# SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION

### **FUNDING APPLICATION: CDBG FOR CAPITAL PROJECTS**

Please review the Notice of Funding Availability (NOFA), Application Guidelines, and the FY 2019-2020 CDBG & HOME for Capital Projects Funding Policies before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

### **Application Checklist**

		olication prior to submission to ensure that the following requirements are met. Applications that do NOT owing required elements will be considered incomplete:
□ Par	t 1: App	licant Information
□ Par	t 2: Proj	ect Description
□ Par	t 3: Prog	ram/Project Information
□ Par	t 4: Time	eline
□ Par	t 5: Sou	rces and Uses
□ Sup	plemen	tal Application: Public Facilities or Other Infrastructure (CDBG only)
□ Sup	plemen	tal Application: Housing-Related Projects (CDBG & HOME)
Part 6:	Certific	ations
□ Gra	nt Certifi	cation Form – 1 (Application Completeness & Accuracy & Signatory Authority)
□ Gra	nt Certifi	cation Form – 2 (Federal Regulations)
□ Gra	nt Certifi	cation Form – 3 (Conflict of Interest)
□ Gra	nt Certifi	cation Form – 4 (Policies and Procedures)
Part 7:	Attachi	ments
Orga	nizatio	nal Information Required
		tter of Determination: Non-profit organizations only must submit an IRS Letter of Determination. Non- rganizations are not eligible for consideration unless non-profit status has been verified.
		unity Based Development Organization (CBDO) Verification: For CBDOs applying for CDBG action funds, submit a Sonoma County CBDO letter or plan to become an independent, fully functioning entity.
	Financ	ial Documentation:
		Non-profit organizations: Attach current operating budget, the most recent completed final audit report, and IRS Form 990 for the most current tax year. If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors. Additional financial information may be requested by CDC staff as deemed appropriate.
		Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.
Proje		rmation Required
	geogra	t <b>Description:</b> Provide a description of the project that includes specific location information and phic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the activities for which the applicant is requesting funding at this time. Applications for housing-related

projects should instead include a Housing Project Description, described in Supplemental Application below.

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **2** of **29** 

	<b>Project Location Map:</b> Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.
	<b>Authorizing Resolution:</b> For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application. For local government entities, attach a resolution from the governing body authorizing the submittal of the application.
	<b>City/Town Letter of Acknowledgement:</b> For those projects located within one of the seven incorporated jurisdictions, attach a letter from city/town staff acknowledging that that staff is aware that the organization is submitting the application. If city/town staff supports the project or has collaborated with the developer, please provide this information.
	General Plan Consistency: Attach a certification of consistency with the applicable jurisdiction's General Plan.
	Letters of Commitment: Submit letters of commitment from all other funding sources.
	<b>Quarterly Performance Report</b> : If the organization is requesting funds for an on-going program or project, attach a copy of the most recent quarterly report submitted to the Commission showing activity and levels of participation for the most recent reporting period.
	<b>Capacity Gap Analysis:</b> If an applicant does not have sufficient capacity to complete the proposed project, it should submit an analysis of its gap and work with the Community Development Commission prior to application submittal to determine if the Commission can assist with project management services. <b>(if applicable)</b>
	Homelessness-Related Projects Threshold Criteria Checklist - see attached (if applicable)
Hous	ing Project Attachments Required
	g-related project sponsors must submit the following as attachments to their applications:
	Housing project description: Provide a written narrative to describe your project. At a minimum, the narrative should include a description of the type of housing proposed, target population(s), any planned services for residents, the proposed use(s) of the requested funding, and anticipated environmental issues (i.e., vernal pools, heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological impacts). Please state whether you propose that an entity other than the applicant will execute the loan documents for the funds requested in this application. If the project will use a tax credit limited partnership to finance the project, please describe the organizational structure of the partnership and the roles of various partners or other related organizations.
	Current preliminary title report
	Evidence of site control
	<b>Current appraisal:</b> Appraised value of property must fully secure the Commission's loan(s). In addition, the total purchase price may not exceed the "reasonable cost" for the property.
	Site plan and elevations or schematic drawing
	Contractor's cost breakdown
	List of tenant-paid utilities
	List of tenant-paid utilities  Itemized development budget: including a sources and uses table, identifying distributions to the owner,

