

REQUEST FOR FUNDING PROPOSAL  
APPLICATION PACKET

FOR FISCAL YEAR 2012-2013

Alameda County Unincorporated County  
Community Development Block Grant Program



Application Deadline: 5:00 P.M. February 29, 2012

The Alameda County Housing and Community Development Department (HCD) expects to award up to in \$338,000 Community Development Block Grant (CDBG) funds for public improvement projects located in and/or serving residents of Ashland, Castro Valley, Cherryland, Hillcrest Knolls, Mt. Eden, San Lorenzo, and other unincorporated areas of Alameda County. Funding recommendations will be announced in May 2012. The funds will be available after July 1, 2012.

CDBG-funded projects must benefit residents of the above areas, be in a low- to moderate-income area (LMA), or serve an identifiable low- to moderate-income population. To qualify as an LMA, the area must be in a census tract or neighborhood designated to be low- to moderate-income in the 2000 U.S. Census where at least 51% of the residents are low/moderate income persons. Projects serving low- to moderate-income populations, but not located in LMA's, must document the incomes of the persons benefiting from the project to ensure income eligibility. Annual monitoring for continued eligibility may be required. Some populations, such as homeless people and disabled adults, are presumed to qualify under the regulations and will not require ongoing income verification. These income limits are adjusted annually. The current income guidelines are below:

Household Size	Annual Maximum Low Income
1	\$45,500
2	\$52,000
3	\$58,500
4	\$64,950

The priority for these funds is capital public improvement projects. Historically, HCD has funded neighborhood community centers, senior centers, youth facilities, street improvement projects, and other community benefiting activities with these funds. Please note that HCD does not have a priority for funding public service-type of activities and typically does not fund services. Economic development-related activities, however, may be funded. In addition, priorities for these funds do not include for the purchase, rental or rehabilitation of housing as those activities are funded under other components of the County's CDBG program. Requests for funds without site control of the property will not be considered. HCD reserves the right not to fund new projects, if current projects require the funds.

If you have questions, please consult Kelly Thiemann, CDBG Manager for additional information at (510) 670-5280 or [kelly.thiemann@acgov.org](mailto:kelly.thiemann@acgov.org).

# Application Checklist

Do Not return this sheet, Appendix A  
or other miscellaneous information, with your application

Provide one (1) original – Plus two (2) copies of the following items

- **Application (2 pages)**
- **Project and Budget Narrative – *not to exceed four pages***
- **Project Timeline**
- **Capital Expenditure Narrative - *if applicable – not to exceed 1 page***
- **Financial Information Form**
- **If applicable, brief background of key organizational staff and those being paid with CDBG funds  
(Do not exceed one page. Attach to Budget Form #1)**
- **Budget Form (copy of current annual budget for the entire agency; and a copy of most recently submitted IRS 990 form [complete form].)**
- **Performance Measures**

Please also submit ONE copy of each item listed below.

**Attach to the original:**

- **Organization’s background, experience, purpose, capacity, types of service provided**
- **Resume of Executive Director, Program Manager, and Fiscal Officer and any other key personnel on the project.**
- **Organization’s Central Contractor Registry (CCR) Number – if the organization does not have a number, you can apply at [www.ccr.gov](http://www.ccr.gov).**
- **Organization’s Dun and Bradstreet Number (DUNS Number) – if the organization does not have a number, you can apply at <http://fedgov.dnb.com/webform>**
- **Personnel policies including affirmative action plan and grievance procedure (can submit just these pages)**
- **Agency audit requirements and copy of last audit**
- **Insurance coverage**
- **Articles of Incorporation/Bylaws**
- **Conflict of Interest Statement (if not included in Bylaws)**
- **State and Federal nonprofit determination letters (if applicable).**
- **Organization chart**
- **Board of Directors’ authorization to request CDBG funding**
- **Board of Directors’ designation of authorized official**
- **List of Board of Directors with their contact information**

FY 2012-2013  
Alameda County Unincorporated County  
Community Development Block Grant Application

**Agency Summary**

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Executive Director \_\_\_\_\_

