

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM FY 2019/20 CDBG APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

Project Title: Restore Jobs
 Agency Name: Restore Merced

INSTRUCTIONS

Enter an "X" next to each item below as you complete it. If the form or document listed does not apply to your project, enter "N/A" next to the item. This checklist must be included as part of your agency's FY 2019/20 CDBG Application packet.

APPLICATION

<i>The following must be submitted to be considered for funding:</i>	
<input checked="" type="checkbox"/>	Application Submittal Checklist
<input checked="" type="checkbox"/>	Application for Funding
<input checked="" type="checkbox"/>	Appendix A: Narrative of Project
<input type="checkbox"/>	Appendix B: Capital Improvement Project (CIP) Project Details
<input checked="" type="checkbox"/>	Appendix C: List of All Funding Sources & Two Years of Annual Financial Audits
<input checked="" type="checkbox"/>	Appendix D : Project Implementation <i>(Continuation of existing project)</i>
<input checked="" type="checkbox"/>	Appendix E : Results of Prior Year Projects <i>(as applicable to project; see form)</i>
<input checked="" type="checkbox"/>	Appendix F: Roster of Board Members
<input checked="" type="checkbox"/>	State and Federal Tax Exemption Determination Letters
<input checked="" type="checkbox"/>	Charter and/or Bylaws
<input checked="" type="checkbox"/>	Organization Chart <i>→ See 3.8</i>
<input checked="" type="checkbox"/>	Copy of Insurance Certificate
<input checked="" type="checkbox"/>	Applicant Attended MANDATORY Community Meeting

only have 1 year, 2018 not yet submitted



FY 2019/20 CDBG APPLICATION SUBMITTAL CHECKLIST

PROJECT-SPECIFIC REQUIREMENTS: For PUBLIC SERVICES projects only

	Copy of Rental or Lease Agreement (A copy of lease is only required if CDBG funds are proposed to be used to make a portion of the lease payments.)
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CDBG Eligible Activity for Public Services Projects (must select one):

<i>Public Facilities and Improvements:</i>			
	General Public Services		Child Care Services
	Homeless/AIDS Services		Health Services
	Senior Services		Abused and Neglected Children
	Disability Services (documentation req.)		Mental Health Services
	Legal Services		Lead Based Paint/Lead Hazards Screening
	Youth Services		Subsistence Payments
	Transportation Services		Homeownership Assistance (not direct)
	Substance Abuse Services		Rental Housing Subsidies
	Battered and Abused Spouses		Security Deposits
✓	Employment Training		Housing Counseling
	Crime Prevention and Public Safety		Neighborhood Cleanups
	Tenant/Landlord Counseling		Food Banks
	Illiterate Adults (Non-English/ESL)		Migrant Farm Workers

OPTIONAL DOCUMENTS: Not required from any applicant, but enter an "X" next to the items included in your application submittal

	Exhibits: These refer to no more than two 8.5" X 11" pages of exhibits that you may use to supplement your application materials. You may include photographs, charts, pictures, conceptual drawings, and/or anything else you consider suitable within the 2-page limit (may be in color or black and white).
	Letters: You may submit up to 3 letters of support for your project as part of your application submittal.





Fiscal Year 2019

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Application for Funding

Project category: <small>(check one only)</small>	<input checked="" 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

Agency Name: Restore Merced	Program Title: Restore Jobs
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Business Address, including city:	419 W. 19th Street, Merced, CA 95340			
Mailing Address: (if different)	419 W. 19th Street, Merced, CA 95340			
Applicant contact name:	Matt St. Pierre			
Type of agency:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input checked="" type="checkbox"/> Faith-Based
Number of paid staff:	8	Tax ID number:	82-3156923	
Number of volunteers:	30	DUNS number:	081556186	
Annual operating budget:	\$150,000			
Agency Mission Statement: Seeking the good of Merced through social, economic, and spiritual opportunities.				

Funding Request

Total funding requested in this application:	60,000	Other funds already secured for project:	110,000
Total cost to complete project:	200,000	Other funds not yet secured for project: *	20,000

*Please explain in Project Description section below

Brief project description (include goals, objectives, and number of clientele to be served) The Restore Jobs program is an effort to provide part-time on-the-job training, mentorship, and job placement for homeless and rehabilitating individuals by completing neighborhood clean up projects for the city of Merced. The goals are to clean up neighborhoods that are mostly inhabited by LMI individuals and families, to produce job ready individuals, and find permanent entry-level job placements for each.
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** This Box For City of Merced Office Use Only – Thank You **			
Project Eligible?	<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

Project address(es):	Census tract:	Project Area:
Downtown Merced	13.021	Downtown
Bear Creek and Black Rascal Creek	10.05,10.03,10.04	BC and BR
South Merced	16.01	South Merced

Target clientele:	Homeless (Core Definition) and the LMI individuals.
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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.

