CITY OF SANTA CRUZ

CDBG

Community Development Block Grant

Application
for
Community Development Block Grant Funds (CDBG)

FY 2014-2015

Applicant Name: _____

Amount Requested: $ _____

Complete applications must be submitted by:

12:00 PM on Wednesday, January 8, 2014

Submit the application to the City of Santa Cruz Housing and Community Development Program at the following address:

Housing & Community Development Manager
City of Santa Cruz Economic Development Department
337 Locust Street
Santa Cruz, CA 95060
cberg@cityofsantacruz.com

Applications submitted after this deadline or applications that are not complete may not be considered. Complete applications must include all forms listed on page 5.

A paper/hard copy or an electronically submitted PDF document (preferred) of a completed application must be submitted by the deadline above. All applications must be signed. For PDFs scanned signatures are OK. If submitting documents electronically, send the completed application to cberg@cityofsantacruz.com with "CDBG Application" indicated in the subject line. Follow-up with a second email noting that your application was sent electronically. Within two working days following receipt of your electronically submitted application a confirmation email will be sent back to you. If this confirmation is not received it will be the applicant's responsibility to follow-up by telephone or email to confirm the application was received. Call 831-420-5108 to confirm receipt and/or to ask questions.

Application Available in a Microsoft Word Format

If you would like this application sent to you as a Microsoft Word document to facilitate its completion, contact Carol Berg at cberg@cityofsantacruz.com or call her at 831-420-5108 and she will email you a Word version of this application.

Policies and Procedures Manual

The City of Santa Cruz has developed a Housing and Community Development Program Policies and Procedures Manual to assist applicants and recipients of HCD funds. Go to http://www.cityofsantacruz.com/index.aspx?page=1244 on the City's website to download the manual. Questions may be directed to the Housing & Community Development Manager at the address listed above or by telephone at 831-420-5108 or to the Housing Coordinator at 831-420-5109.

The City of Santa Cruz does not discriminate against persons based on race, color, religion, marital status, sex, national origin, ancestry, age, familial status, disability, or any arbitrary basis. If you need special assistance in order to read and understand the information contained herein, please call the City of Santa Cruz Economic Development Department at 420-5150. The City of Santa Cruz TDD (Telecommunications for the Deaf) number is 420-5733. The Cal-Relay System number is 1-800-735-2922.

Housing & Community Development Program
Economic Development Department
337 LOCUST ST., SANTA CRUZ, CA 95060 • 831/420-5150 • FAX 831/420-5151

Application For
Community Development Block Grant (CDBG) Funds

2014-2015 PROGRAM YEAR

Organization's Name: _____ Submittal Date: _____

Organization's Address: _____

Federal Employer Identification Number (EIN NO.): _____

Name of Contact: _____

Email Address: _____ Telephone No: _____

Official Authorized to Sign Agreement: _____

Program/Project Name: _____

Location of Program/Project: _____

Brief Description of Program/Project: ►-

Total Project Cost or Total Annual Program Cost: $ _____

Total Amount of CDBG Funding Being Requested: $ _____

Total Amount of: (1) Other Secured or Expected Pending Funding: $ _____

(2) Value of In Kind Contributions: $ _____ (3) Unfunded Gap: $ _____

CITY OF SANTA CRUZ 2014-2015 PLAN YEAR CDBG APPLICATION CHECKLIST

Listed below are the forms required to apply for CDBG funding from the City's Housing and Community Development (HCD) Program. All forms must be completely filled out In order for the application to be considered for funding. Please CHECK the appropriate box on this page confirming the information has been provided. For assistance please call the HCD Manager at 831-420-5108.

Project/Program Name: _____

☐ **COVER SHEET**
Information on organization and project description. (Page 1 of this application.)

☐ **SECTION I: National Objectives**
Verify that the program or project will meet one of the CDBG national objectives. Categorize the program or project according to the supplied checklist.

☐ **SECTION II: Statement of Need**
Provide the nature/extent of the need for the proposed program, data that supports unmet demand for the proposed service, and characteristics of persons to be served.

☐ **SECTION III: Scope of Services**
Provide a clear and concise narrative description of program or project, goals and objectives, and an implementation plan for achieving same.

☐ **SECTION IV: Outcome Performance Measurements**
Indicate your method of evaluating the performance of the program for short- and long-term attainment of the program's targeted goals and objectives and identify HUD performance measurement information.

☐ **SECTION V: Budget Proposal**
Submit required budgetary information. A checklist has been provided for this section; please place a checkmark in the appropriate boxes to indicate that the information has been provided.

☐ **SECTION VI: Qualifications**
Describe organization and explain how its professional qualifications will help carry out the proposed project or program.

☐ **SECTION VII: Disclosures**
Submit all required information. A checklist has been provided for this section; please place a check mark in the appropriate boxes to indicate that the information has been provided.

☐ **SECTION VIII: Certifications**
Provide certification from the Board of Directors authorizing submission of application, certification of affiliation, and certification of compliance with Civil Rights Act and Americans with Disabilities Act. Use attached forms.

SUBMIT CBDO APPLICATION (BELOW) ONLY IF APPLYING TO BE CERTIFIED OR RECERTIFIED

☐ **CBDO CERTIFICATION OR RECERTIFICATION APPLICATION**
If applicant is a Community Based Development Organization (CBDO) or wants to qualify as a CBDO, the application for CBDO certification is provided following required Sections of the CDBG funding application. The CBDO Certification application must be completed including all required attachments in order to be considered for certification or recertification as a CBDO by the City. The CBDO Certification Application may be submitted separately or with the CDBG Funding Application.

