

***CITY OF DALY CITY'S***  
**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**  
**FOR FISCAL YEAR 2013-2014**

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**APPLICATION INSTRUCTIONS**

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The County of San Mateo and cities of Redwood City, South San Francisco, and San Mateo have joined to create a Consolidated Community Funding Application that is only available for online submission. The City of Daly City, which follows the same application format, allows for applications to be completed online at [www.citydataservices.net](http://www.citydataservices.net) or via completion of this Word document. In either case, hard copies of the application must be mailed or dropped off in person to the City. **Online submission of the application to Daly City is currently not possible.** The Daly City application has two parts: 1) Required Supporting Documentation and 2) Common Application. **There is no application supplemental for Daly City.**

Attached is the CDBG application. Please keep the following in mind:

1. **Consolidated Application:** The application is formatted for Word Form fill-ins. The 'Project Specific Narrative' and 'Assessment of Need' sections have unlimited text space for the narrative, however, the remainder of the narratives are limited to 750 characters. The length of the form will expand as needed. Please make your answers as brief and succinct as possible while providing the requested information.
2. If the requested funding will benefit Broadmoor, Colma, or unincorporated area residents, please exclude these residents from the numbers of Daly City households/persons to be served (under project beneficiaries, Question 18).
3. After initial review of your application, we may contact you with specific questions about the information you have provided. Please be prepared to provide additional documentation (e.g., lists of Daly City residents who are in need of the program services or of past beneficiaries), as your application will be incomplete if you are unable to furnish evidence of need by Daly City residents.
4. Please be prepared to provide CDBG staff with a sample of client income verification documents, if requested. If funded, you will also be required to maintain records on ethnicity, family size and female heads of households.
5. If you are new at this, please feel free to attend our informational meeting at the City Hall Training Room on Thursday, January 3, 2013, at 10:00 A.M. Daly City City Hall is located at 333 – 90<sup>th</sup> Street. We will be going through the application and answer questions regarding the CDBG process. This meeting is not mandatory, but all applicants are encouraged to attend.

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**APPLICATIONS MUST BE RECEIVED BY FRIDAY, JANUARY 18, 2013, 5:00 P.M.**

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For more information or to request a copy of the application, contact My Do-Kruse, Community Development Specialist, at 650-991-8068 or [mdo@dalycity.org](mailto:mdo@dalycity.org). Completed applications may be mailed to:

Address: Housing and Community Development Division  
Economic and Community Development Department  
333 - 90th Street  
Daly City, CA 94015

# Consolidated Community Funding Application FY 2013-2014



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## **APPLICATION GUIDE**

The County of San Mateo and cities of Redwood City, Daly City, South San Francisco, and San Mateo jointly developed a Consolidated Community Funding Application. The application has three parts:

- 1) Required Supporting Documentation
- 2) Consolidated Application
- 3) Supplemental specific to the individual jurisdictions (*Information required varies by specific jurisdiction*).

*\*NOTE: The County of San Mateo is using this Consolidated Application for the following activities only: Public Services, Fair Housing, Minor Home Repair Programs, Micro-Enterprise Assistance.*

**All Daly City applications are due by January 18, 2013 at 5:00pm. No late applications will be accepted.**

### ***\*NOTES:***

- *Daly City applicants must sign and submit 2 hard copies of the application and project budget worksheet and one copy of each supporting document.*

## **Contacts:**

**City of South San Francisco:** Alin Lancaster: 650-829-6621, [Alin.Lancaster@ssf.net](mailto:Alin.Lancaster@ssf.net)

**City of Redwood City:** Rhonda Coffman: 650-780-7299, [rcoffman@redwoodcity.org](mailto:rcoffman@redwoodcity.org)

**County of San Mateo:** Rosa Mendoza: 650-802-5037, [rmendoza@smchousing.org](mailto:rmendoza@smchousing.org)

**City of San Mateo:** Chris Wahl: 650-522-7229, [wahl@cityofsanmateo.org](mailto:wahl@cityofsanmateo.org)

**City of Daly City:** My Do-Kruse, 650-991-8068, [mdu@dalycity.org](mailto:mdu@dalycity.org), 333 90th Street, Daly City, CA 94015

# Consolidated Community Funding Application

## FY 2013-2014



### **REQUIRED SUPPORTING DOCUMENTATION**

Please attach **ONE** copy of each of the following items along with your application and label with corresponding attachment numbers.

