

**CITY OF ALAMEDA  
NON-HOUSING PUBLIC IMPROVEMENT (CAPITAL IMPROVEMENT)  
PROJECTS  
CDBG FY 2026-27 REQUEST FOR PROPOSALS**

**FUNDING PERIOD:** July 1, 2026 - June 30, 2027

**AVAILABLE FUNDS:** Total funds to be determined. Evaluation and threshold criteria can be found on page 7 and 8 in the Notice of Funding Availability (NOFA).

**PROPOSALS DUE:** Proposals are due by 5:00 p.m. on **Friday, February 20, 2026** for FY 2026-27 budget consideration. Projects that are shovel-ready will be prioritized.

## **OVERVIEW**

The City of Alameda is soliciting applications from organizations, such as Community Based Organizations (CBO) to improve public facilities, including but not limited to 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 federal related cross-cutting requirements.

## **FINANCIAL ASSISTANCE**

Depending on project type and funding availability, financial assistance will be in the form of a grant or interest subsidies for market-rate loans and/or below market-rate loans tailored to the specifics of each project. CBO’s must be able to demonstrate capacity or are required to hire a project manager as part of their budget. Assistance is limited to the “gap” which CBO cannot fill through other public/private financing, typically not to exceed \$100,000. (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:

<b>Federal Requirements</b>	<b>Requirements</b>	<b>Threshold (applies to Prime &amp; Subcontracts)</b>
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.  12+ CDBG-assisted units will trigger this requirement regardless of the amount of CDBG funds invested in a project.
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 businesses.	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.

<p>Minority Business Enterprise or Women-owned Business Enterprise</p>	<p>Good faith efforts to hire/contract with minority and women-owned businesses; includes subcontracts.</p>	<p>Any prime or subcontract of \$10,000+.</p>
<p>Build America, Buy America Preference</p>	<p>Construction materials and products must be purchased in America for infrastructure projects. These projects include rehabilitation, maintenance and reconstruction of buildings and real property.</p>	<p>Any covered construction materials and manufactured products. Waivers may apply if there are exigent circumstances, de minimis, small grants or minor components and tribal recipients.</p>

# 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; Section 3 requirements; and other cross-cutting federal requirements. Properties containing both eligible and ineligible uses, including those related to religious purposes, may apply, but additional qualifying criteria may be necessary.

## **PROPOSAL CHECKLIST REQUIREMENTS**

YES	NO	SUBMISSION REQUIREMENTS
<input type="checkbox"/>	<input type="checkbox"/>	COVER SHEET (ATTACHED FORM REQUIRED)
<input type="checkbox"/>	<input type="checkbox"/>	PROPOSED PROJECT INFORMATION (ATTACHED FORM REQUIRED)
<input type="checkbox"/>	<input type="checkbox"/>	NARRATIVE (SEE ATTACHED NARRATIVE QUESTIONS)
<input type="checkbox"/>	<input type="checkbox"/>	HUD PERFORMANCE MEASUREMENT WORKSHEET
<input type="checkbox"/>	<input type="checkbox"/>	PROGRAM BUDGET (ATTACHED BUDGET FORM REQUIRED)
<input type="checkbox"/>	<input type="checkbox"/>	ORGANIZATIONAL CHECKLIST
<input type="checkbox"/>	<input type="checkbox"/>	OTHER REQUIRED SUPPORTIVE DOCUMENTATION

## **EVALUATION & SCORING CRITERIA**

All proposals will be reviewed by a selection committee. The most qualified organizations or firms will be invited to participate in a final interview by virtual meeting upon selection. Per the Citizen Participation Plan, final decisions will be made by City Council.

For the initial review, proposals must meet the following threshold requirements:

1. The proposal must be fully completed
2. The proposal must be received by the application deadline
3. The proposal will need to meet federal requirements and eligibility under CDBG regulations

In addition, the following evaluation criteria will be used to determine the most highly qualified organizations or firms:

Criteria	Points Available
Background, experience, and qualifications of the organization and clear description of why funds are needed	40
Proposed scope, schedule, and measurable outcomes	40
Coordination or partnership with other organizations	10
Comprehensive budget	10
Total	100

End of section

# NON-HOUSING CAPITAL IMPROVEMENT PROJECT COVER SHEET

## ORGANIZATION/FISCAL SPONSOR INFORMATION

HUD Unique Entity Identifier: \_\_\_\_\_

Organization: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ E-Mail (required): \_\_\_\_\_

Organization Phone: \_\_\_\_\_ Board President: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Organization Budget: \_\_\_\_\_

# NON-HOUSING CAPITAL IMPROVEMENT PROJECT PROPOSED PROJECT INFORMATION

## PROPOSED PROJECT INFORMATION

Proposed Project Name: \_\_\_\_\_

Contract/Project Administrator Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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Total City of Alameda CDBG Funds Requested for FY 2026-27 (approximate): \_\_\_\_\_

Total Leveraged Funds Anticipated: \_\_\_\_\_

Number of Staff Participating in this Activity: \_\_\_\_\_

Brief Description of Activity and Anticipated Outcomes: \_\_\_\_\_

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Please initial one of the following statements to accept the use of the current boilerplate Agreement. Please call Housing and Human Services at 510.747.6890 if you need a copy for review.