SECTION I - CDBG NATIONAL OBJECTIVE QUALIFICATIONS

Project/Program Name: _____

INSTRUCTIONS: HUD requires that any project or program receiving CDBG funding to meet one of three National Objectives. Check which National Objective the program/project meets under Section **"A".** Most programs or projects funded by the City will check the first box (benefiting low- or moderate-income persons). In order to be considered as benefiting low- or moderate income persons, an activity must fall into one of the two additional categories listed under **"B"** below (Area Benefit or Limited Clientele). If the National Objective is benefiting low and moderate income persons, also qualify this answer by checking ONE Box in Section **"B-1", "B-2", OR "B-3"** below. **ALL applicants must complete Section "A" & "C".**

A. National Objective: Check **ONLY ONE** box below that best applies to the Project/Program:

☐ (1) Benefits low- or moderate (L/M) income persons. (Must also complete **Section "B"**).

☐ (2) Helps to prevent or eliminate slums or blight. (If checked, go to **Section "C"**).

☐ (3) Meets community development needs of a particular urgency. *(On a separate page, identify the community development need(s) and the associated urgency. Attach this explanation to this page & go to **Section "C"**.)*

B. L/M National Objective Qualifier: REQUIRED ONLY IF THE FIRST BOX (1) ABOVE IS CHECKED. If you checked (2) slum/blight or (3) urgency proceed to **Section "C."**

☐ **Area Benefit** - At least 51% of the residents within the targeted activity area are L/M income persons. The activity may also be available to all persons in the area regardless of income. (Note: A map of qualified census tracts is provided at the end of Section 1.)

☐ **Limited Clientele** -To qualify under this category, check **ONLY ONE** box in **ONE** of 3 sub-categories, "**B-1"; "B-2"; OR "B-3"** below: "**B-1"** assumes your clientele automatically qualify as L/M Income; "**B-2"** requires income data collection for all clientele/participants; & "**B-3"** includes special categories requiring follow-up with HCD staff to confirm qualification.

B.1 Presumed Benefit: Check category **ONLY** if it predominantly represents your clientele.

☐ Abused children ☐ Homeless persons ☐ Migrant farmworkers

☐ Elderly persons ☐ Illiterate adults ☐ Abused children

☐ Battered spouses ☐ Persons with AIDS ☐ Elderly persons

☐ Adults meeting Bureau of Census' definition of severely disabled persons

B.2 Qualification by income percentages. Check if you will collect income data to qualify**.**

☐ At least 51% of activity/program clientele are documented as L/M income persons.

B.3 Other Qualifications: (Only Check these after discussing with HCD staff.)

☐ Both the activity & it's location indicate that primarily L/M income persons will benefit.

☐ Removes mobility/accessibility barriers for elderly persons or severely disabled adults.

☐ Micro enterprise assistance carried out in accordance with 24 CFR 570.201(o).

☐ Creates housing to be occupied by L/M income persons upon completion.

☐ Special economic development activity: (1) located in a predominately L/M area; (2) is a facility designed for use predominately by L/M income persons; or (3) Involves employment of persons, the majority of whom are L/M income persons.

☐ Provides job training and placement and/or other employment support services.

C. Category of Activity: Check **ALL** applicable boxes which describe the program or project.

- ☐ Acquisition of Real Property
- ☐ Property Disposition
- ☐ Public Facilities/Improvements
- ☐ Property Clearance
- ☐ Public Services
- ☐ Interim Assistance
- ☐ Relocation Assistance
- ☐ Loss of Rental Income
- ☐ Privately Owned Utilities
- ☐ Housing Rehabilitation
- ☐ New Housing Construction
- ☐ Code Enforcement
- ☐ Special Economic Development
- ☐ Micro-enterprise Assistance
- ☐ Special Activities by CBDOs
- ☐ Home Ownership Program
- ☐ Planning and Capacity Building
- ☐ Program Administration Costs
- ☐ Miscellaneous/Other Activities: (Name below)

▶-_____

MAP OF L/M QUALIFIED CENSUS TRACT AREAS (Shown in Grey)
TO DETERMINE AREA BENEFIT QUALIFICATIONS IN SECTION B ABOVE

2013 MAXIMUM INCOME FOR INCOME CATEGORIES BY HOUSEHOLD SIZE FOR SANTA CRUZ

INCOME LEVEL	NUMBER OF PERSONS IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
Extremely Low	$19,450	$22,200	$25,000	$27,750	$30,000	$32,200	$34,450	$36,650
Very Low	$32,400	$37,000	$41,650	$46,250	$49,950	$53,650	$57,350	$61,050
Low	$51,800	$59,200	$66,600	$74,000	$79,950	$85,850	$91,800	$97,700
Moderate	$73,100	$83,500	$93,950	$104,400	$112,750	$121,100	$129,450	$137,800
Source: HUD FY 2013 income limits for the County of Santa Cruz, CA. To be updated in March/April 2014.								

SECTION II - STATEMENT OF NEED

Project/Program Name: _____

1. Briefly describe the community issue or need this program or project addresses..

▶-

2. Summarize any information and/or data that indicates the magnitude of this need in the City.

▶-

Source of data or information: ▶- _____

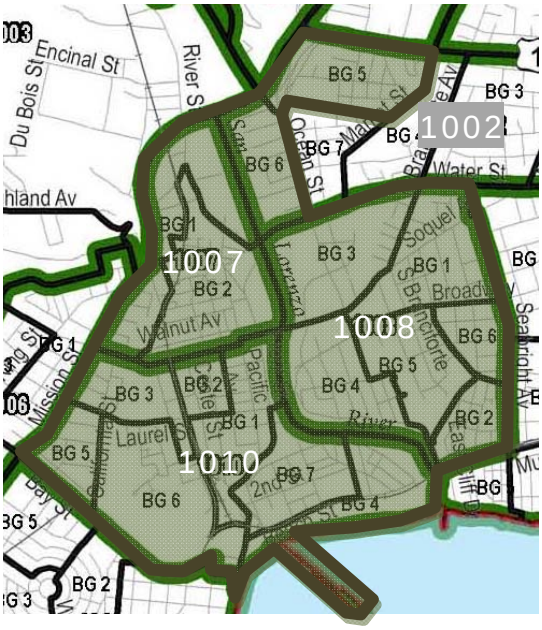
3. Describe the targeted service delivery area in the City of Santa Cruz. If you have City-wide, services you can indicate that. If the program is qualifying under "Area Benefit" in Section 1.B above, you must list the Census Tract Numbers included in your primary service area.