Contact name and title \_\_\_\_\_

Contact phone and fax \_\_\_\_\_

Contact e-mail address \_\_\_\_\_

**Organizational Background**

Private Nonprofit

Public Agency

Other (Describe):  \_\_\_\_\_

Tax ID Number \_\_\_\_\_

List years previously received Unincorporated County CDBG funding \_\_\_\_\_

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Proposal Summary

Capital Request  OR Other Request (list):  (check one)

Project Name \_\_\_\_\_

Project Address \_\_\_\_\_

Brief Project Summary \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Goals - Project goals to be achieved in fiscal year 2012-2013

List a brief description of each project goal:	Number of Unincorporated County residents to be serve
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_____	_____
_____	_____
_____	_____

Use a separate sheet of paper if needed

Total number of Unincorporated County residents to be served by this project \_\_\_\_\_

Amount of County CDBG funding requested (match first column budget form #2) \$ \_\_\_\_\_

**Community Development Block Grant Application Certification**

To the best of my knowledge and belief, all information and data in this application and attachments are true and correct. No material information has been omitted, including financial information. If funded, I certify that the Agency is willing and able to adhere to polices and procedures specified by Alameda County, and if applicable, the appropriate program regulations of the U.S. Department of Housing and Urban Development. Further, I understand this is not an agreement for grant funding and cannot encumber funds until Alameda County and the individual authorized to execute contracts on behalf of the Applicant Agency have signed the contract, and if applicable, all federal regulations and paperwork are completed.

\_\_\_\_\_  
Authorized Signature (*sign in blue ink*)  
Print Name:

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Answer each of the questions following the format below, using 8 ½” by 11” white paper, 12-point type, with 1-inch margins. Do not include the question in your narrative; however answers should be in order and refer to the corresponding number. The Project and Budget Narratives are not to exceed four (4) total pages. All pages must be consecutively numbered. Please answer each question even if it appears repetitious.

A. Project Narrative - maximum three (3) pages

1. Describe the project for which you are requesting funding. Provide a description of the problem(s), need(s), issue(s), or other service gaps to support the need for the project/activity in Unincorporated Alameda County. In addition, supply data such as demographics, reports and/or other information supporting your information and proving the need exists **in the unincorporated area of the County. Do not solely cite statistics from your own program to prove need.**
2. Within your Project, you may break out the goals you intend to achieve. These goals should be measurable goals such as: install 5 sidewalk ramps on Unincorporated County street corners, etc.
3. Describe the population that will benefit from the project. What percentage are Unincorporated County residents? How is this documented?
4. Describe how your organization will maintain this project after completion.
5. Describe the type and frequency of outreach efforts to the target population and how these efforts are accessible to limited-English speakers. Describe your agency’s language access capabilities and how you provide culturally appropriate services.

B. Project Timeline – maximum one (1) page

1. Provide an outline with dates of important benchmarks for the project. This should include a projected start of construction date and a projected completion date. It should also clearly indicate what progress has already been made on the project.

C. Budget Narrative - maximum one (1) page

1. Describe how this project is cost effective and the budget is reasonable for the anticipated result.
2. If this application is not funded, what will be the effect on the project?
3. *Complete Financial Information and Budget Forms.* (Please specify the total project budget. You must provide information on the common outcome indicator which defines the amount of dollars leveraged by the grant request. If you have any questions, please refer to the instructions for guidance or contact program staff.)

D. Capital Expenditure Narrative - maximum one (1) page, if applicable

1. In addition to the budget above, please provide a scope of work for each capital expenditure or a construction/ rehabilitation and describe how you ascertained these costs.

2. Will this project require implementation of Davis-Bacon/Fair Labor Standards Act? If required, describe how your agency will comply with this regulation (bid requirements, determine wage rates, monitor compliance, etc).

**Please contact Staff immediately if you have any questions regarding Davis-Bacon requirements!**

E. Performance Measures – *use attached form*

1. Select all goals and priorities that apply. (Refer to instructions.)
2. Choose ONE Objective, Outcome and Specific Indicator (1, 2 and 3).
3. Complete all three sections for Common Indicator number 4. (Refer to Appendix A.)

