Print Form

CITY OF SUNNYVALE

APPLICATION FORM AND INSTRUCTIONS

FOR

CAPITAL AND AFFORDABLE HOUSING PROJECTS FUNDING

FISCAL YEAR 2014-15
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Release Date:
January 17, 2014

Proposals Due:
February 14, 2014

COMMUNITY DEVELOPMENT DEPARTMENT
HOUSING DIVISION
408-730-7250

HUDPrograms.inSunnyvale.com

COVER SHEET

☐ **ORIGINAL** ☐ **COPY**

PART 1 - GENERAL INFORMATION

Organization Name _____ Tax ID Number _____

Project Name: _____ DUNS[1] Number _____

Contact Person: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____ Fax _____ Email: _____

PART 2 - LOAN REQUEST

1) Requested Amount	
2) Other Funding Sources (match)	
3) Total Project Cost *(Line 1+ Line 2)*	
4) Percentage of City of Sunnyvale funds toward Total Project Cost *(Line 1/Line 3)*	
5) Type of funds requested. *(you may select more than one)* ☐ CDBG ☐ CDBG Program Income	

PART 3 - PROJECT DESCRIPTION

Please provide a **brief** description of the proposed project. The description should be no more than 5 sentences, describe the project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

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.**

[1] The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradsheet (D&B) online registration to receive one free of charge, at: http://fedgov.dnb.com/webform.

Application Checklist

Applicant Name: _____

The original application must include all of the information listed below. Each of the two (2) additional copies must include the information in Tabs A, B, C, and D. Proposals that do **not** contain all of the required documents will not be considered and will be ineligible for funding.

Tab A
- ☐ Cover Letter on Letterhead
- ☐ Program Cover Sheet*
- ☐ Apllication Checklist*
- ☐ Applicant Information*

Tab B
- ☐ Section 1: Organizational Capacity and Experience
- ☐ Section 2: Evidence of Need for Project
- ☐ Section 3: Statement of Work/Project Scope/Readiness
- ☐ Section 4: Budget and Financial Information

Tab C
- ☐ Project Budget Form
- ☐ Pro-forma (for construction, rehabilitation, or acquisition project)

Tab D
- ☐ Project Service Area Map
- ☐ Project Specific Organizational Chart
- ☐ Résumés of Applicant's key personnel

Provide Applicable Documents in Original Application Only (mark N/A if not applicable)

Tab E
- ☐ Signature Authorization*
- ☐ Conflict of Interest Disclosure*
- ☐ Environmental Review Form* and Attachments
- ☐ Administrative Checklist*
- ☐ Accounting Systems Verification*
- ☐ CDBO Verification
- ☐ Bylaws
- ☐ Articles of Incorporation
- ☐ 501 (c) (3) documentation from IRS
- ☐ Organizational Chart
- ☐ Financial Audit
- ☐ Letters of Commitment
- ☐ Board Resolution authorizing submittal of proposal
- ☐ Organizational Annual Budget and/or Financial Balance Sheet
- ☐ Director's and Officer's Liability & Errors and Omissions Insurance
- ☐ Policies and procedures for employees including internal controls
- ☐ Language Access Plan and (ADA) Accessibility Policy

Tab F Acquisition Projects only
- ☐ Appraisal of Property
- ☐ Phase I:Environmental Site Assessment*
- ☐ Parcel Map
- ☐ Property Listing for Sale
- ☐ Relocation Plan (if project anticipates displacement)

Tab G Construction/Rehabilitation Projects only
- ☐ Construction Cost Estimate
- ☐ Architectural Drawings/Plans
- ☐ Parcel Map
- ☐ Lead/Asbestos Report
- ☐ Relocation Plan (if project requires temporary or permanent relocation)
- ☐ Phase I:Environmental Site Assessment* (new construction only)

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:

(Check all that apply) ☐ Non-Profit ☐ PUblic Agency ☐ Faith Based Non-Profit
☐ Sunnyvale CBDO

Name of Organization _____

Mailing Address: _____

City, State, Zip Code: _____

Physical Address of Project: _____

City, State, Zip Code: _____

Contact Person: _____

Phone: _____ Fax _____ Email: _____

Provide the following information for a **program contact person**, a **financial contact person,** the **person who wrote the application,** and an **authorized contact.** Include attachments of job descriptions and resumes for key staff.

NAME, TITLE, PHONE, EMAIL

Program Contact Someone who works with the program on a daily basis and can answer questions about it	
Finance Contact Agency's CFO	
Application Contact Person who wrote this application	
Authorized Contact Person authorized to make commitments on behalf of the organization	

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.