▶-

CITY OF SANTA CRUZ CENSUS MAP

HUD Income Qualified Census Tracts & Block Groups includes the following:

- Tracts: #1007, #1008, & #1010
- Block Groups 5 & 6 in Tract 1002



4. Describe characteristics of the targeted population including primary age range, gender, and/or ethnicity if appropriate along with other notable characteristics.

▶-

5. Estimate the number of persons that you expect will participate in or benefit from the Program or Project by Income Category.

Income Range	**No. of Persons to Benefit**	**% of Total Persons**
0-30% of Median Family Income	▶-	%
31-50% of Median Family Income	▶-	%
51-80% of Median Family Income	▶-	%
81%+ of Median Family Income	▶-	%
TOTAL Persons to Benefit	▶-	100%

Please CHECK the source of the data indicated above in the appropriate box below:

☐ Income Survey conducted by Applicant ☐ Census Data

☐ Other ▶-

SECTION III - SCOPE OF SERVICES

PROGRAM/PROJECT NAME ▶-

PROGRAM/PROJECT DESCRIPTION[1] ▶-

PROGRAM GOAL[2] ▶-

MEAUREABLE PROGRAM OBJECTIVE (1)	EXPECTED OUTCOME (Quantify with Number)	INDICATOR(S) (What is Counted)	TIMELINE (Period of Measurement)
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

PROGRAM OBJECTIVE (2)	EXPECTED OUTCOME	INDICATOR(S)	TIMELINE
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

PROGRAM OBJECTIVE (3)	EXPECTED OUTCOME	INDICATOR(S)	TIMELINE
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

(1) If multiple Programs will be funded use a separate copy of this sheet for each Program.
(2) If additional Goals are established you may continue on the next page.

ADDITIONAL PROGRAM GOAL (This sheet provides for additional goals under each program. Use as many sheets as needed. Each goal should have a separate sheet.)

PROGRAM/PROJECT NAME

PROGRAM GOAL #____ ▶-

MEAUREABLE PROGRAM OBJECTIVE (1)	EXPECTED OUTCOME (Quantify with Number)	INDICATOR(S) (What is Counted)	TIMELINE (Period of Measurement)
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

PROGRAM OBJECTIVE (2)	EXPECTED OUTCOME	INDICATOR(S)	TIMELINE
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

PROGRAM OBJECTIVE (3)	EXPECTED OUTCOME	INDICATOR(S)	TIMELINE
▶-	▶-	▶-	▶-
PRIMARY PROGRAM ACTIONS/TASKS TO BE TAKEN TO ACHIEVE OBJECTIVE			
1.			
2.			
3.			
4.			

NOTE: Use as many goal sheets as needed.

SECTION IV - OUTCOME PERFORMANCE MEASUREMENTS

Project/Program Name: ▶-

In the space below, please indicate your method of evaluating the performance of the program. Evaluations should reflect the short- and long-term attainment of the program's targeted goals and objectives and your organization's interaction with others to achieve program results. For purposes of this application, "short-term" is defined as one program year or less and "long-term" is defined as more than one program year.

Describe methodologies you intend to use to evaluate short & long term achievement of goals.
▶-

HUD OUTCOME PERFORMANCE MEASUREMENTS

HUD has established an Outcome Performance Measurement system based on statements comprised of nine categories based on a combination of 1 (out of 3) Outcomes and 1 (out of 3) Objectives. From these categories, the City reports to HUD on each funded project/program's achievements in relation to the organizations overall goals. The following are HUD's nine outcome/objective categories. *(Note – these categories are somewhat abstract so please feel free to call Carol Berg at 831-420-5108 if you want assistance in determining your category The following explanation may help. The most common Category for Social Service Providers is indicated in the first box below.)*

1. ***Outcome*** *(1) accessibility (most common category for social services in that it refers to a service being available that would not be possible without the CDBG funding); (2) Affordability (most commonly used for housing); or (3) Sustainability (most common category for improvements in a neighborhood).*
2. **Objective**. *(1) Creating suitable living environments (most commonly used for social services or community facility improvements); (2) decent affordable housing; or (3) creating economic opportunities (usually tied to creation of jobs or job training).*

CHECK One Box Below for the Category That BEST Describes Your Program's Outcome.

- ☐ New or Improved accessibility for the purpose of creating suitable living environments.
- ☐ New or Improved accessibility for the purpose of providing decent affordable housing.
- ☐ New or Improved accessibility for the purpose of creating economic opportunities.

- ☐ Affordability for the purpose of creating suitable living environments.
- ☐ Affordability for the purpose of providing decent affordable housing.
- ☐ Affordability for the purpose of creating economic opportunities.

- ☐ Sustainability for the purpose of creating suitable living environments.
- ☐ Sustainability for the purpose of providing decent affordable housing.
- ☐ Sustainability for the purpose of creating economic opportunities.

On a quarterly basis, the City will need to report on these Outcome Measurements. For each Program/Project included in Section III (Scope of Services), indicate what you expect your Outcome Measurements to be. The Output is measured by the unduplicated number of some indicator, such as persons or households that will be assisted; the number of facilities that will be improved; units that will be built; etc. For the example below, if 700 people received one service from the Program under Activity A and 500 people received another service under the same Program in Activity B and if 400 of those that received services under Activity A and B, the unduplicated number you would report for the Program would be 800 (700+500=1200. 1200-400=800.)

