

**CITY OF ALAMEDA
NON-HOUSING PUBLIC IMPROVEMENT (CAPITAL IMPROVEMENT) PROJECTS
CDBG FY 2023-24 REQUEST FOR PROPOSALS**

- FUNDING PERIOD:** July 1, 2023 - June 30, 2024
- ELIGIBLE APPLICANT:** Non-profits. All applicants must be incorporated or partner with a satisfactory Fiscal Agent.
- AVAILABLE FUNDS:** Total funds to be determined through deferred, forgivable, or low interest rate loans, or grants.
- PROPOSALS DUE:** Applications accepted all year, but proposals received by 5:00 p.m. on **February 9, 2023** will have priority for FY 2023-24 budget consideration.

PROGRAM INFORMATION

This program offers financial and technical assistance to community-based organizations (CBOs) providing Community Development Block Grant (CDBG)-eligible services to improve public facilities, including retrofitting buildings to increase accessibility for persons with disabilities.

The program assists CBOs with new construction and to assess rehabilitation needs, pay "soft costs" including but not limited to title and credit reports, planning and building fees, and to contract with:

1. Licensed architect(s): to prepare plans and specifications which comply with state/local planning, and building codes and requirements for federally-assisted construction projects including, ADA and Section 504 provisions; to conduct formal bidding of the project; and to administer project construction; and/or
2. Other specialized professionals to project manage, conduct environmental and historic resource review, and consultant/engineering services to assess health and safety hazards, if needed; and/or;
3. Licensed contractor(s) to construct improvements rendered under Davis-Bacon and related requirements.

FINANCIAL ASSISTANCE

Financial assistance will be in the form of interest subsidies for market-rate loans and/or below market-rate loans tailored to the specifics of each project. Depending on project type and funding availability grants may be offered in lieu of loans. CBO's must be able to demonstrate capacity, or are required to hire a project manager as part their budget. Assistance is limited to the "gap" which CBO cannot fill through other public/private financing, typically not to exceed \$75,000. (Waivers may be granted for complex projects, e.g. multi-story or historic structures.)

ELIGIBLE PROPERTIES

To be eligible for the program, the applicants must meet **all** criteria indicated below.

The Property shall be:

- Located in the City of Alameda;
- Open to the general public during normal hours of operation;
- Used for on-going services and/or programs that meet CDBG requirements, including serving low- and moderate-income households; and
- Limited to charging reasonable fees, if any, for post-rehabilitation use.
- Conform to zoning requirements for property use, or have current use permit; and
- Owned or leased with five-year minimum remaining term (lesser term at discretion of City). If leased, property owner (owner) must also sign application.

FEDERAL LABOR REQUIREMENTS

Projects receiving HUD funds may be subject to federal labor requirements in the construction activity:

Federal Requirements	Requirements	Threshold (applies to Prime & Subcontracts)
Davis-Bacon – CDBG-funded projects	Payment of prevailing wages to on-site construction workers (laborers & mechanics). Identification of the applicable wage decision number and provision of weekly certified payrolls are required.	CDBG funded construction contract of \$2,000+, regardless of CDBG investment amount.
Section 3	Good faith efforts to hire qualified local low-income residents and/or businesses. A public housing resident in the County of Alameda will meet this requirement. This is applicable only if the project construction generates new hires. Goals: offering 30% of new employment opportunities to Section 3 residents; awarding 20% of contract activity to Section 3	Construction contract in amounts greater than \$200,000 will generate this requirement if CDBG/HOME funds in excess of \$200,000 are invested in construction contract activity. The threshold is \$100,000 when the assistance is from the Lead Hazard Control and Healthy Homes Programs.
Minority Business Enterprise or Women-owned	Good faith efforts to hire/contract with minority and women-owned businesses; includes subcontracts.	Any prime or subcontract of \$10,000+.

NON-HOUSING CAPITAL IMPROVEMENT PROJECT PROPOSAL INSTRUCTIONS

CONSTRUCTION PROJECTS

Proposed projects involving construction are subject to additional federal requirements including: Federal Labor Standard Provisions (Davis Bacon); Affirmative Action and Equal Opportunity; and Section 3 requirements. Properties containing both eligible and ineligible uses, including those related to religious purposes, may apply, but additional qualifying criteria may be necessary.