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **3** of **29** 

# **Part 1: Applicant Information**

Legal name of organization:						
Provide any other names under which the organization has operated within the last 10 years:						
Organization's mailing address:						
Organization's website:						
Organization's DUNS number: See Application Guidelines – Exhibit 5 for instructions on obtaining a DUNS number.						
<b>Contact Information</b>						
Authorized Representative	Name, title:					
Provide any other names under which the organization has operated within the last 10 years:  Organization's mailing address: Organization's website: Organization's DUNS number: See Application Guidelines – Exhibit 5 for instructions on obtaining a DUNS number.  Contact Information  Authorized Representative (City/Town Manager, Executive Director, or other):  Primary point of contact: (Program or Project Manager)  Organization is a:  Is the applicant a faith-based organization?  Describe how the organization will not discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment, or persons served by the HUD funded program on the basis of religion or religious beliefs.  Describe how the organization will separate the program from inherently religious activities, such as worship, religious instruction, and/or	Phone:					
	Email:					
Primary point of contact:	Name, title:					
Provide any other names under which the organization has operated within the last 10 years:  Organization's mailing address: Organization's website: Organization's DUNS number: See Application Guidelines — Exhibit 5 for instructions on obtaining a DUNS number.  Contact Information  Authorized Representative (City/Town Manager, Executive Director, or other):  Primary point of contact: (Program or Project Manager)  Organization is a:  Is the applicant a faith-based organization?  Describe how the organization will not discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment, or person served by the HUD funded program on the basis of religion or religious beliefs.  Describe how the organization will separate the program from inherently religious activities, such as worship, religious	Phone:					
	Email:					
Organization is a:	□Non-profit organization □For-profit organization □Local government □Community Based Development Organization (CBDO)					
	□Yes – If yes, complete questions below. □No					
organization will not discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment, or persons served by the HUD funded program on the basis of religion or						
organization will separate the program from inherently religious activities, such as worship, religious instruction, and/or						

	Organizational Background	
	Total number of years in operation:	
	Current number of full time employees (or equivalent) in organization by (Do not include volunteers):	
	List the types of services the organization provides:	
	List the clients/population(s) the organization serves:	
	List the organization's service area(s):	
	List the purpose/mission of the organization as stated in its by-laws or other organizational document:	
	Financial Information	
	Provide the organization's total annual operating budget:	
	Provide the average amount of cash flow reserves maintained by the organization for the most recent fiscal year:	
	Identify the individual primarily responsible for the fiscal oversight of grant awards for the organization and the individual's experience with federal funds.	
	Describe how the organization's internal controls adequately safeguard grant funds, personally identifiable information, and ensure the grant funds are used solely for authorized purposes:	
	List the accounting software or system in use by the organization:	
	Organizations expending more than \$750,000 total of Federal funds during the last completed fiscal year are required to submit the most recent Single or Programspecific audit. Organizations not required to conduct a Single Audit, must submit audited financial statements, prepared by a Certified Public Accountant, that meet the requirements of generally accepted accounting principles. Indicate which document(s) the organization is required to attach:	□Single Audit □Audited Financial Statements
	Does organization currently have open findings or audit concerns?	□Yes □No
	If yes, provide explanation of outstanding issues:	
	Policies and Procedures	
	Organizations are <b>required</b> to have <b>written</b> policies and procedures. The applicant must submit certification that they have the following policies and procedures. (Please complete the form found in Part 6 – Certifications)  A. Accounting  B. Conflict of Interest  C. Procurement	
- 1	D. Record Retention	

# **Part 2: Project Description**

eligible activities.

qualifications listed.

National Objective: To be eligible for funding, the

Objectives. Select the CDBG National Objective the

program/project must meet one of the National

program/project will address. Applicants will be

required to submit documentation evidencing the

Brief Description of Project	ct or Program	
Committee, Technical Advisory C	ommittee, and/or the	the staff analysis provided to the Community Development Board of Supervisors and in the Action Plan submitted to HUD if ords or less. A longer project description may be attached (see
which has a total project cost of \$	nts, down payment assi The project is ant ated units produced, fac	ding for [describe eligible activity – e.g. site acquisition, predevelopment, stance, tenant based rental assistance] for [Program/Project Name], icipated to start [CDBG funded activity] on [date] and be completed by illities produced, housing rehabilitation loans made], serving eholds."
Part 3: Project Informa	ion	
Project Name		
Project Type		
Using Appendix A of the FY 2019	-2020 CDBG & HOM	E for Capital Projects Funding Policies, fill in the fields below.
Consolidated Plan Goal Met:		☐To promote the well-being and economic integration of lower income persons, increase and preserve the housing stock that is affordable, safe, and accessible for extremely low-, very low-and low-income families and individuals, including those with special needs and those who are homeless or at imminent risk of homelessness.
		☐ Promote effective and proven strategies for homelessness prevention and intervention county-wide.
		☐ Assist in creating and/or replacing infrastructure systems and public facilities that meet the needs of lower-income people, people with disabilities, and other special needs subpopulations county-wide.
CDBG eligible activity(ies): See Appendix A of the Funding F	Policies for a list of	