1.  Resolution authorizing application and designation of signatory (please remember to schedule a board meeting if needed)
  - o Board of Directors (for non-profit entities)
  - o Governing body (for public entities)
2.  Proof of 501(c)3 / tax-exempt status (for non-profit entities)
3.  By-laws (for non-profit entities)
4.  Articles of Incorporation (for non-profit entities)
5.  Board roster, including:
  - o Name, Company, Years on Board
  - o Meeting dates for previous 12 months
  - o Number of years allowed for each board term
6.  Organizational chart for entire organization
7.  Certified financial audit no more than 1 fiscal year old, prepared by a CPA, and:
  - o Management letters (if applicable)
  - o A-122 and A-133 Single Audit (for entities that receive more than \$500,000 in federal funding) **OR**
  - o A letter from your Executive Director certifying that agency does not receive more than \$500,000 in federal funds and is not subject to the Single Audit.
8.  Organization Operating Budget– ONLY REQUIRED FOR NEW APPLICANTS.
  - a.  Current (FY12-13) Agency Operating Budget
  - b.  Proposed (FY13-14) Agency Operating Budget
9.  Mission Statement
10.  Non-Discrimination Policy
11.  Reasonable Accommodations Policy

# Consolidated Community Funding Application FY 2013-2014



## **GENERAL INFORMATION**

**1. Project Title:**

**2. Project Location / Address:**

**3. Provide a one sentence project summary:**

**4. Organization Name:**

Address:

Telephone:

Website:

Type of Applicant:  Non-Profit  For Profit  Public Agency

Does your agency serve:  Persons  Households

**5. Contact Person / Project Administrator:**

Title:

Telephone / TDD:

Fax:

Email:

**6. Name of Agency Director:**

Address:

Telephone:

Fax:

Email:

**7. Name of Fiscal Officer:**

Address:

Telephone:

Fax:

Email:

**8. Name of person authorized by Board to execute documents and designate authorized agents:**

Address:

Telephone:

Fax:

Email:

**9. Provide days and hours of regularly scheduled operation:**

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

# Consolidated Community Funding Application

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### 10. Provide organization's DUNS and Tax ID (TIN) numbers:

**DUNS:**

**TIN:**

*\*A DUNS (Data Universal Numbering System) number is required for CDBG funding and is assigned by Dun & Bradstreet, Inc. If your organization does not currently have a DUNS number, you can obtain one at: <http://fedgov.dnb.com/webform>. This process can take up to 30 days.*

### APPLICATION AUTHORIZATION

#### **This application was prepared by:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### **This application is submitted by:**

I/We certify that the information and statements contained herein are true, accurate and complete to the best of my/our knowledge. I/We authorize the funding agency to verify any information pertaining to this application. I/We acknowledge and understand that if facts and/or information herein are found to be misrepresented, it may constitute grounds for rejection of the application or default of the allocation for which this application is being made.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

# Consolidated Community Funding Application

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**PROJECT INFORMATION:**

**11. Type of funding requested - please check one box.**

<b>County of San Mateo:</b>	CDBG Public Service <input type="checkbox"/>	CDBG Minor Rehab <input type="checkbox"/>	CDBG Micro-Enterprise <input type="checkbox"/>	CDBG Fair Housing <input type="checkbox"/>	ESG <input type="checkbox"/>
<b>Daly City:</b>	CDBG Public Service <input type="checkbox"/>	CDBG Minor Rehab <input type="checkbox"/>	CDBG Micro-Enterprise <input type="checkbox"/>	CDBG Fair Housing <input type="checkbox"/>	
	CDBG Public Facilities <input type="checkbox"/>	CDBG Acq./Rehab <input type="checkbox"/>	HOME New Const. <input type="checkbox"/>	HOME Acq./Rehab <input type="checkbox"/>	
<b>Redwood City:</b>	CDBG Public Service <input type="checkbox"/>	CDBG Minor Rehab <input type="checkbox"/>	CDBG Micro-Enterprise <input type="checkbox"/>	CDBG Fair Housing <input type="checkbox"/>	HOME CHDO <input type="checkbox"/>
	CDBG Public Facilities <input type="checkbox"/>	CDBG Acq./Rehab <input type="checkbox"/>	HOME New Const. <input type="checkbox"/>	HOME Acq./Rehab <input type="checkbox"/>	HSFA <input type="checkbox"/>
<b>S. San Francisco:</b>	CDBG Public Service <input type="checkbox"/>	CDBG Public Facilities <input type="checkbox"/>	CDBG Minor Rehab <input type="checkbox"/>	HOME Fair Housing <input type="checkbox"/>	RDA Housing <input type="checkbox"/>

