

CITY OF MERCED
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM FY 2017/18 CDBG APPLICATION

APPLICATION SUBMITTAL CHECKLIST

This checklist must be included as part of your agency's FY 2017/18 CDBG Application packet.

Project Title: _____

Agency Name: _____

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 2017/18 CDBG Application packet.

APPLICATION

The following must be submitted to be considered for funding:

	Application Submittal Checklist
	Application for Funding
	Appendix A: Narrative of Project
	Appendix B: Capital Improvement Project (CIP) Project Details
	Appendix C: List of All Funding Sources & Two Years of Annual Financial Audits
	Appendix D : Project Implementation
	Appendix E : Results of Prior Year Projects <i>(as applicable to project; see form)</i>
	Appendix F: Roster of Board Members
	State and Federal Tax Exemption Determination Letters
	Charter and/or Bylaws
	Organization Chart
	Copy of Insurance Certificate
	Applicant Attended MANDATORY Community Meeting



FY 2017/18 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.)

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 2017-18
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 Title

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>	

Project Information

**Please explain in Project Description section below*

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

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

Applicant Information

<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>Annual operating budget:</i>		

Agency Mission Statement:

(Max Length for Questions 1.10 to 1.15: 2 Pages)

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.

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

1.3. Anticipated start date: _____ Anticipated end date: _____

1.4. Project's days/hours of operation: _____

1.5 Project Category (check one only)	<input type="checkbox"/> Public Service	1.6 Project Objective (check one only)	<input type="checkbox"/> Suitable Living Environment
	<input type="checkbox"/> Economic		<input type="checkbox"/> Decent Housing
	<input type="checkbox"/> Capital Improvement		<input type="checkbox"/> Economic Opportunity
1.7 Project Outcome (ck 1)	<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)		

1.8 CDBG Criteria: Which CDBG criterion below does your proposed project meet? (Not Applicable for GF requests)	
<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
<input 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 type="checkbox"/>	(4) Job creation: At least 51% of jobs for LMI persons.

(Max Length for Questions 1.10 to 1.15: 2 Pages)

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 type="checkbox"/>	Homeless Services
<input type="checkbox"/>	Administrative Services

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

[Type response here.]

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

[Type response here.]

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:

[Type response here.]

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

[Type response here.]

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:

[Type response here.]

1.15. Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

Section 2: Target Population (Max Length: 1 Page)

2.1. *What is the target population for this project?*

[Type response here.]

2.2. *How does your agency track and record client demographics?*

[Type response here.]

2.3. *What specific Census tracts or Housing Project areas does the project intend to serve?*

[Type response here.]

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

[Type response here.]

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 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 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 responsible for the financial oversight of the CDBG expenditures and fiscal compliance? Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 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:	

(Max Length for Questions 3.5 to 3.8: 1 Page)

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

[Type response here.]

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](#)

[Type response here.]

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.)*

[Type response here.]

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

Section 4: Auditing Control (Max Length: 2 Pages)

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

[Type response here.]

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

[Type response here.]

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

[Type response here.]

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

[Type response here.]

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

[Type response here.]

Section 5: Agency Experience (Max Length: 1 Page for Sections 5 & 6 Combined)

5.1. *Briefly highlight your agency’s experience and major accomplishments in providing services to residents of Merced. You may expand in Appendix A.*

[Type response here.]

5.2. <i>Has your agency received CDBG or other federal funds in any of the past three fiscal years (Fiscal Years 2014/15 through 2016/17)? If yes, complete Appendix E for each of the grants received for Fiscal Years 2014/15, 2015/16, and 2016/17.</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Section 6: Back-Up Plan (Max Length: 1 Page for Sections 5 & 6 Combined)

6.1. <i>Will your agency still implement this project should City funds not be awarded? If yes, how will the implementation be achieved?</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

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

[Type response here.]

Appendix A: Narrative of Project (Max Length: 2 Pages)

In two pages or less, explain your proposed project and make the case why it should be awarded funding.

[Type response here.]

Appendix B: CIP Projects Only (Max Length for Questions B.1 to B.6: 1 Page)¹

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

B.2. <i>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:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

B.3. <i>Summarize the organization's relevant experience on similar federally funded projects:</i>
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[Type response here.]

B.4. <i>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:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

B.5. <i>How will the completed work be maintained for at least five years after the termination of the agreement with the City of Merced?</i>

[Type response here.]

B.6. <i>Has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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[Type response here.]

¹ For Appendix B only – If legally necessary responses cannot be provided within the page-count constraints then provide brief summaries of the responses above and reference and attach outside documentation.

Project Site Information (Max Length for Questions B.7 to B.15: 2 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? <i>(The lease must not expire within five years of the proposed project's completion date.)</i>		
	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? <i>(The lease must not expire within five years of the proposed project's completion date.)</i>		
	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:				

[Type response here.]

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):
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[Type response here.]

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:	

<p>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.</p>			
<p>What is the project structure type?</p>			
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Public facility	<input type="checkbox"/> Public right-of-way
<p>What is the current zoning of the project site?</p>			
<p>Is the project site zoned correctly for the proposed activity?</p>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

[Type response here.]

<p>B.14. Does the project require temporary/permanent relocation of occupants?</p>			<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<p><i>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 2016-17 CDBG funds.]</i></p>						

[Type response here.]

<p>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.</p> <p><i>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.</i></p>	
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[Type response here.]

Appendix C: Funding Sources and Detailed Budget

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

<i>Project category:</i> <small>(check one)</small>	<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)

Appendix E: Results of Prior Year Projects (Max Length: 1 Page per Project/Year)

If your agency received federal funds in Fiscal Year 2015, 2016, or 2017, 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 2014/15 Fiscal Year 2015/16 Fiscal Year 2016/17

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: <input style="width: 450px;" type="text"/>	E.6. Amount spent to date: <input style="width: 450px;" type="text"/>
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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:

[Type response here.]

(Max Length per Project: 1 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 2014/15	<input type="checkbox"/> Fiscal Year 2015/16	<input type="checkbox"/> Fiscal Year 2016/17
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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:	
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:
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[Type response here.]

(Max Length per Project: 1 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 2014/15	<input type="checkbox"/> Fiscal Year 2015/16	<input type="checkbox"/> Fiscal Year 2016/17
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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:

[Type response here.]

