



SAN JOAQUIN COUNTY

Health Care Services

Neighborhood Preservation

16988 S. Harlan Road, Lathrop, CA 95330

HOME-ARP FEDERAL GRANT PROGRAMS APPLICATION FOR FUNDING

HOME INVESTMENT PARTNERSHIPS- AMERICAN RESCUE PLAN (HOME-ARP)

APPLICATIONS ARE DUE BY APRIL 21, 2023 by 4:00 PM

A virtual workshop on the HOME-ARP Program will be held on April 6, 2023 at 11:00 AM.

Teams Meeting: Meeting ID: 294 697 413 716 Passcode: Y6YrnX

Submit to:

SAN JOAQUIN COUNTY

Health Care Services

Neighborhood Preservation Division

16988 S. Harlan Road, Lathrop, CA 95330

HAND DELIVERY REQUIRED

Faxed or emailed copies will not be accepted. Proposals received after the deadline will not be accepted. Applications submitted without the required attachments will not be accepted.

GRANT APPLICATIONS CAN BE FOUND AT:

<https://www.sjgov.org/departments/hcs/departments/neighborhood-preservation>

Published guidance can be found at https://www.hud.gov/program_offices/comm_planning/home-arp and <https://www.hudexchange.info/programs/home-arp/>.



**SAN JOAQUIN COUNTY
FEDERAL GRANT PROGRAMS FUNDING APPLICATION FOR
HOME-ARP INVESTMENT PARTNERSHIP-AMERICAN RESCUE
PLAN (HOME-ARP)**

SECTION I. GENERAL INFORMATION

1. Name of Entity or Organization: _____
Address: _____
City: _____ Zip Code: _____
2. Mailing Address (if different from above): _____

3. Executive Director/CEO: _____ E-mail: _____
4. Telephone Number: _____ Fax Number: _____
5. Contact Person: _____ E-mail: _____
6. Organization's Annual Financial Year: _____
7. Organization UEI No. **(Mandatory)** _____
-

Amount of Grant Funds Requested: \$ _____ Total Project Cost: _____

Title of Proposed Project: _____

Project Site Location: _____

SECTION II. PROJECT INFORMATION

Eligible projects must fall within one of the following categories. Please check mark which category you are applying under:

- () Rental Housing New Construction or Rehabilitation
Construction of rental housing that will benefit the four qualifying populations.
- () Rental Housing Acquisition
Acquisition of rental housing that will benefit the four qualifying populations.
- () Tenant-Based Rental Assistance
Providing rental assistance to persons who meet the four qualifying populations

- () Supportive services
Covers the wide range of housing activities that are generally undertaken with HOME-ARP funds. This objective focuses on housing activities whose purpose is to meet individual family or community housing needs.
- () Acquisition of non-congregate shelter
Acquisition of non-congregate shelter that meets the needs of the four qualifying populations
- () Development of non-congregate shelter
Development of non-congregate shelter that meets the needs of the four qualifying populations

Additionally, all proposed projects/program must benefit for the four Qualifying Populations (QP) that HUD has earmarked these funds for. Please check which QP(s) your application would primarily serve (more than 1 option may be checked)

- () Homeless as defined in 24 CFR 91.5
- () At-risk of homelessness as defined in 24 CFR 91.5
- () Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or Human trafficking, as defined by HUD
- () Other populations where providing supportive services under section 212(a) of NAHA (42 U.S.C. 1274(a)) would prevent the family's homelessness or would serve those at greatest risk of housing instability.

A. PROJECT NARRATIVE

1. Project Description. Provide a concise description of the proposed project (work to be performed; project to be undertaken or services to be provided).
2. Needs Statement. Identify and document the deficiency to be addressed by the proposed project.
3. Objectives, Outcomes and Indicators. Identify how the proposed project will resolve the deficiency(s) identified in the needs statement and clearly establish measurable benchmarks and activities for success.
4. Internal Performance Measurement. Describe the system or systems that are in place or that will be utilized to determine whether or not the proposed project is achieving the established outcomes. How will you measure your successes or failures? How will you determine the overall success of the proposed project? Describe, in **quantifiable** terms.

5. Activities & Methodology. Specify tasks/activities to be undertaken to accomplish the objectives and explain how the activities will be implemented. Narrative should address only those activities necessary to implement the proposed objectives requested in this application and should establish a clear correlation between your stated objectives and the organizations program goals.
6. Schedule. Provide a realistic time frame for each identified activity with estimated completion dates.
7. Continuation Plan. Explain how the proposed project will continue after the requested funding ends. What are the proposed long-term changes or benefits? Will the activity be monitored after completion?

