SONOMA COUNTY COMMUNITY DEVELOPMENT COMMISSION FUNDING APPLICATION: HOME FOR CAPITAL PROJECTS

Please review the Notice of Funding Availability (NOFA), Application Guidelines, and the FY 2019-2020 CDBG & HOME for Capital Projects Funding Policies before submitting your application. All applications must meet the eligibility criteria found in the Funding Policies and the requirements set forth in the NOFA.

Application Checklist

Review the application prior to submission to ensure that the following requirements are met. Applications that do NOT include the following required elements will be considered incomplete:

- □ Part 1: Applicant Information
- □ Part 2: Project Description
- □ Part 3: Program/Project Information
- Part 4: Timeline
- □ Part 5: Sources and Uses
- □ Supplemental Application: Public Facilities or Other Infrastructure (CDBG only)

□ Supplemental Application: Housing-Related Projects (CDBG & HOME)

Part 6: Certifications

- □ Grant Certification Form 1 (Application Completeness & Accuracy & Signatory Authority)
- □ Grant Certification Form 2 (Federal Regulations)
- □ Grant Certification Form 3 (Conflict of Interest)
- □ Grant Certification Form 4 (Policies and Procedures)

Part 7: Attachments

Organizational Information Required

- □ **IRS Letter of Determination:** Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
- Community Housing Development Organization (CHDO) Verification: For CHDOs applying for HOME CHDO funds, submit a Sonoma County CHDO letter or plan to become an independent, fully functioning CHDO entity.
- □ Financial Documentation:
 - □ Non-profit organizations: Attach current operating budget, the most recent completed final audit report, and IRS Form 990 for the most current tax year. If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors. Additional financial information may be requested by CDC staff as deemed appropriate.
 - □ Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.

Project Information Required

□ **Project Description:** Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time. Applications for housing-related projects should instead include a Housing Project Description, described in Supplemental Application below.

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- □ **Project Location Map:** Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.
- □ Authorizing Resolution: For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application. For local government entities, attach a resolution from the governing body authorizing the submittal of the application.
- □ **City/Town Letter of Acknowledgement:** For those projects located within one of the seven incorporated jurisdictions, attach a letter from city/town staff acknowledging that that staff is aware that the organization is submitting the application. If city/town staff supports the project or has collaborated with the developer, please provide this information.
- General Plan Consistency: Attach a certification of consistency with the applicable jurisdiction's General Plan.
- Letters of Commitment: Submit letters of commitment from all other funding sources.
- Quarterly Performance Report: If the organization is requesting funds for an on-going program or project, attach a copy of the most recent quarterly report submitted to the Commission showing activity and levels of participation for the most recent reporting period.
- □ **Capacity Gap Analysis:** If an applicant does not have sufficient capacity to complete the proposed project, it should submit an analysis of its gap and work with the Community Development Commission prior to application submittal to determine if the Commission can assist with project management services. (if applicable)
- □ Homelessness-Related Projects Threshold Criteria Checklist see attached (if applicable)

Housing Project Attachments Required

Housing-related project sponsors must submit the following as attachments to their applications:

- Housing project description: Provide a written narrative to describe your project. At a minimum, the narrative should include a description of the type of housing proposed, target population(s), any planned services for residents, the proposed use(s) of the requested funding, and anticipated environmental issues (i.e., vernal pools, heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological impacts). Please state whether you propose that an entity other than the applicant will execute the loan documents for the funds requested in this application. If the project will use a tax credit limited partnership to finance the project, please describe the organizational structure of the partnership and the roles of various partners or other related organizations.
- □ Current preliminary title report
- □ Evidence of site control
- **Current appraisal:** Appraised value of property must fully secure the Commission's loan(s). In addition, the total purchase price may not exceed the "reasonable cost" for the property.
- □ Environmental clearances/reports
- □ Site plan and elevations or schematic drawing
- □ Contractor's cost breakdown
- □ List of tenant-paid utilities
- □ **Itemized development budget:** including a sources and uses table, identifying distributions to the owner, developer, partners or other entities during the development phase
- □ **Project Financial Plan:** Narrative description of the development's financial plan, indicating expected dates for obtaining approvals for any uncommitted financing
- □ **Rental projects:** A 30-year operating budget and cash flow projection that shows estimated project income, operating expenses, reserves, debt service, and distributions. Please include a "totals" column after year 30.