PROGRAM/ PROJECT	PROJECTED OUTPUT (Quantified)		*HUD OUTCOME*	**HUD OBJECTIVE**
	UNDUPLICATED NUMBER	INDICATOR		
Lunch Program	800	Persons	*Improved access to healthy meals*	*Suitable living environment*
New Shelter	1	Facility	*New Access to a new shelter.*	*Suitable living environment*

EXAMPLE

Fill out the following chart for all programs/projects included in this application.

EACH PROGRAM/ PROJECT (From Section III)	ESTIMATED OUTPUT		*HUD OUTCOME (add description if needed)*	**HUD OBJECTIVE**
	UNDUPLICATED NUMBER	INDICATOR		
▶-				
▶-				
▶-				
▶-				
▶-				
▶-				
▶-				
▶-				
▶-				
▶-				

Depending on the Program/Project, additional or different Outcome Indicators may be requested. These additional requirements will be included in the City contract with successful applicants.

SECTION V - PROJECT/PROGRAM BUDGET PROPOSAL

Project/Program Name: ►-

Please attach the following information to this section. If you are sending in your application electronically, you may send PDFs. Check the to indicate that the information has been provided.

☐ **Program Expenditures Report:** If this is an EXISTING program, attach budgetary information for the current and previous (if applicable) year's expenditures on separate sheets. Indicate if CDBG funding was provided, and if so, what percentage of total program costs was funded by CDBG. ***(This is not required for new programs or projects)***

☐ **Proposed Budget:** The proposed project or program budget must be developed and submitted in either the "Development Project" **(Exhibit A)** or the "General Programs and Public Services" **(Exhibit B)** formats. The "General Programs and Public Services" **(Exhibit B)** format includes forms for staffing and cost allocations (percentage of total program costs by funding source).

☐ *Check this box if submitting Exhibit A.* ☐ *Check this box if submitting Exhibit B (2 forms).*

☐ **Leveraging Form (Exhibit C):** Identify amounts and sources of committed and pending funding to indicate amount CDBG funds will leverage**.**

☐ **Indirect Cost Plan (<u>OPTIONAL</u>):** Those applicants requesting reimbursement for indirect costs must submit an Indirect Cost Plan in accordance with Circular OASMB-5 and OMB Circular A-122, available from the City upon request.

Indirect costs are those that have been incurred for common or joint objectives but which cannot be readily identified with a particular program. Typical examples of indirect costs for many non-profit organizations may include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses such as the salaries and expenses of executive officers, personnel, administration, and accounting.

☐ **No Fees Charged:** Check the adjacent box if no fees are to be charged for any services delivered in conjunction with the program or project for which CDBG funds are being requested. If fees are charged check the box below and provide required information.

OR

☐ **Fees are Charged for Services/Fee Structure Provided:** If fees are charged, attach a statement providing the fee structure for any services delivered in conjunction with the program or project for which CDBG funds are being requested and certify that these fees will not exceed the cost of delivery of service.

SECTION V – EXHIBIT A
DEVELOPMENT PROJECT BUDGET

Project Name: ►-

USES OF FUNDS		
LAND, CONSTRUCTION, & SOFT COSTS	1. Site acquisition	$
	2. Closing costs	$
	3. Arch. and Engineering fees	$
	4. Site work	$
	5. Buildings	$
	6. Fees and permits	$
	7. Construction management	$
	8. Construction contract	$
	9. Consultants	$
	10. Administration	$
	11. Legal	$
	12. Taxes and insurance	$
	13. Marketing	$
	14. Operating reserve	$
	15. Developer fee	$
	16. Contingency	$
	A. TOTAL COSTS	$
SOURCES OF FUNDS		
SECURED/COMMITTED LOANS	First mortgage	$
	Other loans secured by property *(Describe on separate sheet)*	$
	B. TOTAL LOANS	$
SECURED/ COMMITTED GRANTS	Sponsor Donation	$
	Equity (Syndication)	$
	CDBG	$
	HOME	$
	Other *(Describe)* _____	$
	Other *(Describe)* _____	$
	C. TOTAL GRANTS	$
FUNDING SUMMARY	**D.** Total secured funding ***(B + C)***	$
	E. Funding gap ***(A - D)***	$
	F. CDBG funds requested	$
	G. Remaining gap ***(E - F)***	$
	H. Available lines of credit (only if needed)	$
	UNFUNDED GAP ***(G-H)***	$

SECTION V – EXHIBIT B (Page 1 of 2)
PROGRAM OR PUBLIC SERVICE BUDGET

Program Name: ►-

TOTAL BUDGET FOR PROGRAM/SERVICE THAT RECEIVES CDBG FUNDS		
TOTAL PERSONNEL COSTS	1. Salaries	$
	2. Benefits	$
GENERAL NON-PERSONNEL COSTS	3. Supplies	$
	4. Communication	$
	5. Printing	$
	6. Utilities	$
	7. Rent	$
	8. Travel - Local	$
	9. Travel - Other	$
	10. Liability Insurance	$
	11. Miscellaneous	$
SPECIFIC NON-PERSONNEL COSTS	12. Equipment Rental	$
	13. Equipment Purchase	$
	14. Contracted Services/Consultants	$
	15. Indirect Costs	$
	16. Audit Fees	$
	TOTAL BUDGET:	$

SECTION V – EXHIBIT B (Page 2 of 2)
COST ALLOCATION/FUNDING SOURCE PLAN FOR PROGRAM OR PUBLIC SERVICE

Identify sources of funding at the top of the four blank columns below. Insert approximate percentages of all funding (including CDBG) which will be allocated to the various cost categories in the left hand column. Rows should equal 100%.

