

**CITY OF SAN JOSÉ
COMMUNITY DEVELOPMENT
BLOCK GRANT (CDBG)
AND
HEALTHY NEIGHBORHOODS
VENTURE FUND (HNVF)**

**FY 2002-2003 GRANT PROPOSAL
GENERAL APPLICATION PACKET**

***LATE, E-MAILED, POSTMARKED, FAXED OR
INCOMPLETE APPLICATIONS
WILL NOT BE ACCEPTED***

**CDBG APPLICATIONS ARE DUE ON
MONDAY, JANUARY 7, 2002**

**HNVF APPLICATIONS ARE DUE ON
TUESDAY, JANUARY 15, 2002**

5:00 PM (SHARP!!!)

AT

**DEPARTMENT OF PARKS, RECREATION AND
NEIGHBORHOOD SERVICES
4 NORTH SECOND STREET, SUITE #600
(408) 277-4971 and 277-3707**

**CITY OF SAN JOSE
CDBG AND HNVF GRANT PROGRAMS
2002-03 APPLICATION FORM**

APPLICATION SUMMARY SHEET

This General Application Packet is to be used by applicants applying for Healthy Neighborhoods Venture Fund (HNVF) and Community Development Block Grant (CDBG) funding for the fiscal year 2002-03. This application can be used for both operating and physical improvement projects.

Application Preparation Directions:

- Do not exceed the number of pages allocated to each section
- Use Times New Roman 12 pt. font, single-spaced with 1 inch margins on all sides
- Type pages single sided only
- Label each page with a header in the upper right hand corner (the header should include the organization name on the top line and title of the project on the 2nd line)
- Include page numbers on all pages within the narrative response section of the application
- Words that are *underlined and italicized* throughout the General Application Packet are defined in the Glossary of Terms, Attachment VIII, in the General Information Packet. Applicants should reference the Glossary of Terms when preparing the application.
- Attendance at an application workshop is strongly recommended.

Application Submittal Directions:

Your application should consist of the following pages and should be submitted in the sequence shown below:

1. Program Specific Pages (Applicant Information Page and Project Eligibility Narrative)
2. Narrative responses to the Main Application Pages
3. Applicable Attachments

For further detail on the necessary components of each element, an application checklist is included in the application packet. In order to ensure a complete application, the application checklist should be referenced when preparing the application for submittal.

One original and four copies of the application and all attachments, with the exception of entry criteria documents, must be submitted for each grant program. Only one copy of entry criteria documents need be submitted.

Directions for Submitting More Than One Application:

If your agency is applying for funding from both CDBG and HNVF grant programs, a separate and complete application must be submitted to each grant program. A complete application includes the CDBG or HNVF program specific pages, narrative responses to the main application pages, and all applicable attachments. Each application must be submitted by the respective application due date for each grant program (January 7 for CDBG and January 15 for HNVF).

If your agency is submitting an application for both CDBG and HNVF grant programs, please check the appropriate box on the Applicant Information Page in the General Application Packet. You will need to identify whether the applications submitted for CDBG and HNVF are:

- | | <u>Project Title (Example)</u> |
|--|---|
| • Two different and unrelated projects | Senior Wellness – HNVF
Youth Facility Renovation – CDBG |
| • The exact same project | Senior Wellness – HNVF
Senior Wellness – CDBG |
| • Different components of the same project | Senior Center Renovation-Kitchen – HNVF
Senior Center Renovation-Bathroom – CDBG |

Identifying this information upfront will assist Grants Section staff in coordinating project analysis of the applications, and the schedule for project interviews and project hearings.

Applicant Information Page:

A **five-line summary** of your proposed services is included on the HNVF and CDBG Applicant Information page. Applicants should provide a summary, not to exceed five lines, of the project services and how the services will produce the desired outcome. The summary should include the type of services that your project will provide, the desired outcome, and the number of people who will be served. Be sure to describe the project rather than the overall need for the service. This response will be used in the proposal log that will be distributed to the HNVF Advisory Committee and CDBG Steering Committee. Physical improvement projects qualify for funding based on the public services that are provided. For physical improvement projects, the project summary should describe the physical improvement project and public services that will be provided upon completion of the physical improvement project.

**CITY OF SAN JOSE
HNVF AND CDBG GRANT PROGRAMS
GENERAL APPLICATION PACKET
FY 2002-2003**

Application Issue Date: Monday, November 19, 2001

Application Due Dates: CDBG – Monday, January 7, 2002, 5:00 PM

HNVF - Tuesday, January 15, 2002, 5:00 PM

**NO LATE, E-MAILED, POSTMARKED, FAXED OR
INCOMPLETE APPLICATIONS WILL BE ACCEPTED**

Place: Department of Parks, Recreation & Neighborhood Services
Neighborhood Services Division, Grants Section
4 N. 2nd Street, Suite 600
San Jose, CA 95113

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Application Checklist

HNVF Applicant Information

HNVF Project Eligibility

CDBG Applicant Information

CDBG Project Eligibility

Main Application

Attachments

APPLICATION CHECKLIST

PROJECT TITLE _____

ORGANIZATION NAME _____

Directions

GRANT PROGRAM _____

- Check the appropriate box to indicate that the items are attached.
- **All attachments must be properly labeled** with the Project Title and Organization Name in the upper right corner of the first page of the attached document.
- Application should be submitted in the order shown below.

