

Program Year \_\_\_\_\_

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)**  
**HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)**  
*Application for Funding*

<i>Project category:</i> <i>(check one only)</i>	<input type="checkbox"/> Public Service <input type="checkbox"/> Housing	<input type="checkbox"/> Capital Improvement Project (CIP)
	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Administrative/Professional Services (Continuum of Care or Fair Housing)

## Organization / Agency Information

Agency Name:		Program Title:	
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<i>Business Address, including city:</i>						
<i>Mailing Address: (if different)</i>		<div><i>Business Phone:</i></div>				
<i>Applicant contact name:</i>						
<i>Type of agency:</i>		<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Gov't./Public	<input type="checkbox"/> For Profit	<input type="checkbox"/> Faith-Based	<input type="checkbox"/> Other:
<i>Number of paid staff:</i>				<i>Federal Tax ID #:</i>		
<i>Number of volunteers:</i>				<i>Unique Entity ID#:</i>		
<i>Annual operating budget:</i>						

<i>Agency Mission Statement:</i>

## Funding Request

Total funding requested in this application:		Other funds already secured for project:	
Total cost to complete project:		Other funds not yet secured for project: *	

*\*Please explain in Project Description section below*

<p><i>Brief project description (include goals, objectives, and number of clientele to be served)</i></p>	

** This Box For City of Merced Office Use Only – Thank You **				
Project Eligible?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Amt Awarded: \$_____ CC Award: ____/____/____ CC Agrmt: ____/____/____	
Matrix Code: _____ CFR Citation: _____			IDIS #: _____ Natl Obj: LMI _____ S/B _____ Urg _____	
SAM/UEI Check Complete? <input type="checkbox"/> Yes			<u>Perf Meas</u> : StbleLvngEnv DcnthSng EconOpp <u>Outcome</u> : Avail/Access Affrdrblty Sustnblty	

## Section 1: Project Information

<i>Project address(es):</i>	<i>Census tract:</i>	<i>Project Area:</i>

<i>Target clientele:</i>	
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1.1 Please provide more details of the proposed project to supplement the brief description provided on the previous page). Space for a fuller narrative is also provided on Page 3 and in Appendix A.

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1.2 How much total funding are you requesting in this application? (You will provide a detailed budget in Appendix C)	
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1.3. Anticipated start date:		Anticipated end date:	
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1.4. Project's days/hours of operation:	
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1.5 Project Category (Check one only)	<input type="checkbox"/> Public Service <input type="checkbox"/> Housing	1.6 Project Objective (Check one only)	<input type="checkbox"/> Suitable Living Environment
	<input type="checkbox"/> Economic Development		<input type="checkbox"/> Decent Housing
	<input type="checkbox"/> Capital Improvement		<input type="checkbox"/> Economic Opportunity
1.7 Project Outcome (Check one only)	<input type="checkbox"/> Availability/Accessibility		
	<input type="checkbox"/> Sustainability		
	<input type="checkbox"/> Affordability		
	<input type="checkbox"/> Administrative (i.e.: Continuum of Care, Fair Housing Services)		

1.8 Targeted National Objective - which CDBG National Objective will your project meet (1, 2, 3, or 4)? <small>see 24 CFR 570.208</small>			
<input type="checkbox"/>	(1) Area Benefit: At least 51% of residents within a targeted Census Tract area are low to moderate income (LMI)		
	(2) Limited clientele Benefit - select from options (a), (b), or (c)::		
	(a) Project will exclusively benefit the following "Presumed LMI" population(s):		
	<input type="checkbox"/>	(i) Abused children	
	<input type="checkbox"/>	(ii) Elderly persons 62 years or older	
	<input type="checkbox"/>	(iii) Battered spouses	
	<input type="checkbox"/>	(iv) Severely disabled adults (not children) – Census definition; documentation required	
	<input type="checkbox"/>	(v) Illiterate adults	
	<input type="checkbox"/>	(vi) Persons living with HIV/AIDS	
	<input type="checkbox"/>	(vii) Migrant farm workers	
	<input type="checkbox"/>	(viii) Homeless persons	
	(b) At least 51% of clientele served will be documented as LMI		(c) Will exclusively serve 100% LMI clients
	(3) Housing Benefit (select subpart below):		
	<input type="checkbox"/>	(a) Single family (must be 100% LMI)	
	<input type="checkbox"/>	(b) Multi-unit (if 2 units, one unit must be LMI; if 3 or more units, at least 51% of units must be LMI)	
<input type="checkbox"/>	(4) Job creation: At least 51% of jobs created/retained for LMI persons.		