**12. Project Specific Narrative:** Provide a narrative description of the specific activities to be carried out with the requested funds. This should also include program objectives and key priorities for each specific jurisdiction.

**13. Assessment of Need:** Briefly describe how you determined the need for your program ***for each specific jurisdiction that you are applying for funds***. Identify target population(s) and area(s) served. Please state the source(s) and date(s) of information. Identify any similar programs in the community.

**14. Timeline:** Provide a brief timetable for project implementation and achievement of projected goals and how you plan to expend your funds in a timely manner by the end of the fiscal year.

# Consolidated Community Funding Application

## FY 2013-2014



- 15. Evaluation:** Briefly describe how you will determine and measure the success of your program and whether or not program goals were met? If your program is currently receiving grant funds please describe accomplishments of goals to date.
- 16. Collaboration:** Describe partnerships with other organizations/agencies, the nature of the partnership, and how it relates to the proposed project.
- 17. Impact:** Discuss any general trends and conditions that have affected or impacted your service levels or service populations. For New Applicants – describe what these funds would allow your agency to do that you may not be able to do now. For Continuing Applicants – describe how your program would be impacted without these funds.
- 18. Project Beneficiaries/Quantifiable Measurement:** Indicate the expected number of beneficiaries to be served by the program. For each response below, please indicate both the number of households *and* number of individuals. Refer to the San Mateo County Income Limits (at the end of this application).

a. Indicate the total number of ***low-income*** beneficiaries you expect to serve with this program for each jurisdiction application for funding. *\*Low-income is 80% of Area Median Income or below.*

b. Indicate the total number of beneficiaries you expect to serve with this program in each jurisdiction - ***regardless of income.***

Jurisdiction	a. Number of <i>low-income</i> beneficiaries.		b. All beneficiaries to be served.	
	Individuals	Households	Individuals	Households
Daly City				
Redwood City				
City of San Mateo				
County of San Mateo				
South San Francisco				
<b>Totals:</b>				

- 19. Income Verification:** Describe how you obtain and verify beneficiary income data. Third party documentation or client income signatures on certification forms must be available on file for review at all times.

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**20. Population Served:** Identify the primary population served by your program. If more than one population is served, rank them numerically. You may only use a number once. **Starred (\*) categories are not considered 'presumed benefit' under HUD.**

___	Victims of Domestic Violence	___	Persons with AIDS
___	Abused Children	___	Migrant Farm Workers
___	Persons with Disabilities	___	Illiterate Persons
___	Elderly Persons	___	Persons exiting incarceration*
___	Chronically Homeless Persons	___	Low-Income Youth *
___	Temporarily Homeless Persons	___	Other (describe)* ___

**21. Affirmative Outreach: a.** Use the demographics from your previous program year to provide an analysis of the population you serve relative to the demographics in the table. *NOTE: If you are a new applicant, please provide your best estimation.*

Race & Ethnicity	Daly City Population	Daly City % by Ethnicity	Low Income by Ethnicity served by your Program last year
<b>Total</b>	101,123	100%	
<b>White</b>	23,842	23.6%	
<b>Hispanic</b>	23,929	23.7%	
<b>Asian</b>	56,267	55.6%	
<b>African American</b>	3,600	3.6%	
<b>Pacific Islander</b>	805	0.8%	
<b>Native American</b>	404	0.4%	
<b>Other</b>	16,205	16.0%	

**b.** Based on the percentages that you indicate your organization served, describe your efforts to improve affirmative outreach to groups that may be underserved by your program and the result of your efforts.