Yes

No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | One original and four copies of the program specific pages, narrative responses to the main application pages and applicable attachments except for Entry Criteria information . An original is only required for these documents. |
| <input type="checkbox"/> | <input type="checkbox"/> | CDBG or HNVF Applicant Information Page |
| <input type="checkbox"/> | <input type="checkbox"/> | CDBG or HNVF Project Eligibility Narrative (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Description Narrative (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Minor Project Narrative (Optional) (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Needs - (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Outcomes - (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Innovation/Best Practices – (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Leverage – (1 Page) |
| <input type="checkbox"/> | <input type="checkbox"/> | Capacity to Achieve Results – (2 Pages) |
| <input type="checkbox"/> | <input type="checkbox"/> | Operational Performance – (1 Page) |
| | | Physical Improvement Projects Only: (4 Pages Total) |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Implementation - (Physical Improvement Projects) |
| <input type="checkbox"/> | <input type="checkbox"/> | Feasibility Criteria - (Physical Improvement Projects) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment A Scope of Service-Operating Project |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment B Scope of Service- Physical Improvement Project |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment C Budget Worksheet- Operating Project |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment CC Minor Project Budget Worksheet- Operating Project (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment D Budget Worksheet- Physical Improvement |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment DD Minor Project Budget Worksheet- Physical Improvement Project (Optional) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment E Project Scoping Form (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment F Resource Table |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment G Signed Certificate and Assurances |
| <input type="checkbox"/> | <input type="checkbox"/> | Attachment H Signed Statement of Fiscal Agent (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Attach instrument for outcome measurement (if applicable) |
| | | Entry Criteria Documents: (submit 1 set only) |
| <input type="checkbox"/> | <input type="checkbox"/> | 501 (c)(3) documentation (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | For-profit: proof of entity & San Jose business license (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Authorization to sign |
| <input type="checkbox"/> | <input type="checkbox"/> | Clientele sheet |
| <input type="checkbox"/> | <input type="checkbox"/> | Most recent agency audit and management letter |

- □ Explanation of Reportable Conditions in Audit (if applicable).

APPLICATIONS ARE DUE:

CDBG-Monday, January 7, 2002

HNVF-Tuesday, January 15, 2002

AT 5:00 PM Sharp!

4 NORTH SECOND STREET Suite #600
SAN JOSE, CA 95113

NO LATE, E-MAILED, POSTMARKED,
FAXED OR INCOMPLETE APPLICATION
WILL BE ACCEPTED

HNVF APPLICANT INFORMATION

Project Title _____

Funding Category

<input type="checkbox"/> Tobacco Free Community/Health	<input type="checkbox"/> Education/Health	<input type="checkbox"/> Senior Services/Health
--	---	---

Project Type

<input type="checkbox"/> Physical Improvement	<input type="checkbox"/> Operating	<input type="checkbox"/> Both
---	------------------------------------	-------------------------------

Organization Name _____

Type of Organization

<input type="checkbox"/> Non-Profit with 501 (c)(3) status	<input type="checkbox"/> Governmental Jurisdiction
<input type="checkbox"/> For-Profit with Proof of Legal Status	<input type="checkbox"/> City of San Jose
<input type="checkbox"/> Association with a Fiscal Agent	<input type="checkbox"/> Other Specify _____

Project Contact Person _____

Project E-mail Address for Contact Person _____

Mailing Address _____

Telephone No. _____ Fax No. _____

Name/Title of Individual Authorized to Enter Into Agreement: _____

Fiscal Agent (if applicable) _____

If completing this line, attach Statement of Fiscal Agent Responsibilities Form.

Assessors Parcel Number (physical improvement projects only) _____

HNVF PROJECT FUNDING INFORMATION

2002-2003 Project Request	2002-2003 Minor Project Request	Are you also applying for CDBG funds? ____ Are the applications:
		<input type="checkbox"/> Two different and unrelated projects
		<input type="checkbox"/> The exact same project
		<input type="checkbox"/> Different components of the same project

Please provide a five-line summary of your proposed project in the box below.

HNVF PROJECT ELIGIBILITY

Attach a narrative not to exceed one (1) page addressing the following:

I. Entry Criteria

To answer the statements below applicants will need to describe how their proposed activity relates to each statement and attach the appropriate document(s) requested.

