Print Form

# CITY OF SUNNYVALE

## HUMAN SERVICES
## APPLICATION FORM AND INSTRUCTIONS

### PROGRAM YEARS 2015-16 AND 2016-17

## COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

**Release Date:**
**January 5, 2015**

**Proposals Due:**
**February 13, 2015**

COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING DIVISION
(408) 730-7250
www.Housing.inSunnyvale.com
456 West Olive Avenue, P.O. Box 3707, Sunnyvale, CA 94088-3707

# APPLICATION INSTRUCTIONS

Agencies applying for funding through the City of Sunnyvale must complete the attached application form and provide all required attachments.

**For more detailed information on the City of Sunnyvale CDBG programs, visit our website at www.HUDPrograms.inSunnyvale.com**

**Application Instructions**

The City of Sunnyvale invites qualified non-profit human services providers to submit proposals for Sunnyvale programs through this Request for Proposals (RFP). The City seeks proposals that if funded, would address one or more of the priority human service needs and objectives listed in the City of Sunnyvale 2010-2015 HUD Consolidated Plan, which is available at: www.HUDPrograms.inSunnyvale.com

# APPLICATION SUBMITTAL

Before responding to the RFP, please read the attached instructions carefully, check all calculations, and verify that items on the application checklist are attached in the order listed. Inaccuracies, omissions and use of RFP forms from prior years will be grounds for rejection. All proposals will become part of City of Sunnyvale's official public records and will be available for public review.

Proposals must be submitted on standard 8½" by 11" paper, have consecutively numbered pages, and be three-hole punched. Do not use folders or notebooks. Do not staple the proposal, bind **only** with binder clips. Insert labeled divider tabs for each section of the Application. Do not use sticky notes or flags as a substitute for tabbed dividers. Do not include these instruction sheets with your application.

Submit one (1) original and two (2) copies of the proposal. Indicate whether the document is an original or copy on the Program Cover Sheet. The applicant's most recent financial audit is required and should be attached to the original only. All proposals must:

- Include information requested and any attachments.
- Limit your answers to the visible space within the available text boxes. If you cannot see it without scrolling down, it will NOT print. Do not attach longer responses.

**Original must be signed in blue ink.** Proposals must be received by the Housing Division by 4 p.m. on February 13, 2015. Items postmarked but not received by this date and time will not be accepted. Deliver proposals by mail, delivery service, or hand delivery to:

| | |
|---|---|
| Hand Delivery: | CITY OF SUNNYVALE HOUSING DIVISION<br>Attn: Katrina Ardina, Housing Programs Analyst<br>456 W. Olive Avenue |
| US Mail: | P.O. Box 3707<br>Sunnyvale, CA 94088-3707 |

**Applications sent by fax or email will NOT be accepted.**
**Late or incomplete proposals will NOT be accepted.**
**Proposal Due Date: February 13, 2015 by 4 p.m.**

For eligibility and proposal questions, please contact:
Katrina Ardina, Housing Programs Analyst
City of Sunnyvale Housing Division
kardina@sunnyvale.ca.gov
Tel: (408) 730-7451

For technical assistance with application forms, please contact:
Edith Alanis, Housing Programs Technician
City of Sunnyvale Housing Division
ealanis@sunnyvale.ca.gov
Tel: (408) 730-7254 or (408) 730-7250

**APPLICATION PROCESS TIMELINE FOR THE FISCAL YEAR 2015-16**
**CDBG FUNDING CYCLE**
(Subject to Change: Please check the Housing Division website often for updates)
www.Housing.inSunnyvale.com

| | |
|---|---|
| RFP Issuance | January 5, 2015 |
| Proposal workshop for Human Services Agencies | January 29, 2015 |
| **Deadline for submission of applications (4 p.m.)** | **February 13, 2015** |
| Presentations to Housing and Human Services Commission | February 25, 2015 |
| Housing and Human Services Commission Meeting: Public Hearing: Commission recommendations on public services and capital/ housing project funding | March 25, 2015 |
| Housing and Human Services Commission Meeting: Public Hearing on FY 2015-16 Action Plan 30-day citizen comment period | April 22, 2015 |
| City Council approval of Action Plan | May 5, 2015 |
| Applicants notified regarding awards | June 2015 |
| HUD review and approval | June 2015 |
| Contract term begins | July 2015 |

Please follow the guidelines below to develop your Program Overview on the Cover Sheet, Page 1, and for calculating figures to be entered into Section 1, Part C: Program Financials: on page 3.