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Part 1: Applicant Information

Legal name of organization:		
Provide any other names under which the organization has operated within the last 10 years:		
Organization's mailing address:		
Organization's website:		
Organization's DUNS number: See Application Guidelines – Exhibit 5 for instructions on obtaining a DUNS number.		
Contact Information		
Authorized Representative	Name, title:	
(City/Town Manager, Executive Director, or other):	Phone:	
	Email:	
Primary point of contact:	Name, title:	
(Program or Project Manager)	Phone:	
	Email:	
Organization is a:	□Non-profit organ	anization
Is the applicant a faith-based organization?	□Yes – If yes, co	omplete questions below. \Box No
Describe how the organization will not		
discriminate against, show preferential treatment to, or limit services to any employee, applicant for employment, or persons served by the HUD funded program on the basis of religion or religious beliefs.		

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Organizational Background	
Total number of years in operation:	
Current number of full time employees (or equivalent) in organization by (Do not include volunteers):	
List the types of services the organization provides:	
List the clients/population(s) the organization serves:	
List the organization's service area(s):	
List the purpose/mission of the organization as stated in its by-laws or other organizational document:	
Financial Information	
Provide the organization's total annual operating budget:	
Provide the average amount of cash flow reserves maintained by the organization for the most recent fiscal year:	
Identify the individual primarily responsible for the fiscal oversight of grant awards for the organization and the individual's experience with federal funds.	
Describe how the organization's internal controls adequately safeguard grant funds, personally identifiable information, and ensure the grant funds are used solely for authorized purposes:	
List the accounting software or system in use by the organization:	
Organizations <i>expending</i> more than \$750,000 total of Federal funds during the last completed fiscal year are required to submit the most recent Single or Program- specific audit. Organizations not required to conduct a Single Audit, must submit audited financial statements, prepared by a Certified Public Accountant, that meet the requirements of generally accepted accounting principles. Indicate which document(s) the organization is required to attach:	□Single Audit □Audited Financial Statements
Does organization currently have open findings or audit concerns?	□Yes □No
If yes, provide explanation of outstanding issues:	
Policies and Procedures	
Organizations are required to have written policies and procedures. The applicant must submit certification that they have the following policies and procedures. (Please complete the form found in Part 6 – Certifications) A. Accounting B. Conflict of Interest C. Procurement D. Record Retention	

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Part 2: Project Description

Brief Description of Project or Program

The description provided here will be incorporated into the staff analysis provided to the Community Development Committee, Technical Advisory Committee, and/or the Board of Supervisors and in the Action Plan submitted to HUD if the project is approved. Descriptions MUST BE 150 words or less. A longer project description may be attached (see Part 7 - Attachments).

Example: "[Applicant Name] is seeking \$______ in CDBG funding for [describe eligible activity – e.g. site acquisition, predevelopment, environmental review, site improvements, down payment assistance, tenant based rental assistance] for [Program/Project Name], which has a total project cost of \$______. The project is anticipated to start [CDBG funded activity] on [date] and be completed by [date]. The project will provide [anticipated units produced, facilities produced, housing rehabilitation loans made], serving approximately ## low- /very low- /extremely-low-income households."

Part 3: Project Information

Project Name	
Project Type	
Consolidated Plan Goal Met:	AE for Capital Projects Funding Policies, fill in the fields below. To promote the well-being and economic integration of lower income persons, increase and preserve the housing stock that is affordable, safe, and accessible for extremely low-, very low- and low-income families and individuals, including those with special needs and those who are homeless or at imminent risk of homelessness.
	□ Promote effective and proven strategies for homelessness prevention and intervention county-wide.
	□ Assist in creating and/or replacing infrastructure systems and public facilities that meet the needs of lower-income people, people with disabilities, and other special needs subpopulations county-wide.
HOME eligible activity(ies): See Appendix A of the Funding Policies for a list of eligible activities.	

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Affirmatively Furthering Fair Housing

In planning for the use of CDBG and HOME, the County of Sonoma must adhere to the mandate in the Fair Housing Act to Affirmatively Further Fair Housing. This means that not only must all HUD funded programs and activities combat discrimination, but they must also overcome patterns of segregation and the denial of access to opportunity that are part of national and local history. The ways in which a project or program can do this meaningfully are listed below, and to be considered for funding, all applicant projects must overcome patterns of segregation in one or more of the ways listed.