F. Evaluation Factors

1. Completeness of Evaluation;
2. Submitted by Deadline;
3. Funding Request within amount available;
4. Meets CDBG requirements.

G. Ranking Criteria

1. *Benefit to Unincorporated County Areas* (15 points) – Activities located within the Unincorporated County jurisdiction (at point of service) will receive maximum points. Points will be awarded on a proportional scale based on the number of Unincorporated County residents who benefit.
2. *Activity Need and Justification* (15 points) – Activities with high need demonstrated by excellent documentation and justification of the need will be awarded maximum points. Activities with poor or no documentation of the need will receive no points.

*CDBG Neighborhood Development Program Plan and EveryOne Home Plan* – Activities addressing the Neighborhood Plan and/or EveryOne Home Plan priorities (available at [www.co.alameda.ca.us/cda/hcd/](http://www.co.alameda.ca.us/cda/hcd/)) will receive maximum points.

3. *Income Targeting* (20 points) – Activities serving a high percentage of extremely low income (30% of AMI) people will receive the highest number of points; activities serving a high percentage of very-low income (50% of AMI) people will receive the middle range of points; activities serving only low-income (80% of AMI) people will receive a low range of points. Within the point categories, activities serving the larger number of the target income population will receive the most points.

*Elimination of Slum and Blight/Urgent Need* – Activities addressing these needs will receive bonus points.

4. *Benefits (10 points) – Direct Benefit - Project Location* – Projects located in Ashland or Cherryland low income neighborhoods (low-mod area benefit) will receive high points.

*Presumed Benefit* – Activities serving populations with a presumed benefit population- Elderly (62+), youth and disabled within the Unincorporated County area but not in Ashland or Cherryland will receive mid-range points.

Activities with no direct or presumed benefit that only minimally serve the Unincorporated County area will not meet threshold requirements.

5. *Job Creation/Training* - Projects that create permanent jobs or provide job readiness and/or skills training as part of the public improvement project will receive bonus points.
6. *Cost Reasonableness and Effectiveness (10 points)* – a) Effectiveness - projects where the effectiveness of the activities will have a direct impact on the identified need will receive the highest points.

b) Implementation costs will be evaluated based on the costs incurred per person per service unit or benefit received and the justification for a particular level of funding. The funding request must be relative to current financial level and staffing resources to receive high points. The cost evaluation can also include the type and scale of the benefit.

7. *Activity Management and Implementation (10 points)* – a) Management: Resources needed to manage the proposed activity are available and ready, and that the commitment for operation and maintenance (where applicable) has been documented.

b) Implementation: resources, such as funding, needed to implement the proposed activities are available and ready. Maximum points will be given to activities that are ready to move forward quickly. This criteria takes into consideration factors that may accelerate or slow down the ability to implement the activity in a timely manner.

8. *Experience and Past Performance (10 points)* – Applicant experience, including the length of time in business and experience in undertaking projects of similar complexity as the one for which funds are being requested will be evaluated. In addition, the applicant's past performance in relation to any local, state or federal funding program will be evaluated (e.g. meeting objectives in a timely manner and expenditure of funds at a reasonable rate). Contract compliance will include but not be limited to submission of reports and adherence to the scope of services. For those applicants that have not received CDBG funding from HCD in the past, an allocation of points (up to the maximum points) will be awarded, depending upon thorough documentation of similar past performances submitted with the application.

9. *Leveraging Contributions (10 points)* - a) Efforts to Secure Other Funding: points will be awarded based on the applicant's efforts to secure other funding for the activity.

b) Leveraging: Contributions must be eligible towards CDBG projects – Points will be awarded based on the ratio of the amount of funds leveraged to the amount of CDBG funds requested.

Total 100 Points

# Financial Information Form

## Additional Project Funding Sources & Staffing Costs

*Attach additional sheets if necessary*

Additional project funding sources could include, but are not limited to other government sources, foundations, corporations, individual contributions, events, reimbursements and in-kind contributions.

Types of funds are loan, grants, donations, in-kind, etc.