_____ _____

Signature of Authorized Contact Liste Above **Date**

_____ _____

Print Name **Print Name**

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE
Use only the space provided.

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

B. Previous experience using federal funds:

1. Does your organization have previous experience with capital projects involving federal funds?

   ☐ Yes ☐ No If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects? _____

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

☐ Yes ☐ No If **yes**, indicate the actions cited.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

☐ Yes ☐ No If **yes**, please describe below

2. Has your organization received HUD funds previously from the City of Sunnyvale?

☐ Yes ☐ No If **yes**, please describe below If no, skip to question 5.

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? Enter a date _____

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☐ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member	Sunnyvale Resident Y/N	Employer (if any)	Office Held on Board	Term[2] of Office	Length of Service

[2] Beginning and Ending Years

SECTION 2: EVIDENCE OF NEED FOR PROJECT
Complete this section accurately and completely. Use only the space provided.

Part 1 - Priority Activities

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, see the Sunnyvale Consolidated Plan online at:
HUDPrograms.inSunnyvale.com

City of Sunnyvale Consolidated Plan

- ☐ Goal A: Affordable Housing
- ☐ Goal B: Alleviation of Homelessness
- ☐ Goal C: Other Community Development Efforts
- ☐ Goal D: Expanding Economic Opportunities
- ☐ Goal E: Sustainability

Part 2 - National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project for CDBG funding, and **provide an explanation in the box below.** See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select "Limited Clientele Activity".

1. Method of determining eligibility under the "Low Income Benefit" National Objective:.

- ☐ Area benefit
- ☐ Limited Clientele Activity
- ☐ Job Creation

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed capital project. Use households if applying for a housing project, or individuals if applying for any other type of CDBG activity.

Column A Total number of unduplicated households served	**Column B** Total number of unduplicated households served	**Column C** *Percentage of lower-income households served B/A=C
Example: 500	**350**	**70%**

Part 3 - Demonstrated Need for Project

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

Part 4 - Matching Funds

A. List the funding from other sources for this capital project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status of funds of Feb. 14, 2014: Approved, Pending or Denied*	Award Date
Total			

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter "approved", enter "pending".

B. Identify commitments for ongoing operating funding *for this facility/site only* in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization's letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include general letters of support, only include letters making a firm financial commitment to the project.
- If the project will require formal approval of senior lienholders on the subject property, provide their letters of approval as attachments along with the letters of commitment.

SECTION 3 - STATEMENT OF WORK/PROJECT SCOPE

Part 1 - Project Location and Service Area

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

Part 2 - Project Readiness (Use only the space provided.)

A. Work Plan / Project Readiness

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. Describe how ready you are to begin the project by July 2013 and how you can expend the CDBG or HOME funds and complete the project within 12 months. Include the following:

- Predevelopment milestones (design, permitting, securing matching funds)
- Client Recruitment/program marketing plan (for new/expanded facilities or housing)
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

B. Implementation Schedule

Mllestone	Target Date
1) Contract Start Date	
2) Design and Permitting	
3) Initiation of Construction/Project	
4) Completion of Construction/Project	
5) 50% of Funds Expended and Drawn	
6)100% of Funds Expended and Drawn	
7) Project Completion and Reporting	

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project. If applying for HOME funds, select the Affordable Housing objective.

1. CDBG OBJECTIVE (select one)	**2. CDBG OUTCOME** (select one)
☐ Creating a Suitable Living Environment	☐ Availability/Accessibility
☐ Providing Decent Affordable Housing	☐ Affordability
☐ Creating Economic Opportunities	☐ Sustainability

3. Client Data. Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale	Residing outside of Sunnyvale	Total
Low Income (50%-80% AMI)			
Very Low Income (<50% AMI)			
Disabled Persons			
Female-Headed Households			
Elderly			
Youth			
Homeless Persons			
Other Special Needs:			

Part 3 - Construction Project Description

A. Does your project involve:

New construction? ☐ Yes ☐ No

Major rehabilitation?* ☐ Yes ☐ No

Minor rehabilitation? ☐ Yes ☐ No

**Major rehabilitation* is defined as rehabilitation work that costs more than 25 percent of the value of the building before rehabilitation. The value of the building means the monetary value assigned to a building by a recent appraisal and/or property tax assessment, or replacement cost.

B. Do you have site control, including any right-of-way, easements, or encroachment permits needed for the project?

☐ Yes ☐ No If **yes**, provide date site control acquired: _____

If **no**, explain *how* you intend to secure site control prior to the start of this project. Include the anticipated acquisition date(s). If you already own an option to purchase, explain the major terms, including when option expires.