PERCENT OF TOTAL PROGRAM OR SERVICE FUNDING						
COST CATEGORY	EXPECTED SOURCE OF PROGRAM/SERVICE FUNDING					TOTAL
	CDBG REQUEST	OTHER FUNDING SOURCES (Show Name Below)				
Personnel Costs						
1. Personnel	%	%	%	%	%	100%
2. Benefits	%	%	%	%	%	100%
General Non-Personnel Costs						
3. Supplies	%	%	%	%	%	100%
4. Communication	%	%	%	%	%	100%
5. Printing	%	%	%	%	%	100%
6. Utilities	%	%	%	%	%	100%
7. Rent	%	%	%	%	%	100%
8. Travel - Local	%	%	%	%	%	100%
9. Travel - Other	%	%	%	%	%	100%
10. Liability Insurance	%	%	%	%	%	100%
11. Miscellaneous	%	%	%	%	%	100%
Specific Non-Personnel Costs						
12. Equipment Rental	%	%	%	%	%	100%
13. Equipment Purchase	%	%	%	%	%	100%
14. Service/Consultant Contracts	%	%	%	%	%	100%
15. Indirect Costs	%	%	%	%	%	100%
16. Audit Fees	%	%	%	%	%	100%

*Note: Any charges or fees for services must be described in the Fee Structure Statement. For Indirect Costs

SECTION V – EXHIBIT C
LEVERAGING OF OTHER FUNDS

Project/Program Name: _____

- List sources, including funding amounts, to which you have committed funding or expect renewal of funding for the proposed program/project.
- List new funding sources, including the anticipated funding amounts, to which your organization plans to apply for funding for the fiscal year and have a high expectation of being funded for the proposed program/project.

LEVERAGED FUNDING		
FUNDING SOURCE	**AMOUNT ($)**	**USES**
FUNDING SOURCES – COMMITTED OR EXPECTED RENEWAL		
LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	
NEW FUNDING SOURCES – PENDING OR APPLICATION TO BE SUBMITTED		
LOCAL		
	$	
	$	
FEDERAL		
	$	
	$	
STATE		
	$	
	$	

*Note: Please attach documentation from funding source(s) of committed funds to these project/programs.

SECTION VI - QUALIFICATIONS

Project/Program Name: ▶-

In the space below, describe your organization and explain how your professional qualifications will help carry out the proposed project or program. If necessary, attach additional sheets to this page.

1. Describe Staff partially or wholly funded with CDBG and the Program Manager/Director:

a. Complete chart below providing the name, title, and the number of years that they have worked with this organization or program for each staff member whose time will be dedicated to the proposed program and the Program Manager or Director who will be responsible for the Program. Indicate approximately how much time (i.e. 100%, 50% FTE, etc.) will be dedicated to any activity funded in part or whole by CDBG.

STAFF MEMBER'S NAME	TITLE	YEARS IN PROGRAM	ESTIMATED % FTE
▶-	Program Manager/Director		%
▶-			%
▶-			%
▶-			%
▶-			%
▶-			%

b. On additional paper, provide academic credentials and/or relevant experience for this or similar programs for key staff, including the Program Manager/Director. Include any additional relevant information as well.

2. Complete items below to indicate organization's involvement in community:

a. How long has the organization been in existence? ▶- _____ Years

b. List other significant local community organizations and/or civic groups that your organization partners or coordinates activities with and to what extent. (i.e. sponsor joint events/activities; participate in each other's programs; share or coordinate programs, etc.)

ORGANIZATION	LEVEL OF PARTICIPATION
▶-	▶-
▶-	▶-
▶-	▶-
▶-	▶-
▶-	▶-
▶-	▶-
▶-	▶-

SECTION VII - DISCLOSURES CHECKLIST

Project/Program Name: ►-

Please attach the following information to this section. Place an "X" in the appropriate box to indicate that the information has been provided. For a Community Based Development Organization (CBDO) that is affiliated with a larger organization, provide the following information for the CBDO only.

ORGANIZATIONAL STRUCTURE

☐ 1. **Documentation of non-profit status.**
Include state and federal tax-exempt determination letters.

☐ 2. **Charter or mission statement of applicant.**

☐ 3. **Articles of Incorporation of applicant.**

☐ 4. **By-laws of applicant.**

☐ 5. **Board of Directors.**
Complete Exhibit VII-A below.

☐ 6. **Organizational chart.** List current employees and job titles. Identify gender and ethnicity. Indicate which positions will implement the proposed program or project.

☐ 7. **Policies for Personnel and/or Procedures.** Information provided should include:
   a. Hours when open to the public.
   b. Number of hours that make up the workweek for full time staff.
   c. Hiring procedures and affirmative action policy and plan.
   d. Method of vacation and sick leave accumulation.
   e. List of paid holidays.

☐ 8. **Documentation of Employer Status.** Provide federal and state employer identification number.

☐ 9. **Authorized Officials.** Designate official authorized to enter into contracts. Identify all personnel with signatory powers.

FINANCIAL MANAGEMENT CAPACITY

☐ 1. **Resume of Chief Program Administrator**

☐ 2. **Resume of Chief Fiscal Officer.**

☐ 3. **Organizational Budget.** Complete Exhibit VII-B identifying all revenues and expenses pertaining to the organization's overall operating budget and commitments for on-going funding.

☐ 4. **Fiscal Management.** Describe fiscal management policies and procedures including financial reports, record keeping, accounting systems, payment procedures etc. Describe financial oversight by Board. Identify and describe any audit findings, investigations, or probation by any agency in the past two years.

☐ 5. **Audit.** Provide most recent audit or financial statement. Successful applicants receiving over $25,000 in HCD funds are required to conduct and submit an audit for the fiscal year in which they receive funds.