Source	Amount	Use of Funds	Committed? Y/N
<b>TOTAL</b>	\$		

If you are requesting CDBG funds to pay for staff costs, please list each employee/title and the percentage of their salary and benefits that will be paid with CDBG funds. Include the total monthly and yearly costs to the CDBG program.

Position Title	New (Y/N)	% salary & benefits paid by grant	Monthly salary & benefit paid by grant	Yearly salary & benefit paid by grant

# Project Budget Form

*Attach additional sheets if necessary*

	CDBG	Total Program Budget
<b>Capital Expenses</b>		
Construction/Rehabilitation	\$ _____	\$ _____
Permits and Fees	\$ _____	\$ _____
Design	\$ _____	\$ _____
Engineering	\$ _____	\$ _____
Acquisition	\$ _____	\$ _____
Other Soft Costs ( <i>define</i> )	\$ _____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Personnel Expenses</b>		
Salaries	\$ _____	\$ _____
Benefits	\$ _____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>Other Expenses</b>		
Other ( <i>define</i> )	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<b>Subtotal</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>

Budget prepared by (*Name, Title, Telephone Number, E-mail*)

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# Performance Measures

(Fill out a Performance Measure for **Each** goal and/or objective)

Page 1 of 2

Agency: \_\_\_\_\_

Project: \_\_\_\_\_

Activity: \_\_\_\_\_

Goal/Objective \_\_\_\_\_

Please circle at least one of each of the following objective, outcome and indicators which are applicable to this activity, goal and objective. Refer to RFP Instructions for a list of the goals and priorities.

How will your project benefit Unincorporated County residents?

\_\_\_\_\_

\_\_\_\_\_

Please refer to Instructions to complete RFP for description of Performance Measures.

1. Objective (select one)	2. Outcome (select one)
<input type="checkbox"/> Creating a Suitable Living Environment	<input type="checkbox"/> Availability/Accessibility
<input type="checkbox"/> Providing Decent Affordable Housing	<input type="checkbox"/> Affordability
<input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Sustainability

3. Specific Indicator (select one)	
<input type="checkbox"/> Public facility or infrastructure	<input type="checkbox"/> Homeless shelters
<input type="checkbox"/> Public service	<input type="checkbox"/> Emergency housing
<input type="checkbox"/> Targeted revitalization	<input type="checkbox"/> Homeless prevention
<input type="checkbox"/> Commercial façade treatments or business building rehabilitation	<input type="checkbox"/> Business assistance
<input type="checkbox"/> Brownfield remediated	<input type="checkbox"/> Jobs created – Micro-enterprise
<input type="checkbox"/> Tenant/Landlord/Fair Housing counseling	<input type="checkbox"/> Jobs retained

# Performance Measures

*Both pages must be completed for each project*

Page 2 of 2

4. Common Indicator				
a. Total number of clients you anticipate serving - choose one <b>DO NOT PROVIDE STATISTICS IN BOTH CATEGORIES</b>				
Households		OR	Persons	

b. Breakout the number of clients you anticipate serving in the following categories using Appendix A.						
Extremely Low Income (30% or below)	Very Low Income (31-50%)	Low Income (51-80%)	Disabled	Senior	Youth	Homeless

Information on how to fill this chart out can be found in the instructions.

Appendix A  
Income limits by household size, established June 2011

Family Size	Extremely Low 30% of Median	Very Low 50% of Median	Low 80% of Median	Median Income	Moderate Income
1 Person	\$19,400	\$32,350	\$45,500	\$64,700	\$77,640
2 Persons	\$22,200	\$36,950	\$52,000	\$73,900	\$88,680
3 Persons	\$24,950	\$41,550	\$58,500	\$83,100	\$99,7200
4 Persons	\$27,700	\$46,150	\$64,950	\$92,300	\$110,760
5 Persons	\$29,950	\$49,850	\$70,150	\$99,700	\$119,640
6 Persons	\$31,150	\$53,550	\$75,350	\$107,110	\$128,532
7 Persons	\$34,350	\$57,250	\$80,550	\$114,500	\$137,400
8 Persons	\$36,600	\$60,950	\$85,750	\$121,900	\$146,280

Source: U.S. Department of Housing and Urban Development, (HUD) Data for Oakland MSA

HUD updates this income chart each year. The County will provide all FY 2012-2013 Subrecipients with the most current data when it becomes available.