In which of the following ways does the proposed project overcome patterns of segregation and the denial of access to opportunity (check all that apply)? Please provide an explanation of how the project does this.	□ It makes an investment in a segregated and high poverty neighborhood to improve conditions and eliminate disparities in access to opportunity between residents of this neighborhood and the rest of the jurisdiction and region.
	Explain:
	□ It maintains and preserves existing affordable rental housing stock to reduce disproportionate housing needs.
	Explain:
	□ It provides affordable housing in an area(s) of opportunity to combat segregation and promote integration.
	Explain:
	□ It provides mixed income housing designed to integrate racially and ethnically concentrated areas of poverty.
	Explain:
	□ It increases access for individuals with protected characteristics to existing affordable housing in higher opportunity areas.
	Explain:

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Homelessness-related projects only

Any applicant project proposing to serve people experiencing homelessness must include a Homelessness-related Project Threshold Criteria Checklist signed off by the Homeless Services team prior to application submittal. (See Part 7 – Attachments for Checklist Form)

Funding Request

Estimated project budget:	\$
Amount of funding request:	\$
Funding source:	HOME Other:
Does the applicant anticipate applying for any of these local funding sources? This information helps to coordinate the various streams of capital project funding administered by the Commission	□ FY 2019-20 CDBG □ CDBG-DR □ HEAP □ NPLH □ CFH 2019 Round □ City of Santa Rosa Trust Fund □ Project-Based Vouchers, Type & Source:
	Other:
Property Information (as applicable)	
Project location (physical address or cross streets):	
Assessor's Parcel Number(s):	
Census tract(s):	
Is project located in a 100-year flood plain?	□Yes □No
FEMA FIRM panel number: See Application Guidelines – Exhibit 5 for instructions about looking up FEMA FIRM panel number.	
Is the project, or any part of it, located within the limits of any city/town?	□Yes □No If yes, which city/town?
Which jurisdiction(s) must approve the project?	
Total acreage:	
Current use of site:	
What local approvals and entitlements will be required to develop the proposed project?	
Date entitlements and permits expected to be approved:	
Status of Site Control	
Identify the form of site control:	 Ownership (attach copy of grant deed or deed of trust) Lease (attach copy of lease) Option agreement (attach copy of agreement) Purchase agreement (attach copy of agreement) Other; explain:

Status of Environmental or Other Approvals

Applicant must obtain certification of project's consistency with the applicable general plan, signed by an authorized representative of the jurisdiction in which the project is located.

Status of environmental review:	
Is site zoned appropriately for the proposed activity?	□Yes □No
	If no, please provide a detailed explanation.
Status of land use, building permits, or other approvals:	
Does the project require land use approvals?	□Yes □No
	If yes, please provide a detailed explanation.
Explain any land use (zoning, lot split, set back, general plan amendment or environmental) constraints that must be resolved prior to proceeding with the project:	

Status of Eminent Domain and Relocation Activities

In order to receive funding, projects must comply with the Sonoma County Residential Anti-Displacement and Relocation Assistance Plan.

□Yes □No		
If yes, please explain the status and timeline of any demotion activity.		
□Yes □No		
□Yes □No		
□Yes □No		
If yes, please explain the status and attach a copy of the relocation plan including relocation consultant contact information, timeline and budget for the activity		

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Estimated cost of relocation						
EXISTING RESIDENTIAL IMPROVEMENTS						
	SRO	Studio	1-BR	2-BR	3-BR	4-BR
Number of existing units						
Number of occupied units						
Number of vacant units						
Number of substandard units						
Number of units to be demolished						
Estimated cost of relocation						

Phasing

Can project proceed if phased or if given partial funding? Explain the effect of phasing or partial funding on the project's ability to move forward.

Demonstration of Need

Describe the need for the project, or program and include evidence of need (e.g., cite waiting lists for services, census data, documentation of deteriorated conditions, or other evidence).

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Outcomes

Provide information regarding the program/project outcomes as they relate to the main objective or purpose. (Example: Program/Project objective is to improve academic success of children in grades K-8. An outcome might be that 80% of these children will advance to the next grade.)

Part 4: Timeline

Please refer to the most recent CDBG & HOME for Capital Projects Funding Policies, Section 7.1. - Timeliness for timeliness provisions.

Target Dates		
List anticipated target date for e application instead.)	each of the major milestones below. (Hous	sing projects use timeline in supplemental
Major Milestone	Target Completion Date	Funds Expended
Environmental Review		
Site Control		
Design Completion		
Bid Period Closes		
Construction Begins		
Construction Complete		
Notice of Completion		

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Part 5: Sources and Uses

Housing projects use budget in supplemental application instead.

