

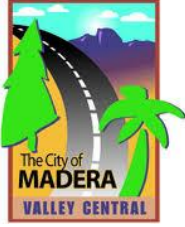


# CDBG-CV (COVID-19) GRANT APPLICATION

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PUBLIC SERVICES





## CDBG-CV GRANT APPLICATION

### Public Services COVER SHEET



Application due date: On or before **May 26, 2020 by 5:00 PM**  
City of Madera CDBG Contact: David Dybas (559-661-3690)

(For office use only) <b>DATE &amp; TIME SUBMITTED:</b>
Applicant Name:
Physical Address:
Mailing Address:
Program Name:
If you have Non-profit Internal Revenue Code Section 501(c)(3) status, enter your organization's Federal Tax ID Number:
Grant Administrator (Principal contact) First & Last Name and Title: Telephone Number and Email Address:
Program/Project Administrator (Manages Day-to-Day Tasks of Program) First & Last Name and Title: Telephone Number and Email Address:
<b>CDBG-CV</b> Funding Requested: \$ _____

# **CDBG-CV APPLICATION SUBMITTAL CHECKLIST**

**(To Be Submitted with Application)**

**CDBG-CV Applicants (Include all of the following in your application)**

<p>1 original completed application</p> <p><input type="checkbox"/> Font: 12 point</p> <p><input type="checkbox"/> Paper: 8 1/2 x 11</p> <p><input type="checkbox"/> Single-sided, <u>no double-sided pages</u>, single-spaced and numbered consecutively</p> <p><input type="checkbox"/> One-inch top, bottom, left and right margins</p> <p><input type="checkbox"/> Stapled, upper left-hand corner, <u>not bound (for mailed or dropped-off)</u></p> <p><input type="checkbox"/> Emailed applications should be submitted as a PDF document (not in Microsoft Word format)</p> <p><input type="checkbox"/> No dividers</p> <p><input type="checkbox"/> Limit application to nine pages (including cover sheet and checklist)</p> <p><input type="checkbox"/> No attachments (no support letters, or other supporting documents)</p>	<p><input type="checkbox"/> Grant Application Coversheet</p> <hr/> <p><input type="checkbox"/> Program/Project Narrative (Background, Need, Work Plan Narrative, Evaluation, Significance &amp; Applicability)</p> <hr/> <p><input type="checkbox"/> Program/Project Timeline</p> <hr/> <p><input type="checkbox"/> Budget Table</p> <hr/> <p><input type="checkbox"/> Supporting Documentation (Staff Work Experience/Knowledge/Education Narrative for Key Staff Including Project Lead)</p> <hr/> <p><input type="checkbox"/> Marketing/Outreach Plan</p> <hr/> <p><input type="checkbox"/> Client Eligibility/Income Verification Plan (If Not Assumed Benefit)</p> <hr/> <p><input type="checkbox"/> References</p>
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**Submittal Options**

- 1) Email to:  
[ddybas@madera.gov](mailto:ddybas@madera.gov)
  
- 2) Mail to: (Attn: Grants Department/CDBG Grant Application, 205 W. 4<sup>th</sup> Street, Madera, CA 93637)
  
- 3) Dropoff: Contact the Grants Department directly to schedule a day and time to drop off a hardcopy. [ddybas@madera.gov](mailto:ddybas@madera.gov)

**Submit Cover Sheet, Checklist and Application. (Should not exceed 9 pgs.)**

## CITY OF MADERA

### COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) **CDBG-CV PUBLIC SERVICE APPLICATION**

The City of Madera received a supplemental allocation to our Community Development Block Grant (CDBG) funds that **must** be used to prevent, prepare for, and respond to the coronavirus (COVID-19). This allocation was authorized by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed by President Trump on March 27, 2020, to respond to the growing effects of this public health crisis. The CARES Act will provide **\$536,338** in Community Development Block Grant Coronavirus (**CDBG-CV**) funds to the City from the U.S. Department of Housing and Urban Development (HUD).