PROPOSAL SUBMISSION REQUIREMENTS

<input type="checkbox"/> STEP 1:	COVER SHEET (ATTACHED FORM REQUIRED)
<input type="checkbox"/> STEP 2:	APPLICATION
<input type="checkbox"/> STEP 3:	NARRATIVE (SEE ATTACHED NARRATIVE QUESTIONS)
<input type="checkbox"/> STEP 4:	HUD PERFORMANCE MEASUREMENT WORKSHEET
<input type="checkbox"/> STEP 5:	PROJECT BUDGET (ATTACHED BUDGET FORM REQUIRED)
<input type="checkbox"/> STEP 6:	ORGANIZATIONAL CHECKLIST
<input type="checkbox"/> STEP 7:	OTHER REQUIRED SUPPORTIVE DOCUMENTATION
<input type="checkbox"/> STEP 8:	OTHER REQUIRED SUPPORTIVE DOCUMENTATION

**NON-HOUSING CAPITAL IMPROVEMENT PROJECT
COVER SHEET**

NONPROFIT/FISCAL SPONSOR INFORMATION

HUD Unique Entity Identifier _____

Organization: _____

Address/City/Zip: _____

Executive Director: _____ E-Mail (required): _____

Nonprofit Phone: _____ Board President: _____

Name, email address and telephone number of person authorized by Board of Directors to sign and/or designated, agents:

Total Nonprofit Budget: _____

PROPOSED PROJECT INFORMATION

Proposed Project Name: _____

Contract/Program Administrator Name: _____ Title: _____

Project Summary (please provide 1-2 sentences describing the project you are applying for:

Total City of Alameda CDBG Funds Requested for FY 2023-24: _____

Number of Staff Participating in this Activity: _____

Brief Description of Activity and Anticipated Outcomes:

Please initial one of the following statements to accept the use of the current boilerplate Agreement. Please call Amanda Olson at 510.747.6883 if you need a copy for review.

We are a current 2022-23 sub-grantee and accept the use of the current Grant Agreement boilerplate in any contract for 2023-24.

We are a new applicant. We have requested and reviewed the boiler plate Agreement. We accept the use of the Grant Agreement boilerplate in any contract for 2023-24.

Submitted by: _____
Signature Date

**NON-HOUSING CAPITAL IMPROVEMENT PROJECT
APPLICATION**

Property Address/Location: _____

Owner's Name(s): _____

Mailing Address: _____

Daytime Phone: _____ Email: _____

Is applicant currently receiving City of Alameda Community Development Block Grant operating funds? ___Y ___ N

PLEASE INITIAL EACH SENTENCE, AND SIGN AND DATE FORM TO INDICATE YOUR ACCEPTANCE OF THESE TERMS.

I/We authorize the City of Alameda to enter and inspect the property with prior notice.

INITIAL: _____ **DATE:** _____

I/We authorize the City, and any credit reporting agency used by the City, to verify any information necessary in connection with this application for assistance, including, but not limited to: Title Report; Mortgage History; Credit History; Building/ Zoning Histories; and/or Neighborhood Complaints.

INITIAL: _____ **DATE:** _____

During application review and throughout the term of the agreement (if application is approved), I/we agree to not
(1) Evict or otherwise displace existing non-residential and/or residential tenants, if any;

INITIAL: _____ **DATE:** _____

(2) Construct, remodel, or otherwise alter this property.

INITIAL: _____ **DATE:** _____

Signature Date

Print Name and Title

NON-HOUSING CAPITAL IMPROVEMENT PROJECT NARRATIVE

REQUIRED NARRATIVE QUESTIONS:

1. **Project Specific Narrative:**

Please describe the nonprofit mission and services provided. What need does your project address? Briefly describe how you determined that need exists within the City of Alameda. How do those needs relate to the City of Alameda? Please include include a property description, including age of building, if applicable. Please attach photographs, if possible.

2. **Scope of Work:**

Please describe the work/services required to complete the capital improvement project, the location and the type/quantity of supplies needed, and the staff needed to undertake the project. Please provide a detailed timeline.

3. **Tracking Persons Benefitting from and Property and Equipment Purchased with CDBG funds:**

Please describe system for recording the type, location, results of services provided, and information necessary to establish program benefit

4. **Income Verification:**

Describe how you obtain and verify income data? Third party documentation or client signatures on the certification form must be available on file at all times. For programs that provide services over the telephone only, income verification will be a self-certification during the intake over the phone and a signature is not required.

5. **Collaboration:**

Describe partnerships with other organizations/agencies, the nature of the partnership, and how it relates to the proposed program.

