PY 2023-2024 ConsolidateD NOFA  
PART B - Application   
Public and Community Services

# Application Summary

The City of Fresno (City) invites eligible organizations to submit applications for Public and Community Services through the Community Development Block Grant (CDBG) Program. The 2020-2024 Consolidated Plan prioritizes the provision of services to low-income and special needs households that develop human capital and improve quality of life. As such, the City is interested in receiving applications for one or more of the following program activities:

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| Activity | Potential Funding |
| Child Care Services | **CDBG** |
| Youth Services |
| Medical and Mental Health Services |
| Older Adult Services |
| Personal and Professional Services |
| Economic Development: Micro-Enterprise Assistance |

## Activity Definitions

**Child Care Services:** Services to benefit children (generally under age 13), including parenting skills classes.

**Youth Services:** Services for young people aged 4 to 19 that include, for example, recreational services, life skills (i.e., student-drive work programs), and cultural arts education opportunities. Counseling programs that target teens may include counseling for the family.

**Medical and Mental Health Services:** improving access to mental health and medical services for low- and moderate-income people including addiction recovery programs.

**Older Adult Services:** Services for older adults aged 60 and over that include, for example, recreational services.

**Personal and Professional Development:** Assistance to increase money management, home maintenance, workforce training, and employment programs.

**Economic Development: Micro-Enterprise Assistance:** Financial assistance, technical assistance, or general support services to owners and developers of micro-enterprises. A micro-enterprise is a business with five or fewer employees, including the owner(s).

# Application Submission

## **Application Deadline**

**January 27, 2023, by 4:00 p.m.**

***Resolutions Authorizing Application Submission Deadline*February 13, 2023, by 4:00 p.m.**

## Application Delivery

* **Ple**ase submit an electronic version of your application by:

Email [HCDD@fresno.gov](mailto:HCDD@fresno.gov), or  
  
If your file is over 40 MB, email [HCDD@fresno.gov](mailto:HCDD@fresno.gov) to receive a link to upload large files (instructions in the Consolidated NOFA Handbook appendix)

Hard copies of applications and authorizing resolutions are not requested or accepted. If assistance is required for digital submission, please reach out to the contact listed below.

We will email you within one business day of receipt to confirm application submission – if you do not receive a confirmation, please contact the relevant person.

## Contact Person

* Kimberly Archie, Senior Management Analyst  
  559-621-8458  
  [Kimberly.Archie@fresno.gov](mailto:Kimberly.Archie@fresno.gov)
* General Inquiries  
  Housing & Community Development Division | 559-621-8300 | [HCDD@fresno.gov](mailto:HCDD@fresno.gov)

# Application Overview and Instructions

The City of Fresno (City) Housing and Community Development division is accepting proposals from eligible organizations providing Public and Community Services to low-income and special needs households that develop human capital and improve quality of life within the City.

Funds to be used for this NOFA are from the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program. A guide to program requirements is attached to the Consolidated NOFA Handbook.

Under this Consolidated NOFA, the following Public and Community Services objectives have been prioritized, with Youth Services being the highest priority for funding:

* Afterschool enrichment programs for children to include educational and recreational programming and promote social interaction to combat mental health impacts of COVID-19
* Enhanced programming (i.e., life skills, recreational programs, and cultural arts educational opportunities) for children and youth in existing parks and recreation centers
* Affordable childcare and daycare options for low- and moderate-income families
* Personal and professional development programs like money management, workforce training, and employment programs
* Recreation, nutrition, and social services for seniors
* Improving medical and mental health care access to include counseling and recovery programs for people with alcohol and/or substance abuse disorders
* Transportation services for low- and moderate-income people to attend medical, housing, and aid appointments
* A location (preferably at a City park or neighborhood center) to allow people to shower; launder clothes; or obtain groceries, toiletries, clothing, etc.
* A location to provide feminine hygiene products, referrals to supportive services, counseling, and dental services
* Micro-enterprise assistance

## Instructions

Applications have been designed to support a standardized method of evaluation for eligibility and consideration. Applicants are encouraged to carefully review their applications prior to submission to ensure all questions are complete and narrative attachments are included. Once the application is submitted, additional information will not be accepted. In the event additional clarification is needed, City staff will contact the agency. In most instances, applicants will have 24 hours to provide the additional clarifying information in order to be considered responsive.

Prior to completing their applications, applicants should review the 2023-2024 Consolidated NOFA Handbook. The Handbook provides additional information regarding funding priorities, threshold eligibility requirements, applicant support options, and information on the timeline and process for application review and funding.

An organization’s completed application includes one Part A (organizational information), and one or more Part B (application) including all relevant exhibits and attachments.

* Applicants may provide as attachment a maximum of two, single-page letters of support. Additional pages beyond the maximum will not be reproduced. For this reason, applicants should select the two “best” support letters.

