CITY OF SUNNYVALE

REQUEST FOR PROPOSALS
FOR
HUMAN SERVICES FUNDING

PROGRAM YEARS 2011-12 AND 2012-13

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
APPLICATION FORM AND INSTRUCTIONS

Release Date:
January 14, 2011

Proposals Due:
February 10, 2011

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

THIS PAGE INTENTIONALLY LEFT BLANK

APPLICATION

Agencies applying for funding through the City of Sunnyvale must complete the following application and include applicable documentation.

For more detailed information on the City of Sunnyvale CDBG programs, please visit our website at www.housing.insunnyvale.com

Application Instructions

The City of Sunnyvale invites qualified non-profit organizations seeking funding for human services programs to submit proposals under this RFP. The City is seeking organizations that can demonstrate that their proposals, if funded, would meet one or more of the priority needs and objectives listed in the City of Sunnyvale 2010-2015 HUD Consolidated Plan, which is available online at:

http://sunnyvale.ca.gov/Portals/0/Sunnyvale/CDD/Housing/HUD%20Programs/2010-2015%20Consolidated%20Plan.pdf.

Prior to responding to the RFP, each qualified organization is urged to read the instructions carefully. Before submitting the application, check all calculations and ensure that items on the application checklist are submitted in the order listed. Inaccuracies, omissions and use of RFP forms from previous competitions 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.

APPLICATION SUBMITTAL

Proposals must be submitted in standard 8½" by 11" paper, have consecutively numbered pages, and be three-hole punched. Do not use folders or notebooks. Bind **only** with binder clips. Do not staple the proposal. 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 in 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 response boxes, if you cannot see it or need to scroll down it will NOT print. No additional pages are allowed to supplement the narrative responses of any of the questions.

Original **must** be signed in **blue** ink.
Proposals must be received by the Housing Division by **February 10, 2011** by 4:00 p.m. Items postmarked but not received by this date will not be accepted. Deliver proposals by mail, delivery service, or hand delivery to:

	City of Sunnyvale Housing Division
	Attn: Katrina Ardina, Housing Programs Analyst
Hand Delivery:	456 W. Olive Avenue
U.S. Mail:	P.O. Box 3707
	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 10, 2011 by 4:00 P.M. PST

For more information please contact:
Katrina Ardina, Housing Programs Analyst
City of Sunnyvale Housing Division
kardina@ci.sunnyvale.ca.us Tel: (408) 730-7451
or
Edith Alanis, Housing Programs Technician
City of Sunnyvale Housing Division
ealanis@ci.sunnyvale.ca.us Tel: (408) 730-7254

APPLICATION PROCESS TIMELINE FOR THE FISCAL YEAR 2011-12
CDBG FUNDING CYLE
(Subject to Change: Please check the Housing Division Website for updates**)**

RFP Issuance	January 14, 2011
Proposal workshop for Human Services Agencies	January 27, 2011
Deadline for submission of applications (4:00 p.m.)	**February 10, 2011**
Presentations to Housing & Human Services Commission	February 23, 2011
Housing & Human Services Commission Meeting: Public Hearing; Commission recommendations on public services and capital/housing projects funding	March 23, 2011
Housing & Human Services Commission Meeting: Public Hearing on FY 2011-12 Action Plan 30-day citizen comment period	April 27, 2011
City Council approval of Action Plan	May 10, 2011
Applicants notified regarding awards	June 2011
HUD review and approval	June 2011
Contract Term begins	July 2011

Community Development Block Grant/HOME Investment Partnership Program Application
City of Sunnyvale
FY 2011/2012 & FY 2012/2013

SECTION 1 : COVER SHEET

A. Applicant Information

Legal Name of Organization _____

Mailing Address: _____

City, State, Zip Code: _____

Web Address: _____

Contact Person: _____ Title: _____

Email Address: _____

Telephone Number: _____ Fax Number: _____

Executive Director: _____ Email: _____

B. Project Overview

Project Name: _____

Location of Project Activity : _____

City, State, Zip Code: _____

Brief Project Description: _____

_____

_____

C. Funds Requested

City of Sunnyvale Funding Categories (See RFP Notice, page 4). Please select one:

☐ Operational ☐ Emergency ☐ Seed Program

Funding Request: $_____ Total Project Cost: $_____

Cost per unit for requested funding (housing/services/activity): $_____

Total amount requested from other entities: $_____

Sunnyvale's requested share of the total Project Budget (%):_____

Is the Organization currently receiving funding? (y/n): _____

Have you requested funds fromthe City of Sunnyvale for this Project before? (y/n): _____

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

Year Funds Requested	Amount Requested	Amount Funded

SECTION 2: PROJECT INFORMATION

A. Project Overview and Target Population

1. Provide a *brief* description of the proposed Project including the specific activities to be undertaken and services to be provided using funds from this application.

2. Describe the need(s) that the proposed Project addresses, its community impact, and how it addresses a need or problem in relation to the Consolidated Plan.

3. Describe the Project's target population, including client eligibility requirements. Discuss how and if they are an at-risk and/or under-served population.

4. What other private or government organizations are now or will be addressing the same needs identified herein? List and describe the services provided by each in relation to the needs addressed. Explain how the proposed program/project augments rather than duplicates the services of others. Describe how your agency collaborates with other service providers.