**Program Overview (Cover Sheet, Page 1):**
Describe the specific program you would like to fund with the Sunnyvale grant. If you are awarded a grant, you will only be able to use the funds on the program you described in this application. If your agency typically defines its "program" as a broad range of services provided as separate offerings to primarily different groups of clients (recreational classes, day care, employment training, and counseling, etc.), for the purposes of this application you will need to choose just one of those services to provide with the Sunnyvale grant funds (i.e., just counseling or just day care). However, if your program provides a very similar package of services to the same group of clients (day care, meals, fitness activities) through a single enrollment process, define your program as that entire package of services. If you are not sure how to define your program for the purpose of this application, please consult with city staff or attend the Applicant Workshop. In addition, the Sunnyvale grant funds may only be used to fund the services provided to Sunnyvale clients, so please select a program which serves enough Sunnyvale clients to justify the amount of your grant request.

**C. Program Financials (Page 3):**

Funding Request:
The dollar amount of funding you are requesting from the City of Sunnyvale in your human services application.

Total Program Cost:
The total annual cost (including all funding sources) for the program you have described in the Program Overview on Page 1 of the Application Form (Cover Sheet). The total cost should be the total expenditure amount in your agency's adopted annual budget for FY 2015-16 for that program. If the cost for the program as defined in the Program Overview is not identified as a separate line-item in your agency budget, please be prepared to show back-up documentation upon request, to explain how you determined the total Program Cost. If your annual budget for FY 2015-16 is more than 10% higher or lower than your actual annual program cost as shown in your most recent audit, please be prepared to explain why, upon request. If you intend to apply for CDBG funds, you must have a current HUD-approved indirect cost allocation plan. Administrative costs (including indirect costs, if any) will be evaluated as part of the cost-effectiveness consideration in the "Program Design and Readiness" scoring category, and should not exceed 12% of total program costs. Proposals with lower administrative cost ratios will be issued higher scores.

Cost per Client for proposed Program (as defined in Program Overview):
Divide the "Total Program Cost" by the total number of clients that you expect to serve in FY 2015-16 with your proposed Program. You may be asked to verify your cost per client figures with actual data on number of clients served and total annual program cost for the prior two fiscal years. This data must be backed up with source documents and must be consistent with your financial audits for those years. Cost per client calculations should include all clients served by the Program, not just Sunnyvale residents.

Number of Sunnyvale residents served by Program:
The number of Sunnyvale residents you estimate will be served in FY 2015-16 through your proposed Program (as defined in Overview), regardless of funding source. Your estimate should be consistent with the average number of Sunnyvale residents you have served in the past three years, if such data is available. If such data is not available, please be prepared to explain in detail how you arrived at this estimate.

Number of Sunnyvale residents served by requested Sunnyvale grant:
Divide your Funding Request by your Cost per Client and enter that number here.
*Example:*
Funding request = $10,000
Cost per client = $250
Number of Sunnyvale residents served by requested Sunnyvale grant = 40

Total Matching funds for proposed Program:
This is the sum of all funding sources, other than requested Sunnyvale grant, that you intend to use to pay for this Program, as follows:

- Please count only those sources which have been committed in writing, or to which you are entitled through state or federal statute, or which you have received annually for this Program for at least the past ten years. If you do not have a written commitment for any of the matching funds, base your estimate on the average annual amount you received over the past three years.

- Do not include any funds that you will use to fund any services other than those you described in the Program Overview.

- Do not include any funds that you may not use to serve Sunnyvale clients. If the funds are provided by another local jurisdiction, and may only be used to serve the residents of that jurisdiction (including residents of the unincorporated county), do not count them as match for the purpose of this application. Funds that are provided to serve all Santa Clara county residents, including those of the incorporated cities, may be counted as match. Please check with your funders if you are not sure about any geographic preferences or limitations associated with their funds.

Match Ratio:
Divide the total Program Cost by the total amount of matching funds you entered above:

Total Match / Program Cost = Match Ratio

**Application Form**
City of Sunnyvale Human Services Funding
January 2015

# COVER SHEET

## APPLICANT INFORMATION

Legal Name of Organization: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Web Address: _____

Contact Person: _____

Title: _____

Email: _____

Telephone Number: _____

Fax Number: _____

Executive Director: _____

Email: _____

**TYPE OF FUNDS REQUESTED:** ☐ **CDBG** (Minimum Request $25,000) ☐ **GENERAL FUNDS** (Minimum Request $10,000)

## PROGRAM OVERVIEW

Program Name: _____

Location(s) where Sunnyvale clients will be served (include full street address(es):

