



**Submission Reminder**  
**Due: June 10, 2020, by 3:00 p.m.**  
 One (1) Digital Copy with Exhibits A-N  
 See *Grant Application Guidelines* for  
 more information.

## Stanislaus Urban County

Community Development Block Grant (CDBG) Coronavirus Aid, Relief, and Economic Security (CARES)

### CDBG CARES 2019 Allocation

### Grant Application\*

\* Limit of two (2) per agency. Please fully review the Grant Application Guidelines prior to starting the application process.

#### A. PROGRAM SUMMARY

**A-1** Program Title: \_\_\_\_\_  
 Amount Requested \$ \_\_\_\_\_ Total Program Cost \$ \_\_\_\_\_  
 (Amount requested should match Budget "Exhibit A")

**A-2** Legal Name of Agency: \_\_\_\_\_  
 Doing Business As (DBA): \_\_\_\_\_  
 Agency Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Incorporation year: \_\_\_\_\_ 501(c)(\_\_\_\_\_):  Yes or  No Tax ID number: \_\_\_\_\_  
 DUNS Number (9-digit No.): \_\_\_\_\_

**A-3** Program Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Program Site Address (if different than above): \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**A-4** Agency Type (check all that apply):  
 Non-Profit  Government  Faith-Based  Education  HUD Certified Fair Housing Agency

**A-5** Number of unduplicated persons and households you anticipate serving for this program:  
 Individuals (I) \_\_\_\_\_ Households (H) \_\_\_\_\_

**A-6** Other measurements of program success (Ex: # of Individuals provided Shelter, or Connected to Employment):  
 \_\_\_\_\_

**A-7 Summarized** Program Description: In the box below, provide a brief description of the proposed program and what it plans to accomplish if funded: *(Limit length of program description to the space provided in box below)*  
 \_\_\_\_\_

<b>REQUIRED DOCUMENTATION (EXHIBITS) CHECKLIST</b>
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All the following Exhibits must be included and **clearly labeled**, or the application will be disqualified and returned to the applicant. If an attachment does not apply to your Agency please place a sheet labeled with the appropriate exhibit designation and the words "Not Applicable" clearly printed on the page, followed by a brief explanation of why this exhibit does not apply. All other attached narratives not specifically asked for in the exhibits page will be considered unnecessary data and disregarded.

**Note:** All **EXHIBITS** need to be included in the Electronic Copy.

Place an   X   on each of the following Exhibits that are included with this application.

- 
- |                    |       |  |
|--------------------|-------|--|
| <b>Exhibit A</b>   | _____ | <b><u>Detailed Budget:</u></b> Budget form must specifically detail the "Requested Amount" of the grant proposal and <b>NOT</b> the entire Agency's Program budget or the Agency's entire budget. Use of County supplied Exhibit A form is required.                           |
| <b>Exhibit A-1</b> | _____ | <b><u>Other Funding Sources:</u></b> Identify all sources of funding for this project. Use of County supplied Exhibit A-1 form is required   |
| <b>Exhibit A-2</b> | _____ | <b><u>Personnel Information:</u></b> Provide copies of resumes and job descriptions for the program staff that is involved in operating and/or implementing this program. Use of County supplied Exhibit A-2 form is required  |
| <b>Exhibit B</b>   | _____ | <b><u>Proof of Insurance:</u></b> Provide a copy of the Insurance Requirements outlined in Exhibit B   |
| <b>Exhibit C</b>   | _____ | <b><u>Copy of the Agency's Board of Directors Approved Minutes:</u></b> Authorizing the action to submit an application for CDBG CARES funds.  |
| <b>Exhibit D</b>   | _____ | <b><u>Articles of Incorporation:</u></b> Copy from the California Secretary of State identifying the Agency as a nonprofit.  |
| <b>Exhibit E</b>   | _____ | <b><u>By-Laws:</u></b> Copy of Agency By-laws as registered with the California Secretary of State   |
| <b>Exhibit F</b>   | _____ | <b><u>Letter from the California Franchise Tax Board:</u></b> Determining tax-exempt status under Section 23701d, Revenue and Taxation Code.   |
| <b>Exhibit G</b>   | _____ | <b><u>Letter from Internal Revenue Service:</u></b> Determining the Agency's tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.   |
| <b>Exhibit H</b>   | _____ | <b><u>Certified Audit and/or Financial Statement:</u></b> Provide most recent certified audit and/or Financial Statement (most recent).  |
| <b>Exhibit I</b>   | _____ | <b><u>Business License:</u></b> Provide a copy of the business license(s) for the proposed program.  |
| <b>Exhibit J</b>   | _____ | <b><u>Board of Directors Information:</u></b> Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the Agency  |
| <b>Exhibit K</b>   | _____ | <b><u>Certifications:</u></b> Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize CDBG CARES funds. (If applicable.) |
| <b>Exhibit L</b>   | _____ | <b><u>Site Control:</u></b> Please attach documentation regarding the status of or evidence of site control.   |
| <b>Exhibit M</b>   | _____ | <b><u>Pre-Award Risk Assessment:</u></b> Use of County supplied Exhibit M form is required. ( <i>See Application Guidelines for more information.</i> )  |
| <b>Exhibit N</b>   | _____ | <b><u>Detailed Project Description:</u></b> Provide any additional information not fully explained in the application regarding the proposed program. Use of County supplied Exhibit N form is required.   |