**22. Capital Project, Housing Construction, Acquisition or Rehabilitation Projects ONLY:**

**a. Environmental Impact** - Will the proposed activities disturb lead based paint, displace low income persons or households, demolish or convert low income housing? If so, check all applicable boxes:

- Lead Based Paint    
  Relocation    
  One for One Replacement

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**b. If your activity will require displacement and/or relocation, then describe your "Relocation Strategy":**

**c. Will your activity trigger Davis Bacon prevailing wages?**

YES       NO

The payment of prevailing wages under Davis-Bacon is required if:

- CDBG funds are part of a construction contract of \$2,000+ for non-housing construction activities.
- CDBG funds are used towards the rehabilitation of housing of 8+ units.
- HOME funds are used for a contract for construction of affordable housing with 12 or more HOME-assisted units.
- The housing development (rehab/new construction) will have 9+ project-based vouchers.

**23. Leveraging:** Describe your fundraising efforts and additional sources of revenue for this project and your organization. Please state whether any of these fund sources are already committed and in what amount.

**24. Staff List:** List below key staff members who work on this program, their job titles, responsibilities and qualifications.

Position Title	Name of Staff Person	Job Responsibilities	Qualifications

# Consolidated Community Funding Application

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### 2013 INCOME LIMIT SCHEDULE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

(effective December 2012)

Number of Persons <u>In Household</u>	Extremely Low <u>Income</u>	<u>Very Low Income</u>	<u>Low Income</u>
1	\$22,200	\$36,950	\$59,100
2	\$25,350	\$42,200	\$67,550
3	\$28,500	\$47,500	\$76,000
4	\$31,650	\$52,750	\$84,400
5	\$34,200	\$57,000	\$91,200
6	\$36,750	\$61,200	\$97,950
7	\$39,250	\$65,450	\$104,700
8	\$41,800	\$69,650	\$111,450

A family or other household is eligible for  
Community Development Block Grant assistance  
if its total income is below these limits

**FY 2013-14 Cost Allocation Budget**

Please itemize each budget line item under the major category headings of Labor, Materials, Supplies, etc. Enter data for subcategories only. Leave rows with the major category titles blank.

Please insert as many rows as needed under the various categories in Column A. If so, please copy formulas from above or below cells into those rows.

**NOTE: The first two lines under "Labor" are samples only, please overwrite with actual project data.**

PROJECT NAME:

PROJECT SPONSOR:

A Budget Activity Description	B Agency Total (\$)	C Percent of Total for Program (%)	D Program (\$)	County of San Mateo		City of Daly City		City of South San Francisco		City of San Mateo		City of Redwood City		TOTALS	
				Percent of Program funded by County CDBG (%)	County of San Mateo CDBG-Funded (\$)	Percent of Program funded by Daly City (%)	Daly City-Funded (\$)	Percent of Program funded by SSF (%)	SSF-Funded (\$)	Percent of Program funded by City of San Mateo (%)	City of San Mateo-Funded (\$)	Percent of Program funded by RWC (%)	City of Redwood City-Funded (\$)	Total Percent of Program funded by Jurisdictions (%)	Total Funding by Jurisdictions (\$)
<b>Labor:</b>															
Subcategory/job title 1	\$60,000.00	83.33%	\$50,000.00	40.00%	\$20,000.00	20.00%	\$10,000.00	10.00%	\$5,000.00	20.00%	\$10,000.00	8.00%	\$4,000.00	98.00%	\$49,000.00
Subcategory/job title 2	\$45,000.00	100.00%	\$45,000.00	33.33%	\$15,000.00	22.22%	\$10,000.00	17.78%	\$8,000.00	15.56%	\$7,000.00	11.11%	\$5,000.00	100.00%	\$45,000.00
<b>Supplies:</b>															
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
<b>Materials:</b>															
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
<b>Operations/Maintenance:</b>															
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
<b>Total Agency Administration*</b>															
		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	\$0.00
<b>TOTAL(\$)</b>	<b>\$105,000.00</b>	<b>90.48%</b>	<b>\$95,000.00</b>	<b>36.84%</b>	<b>\$35,000.00</b>	<b>21.05%</b>	<b>\$20,000.00</b>	<b>13.68%</b>	<b>\$13,000.00</b>	<b>17.89%</b>	<b>\$17,000.00</b>	<b>9.47%</b>	<b>\$9,000.00</b>	<b>98.95%</b>	<b>\$94,000.00</b>
<b>Number of Individual Beneficiaries</b>					1,000		0		0		0		0		
<b>Cost per Individual (Divide Grant by # individuals benefited)</b>					\$35.00		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		
<b>Number of Household Beneficiaries</b>					500										
<b>Cost per Household (Divide Grant by # households benefited)</b>					\$70.00		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		

\* **Agency Administration** - these are reasonable agency costs related to general planning & execution of the agency. Some jurisdictions will NOT pay for Admin. Costs. Check with the jurisdiction.