6. **Outreach:**

Describe your engagement strategy, highlighting efforts to attract diverse populations and any underserved populations. For projects that will benefit an area, review census demographics to determine whether your agency is serving particular target population. What will you do to ensure that Alameda residents are served?

NON-HOUSING CAPITAL IMPROVEMENT HUD PERFORMANCE MEASUREMENT INSTRUCTIONS

Please complete the worksheet on the next page and submit it with your application packet utilizing historical knowledge of your client base and the information below on HUD Objectives and Outcomes.

HUD has implemented a new performance measurement system designed to improve CDBG accomplishment reporting at the national level. To comply with the new measurement requirements, CDBG funded projects must provide accurate client data, and identify an Objective and Outcome, as defined by HUD. To assist the City in complying with these requirements, Sub-grantees must submit anticipated client data and project Objectives and Outcomes.

Objective Choices:

Suitable Living Environment: In general, this objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment. This objective is intended to address a wide range of issues faced by low and moderate-income persons, from physical problems with their environment, such as poor quality of infrastructure, to social issues such as crime prevention, literacy or elderly health services.

Decent Housing: This objective focuses on housing programs where the purpose of the program is to meet individual family or community needs, and not programs where housing is an element of a larger effort (such as would be captured above under Suitable Living Environment.)

Economic Opportunity: This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

Outcome Choices:

Availability/Accessibility: This outcome category applies to activities that make services, infrastructure, housing, or shelter available or accessible to low and moderate-income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to lower-income people.

Affordability: This outcome category applies to activities that provide affordability in a variety of ways in the lives of low and moderate-income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or daycare.

Sustainability: This outcome applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefits to persons of low and moderate-income, or by removing or

eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods.

NON-HOUSING CAPITAL IMPROVEMENT HUD PERFORMANCE MEASUREMENT WORKSHEET

AGENCY NAME: _____

PROGRAM: _____

1. Measurable Outcomes: Please describe the key client outcomes your project will achieve. Which of the HUD objectives and outcomes will your project achieve? Please refer to the HUD Performance Measurement Instructions on the previous page for more information.

HUD OBJECTIVE (select one)	HUD OUTCOME (select one)
<input type="checkbox"/> Creating a Suitable Living Environment	<input type="checkbox"/> Availability/Accessibility
<input type="checkbox"/> Providing Decent Affordable Housing	<input type="checkbox"/> Affordability
<input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Sustainability

2. Populations Served: Identify the primary population served by your program. If more than one population is served, rank them numerically. (You may only use a number)

	Persons Exiting Incarceration		Persons with AIDS
	Low Income Youth		Migrant Workers
	Abused Children		Illiterate Persons
	Persons with Disabilities		Chronically Homeless Persons
	Victims of Domestic Violence		Temporarily Homeless Persons
	Elderly Persons		Other

Continued on next page

3. Project Beneficiaries, Quantifiable Measurement, Cost per Household, Persons served: Indicate the expected number of beneficiaries to be served by each activity and the cost per household/Individual served. Please review your previous few years of data to estimate this amount. Very-Low/Low-income is 80% of Area Median Income or below. Please refer to Program Guidelines for Income limits.

Identify the number of persons you anticipate serving in the following categories:

Low Income (50%-80%)	Very Low Income (<50%)	Disabled	Female Headed Households	Senior	Youth	Homeless

4. Goals, Scope of Work, Cost per household/individual served: Provide the number of unduplicated Individuals that will be served, describe the detailed scope of work for your goals and provide a cost per household/individuals served (this may be staffing cost for the service and/or the cost for the assistance provided i.e. amount of rental assistance). See examples below.

FY 2023-24 Goal (Unduplicated Household/individuals)	Scope of work	Cost per household/individual served
e.x. 25	25 individuals will be provided rental assistance	\$1000/direct rental assistance per Household

NON-HOUSING CAPITAL IMPROVEMENT PROJECT BUDGET

**PLEASE ENSURE PROJECT TIMELINE SUBMITTED IS CONSISTENT WITH BUDGET
(May be submitted in Microsoft Excel)**

a + b + c = d

ITEM	FY2023-24 GRANT FUNDS REQUESTED	FY2023-24 LEVERAGED FUNDS*	FY2023-24 ANTICIPATED PROGRAM INCOME**	FY2023-24 TOTAL PROGRAM BUDGET
A. Capital Costs				
Permits and Fees				
Design				
Engineering				
Acquisition				
Other Soft Costs (Define)				
Rehabilitation				
Construction				
Contingency				
Environmental Review				
A. SUBTOTAL CAPITAL COSTS				
B. PERSONNEL COSTS, including Payroll Taxes/Fringe Benefit. Note % FTE on this project***				
B. SUBTOTAL PERSONNEL EXPENSES				
TOTAL PROGRAM BUDGET (a+b)				