C. **Operating Funds**:

For construction, expansion, rehabilitation, or acquisition of a community facility or housing project, do you have sufficient funds available for the operations of the facility for at least the term of the CDBG loan you are requesting? (generally 30 years)

☐ Yes ☐ No

Provide a pro-forma with detailed cash flow projections and information about operating funds to operate the facility for at least 15 years. Include as an attachment in Tab C.

D. Will your project involve temporary (less than 1 year) or permanent (more than 1 year) relocation of tenants from your proposed project site (residential or commercial tenants)?

☐ Yes: Temporary ☐ Yes: Permanent ☐ No Relocation needed

If you answered yes to either type of relocation, please attach a URA-compliant relocation plan in Tab F or G as applicable, and provide contact information for your experienced federal relocation specialist/consultant.

E. Provide the following property information:

- Property Description, including amenities and features
- Property Condition/Inspection Results, including lead, termite, asbestos inspection results
- Appraisal: Provide most recent appraised value.
- Unit Inspection Summary (for rehabilitation/expansion projects)
- List of existing or proposed Property Improvements

F. Attach the following items as attachments to this application:

- Property Survey or Assessor's Parcel Map
- Proposed Site Plan and/or Architectural Elevations (for new construction/expansion only)
- Infrastructure Plans, if needed
- Environmental Review (see form in Standard Forms)

G. Community Involvement (Development Projects only)

For new construction or facility/housing expansion projects, include evidence of community support for the proposed project. Describe the measures your organization has taken to garner community support for your proposed developent in the space below. Provide evidence of contact with local neighborhood association(s) or proof of public hearing. **Include letters of support as attachments to this application.**

SECTION 4: PROJECT BUDGET AND FINANCIAL INFORMATION

Part 1 - Budget Information

Provide a narrative explaining the total project budget, including major budget line items in the order in which they are listed on the budget form. List the sources of funding.

Part 2 - Financial Information

A. Describe the organization's financial management practices, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit history, and
- compliance with OMB Circulars and GAAP

Provide the most recent Board-approved financial audit as an **attachment** to the original application in Tab E.

Attach:

- Project Budget Form
- Pro-forma (for construction, rehabilitation, or acquisition projects)

Project Budget Form

ITEM	CDBG/HOME FUNDS REQUESTED ($) (a)	+ MATCHING FUNDS* (OTHER $) (b)	+ MATCHING IN-KIND SERVICES OR MATERIALS[3,4] (c)	= TOTAL PROJECT COST (d)
I. Capital Costs				
Permits and Fees				
Design (Architectural & Engineering)				
Acquisition Costs (escrow fees, etc.)				
Other Soft Costs (e.g. Davis Bacon Monitoring (if applicable), Surveying, etc.				
Rehabilitation/Construction Costs (labor, materials)				
Contingency (Construction)				
Environmental Compliance (CEQA/NEPA/Phase I, lead testing as applicable)				
Construction Management (if outside firm)				
Other:				
Other:				
II. Project Management/Administration				
III. In-Kind Services				
Applicant's staff services for project management)*				
Other in-kind services/goods (describe):				
Volunteer/Pro-bono services				
TOTAL PROGRAM BUDGET				

[3] Provide your basis for estimating the dollar value of in-kind services in the space below. For applicant's staff services, use applicant's actual cost (hourly rates). For volunteer services, use $10/hour, and for pro-bono professional services (architectural, etc), use firm's established hourly rates as charged to typical clients.

[4] Please identify the source and commitment status (e.g. funds received, committed, or otherwise guaranteed, with proof) of other non-City funding and in-kind contributions committed specifically to the project for which CDBG and/or HOME funding is requested. Do not list matching funds or in-kind match that has not yet been formally committed.

Signature Authorization Form

Organization Name (Legal Name*): _____

Physical Address: _____

Mailing Address: _____

Telephone _____

**Legal name refers to the organization name that appears on the articles of incorporation.* The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

_____
Name Title Telephone No./ext. Email address

_____
Name Title Telephone No./ext. Email address

_____
Name Title Telephone No./ext. Email address

We understand and agree to abide by the condition that if any changes occur, a new signature authorization form must be submitted.

Authorized by:

_____
Typed Name, Title

_____ _____
Signature Date

Conflict of Interest

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

☐ I certify that no conflict of interest exists between the City of Sunnyvale and (name of organization) _____

☐ I certify that no conflict of interest exists between the subcontractors of and (name of organization) _____

IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

☐ I certify that a conflict of interest does exist between the City of Sunnyvale and (name of organization) _____

☐ I certify that a conflict of interest does exist between (name of subcontractor) _____ and (name of organization) _____

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

_____ _____
Signature of Authorized Agency Official Date

_____
Typed Name, Title

Environmental Review Form - NEPA only (City will complete CEQA as part of permit review)

IMPORTANT NOTE:

Complete this form only if you are applying for a Construction or Rehabilitation Project, and provide the requested attachments.

