

**Housing and Federal Grants Division   
2022-2024 Application for Funding  
Community Development Block Grant Program and   
HOME Investments Partnership Program**

All fields marked with\* are required and must be filled.

Indicate type of project. If your project allows, you may apply under multiple categories. (See Application Guidelines for more information)

CDBG Public Services

CDBG Housing Acquisition

CDBG Housing Rehabilitation

CDBG Public Facilities/Improvements for New Housing (uncommon, contact staff)

CDBG Public Facilities/Improvements

HOME Housing New Construction

HOME Housing Acquisition

HOME Housing Rehabilitation

# Organization (Fiscal Sponsor) General Information

 Organization (Fiscal Sponsor)/Agency Name\*

 Mailing Address (Street Address, City, State, Zip Code)\*

 Website (if applicable):

 Organization DUNS#:

 Executive Director/CEO\*

 Email Address\*

 Phone Number\*

# Project General Information

 Program/Project Name\*

 Program/Project Site Address (Street Address, City, State, Zip Code)\*

 CDBG Funding Amount Requested\*

Year 1: Year 2:

 HOME Funding Amount Requested\*

Year 1: Year 2:

 Application Contact Person\*

 Title of Contact Person\*

 Contact Email Address\*

 Contact Phone Number\*

**Determine if your project is located in a Special Flood Hazard Area as indicated by FEMA, visit** [**FEMA Flood Map Service Center: Welcome!**](https://msc.fema.gov/portal/home) **(***Save a copy of the Dynamic Map and upload at the end of this application.)*

 Is this project located in a Special Flood Hazard Area as indicated by FEMA?\*

Yes

No

If the project is located in a **Regulatory Floodway it is not eligible for funding**. All other projects located in a Special Flood Hazard Area require flood insurance to qualify for funding.

# Project Specifics

Planning Areas Served: Indicate what geographic area the requested funding will serve. Please indicate approximate % of services provided in each area. For Housing projects with current residents, please indicate where your project is located. Total must equal 100%.\*

|  |  |
| --- | --- |
|  | **% of Services Provided** |
| **Novato** |  |
| **San Rafael** |  |
| **County Other** |  |

 What other County of Marin funding is your organization receiving for this project? (Add rows as needed)

|  |  |  |
| --- | --- | --- |
| Funding Source: | Funding Amount: | Date Funding Received: |
|  |  |  |
|  |  |  |

 Organizational Overview: Provide a brief description of your organization including mission, programs, number of clients served, etc. (Limit to 3000 characters.)\*

 Project Description: Provide a detailed scope of work including services to be provided and/or development activities to be engaged. Describe how this project will benefit the community. (Limit to 3000 characters.)\*

 Describe how COVID-19 has impacted your organization and provide information on how your project is addressing COVID related challenges for both the organization and clients/consumers/tenants. (Limit to 3000 characters.)\*

 For Public Service projects, which community priority does your project align with? (See Application Guidelines for descriptions) (check as many boxes as applicable)

Basic Health Services

Children, Youth and Parent Services

Food Security

Housing Support Services

 For Public Service projects, describe how your project aligns with these priorities. (Limit to 3000 characters.)

 HUD National Objective to be served (check at least one)\*

Activities benefiting low and moderate-income persons. (LMI)

Activities benefiting low and moderate area. (LMA)

Activities which aid in the prevention or elimination of slums or blight

**All projects funded through the Federal Grants program are required to Affirmatively Further Fair Housing (AFFH) which is defined as taking "meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics."**

 How will this project Affirmatively Further Fair Housing? (Limit to 3000 characters.)\*

**All projects funded through the Federal Grants program are required to conduct Affirmative Marketing. For more information about affirmative marketing, visit the** [**Marin County Federal Grants website**](https://www.marincounty.org/depts/cd/divisions/federal-grants) **and scroll down to the Affirmative Marketing panel.**

 Describe how this project will conduct affirmative marketing to members of the Federally Protected Classes - race, color, national origin, religion, sex (including sexual orientation and gender identity), familial status and disability. (Limit to 3000 characters.)\*

 Approximately how many moderate, low, very low and extremely low-income persons will directly benefit from the program/project? Projects that support low-income persons will be prioritized. (Use the income level table found in the Application Guidelines.)\*

|  |  |
| --- | --- |
|  | **Number** |
| **Moderate Income** |  |
| **Low Income** |  |
| **Very Low Income** |  |
| **Extremely Low Income** |  |
| **TOTAL** |  |