The Restore Jobs program is an effort to provide part-time on-the-job training, mentorship, and job placement for homeless or recently incarcerated individuals by completing neighborhood clean up projects for the city of Merced. The goals are to clean up neighborhoods that are mostly inhabited by LMI individuals and families, to produce job ready individuals, and find permanent entry-level job placements for each.

1.2 How much total funding are you requesting in this application?
(You will provide a detailed budget in Appendix C)

60,000

1.3. Anticipated start date: 7/1/2019 Anticipated end date: 6/30/2019 2020

1.4. Project's days/hours of operation: Monday-Thursday/8AM-1PM

1.5 Project Category (Check one only)	<input checked="" type="checkbox"/> Public Service	1.6 Project Objective (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 checked="" type="checkbox"/> Economic Opportunity
1.7 Project Outcome (Check one only)	<input type="checkbox"/> Availability/Accessibility		
	<input checked="" type="checkbox"/> Sustainability		
	<input type="checkbox"/> Affordability		
	<input type="checkbox"/> Administrative (i.e.: Continuum of Care, Fair Housing Services)		

1.8 CDBG Criteria: Which CDBG criterion below does your proposed project meet? (Not Applicable for GF requests)

<input checked="" type="checkbox"/>	(1) Area benefit: At least 51% of residents within the targeted activity area are low to moderate income (LMI)
<input checked="" type="checkbox"/>	(2) Limited clientele (select from options below):
<input checked="" 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 checked="" type="checkbox"/>	(viii) Homeless persons
<input checked="" type="checkbox"/>	(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 checked="" type="checkbox"/>	(4) Job creation: At least 51% of jobs for LMI persons.

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

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:**

The project exists to clean up under-resourced neighborhoods while giving work experience, job placement, and ongoing follow up to individuals who are homeless according to HUD's core definition. We provide other supportive services that pair with this on the job experience, and then seek to place individuals into long term job opportunities. Good paying work opportunities are crucial for giving homeless individuals long term stability and the ability to get and remain housed.

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

The numbers for this years Homeless Count has yet to be released, but the 2017 HUD Homeless Census found that there were 454 homeless individuals in Merced County including adults and children. The National Health Care for the Homeless council estimates 25-50% of the homeless population has a history of incarceration, one of many barriers to employment. More than 1 in 4 formerly incarcerated individuals are unemployed, according to a recent study by the Prison Policy institute. While many homeless individuals suffer from mental illness and/or addiction, others with past mistakes and convictions find it impossible to jumpstart their new lives because of barriers to employment and a mountain of past fines, probation, etc. Researchers with the Department of Labor's seven-year Job Training for the Homeless Demonstration Program "found that with the appropriate blend of assessment, case management, employment, training, housing and support services, a substantial proportion of homeless individuals can secure and retain jobs and that this contributes to housing stability."

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:

- Job Experience (Expansion)
- Job Training (Expansion)
- Neighborhood Clean Up (Expansion)
- Job Placement (Expansion)

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

By continuing to work in collaboration with the Merced County Rescue Mission and others at the Continuum of Care. We have an MOU with the Merced County Rescue Mission and work with many individuals who are housed in their transitional sober-living houses and have made connections with probation, behavioral health, and others who would like to send us applicants.

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:

- Work experience that builds resume and employability - 7-10 (100%)
- Enhance cleanliness in target neighborhoods - 7-10 (100%)
- Long-term job placement support - 7-10 (100%)
- Post-program support and follow up including savings matching program - 7-10 (100%)

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


Yes



No

Merced County Rescue Mission, Behavioral Health Services, Probation - These entities recommend individuals who fit our target population to interview for any vacant positions on the neighborhood clean up work crew.

Various local service clubs and churches - These entities provide individuals to volunteer as mentors for our clients.

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

2.1 What is the target population for this project?

Three specific neighborhoods where more than 51% of the population is LMI AND homeless individuals who are currently residing in transitional housing or a private rehabilitation/recovery programs.