☐ Area Benefit: An activity available to all persons in a

neighborhood or community regardless of income. However,

the area where the activity is located must qualify as primarily

residential and an area where at least 51% of the residents are

L/M income individuals (per the latest Census data). (Applicant

must provide records of the boundaries of the service area,

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **6** of **29** 

documentation that the area is primarily residential, and the income characteristics of households in the service area.)
☐ Limited Clientele Benefit: An activity which benefits a limited clientele at least 51 percent of whom are low and moderate income persons. Please select <b>one</b> of the following subcategories the proposed activity meets.
☐ Project/activity maintains client records on income and family size documenting that such persons qualify as low or moderate (L/M) income (e.g. income eligibility form).
☐ Project/activity has income eligibility requirements that limit the activity exclusively to L/M income persons (e.g. policy, income eligibility form or intake form)
☐ Project/activity is of such a nature and location that it may be concluded the clientele are primarily L/M income persons (e.g. a day care center that is designed to serve residents of a public housing complex).
☐ Project/activity clientele are presumed (by HUD) to be principally L/M income persons (i.e. abused children, battered spouses, elderly persons, adults meeting the Bureau of the Census' Current Population Reports definition of "severely disabled", homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers).
☐ <b>Housing</b> : An activity is undertaken for the purpose of providing or improving permanent residential structures which, upon completion will be occupied by L/M households.
□ <b>Jobs</b> : An activity designed to create or retain permanent jobs (computed on a full-time equivalent basis) at least 51% of which will be made available to, or held by, L/M households.
□Spot Blight: A program/project that is designed to eliminate specific conditions of blight, physical decay, or environmental contamination that are not located in a slum or blighted area; AND limited to one of the following: 1) Acquisition; 2) Clearance; 3) Relocation; 4) Historic Preservation; or 5) Rehabilitation of buildings, but only to the extent necessary to eliminate specific conditions detrimental to public health and safety.  Note: Housing that will be occupied by a L/M income household following rehabilitation should qualify under the L/M Income Housing category.
□Slum / Blight on an Area Basis: A program/project that is designed to aid in the prevention or elimination of slums or blight in a designated area and the assisted activity addresses

one or more of the conditions that contributed to the deterioration of the area.

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **7** of **29** 

# **Affirmatively Furthering Fair Housing**

In planning for the use of CDBG and HOME, the County of Sonoma must adhere to the mandate in the Fair Housing Act to Affirmatively Further Fair Housing. This means that not only must all HUD funded programs and activities combat discrimination, but they must also overcome patterns of segregation and the denial of access to opportunity that are part of national and local history. The ways in which a project or program can do this meaningfully are listed below, and to be considered for funding, all applicant projects must overcome patterns of segregation in one or more of the ways listed.

ways listed.	
In which of the following ways does the proposed project overcome patterns of segregation and the denial of access to opportunity (check all that apply)? Please provide an explanation of how the project does this.	
	Explain:
	☐ It maintains and preserves existing affordable rental housing stock to reduce disproportionate housing needs.
	Explain:
	☐ It provides affordable housing in an area(s) of opportunity to combat segregation and promote integration.
	Explain:
	☐ It provides mixed income housing designed to integrate racially and ethnically concentrated areas of poverty.
	Explain:
	☐ It increases access for individuals with protected characteristics to existing affordable housing in higher opportunity areas.
	Explain:

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page 8 of 29

# Homelessness-related projects only

Any applicant project proposing to serve people experiencing homelessness must include a Homelessness-related Project Threshold Criteria Checklist signed off by the Homeless Services team prior to application submittal. (See Part 7 – Attachments for Checklist Form)

(Coordinate Filliage International Control of Control o	
Funding Request	
Estimated project budget:	\$
Amount of funding request:	\$
Funding source:	□CDBG □Other:
Does the applicant anticipate applying for any of these local funding sources? This information helps to coordinate the various streams of capital project funding administered by the Commission	□FY 2019-20 HOME □CDBG-DR □HEAP □NPLH □CFH 2019 Round □City of Santa Rosa Trust Fund □Project-Based Vouchers, Type & Source: □Other:
Property Information (as applicable)	
Project location (physical address or cross streets):	
Assessor's Parcel Number(s):	
Census tract(s):	
Is project located in a 100-year flood plain?	□Yes □No
FEMA FIRM panel number: See Application Guidelines – Exhibit 5 for instructions about looking up FEMA FIRM panel number.	
Is the project, or any part of it, located within the limits of any city/town?	□Yes □No If yes, which city/town?
Which jurisdiction(s) must approve the project?	
Total acreage:	
Current use of site:	
What local approvals and entitlements will be required to develop the proposed project?	
Date entitlements and permits expected to be approved:	
Status of Site Control	
Identify the form of site control:	□ Ownership (attach copy of grant deed or deed of trust) □ Lease (attach copy of lease) □ Option agreement (attach copy of agreement) □ Purchase agreement (attach copy of agreement) □ Other; explain: □ Note: If funding application is for acquisition, also attach copy of current appraisal.