1.9. <i>The 2020-2024 Consolidated Plan goals are listed below. Please select the goal appropriate to your project: (To assist you, here is a link to the <a href="#">2020-2024 Consolidated Plan</a>)</i>	
<input type="checkbox"/>	1A - Improve Public Infrastructure & Facilities
<input type="checkbox"/>	2A - Increase Owner Occupied Rehabilitation Opportunities
<input type="checkbox"/>	2B - Increase Affordable Housing Opportunities
<input type="checkbox"/>	2C - Provide Assistance for Supportive Housing
<input type="checkbox"/>	3A - Provide Vital Services for LMI Families
<input type="checkbox"/>	4A - Provide Homeless Prevention & Support Services
<input type="checkbox"/>	5 - Enhance Fair Housing Knowledge and Resources
<input type="checkbox"/>	Administrative Services - Continuum of Care, Fair Housing Services (also select any of the above, if appropriate)

**Please use this area to add any additional information from the above questions:**

1.10. *Explain how the proposed project addresses the goals selected in Section 1.9:*

1.11 *Summarize any statistics and other supporting documentation that demonstrate the importance of addressing this need or problem:*

1.12 *List each service provided by the project. For each service, indicate whether it is a new service or an expansion of an existing service:*

1.13 How does your agency plan to tell the target population about the project/services?:

1.14 List up to three outcomes of the project (at least one is required). For each outcome listed, provide the number of participants who will benefit and the way data will be collected to track or verify the outcome:

1.15 Will the project collaborate with other service providers in the community? If yes, list them and briefly describe the collaboration:

☐

Yes

☐

No

## **Section 2: Target Population**

2.1 What is the target population for this project?

2.2 How does your agency track and record client demographics, including income documentation?

2.3 What specific census tracts or housing project areas does the project intend to serve? [link to 2025 Census Tract Map](#)

2.4 Is the primary office located within eligible census tracts and/or Housing project areas? ☐ Yes ☐ No

2.5 Indicate whether the project will be serving individual clients (IC) or households (HH): ☐ IC ☐ HH

2.6 What is the total number of clients/households to be served?

2.7 Of the total number of clients/households to be served, what is the total number of unduplicated LMI clients/households to be served, if applicable (less # of repeat clients)?

2.8 If applicable, what is the percentage of unduplicated LMI clients/households to be served?

2.9 What is the cost per client/household?

2.10 Over the past three years, what proportion of the targeted population served by the project were City of Merced residents? (Have documentation available, if requested.)  
If this is a new project, what proportion are you anticipating?

### **Section 3: Agency Capacity**

3.1. Who will be the person responsible for the overall direction/oversight of the proposed project?

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.2. Who will be the alternate person responsible for the overall direction/oversight of the proposed project?

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.3 Who will be the person(s) responsible for the day-to-day operations and management of the proposed project?  
Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 ABOVE

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

3.4. Who will be the person(s) responsible for the financial oversight of the CDBG expenditures and fiscal compliance?  
Provide no more than two individuals: DO NOT COMPLETE IF SAME AS 3.2 or 3.3 ABOVE

Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone :	
Name of person:	
Title of person:	
E-mail address:	
Telephone number:	
Alternate phone:	

**Add any additional relevant information here:**

3.5. *List the evaluation tools your agency plans to employ to track and monitor the progress of the project.*

3.6. *How does your agency plan to ensure compliance with applicable policy, administrative, and procedural requirements (including your organization's Conflict of Interest policies and requirements listed in HUD's "Playing by the Rules" Handbook)? Click link to access handbook. [Playing by the Rules Handbook](#)*

3.7. *Describe any unresolved ADA issues in the project or project office and how your agency plans to address them. (If the objective of the project is ADA rehabilitation, do not repeat the project description here.)*

3.8. *Please provide/attach your agency's organization chart and complete Appendix F (Board Members)*



## **Section 4: Auditing Control**

4.1 *Briefly describe your agency's payment and disbursement procedures, with relevance to the proposed project:*

4.2 *Describe how your agency's Board of Directors exercises programmatic and fiscal oversight:*

4.3 *Briefly describe your agency's record keeping system, with relevance to the proposed project:*

*4.4 Briefly describe your agency's auditing requirements, including those for the proposed project:*

*4.5 How does your agency plan to separate CDBG funds from other agency funds for purposes of identification, tracking, and reporting?*

## **Section 5: Agency Experience**

- 5.1. Briefly highlight your agency's experience and major accomplishments in providing services to residents of Merced. (Note: you may provide more detail in Appendix A, if needed.)