 How does your organization verify client income? Income verification is required except if the client is presumed benefit by HUD. Presumed benefit applies to abused children, battered spouses, the elderly, adult persons with serious disabilities, the homeless, illiterate persons, and migrant farm workers. (Limit to 3000 characters.)\*

 Estimate the demographics of moderate, low, very low, and extremely low-Income persons who will directly benefit from the program/project.\*

|  |  |  |
| --- | --- | --- |
|  | **Total Number of Persons** | **Number Identifying as Hispanic** |
| **American Indian or Alaskan Native** |  |  |
| **Asian** |  |  |
| **Black or African American** |  |  |
| **Native Hawaiian or Other Pacific Islander** |  |  |
| **White** |  |  |
| **American Indian and White** |  |  |
| **Asian and White** |  |  |
| **Black and White** |  |  |
| **American Indian and Black** |  |  |
| **Multi-Racial** |  |  |

 Total Number of Persons (Must equal total identified under income level):

 Total Number Identifying as Hispanic:

 Female-Headed Households (out of above total):

 Persons with Disabilities (out of above total):

# PROJECT MANAGEMENT & FINANCIAL DATA

 If your project or organization was funded previously, list past project(s), goals, and accomplishments/activities using CDBG/HOME funds. (Limit to 3000 characters.)

 If your agency has remaining CDBG/HOME funds previously approved, please describe the timeline for expending the fund balance. (Limit to 3000 characters.)

 Describe your organization's experience with administering federal grant programs. For Housing and Capital (construction and renovation) projects, what experience do you have with complying with Davis- Bacon prevailing wage and procurement requirements? (Limit to 3000 characters.)\*

 Describe who will supervise and manage the project and their past experience with project management. (Limit to 3000 characters.)\*

 Describe any recent or upcoming leadership transitions. (Limit to 3000 characters.)

 For Housing and Capital (construction and renovation) projects, list any entitlements, planning approvals, or authorizations that are necessary for the project to proceed and list those already received. (Limit to 3000 characters.)

 For Housing and Capital (construction and renovation) projects, what stage are you in? Select the current phase of the proposed project.

Predevelopment

Planning

Cost Estimate

Building

 For HOME projects: Please describe how you will meet the 25% funding match requirement? (Limit to 3000 characters.)

 For HOME projects: Describe your project's ability to pencil out with HOME Low Rents. (Limit to 3000 characters.)

 For HOME projects: Are you applying as a Community Housing Development Organization (CHDO)?

Yes

No

 For HOME projects: Have you been previously certified as a CHDO?

Yes

No

 For Housing and Capital (construction and renovation) projects, what is your project timeline? List program/project objectives and milestones, along with an estimated timetable for reaching them. (The general tasks for a construction project are provided below; please add tasks as needed.)

|  |  |
| --- | --- |
|  | **Date** |
| **Define scope of work/finish design** |  |
| **Complete planning and environmental review** |  |
| **Release bid package** |  |
| **Select contractor** |  |
| **Finalize contract** |  |
| **Obtain building permits** |  |
| **Start construction** |  |
| **Complete construction** |  |

 Describe any flexibility regarding your projects start/completion date. (Limit to 3000 characters.)

# Required Attachments:

 A. Project Budget: Complete the project budget template provided and submit along with application. If you have a project budget that provides the information requested in the template, you may submit that in-lieu of the template. Please note: the project budget should reflect the total cost of the project NOT just the CDBG/HOME request.

For Public Service projects: Project budgets should cover a 1-year time period only. Year two funding allocations will be based on the 1-year budget in relation to outcomes achieved and HUD funding levels.

For Capital/Housing projects: Project budgets should be developed spanning a two-year time period, with specific outcomes and line items associated with each year. If your project has received planning approvals, has an environmental review on file, and is ready to move forward in a 1-year time frame please indicate so.

 B. Organizational Budget: Upload your organization or fiscal sponsors annual budget.

 C. Dynamic Flood Map

 D. Optional Miscellaneous Documents

# Submission

 Signer Name

 Signer Title

 Signer Affirmation

By checking this box, I hereby certify that the information in this application is true and accurate to the best of my knowledge.

A copy of the submitted application will be sent to the Contact Email address noted previously.