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **9** of **29** 

Status of Environmental or Other Approva	ls
Applicant must obtain certification of project's consiste representative of the jurisdiction in which the project is	
Status of environmental review:	
Is site zoned appropriately for the proposed activity?	□Yes □No
	If no, please provide a detailed explanation.
Status of land use, building permits, or other approvals:	
Does the project require land use approvals?	□Yes □No
	If yes, please provide a detailed explanation.
Explain any land use (zoning, lot split, set back, general plan amendment or environmental) constraints that must be resolved prior to proceeding with the project:	
<b>Status of Eminent Domain and Relocation</b>	Activities
In order to receive funding, projects must comply with Relocation Assistance Plan.	the Sonoma County Residential Anti-Displacement and
Will the project involve demolition of any	□Yes □No
structure(s)?	st obtain certification of project's consistency with the applicable general plan, signed by an authorized a of the jurisdiction in which the project is located. Irronmental review: appropriately for the proposed activity?    Yes   No
Will the project involve eminent domain?	□Yes □No
Will the project involve relocation of any persons or businesses?	□Yes □No
If yes, has the project's relocation plan been	□Yes □No
approved by the local governing body?	relocation plan including relocation consultant contact
Existing Improvements	
EXISTING COMMERCIAL IMPROVEMENTS	
Number of structures	
Year built	
Number of vacant structures	
Number of occupied structures	
Number of structures to be demolished	

Estimated cost of relocation						
EXISTING RESIDENTIAL IMPROVEMENTS						
	SRO	Studio	1-BR	2-BR	3-BR	4-BR
Number of existing units						
Number of occupied units						
Number of vacant units						
Number of substandard units						
Number of units to be demolished						
Estimated cost of relocation						
Phasing Can project proceed if phased or if given partial funding ability to move forward.	g? Explain	the effect	of phasing	ı or partial	funding on	the project's
<b>Demonstration of Need</b>						
Describe the need for the project, or program and includata, documentation of deteriorated conditions, or othe			(e.g., cite	waiting list	ts for servi	ces, census

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page 11 of 29

Outcomes
Provide information regarding the program/project outcomes as they relate to the main objective or purpose. (Example: Program/Project objective is to improve academic success of children in grades K-8. An outcome might be that 80% of these children will advance to the next grade.)

# Part 4: Timeline

Please refer to the most recent CDBG & HOME for Capital Projects Funding Policies, Section 7.1. - Timeliness for timeliness provisions.

# **Target Dates**

List anticipated target date for each of the major milestones below. (Housing projects use timeline in supplemental application instead.)

Major Milestone	Target Completion Date	Funds Expended	
Environmental Review			
Site Control			
Design Completion			
Bid Period Closes			
Construction Begins			
Construction Complete			
Notice of Completion			

# Part 5: Sources and Uses

Housing projects use budget in supplemental application instead.

#### **Sources**

Source of Funds	Donations	Loans	Grants	In Kind	Total
Total					

#### Uses

Projected Uses	Donations	Loans	Grants	In Kind	Total
Land Acquisition					
Environmental Review					
Architect					
Engineering					
Project Fees					
Site Improvements					
Other:					
Other:					
Total					

# **Supplemental Application: Public Facilities or Other Infrastructure Projects**

Define project service area	
List all census block groups in service area:	
For sidewalk / curb cut projects	
Location of sidewalks (cross streets):	
Define the service area; list all Census block groups in service area:	
Number of curb cuts (anticipated):	

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page 13 of 29

# **Supplemental Application: Housing-Related Projects**

Fill out this supplemental application if the project will result in the construction of new housing units, preservation of existing housing units, or the acquisition of land for new housing units.

Project Information		
Project type:	□Ownership □R	ental
	□New construction	☐Rehabilitation ☐Acquisition
Total number of units to be constructed or rehabilitated:		
Total number of affordable units (new construction or acquisition):		
Total development costs:	\$	
Contact Information of All Parties		
Applicant Information		
	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	
	Organization is a:	□Non-profit □For-profit □Local government □Community Based Development Organization (CBDO)
Partner or Related Entities	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	
	Organization is a:	□ Non-profit □ For-profit □ Local government □ Community Based Development Organization (CBDO)
Architect	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	