5. State number of unduplicated clients to be served by the proposed Project in the fiscal year

Sunnyvale Clients: __ _____ Total Project Clients: __ _____

a. How many cients are currently served on an annual basis? _____

b. Number of Sunnyvale residents who would directly benefit from the program or activity, as identified in Section 2.A.3 of this application:_____

c. If the agency currently receives Sunnyvale funding, will the proposed assistance result in an increase in the number of clients currently being served by the agency?

☐ Yes ☐ No (If YEs, continue, in No, go to "B. Numeric Goals")

d. Of the total additional clients, how many are expected to be Sunnyvale residents? _____

e. How many of the additional Sunnyvale clients are expected to be:

Extremely Low Income _____ Very Low Income _____ Low Income _____

Project Client Breakdown for Funding Requested. Please list the number of clients served in prior fiscal year and proposed for the coming fiscal year, per income and target group categories:

	2009-2010 Actual		2011-2012 Proposed			2009-2010 Actual		2011-2012 Proposed	
	Sunnyvale	Total	Sunnyvale	Total		Sunnyvale	Total	Sunnyvale	Total
Extremely Low Income (0%-30% AMI)					Youth (0-18 years)				
Very Low Income (31%-50% AMI)					Adults (19-62 years)				
Low Income (51%-80% AMI)					Seniors (63+ years)				
Moderate Income (81%-120% AMI)					Disabled Ind ividuals				
Above Moderate Income (120%+ AMI)					Other Special Needs				

B. Numeric Goals
For each activity, please indicate the goal for number of service units to be served.

Activity	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual

C. Project Administration and Monitoring

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

Position Title	Program/Project Duties	Total Annual Salary	Total Hours per Week	% Time Allocated to CDBG Activity	CDBG Salary Reimbursement Request

2. How will the effectiveness of your project be measured? Over what time frame?

3. Describe your written policies and/or established procedures for assuring persons with disabilities and/or limited English proficiency access to services and benefits.

4. Provide a brief general description of your agency and the services provided. Include a description of your agency's ex perience in providing the proposed services. If previously funded, what were the goals and accomplishments of CDBG projects?

5. Explain how your agency collects income and race/ethnicity data.

D. Consolidated Plan Goals

Please indicate which Consolidate d Plan Goal(s) will be met by the Project and briefly describe how your Project/Activity meets the Goal(s).

_____ Goal #1: Assist in the creation and preservation of affordable housing for lower - income and special needs households

_____ Goal #2: Support ac tivities to end homelessness

_____ Goal #3: Support activities that provide basic services, eliminate blight, and/or strengthen neighborhoods

_____ Goal #4: Promote fair housing choice

_____ Goal #5: Expand economic opportunities for low-income households

_____ Goal #6: Promote environmental sustainability

_____

_____

_____

_____

E. HUD Performance Measures

HUD requires that recipients of federal funding assess the outcomes of their programs. P lease i dentify which HUD objective and HUD outcome will be addressed by this project.

Objectives

_____ Objective #1: Creates a suitable living environment . This objective relates to activities that are designed to benefit communities, families, or indivi duals 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: Provides decent housing . This objective focuses on housing pro grams where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

_____ Obje ctive #3: 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 only to 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 affordabil i ty . This category applies to activities that provide affordability in a variety of wa ys 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.

_____ Outcome #3: Improve sustainability . This category applie s to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

Community Development Block Grant/HOME Investment Partnership Program Application
City of Sunnyvale
FY 2011/2012 & FY 2012/2013

SECTION 3: FINANCIAL AND OTHER ORGANIZATION INFORMATION

A. Agency Information

Non - profit with 501(c)(3) Status (y/n): Faith - based organization (y/n):

Community Based Development Organization (CBDO) (y/n): _____

Community Housing Development Organization (CHDO) (y/n): _____

Other Type of Organization (y/n): _____ Describe: _____

DUNS Number: _____ _____

B. Total Agency Budget

	2011 - 2012	2010 - 2011	2009 - 2010	2008 - 2009
Administration				
Fundraising				
Proposed Project (Total budget)				
All Other Programs				
Total Agency Budget				

C. Program Budget (Fiscal Year 2011 - 2012)

Proposed Project Expenses	2010-2011 CDBG Allocation	2011-2012 CDBG Request	% Change from FY 10/11 - FY 11/12
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 such as a meal, ride)			
Contracted Services			
Other			
Total Expenses			

Community Development Block Grant/HOME Investment Partnership Program Application
City of Sunnyvale
FY 2011/2012 & FY 2012/2013

Proposed Project Revenues	CDBG	Other (Please Identify)	Total
City of Sunnyvale			
Other Jurisdictions			
Total			

1. Does the Organization have a HUD - approved indirect cost plan? (y/n): _____

2. Does your agency charge fees for the services that you are requesting funding for? _____
   If so, please attach a fee schedule.

3. If your organization is not leveraging the requested CDBG funds with other funds, please explain why.

D. Other Information

Please submit the following document in support of you r application:

_____ Articles of Incorporation/Bylaws .

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

_____ Policy & Procedures Manual. Include policy prohibiting discrimination, grievance proce dures, and conflict of interest.

_____ Nonprofit Determination . Submit determination letters from the Federal Internal Revenue Service 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 authori zation 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 submit ted 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 telepho ne number of each authorized individual.

_____ Organizational Chart. Include the organization's administrative framework and staff positions.

_____ 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.

_____ Resume of Chief Program Administrator.

_____ Resume of Chief Fiscal Office r.

_____ Proof of Liability Insurance.

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 ; a nd
   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 Sta ndards 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: _____