A. Describe your organization's status and attach supporting documentation for one of the following:

- a government agency
- a private, non-profit agency with 501(c)(3) status
- a private, for-profit entity with proof of status and license to do business in San Jose
- a recognizable association of people with a fiscal agent:
 - proof that your fiscal agent is either a government agency, a private non-profit agency with 501(c)(3) status, or a for-profit entity with proof of entity and San Jose business license
 - signed Statement of Fiscal Responsibilities form from the fiscal agent showing agreement to apply for funding on your behalf and to comply with the responsibilities of a fiscal agent (Attachment H)

B. Describe your clientele and/or service area (Project must serve San Jose residents). Attach one of the following:

- clientele sheet
- the projected number of residents or neighborhoods to be served

Physical improvement projects must describe the clientele for the services that will be served by the proposed project.

C. Describe why this project is appropriate for funding from the HNVF grant program. Specifically, indicate how the project relates to the project category applied for and the funding area related activities listed under the category. These activities are listed in Attachment II of the General Information Packet. If applying for both HNVF and CDBG funds, indicate the portion of the project that you are requesting the HNVF fund to support.

CDBG PROJECT ELIGIBILITY

CDBG PROJECT ELIGIBILITY

Attach a narrative not to exceed one (1) page addressing the following:

I. Entry Criteria

To answer the statements below applicants will need to describe how their proposed activity relates to each statement and attach the appropriate document(s) requested.

- A. Describe your organization's status and attach:
- The supporting documentation that your organization is a private, non-profit with 501(c)(3) status.
 - The authorization document of individuals authorized to sign on behalf of the organization.
 - The latest audit
 - If funded other documents will need to be submitted to the CDBG office (see Attachment I of the General Information Packet).
- B. Define your CDBG eligible clientele and service area. Additionally, attach one of the following:
- Clientele sheet (**applies to** CDI Non-Construction Projects and **may apply** to CDI Physical Improvement Projects).
 - Census Tract information (**may apply** to CDI Physical Improvement Projects and CDI Non-Construction Projects).
 - Alternative documentation referenced in Attachment III on pages 11-12 of the General Information packet.
- C. Describe your CDBG eligible activity (see Attachment III of the General Information Packet). Explain how this activity will address the national objective of serving low/moderate income persons (incomes 80% or less of City of San Jose median income), with an emphasis on very low income, or preventing and eliminating slums and blight. Identify the percentage of low-income clientele that are or will be served by the activity. Clientele sheets (see Attachment III of the General Information Packet for Median Income information) must support this percentage.
- D. Describe why this project is appropriate for funding from the CDBG grant program. If applying for both HNVF and CDBG funds, indicate the portion of the project that you are requesting the CDBG fund to support.

MAIN APPLICATION

Attach a narrative not to exceed the pages identified for each criterion. Please note that all narratives should be single-spaced using 12 point Times New Roman font.

I. Project Description

Attach a narrative not to exceed two (2) pages addressing the following sections regarding projection description. Physical improvement projects should describe the services that will be provided.

- A. **Current Program** – Describe your current project/services. Include in the description the various *activities*, the *outputs*, and the number of *unduplicated participants* served. For physical improvement projects, describe current services that are being provided, if any, at the existing location.
- B. **Proposed Program and Level of Service** - Provide a detailed description of your proposed project to be funded by the grant program(s). For operating projects, include a description of the additional *activities* to be delivered, the *outputs* to be added to the existing program, and the additional number of *unduplicated participants* to be served that will result from the receipt of funds applied for. For physical improvement projects, describe the physical improvement project and the resulting *activities* to be delivered, the *outputs* to be provided, the number of *unduplicated participants* to be served upon completion of the physical improvement project. This discussion should focus on the proposed project, not total agency services.
- C. **Goals** – Complete one of the following attachments. If you are applying for funds under both CDBG and HNVF programs, complete one scope of service form for each grant program.
 - Scope of Service for Operating Projects- (**Attachment A**)
 - Scope of Service for Physical Improvement Projects- (**Attachment B**)
- D. **Budget** – Complete one of the following budget worksheets. If you are applying for funds under both CDBG and HNVF programs, complete one budget worksheet form for each grant program.
 - Operating Project- (**Attachment C**)
 - Physical Improvement Project- (**Attachment D**)

II. Minor Project (Optional)

Attach a narrative not to exceed two (2) pages.

No smaller project will be considered unless it is described in this section.

Note: Physical Improvement Projects should describe the scaled back version of the construction project.

- A. If funding requested for the entire project cannot be recommended, it may be possible to recommend a smaller amount to support a minor project. The minor project must be related to the larger project, but must be able to stand alone as a complete project. It can be a scaled back version of the larger project (i.e. includes all *activities* but serves fewer *unduplicated participants*) or have fewer *activities* than the larger project. The amount of funding for the minor project represents the level of funding below which the project will no longer be viable.

Physical improvement projects must be completed within eighteen (18) months. Operating projects are supported on a yearly basis and must be completed within twelve (12) months. Describe the minor project. Describe how this minor project changes the *activities* to be delivered, the *outputs* to be provided, and the number of *unduplicated participants* to be served. Explain how this minor project affects your response to the rating criteria.