_____

**Brief Program Description:**

Enter text here. **DO NOT EXCEED THE SIZE OF THE BOX.** Text will not print and your application will not be accepted.**This note applies to all boxes that allow multiple lines of text in this application.**

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# SECTION 1: FUNDING REQUEST FOR SUNNYVALE PROGRAM

**A. City of Sunnyvale Funding Categories (See RFP Notice, page 8). Please select one:**

☐ Operational ☐ Emergency ☐ Seed Program

**B. Consolidated Plan Priority Need Type.**
Select only one:

☐ A. Basic Needs (Food, financial aid, emergency shelter)

☐ B. Youth Intervention (mentoring/after-school programs)

☐ C. Mental Health or Substance Abuse Counseling

☐ D. Other Supportive Services (Legal aid, senior care services, disability-related services, etc.)

**C. Program Financials[1]**

Funding Amount Requested: _____ Funding Type: ☐ CDBG ☐ GENERAL FUNDS

Total Program Cost: _____

Cost per client for proposed Sunnyvale Program: _____

Number of Sunnyvale clients to be served with City grant: _____

Total matching funds for proposed Sunnyvale services: _____

Match Ratio (% of program funded by matching funds): _____

Is Applicant currently receiving funding from Sunnyvale? ☐ Yes ☐ No

Has the Applicant applied for funds from the City of Sunnyvale for this Program before? ☐ Yes ☐ No

If yes, complete the following chart for the previous five years.

| Fiscal Year Applied | Amount Requested | Amount Awarded by City |
|---|---|---|
| | | |
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| | | |
| | | |
| | | |

[1] **NOTE: Please see pages iii-iv of Application instructions for details on how to calculate Program Cost and Cost per client**

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# SECTION 2: PROGRAM INFORMATION

## A. Program Overview and Target Clientele

1. Provide a brief description of the proposed Program, including the specific services to be provided to Sunnyvale clients with funds from the City of Sunnyvale. Describe your target clientele in terms of age group, income level, household type, etc.

2. Describe the type of needs(s) that the proposed Program would address, its impact on Sunnyvale, and which need or objective of the City's Consolidated Plan it is primarily intended to meet.

3. Describe the Program's client eligibility requirements. Note if the clients are at-risk and/or an under-served population, and explain why.

4. What other private or public organizations are now, or will be, addressing the same needs as the proposed program? List and describe the services provided by each agency to address these needs. Explain how the proposed program augments rather than duplicates the services of others. Describe how your agency collaborates with similar or complimentary service providers.

5. Describe any direct, quantifiable cost savings your proposed program would generate for the City, such as reducing a need for city services, (police, etc.). Attach any reports or other documentation supporting your estimates of city savings. Do not include cost savings to other public or private entities (county, state, federal agencies, or businesses).

6. Number of unduplicated clients estimated to be served by the proposed program with the requested City grant funds in next fiscal year (must be consistent with Section 1.C).

Sunnyvale funded Clients: _____ Total Program Clients: _____

a. If the agency currently receives Sunnyvale funding, will the amount requested for FY 2015-16 result in an increase in the number of Sunnyvale clients currently being served by the agency (with any funding source)?

☐ Yes ☐ No (If Yes, continue, if No, go to "B. Objectives")

b. How many additional Sunnyvale clients are expected to be:

Extremely Low Income _____ Very Low Income _____ Low Income: _____

Please complete the table below, using actual client data from prior years; only for the specific program for which you are requesting City funds:

| Time Frame | Number of Sunnyvale Clients Served with City Funds* | Total Number of Clients Served | Amount of Sunnyvale Funding Received, if Any | Average Annual Program Cost Per Client |
|---|---|---|---|---|
| **Average of past 5 years** | | | | |
| **FY 2013-14** | | | | |
| **Estimated for FY 2015-16** | | | | |

* If not funded previously by the City, enter the number of Sunnyvale clients served with any source of funds.