- 5.2. Was your agency awarded CDBG or other federal funds in any of the past three fiscal years by any agency, including the City of Merced (Fiscal Years 2022/23 through 2024/25)? If yes, complete Appendix E for each of the awards received for Fiscal Years 2022/23, 2023/24, and/or 2024/25.

☐

Yes

☐

No

## **Section 6: Back-Up Plan**

- 6.1. Will your agency still implement this project should City funds not be awarded? If yes, how will the implementation be achieved?

☐

Yes

☐

No

- 6.2. If funded, how will your agency continue this project if City funds are not available in future years?

## **Appendix A: Narrative of Project**

*In two pages or less, 1) explain your proposed project and, 2) explain why it should be awarded funding.*

*1) Explain your proposed project in more detail and how it will benefit LMI individuals/families:*

2) *Explain why it should be awarded funding:*

## Appendix B: Housing or Capital Improvement Projects <sup>1</sup>

B.1. Have building permit or constructions plans and drawings been completed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, indicate the anticipated date of completion:				

B.2. Will you be able to select and award a contract to a general contractor within 90 calendar days from the CDBG contract execution date? If no, please explain why below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.3. Summarize the organization's relevant experience on similar federally funded projects:
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B.4. Address the mitigation of any issues identified on the "Project Site Information section (see Questions B.8 to B.15) with respect to <u>lead hazards</u> , <u>historic preservation</u> , <u>location in a floodplain</u> , <u>asbestos</u> , or other documented health and safety problems, including mold. Were issues identified? If yes, identify each issue and the mitigation plan below:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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B.5. How will the completed work be maintained for at least five years after the termination of the agreement with the City of Merced?
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B.6. Has funding for the construction phase been identified and committed? If no, describe below the issues preventing your agency from seeking outside funding:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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<sup>1</sup> For Appendix B only – If legally necessary responses cannot be provided within the page-count constraints, then please provide brief summaries of the responses above and reference and attach outside documentation.

## Project Site Information

<b>B.7. Is the facility agency-owned, City-owned, or privately owned?</b>			
<input type="checkbox"/>	<b>Organization/Agency-owned</b>		
	<b>Property owner(s):</b>		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>City-owned</b>		
	<b>City Department:</b>		
	<b>When will the lease expire?</b> (The lease must not expire within five years of the proposed project's completion date.)		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Privately owned</b>		
	<b>Property owner(s):</b>		
	<b>When will the lease expire?</b> (The lease must not expire within five years of the proposed project's completion date.)		
	<b>Is there currently a lien on the property?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	<b>Other</b>		
	<b>Provide or attach a brief explanation:</b>		

<b>B.8 a. For building/structures constructed prior to December 31, 1978:</b>				
<b>Has a lead hazard inspection report been issued for the facility?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility been abated for lead paint?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will children occupy the facility now or in the future?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>b. Provide Year Built:</b>				

<b>B.9. Has the property been designated or been determined to be potentially eligible for designation as a local, state, or national historic site?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, describe below:</b>				

<b>B.10. Is the building/structure located on a Historic Site?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the building/structure in a FEMA designated 100-year Flood Zone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Is the building/structure in a Floodplain or 200-year Flood Zone?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your agency/subject property have flood insurance?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will demolition be required?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**B.11. List and describe any known hazards (e.g., asbestos, storage tanks –underground/above ground within one mile):**

<b>B.12. Will the project result in an expansion of an existing facility?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, specify the size in square feet:</b>	<b>Existing size:</b>		<b>Addition size:</b>	

B.13. The questions below ask about land use zoning. If zoning information is not known, contact the City of Merced's Planning Department at (209) 385-6858 to request assistance.

What is the project structure type?

☐ Residential

☐ Commercial

☐ Public facility

☐ Public right-of-way

What is the current land use zoning of the project site?

Is the project site zoned correctly for the proposed activity?

☐ Yes

☐ No

B.14. Does the project require temporary/permanent relocation of occupants?

☐

Yes

☐

No

If yes, this project is subject to the Uniform Relocation Assistance and Real Property Acquisition Policies Act (URA). Describe the relocation plans, including timetable and notifications to occupants. List how many of the occupied units are: (a) owner-occupied; (b) renter-occupied; or (c) businesses. Indicate whether temporary and/or permanent displacement is required. [NOTE: This will be for site information only. Relocation activities will not be eligible for funding with Fiscal Year 2025/26 CDBG funds.]