The City is requesting applications from nonprofits and other eligible entities for participation in the CDBG-CV program to address one of the following specific needs identified for this funding.

- Rent/Mortgage Assistance
- Food Assistance
- Utility Billing Assistance
- Small Business Assistance

HUD has provided flexibility for the use of CDBG-CV funding by eliminating the CDBG 15% cap for which the amount of grant funds can be used for public services. Eligible CDBG-CV programs must provide services to City of Madera low- to moderate- income residents.

CDBG-CV grants will be subject to oversight, reporting, and requirements that each grantee have adequate procedures to prevent the duplication of benefits which means grant funds may not be used to pay costs if another source of financial assistance is available to pay that cost.

Activities must meet one of the three HUD National Objectives:

1. Benefit low to moderate income persons
2. Aid in the prevention of slums and blight, or
3. Meet an urgent need

#### **Applications for Funding**

Applications for funding through the City of Madera CDBG-CV program shall adhere to CDBG funding criteria. Applicants will adhere to the following criteria.

- ✓ All (100%) of the funds received from the City of Madera must serve Madera residents. Funding will be denied if it is found that this requirement is not met.
- ✓ Address at least one of the identified Top Needs Areas. (See Attachment A)

Applicant must respond to all the following sections. Refer to the Scoring Rubric for point allocation per section:

**SUMMARY OF COMMUNITY NEED OR PROBLEM TO BE ADDRESSED:** (Describe the community need or problem to be addressed by the proposed program. State how and by whom the need was identified.)

**EXISTING SERVICES:** List other agencies currently addressing the need or problem described above.

Explain how your program supplements or complements existing services without duplicating them.

Describe the method used to measure the effectiveness (outcomes) of services. Identify measurable goals and objectives. Attach a copy of the program's evaluation documentation.

Which National Objective does your program meet?

Which measurable objectives does your program meet?

What financial resources, other than City are available for this program? Have applications for other funds been submitted? Explain. If funds other than CDBG-CV are proposed, please provide supporting documentation/letters of commitment.

Describe in detail all proposed plans for fund raising for this program. What is the projected net income from fund raising? If net fund raising is not increasing, please explain (be specific).

What was done to receive public input/participation? Please provide details. What did the public input/participation identify? Include documentation of support for the proposal such as meeting minutes, letters and petitions.

If service is offered outside the Madera city limits, include the list of funding sources and supporting documentation/letters of commitment that support these program services.

When there is an overflow of clients, how is it determined whom to serve?

Discuss your program's/project's successes.

Discuss your program's/project's past performance (2013 to 2019).

Discuss how your program/project shall document that it provides either a new service or a quantifiable increase in the level of service.

**CLIENT POPULATION**

1. Indicate the total number of potential clients in the community who require your services.		
2. Indicate the total number of <u>unduplicated</u> clients you intend to serve during the term of this proposed program/service (12 months).		
3. Has there been a change in the composition of the target population to be served and/or shift in the geographic target area?	Yes	No
4. Are income criteria used to establish eligibility for services? (If yes, attach a copy of the documentation to establish income eligibility by household size and household gross annual income. Acceptable forms of documentation include two years of tax documents, six months of paycheck stubs, six months of checking and savings statements, retirement accounts, 401(b)(3) or 401K plans, etc.		
5. Is a fee schedule used? (If yes, attach a copy of the fee schedule.)		

If yes to No. 3 above, then please explain and limit your response to the space below.

Provide the following demographic information for the total number of unduplicated clients as indicated in No. 2 above:

AGE	0 - 5	6 - 12	13 - 17	18 - 34	35 - 54	55 - 59	60 - 64	65 +
GENDER	Female							
	Male							
FEMALE HEAD								

<b>Ethnic Categories*</b>	No.
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. This information is considered non-sensitive and does not require any special protection.