Type of funding requested: ☐ CDBG ☐ CDBG Program Income

Amount of Request: _____

Total Project Cost _____

Organization Name: _____

Project Name: _____

Contact Person: _____

Mailing Address: _____

Phone: _____

Fax: _____

Email: _____

Property Address: _____

Property Owner: _____

Mailing Address: _____

Legal Property Description & APN: _____

Appraised Value: _____

1) If project involves the acquisition, rehabilitation, renovation, or conversion of a physical structure, provide the year when the structure was initially constructed: _____

2) Is property/project in the 100-year floodplain? ☐ Yes ☐ No

If **yes**, please attach copy of flood insurance policy.

If property has **not** been acquired, provide estimate of flood insurance cost. (Proof of insurance will be required at closing.)

3) Is property/project site within 1,000 feet of a highway, freeway or major arterial?

☐ Yes ☐ No

If **yes**, indicate which highway, freeway or major arterial: _____

4) Is property/project site within 500 feet of a railroad? ☐ Yes ☐ No

5) Is property/project site in Runway Clear Zone / Clear Zone? (Areas immediately beyond the ends of a runway of a civil or military airport)

☐ Yes ☐ No

If **yes**, provide documentation.

6) Is the property/project site in an Accident Potential Zone? (Areas at military airfields which are beyond the Clear Zone; does not apply to civil airports)

☐ Yes ☐ No

If **yes**, provide documentation.

Required Attachments

- Minimum of five (5) current color photographs from various angles of the property/project site and minimum of two (2) current color photographs of adjacent properties - at least 3" x 5" and no larger than 8" x10". Attach or print photos on 8½" x 11" sheets of paper.
- Assessor's Parcel
- Copy of Key Map outlining property boundaries.

Scope of Project - Provide a **brief** description of the proposed project in the space below.

APPLICANT ADMINISTRATIVE CHECKLIST

Applicant Name: _____

Proposed Capital Project: _____

Please read question and check yes or no as appropriate for applicant's organization.	**YES**	**NO**
TRACKING CLIENT DATA		
Does your agency have a system for recording the type, location and results of client/resident services provided at the proposed facility or housing project?	☐	☐
Does your agency have a system for recording information necessary to determine number of clients served/housed and to track demographic (income, racial/ethnic/age data, etc.) information of those clients?	☐	☐
HUMAN RESOURCES POLICIES AND PROCEDURES		
Does your agency have a code of standards governing procurement procedures and an adopted procurement policy/procedure?	☐	☐
Does your agency have a conflict of interest policy?	☐	☐
Does your agency have a personnel policy?	☐	☐
Does your agency have a policy on non-discrimination and harassment?	☐	☐
Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities in compliance with the ADA?	☐	☐
Does your agency have a Language Access Plan?	☐	☐
FINANCIAL POLICIES AND PROCEDURES		
Does your agency have a system for accurately recording and storing financial data and documents?	☐	☐
Does your agency have a method for identifying and separately tracking federal and non-federal sources of income and expenditures?	☐	☐
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?	☐	☐
Does your agency have a method for comparing expenditures with budgeted amounts?	☐	☐
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG or HOME grant funds?	☐	☐
Does your agency prepare an annual audit or financial report?	☐	☐
Does your agency have any outstanding audit or monitoring findings?	☐	☐
Does your agency have a code of standards governing procurement procedures? (same as above?)	☐	☐
Does your agency have a system for tracking real property or equipment?	☐	☐

Accounting System Certification

STATEMENT OF PUBLIC ACCOUNTANT:
I am a certified or duly licensed public accountant and have been engaged to examine and report on the financial accounts of:

_____

(Applicant Name)

which is a private non-profit organization (or public agency). I have reviewed the accounting system that this agency has established and, in my opinion, it includes internal controls adequate to safeguard the assets of such agency(ies), checks the accuracy and reliability of accounting data, promotes operating efficiency, and encourages compliance with the prescribed management policies of OMB Circulars A-110, A-122 and A-133.

_____
NAME OF AGENCY ADDRESS

_____
TYPED NAME OF PUBLIC ACCOUNTANT

_____
ADDRESS OF PUBLIC ACCOUNTANT

_____ _____
SIGNATURE OF PUBLIC ACCOUNTANT DATE