- B. Minor Project Budget- Complete one of the following budget worksheets:
- Minor Operating Project- (**Attachment CC**)
 - Minor Physical Improvement Project- (**Attachment DD**)

III. Criteria

A **five point relative scale** (a.k.a. Likert Scale) ranging from Very Low to Very High will be used to evaluate answers provided by applicants for the following four evaluation criteria: Needs, Outcomes, Innovation/Best Practices and Leverage. A **three point rating scale** consisting of “**Yes**”, “**No**”, and “**Conditional**”, will be used to evaluate answers provided by applicants for the following three criteria: Capacity to Achieve Results, Operational Performance and Feasibility (Physical Improvement projects only). Applicants that rate a “No” on one of these three criteria will not be recommended for funding. Attachment VII of the General Information Packet details how responses for each Criterion will be rated.

A. Needs (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Describe in detail the need your proposed project addresses. In the discussion, explain how the proposed project provides services to at-risk and/or under served populations. What indicators are used to determine that your clients are at-risk and/or under served? Or cite documentation that designates that your project clients are at-risk and /or under served.

2. Describe how your proposed project aligns with a City of San Jose adopted Master Service and Development Plan. A list of the frequently cited Plans **includes, but is not limited to**, the following: Youth Services Master Plan; Blueprint for Bridging the Digital Divide; Planning for the Age Wave – City of San Jose Aging Services Master Plan; San Jose’s Child Care Challenge; GreenPrint; Strategic Plan: Services for Persons with Disabilities; and the Strong Neighborhoods Initiative Plan. Neighborhood specific plans include:
 - Poco Way Neighborhood Revitalization
 - Midtown Specific Plan
 - Rockspring Neighborhood Revitalization Plan
 - Santee Neighborhood Revitalization Plan
 - University Neighborhood Revitalization Plan
 - Washington Neighborhood Revitalization Plan
 - Alviso Master Plan
 - Edenvale/Great Oaks Neighborhood Revitalization Plan

This is not a complete list of City adopted Master Plans. The frequently cited Plans are available at the Reference Section of the City of San Jose Libraries.

3. Explain how the proposed project directly contributes to the grant program goals. (The specific grant program goals can be found in Attachments II and III in the General Information Packet.)

4. Describe how the target population was involved in developing the proposed project and/or in evaluating services provided.

C. Innovation/Best Practices (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Projects may use innovative techniques or established *best practices* to produce results. Provide details on what makes your service delivery method innovative in its methodology. *Innovation* does not necessarily refer to projects new to San Jose. To be innovative a project must utilize new methods, practices or processes to achieve results. If claiming an innovative project, you must demonstrate that an internal review of your service delivery process has taken place, and that you have modified your program based on your findings. If claiming “best practices,” discuss and document your organization’s or program’s track record in achieving program objectives. A “best practice” is evidence-based and replicates approaches to service delivery that have worked in the past and have produced successful results. What indicators were used to determine that your methods constitute “best practice”? Have you received outside recognition for your practices?

D. Leverage (5 Point Scale)

Attach a narrative not to exceed one (1) page addressing the following:

1. Describe your efforts to obtain funding for this project from other agencies. Explain how the funding for this project has been leveraged. Include in your description all resources that have been committed to this project that will be exhibited in the budget page. **Please only describe project leverage and not total agency leverage.** For sources listed on the Resource Table as “pending” or “projected”, identify whether the project has received these funds in the past. Do these funds represent likely continuing funding from a renewable funding source.
2. Resource Table- Complete **Attachment F**
The resource table will be used to demonstrate what other program specific funding your agency has secured or is in the process of securing. Do not include this grant request on the resource table. The total funds on the Resource Table should match the “other funds” total on the budget attachment.
3. Describe non-monetary resources, such as in-kind donations, rental-free use of facilities, and volunteers that have been leveraged for this project.

4. Explain how your proposed services are coordinated with existing services resulting in a more efficient or cost effective method of service delivery. Are you collaborating with any City Departments or Programs? If so, describe the nature of the *collaboration*.

E. Capacity to Achieve Results (3 Point Scale)

Attach a narrative not to exceed two (2) pages addressing the following:

1. Provide the number of staff, position and experience of staff to perform the project. If staff has not been hired, describe the competencies and skills required for the position(s). Discuss how long your agency has been providing this type of service or a related service to the community.
2. Operating Projects: Explain all major items included in the budget to confirm that it is reasonable and complete, and that it supports the project description. If positions, or portions of positions, are proposed to be funded from this grant list the positions and amounts to be requested for reimbursement in a table format as shown below.

Example:

Position	Total Salary	% Charged to this Grant	Total Salary Charged to this Grant
Program Manager	45,000	50%	22,500

If contractual services are proposed to be funded from this grant, provide a narrative description of the scope and quantity of the services for each contract. Then list the individual contracts on a table format shown below:

Purpose of Contract	Amount of Contract	% Charged to this Grant	Total Contract Amount Charged to this Grant
Computer Training	50,000	50%	25,000

If equipment is going to be purchased, list all items, number to be bought, and estimated cost for each line item.