B. 15. Federal regulations require that all facilities and/or services assisted with CDBG funds be accessible to the disabled. Accessibility includes such things as: entrance ramps, parking with universal logo signage, grab bars around commodes and showers, top of toilet seats that meet required height from the floor, drain lines under lavatory sink either wrapped or insulated, space for wheelchair maneuverability, accessible water fountains, access between floors (elevators, ramps, lifts), and other improvements needed to assure full access to funded facilities/programs, including serving the blind and deaf.

Describe below whether the project currently meets ADA standards for accessibility by the disabled. If not, describe the accessibility problems and methods to be utilized to address the problems, including funding and timetable. NOTE: The project site must first be fully ADA-compliant before other construction activities can be implemented with CDBG funding.



## **Appendix C: Funding Sources and Detailed Budget**

*Complete the below detailed budget forms. Choose the forms pertaining to your project category.*

<b>Project category:</b> <i>(check one)</i>	<input type="checkbox"/> Public Service <input type="checkbox"/> Housing	
	<input type="checkbox"/> Economic Development	
	<input type="checkbox"/> Capital Improvement Project (CIP)	
	<input type="checkbox"/> Administrative	

### **Appendix C - Instructions**

- All project categories must complete the following - these forms must be downloaded separately from this application:
  - Appendix C-1: List of All Funding Sources for the project
  - Appendix C-2: Detailed Project Budget (see further instructions below)
  - Appendix C-3: Supplemental Budget Form
- Audit Requirements (2 CFR Part 200, Subpart F): If your agency or non-profit organization has expended \$1,000,000 or more of Federal funding for the last one/two fiscal years, please provide the corresponding financial audit reports to accompany your completed Appendices C-1, C-2, and C-3 forms (attach separately). Please see the linked Federal regulation for more information.
- Applications will not be accepted without a project budget. All proposed costs must be reasonable.

#### **Appendix C-2 instructions:**

1. Complete Appendix C-2(a) for all administrative, public service/social services, and economic development project budgets.
2. Complete Appendix C-2(b) for all housing, building, and/or CIP project construction/reconstruction; property acquisition; and/or repair/rehabilitation project budgets.

## Appendix D: Project Implementation - Timeline

*Provide a listing of the specific tasks or activities needed to implement the proposed project. Number each task or activity, describe it, and give the projected date of completion. Add additional rows or explanation as needed below.*

[illegible]

## Appendix E: Results of Prior Year Projects

*If your agency received federal funds in Fiscal Year 2022/23, 2023/24 or 2024/25, complete one copy of this appendix for each project for each year funded.*

E.1. Awarding Agency

E.2. Project name:

E.3. Year of funding: ☐ Fiscal Year 2022/23 ☐ Fiscal Year 2023/24 ☐ Fiscal Year 2024/25

E.4. Indicate the source of the federal funding awarded to the prior project:

<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:

E.6. Amount spent to date:

E.7. Amount reprogrammed to date:

E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):

(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved or in process of achieving if currently active:

(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:

**(Maximum length per project: one page)**

E.1. Awarding Agency	
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E.2. Project name	
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E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2022/23	<input type="checkbox"/> Fiscal Year 2023/24	<input type="checkbox"/> Fiscal Year 2024/25
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
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E.7. Amount reprogrammed to date:	
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E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved or in process of achieving if currently active:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
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**(Maximum length per project: one page)**

E.1. Awarding Agency	
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E.2. Project name	
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E.3. Year of funding:	<input type="checkbox"/> Fiscal Year 2022/23	<input type="checkbox"/> Fiscal Year 2023/24	<input type="checkbox"/> Fiscal Year 2024/25
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E.4. Indicate the source of the federal funding awarded to the prior project:			
<input type="checkbox"/> CDBG	<input type="checkbox"/> HOPWA	<input type="checkbox"/> ESG	<input type="checkbox"/> HOME
<input type="checkbox"/> CDBG-R	<input type="checkbox"/> HPRP	<input type="checkbox"/> NSP	<input type="checkbox"/> Other (Indicate below):

E.5. Amount awarded:		E.6. Amount spent to date:	
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E.7. Amount reprogrammed to date:	
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E.8. Indicate below the outcomes anticipated (refer to the original application for the project, if possible):	
(1)	
(2)	
(3)	

E.9. Indicate below the outcomes achieved or in process of achieving if currently active:	
(1)	
(2)	
(3)	

E.10. If any anticipated outcomes were NOT achieved, specify which ones and explain why below:
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*Provide a roster of the members of your agency's Board of Directors. Please note linked Conflict of Interest regulations.*

[illegible]