B. PROJECT CHARACTERISTICS

1. Name and address of the project site or facility:
2. Legal property owner:
3. Describe the geographic boundaries of the neighborhood, community, or region to be served by the project. This description should include service area boundaries if land acquisition or if structural improvements are proposed. (Attach a map).
4. Explain how this program differs from other programs providing similar services in Stockton/San Joaquin County. If this is a collaborative project, name the organizations involved and explain their involvement. Provide letters of intent from each participating agency specifying the agency's role and contribution to the project.
5. Does the proposed activity conform to the General Plan, zoning, and other regulations? Please describe all planning/predevelopment steps that have been completed to date. (e.g. architectural plans, engineering, land use approvals, permits, funding commitments, etc.)
6. Provide further information on building or property for which improvements are being proposed. Indicate whether it is owned or rented; if rented, provide conditions and terms of lease. Indicate whether property that would be renovated or purchased with HOME-ARP funds is currently occupied for residential or commercial/industrial uses.

7. Are there environmental issues, such as flooding, hazardous materials, lead-based paint, or historic preservation that will need to be considered? If yes, please explain.

() Yes

() No

8. Fair Labor Standards Act Compliance. Any construction project over \$2,000 will require payment of prevailing wages. Did you consider paying prevailing wages when developing your project budget?

() Yes

() No

() Not Applicable

9. If the proposed project includes acquisition and/or rehabilitation of rental property that may require temporary, or permanent displaced tenants, this project may be subject to the Uniform Relocation Act and therefore, your budget must include the cost of relocating the displaced tenant. Did you include relocation costs when developing your project budget?

() Yes

() No

() Not Applicable

C. BENEFICIARY INFORMATION

Each activity must have a direct benefit to persons meeting one or more of the four qualifying groups. A direct beneficiary is defined as a person or family receiving a direct service (benefit) for which they are required to either complete a homeless verification form, or submit an application for the purpose of demonstrating eligibility under a particular criteria (such as income limit). The HOME-ARP program has income targeting requirements for the HOME-ARP program and for HOME-ARP projects. Therefore, the participating jurisdiction must determine each family is income eligible by determining the family's annual income.

1. How does (will) your organization verify income eligibility of your clients?

Yes or No

• Two months source documents evidencing annual income	
• Written statement ensuring completeness and accuracy, with condition source documentation must be supplied if requested	
• Written statement of government benefits indicating the family size and amount of annual income	
• Proof of meeting one of four qualifying populations: 1. Homeless as defined in 24 CFR 91.5 2. At-risk of homelessness as defined in 24 CFR 91.5 3. Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or Human trafficking, as defined by HUD 4. Other populations where providing supportive services under section 212(a) of NAHA (42 U.S.C. 1274(a)) would prevent the family's homelessness or would serve those at greatest risk of housing instability.	

2. Provide the number of people or households that will directly benefit from your program daily and annually. Indicate how these numbers were obtained or derived. (History of program, Census data).
3. Describe the method used to gather demographic and other statistics for reporting purposes. (Include the name of software, if applicable.)

D. DEMOGRAPHIC INFORMATION (Numbers provided should be based upon historic levels or supportable projections.)

1. Indicate the number of residents, by jurisdiction, expected to benefit from the proposed activity.

Stockton _____	Lodi _____
Unincorporated San Joaquin County _____	Manteca _____
Escalon _____	Ripon _____
Lathrop _____	Tracy _____
TOTAL _____	

2. Indicate the percentage of clients to be served by income level:

Extremely Low Income _____% (< 30% Median)	Very Low Income _____% (31-50% Median)	Low Income _____% (51-80% Median)
--	---	--------------------------------------

3. Indicate the percentage (%) of Clients by sex to be served: Male _____% Female _____%

4. Indicate the percentage (%) of clients to be served by age group:

0-5 ____%, 6-17 ____%, 18-61 ____%, Over 62 ____%

5. Ethnicity. Do you request information on whether your clients are of Hispanic ethnicity?
() Yes () No

6. Race. Indicate the number and percentage of the clients to be served:

	NUMBER	PERCENTAGE
American Indian or Alaska Native		
Asian		
Black or African American		
Hispanic		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		

TOTALS:		
Handicapped		
Female Head of Household		

7. What is the basis for the provided demographic information?
8. If your organization does not currently obtain ethnicity and race information on the clients to be served by the proposed project, please explain how this information will be obtained to meet this requirement.