Address: City, State, Zip: Contact person: Telephone: Email: License no.: PROPERTY MANAGER Name: Address: City, State, Zip: Contact person: Telephone: Email: License no.: PROPERTY MANAGER Name: Address: City, State, Zip: Contact person: Telephone: Email: Status of Entitlements and/or Services If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided. Proposed Tenancy  Household types: SRO Studio 1 BR 2 BR 3 BR 4BR Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Eiderly persons Disabled persons (see note)
Contact person: Telephone: Email: License no.: Name: Address: City, State, Zip: Contact person: Telephone: Email:  Status of Entitlements and/or Services If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  Row Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
Telephone: Email: License no.: PROPERTY MANAGER Name: Address: City, State, Zip: Contact person: Telephone: Email: Status of Entitlements and/or Services If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types: SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
Email: License no.:  PROPERTY MANAGER  Name: Address: City, State, Zip: Contact person: Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types: SRO Studio 1 BR 2 BR 3 BR 4 BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
License no.:  Name: Address: City, State, Zip: Contact person: Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types: SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
PROPERTY MANAGER    Address:   Address:   City, State, Zip:   Contact person:   Telephone:   Email:
Address: City, State, Zip: Contact person: Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  SRO Studio 1 BR 2 BR 3 BR 4 BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
City, State, Zip: Contact person: Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit Average square feet per unit Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
Contact person: Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  Number of each type of unit  Average square feet per unit  Total number of units: How many of the total units will be reserved for the following: Household spessons Elderly persons
Telephone: Email:  Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  SRO  Studio  1 BR  2 BR  3 BR  4BR  Number of each type of unit  Average square feet per unit  Total number of units: How many of the total units will be reserved for the following: Homeless persons Elderly persons
Email:
Status of Entitlements and/or Services  If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:  Status of planned water and sewer service:  If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types:  SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit  Average square feet per unit  Total number of units:  How many of the total units will be reserved for the following:  Homeless persons Elderly persons
If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:    County of Sonoma Supplemental Density Bonus Program
area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:    Housing Element Type A Rental Housing Opportunity Program     Housing Element Type C Ownership Housing Opportunity Program     Date of application:
service:  If not yet provided, explain how water and sewer service will be provided.  Proposed Tenancy  Household types: SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit  Average square feet per unit  Total number of units:  How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
Household types: SRO Studio 1 BR 2 BR 3 BR 4BR  Number of each type of unit  Average square feet per unit  Total number of units:  How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
Number of each type of unit  Average square feet per unit  Total number of units:  How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
Average square feet per unit  Total number of units:  How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
Total number of units:  How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
How many of the total units will be reserved for the following:  Homeless persons  Elderly persons
reserved for the following:  Homeless persons  Elderly persons
Elderly persons
Disabled parsons (see note)
Disabled persons (see note)
Special needs populations
Resident manager
Other; specify:
, -L/.

*Note:* In new construction and substantial rehabilitation rental projects assisted with CDBG funds, at least five percent of units (not less than one unit) must be accessible to persons with mobility impairments, and an additional two percent of units (not less than 1 unit) must be accessible to persons with sensory impairments. Projects assisted with other funds must satisfy applicable federal, state, and local regulations regarding the provision of accessible housing. Ownership housing projects assisted with funds from these programs must comply with applicable federal, state, and local laws regarding the provision of accessible units.

#### **Estimated Monthly Rent Levels (before deduction of utility allowances)**

Household types:		SRO		Studio		1 BR		2 BR		3 BR		
	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Re nt
Extremely Low-Income (30% of AMI)												
Very Low-Income (50% of AMI)												
60% of AMI												
Low-Income (80% of AMI)												
Market Rate (>80% of AMI)												
Resident Manager's Unit												
Estimated Utility Allowance*												

<sup>\*</sup>Please provide list of tenant-paid utilities, the utility profile for all appliances, and the Utility Allowance for each unit type.

#### **Estimated Affordable Sales Prices (ASP)**

Household types:	SRO		Studio		1 BR		2 BR		3 BR		4BR	
	Units	ASP	Units	ASP	Units	ASP	Units	ASP	Units	ASP	Units	AS P
Extremely Low-Income (30% of AMI)												
Very Low-Income (50% of AMI)												
60% of AMI												
Low-Income (80% of AMI)												
100% of AMI												
120% of AMI												

#### **LENGTH OF AFFORDABILITY PERIOD**

What is the proposed length of affordability for the affordable units? See Funding Policies, section 7.14.3.

#### **Project Schedule**

Include all major milestones such as land acquisition, general plan amendment and rezoning, density bonus / housing element housing opportunity area approval, design review approval, schematic design, design development, construction documents, construction phase, initial occupancy, and, if applicable, assignment of the project to a limited partnership or other entity. Specify tentative dates for closing the proposed loan and first request for funds, as well as when construction financing and permanent financing will close. *Please provide realistic dates for completion of activities and expenditure of funds. These dates will be included in the CDBG Funding Agreement.* 

Major Milestone	Target Completion Date	Funds Expended

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **16** of **29** 

Development Budget						
ESTIMATED PREDEVELOPMENT	1					
Lender	Amount		Interest Rate / Term	Use(s)		Commitment Status
Total						
ESTIMATED PERMANENT FINAN	CING					
Lender	Amount		Interest Rate / Term	Use(s)		Commitment Status
Total						
Summary of First-Year O	perati	ng Budg	et			
Rental projects only	•					
		Total			Per	unit
Gross potential rental income						
Plus other income (e.g., laundry	)					
Less 5% vacancy / rent loss						
Effective Gross Income						
Less total operating expenses*						
Less payment to replacement reserves						
Less payment to other reserves						
Net operating income						
Less debt service payments						
• •						