2.2 How does your agency track and record client demographics?

Through interview process, intake form, and on-going follow up. We have our own database set to record the information required by the city of Merced in accordance with HUD guidelines.

Through interview process, intake form, and on-going follow up. We have our own database set to record the information required by the city of Merced in accordance with HUD guidelines.

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

13.02, 10.05, 10.03, 10.04, and 16.01

13.02, 10.05, 10.03, 10.04, and 16.01

2.4 Is the primary office located within eligible census tracts and/or Housing project areas?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
2.5. Indicate whether the project will be serving individual clients (IC) or households (HH):	<input checked="" type="checkbox"/> IC	<input type="checkbox"/> HH
2.6. What is the total number of unduplicated clients/households to be served?	7-10	
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?	7-10	
2.8. If applicable, what is the percentage of unduplicated LMI clients/households to be served?	100%	
2.9. What is the cost per client/household?	\$15,000	
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?	100%	

Section 3: Agency Capacity

3.1. Who will be the person responsible for the overall oversight of the proposed project?	
Name of person:	Matt St. Pierre
Title of person:	Executive Director
E-mail address:	matt@restoremerced.org
Telephone number:	209-233-1418
Alternate phone:	N/A

3.2. Who will be the alternate person responsible for the overall oversight of the proposed project?	
Name of person:	Caleb Medefind
Title of person:	Board President
E-mail address:	caleb@restoremerced.org
Telephone number:	209-676-9786
Alternate phone:	N/A

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: <u>DO NOT COMPLETE IF SAME AS 3.2 ABOVE</u>	
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: <u>DO NOT COMPLETE IF SAME AS 3.2 or 3.3 ABOVE</u>	
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.

- # Neighborhood clean up projects completed
- # of individuals employed at 20 hours/week
- % of program participants with full time employment 6 months after program completion.
- Dollars paid toward # hours worked

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](#)

By ensuring diligent recored keeping and handling HUD funding completely seperate from other organizational funds, following guidelines for reporting and record-keeping as outlined in Ch. 8 of the handbook, and ongoing communication with a commitment to full transparency.

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.)

N/A

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

Board of Directors

Executive Director

Neighborhood Engagement Coordinator

Restore Jobs Manager

Restore Jobs Wor Crew (5 part-time)

30 Volunteers

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:**

The proposed funding will be used to fund 48 neighborhood clean up projects over the course of 12 months in 3 distinct areas in the city of Merced. Each project will cost \$1,250.

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

Restore Merced's annual program and administrative budget is approved by and overseen by the Board of Directors with regular evaluation of organizational financial health and keeping RM on a financially sustainable path.

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

HUD funds will be tracked separately from all other organizational funds using Aplos accounting software and overseen by Restore Merced's CPA.

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

Restore Merced reconciles our financial accounts weekly and tracks funds separately for the appropriate programs and designations. Updates are then given at board of directors meetings.

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

As mentioned above, CDBG funds will be tracked entirely separate from all other organizational funds. Our accounting software Aplos has the ability to track specific funds for specific purposes and run reports on all income and expenses related to those funds.

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.)

Over the course of 2.5 years, we've been able to take over 20 formerly homeless individuals through our job training class. Almost 75% of those are currently employed. Our current Restore Jobs program has provided work experience to 8 individuals since it began in September of 2018. We've included budgeting and financial literacy training geared for individuals coming out of generational poverty. Each of these 20 students have been paired with mentors from the community, met and networked with some of Merced's largest and best employers, and have taken major strides in eliminating roadblocks toward future success -- some have paid off fines, found long term housing, taken DUI classes, and gotten their Driver's License.

Our neighborhood engagement work in downtown Merced has paired up 20 elementary age kids with adult mentors who meet weekly. The focus of this program is developing a healthy relationship and addressing the trauma experienced by the kids while helping them to build resilience.

We've trained over 50 community members in best practice for poverty alleviation work and then provided action steps with high relational commitments to neighbors experiencing poverty.

- 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

We currently have one additional contract for work with Regional Waste Management to clean up the roadside along the county landfill. We are working to acquire more contracts so we can grow the program and hire more individuals at a time. We'd like to grow our crew size from 5-10 individuals in 2019, which is dependent on finding new contracts. But, we will continue this work regardless of being awarded the funds, it will simply set us back on these goals.