Please provide the number of unduplicated Sunnyvale clients served by income level and special needs, if any:

| | **2013-2014 Actual** | **2015-2016 Proposed** | | **2013-2014 Actual** | **2015-2016 Proposed** |
|---|---|---|---|---|---|
| | **SUNNYVALE ONLY** | | | **SUNNYVALE ONLY** | |
| Extremely Low Income (0%-30% AMI) | | | Youth (0-18 years) | | |
| Very Low Income (31%-50% AMI) | | | Adults (19-61 years) | | |
| Low Income(51%-80% AMI) | | | Seniors (62+ years) | | |
| Moderate Income (81%-120% AMI) | | | Disabled Individuals | | |
| Above Moderate Income (120%+ AMI) | | | Other Special Needs | | |
| **Total** | | | **Total** | | |

**B. Objectives**

For each program objective, please indicate the proposed type and number of units of service to be provided during the next fiscal year. Units of service are those units that will be used to calculate program performance and justify reimbursement requests. You must include at least one type of unit, and may include up to four types.

| **Objective (unit of service) e.g. hours of service, meals provided, evictions prevented, etc.** | **1st Quarter** | **2nd Quarter** | **3rd Quarter** | **4th Quarter** | **Annual** |
|---|---|---|---|---|---|
| | | | | | |
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## C. Program Administration and Monitoring

1. Use the table and space below to briefly describe how the program will be managed and administered, including proposed staff time and staff functions.

| Position Title | Program Duties | Total Annual Salary | Total Hours per Week | % Time Allocated to Sunnyvale Grant Activity | Amount of Salary to be funded by grant, if any |
|---|---|---|---|---|---|
| | | | | | |
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2. How will the effectiveness of your program be measured during each year of the grant?

3. Describe your policies and procedures for assuring that people with disabilities and/or limited English proficiency have equal access to services and benefits. Attach your agency's Language Access Policy and disability-related policies, if any.

4. Provide a brief general description of your agency and the services it provides. Describe your agency's experience in providing the proposed services. If previously funded by the City, what goals and accomplishments were achieved with City funds?

5. Explain how your agency collects client eligibility and demographic data, consistent with CDBG requirements for public services programs. Attach a copy of your client application or income verification form.

## D. Consolidated Plan Goals

Please indicate which Consolidated Plan Goal(s) will be met by the Program and briefly describe how your Program meets the Goal(s).

- ☐ **Goal #2:** Support activities to end homelessness
- ☐ **Goal #3:** Support activities that provide basic services
- ☐ **Goal #4:** Promote fair housing choice
- ☐ **Goal #5:** Expand economic opportunities for low-income households.

## E. HUD Performance Measures

HUD required that recipients of federal funding assess the outcomes of their programs. Please identify which HUD objective and HUD outcome will be addressed by your proposal.

***Objectives***

☐ **Objective #1: Creates a suitable living environment**. This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, literacy or elderly health services.

☐ **Objective #2: Creates economic opportunity.** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

***Outcomes***

☐ **Outcome #1: Improve availability/accessibility**. This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer onlyto physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.

☐ **Outcome #2: Improve affordability**. This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.

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# SECTION 3: FINANCIAL AND OTHER ORGANIZATION INFORMATION

## A. Agency Information

Non-Profit with 501(c)(3) Status : _____

Faith-based organization: _____

Community Based Development Organization (CBDO): _____

Community Housing Development Organization (CHDO): _____

Other Type of Organization: _____

Describe: _____

DUNS Number: _____

## B. Total Agency Budget

| | **Planned 2015-16** | **Adopted (Actual if available) 2014-15** | **Actual 2013-14** | **Actual 2012-13** |
|---|---|---|---|---|
| **Administration** | | | | |
| **Fundraising** | | | | |
| **Proposed Program (Total Budget)** | | | | |
| **All Other Programs** | | | | |
| **Total Agency Budget** | | | | |

## C. Budget for Fiscal Years 2015-16 & 2016-17

| Proposed Sunnyvale Program Annual Expenses* | City Funds | Matching Funds | Total |
|---|---|---|---|
| Salaries/Benefits/Payroll/Taxes | | | |
| Office Supplies | | | |
| Communication | | | |
| Publications/Printing/Advertising | | | |
| Travel | | | |
| Rent/Lease/Mortgage | | | |
| Utilities | | | |
| Insurance | | | |
| Equipment Rental/Maintenance | | | |
| Audit/Legal/Professional Services (for CDBG portion only) | | | |
| Direct Services (Funding for specific service, e.g. meal, ride) | | | |
| Contract Services | | | |
| Other | | | |
| **Total Expenses** | | | |

*** Round to the nearest whole dollar and include only expenses associated with proposed program and Sunnyvale clients.**

| Proposed Funding Sources for Sunnyvale Program | Amount |
|---|---|
| City of Sunnyvale | |
| Other Jurisdictions | |
| Foundation | |
| Individual Donations | |
| | |
| | |
| | |
| | |
| | |
| **TOTAL** | |

1. Does your Organization have a HUD-approved indirect cost plan? ☐ Yes ☐ No

2. Does your agency charge any fees for the proposed Sunnyvale services? ☐ Yes ☐ No

3. Please explain how your organization is leveraging the requested City funds with other funds.

## D. Other Information

Please submit the following document in support of your application:

- ☐ **Articles of Incorporation/Bylaws**.
- ☐ **Financial Statement and Audit.** Describe any findings or concerns that were cited in the audit or in any accompanying management letter, particularly pertaining to the use of CDBG funds. Also, describe any actions taken to correct identified findings or concerns.