# Exhibit A

## Detailed Budget

Agency: \_\_\_\_\_  
 Project: \_\_\_\_\_  
 Project#: \_\_\_\_\_

**PROGRAM GOALS**

Individuals to be Served: \_\_\_\_\_ Households to be Served: \_\_\_\_\_

ESSENTIAL SERVICES		
Essential Services	Requested	Awarded
Salaries		\$0.00
Salaries- Case Management		\$0.00
Benefits/Taxes (capped at 20% of salary)		\$0.00
Other (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
<b>Subtotal:</b>		<b>\$0.00</b>

DIRECT PROGRAM-RELATED COSTS		
Operational Costs	Requested	Awarded
Rent/Lease of Space		\$0.00
Utilities		\$0.00
Telephone/Internet		\$0.00
Office Supplies		\$0.00
Printing		\$0.00
Automobile/Transportation/Mileage		\$0.00
Staff Training/Conferences		\$0.00
Professional Fees (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
Other (specify: _____)		\$0.00
<b>Subtotal:</b>		<b>\$0.00</b>

ADDITIONAL PROGRAM COSTS (be specific)		
	Requested	Awarded
Other (specify _____)		\$0.00
Other(specify _____)		\$0.00
Other (specify _____)		\$0.00
Other(specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
<b>Subtotal:</b>		<b>\$0.00</b>

INDIRECT PROGRAM COSTS *Only allowed with federal authorization letter/County approved		
	Requested	Awarded
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
Other (specify _____)		\$0.00
<b>Subtotal:</b>		<b>\$0.00</b>

	REQUESTED	AWARDED
<b>TOTAL:</b>		<b>\$0.00</b>

<b>TO BE COMPLETED BY COMMUNITY DEVELOPMENT MONITORING STAFF</b>	
Staff Recommendation <input type="checkbox"/> Approve or <input type="checkbox"/> Deny	
Signature of Stanislaus County Community Development Program Official	Date

\_\_\_\_\_  
 Signature of Project Director or Authorized Person **Required**

\_\_\_\_\_  
 Date

## Exhibit A-1

### Other Funding Sources

Program: \_\_\_\_\_

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

Identify all sources of funding by agency or donor and amount of funds that are anticipated to be utilized for this program. Leveraging and matching funds are not required but are highly encouraged as CDBG CARES funds are not intended to provide ongoing support.

<b>Source of Funds:</b> (agency/agency name)	<b>Type of Funds:</b> (i.e., CDBG, HOME, ESG, HOPWA, other Federal Funds, State/Local, Private, fees, contributions, special events, volunteers, other...)	<b>Amount of Funds:</b> (list amount received or anticipated)	<b>Funding Status:</b> (i.e., cash on hand, grant awarded, etc.) Committed, Pending, & Not yet requested
Example: City of Modesto Public Service Grant Funds	Example: Federal CDBG funds	\$ -	Example: Pending
		\$ -	
		\$ -	
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<b>TOTAL PROGRAM FUNDING</b>		<b>\$ -</b>	

## Exhibit A-2 Personnel Information

Project: \_\_\_\_\_

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

Complete the following personnel chart, including volunteers and contracted employees. Please note that the column labeled "Position Type" refers to direct service, administrative support etc. Attach copies of job descriptions and resumes of the individuals that will be involved with the implementation of the project to this exhibit.

**Each of these components must be present for Exhibit A-2 to be considered complete.**

Position Title	Position Type <small>(direct service, admin support, etc.)</small>	Pay Rate <small>(*Hourly without Fringe)</small>	Total Hours Per Month <small>(for the program)</small>	Total Cost to Program <small>(per month)</small>	Total Cost CDBG Funds <small>(per month)</small>
<b>Monthly Totals:</b>					
<b>Program Totals:</b>					

*(above totals x12/22/24 months- based on your estimated program length)*

\* If staff person is salaried, please still provide an hourly rate based on the number of hours worked per week.