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

As mentioned above, we are continuing to work toward acquiring more contracts for similar work in order to ensure that this program is self-sustaining.

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:

Community members who have been incarcerated, have felonies on their record, or are in recovery from addiction, experience countless barriers to finding gainful employment. Among the most significant of these barriers is disconnectedness. With gaps in their employment history or past convictions, it can seem impossible to be truly considered for any job position. This creates a sense of hopelessness and despair for rehabilitating individuals who are trying to live an honest life. Restore Merced seeks to step into these gaps and build bridges that connect those who are most disenfranchised to opportunities for flourishing. Restore Jobs is a holistic program providing work experience, mentorship, and long term placement in order to connect those who are most disenfranchised to opportunities for self-sufficient flourishing. For 6-9 months, participants will receive paid work experience as we provide Neighborhood Clean Up projects for the city of Merced. At the halfway point, we will identify along with the student a fitting career path and then send them to receive the necessary training and certification (i.e. welding and fabrication, auto mechanic, and other various trades). Meanwhile, we will continue our work of building a network of local employers to place these individuals into entry level work opportunities upon completion of the program. Finally, we will conduct quarterly follow ups with graduates after job placement that includes a savings matching program up to \$250/quarter for the first year after program completion. This will also ensure ongoing contact and opportunity for feedback provided from the individual's employer.

2) Explain why it should be awarded funding:

At the time of this writing, we have been running the Restore Jobs program for 6 months. We've learned a great deal about how to best equip and prepare people for meaningful work opportunities. We are very close to placing two of our original clients into great long term job opportunities. We've also been thanked by countless Merced residents for providing this neighborhood clean up work and beautifying our community. It has clearly created a sense of pride in the community. We've had homeless individuals ask if they can have a trash bag to help clean up the area they're staying in. We believe this program is on its way to sustainability and has already taken great strides toward that end. But, another year of funding is crucial for us to continue building on what has already been accomplished and to help launch us into the future.

Appendix B: CIP Projects (maximum length for Questions B.1 to B.6: one page)¹

B.1. Have the constructions 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:

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

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

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

B.10. Is the building/structure located on a Historic Site?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Zone?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Is the building/structure in a Flood Plain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your agency have flood insurance?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will demolition be required?	<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.12. Will the project result in an expansion of an existing facility?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, specify the size in square feet:	Existing size:	Addition size:		

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.

Project category: (check one)	<input checked="" 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.

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: Restore Merced

E.2. Project name: Restore Jobs

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:

<input checked="" 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: 60,000

E.6. Amount spent to date: 17,687.51

E.7. Amount reprogrammed to date:

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

- | | |
|-----|---|
| (1) | Work experience that builds resume and employability |
| (2) | Enhance cleanliness in target neighborhoods |
| (3) | Post-program support and follow up including savings matching program |

E.9. Indicate below the outcomes achieved:

- | | |
|-----|---|
| (1) | Achieved - We've provided 8 individuals a total of 2,500 hours of work experience and on the job training. |
| (2) | Achieved - Our three target areas have each been cleaned every other week for the past 6 months. |
| (3) | In Progress - We will soon place our first two program participants into long term job and then evaluate how much they've saved for the matching program. |

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

Outcome 3 simply due to the limited length of time since the program was launched in September of 2018.

(Maximum length per project: one page)

E.1. Agency name	
------------------	--

E.2. Project name	
-------------------	--

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
-----------------------	--	--	--

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:	
----------------------	--	----------------------------	--

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			
E.2. Project name			
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
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:	
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:			

Provide a roster of the members of your agency's Board of Directors:

[illegible]

**APPENDIX C-2
FY 2019 CDBG PROJECT
DETAILED BUDGET**

AGENCY	Restore Merced
PROJECT	Restore Jobs

MISCELLANEOUS PROJECT COSTS:

ADMINISTRATIVE COSTS	12,000
SUPPLIES	5,000
POSTAGE	
CONSULTANT SERVICES	
MAINTENANCE/REPAIR	4,500
PUBLICATION/PRINTING	
TRANSPORTATION	
RENT	12,000
EQUIPMENT RENTAL	
INSURANCE	2,500
UTILITIES	6,000
TELEPHONE	
OTHER EXPENSES (SPECIFY):	158,000

Program Staff, Work Crew Salary (10), Worker's Compensation, Tools, Vehicle Expenses, Uniforms, Savings Matching, Etc.