## Evaluation Process

Applications will be scored and ranked according to the below criteria.

| **Category** | **Points** |
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| **Qualified / Disqualified:**   * Does the applicant demonstrate how the proposal aligns with one or more priorities outlined in the City of Fresno 2020- 2024 Consolidated Plan? (If no, the application is disqualified.) * Are the proposed activities eligible under the applicable funding source? (If no in part or full, the application is disqualified in part or full.) * Are the proposed costs eligible under the applicable funding source? (if no in part or full, the application is disqualified in part or full.) * Is the applicant a unit of government or an established corporation chartered and in good standing with the State of California or a 501(c)(3) tax-exempt organization? (if no, the application is disqualified) * Does the applicant have established financial and management systems? (if no, the application is disqualified) * Has the applicant failed to meet any other threshold eligibility requirements in the accompanying 2023-2024 Consolidated NOFA Handbook? (If yes, the application is disqualified.) | Qualified or Disqualified |
| **Organizational Capacity:**   * Does the organization have demonstrated success in administering a similar activity? (0 years = 0 points; 1 or more years = 5 points) * Has the organization provided financial statements showing current assets sufficient to cover operating expenses for at least six months? (5 points) * Does this organization have any unresolved monitoring finding? (Up to -10) | 10 |
| **Quality of the Proposal / Alignment to Community Needs:**   * Does the application clearly describe a community need and provide evidence that existing resources are insufficient to meet that need? (5 points) * Is the program targeted to specific areas identified as Racially/Ethnically Concentrated Areas of Poverty (RECAPs)? (10 points) * Does the applicant demonstrate a thorough plan of how to reach the target population and how they will affirmatively market the program to the target population? (Up to 15 points) * Does the application clearly describe how it will assist the City in meeting the goals outlined in the Consolidated Plan? (Up to 5 points)   ● Does the proposal include activities for youth? (5 points) | 40 |
| **Impact and Outcome:**   * Does the proposed activity clearly define the outcome of the activity and how it will impact the priority needs described? (Up to 10 points) * Does the organization describe how their prior activities have resulted in meaningful impact? (Up to 5 points) * Does the proposal demonstrate that the activity will be completed in a timely manner? (Up to 5 points) * Does the organization clearly articulate how the program activities were developed in consultation with the target population? (Up to 10 points) | 30 |
| **Cost Effectiveness / Leveraging:**   * Is the proposed budget consistent with the proposed program service(s)? (Up to 5 points) * Will the proposed activity leverage additional funds that would otherwise not be available? (Up to 5 points) | 10 |
| **Coordination / Collaboration**   * To what extent does the applicant describe how its activities will be delivered in coordination with other community resources to address the overall needs of its clientele? (Up to 10 points) | 10 |
| **Total Possible Points** | **100** |

# PY 2023-2024 APPLICATION Public and Community Service Programs

NOTE: This application is not for public services to benefit primarily homeless and individuals at risk of homelessness or for Fair Housing programs. If you are a homeless provider, please use the Homeless and Homelessness Prevention Application. If you are an organization applying for Fair Housing Programs, please use the Fair Housing Application.

1. **Project Summary Information** – please complete the below summary information for the project/program.

Project Name (10 words or less):

Amount Requested: $      .00

To utilize CDBG funds for a public service, the service must be either a new service or a quantifiable increase in the level of an existing service.

This project is a:

New Project/Program

Existing Project/Program

Provide a short description of the proposed program/activity. (1 to 3 sentences and must fit in the provided space).

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If this is an existing project/program that has not received CDBG funding from the City previously, please briefly explain how CDBG funds will be used to increase the level of service.

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1. **Organizational Capacity**
   1. Briefly describe how your organization’s prior activities have resulted in meaningful impact:

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* 1. Describe the organization’s experience with administering federally funded programs of this nature.

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* 1. For how many years has the organization administered activities of the type described in this application?

* 1. Does the organization have the following in place (check box if ‘yes’)?

Written policies and procedures for the proposed project or program (i.e., intake, eligibility)

Written Financial Management Policies and Procedures

Non-Discrimination / Equal Opportunity Policy

Conflict of Interest Policies and Procedures

Procurement Policies and Procedures

1. **Proposed Scope of Work**
   1. Briefly describe the needs this proposal addresses, and how existing resources are insufficient to meet this need:

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* 1. Briefly describe the target population and how the project will meet the specific needs of the target population and how the project will be marketed to the target population.

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* 1. Describe consultation efforts made with the target population in the development of the proposed activity.

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* 1. Describe the marketing plan for the proposed activity and how the organization will ensure it reaches the target population.