* Per HUD, leverage is the non-match cash or non-match in-kind resources committed to making a project fully operational. This includes all resources in excess of the required 25 percent match as well as other resources that are used on costs that are ineligible in the Program. Leveraged funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or subrecipient. Please identify the source and commitment status (e.g. funds received, committed, or otherwise guaranteed, with proof) of other non-City funding and in-kind contributions that directly benefit the activity for which CDBG funding is requested. Please explain your basis for valuing any in-kind contributions.

** Revenue resulting from the use of Grant funds, including fees for service.

*** Agency FTE (full time equivalent) = _____ hours per week. Include Position titles and percentage of FTE or number of hours assigned to the program. Attach job descriptions and staff person's name for each position for which CDBG funding is sought

NON-HOUSING CAPITAL IMPROVEMENT ORGANIZATIONAL CHECKLIST

Organization Name: _____

Proposed Project: _____

<i>Please read question and check yes or no.</i>	YES	NO
TRACKING CLIENT DATA		
Does your agency have a system for recording the type, location and results of services provided?		
Does your agency have a system for recording information necessary to determine number of clients served and to track demographic information?		
HUMAN RESOURCES POLICIES AND PROCEDURES		
Does your agency have a code of standards governing procurement procedures?		
Does your agency have a conflict of interest policy?		
Does your agency have a personnel policy?		
Does your agency have a policy on non-discrimination and harassment?		
Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities?		
FINANCIAL POLICIES AND PROCEDURES		
Does your agency have a system for recording and storing financial data and documents?		
Does your agency have a method for identifying and tracking federal and non-federal sources of income and expenditures?		
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?		
Does your agency have a method for comparing expenditures with budgeted amounts?		
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG grant funds?		
Does your agency prepare an annual audit or financial report?		
Does your agency have any outstanding audit or monitoring findings?		
Does your agency have a system for tracking real property or equipment?		

NON-HOUSING CAPITAL IMPROVEMENT REQUIRED SUPPORTIVE DOCUMENTATION

1. Pro forma Budget in Microsoft Excel
2. Estimated Project Schedule
3. Proof of 501(c)3 (tax exempt status for non-profit entities)
4. Project/Program Material (Attach Client Outreach Material)
5. Organizational chart for entire organization
6. Key project staff, including;
 - Job description for key staff
 - Brief description of qualifications
7. Board roster, including:
 - Name, Affiliation, Years on Board
 - Meeting dates for previous 12 months
 - Number of years allowed for each board term
8. By-laws (for non-profit entities)
9. Articles of incorporation (for non-profit entities)
10. Certified financial audit no more than 1 fiscal year old, prepared by CPA, and Single Audit (for entities that receive more than \$750,000 in federal funding)
11. Organization Budget (total operating budget showing sources and uses):
 - Current Budget
 - Proposed Budget
12. Mission Statement
13. Non-discriminatory Policy
14. Reasonable Accommodation Policy
15. Resolution authorizing application and designation of signatory by name and title will be due prior to entering into contract, if project is proposed for approval

PROVISIONS FOR PERSONS WITH DISABILITIES

If any person with an interest in participating in the aforementioned federal program is a person with a disability as defined by Section 504 of the Rehabilitation Act of 1974 and requires an accommodation to participate or take interest, a request for accommodation may be made to Amanda Olson at (510) 747-6883 or by email at aolson@alamedaca.gov. Such request shall include a description of the accommodation sought, along with a statement of the impairment that necessitates the accommodation. Any request for accommodation shall be reviewed and a response provided within five business days of receipt of such request. Notice of any accommodation granted will be promptly provided to the requester.

PROVISIONS FOR NON-ENGLISH SPEAKING RESIDENTS

The City of Alameda has a network of employees speaking some 45 languages who can act as interpreters for residents seeking information regarding the aforementioned federal program. If notified two business days in advance, the City will arrange to have an interpreter available. Please contact Amanda Olson at (510) 747-6883, or by email at aolson@alamedaca.gov.

NON-DISCRIMINATION POLICY

The City of Alameda does not discriminate against any persons on the grounds of race, color, religion, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, marital status, familial status, source of income, genetic information, medical condition, physical disability or mental disability, or any other category protected by law.