## Exhibit B

### Proof of Insurance (Insurance Checklist)

Contractor: \_\_\_\_\_

Program /Req # : \_\_\_\_\_

	Section 1 Department Complete	General Liability	Auto	Workers' Comp
1	NAIC # of insurers is provided on certificate(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Best's rating of no less than A-, and Financial Size Category of at least VII*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Carrier is admitted/licensed to issue insurance in California (CA)* or on the Ca. Approved LASLI list**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Policy limits of insurance meet requirements in the agreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Expiration date of policy is six months or more into the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Deductibles/self-insured retention are declared and approved or waived by County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2 Insurance Broker				
7.	Certificate Holder is "Stanislaus County" or "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Policy numbers on all Endorsements or, provide a copy of the Declarations Page(s) to show which endorsements are attached to the various policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Additional Insured (AI) Endorsement naming "County of Stanislaus, its Officers, Directors, Officials, Agents, Employees and Volunteers" or a blanket endorsement as required by written agreement	<input type="checkbox"/>	<input type="checkbox"/>	N/A
10	Waiver of subrogation endorsement included. ( see AI wording above )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	Primary and Non-Contributory Endorsement. ( see AI wording above )	<input type="checkbox"/>	<input type="checkbox"/>	N/A
12	30 day notice of cancellation included. ( see AI wording above )	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Section 3 Check with Risk Management				
13	Professional Liability if on claims made basis retroactive date is prior to the contract date & continues into future	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
14	Is Fire / Builders Risk Insurance a requirement ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***
15	Is a Waiver of Insurance Requirements required ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes ***

**RESOURCE HELP:**

\*To check insurers: <http://www3.ambest.com/consumers/consumersearch.aspx?bl=36>

\*\*Approved surplus line insurance (LASLI) carrier acceptable if no CA carrier writes the insurance, see <http://www.insurance.ca.gov/0100-consumers/0030-licensee-info/0031-surplus-lines/lasli.cfm>

Note: County Counsel approval required if carrier is reinsured.

\*\*\* Check with Risk Management for details

**FOR COUNTY USE ONLY**

Surety Bonds Required? If Yes specify type(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Reviewer Signature:	Date:	
Title:		

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## Exhibit M

### Pre-Awarded Risk Assessment

As part of the CDBG CARES Grant Application, we need additional information about the operation of your organization. Please respond to all questions, attach requested information, and submit with application.

**Organization name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Year Incorporated in:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Name of CEO:** \_\_\_\_\_

**URL:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fiscal year dates** (month and year): \_\_\_\_\_

**Type of organization** (check all that apply):

- US Government Entity
- US entity that did not expend \$750,000 or more in US federal funds in the latest fiscal year
- For profit organization
- Non-profit organization
- University
- Foundation

<b>Must mark either Yes or No to all questions. Application will not be considered if incomplete.</b>	Yes	No	<b>COUNTY STAFF ONLY:</b>
			<b>Details/supporting documentation</b>
<b>Audits</b>			
Have you completed an annual audit in accordance with Uniform Guidance Single Audit requirements a single audit?			
Have your annual financial statements been audited by an independent audit firm?			
Does your organization have a financial management system that records the source and application of funds for award-supported activities?			

<b>Must mark either Yes or No to all questions. Application will not be considered if incomplete.</b>	Yes	No	COUNTY STAFF ONLY:
			Details/supporting documentation
Are all cash disbursements within the organization fully documented with evidence of receipt of goods or performance of services?			
Does organization have an effective system or procedure to control paid time charged to awarded funds?			
Does organization have an effective system or procedure for authorization and approval of:			
Capital equipment expenditures?			
Travel expenditures?			
Vendor and subcontractor expenditures?			
Is Government property inventory maintained that identifies purchase date, cost, vendor, description, serial number, location, and ultimate disposition data?			
Do you have written policies that address:			
Pay Rates and Benefits?			
Time and Attendance?			
Leave?			
Discrimination?			
Privacy and Confidentiality?			
Conflicts of Interest?			
Purchasing?			
Record Retention?			
Petty Cash?			
Accounts Payable?			
Accounts Receivable?			
Information Technology?			
Credit Cards?			
Do you subcontract to perform duties under this contract?			
Does your organization have appropriate insurance documents?			
Has there been a change in your senior management team in the past year?			
Have any key program staff started with the organization in the past year?			
Has your agency been placed on a corrective action plan within the past 12 months by any agency?			



## Exhibit N

### Detailed Program Description (Two (2) pages maximum.)

If awarded, funds will be used in the following city/cities and or unincorporated area (select all options that apply):

Stanislaus Unincorporated Area

City/Cities of (check all that apply):

Ceres

Hughson

Newman

Oakdale

Riverbank

Patterson

Waterford

**Applicants must address the following questions in the provided Detailed Project Description form:**

1. How will funding be used to bridge organizational funding gaps until economy recovers?
2. How will the funding directly meet the objective of preventing, preparing for and or respond to the COVID-19 outbreak?
3. How will funding maintain the same number of services to an increased number of participates due to COVID-19?
4. How will funding be used to expand services and serve more people due to COVID-19?
5. How do you ensure client and staff safety?
6. How do you document and maintain client income documentation in compliance with HUD regulations?
7. How do you collect demographic data on clients?