SECTION VII – EXHIBIT A

COMPOSITION OF CURRENT BOARD OF DIRECTORS

Organization's Name: _____

BOARD MEMBER NAME	POSITION ON BOARD	LIVES OR WORKS IN CITY	YRS ON BOARD
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

SECTION VII – EXHIBIT B

CURRENT ORGANIZATIONAL BUDGET

Organization's Name: _____

SOURCE/EXPENSE		PAST YEAR	CURRENT YEAR	PROPOSED
Revenue	City	$	$	$
	County	$	$	$
	State	$	$	$
	Federal	$	$	$
	Fees charged	$	$	$
	Fundraising	$	$	$
	Donations	$	$	$
	Other *(explain below)*	$	$	$
	_____			
	Total Revenue	$	$	$
Expenses	Salaries	$	$	$
	Benefits	$	$	$
	Insurance	$	$	$
	Audit	$	$	$
	Rent	$	$	$
	Utilities	$	$	$
	Consultants	$	$	$
	Travel	$	$	$
	Office supplies	$	$	$
	Equipment	$	$	$
	Printing	$	$	$
	Total Expenses	$	$	$
	Revenue less Expenses	$	$	$

SECTION VIII - CERTIFICATION CHECKLIST

Project/Program Name: ▶-

Please complete and attach the following exhibits. Check the appropriate box to indicate that the information has been provided.

☐ A. **Certification of Application.** Certification of Organization's Board approval.

☐ B. **Certification of Affiliation.** List the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are appointed members of a City Council, Commission or Committee or a City employee.

☐ C. **Certificate of Compliance with Civil Rights Act and Americans with Disabilities Act.**

SECTION VIII – EXHIBIT A
CERTIFICATION OF APPLICATION

The Board of Directors of _____, does hereby resolve that on _____ *(date)* the Board reviewed the Application for Community Development Block Grant Funds to be submitted to the City of Santa Cruz Housing and Community Development Program for funding consideration for the fiscal year _____, and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application is 1) non-profit, 2) tax-exempt, 3) incorporated in the State of California, and has complied with all applicable laws and regulations pertaining to same.

_____ *(name of organization requesting CDBG funds)* hereby proposes to provide the services or project identified in the Scope of Services in accordance with this Application for Community Development Block Grant Funds and with the City of Santa Cruz Housing and Community Development (HCD) Policies and Procedures Manual. If this application is approved and this organization receives CDBG funding from the City of Santa Cruz, it is agreed that all relevant federal, state, and local regulations and other assurances as required by the City will be adhered to. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true and correct and complete.

_____ _____

President, Board of Directors Date

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to $10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

SECTION VIII – EXHIBIT B
CERTIFICATION OF AFFILIATION

☐ Place an "X" in the box if NO members of the Board of Directors, officers, workers, or members of the organization are an elected member of the City Council; appointed member of a City Commission or Committee; or a City employee. (If not checked, fill in list below.)

The following is a list of the names and positions of members of the Board of Directors, officers, workers, or members of the organization who are an elected member of the City Council; an appointed member of a City Commission or Committee; or a City employee.

NAME	AFFILIATION WITH CITY	POSITION IN ORGANIZATION

I certify that the proceeding statements and information are accurate.

President, Board of Directors

Date

SECTION VIII – EXHIBIT C
CERTIFICATE OF COMPLIANCE WITH
CIVIL RIGHTS ACT AND AMERICANS WITH DISABILITIES ACT

_____ *(name of organization requesting CDBG funds)* certifies that it prohibits discrimination in accordance with Title VI of the Civil Rights Act of 1964. Written documents outlining this organization's non-discrimination policy are on file and available for review.

It is further certified that this organization has reviewed its projects, programs, and services for compliance with all applicable regulations contained in the Americans with Disabilities Act of 1990. Written documentation concerning this review and corrective actions taken (if any) are on file and available for review.

_____ _____
President, Board of Directors Date

APPLICATION FOR COMMUNITY BASED DEVELOPMENT ORGANIZATION (CBDO) CERTIFICATION OR RECERTIFICATION

(Required for CBDOs Only)

Organization: ▶- _____ Date ▶- _____

Contact Person: ▶- _____ Title: ▶- _____

Address: ▶- _____ Tel. No. ▶- _____

_____ Email ▶- _____

Program/Project Name: ▶- _____

Program/Project's Primary Service Area ▶-

Below, briefly describe the activities the Organization undertakes to serve the community:

▶-

This application is to certify/recertify the above named organization as a Community Based Development Organization (CBDO) for the City of Santa Cruz for a designated program year. Attach any documents referenced in statements below along with information required in Attachments A and B. "Organization" as used in this application refers to the entity that is applying for CBDO status.

1. Legal Status

A. The organization is organized under State or local laws to undertake community development activities as evidenced by its:

☐ Charter. ☐ Articles of Incorporation.

☐ Other *(specify):* ▶- _____

B. No part of the organization's net earnings inure to the benefit of any member, founder, contributor, or individual as evidenced by its:

☐ Charter. ☐ Articles of Incorporation.

☐ By-laws. ☐ Other *(specify):* ▶- _____

C. The organization has a tax exempt ruling from the Internal Revenue Service under Section 501(c)(3) or (4) of the Internal Revenue Code of 1986, as evidenced by:

☐ A 501(c)(3) OR (4) Certificate from the IRS.

OR

The organization is classified as a subordinate of a central organization non-profit under Section 905 of the Internal Revenue Code as evidenced by:

☐ A group exemption letter from the IRS that includes the CBDO.

D. The organization has among its primary purposes the improvement of the physical, economic or social environment of its geographic area of operation, by addressing one or more critical problems of the area, with particular attention to the needs of persons of low and moderate income as evidenced by a statement in its:

☐ Charter. ☐ Articles of Incorporation.

☐ By-laws. ☐ Resolutions.