CIP REQUESTS ONLY:

LEAD-BASED PAINT ASSESSMENT/ABATEMENT	
CONSTRUCTION/RENOVATION	
CONSULTANT/PROFESSIONAL SERVICES	
CONSTRUCTION MANAGEMENT	
OTHER EXPENSES (SPECIFY):	

\$ 209,000
\$0.00

TOTAL CDBG PROJECT BUDGET

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **NOV 22 2017**

RESTORE MERCED INC
303 W 21ST STREET
MERCED, CA 95340-0000

Employer Identification Number:
82-3156923
DLN:
26053705001947
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a) (2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
October 11, 2017
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 947

RESTORE MERCED INC

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO Box 1286
Rancho Cordova CA 95741-1286

RESTORE MERCED, INC.
303 W. 21ST STREET
MERCED CA 95340

Date: 04.12.18
Case: 31600665489315296
Case Unit: 31600665489315510
In reply refer to: 760:RAV:F120

Regarding:	Tax-Exempt Status
Organization's Name:	RESTORE MERCED, INC.
CCN:	4073977
Purpose:	Religious
R&TC Section:	23701d
Form of Organization:	Incorporated
Accounting Period Ending:	12/31
Tax-Exempt Status Effective:	10/11/2017

Exempt Acknowledgement Letter

We have received your federal determination letter and Form 3500A, *Submission of Exemption Request*, and have approved your request for California Tax-exempt status.

Under California law, Revenue and Taxation Code (R&TC) Section 23701 provides that an organization is exempt from taxes imposed under Part 11 upon submission of the federal determination letter approving the organization's tax-exempt status.

Generally, the effective date of an organization's California tax-exempt status is the same date as the federal tax-exempt status.

To retain tax-exempt status, the organization must be organized and operating for nonprofit purposes within the provisions of the above R&TC section. An inactive organization is not entitled to tax-exempt status.

In order for us to determine any effect on the tax-exempt status, the organization must immediately report to us any change in:

- Operation
- Character
- Purpose
- Name
- Address

For filing requirements, refer to FTB Pub.1068, *Exempt Organizations - Filing Requirements and Filing Fees*. Go to **ftb.ca.gov** and search for **1068**.

This exemption is for state franchise or income tax purposes only. For information regarding sales tax exemption, contact the California Department of Tax and Fee Administration at 800.400.7115 or go to their website at **cdtfa.ca.gov**.

Rebecca A. Valenty
Telephone: 916.845.4171
Fax: 916.843.2218

cc: MARK PETERSON

Form 990-N

Electronic Notice (e-Postcard)

OMB No. 1545-2085

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year beginning 2017-01-01 and ending 2017-12-31

B Check if available

- ☐ Terminated for Business
- ☒ Gross receipts are normally \$50,000 or less

C Name of Organization: RESTORE MERCED419 W 19th Street, Merced,
CA, US, 95340

D Employee Identification

Number 82-3156923

E Website:

restoremerced.orgF Name of Principal Officer: Matthew St Pierre303 W 21st Street, Merced,
CA, US, 95340

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

FILED
SECRETARY OF STATE
STATE OF CALIFORNIA

OCT 11 2017

ARTICLES OF INCORPORATION

- ONE: A. The name of this corporation is **RESTORE MERCED, INC.**
- TWO: A. This corporation is a **Religious Corporation** and is not organized for the private gain of any person. It is organized under the Nonprofit Religious Corporation Law exclusively for **religious** purposes.
- THREE: A. The name and address in the State of California of this corporation's initial agent for service of process is:
- Matthew St. Pierre
419 W. 19th Street
Merced, CA 95340
- FOUR: A. The initial street address of this Corporation is 419 W. 19th Street, Merced, CA 95340
B. The initial mailing address of this Corporation is 419 W. 19th Street, Merced, CA 95340
- FIVE: A. The specific purpose of this corporation is to promote, through the demonstration of Christ's love, a Merced in which all residents flourish spiritually, socially, and economically.
B. This corporation is organized and operated exclusively for **religious** purposes within the meaning of the Internal Revenue Code section 501(c)(3).
C. No substantial part of the activities of this corporation shall consist of carrying on propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign (including the publishing or distribution of statements) on behalf of any candidate for public office.
D. The property of this corporation is irrevocably dedicated to **religious** purposes and no part of the net income or assets of this corporation shall ever inure to the benefit of any director, officer, or member thereof or to the benefit of any private person.
E. Upon the dissolution or winding up of the corporation, its assets remaining after payment, or provision for payment, of all debts and liabilities of this corporation shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for **religious** purposes and which has established its tax exempt status under Internal Revenue Code section 501(c)(3).