Number	Item	Cost per Unit	Total Cost
2	Laptops	2,700	5,400
1	Printer	1,800	1,800

Physical Improvement Projects: In an effort to support the cost of your physical improvement project, it is highly recommended that you secure at a minimum at least two estimates from a licensed general contractor. The general contractor should include in the estimate the following:

- Name of construction firm providing the estimate.
- Construction firm’s license number.
- Address of construction firm.
- A cost breakdown of each construction item (i.e., unit cost, quantity and type of material to be used (quality)).
- Total square footage impacted by this construction work.
- A narrative from the construction firm detailing the scope of the work to be performed.

*The estimates submitted with the application should not be more than three months old.

If construction estimates cannot be secured, **Attachment E** needs to be completed and the following must be provided.

- A detailed narrative describing the scope.
- Assumptions made about the scope and timeline.
- Explanation of how the cost of work was determined.
- Explanation of how cost over runs will be managed if the estimated cost of performing the work is underestimated

3. Attach a work plan that shows how your agency will achieve the project’s intended results. The intended results refer to the outcome measures. Milestones are the major elements or steps that are needed to achieve results. These may include dates for project planning, the hiring of staff, set-up of outcome measurement system, service delivery, outcome evaluation, etc. Operational agreements and the location for service delivery are two elements that should be in place or should be included in the work plan. Provide the information in a table format as shown below. For operating projects, the work plan should reflect a project’s “readiness” to begin delivering the proposed services by July 1, 2002.

	Month											
Activity By <u>Program Component</u>	7	8	9	10	11	12	1	2	3	4	5	6
Counseling Component												
Hire Counselor	X											
Etc.												

F. Operational Performance (3 Point Scale)

If Agency has been audited:

Applicants that have previously been audited must submit a copy of the most recent agency audit. Staff will determine the agency's fiscal and administrative capacity to provide the proposed project by evaluating the audit.

If Agency has not been audited:

If your agency has not been audited, please refer to Attachment I (Entry Criteria) in the General Information Packet to determine grant eligibility.

Applicants that have not been previously audited and are not submitting a copy of their agency's most recent audit must demonstrate that appropriate fiscal and administrative systems are in place by addressing the following questions in a narrative not to exceed one (1) page.

Fiscal Systems (Required):

1. Does your agency have an accounting system? If so, describe the accounting system that is in place. Who is responsible for maintaining the accounting records for the agency? What procedures are in place to account for contributions, including pledges, donated materials and services, special events and membership dues?
2. Does your agency have a payroll system?
3. Does your agency have a checking account at a bank? Who is authorized to sign checks?

Administrative Systems (Desirable):

4. Does your agency have written Personnel Policies?

All agencies: In addition to reviewing the audit or fiscal systems, staff will review the ability of previously funded agencies to meet contractual agreements.

IV. Physical Improvement Projects – Information Only

In addition to the previous sections, all physical improvement project applicants must answer the following questions. The response should not exceed four (4) pages.

A. Project Implementation –

1. Provide an overview of the scope of the physical improvement project, the components of the project, and where you are in the planning stages. (Ex: Are the designs finished? Has an architect been hired? Have you completed fundraising for the project?)

2. Describe the location of the project. Provide an address if available. Have you made an offer on the property? Have you bid the project?

3. Summarize the discussion your organization has had with the City Planning Department regarding this project. What has the Planning Department said about zoning issues?
4. Discuss the drafted cost estimates including information about ADA improvements.
5. If this project has already begun, discuss how this request is separate from the activities that have started. Is this part of a larger project?

B. Feasibility (Rating Criteria – 3 Point Scale)

Describe specifically how your project(s) meets each feasibility criterion listed below. Include the date and year all requirements will be met. **Be sure to reference the feasibility criteria in Attachment VII - Evaluation Criteria in the General Information Packet when addressing these questions!**

1. Site Control

Explain your project's status regarding site control. List any supporting documentation included with this application. Describe any current or potential barriers to achievement of this criterion. Estimate the date site control will be completed.

2. Percentage of Total Project Budget In Place

Explain your project's progress toward achieving total cash commitment. What percentage of the total budget is currently in place? List any supporting documentation included with this application that demonstrates cash commitment such as funding commitment letters, or monthly financial reports. Correlate the status information to the desired funding years.

3. Compliance with City Security Requirements

Explain your project's status regarding compliance with city security requirements. List any supporting documentation included with this application. Describe any current or potential barriers to achievement of this criterion. Correlate the security information to the desired funding years.

4. Availability of Ongoing Operating Costs

- a. What are the projected costs and sources of funding for these services upon completion of the project?

<u>Service/Activity</u>	<u>Cost</u>	<u>Source of Funding</u>

5. Plan for Construction Management

Describe your plan for construction management. Will you be using an architect and/or construction manager (one or the other is permitted)? Will their services be provided pro bono? If not, what funds will be used?