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page 17 of 29

Net cash flow					
Debt service coverage ratio					
*Include \$75 per unit, per year monitoring fee in the operating budget					

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page 18 of 29

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☐ Grant Certification Form – 1 (Application Completeness & Accuracy & Signatory Authority)
☐ Grant Certification Form – 2 (Federal Regulations)
☐ Grant Certification Form – 3 (Conflict of Interest)
☐ Grant Certification Form – 4 (Policies and Procedures)

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **19** of **29** 

# **Grant Certification Form – 1 Application Completeness & Accuracy & Signatory Authority**

I hereby certify thatall applicable laws and regulations pertaining to	(insert name of organization requesting funds) has complied with the application and is an eligible applicant for the requested funding.
application is approved and this organization	ram services or complete the project identified in this application. If this eceives the requested funding this organization agrees to adhere to all other assurances as required by the Commission.
to monitor performance. Activities, commitments subsequently made a part of the program/project	e incorporated as part of the written agreement and, as such, will be used and representations described in the written agreement that are not t as funded, shall be considered a material contract failure, and may result ension from participation in future funding rounds.
I hereby certify that the organization is fully capa	ble of fulfilling its obligation under this application as stated herein.
I further certify that the information provided in the complete.	is FY 19-20 Capital Projects Funding Application is correct, accurate, and
	Date:
Signature of Authorized Representative of Organ	nization
Printed Name:	Title

Grant Certification Form – 2

# Federal Regulations – CDBG

Requirements	Federal Regulations	Other References
Federal Labor Standards - Davis-Bacon - Copeland Act (Anti-kickback) - Contract Work Hours and Safety Standards	24 CFR 92.354 29 CFR Parts 1, 3, and 5	40 U.S.C. 3141; 40 U.S.C. 3701
Section 3	24 CFR 135	Section 3 of the HUD Act of 1968, as amended (12 U.S.C. 1701u); 2 CFR 200.321
Minority and Women Business Enterprise Participation (MBE/WBE)	Small Business Act, Section 3(a) 15 U.S.C. 632	12 U.S.C. 1701
Civil Rights and Non- Discrimination	Title VI of Civil Rights Act of 1964 Title VIII of the Civil Rights Act of 1968 Section 104(b) and 109 of Title I of the Housing and Community Development Act of 1974	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 Age Discrimination Act of 1975 Executive Orders 11063, 11246, 11375, 11478, 12107, 12086, and 13279
Equal Employment Opportunity	24 CFR 570.601-602; 570.607 41 CFR 60	Executive Orders 11246; 12086 12 USC 1701u
Fair Housing	Fair Housing Act (42 U.S.C. 3601-3620) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d) Equal Opportunity in Housing Section 504 of the Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990	24 CFR Parts 8, 107, and 146 42 U.S.C. 200(d) Executive Orders 11063, as amended by Executive Order 12259 Age Discrimination Act of 1975, as amended (42 U.S.C. 6101)
Debarred or Ineligible Contractors	24 CFR 570.609; 24 CFR 24	Executive Orders 12549 and 12689

	24.050.0	
Reasonable Accommodation	24 CFR Part 8; 24 CFR 570.601- 602	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of
		1990
Fire Safety Codes		Local ordinances
Building, Housing, and Zoning Codes Housing Quality Standards	24 CFR 570.208(b)(1)(iv); 208(b)(2)	Local ordinances
Lead-Based Paint	24 CFR 570.608; 24 CFR Part 35	42 U.S.C 4821 et seq.
Anti-Lobbying	Appendix II to Part 200 J; 31 U.S.C. 1352	
Environmental, Historic Preservation, National Environmental Policy Act, Flood Insurance Requirements - Sitting near airports and coastal barrier - Fish and wildlife protection - Flood plain/flood insurance - National Historic Preservation - Noise abatement and control - Wetlands/Coastal zones - Air quality - Endangered species - Thermal/Explosive hazards	24 CFR 570.503(b)(5)(i); 570.604; 570.605; 570.202; 24 CFR 58 References at: 24 CFR 58.6; 58.5570.605	Section 104(g), HCDA 42 U.S.C 4001 et seq.
Relocation, Real Property Acquisitions, and One-for-One Housing Replacement - Uniform Relocation Act - Residential anti-displacement and relocation assistance	24 CFR 570.201(i); 570.606(b), (c), (d) 49 CFR 24 42 USC 4601 et seq	Sections 104(d); 105(a)(11), HCDA www.hud.gov/relocation
Competitive Procurement	2 CFR 200.319	
Insurance and Bonding	2 CFR 200.310 and 200.325	
Administrative and Accounting Standards	2 CFR Part 200	

# FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **22** of **29**

2 CFR 200.402, 403, 404, 405, 406 and 407	
24 CFR 570.506	
24 CFR 570.502	
2 CFR 200.112 and	
24 CFR 570.611	
24 CFR 570.700-570.709	Section 108, HCDA
	405, 406 and 407  24 CFR 570.506 24 CFR 570.502  2 CFR 200.112 and 24 CFR 570.611

Section 100 Loan Guarantees	24 CFR 570.700-570.709	Section 100, FICDA	
To the best of my knowledge and belied documentation is true, correct and will by the governing body of	incorporate the above requirem		
Signature/Authorized Representative	of Organization	Date	
Printed Name:			
Title:			

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **23** of **29** 

## Grant Certification Form – 3 Conflict of Interest - CDBG

The standards in 2 CFR 200.318 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

- A. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to participate in the decision making process for approval of this application?

  □Yes □No
- B. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to gain inside information with regard to approval of this application? 

  No
- C. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds obtain a financial interest or substantial benefit from this activity? ⊠Yes □No
- D. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the program year and one year thereafter?  $\Box$ Yes  $\Box$ No

**If you answered YES** to any of the above questions, a letter must be submitted with the application that includes the following information:

- 1) A disclosure of the nature and extent of the conflict
- 2) A description of how public disclosure will be made
- 3) A qualified attorney's opinion that the conflict of interest does not violate federal, state, or local law

**Note:** If you are approved for funding, the Commission must issue a public notice of the disclosure with a 15-day public comment period, and then submit to HUD for approval prior to execution of a grant agreement or release of funds.

		Date
Signature/Authorized Representat	ive of Organization	
Printed Name:	Title	

FY 2019-2020 CDBG & HOME for Capital Projects **CDBG** Application Page 24 of 29

## **Grant Certification Form - 4 Policies & Procedures**

The undersigned does hereby certify that the applicant organization has the following policies and/or procedures and can produce them if requested by the Commission:

- Accounting policy/procedure
   Procurement policy/procedure
- 3. Conflict of Interest policy/procedure
- 4. Record Retention policy/procedure

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		Date	
Signature/Authorized Representative of Organization			
Printed Name:	Title	<del></del>	

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **25** of **29** 

# Part 7: Attachments Required

Continued on next page

Project sponsors must submit the following documents, as applicable, with their funding application:

Orgar	nizational Information Required		
	<b>IRS Letter of Determination:</b> Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.		
	<b>Community Based Development Organization (CBDO) Verification</b> : For CBDOs applying for CDBG construction funds, submit a Sonoma County CBDO letter or plan to become an independent, fully functioning CBDO entity.		
	Financial Documentation:		
	□ Non-profit organizations: Attach current operating budget, the most recent completed final audit report, and IRS Form 990 for the most current tax year. If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors. Additional financial information may be requested by CDC staff as deemed appropriate.		
	<ul> <li>Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.</li> </ul>		
Proje	ct Information Required		
	<b>Project Description:</b> Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time. Applications for housing-related projects should instead include a Housing Project Description, described in Supplemental Application below. <b>Project Location Map:</b> Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.		
	<b>City/Town Letter of Acknowledgement:</b> For those projects located within one of the seven incorporated jurisdictions, attach a letter from city/town staff acknowledging that that staff is aware that the organization is submitting the application. If city/town staff supports the project or has collaborated with the developer, please provide this information.		
	<b>General Plan Consistency:</b> Attach a certification of consistency with the applicable jurisdiction's General Plan.		
	Letters of Commitment: Submit letters of commitment from all other funding sources.		
	<b>Quarterly Performance Report</b> : If the organization is requesting funds for an on-going program or project, attac a copy of the most recent quarterly report submitted to the Commission showing activity and levels of participatio for the most recent reporting period.		
	<b>Capacity Gap Analysis:</b> If an applicant does not have sufficient capacity to complete the proposed project, it should submit an analysis of its gap and work with the Community Development Commission prior to application submittal to determine if the Commission can assist with project management services. <b>(if applicable)</b>		
	Homelessness-Related Projects Threshold Criteria Checklist - see attached (if applicable)		

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **26** of **29** 

# **Housing Project Attachments Required**

Housing-related project sponsors must submit the following as attachments to their applications:

<b>Housing project description:</b> Provide a written narrative to describe your project. At a minimum, the narrative
should include a description of the type of housing proposed, target population(s), any planned services for
residents, the proposed use(s) of the requested funding, and anticipated environmental issues (i.e., vernal pools,
heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological
impacts). Please state whether you propose that an entity other than the applicant will execute the loan
documents for the funds requested in this application. If the project will use a tax credit limited partnership to
finance the project, please describe the organizational structure of the partnership and the roles of various partners or other related organizations.
·
Current preliminary title report
Evidence of site control
Current appraisal: Appraised value of property must fully secure the Commission's loan(s). In addition, the total
purchase price may not exceed the "reasonable cost" for the property.
Environmental clearances/reports
Site plan and elevations or schematic drawing
Contractor's cost breakdown
List of tenant-paid utilities
Itemized development budget: including a sources and uses table, identifying distributions to the owner,
developer, partners or other entities during the development phase
Project Financial Plan: Narrative description of the development's financial plan, indicating expected dates for
obtaining approvals for any uncommitted financing
Rental projects: A 30-year operating budget and cash flow projection that shows estimated project income,
operating expenses, reserves, debt service, and distributions. Please include a "totals" column after year 30.

# Homelessness-Related Projects Threshold Criteria Checklist

# Homelessness-related projects only If an applicant project or program plans to serve people experiencing homelessness, the portion of the project that serves that population must meet the threshold criteria set out in the FY 2019-2020 Funding Policies to be recognized as serving this population.

Responses to the questions below must be reviewed and approved by staff in the Homeless Services division of the Commission to determine if the response meets threshold requirements prior to application submittal. Applicant must submit this Homelessness-related Project Threshold Criteria Checklist, with signature, at the time of application.

submit this nomelessness-related Project Threshold Chtena	d Checklist, with signature, at the time of application.
Applicant Name:	
Proposed Project/Program Name:	
Overview of Proposed Program/Project (limit 150 words)	
Example Text: [Applicant Name] is seeking \$ in Capital Projects funding for [describe eligible activity — e.g. site acquisition, predevelopment, environmental review, site improvements, down payment assistance, tenant based rental assistance] for [Program/Project Name], which has a total project cost of \$ The project is anticipated to start [describe activity] on [insert date] and be completed by [insert date]. The project will provide [## anticipated units produced, facilities produced, housing rehabilitation loans made], serving approximately ## low- /very low- /extremely-low-income households.	
Program/Project Manager (Primary Contact)	Name, title:
	Phone:
	Email:
To meet the threshold criteria, the proposed project must significantly impact HEARTH system-wide performance measures. Please respond to the questions below to identify the program or project's performance measures:	Is the applicant/operator currently operating a similar project to that being proposed? ☐ Yes ☐ No  If the answer above is yes, please answer the questions in the three sections below using your project's performance during the last fiscal year.  IF the answer above is no, please enter projections for the proposed project in the three sections below.

Increasing exits from homelessness: Please enter the number of individuals anticipated to be served by the proposed project and your	Projected number of people experiencing homelessness to be served by the project annually:
projections to achieve the following goals from the date of project completion on an annual basis:	Number of unsheltered persons placed into temporary housing (shelter or transitional housing)
	Number of temporary housing participants exiting to permanent housing
Decrease the overall length of homeless episodes: Enter the number anticipated to achieve this goal from the date of project	Enter the average number of days participants stay in your shelter or housing project
completion on an annual basis.	Enter the average number of days chronically homeless participants stay in your shelter:
(For permanent housing projects only) Minimize returns to homelessness from permanent housing by supporting retention of	State the number of program participants who will exit your permanent housing project annually:
permanent housing: Enter the anticipated number who will achieve this goal from the date of project completion on an annual basis.	State the number of program participants who will exit your program to another permanent housing destination:
To meet the threshold criteria, the project must adhere to the principles of Housing First and participate in Coordinated Entry. For homeless-dedicated units, 100% of referrals must come from Coordinated Entry.	
For information on Coordinated Entry, visit this website: <a href="http://sonomacounty.ca.gov/CDC/Coordinated-Entry-System/">http://sonomacounty.ca.gov/CDC/Coordinated-Entry-System/</a>	
Please respond to the questions below to demonstrate how the project complies:	
If a homeless-serving housing project, will the units dedicated to serving people experiencing homelessness accept 100% of referrals from Coordinated Entry?	□Yes □No
The proposed project will provide Coordinated Entry (CE) access points.	□Yes □No
The proposed project is designed using the principles of Housing First and operates with lowered barriers to entry (e.g., no income or sobriety requirements)	□Yes □No
Please list the last two times that the applicant (or partner service provider, if applicable) completed the Housing First Self-Assessment and indicate your score:	Date #1: Score:
A link to the Self-Assessment Tool is here:  https://www.hudexchange.info/resource/5294/housing- first-assessment-tool/	Date #2: Score:
	1

FY 2019-2020 CDBG & HOME for Capital Projects CDBG Application Page **29** of **29** 

What are the applicant's plans for improvement in adhering to Housing First principles?	
I have reviewed the above referenced project description homelessness-related projects applying for CDBG fund	on and checklist and confirm that it meets the threshold criteria for s for Capital Projects.
Chuck Mottern, Public Services Funding Coordinator	Date