Matthew St. Pierre, Incorporator

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS PAGE

POLICY EFFECTIVE 05/01/2018

POLICY NO. 1448-697

NAMED INSURED RESTORE MERCED

LIMITS OF INSURANCE

GENERAL AGGREGATE LIMIT			
(OTHER THAN PRODUCTS-COMPLETED OPERATIONS)			\$ 2,000,000
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT			\$ 2,000,000
PERSONAL & ADVERTISING INJURY LIMIT			\$ 1,000,000
EACH OCCURRENCE LIMIT			\$ 1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	ANY ONE PREMISES		\$ 1,000,000
MEDICAL EXPENSE LIMIT	ANY ONE PERSON		\$ 5,000

FORM OF BUSINESS: ORGANIZATION (OTHER THAN PARTNERSHIP OR JOINT VENTURE)

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

PREMISES ARE THE SAME AS SHOWN ON THE COMMERCIAL
PROPERTY COVERAGE PART DECLARATIONS PAGE

CLASSIFICATIONS

CLASSIFICATION	CODE NO.	PREMIUM BASIS	EXPOSURE
BUILDING / PREMISES NOC - NOT OPERATED FOR PROFIT	61227	A	2,037
SCHOOLS - NOC NOT FOR PROFIT	67513	A	1,500
SEXUAL MISCONDUCT LIABILITY	49990	C	
DIRECTORS AND OFFICERS LIABILITY - OCCURRENCE	49999	C	

PREMIUM BASIS: A-AREA C-TOTAL COST M-ADMISSIONS
P-PAYROLL S-GROSS SALES U-UNITS OR EACH

CONTINUED ON THE NEXT PAGE

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS PAGE

POLICY EFFECTIVE 05/01/2018

POLICY NO. 1448-697

NAMED INSURED RESTORE MERCED

ENDORSEMENT SCHEDULES

FORM GCG0404/0115
VIOLENT INCIDENT RESPONSE COVERAGE

SCHEDULE

\$ 300,000 VIOLENT INCIDENT AGGREGATE LIMIT
\$ 2,500 INDIVIDUAL COUNSELING EXPENSES EACH PERSON LIMIT
\$ 50,000 MEDICAL EXPENSES EACH PERSON LIMIT
\$ 200,000 INDIVIDUAL EXPENSES AGGREGATE LIMIT
\$ 100,000 ORGANIZATIONAL EXPENSES AGGREGATE LIMIT

FORM GCG2810/0409
LEGAL EXPENSE REIMBURSEMENT COVERAGE

SCHEDULE

\$ 15,000 EACH INCIDENT LIMIT
\$ 45,000 AGGREGATE LIMIT
\$ 1,000 DEDUCTIBLE

FORM GCG7410/0409
SEXUAL MISCONDUCT LIABILITY COVERAGE

SCHEDULE

\$ 50,000 EACH CLAIM LIMIT
\$ 100,000 AGGREGATE LIMIT
\$ 10,000 MEDICAL EXPENSE LIMIT

CONTINUED ON THE NEXT PAGE

COMMERCIAL GENERAL LIABILITY
COVERAGE PART DECLARATIONS PAGE

POLICY EFFECTIVE 05/01/2018

POLICY NO. 1448-697

NAMED INSURED RESTORE MERCED

ENDORSEMENT SCHEDULES

FORM PCG7543/0203
DIRECTOR AND OFFICER LIABILITY

SCHEDULE

\$1,000,000 EACH CLAIM LIMIT

\$1,000,000 AGGREGATE LIMIT

\$ 2,500 DEDUCTIBLE

FORM PMAN502
AMENDED DEFINITION OF DAMAGES

THIS DOCUMENT IS AN ENDORSEMENT THAT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.

THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE
FOLLOWING:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM
PROFESSIONAL LIABILITY COVERAGE
EMPLOYEE BENEFITS LIABILITY COVERAGE
COUNSELORS LIABILITY COVERAGE

THE DEFINITION OF "DAMAGES" IS REPLACED BY THE FOLLOWING:
"DAMAGES" MEAN ONLY THOSE TORT DAMAGES ALLOWED BY LAW.