Sources

Source of Funds	Donations	Loans	Grants	In Kind	Total
Total					

Uses

Projected Uses	Donations	Loans	Grants	In Kind	Total
Land Acquisition					
Environmental Review					
Architect					
Engineering					
Project Fees					
Site Improvements					
Other:					
Other:					
Total					

Match Funds (from non-federal sources)

Sources of Leveraged Funds

Source	Contact Name, Phone Number, and Email	Amount	Date Received (m/d/yyyy)
Total			

Supplemental Application: Public Facilities or Other Infrastructure Projects

Define project service area	
List all census block groups in service area:	
For sidewalk / curb cut projects	
Location of sidewalks (cross streets):	
Define the service area; list all Census block groups in service area:	
Number of curb cuts (anticipated):	

Supplemental Application: Housing-Related Projects

Fill out this supplemental application if the project will result in the construction of new housing units, preservation of existing housing units, or the acquisition of land for new housing units.

Project Information								
Project type:	□Ownership □Rental							
	□New construction	□Rehabilitation □Acquisition						
Total number of units to be constructed or rehabilitated:								
Total number of affordable units (new construction or acquisition):								
For HOME funding requests, total number of HOME-assisted units:								
Total development costs:	\$							
Contact Information of All Partie	S							
APPLICANT INFORMATION	Name:							
	Address:							
	City, State, Zip:							
	Contact person:							
	Telephone:							
	Email:							
	Organization is a:	□Non-profit □For-profit □Local government						
		\Box Community Housing Development Organization (CHDO)						
PARTNER OR RELATED ENTITIES	Name:							
	Address:							
	City, State, Zip:							
	Contact person:							

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	Telephone:	
	Email:	
	Organization is a:	 □ Non-profit □ For-profit □ Local government □ Community Housing Development Organization (CHDO)
ARCHITECT	Name:	
	Address:	
	City, State, Zip:	
	Contact person:	
	Telephone:	
	Email:	

GENERAL CONTRACTOR	Name:
	Address:
	City, State, Zip:
	Contact person:
	Telephone:
	Email:
	License no.:
PROPERTY MANAGER	Name:
	Address:
	City, State, Zip:
	Contact person:
	Telephone:
	Email:

Status of Entitlements and/or Services

If site is located in an unincorporated area of the County, have you or will you submit an application to Sonoma County Planning & Resource Management Department for:	 State Density Bonus Program County of Sonoma Supplemental Density Bonus Program Housing Element Type A Rental Housing Opportunity Program Housing Element Type C Ownership Housing Opportunity Program Date of application:
Status of planned water and sewer service: If not yet provided, explain how water and sewer service will be provided.	

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Proposed Tenancy							
Household types:	SRO	Studio	1 BR	2 BR	3 BR	4BR	
Number of each type of unit							
Average square feet per unit							
Total number of units:							
How many of the total units will be reserved for the following:							
Homeless persons							
Elderly persons							
Disabled persons (see note)							
Special needs populations							
Resident manager							
Other; specify:							
Unrestricted							

Note: In new construction and substantial rehabilitation rental projects assisted with HOME funds, at least five percent of units (not less than one unit) must be accessible to persons with mobility impairments, and an additional two percent of units (not less than 1 unit) must be accessible to persons with sensory impairments. Projects assisted with other funds must satisfy applicable federal, state, and local regulations regarding the provision of accessible housing. Ownership housing projects assisted with funds from these programs must comply with applicable federal, state, and local laws regarding the provision of accessible units.

Estimated Monthly Rent Levels (before deduction of utility allowances)