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
- **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or “African American.”
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

INCOME SOURCE	AMOUNT	
CITY		
UNITED WAY		
STATE (SPECIFY)		
FEDERAL (SPECIFY)		
SERVICE FEES		
FUND RAISING		
DONATIONS		
RESERVE/CONTINGENCY		
OTHER (LIST)		
TOTAL INCOME		
SALARY EXPENSES	ACCOUNT NO.	AMOUNT
SALARIES	0100	
BENEFITS	0150	
SERVICES & SUPPLIES		
INSURANCE	0200	
COMMUNICATIONS	0250	
CONSULTANT SERVICES	0300	
OFFICE EXPENSE	0350	
OFFICE RENTAL	0400	
EQUIPMENT RENTAL	0450	
UTILITIES	0500	
TRAVEL (ADMIN.)	0550	
FOOD SUPPLIES	0600	
CONTRACTS	0650	
TRANSPORTATION	0700	
FUND RAISING	0750	
TOTAL		



**CITIZEN PARTICIPATION:**

Proposals should include evidence of citizen support for activity.

1. What was done to receive public input/participation regarding COVID-19? Please provide details.
2. Evidence of collaboration with other agencies within the community regarding COVID-19.

Please see Priority Needs for the CDBG-CV funding (Attachment A) and eligible CDBG Census Tracts (Attachment B) map. Public Service recipients shall be a minimum of 51% or more designated as low- to moderate-income. Public Service recipients may be qualified as Presumed Benefit (homeless persons, persons with disabilities and seniors.)

**REFERENCES**

Please provide the name, title, company/agency, phone and email address for three references.

Staff will contact references and obtain “Yes” and “No” responses for the following:

- Was your experience working with this agency successful?
- Have you seen at least one very successful project developed by this organization/agency?
- Do you think they are doing a good job in Madera?

<b>Name</b>	<b>Title</b>	<b>Company/Agency</b>	<b>Phone</b>	<b>Email Address</b>

**SPONSORING AGENCY MANAGEMENT**

**CORPORATION DIRECTORS:**

How often does the Board meet? \_\_\_\_\_

What was the average number of Board members attending meetings last year?

\_\_\_\_\_

Based on the bylaws, what is the minimum and maximum number of seats on the Board?

\_\_\_\_\_ Minimum \_\_\_\_\_ Maximum

Please provide the following information:

Date of Incorporation: \_\_\_\_\_

IRS Employer Number: \_\_\_\_\_

Attach current Board of Directors' roster, including the names, addresses, occupations and number of years served on the Board.

**FINANCIAL:**

If additional funds are received, please describe the source, the amount and provide supporting documentation.

How often are financial records audited, and by whom? \_\_\_\_\_

Are the treasurer and/or other financial officers bonded? \_\_\_\_\_

If so, for how much? \_\_\_\_\_

List any judgments or pending lawsuits against the agency or program:

\_\_\_\_\_

List any outstanding obligations:

\_\_\_\_\_

**RESOLUTION/CERTIFICATION:**

We, the Board of Directors of \_\_\_\_\_ do hereby resolve that on \_\_\_\_\_, 2020, the Board reviewed this application and, furthermore, the Board in proper motion and vote approved this application for submission to the City of Madera.

Furthermore, we certify that the agency making this application is (1) non- profit, (2) tax exempt, and (3) incorporated in the State of California, and has complied with all applicable laws and regulations. To the best of our knowledge, all information presented herein is correct and complete.

Dated: \_\_\_\_\_, 2020

AGENCY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Email Address \_\_\_\_\_

By: \_\_\_\_\_

President of the Board of Directors

This application and the information contained herein are true, correct and complete to the best of my knowledge.