▶- _____

(Reference pertinent section of document checked above)

2. Organizational Structure

A. The organization maintains at least 51 percent of its governing body's membership as (1) low-income residents of its geographic area of operation, (2) owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or (3) representatives of low-income neighborhood organizations located in its geographic area of operation as evidenced by Attachment A and a statement in its:

☐ By-laws. ☐ Charter. ☐ Articles of Incorporation.

▶- _____

(Reference pertinent document and section)

** Also complete Attachment A, which identifies all board members and their qualifications.*

B. The organization is not an organization or instrumentality of the City of Santa Cruz and does not permit more than one-third of the membership of its governing body to be appointed by, or to consist of, elected or other public officials or employees or officials of an ineligible entity (even though such persons may be otherwise qualified as evidenced:

☐ By-laws. ☐ Charter. ☐ Articles of Incorporation.

▶- _____

(Reference pertinent document and section)

C. Except as noted above, the organization requires the members of its governing body to be nominated and approved by the general membership of the organization or by its permanent governing body, as evidenced by:

☐ By-laws. ☐ Charter. ☐ Articles of Incorporation.

▶- _____

(Reference pertinent document and section)

D. The organization is free to contract for goods and services from vendors of its own choosing, as evidenced by its:

☐ By-laws. ☐ Charter. ☐ Articles of Incorporation.

▶- _____

(Reference pertinent document and section)

3. Neighborhood Revitalization Strategy Area (NRSA)

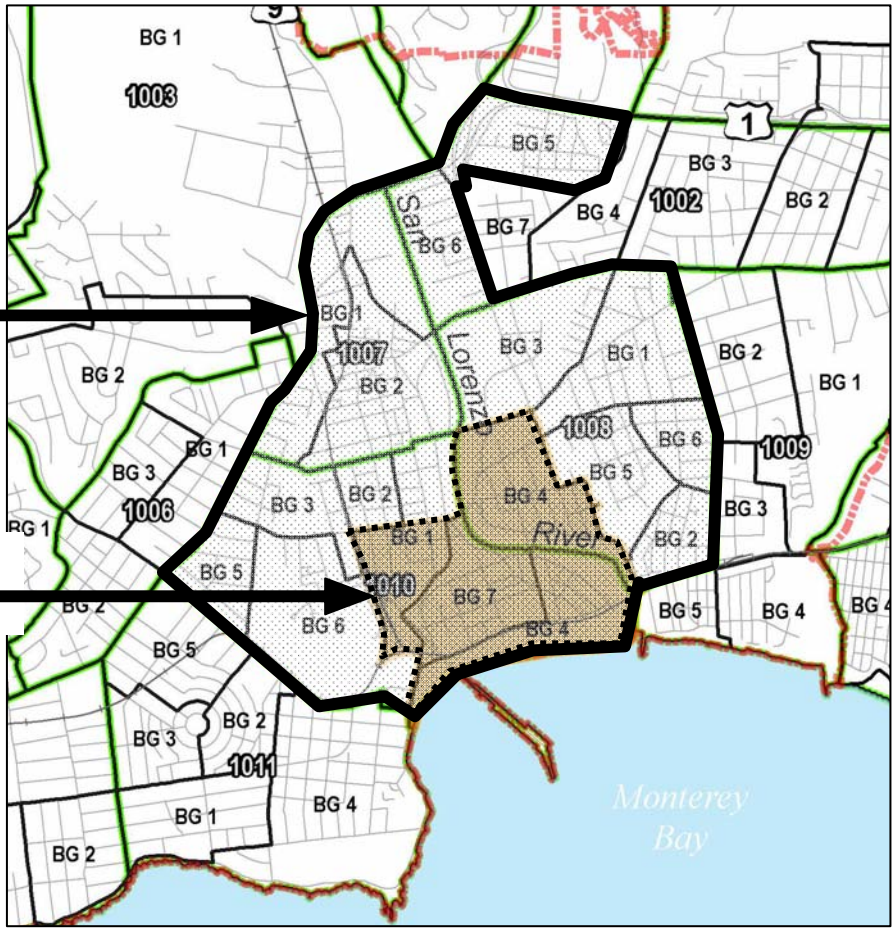
A. Does the CBDO serve part or all of the Lower Ocean-Beach/South of Laurel NRSA?

☐ Yes as a primary service area. ☐ Yes as part of a larger, City-wide service area. ☐ No.

Note: The Map below also shows the boundaries of the CDBG Low Income Target Areas.

CDBG Low Income Target Areas
(Census Tracts 1007, 1008, 1010 & 1002-Block Groups 5 & 6)

Neighborhood Revitalization Strategy Area (NRSA)



I certify that the Board of Directors of this Organization has reviewed and approved this certification or recertification application for the Organization to be designated as a CBDO. I further certify that the information in this CBDO certification or recertification application is true and correct.

.

▶- _____ ▶- _____

President, Board of Directors Date

CBDO CERTIFICATION APPLICATION - EXHIBIT A
Community Based Development Organization
Governing Board

A Community Based Development Organization (CBDO) is required to maintain at least 51 percent of its governing body's membership as: (1) low- and moderate-income residents of its geographic area of operation; (2) owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation; or (3) representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation. Please list all Governing Board members and provide Self Certification Forms appropriate to the qualifying category for each Board Member that will be counted as part of the 51 percent.

Name (List all Board Members)	Place "X" in box if Member qualifies as one of the following for the geographic area of operations of the CBDO. Attach Self Certifying Form A, B, or C for each, as noted below:			Board Term Expiration Date
	Low and Moderate Income Person	Owner or Senior Officer of Establishment or Other Institution Located in Area.	Representative of a Low/Mod - Income Neighborhood Organization	
	FORM A	FORM B	FORM C	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
Total Number of Board Seats:				

.