Household types:	SRO	SRO Studio 1 BR 2 BR		2 BR		3 BR		4BR				
	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Rent	Units	Ren
Extremely Low-Income (30% of AMI)												
Very Low-Income (50% of AMI)												
60% of AMI												
Low-Income (80% of AMI)												
Market Rate (>80% of AMI)												
Resident Manager's Unit												
Estimated Utility Allowance*												
Estimated Utility Allowance* *Please provide list of tenant-paid utilities	, the ut	ility pro	file for	all app	liances	, and th	ne Utility	y Allow	ance fo	or each	unit typ	pe.
•			file for	all app	liances	, and th	ne Utility	y Allow	ance fo	or each	unit typ	De.
*Please provide list of tenant-paid utilities			file for a		liances 1 BR	, and th	ne Utility 2 BR	y Allow	ance fo 3 BR	or each	unit typ 4BR	De.
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price	es (As		1		1	, and th ASP	1	y Allow ASP	1	or each ASP		De. ASP
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price	es (As sro	SP)	Studio)	1 BR	1	2 BR		3 BR	1	4BR	1
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price Household types:	es (As sro	SP)	Studio)	1 BR	1	2 BR		3 BR	1	4BR	1
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price <i>Household types:</i> Extremely Low-Income (30% of AMI)	es (As sro	SP)	Studio)	1 BR	1	2 BR		3 BR	1	4BR	1
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price <i>Household types:</i> Extremely Low-Income (30% of AMI) Very Low-Income (50% of AMI)	es (As sro	SP)	Studio)	1 BR	1	2 BR		3 BR	1	4BR	1
*Please provide list of tenant-paid utilities Estimated Affordable Sales Price <i>Household types:</i> Extremely Low-Income (30% of AMI) Very Low-Income (50% of AMI) 60% of AMI	es (As sro	SP)	Studio)	1 BR	1	2 BR		3 BR	1	4BR	1

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LENGTH OF AFFORDABILITY PERIOD	
What is the proposed length of affordability for the affordable units? See Funding Policies, section 7.14.3.	

Project Schedule

Include all major milestones such as land acquisition, general plan amendment and rezoning, density bonus / housing element housing opportunity area approval, design review approval, schematic design, design development, construction documents, construction phase, initial occupancy, and, if applicable, assignment of the project to a limited partnership or other entity. Specify tentative dates for closing the proposed loan and first request for funds, as well as when construction financing and permanent financing will close. *Please provide realistic dates for completion of activities and expenditure of funds. These dates will be included in the HOME Developer Agreement.*

Major Milestone	Target Completion Date	Funds Expended

Development Budget

ESTIMATED PREDEVELOPMENT AND CONSTRUCTION FINANCING

Lender	Amount	Interest Rate / Term	Use(s)	Commitment Status	HOME match qualifying?			
Total								

ESTIMATED PERMANENT FINANCING

Lender	Amount	Interest Rate / Term	Use(s)	Commitment Status	HOME match qualifying?	
Total						

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Summary of First-Year Operating Budget Pontal projecto

Rental projects only	
	Total
Cross potential rental income	

	Total	Per unit	
Gross potential rental income			
Plus other income (e.g., laundry)			
Less 5% vacancy / rent loss			
Effective Gross Income			
Less total operating expenses*			
Less payment to replacement reserves			
Less payment to other reserves			
Net operating income			
Less debt service payments			
Net cash flow			
Debt service coverage ratio			
*Include \$75 per unit, per year monit	oring fee in the operating bu	dget	

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Part 6: Certifications

- □ Grant Certification Form 1 (Application Completeness & Accuracy & Signatory Authority)
- □ Grant Certification Form 2 (Federal Regulations)
- □ Grant Certification Form 3 (Conflict of Interest)
- □ Grant Certification Form 4 (Policies and Procedures)

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Grant Certification Form – 1 Application Completeness & Accuracy & Signatory Authority

I hereby certify that ______(insert name of organization requesting funds) has complied with all applicable laws and regulations pertaining to the application and is an eligible applicant for the requested funding.

The organization proposes to provide the program services or complete the project identified in this application. If this application is approved and this organization receives the requested funding this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the Commission.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments and representations described in the written agreement that are not subsequently made a part of the program/project as funded, shall be considered a material contract failure, and may result in a repayment of all awarded funds and/or suspension from participation in future funding rounds.

I hereby certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that the information provided in this FY 19-20 Capital Projects Funding Application is correct, accurate, and complete.

Date:

Signature of Authorized Representative of Organization
Printed Name:

Title:_____

Grant Certification Form – 2 Federal Regulations – HOME

Applicant certifies the proposed program/project incorporates compliance with the following requirements. If selected for funding, applicant acknowledges that its responsibility will be to understand and comply with the HOME Program and Project regulations as well as the applicable regulations listed below.