By: \_\_\_\_\_

Executive Director

**RETURN THE APPLICATION BY EMAIL OR CALL THE GRANTS DEPARTMENT TO SCHEDULE DROPPING OFF A HARD COPY.**

**EMAIL THE APPLICATION TO: [ddybas@madera.gov](mailto:ddybas@madera.gov)**

**DUE DATE: May 26, 2020, 5:00 p.m.**

**CITY CDBG CONTACT: [ddybas@madera.gov](mailto:ddybas@madera.gov)  
559-661-3690**

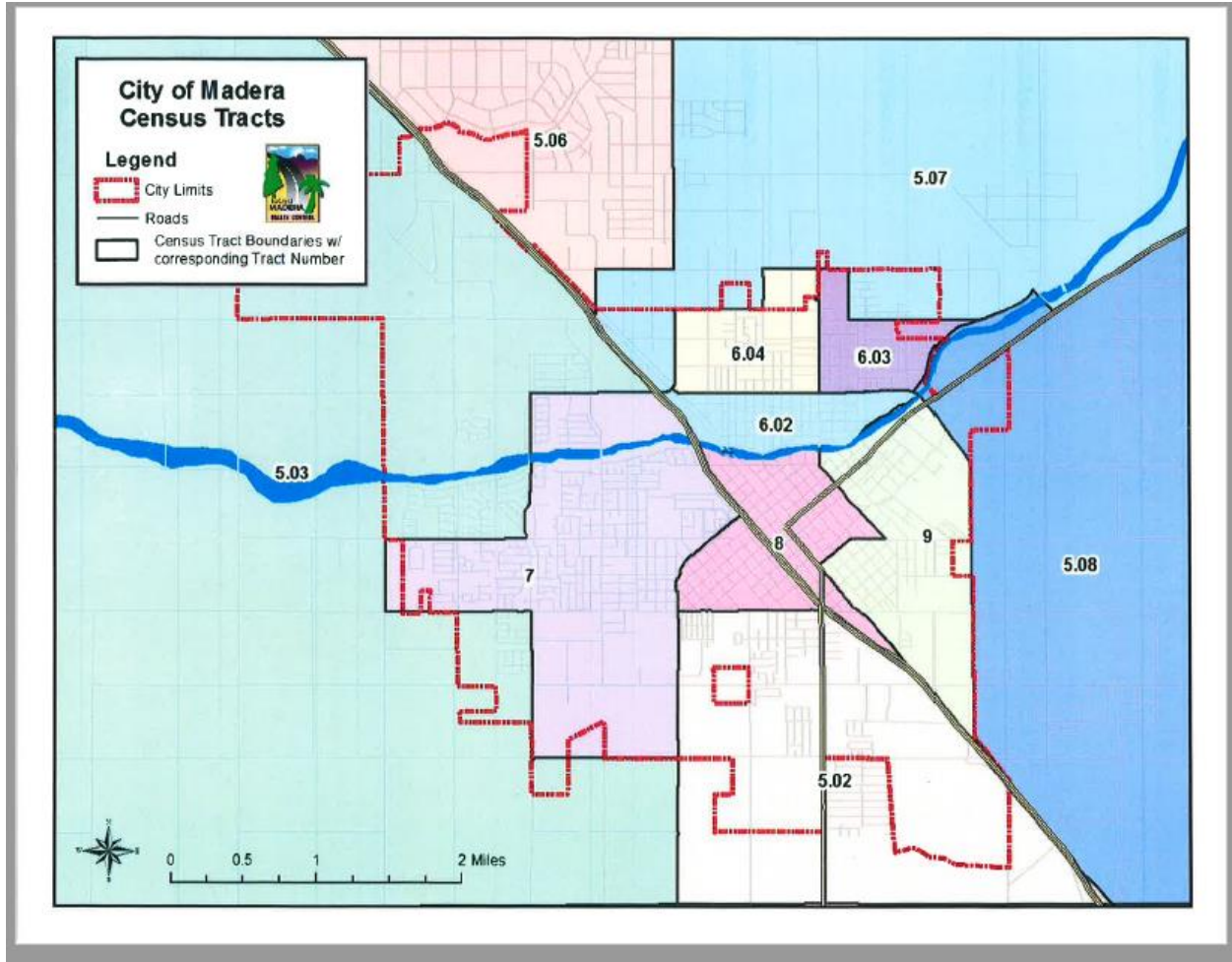
<b>CDBG-CV (COVID-19) Applicant Scoring Rubric</b>		
<b>Criteria</b>	<b>Points</b>	<b>Committee Member Ranking</b>
Ability to Address COVID-19 Community Need	20	
COVID-19 Work Plan and Capacity	20	
Ability to Address a National Objective with COVID-19 Measureable Outcomes	20	
Timeline	20	
References	20	
<b>Total</b>		