CBDO CERTIFICATION APPLICATION- EXHIBIT A (Continued)
SELF-CERTIFICATION FORM A
LOW- AND MODERATE-INCOME REPRESENTATIVE
For City of Santa Cruz CBDO Governing Body Member

The Federal Community Development Block Grant (CDBG) regulations require that to qualify as a Community Based Development Organization (CBDO) the CBDO must maintain at least 51 percent of its governing body's membership as: (1) low- and moderate-income residents of its geographic area of operation; (2) owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation; or (3) representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation. This form is to be completed by low- and moderate-income residents of the organization's geographic area of operation.

Each low- and moderate-income board member must indicate the number of persons in his/her household, and indicate whether total annual household income exceeds or falls below the listed figure for appropriate household size by indicating a check mark in the boxes below.

NOTE: "Income" refers to the total of **ALL** the annual income of **ALL** household members. Additional expected sources of income must be included in this calculation of annual household income.

2012 CDBG Income Guidelines for the City of Santa Cruz—
(Check the appropriate income box based on your household size and income.)

Total number of persons in your Household	Total Annual Household Income is **Above**	Total Annual Household Income is **At or Below**	**Annual Household Income Amount***
1 Person			$53,700
2 Person			$61,350
3 Person			$69,000
4 Person			$76,650
5 Person			$82,800
6 Person			$88,950
7 Person			$95,050
8 Person			$101,200
*Valid from only from February 2012 through February 2014. Contact Carol Berg at cberg@cityofsantacruz.com for an updated form.			

I certify that the information provided on this form is accurate and complete, and that I am a low- and moderate-income resident of the_____*(Organization's name)*_____ area of operation. I further acknowledge that eligibility for meeting HUD's 51 % low- and moderate-income board requirement is based upon having a qualifying annual household income level, and that the income level I have indicated in this self-certification may be subject to further verification by the City of Santa Cruz and/or HUD.

CBDO Organization's Name: ▶-_____

Print Board Member's Name ▶-_____

Board Member's Address ▶-_____

Board Member's Signature ▶-_____ **Date:** _____

CBDO CERTIFICATION APPLICATION- EXHIBIT A (Continued)
SELF-CERTIFICATION FORM B
INSTITUTION/BUSINESS OWNER/SENIOR OFFICER REPRESENTATIVE
For City of Santa Cruz CBDO Governing Body Member

The Federal Community Development Block Grant (CDBG) regulations require that to qualify as a Community Based Development Organization (CBDO) the CBDO must "maintain at least 51 percent of its governing body's membership as: (1) low- and moderate-income residents of its geographic area of operation; (2) owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation; or (3) representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation. This form is to be completed board members, who qualify as owners or senior officers of private establishments and other institutions, located in and serving the organization's geographic area of operation should complete this form.

Each owner or senior officer must provide a description of the private establishment or institution, including the type of services provided by such establishment/institution, as well as the targeted area of service.

Business/Institution's Name: ▶- _____

Business/Institution's Address: ▶- _____

Is this located in in the CBDO's Service Area? ☐ Yes ☐ No ☐ I don't know.

Position in Business/Institution held by Board Member: ▶- _____

Briefly describe the goods and/or services that are provided by the Business/Institution:

▶--

Describe below the geographic area of operation for the Business/Institution:

▶--

I certify that the information provided on this form is accurate. I further acknowledge that the information I have provided in this self-certification form may be subject to further verification by the City of Santa Cruz and/or HUD**.**

CBDO Organization's Name: ▶- _____

Print Board Member's Name ▶- _____

Board Member's Signature ▶- _____ **Date:** _____

CBDO CERTIFICATION APPLICATION- EXHIBIT A (Continued)
SELF-CERTIFICATION FORM C
REPRESENTATIVE OF NON-PROFIT OR NEIGHBORHOOD ORGANIZATION
For City of Santa Cruz CBDO Governing Body Member

The Federal Community Development Block Grant (CDBG) regulations require that to qualify as a Community Based Development Organization (CBDO) the CBDO must "maintain at least 51 percent of its governing body's membership as: (1) low- and moderate-income residents of its geographic area of operation; (2) owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation; or (3) representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation. This form is to be completed by board members, who are representatives of low- and moderate-income neighborhood organizations located in the organization's geographic area of operation.

Each representative must provide a description of the neighborhood organization, including the type of services provided by such organization, as well as the targeted area of service.

Name of Represented Organization: ▶- _____

Organization's Address: ▶- _____

Check the box below that best describes the Represented Organization.

☐ Neighborhood Association ☐ Non-Profit Civic Organization

☐ Non-Profit Service Provider ☐ Other ▶- _____

Briefly describe the services activities of the Represented Organization.

▶--

Describe below the geographic area of operation of the Represented Organization.

▶--

I certify that the information provided on this form is accurate. I further acknowledge that the information I have provided in this self-certification form may be subject to further verification by the City of Santa Cruz and/or HUD**.**

CBDO Organization's Name: ▶- _____

Print Board Member's Name: ▶- _____

Board Member's Signature: ▶- _____ **Date:** _____

CBDO CERTIFICATION APPLICATION- EXHIBIT B
CBDO Application - Attachments

Organization ▶- _____

Below is a list of the documents that may have been referenced in the certification/recertification application. Please mark an "X" in the appropriate box below next to each document that has been referenced in the CBDO application and attach a copy of the document. If the document has already been attached in response to a CDBG Funding Application requirement, mark the box as provided. Only one copy for the complete application package is required. If you have any questions please call the Housing & Community Development Manager at 831-420-5108.

☐ **Charter.**

☐ **Articles of Incorporation.**

☐ **By-laws.**

☐ **Resolutions.**

☐ **Other** _____

_____

_____

_____