Requirements	Federal Regulations	Other References
Federal Labor Standards - Davis-Bacon - Copeland Act (Anti-kickback) - Contract Work Hours and Safety Standards	24 CFR 92.354 29 CFR Parts 1, 3, and 5	40 U.S.C. 3141; 40 U.S.C. 3701
Section 3	24 CFR 135	Section 3 of the HUD Act of 1968, as amended (12 U.S.C. 1701u); 2 CFR 200.321
Minority and Women Business Enterprise Participation (MBE/WBE)	Small Business Act, Section 3(a) 15 U.S.C. 632; 24 CFR 92.351	12 U.S.C. 1701
Civil Rights and Non- Discrimination	Title VI of Civil Rights Act of 1964, as amended, Title VIII of the Civil Rights Act of 1968 Section 104(b) and 109 of Title I of the Housing and Community Development Act of 1974	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 Age Discrimination Act of 1975 Executive Orders 11063, 11246, 11375, 11478, 12107, 12086, and 13279 Violence Against Women Reauthorization Act of 2013 in accordance with 42 U.S.C. 3535(d) and
Equal Employment Opportunity	41 CFR 60	Executive Orders 11246; 12086 12 USC 1701u
Fair Housing	Fair Housing Act (42 U.S.C. 3601-3620) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. 2000d) Equal Opportunity in Housing Section 504 of the Rehabilitation Act of 1973	24 CFR Parts 8, 107, and 146 42 U.S.C. 200(d) Executive Orders 11063, as amended by Executive Order 12259 Age Discrimination Act of 1975, as amended (42 U.S.C. 6101)

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	Americans w/Disabilities Act of 1990	
Debarred or Ineligible Contractors Anti-Lobbying	24 CFR 24; Appendix II to Part 200 I; Appendix II to Part 200 J; 31 U.S.C. 1352.	Executive Orders 12549 and 12689
Reasonable Accommodation	24 CFR Part 8; 42 U.S.C. 12131; 47 U.S.C. 155, 201, 218, 225	Section 504 of Rehabilitation Act of 1973 Americans w/Disabilities Act of 1990 Uniform Federal Accessibility Standards
Lead-Based Paint	24 CFR 92.355	42 U.S.C 4821 et seq. 24 CFR part 35, subparts A, B, J, K, M and R
Faith-Based Activities	24 CFR 92.257	
Affordability Requirements	24 CFR 92.252 or 92.254	
Environmental, Historic Preservation, National Environmental Policy Act, Flood Insurance Requirements	24 CFR 92.352	Section 104(g), HCDA 24 CFR part 50 and 58 42 U.S.C 4001 et seq.
Relocation, Real Property Acquisitions, and One-for-One Housing Replacement - Uniform Relocation Act - Residential anti-displacement and relocation assistance	24 CFR 92.353 49 CFR 24 42 USC 4601 et seq	Sections 104(d); 105(a)(11), HCDA www.hud.gov/relocation
Procurement	2 CFR 200.319 (c)	
Insurance and Bonding	2 CFR 200.310 and 200.325	
Cost Considerations	2 CFR Part 200.402, 403, 404, 405, 406	
Documentation and Recordkeeping	24 CFR 92.508 (a) (3), (5), (6), (7)	
Conflict of Interest	2 CFR 200.112 and 24 CFR 92.356	
Eligible Activities and Costs	24 CFR 92.205, 206, 208, 209	

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Prohibited Activities and Fees	24 CFR 214	
Form and Recognition of Matching Contribution and Credit	24 CFR 92.220; 24 CFR 92.219; 24 CFR 92.221	
Affirmative Marketing	24 CFR 92.351; 24 CFR 92.253(d)	
Site and Neighborhood Standards	24 CFR 92.202(b); 24 CFR 983.57(e)(2) and (3)	
Income Determinations	24 CFR 92.203; 24 CFR 5.609 or 603	
Property Standards	24 CFR 92.251	Local ordinances
Rental Housing	24 CFR 92.252	
Tenant Protections and Selection	24 CFR 92.253	
Homeownership	24 CFR 92.254	

To the best of my knowledge and belief, I certify that all data contained in this application and all supportive documentation is true, correct and will incorporate the above requirements. This submission has been duly authorized by the governing body of ______

Signature/Authorized Representative of Organization

Printed Name_____

_____ Date_____

Title _____

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Grant Certification Form – 3 Conflict of Interest - HOME

The standards in 2 CFR 200.318 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with HOME funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

- Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to participate in the decision making process for approval of this application?
 □Yes □No
- B. Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to gain inside information with regard to approval of this application? □Yes □No
- C. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds obtain a financial interest or substantial benefit from this activity? □Yes □No
- D. Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the program year and one year thereafter? □Yes □No

If you answered YES to any of the above questions, a letter must be submitted with the application that includes the following information:

- 1) A disclosure of the nature and extent of the conflict
- 2) A description of how public disclosure will be made
- 3) A qualified attorney's opinion that the conflict of interest does not violate federal, state, or local law

Note: If you are approved for funding, the Commission must issue a public notice of the disclosure with a 15-day public comment period, and then submit to HUD for approval prior to execution of a grant agreement or release of funds.