ATTACHMENT A

(Scope of Service - Operating Project)

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT _____

PROGRAM _____

List (A) the number of *unduplicated participants* to be served per quarter (if services are provided directly to individuals), (B) one or two *intermediate outcome measure(s)*, (C) the outcome measurement method and 1 - 4 *activities/outputs* and units of service to be provided per quarter.

	Activities	Units of Service per Quarter				
A. Unduplicated Participants	1 st	2 nd	3 rd	4 th	Total	
Total Program						
This Grant						

B. Outcome Measure(s)

1.

2.

C. Outcome Measurement Method(s)

1.

2.

OUTPUT GOALS: List 1-4 Activities and Units of Service for Each Quarter

Activities/Outputs	1 st	2 nd	3 rd	4 th	Total
Ex: # of workshop sessions	6	6	6	6	24

ATTACHMENT B

(Scope of Service - Physical Improvement Project)

PROJECT

TITLE _____

ORGANIZATION

NAME _____

GRANT

PROGRAM _____

TIME SCHEDULE: Activities are identified for each type of project. Identify target dates (month/year) for all items that apply to your project. If you have already completed an activity, write the date (month/year) that it was completed.

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
ACQUISITION	
Identify potential sites	_____
Meet with City Planning/obtain permits	_____
Obtain Environmental Review	_____
Purchase property	_____
Occupy property	_____
RELOCATION	
Obtain sign-off of relocates	_____
DEMOLITION	
_____	_____
CONSTRUCTION/REHABILITATION/EXPANSION	
Acquire property	_____
Meet with City Planning/obtain permits	_____
Obtain Environmental Review	_____
Advertise for and contract with architect	_____
Complete design work/plans and specifications	_____
Prepare bid packet for construction	_____
Advertise for bids	_____
Bid opening	_____
Sign contract	_____
Begin construction	_____
Finish construction	_____
Notice of project completion	_____

OTHER PROJECT SPECIFIC GOALS

Outcome 1 _____

Outcome 2 _____

Outcome 3 _____

Outcome 4 _____

ATTACHMENT C

BUDGET WORKSHEET OPERATING PROJECT

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT PROGRAM _____

	2002-2003		
	Grant Request	Other Funds	Total Project Cost
PROPOSED OPERATING EXPENSES	COL 1	COL 2	COL 3
Personnel Services			
Fringe Benefits			
Supplies			
Communication			
Printing			
Utilities			
Occupancy			
Travel			
Insurance			
Equipment Rental			
Equipment Purchase			
Contract Services			
Audit			
Other (Specify)			
Other (Specify)			
Overhead			
Total Operating Expenses			

PROPOSED OPERATING REVENUES			
Other Funds			
This Grant Request			
Total Operating Revenue			

ATTACHMENT CC (Optional)

**BUDGET WORKSHEET OPERATING PROJECT
(Minor Project)**

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT PROGRAM _____

	2002-2003		
	Grant Request	Other Funds	Total Project Cost
PROPOSED OPERATING EXPENSES	COL 1	COL 2	COL 3
Personnel Services			
Fringe Benefits			
Supplies			
Communication			
Printing			
Utilities			
Occupancy			
Travel			
Insurance			
Equipment Rental			
Equipment Purchase			
Contract Services			
Audit			
Other (Specify)			
Other (Specify)			
Overhead			
Total Operating Expenses			

PROPOSED OPERATING REVENUES			
Other Funds			
This Grant Request			
Total Operating Revenue			

ATTACHMENT D

BUDGET WORKSHEET PHYSICAL IMPROVEMENT PROJECT

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT PROGRAM _____

PROPOSED EXPENSES	2002-2003		
	Grant Request COL 1	Other Funds COL 2	Total Project Cost COL 3
ACQUISITION			
Appraisal			
Purchase Price (Land/Bldg.)			
Escrow & Title Costs			
Relocation			
Demolition			
SUBTOTAL			
PREDEVELOPMENT AND/OR ENGINEERING AND INSPECTION			
Fees & Permits			
Engineering and Inspections			
Studies (including Environmental & Advertising			
Architect			
Construction Manager			
SUBTOTAL			
CONSTRUCTION			
*Primary Construction Contracts			
**ADA Construction Cost			
Modular Cost			
*Other Construction Cost			
Landscaping			
Parking (Off-Street)			
Public Street Improvements			
Utilities			
SUBTOTAL			
TOTAL			

* **Attach a page** listing construction components included in the Primary Construction and/or elements included in the Other Construction category (physical improvement projects only).