Please note CDBG will pay not pay for agency Admin Costs, but will pay for staff/overhead costs related to carry out/delivering activities funded in this application.

**SAMPLE FY 2013-14 Cost Allocation Budget**

Please itemize each budget line item under the major category headings of Labor, Materials, Supplies, etc. Enter data for subcategories only. Leave rows with the major category titles blank.

Please insert as many rows as needed under the various categories in Column A. If so, please copy formulas from above or below cells into those rows.

**NOTE: The first two lines under "Labor" are samples only, please overwrite with actual project data.**

PROJECT NAME: Case Management

PROJECT SPONSOR: Shelter X

A Budget Activity Description	B Agency Total (\$)	C Percent of Total for Program (%)	D Program (\$)	County of San Mateo		City of Daly City		City of South San Francisco		City of San Mateo		City of Redwood City		TOTALS	
				Percent of Program funded by County CDBG (%)	County of San Mateo CDBG-Funded (\$)	Percent of Program funded by Daly City (%)	Daly City-Funded (\$)	Percent of Program funded by SSF (%)	SSF-Funded (\$)	Percent of Program funded by City of San Mateo (%)	City of San Mateo-Funded (\$)	Percent of Program funded by RWC (%)	City of Redwood City-Funded (\$)	Total Percent of Program funded by Jurisdictions (%)	Total Funding by Jurisdictions (\$)
<b>Labor:</b>															
Program Manager	\$60,000.00	83.33%	\$50,000.00	40.00%	\$20,000.00	20.00%	\$10,000.00	10.00%	\$5,000.00	20.00%	\$10,000.00	8.00%	\$4,000.00	98.00%	\$49,000.00
Case Manager	\$45,000.00	100.00%	\$45,000.00	33.33%	\$15,000.00	22.22%	\$10,000.00	17.78%	\$8,000.00	15.56%	\$7,000.00	11.11%	\$5,000.00	100.00%	\$45,000.00
<b>Supplies:</b>															
Office supplies	\$30,000.00	16.67%	\$5,000.00	40.00%	\$2,000.00	0.00%		0.00%		40.00%	\$2,000.00	0.00%		80.00%	\$4,000.00
<b>Materials:</b>															
N/A														0.00%	\$0.00
														0.00%	\$0.00
<b>Operations/Maintenance:</b>															
Occupancy	\$250,000.00	12.00%	\$30,000.00	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	\$0.00
<b>Total Agency Administration*</b>														0.00%	\$0.00
Agency Admin	\$100,000.00	10.00%	\$10,000.00	0.00%		0.00%		0.00%		0.00%		0.00%		0.00%	\$0.00
<b>TOTAL(\$)</b>	<b>\$485,000.00</b>	<b>28.87%</b>	<b>\$140,000.00</b>	<b>26.43%</b>	<b>\$37,000.00</b>	<b>14.29%</b>	<b>\$20,000.00</b>	<b>9.29%</b>	<b>\$13,000.00</b>	<b>13.57%</b>	<b>\$19,000.00</b>	<b>6.43%</b>	<b>\$9,000.00</b>	<b>70.00%</b>	<b>\$98,000.00</b>
<b>Number of Individual Beneficiaries</b>					50		27		17		25		12		
<b>Cost per Individual (Divide Grant by # individuals benefited)</b>					\$740.00		\$740.74		\$764.71		\$760.00		\$750.00		
<b>Number of Household Beneficiaries</b>					25		13		8		12		6		
<b>Cost per Household (Divide Grant by # households benefited)</b>					\$1,480.00		\$1,538.46		\$1,625.00		\$1,583.33		\$1,500.00		

\* Agency Administration - these are reasonable agency costs related to general planning & execution of the agency. Some jurisdictions will NOT pay for Admin. Costs. Check with the jurisdiction.

Please note CDBG will pay not pay for agency Admin Costs, but will pay for staff/overhead costs related to carry out/delivering activities funded in this application.