Signature/Authorized Representative of Organization

Date_____

Printed Name: _____

Title _____

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Grant Certification Form – 4 Policies & Procedures

The undersigned does hereby certify that the applicant organization has the following policies and/or procedures and can produce them if requested by the Commission:

- 1. Accounting policy/procedure
- 2. Procurement policy/procedure
- 3. Conflict of Interest policy/procedure
- 4. Record Retention policy/procedure

Signature/Authorized Representative of Organization

Date_____

Printed Name: _____

Title_____

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Part 7: Attachments Required

Project sponsors must submit the following documents, as applicable, with their funding application:

Organizational Information Required

- □ **IRS Letter of Determination:** Non-profit organizations only must submit an IRS Letter of Determination. Non-profit organizations are not eligible for consideration unless non-profit status has been verified.
- □ **Community Housing Development Organization (CHDO) Verification**: For CHDOs applying for HOME CHDO funds, submit a Sonoma County CHDO letter or plan to become an independent, fully functioning CHDO entity.
- □ Financial Documentation:
 - Non-profit organizations: Attach current operating budget, the most recent completed final audit report, and IRS Form 990 for the most current tax year. If organization is not audited, attach a copy of the most recent internal financial statement that has been approved by Board of Directors. Additional financial information may be requested by CDC staff as deemed appropriate.
 - □ Sonoma County departments or agencies, the cities of Cotati, Cloverdale, Healdsburg, Rohnert Park, Sebastopol, Sonoma, and the Town of Windsor are exempt from this requirement.

Project Information Required

- Project Description: Provide a description of the project that includes specific location information and geographic boundaries. It should identify the maximum anticipated scope of the entire project, and delineate the specific activities for which the applicant is requesting funding at this time. Applications for housing-related projects should instead include a Housing Project Description, described in Supplemental Application below.
- □ **Project Location Map:** Attach an 8 1/2"x 11" map showing the project location, clearly showing the project area in relation to surrounding communities.
- □ Authorizing Resolution: For non-profit organizations, attach a resolution from the Board of Directors authorizing the submittal of the application. For local government entities, attach a resolution from the governing body authorizing the submittal of the application.
- □ **City/Town Letter of Acknowledgement:** For those projects located within one of the seven incorporated jurisdictions, attach a letter from city/town staff acknowledging that that staff is aware that the organization is submitting the application. If city/town staff supports the project or has collaborated with the developer, please provide this information.
- General Plan Consistency: Attach a certification of consistency with the applicable jurisdiction's General Plan.
- Letters of Commitment: Submit letters of commitment from all other funding sources.
- □ **Quarterly Performance Report**: If the organization is requesting funds for an on-going program or project, attach a copy of the most recent quarterly report submitted to the Commission showing activity and levels of participation for the most recent reporting period.
- □ **Capacity Gap Analysis:** If an applicant does not have sufficient capacity to complete the proposed project, it should submit an analysis of its gap and work with the Community Development Commission prior to application submittal to determine if the Commission can assist with project management services. (if applicable)
- □ Homelessness-Related Projects Threshold Criteria Checklist see attached (if applicable)

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Housing Project Attachments Required

Housing-related project sponsors must submit the following as attachments to their applications:

- □ Housing project description: Provide a written narrative to describe your project. At a minimum, the narrative should include a description of the type of housing proposed, target population(s), any planned services for residents, the proposed use(s) of the requested funding, and anticipated environmental issues (i.e., vernal pools, heritage trees, riparian corridor, contamination, flood plain, endangered species, historical and archeological impacts). Please state whether you propose that an entity other than the applicant will execute the loan documents for the funds requested in this application. If the project will use a tax credit limited partnership to finance the project, please describe the organizational structure of the partnership and the roles of various partners or other related organizations.
- □ Current preliminary title report
- □ Evidence of site control
- □ **Current appraisal:** Appraised value of property must fully secure the Commission's loan(s). In addition, the total purchase price may not exceed the "reasonable cost" for the property.
- □ Environmental clearances/reports
- □ Site plan and elevations or schematic drawing
- □ Contractor's cost breakdown
- □ List of tenant-paid utilities
- □ **Itemized development budget:** including a sources and uses table, identifying distributions to the owner, developer, partners or other entities during the development phase
- □ **Project Financial Plan:** Narrative description of the development's financial plan, indicating expected dates for obtaining approvals for any uncommitted financing
- Rental projects: A 30-year operating budget and cash flow projection that shows estimated project income, operating expenses, reserves, debt service, and distributions. Please include a "totals" column after year 30.