\_\_\_ We were a previously funded sub-awardee and accept the use of the past Grant Agreement boilerplate in any contract for 2026-27.

\_\_\_ 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 2026-27.

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 a property description, including the age of building, if applicable. Please attach photographs, if possible.

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### 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.

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### 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, i.e. Low Moderate Income (LMI) Area Benefit, Limited Clientele Benefit, Presumed (Special Needs) Benefit, LMI housing, or LMI job creation.

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**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.

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**5. Collaboration:**

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

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**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? **Timeline:** Provide a brief timeline for project implementation and achievement of projected benefit outcomes and how you plan to expend approved funds in a timely fashion (75% between July and March & 100% by the end of the fiscal year.

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**7. Leveraging:**

Describe additional Non-Federal sources of revenue or in kind donations for this program within your organization. Please state whether any of these funding sources are already committed and in what amount. Please only list funds specifically for use for this program within the City of Alameda.

Leveraged Funding Sources	Estimated Amount	Date Committed	Expected date to be committed	In-Kind?
Est. Total Other Funds:	\$			Yes/No
				Yes/No
				Yes/No
				Yes/No

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## **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 MATRIX CODES

Matrix codes are used to indicate—but do not establish—activity eligibility. An activity must be eligible in accordance with the regulations at 24 CFR 570.201 – 570.207 for Entitlements, 570.703 – 570.705 for the Section 108 loan guarantee program, and with Section 105(a) of the HCDA [42 USC 5305] and 24 CFR 570.482 for States. Please refer to the following website to determine which category best fits your program. Select the appropriate matrix code category in the table below.

<http://files.hudexchange.info/resources/documents/Matrix-Code-Definitions.pdf>

<input type="checkbox"/>	03A – Senior Centers (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	03N – Tree Planting
<input type="checkbox"/>	03B – Facilities for Persons with Disabilities (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	03O – Fire Stations/Equipment
<input type="checkbox"/>	03C – Homeless Facilities (not operating costs)	<input type="checkbox"/>	03P – Health Facilities
<input type="checkbox"/>	03D – Youth Centers (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	03Q – Facilities for Abused and Neglected Children
<input type="checkbox"/>	03E – Neighborhood Facilities (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	03R – Asbestos Removal
<input type="checkbox"/>	03F – Parks, Recreational Facilities	<input type="checkbox"/>	03S – Facilities for AIDS Patients (not operating costs)
<input type="checkbox"/>	03G – Parking Facilities (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	03Z – Other Public Improvements Not Listed in 03A-03T
<input type="checkbox"/>	03H – Solid Waste Disposal Improvements (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	06 – Interim Assistance
<input type="checkbox"/>	03I – Flood Drainage Improvements (Acquisition, Construction, or Rehabilitation)	<input type="checkbox"/>	11 – Privately Owned Utilities
<input type="checkbox"/>	03J – Water/Sewer Improvements (Installation or Replacement)	<input type="checkbox"/>	16B – Non-Residential Historic Preservation
<input type="checkbox"/>	03K – Street Improvements		
<input type="checkbox"/>	03L – Sidewalks		
<input type="checkbox"/>	03M – Child Care Centers		

## 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

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.

Continued on next page

## **ESTIMATE NUMBER OF BENEFICIARIES**

Identify the number of persons you anticipate serving in the following beneficiary population categories within the 3 income levels below (<30%, 30%-<50% and 50-80%).

<b><i>Number of Beneficiaries By Population/ &amp; Income Level</i></b> <b><i><a href="#">2025 HUD Income Limit</a> (CDBG Income Definitions)</i></b>	<b>Disabled</b>	<b>Senior</b>	<b>Youth</b>	<b>Homeless</b>	<b>Totals</b>	<b>Of Total, How Many Female Headed Households</b>
<b>Extremely Low Income</b> <b>(<a href="#">&lt;30% AMI</a>)</b>						
<b>Very Low Income</b> <b>(Low Income)</b> <b>(<a href="#">&lt;50% AMI</a>)</b>						
<b>Low Income</b> <b>(Moderate)</b> <b>(<a href="#">&lt;80% AMI</a>)</b>						
<b>Totals</b>						

## **ESTIMATE COST PER HOUSEHOLD**

By population category and income level, please provide estimated cost per household for anticipated CDBG beneficiaries.

