each task or activity, describe it, and give the projected date of completion. Add additional rows as needed.*

[illegible]

## Appendix E: Results of Prior Year Projects (maximum length: one page per project/year)

*If your agency received federal funds in Fiscal Year 2016, 2017, or 2018, complete one copy of this appendix for each project for each year funded.*

E.1. Agency name:

E.2. Project name:

E.3. Year of funding: ☐ Fiscal Year 2016/17 ☐ Fiscal Year 2017/18 ☐ Fiscal Year 2018/19

E.4. Indicate the source of the federal funding awarded to the prior project:

☐ CDBG

☐ HOPWA

☐ ESG

☐ HOME

☐ CDBG-R

☐ HPRP

☐ NSP

☐ Other (Indicate below):

E.5. Amount awarded:

E.6. Amount spent to date:

E.7. Amount reprogrammed to date:

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):

(1)

(2)

(3)

E.9. Indicate below the outcomes achieved:

(1)

(2)

(3)

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

**(Maximum length per project: one page)**

E.1. Agency name	
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E.2. Project name	
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E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2016/17	<input type="checkbox"/> Fiscal Year 2017/18	<input type="checkbox"/> Fiscal Year 2018/19
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
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E.7. Amount reprogrammed to date:	
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E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
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**(Maximum length per project: one page)**

E.1. Agency name	
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E.2. Project name	
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E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2016/17	<input type="checkbox"/> Fiscal Year 2017/18	<input type="checkbox"/> Fiscal Year 2018/19
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
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E.7. Amount reprogrammed to date:	
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E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
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*Provide a roster of the members of your agency's Board of Directors:*

[illegible]