Homelessness-Related Projects Threshold Criteria Checklist

Homelessness-related projects only

If an applicant project or program plans to serve people experiencing homelessness, the portion of the project that serves that population must meet the threshold criteria set out in the FY 2019-2020 Funding Policies to be recognized as serving this population.

Responses to the questions below must be reviewed and approved by staff in the Homeless Services division of the Commission to determine if the response meets threshold requirements prior to application submittal. Applicant must submit this Homelessness-related Project Threshold Criteria Checklist, with signature, at the time of application.

Applicant Name:	
Proposed Project/Program Name:	
Overview of Proposed Program/Project (limit 150 words)	
Example Text: [Applicant Name] is seeking \$ in Capital Projects funding for [describe eligible activity – e.g. site acquisition, predevelopment, environmental review, site improvements, down payment assistance, tenant based rental assistance] for [Program/Project Name], which has a total project cost of \$ The project is anticipated to start [describe activity] on [insert date] and be completed by [insert date]. The project will provide [## anticipated units produced, facilities produced, housing rehabilitation loans made], serving approximately ## low- /very low- /extremely-low-income households.	
Program/Project Manager (Primary Contact)	Name, title:
	Phone:
	Email:
To meet the threshold criteria, the proposed project must significantly impact HEARTH system-wide performance measures. Please respond to the questions below to identify the program or project's performance measures:	 Is the applicant/operator currently operating a similar project to that being proposed? □ Yes □ No If the answer above is yes, please answer the questions in the three sections below using your project's performance during the last fiscal year. IF the answer above is no, please enter projections for the proposed project in the three sections below.

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Increasing exits from homelessness: Please enter the number of individuals anticipated to be served by the proposed project and your	Projected number of people experiencing homelessness to be served by the project annually:
projections to achieve the following goals from the date of project completion on an annual basis:	Number of unsheltered persons placed into temporary housing (shelter or transitional housing)
	Number of temporary housing participants exiting to permanent housing
Decrease the overall length of homeless episodes: Enter the number anticipated to achieve this goal from the date of project	Enter the average number of days participants stay in your shelter or housing project
completion on an annual basis.	Enter the average number of days chronically homeless participants stay in your shelter:
<i>(For permanent housing projects only)</i> Minimize returns to homelessness from permanent housing by supporting retention of	State the number of program participants who will exit your permanent housing project annually:
permanent housing by supporting retention of permanent housing: Enter the anticipated number who will achieve this goal from the date of project completion on an annual basis.	State the number of program participants who will exit your program to another permanent housing destination:
To meet the threshold criteria, the project must adhere to the principles of Housing First and participate in Coordinated Entry. For homeless- dedicated units, 100% of referrals must come from Coordinated Entry.	
For information on Coordinated Entry, visit this website: http://sonomacounty.ca.gov/CDC/Coordinated-Entry-	
System/	
Please respond to the questions below to demonstrate how the project complies:	
If a homeless-serving housing project, will the units dedicated to serving people experiencing homelessness accept 100% of referrals from Coordinated Entry?	□Yes □No
The proposed project will provide Coordinated Entry (CE) access points.	□Yes □No
The proposed project is designed using the principles of Housing First and operates with lowered barriers to entry (e.g., no income or sobriety requirements)	□Yes □No
Please list the last two times that the applicant (or partner service provider, if applicable) completed the Housing First Self-Assessment and indicate your score:	Date #1: Score:
A link to the Self-Assessment Tool is here: https://www.hudexchange.info/resource/5294/housing- first-assessment-tool/	Date #2: Score:

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What are the applicant's plans for improvement in adhering to Housing First principles?	

I have reviewed the above referenced project description and checklist and confirm that it meets the threshold criteria for homelessness-related projects applying for HOME funds for Capital Projects.

Chuck Mottern, Public Services Funding Coordinator

Date