

**CITY OF ALAMEDA
NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT
APPLICATION
CDBG FY 2025-27 REQUEST FOR PROPOSALS**

- FUNDING PERIOD:** July 1, 2025 - June 30, 2027. Second-year funding is subject to availability of funds and satisfactory performance of subrecipient meeting performance goals.
- 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 2:00 p.m. on **Thursday, February 13, 2025** for FY 2025-27 budget consideration.

OVERVIEW

The City of Alameda is soliciting applications from human service agencies and organizations interested in providing programs for low-income Alameda residents for the 2025-2026 fiscal year that begins on July 1, 2025, and ends on June 30, 2026. As you are aware, the public service program provides funding for costs related to direct services provided to low-income residents. All public service grant awards are provided through the City's Community Development Block Grant (CDBG) Program. The City's CDBG Program is funded by the U.S. Department of Housing and Urban Development (HUD). In FY 2024-2025, funding available through the City for non-housing public services and economic development was approximately \$310,900.

The CDBG Program provides monies for eligible projects and services that benefit low-income persons in the community. Therefore, agencies receiving public service grants from the City must meet federally established eligibility requirements (see page 3 in NOFA). In addition, religious organizations must comply with the conditions prescribed by HUD for the use of CDBG funds (see pages 4 and 5 in NOFA).

NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT PROPOSAL INSTRUCTIONS

PROPOSAL SUBMISSION REQUIREMENTS

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

**NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT
COVER SHEET**

ORGANIZATION/FISCAL SPONSOR INFORMATION SAM/Unique Entity Identifier (UEI) _____

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 PUBLIC SERVICES & ECONOMIC DEVELOPMENT PROPOSED PROGRAM INFORMATION

PROPOSED PROGRAM INFORMATION

Proposed Program Name: _____

Type of Application: _____

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 in FY 2024-25 (if applicable): _____

Total City of Alameda CDBG Funds Requested for FY 2025-26 (approximate): _____

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: _____

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

___ We are a current 2024-25 sub-grantee and accept the use of the current Grant Agreement boilerplate in any contract for 2025-27.

___ 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 2025-27.

Submitted by: _____
Signature Date

NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT NARRATIVE

REQUIRED NARRATIVE QUESTIONS:

1. Program Specific Narrative:

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 priority needs?

2. Measurable Outcomes:

Please describe the key client outcomes your project will achieve. Which of the HUD objectives and outcomes will your project achieve (please see below for HUD PERFORMANCE MEASUREMENT INSTRUCTIONS for further information).

3. 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.

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?

7. Timeline:

Provide a brief timeline for program/project implementation and achievement of projected client outcomes and how you plan to expend approved funds in a timely fashion by the end of the fiscal year.

8. 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:	\$			

9. Value Added:

What will these funds allow your organization to do that you may not be able to do now? What would be the impact on your program without these funds?

10. Staff Capacity:

Please describe the staff capacity for each key staff member. Include the job description and a brief description of qualifications.

Position	Name	Job Responsibilities	Hourly Rate

NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT 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 PUBLIC SERVICES & ECONOMIC DEVELOPMENT 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"/> Providing Decent Affordable Housing <input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <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 2025-26 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

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

NON-HOUSING PUBLIC SERVICES & ECONOMIC DEVELOPMENT ORGANIZATIONAL CHECKLIST

Organization Name: _____

Proposed Program: _____

<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 PUBLIC SERVICES & ECONOMIC DEVELOPMENT REQUIRED SUPPORTIVE DOCUMENTATION

1. ☐ Proof of 501c (tax exempt status for non-profit entities)
2. ☐ Project/Program Material (Attach Brochures and Client Outreach Material)
3. ☐ Organizational chart for entire organization
4. ☐ 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. ☐ Articles of incorporation (for non-profit entities)
8. ☐ 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)
9. ☐ Organization Budget (total operating budget showing sources and uses):
 - Current Budget
 - Proposed Budget
10. ☐ Project Budget Worksheet
11. ☐ Estimated Project Schedule
12. ☐ Mission Statement
13. ☐ Non-discriminatory Policy
14. ☐ Reasonable Accommodation Policy
15. ☐ Resolution authorizing application and designation of signatory, by the Board of Directors

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 Andre Fairley at (510) 747-6883 or by email at 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 Andre Fairley at (510) 747-6883, or by email at 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.