SECTION III. ORGANIZATION INFORMATION

A. BACKGROUND

Please check all that apply:

- () Non-Profit Organization () Community Development Housing Organization (CHDO)
 () Public Agency () Faith-Based Organization

1. Describe the specific types of services/activities/projects that your organization provides, specifically as they relate to benefiting low and moderate income persons.
2. Longevity:
 - a) Number of year's organization has been in business _____
 - b) Number of year's organization has operated as a 501 (c) (3) _____
 - c) Has this organization operated under another name? () Yes () No
If yes, list all previous names:
 - d) Number of year's organization has conducted the program for which funding is requested: _____

B. QUALIFICATIONS

1. Please describe your organization's history and experience in providing services to the community.
2. Discuss the agency's capability to develop, implement and administer the proposed project.
3. Describe the organization's outreach and service delivery methods.

SECTION IV. FUNDING NARRATIVES

1. Has your organization previously received CDBG, HOME-ARP, and/or ESG funding?
() Yes () No
 - a. If yes, when?
 - b. How much? \$ _____
 - c. Describe the specific use of that funding to date.
2. What other sources of funding are budgeted for the proposed activity? Please list all committed and proposed sources of funding for this project and indicate the status of each source. Attach copies of any commitment letters you may have.
3. Describe your organizations plan to become self-sustaining, thereby eliminating the need for future CDBG funds.

SECTION V. FINANCIAL INFORMATION

1. For HOME-ARP applicants, provide a proposed line-item budget for this activity indicating the sources and uses of funds. The format for the budget should be four columns with the first column consisting of a line-item description; the second column indicating, by line item, the proposed expense/revenue excluding proposed HOME-ARP assistance; the third column indicating the proposed HOME-ARP assistance in the appropriate line(s); and the fourth column totaling columns 2 and 3 and reflecting the agencies proposed fiscal year budget. (Sample line-item budget can be found on the last page of the application.)
2. Provide a copy of your organization's financial statement for the most recent completed fiscal year. Include a balance sheet and income and expenditure statement.
3. Provide a copy of letter or audit indicating review of most recent financial statement from certified and/or public accountant.
4. If non-profit, provide proof of non-profit status; copy of determination letter from State Franchise Tax Board or Federal Internal Revenue Service confirming non-profit status.

SECTION VI. AUTHORIZED SIGNATORY

I hereby certify that I have read this application and the exhibits thereto, and know the contents thereof, and that the statement therein are true, and that I have been authorized by the governing board to submit this application.

Authorized Representative Signature

Date

Printed Name and Title

SAMPLE BUDGET WORKSHEET

Note: The completed sample worksheet is intended to show the level of detail the County is seeking for the budget only and does not necessarily reflect appropriate project cost effectiveness, leveraging ratios, or other application criteria.

Applicant: VERY BEST ORGANIZATION	Activity Cost		
Activity: OUTSTANDING PUBLIC SERVICE ACTIVITY			
Program Implementation (Direct Program Cost)	CDBG Only	Other Sources	Total
Task 1: Develop workshop training materials	\$10,000	\$5,000	\$15,000
Task 2: Newspaper ads for workshop (12 @ \$125 ea)	\$1,000	\$500	\$1,500
Task 3: TV and radio ads (6 @ \$350 ave. ea)	\$10,000	\$1,100	\$2,100
Workshop supplies (pencils, chalk, paper supplies, pens, etc.) @ \$5/student, 300 students per year	\$0	\$1,500	\$1,500
Workshop classroom rent, including utilities: 8 hrs./mo. @ \$ 25/hr for 4 months	\$800	\$0	\$800
TOTAL Program Implementation	\$12,800	\$8,100	\$20,900
Personnel/Other Costs (Program Administration)			
Workshop Coordinator: 1,000 hours @ \$25/hr., including benefits (developing and conducting workshops	\$25,000	\$0	\$25,000
Workshop Clerical Support: 240 hours @ \$11.50/hr., no benefits (typing workshop materials, program accounting)	\$2,760	\$0	\$2,760
Workshop Manager: 48 hours @ \$55/hr., including benefits (general grant administration)	\$2,640	\$0	\$2,640
Workshop staff travel expenses, 120 miles round trip @ .30 per mile	\$360	\$0	\$360
Annual subscription to "Workshop Times" magazine	\$0	\$25	\$25
1-day seminar "Workshop Techniques for the 21st Century" in Sacramento, August 2014, for 2 staff persons @ \$500 each (includes seminar fee, travel, lodging, and meals	\$0	\$1,000	\$1,000
TOTAL Personnel/Other Costs	\$30,760	\$1,025	\$31,785
TOTAL CDBG REQUEST	\$43,560		
TOTAL ACTIVITY COST - ALL SOURCES		\$9,124	
COMBINED TOTAL			\$52,685