Attachment A

<b>Priority Needs for the CDBG-CV (COVID-19) Funding</b>	
<b>Top Need Areas</b>	<b>Target Areas</b>
Rent/Mortgage Assistance	Monthly rental/mortgage assistance for housing for low-income individuals/families, seniors and people living with disabilities effected by COVID-19.
Food Assistance	Services that provide food for low-income individuals/families, seniors and people living with disabilities effected by COVID-19.
Utility Billing Assistance	Monthly utility billing assistance (water/sewer) for low-income individuals/families, seniors and people living with disabilities effected by COVID-19.
Small Business Assistance	Programs to assist small businesses to retain low-income workers effected by COVID-19.

## ATTACHMENT B

ELIGIBLE CDBG CENSUS TRACTS ARE: 5.02 (to the north), 6.02, 6.03, 6.04 8 AND 9  
THESE ARE THE ELIGIBLE TRACTS WHERE CDBG  
PROGRAMS AND PROJECTS MUST OCCUR



## City of Madera Insurance Requirement Guidelines

Depending on the nature and scope of your project/proposal, the following represents typical City of Madera insurance requirements in contracts should your program or project be funded through the CDBG program. This is meant to be used as an example for planning purposes. The exact insurance requirements should you receive funding will be determined based on the scope and nature of your project.

Type of Insurance	Type of Project/Proposal			
	Administration <\$100,000	Administration >\$100,000	Public Services <\$100,000	Public Services >\$100,000
<b>General Liability</b>	\$500,000/occurrence \$1,000,000/aggregate City to be listed as additional insured. Form CG 20 10	\$1,000,000/occurrence \$2,000,000/aggregate City to be listed as additional insured. Form CG 20 10	\$500,000/occurrence \$1,000,000/aggregate City to be listed as additional insured. Form CG 20 10	\$1,000,000/occurrence \$2,000,000/aggregate City to be listed as additional insured. Form CG 20 10
<b>Automobile Liability</b> To apply only if any vehicles will be used in project completion/duties	\$500,000 combined single limit per accident for "any auto." City to be listed as additional insured.	\$1,000,000 combined single limit per accident for "any auto." City to be listed as additional insured.	\$500,000 combined single limit per accident for "any auto." City to be listed as additional insured.	\$1,000,000 combined single limit per accident for "any auto." City to be listed as additional insured.
<b>Workers' Compensation</b>	As required by the State of California.	As required by the State of California.	As required by the State of California.	As required by the State of California.
<b>Employer's Liability</b>	\$500,000 per accident for bodily injury or disease.	\$1,000,000 per accident for bodily injury or disease.	\$500,000 per accident for bodily injury or disease.	\$1,000,000 per accident for bodily injury or disease.
<b>Professional Liability</b> (Errors & Omissions)	\$500,000 if applicable to the profession/project.	\$1,000,000 if applicable to the profession/project.	\$500,000 if applicable to the profession/project.	\$1,000,000 if applicable to the profession/project.
<b>Builder's Risk (Course of Construction)</b>	N/A	N/A	N/A	N/A

### General Provision

All required insurance must be procured and maintained for the duration of the program/project.

Certificates and applicable endorsements must be provided to the City prior to the commencement of work.

Insurers must be rated at least Class VII by Bests' Key Rating and have a California Policyholders' Rating of A- or better.

All required coverage shall be endorsed to waive subrogation against the City.

Organizations permissably self-insured or participating in self-insurance pools must demonstrate at least equivalent coverage to the requirements.