** Federally funded projects must meet all ADA requirements.

ATTACHMENT DD (Optional)

**BUDGET WORKSHEET PHYSICAL IMPROVEMENT PROJECT
(Minor Project)**

PROJECT TITLE _____

ORGANIZATION NAME _____

GRANT PROGRAM _____

	2002-2003		
PROPOSED EXPENSES	Grant Request COL 1	Other Funds COL 2	Total Project Cost COL 3
ACQUISITION			
Appraisal			
Purchase Price (Land/Bldg.)			
Escrow & Title Costs			
Relocation			
Demolition			
SUBTOTAL			
PREDEVELOPMENT AND/OR ENGINEERING AND INSPECTION			
Fees & Permits			
Engineering and Inspections			
Studies (including Environmental & Advertising			
Architect			
Construction Manager			
SUBTOTAL			
CONSTRUCTION			
*Primary Construction Contracts			
**ADA Construction Cost			
Modular Cost			
*Other Construction Cost			
Landscaping			
Parking (Off-Street)			
Public Street Improvements			
Utilities			

SUBTOTAL			
TOTAL			

- * **Attach a page** listing construction components included in the Primary Construction and/or elements included in the Other Construction category (physical improvement projects only).
- ** Federally funded projects must meet all ADA requirements.

ATTACHMENT E - GRANT PROJECT SCOPING FORM

Project Name: _____

Date: _____

Building square footage: _____

Site acreage: _____

ea = each	lf = linear foot	ls = lump sum	sf = square foot	sy = square yard
btus = heating capacity		tons = cooling capacity		

Sitework

	New	Replace		#							
	“	“	parking lot paving	_____	sf	x	_____	\$/sf	= \$	_____	
	“	“	exterior lighting	_____	ea	x	_____	\$/ea	= \$	_____	
	“	“	walking surfaces	_____	sf	x	_____	\$/sf	= \$	_____	
	“	“	irrigation	_____	lf	x	_____	\$/lf	= \$	_____	
	“	“	plants/shrubs	_____	ls	x	_____	\$	= \$	_____	
	“	“	turf	_____	sy	x	_____	\$/sy	= \$	_____	
	“	“		_____		x	_____	\$/	= \$	_____	
	“	“		_____		x	_____	\$/	= \$	_____	
	“	“		_____		x	_____	\$/	= \$	_____	
			Sitework Subtotal					\$		_____	

Building Exterior

	New	Repair		#						
	“	“	building demolition	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	building addition	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	roofing type:	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	siding	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	painting	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	windows	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	doors	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	fencing	_____	lf	x	_____	\$/lf	= \$	_____
	“	“	electrical	_____	ls	x	_____	\$	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____
			Building Exterior Subtotal					\$		_____

Building Interior

	New	Repair		#						
	“	“	wall construction	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	painting	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	carpet	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	flooring type:	_____	sf	x	_____	\$/sf	= \$	_____
	“	“	doors	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	window coverings	_____	ls	x	_____	\$	= \$	_____
	“	“	base/wall cabinets	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	toilets	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	lavatories	_____	ls	x	_____	\$	= \$	_____
	“	“	light fixtures	_____	ea	x	_____	\$/ea	= \$	_____
	“	“	appliances	_____	ls	x	_____	\$	= \$	_____
	“	“	heating system	_____	btus	x	_____	\$	= \$	_____
	“	“	air conditioning	_____	tons	x	_____	\$	= \$	_____
	“	“	electrical	_____	ls	x	_____	\$	= \$	_____
	“	“	plumbing	_____	ls	x	_____	\$	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____
	“	“		_____		x	_____	\$/	= \$	_____

Attachment _____

Building Interior Subtotal \$ _____

Project Total \$ _____

ATTACHMENT G

CERTIFICATION AND ASSURANCES

THE APPLICANT SHALL PROVIDE THE SERVICES/FACILITIES PROPOSED IN ACCORDANCE WITH THE CITY'S 2002-2003 HEALTHY NEIGHBORHOODS VENTURE FUND AND/OR COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM. THE APPLICANT MAKES THE FOLLOWING ASSURANCES. THE PROJECT SHALL:

1. BE IN COMPLIANCE WITH ALL LOCAL LAWS, ORDINANCES, CODES, REGULATIONS AND DECREES;
2. PRACTICE NON-DISCRIMINATION IN PROVIDING SERVICES, HIRING PERSONNEL, AND RECRUITING VOLUNTEERS, AND SHALL PROVIDE A PERSONNEL PRACTICES PLAN IF FUNDED;
3. MAINTAIN ADEQUATE CLIENT RECORDS OF INDIVIDUALS BEING SERVED BY THE PROJECT TO DOCUMENT CLIENT NAME, ADDRESS, AGE, INCOME ELIGIBILITY, ETHNICITY, FEMALE HEAD OF HOUSEHOLD, OR ANY OTHER STATISTICAL DATA REQUIRED BY CITY UNLESS SPECIFICALLY EXEMPTED FROM KEEPING SUCH DATA. EXEMPTIONS FROM CITY MUST BE IN WRITING. THE CITY SHALL HAVE FULL AND COMPLETE ACCESS TO SUCH CLIENT RECORDS;
4. SUBMIT IN A TIMELY MANNER SUCH PROGRAM AND FINANCIAL REPORTS AS ARE REQUIRED BY THE CITY TO MONITOR PERFORMANCE OF THE PROJECT;
5. APPOINT ONE DIRECTOR OF THE PROJECT WHO WILL BE RESPONSIBLE FOR THE ADMINISTRATION OF THE PROJECT;
6. APPOINT A FISCAL AGENT WHO SHALL BE RESPONSIBLE FOR ALL FINANCIAL AND ACCOUNTING ACTIVITIES OF THE PROJECT;
7. PREPARE AND SUBMIT FOR CITY APPROVAL A COST ALLOCATION PLAN WHICH EQUITABLY APPORTIONS INDIRECT COSTS OVER ALL FUNDING SOURCES SUPPORTING THE PROJECT; AND
8. OBTAIN INSURANCE AS DESCRIBED IN ATTACHEMENT IX OR ATTACHMENT X: INSURANCE REQUIREMENTS IN THE GENERAL INFORMATION PACKET. APPLICANT UNDERSTANDS THAT THE PROJECT WILL NOT BEGIN, NOR CAN COSTS BE INCURRED, UNTIL PROOF OF ADEQUATE INSURANCE IS APPROVED BY CITY.
9. COMPLY WITH CHURCH/STATE RESTRICTION AS OUTLINED BELOW. CONTRACTOR AGREES THAT FUNDS RECEIVED FROM THE CITY FOR PUBLIC SERVICES SHALL BE USED IN ACCORDANCE WITH THE FOLLOWING CONDITIONS:

- (A) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT ON THE BASIS OF RELIGION AND SHALL NOT LIMIT EMPLOYMENT OR GIVE PREFERENCE IN EMPLOYMENT TO PERSONS ON THE BASIS OF RELIGION;
- (B) CONTRACTOR SHALL NOT DISCRIMINATE AGAINST ANY PERSON APPLYING FOR PUBLIC SERVICES ON THE BASIS OF RELIGION AND SHALL NOT LIMIT SUCH SERVICES OR GIVE PREFERENCE TO PERSONS ON THE BASIS OF RELIGION;
- (C) CONTRACTOR SHALL PROVIDE NO RELIGIOUS INSTRUCTION OR COUNSELING, CONDUCT NO RELIGIOUS WORSHIP OR SERVICES, ENGAGE IN NO RELIGIOUS PROSELYTIZING, AND EXERT NO OTHER RELIGIOUS INFLUENCE IN THE PROVISION OF PUBLIC SERVICES;
- (D) THE PORTION OF A FACILITY USED TO PROVIDE PUBLIC SERVICES SHALL CONTAIN NO SECTARIAN OR RELIGIOUS SYMBOLS OR DECORATIONS; AND
- (E) THE FUNDS SHALL NOT BE USED TO CONSTRUCT, REHABILITATE OR RESTORE ANY FACILITY, WHICH IS OWNED BY CONTRACTOR AND IN WHICH THE PUBLIC SERVICES ARE TO BE PROVIDED. MINOR REPAIRS MAY BE MADE; HOWEVER, IF THOSE REPAIRS (1) ARE DIRECTLY RELATED TO THE PUBLIC SERVICES, (2) ARE LOCATED IN A STRUCTURE USED EXCLUSIVELY FOR NON-RELIGIOUS PURPOSES, AND (3) CONSTITUTE IN DOLLAR TERMS ONLY A MINOR PORTION OF THE EXPENDITURE FOR THE PUBLIC SERVICES.

THIS APPLICATION AND THE INFORMATION CONTAINED HEREIN ARE TRUE AND CORRECT AND COMPLETE, TO THE BEST OF MY KNOWLEDGE.

DATE: _____

Organization Name (TYPE)

BY: _____
Authorized Representative
(Signature, Title)

Print Name of Authorized
Representative Here

Address of Representative

Telephone Number of Representative

ATTACHMENT H

STATEMENT OF FISCAL AGENT RESPONSIBILITIES

_____ shall act as a fiscal agent for

 (Agency)
 _____ for its

 (Applicant)
 _____. The applicant has or will submit

 (Applicant's Project)

a grant application for the City of San Jose's Healthy Neighborhoods Venture Fund and/or Community Development Block Grant. *(circle the applicable program)*

If the project is awarded funds, the fiscal agent shall accept the following responsibilities:

- Enter into an agreement with the City of San Jose to provide specified services or engage in certain construction-related activities for the project in accordance with any funding condition(s).
- Submit requests for reimbursement of project expenses to the City of San Jose on behalf of the applicant.
- Receive payments from the City of San Jose for project expenses and disburse funds to the applicant upon proper documentation.
- Maintain adequate accounting records.
- Submit project reports to the City Of San Jose as required.

DATE: _____

 Fiscal Agent (Organization Name)
 PLEASE TYPE

BY: _____
 Fiscal Agent (Authorized Representative) Fiscal Agent (Authorized Representative)
 SIGNATURE and TITLE PRINT NAME

Address of Fiscal Agent's Authorized Representative

Phone Number of Fiscal Agent's Authorized Representative