## 5. Environmental Review Requirements

Complete all sections to the best of your ability. HCD will complete if no information is provided. Source documentation requested below includes, but is not limited to: 1) personal experience of the individual completing the application [include name, title and date]; 2) another individual experienced with the subject [include name, title and date]; 3) publication or other documentation [include title and date], etc.)

Category	Source and/or Documentation
<p><b>A. Historic Preservation:</b> Will the project affect any historic properties or areas? If so, project may take up to 90 days to clear with State Historic Preservation Officer before contracts can be executed.</p>	
<p><b>B. Floodplain Management:</b></p>	To be completed by HCD staff.
<p><b>C. Wetlands Protection:</b> Does the project involve new construction within or adjacent to wetlands, marshes, wet meadows, mud flats or natural ponds per field observation?</p>	
<p><b>D. Coastal Zone:</b> Does the project involve the placement, erection or removal of materials, or an increase in the use in a Coastal Zone.</p>	
<p><b>E. Sole Source Aquifers:</b></p>	The project is not located within a U.S. EPA-designated sole source aquifer watershed area per April 1990 Memoranda of Understanding [HUD EPA MOU of 1990].
<p><b>F. Endangered Species:</b> Will the project have any effect on any federally protected (listed or proposed) threatened or endangered species? Use personal experience or contact the National Wildlife Association to determine if there are endangered species present in or around the project site. If the area is already urbanized, note this citing your personal experience/observation. Include the name and title of the individual making the determination and the date, or the name of the publication that supports the finding.</p>	
<p><b>G. Wild and Scenic Rivers:</b></p>	None in Alameda County.
<p><b>H. Air Quality:</b> Will the project affect air quality during construction and/or operation? (If there is potential, is the project located within an "attainment" area or if it is within a "non-attainment" area, it conforms to the EPA-approved State Implementation Plan.) Use personal experience or obtain information from local Planning Department or EPA regarding the effect of air quality in the area of the project. Include the name and title of the individual making the determination and the date, or the name of the publication that supports the finding.</p>	
<p><b>I. Farmland Protection:</b> Does the project site include prime or unique farmland, or other farmland of statewide or local importance? Use personal experience or the local Planning Department to determine whether or not the site will affect local farmlands. If the site is already urbanized, note this citing your personal experience. Include the name</p>	

and title of the individual making the determination and the date, or the name of the publication that supports the finding.	
<b>Category</b>	<b>Source and/or Documentation</b>
<b>J. Noise Abatement and Control:</b> Does the project involve development of noise sensitive uses, or is the project in the line-of-sight of a major or arterial roadway or railroad?	
<b>K. Explosive and Flammable Operations:</b> Is the project located an "Acceptable Separation Distance" from any above-ground explosive or flammable fuels or chemicals? Use personal experience or obtain information from the local fire chief or EPA to determine if the project is located an acceptable separation distance from any above-ground explosive or flammable fuels or chemical containers. Include the name and title of the individual making the determination and the date, or the name of the publication that supports the finding.	
<b>L. Toxic Chemicals/Radioactive Materials:</b> Are the subject and adjacent properties free from hazardous materials, contamination, toxic chemicals, gasses and radioactive substances which could affect the health or safety of occupants or conflict with the intended use of the property? Use personal experience or the local fire chief to determine that the project is not located within 2000 feet of a toxic or radioactive site. Include the name and title of the individual making the determination and the date, or the name of the publication that supports the finding.	
<b>M. Airport Clear Zones and Accident Potential Zones:</b>	To be completed by HCD staff.
<b>N. Environmental Justice:</b> A) The proposed site is suitable for its proposed use and will not be adversely impacted by adverse environmental conditions; B) Site suitability is a concern; the project is adversely affected by environmental conditions impacting low income or minority populations.	