



Sonoma County Community Development Commission
1440 Guerneville Road, Santa Rosa, CA 95403-4107

CARES Act Emergency Rental Assistance
Program Application

Organization Information

Agency Name/Legal Business Name: _____

Contact Name: _____

Address/City/Zip: _____

Contact Email: _____ Contact Phone: _____

Billing Address/City/Zip (if different than above): _____

State Employer Tax ID #:

Agency DUNS #:

Organization Type: Private Non-Profit Public Non-Profit

Is your Agency in good standing with the Secretary of State? Yes No

Is your Agency listed as Active in the Federal System for Award Management (sam.gov)?

Yes No

If your Agency intends to apply as the fiscal lead for a consortium, please list all partners agencies:

To the best of my knowledge and belief, all information in this application is true and correct. The Respondent will comply with all of the requirements of the CARES Act funding and, if selected, the subsequent contract.

Signature: _____ Date: _____

Printed Name/Title: _____

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Program Information

1. Amount of Funding Requested: _____

2. Location of Services

- All locations in Sonoma County
- Sonoma Valley (*Glen Ellen to Sonoma*)
- Lower Russian River Area (*Forestville to Monte Rio*)
- Northern Sonoma County Area (*Windsor to Cloverdale*)
- South Sonoma County (*Rohnert Park to Petaluma*)
- City of Santa Rosa

3. Program Activities

Provide a description of the methodology developed to perform all required services as listed in the Scope of Work. Be sure to demonstrate the following in your response: 1. The program's ability to specifically target low-income renters and low-income landlords; 2.) The program's ability to immediately begin providing assistance and expending funds; 3.) The provision of equitable outreach and distribution of funds; and 4.) How the program will document income qualifications, landlord relationships, and proof of COVID-19 related hardship (including self-certification). (3000 Characters)

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4. Agency Experience

Describe your Agency's experience in administering a rental assistance program to the targeted populations. Include how your Agency develops and maintains landlord relationships. Please also address how your Agency promotes equity and social justice. (3000 Characters)

5. Consortium Roles and Responsibilities, if applicable

Describe the roles and responsibilities of each agency in the administration of the Emergency Rental Assistance Program. (3000 Characters)

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6. Budget Narrative.

Describe all costs submitted in your budget for the period March 1, 2020 to December 30, 2020. Please include the plan for expending all costs by December 30, 2020.

7. Budget Form.

Please attach the budget form and submit with your application.

Budget and application forms should be submitted electronically to Holly.Kelley@sonoma-county.org by the due date listed in Part III. Schedule in the CARES Act Emergency Rental Assistance Program Notice of Funding Availability.