<b><i>Number of Beneficiaries By Population/ &amp; Income Level</i></b> <b><i><a href="#">2025 HUD Income Limit</a> (CDBG Income Definitions)</i></b>	<b>Disabled</b>	<b>Senior</b>	<b>Youth</b>	<b>Homeless</b>	<b>Totals</b>	<b>Of Total, How Many Female Headed Households</b>
<b>Extremely Low Income</b> <b>(<a href="#">&lt;30% AMI</a>)</b>						
<b>Very Low Income</b> <b>(Low Income)</b> <b>(<a href="#">&lt;50% AMI</a>)</b>						
<b>Low Income</b> <b>(Moderate)</b> <b>(<a href="#">&lt;80% AMI</a>)</b>						
<b>Totals</b>						

4. **Goals, Scope of Work, & Cost per household/individual served:** Provide the number of unduplicated Individuals anticipated to be served by each detailed goal from your agency’s proposed scope of work. In addition, provide the cost per household/individual anticipated to be served. See examples below.

<b>FY 2026-27 Goal (Unduplicated Household/individuals)</b>	<b>Scope of work</b>	<b>Cost per household/individual served</b>
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.  
MUST ALSO ENSURE THAT YOUR ORGANIZATION CAN COVER COSTS FOR THE  
ENTIRE PROJECT IN ADDITION TO CDBG GRANT FUNDING.**

**(May be submitted in Microsoft Excel)**

	a	+	b	=	c
ITEM	FY2025-26 GRANT FUNDS REQUESTED		FY2025-26 LEVERAGED FUNDS (NON CDBG INCOME)		FY2025-26 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)					

# NON-HOUSING CAPITAL IMPROVEMENT ORGANIZATIONAL CHECKLIST

Organization Name: \_\_\_\_\_

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

<i>Please read question and check yes or no.</i>	YES	NO
<b>TRACKING CLIENT DATA</b>		
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 including race, ethnicity, income status, female headed household, renter, homeowner, etc.?		
<b>HUMAN RESOURCES POLICIES AND PROCEDURES</b>		
Does your agency have a code of standards governing procurement procedures? This is a requirement when using CDBG funds to procure services and/or supplies.		
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?		
<b>FINANCIAL POLICIES AND PROCEDURES</b>		
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 expend \$750,000 or more in Federal funds per year? <i>(For entities with fiscal year beginning July 1, 2024 and ending June 30, 2025)</i>		
Does your agency expend \$1,000,000 or more in Federal funds per year? <i>(For entities with fiscal year beginning October 1, 2024 or later and ending September 30, 2025)</i>		
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. Proof of 501c (tax exempt status for non-profit entities)
2. Certificate of Good Standing with the State (California Business Portal)
3. Articles of incorporation (for non-profit entities)
4. Organizational chart for entire organization
5. Key project staff, including;
  - Job description for key staff
  - Brief description of qualifications
5. Board roster, including:
  - Name, Affiliation, Years on Board
  - Meeting dates for previous 12 months
  - Number of years allowed for each board term
6. By-laws (for non-profit entities)
7. 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).<sup>1</sup>
8. Organization Budget (total operating budget showing sources and uses):
  - Current Budget
  - Proposed Budget
10. Project Budget Worksheet
11. Estimated Project Schedule (phases, milestones, and key dates)
12. Project/Program Material (Attach Brochures and Client Outreach Material)
13. Mission Statement
14. Non-discriminatory Policy
15. Reasonable Accommodation Policy
16. Procurement Policy (approved by Board of Directors)
17. Resolution authorizing application and designation of signatory, by the Board of Directors (Authorization to Request Funds & Designation of Authorized Official(s))
18. State and Federal Tax Exemption Determination Letters
19. Resumes of Program Administrator and Fiscal Officer
20. Conflict of Interest Questionnaire (followed by a discussion of the conflict of interest provisions)
21. Documentation of Compliance with National Objectives Proof of 501(c)3 (tax exempt status for non-profit entities)

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<sup>1</sup> 2 CFR 200.501, updated in January 2025 increases single audit threshold of Federal expenditures from \$750,000 to \$1,000,000 and are effective for entities with fiscal years beginning October 1, 2024 or later. Programs with fiscal year beginning July 1, 2024 - September 30, 2024 are still held to the prior single audit threshold of \$750,000 in Federal fund expenditures per annum.

## **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 Housing and Human Services at (510) 747-6890 or by email at [housing@alamedaca.gov](mailto:housing@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 Housing and Human Services at (510) 747-6890, or by email at [housing@alamedaca.gov](mailto:housing@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.