If your application is selected for funding, you will be required to submit the information below:

- ☐ **Policy & Procedures Manual.** Include policy prohibiting discrimination, grievance procedures, and conflict of interest.
- ☐ **Nonprofit Determination.** Submit determination letters from the Federal Internal RevenueService and the State Franchise Tax Board documenting the organization is tax exempt.
- ☐ **List of Board of Directors**. Include the name, telephone number, address, and occupation or affiliation of each member. Identify the principal officers of the governing body.
- ☐ **Authorization to Request Funds**. Documentation must be submitted of the governing body's authorization to submit the funding request. This consists of a copy of the minutes of the meeting in which the governing body's resolution, motion, or other official action is recorded.
- ☐ **Designation of Authorized Official .** Documentation must be submitted of the governing body's action authorizing the representative of the agency to negotiate for and contractually bind the agency. This consists of a signed letter from the Chairperson of the governing body providing the name, title, address, and telephone number of each authorized individual.
- ☐ **Organizational Chart**. Include the organization's administrative framework and staff positions.
- ☐ **Resume of Chief Program Administrator.**
- ☐ **Resume of Chief Fiscal Officer.**
- ☐ **Proof of Liability Insurance.**
- ☐ **Language Access Plan.**
- ☐ **Accessibility Policy.**
- ☐ **Cost Allocation Plan for Proposed Program (CDBG Applicants Only)**

## SECTION 4: AUTHORIZATION

The applicant hereby assures and certifies compliance all applicable federal, state, and local laws, regulations, policies, and requirements (including, but not limited to, federal OMB Circulars No. A-87, A-102, A-110, and A-122), as they relate to the acceptance and use of CDBG and local funds by private, non-profit organizations. Also the applicant assures and certifies the following information:

1. It possesses legal authority to make a grant submission and to execute a community public service program;
2. The agency's governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the corporation to submit this funding application and all associated information and assurances;
3. The grant will be conducted and administered in compliance with:
    a. Title VI of the Civil Rights Act of 1964 (Public Law 88 - 352; 42 U.S.C. 2000d et seq.), as amended, and implementing regulations issued at 24 CFR Part 1; and
    b. Title VIII of the Civil Rights Act of 1968 (Public Law 90 - 284; 42 U.S.C. 3601 et seq.), as amended, implementing regulations issued at 24 CFR Part 107, and Executive Order 11063; and
    c. Section 104(b) and Section 109 of Title I of the Housing and Community Development Act of 1974 (Public Law 93 - 383; U.S.C. 5301 et seq.), as amended; and
    d. Section 504 of the Rehabilitation Act of 1973 (Public Law 93 - 112; 29 U.S.C. 794), as amended; and
    e. Executive Order 11246, the implementing regulations issued at 41 CFR Chapter 60, and the Development Act of 1968 (12 U.S.C. 1701u; and
    f. The Age Discrimination Act of 1975 (Public Law 94 - 135; U.S.C. 6101), as amended.
    g. Presidential Executive Order 1316 6 ("Improving Access to Services for Persons with Limited English Proficiency"); and
    h. Executive Orders 11625, 12432 and 12138, encouraging the use of minority and women - owned business enterprises in connection with activities funded under this grant.
4. It will affirmatively further fair housing.
5. It will implement the requirements of the Lead - Based Paint Poisoning Prevention Act (42 U.S.C. 4821 - 4846), and implementing regulations at 24 CFR Part 35.
6. It will comply with Uniform Federal Accessibility Standards at 24 CFR Part 40, Appendix A, as they related to major rehabilitation or conversion.

As a duly authorized representative of the Agency, I submit this application to the City of Sunnyvale and verify, under penalty of perjury under the laws of the State of California or of the City of Sunnyvale, that the information contained herein is, to the best of my knowledge, true, correct and complete. (**Attach documentation verifying person with the authority to submit this application and execute the contract**).

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME (Please Print): _____ TITLE: _____