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* 1. The City’s Analysis of Impediments to Fair Housing Choice recommends that the City prioritize investments in areas identified as Racially/Ethnically Concentrated Areas of Poverty (RECAPs – see NOFA Handbook). Will this program be:

Offered Citywide

Offered Citywide with an emphasis and affirmative marketing toward RECAPs

Offered exclusively to residents of RECAPs

* 1. Describe the service area:  
     Note: Strong applications will include specifically defined services areas such as ‘residents within ½ mile radius of [facility address]’ or ‘residents within the boundaries defined on the attached map.’

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Service area map attached as exhibit

* 1. Estimate the number of unduplicated persons expected to benefit from the project:

      unduplicated persons will receive a direct benefit from this project.

* 1. Income Documentation  
     CDBG-eligible programs primarily benefit persons who earn less than 80% of the area median income. A chart containing the income limits effective as of July 1, 2022, is included as a reference below. Applicants must select one of the three options for documenting how their activity will satisfy the income eligibility requirement. Please note, these income limits are subject to change. For the most current income limits please reference the link below:

<https://www.hudexchange.info/resource/5334/cdbg-income-limits/>

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| --- | --- | --- | --- |
| **Household Size** | **30% AMI** | **50% AMI** | **80% AMI** |
| 1 | 16,350 | 27,300 | 43,650 |
| 2 | 18,700 | 31,200 | 49,850 |
| 3 | 21,050 | 35,100 | 56,100 |
| 4 | 23,350 | 38,950 | 62,300 |
| 5 | 25,250 | 42,100 | 67,300 |

OPTION 1: Low-Income Clientele – Presumed Benefit

Select this option only if the program will exclusively serve one of the following clienteles (select all that apply)

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| Older Adults (62 and older)  Severely Disabled Adults  Abused Children | Illiterate Adults  Migrant Farm Workers |

OPTION 2: Low-Income Clientele – Other

Select this option if the program will serve a specific clientele not listed under the first option. The organization must document income eligibility for each program participant. Indicate below the types of documentation the organization will collect to verify income eligibility (select all that apply):

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| Pay Stubs / Wage Statements  W-2s  Income Tax Returns  Social Security Documentation  Bank Statements | Signed Certifications from Beneficiaries  Other:  Other:  Other: |

OPTION 3: Low-Income Area

Select this option if the program will benefit all residents within the defined service area described in **3.d**.

* 1. Detailed Narrative Description of Project/ProgramDescribe the project/program in detail in the space below. Limit description to the space provided on this and the next page.

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Detailed Narrative Description of Project/Program (Continued from previous page)

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* 1. Collaboration  
     Briefly describe any collaboration efforts with other organizations for this project/program or related initiatives.

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| **Collaborating Organization** | **Description of Collaboration** |
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1. **Project/Program Budget**
   1. The City is interested in applicants that can deploy activities in a timely manner (12 months) while balancing the need to maintain high standards of program delivery. Please propose how you will address this need.

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* 1. List of Funding Sources

Provide all planned funding anticipated/ committed for this activity for PY 2023-2024. If the organization has received funding commitment letters, please attach as an exhibit to this application.

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| **Funding Source (Name of Funder)** | **Name of Funding Program (if applicable)** | **Dollar Amount** | **Commitment Status (Committed or Pending)** | **If Pending, Expected Commitment Date** |
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* 1. Activity Budget Summary and Narrative  
       
     Please complete Exhibit A – Operating Budget Summary.

The above referenced Budget worksheet is available at [www.fresno.gov/housing](http://www.fresno.gov/housing) under the ‘Notices of Funding Available’ tab.

An Exhibit B – Budget Narrative must also be completed to provide a brief explanation of the expenses included in the budget.

Please note the following costs are not allowable for CDBG: bad debts; contingencies; contributions and donations; entertainment costs (including meals for social events and awards/graduation banquets); gifts or incentive awards to individuals; fines and penalties resulting from violations of or non-compliance with Federal, State, and Local laws; interest on borrowed capital; fundraising; investment management.

* 1. Prior-Year Financial Statement

Please attach a financial statement labeled as Exhibit B for the proposed program for the last full operating year. Failure to provide the financial statement will result in disqualification.

# Attachments to Part B Application:

EXHIBIT A – OPERATING BUDGET SUMMARY

EXHIBIT B – BUDGET NARRATIVE

EXHIBIT C – PRIOR-YEAR AUDITED FINANCIAL STATEMENT INCLUDING STATEMENT OF ACTIVITIES, STATEMENT OF FINANCIAL POSITION AND STATEMENT OF CASH FLOWS (REQUIRED WHEN TOTAL FEDERAL GRANT AWARDS EQUALED OR EXCEEDED $750,000 DURING THE ANNUAL AUDIT PERIOD); OR

EXHIBIT D – PRIOR-YEAR UNAUDITED FINANCIAL STATEMENT WHEN TOTAL FEDERAL GRANT AWARDS FOR THE ANNUAL AUDIT PERIOD WAS LESS THAN $750,000

Optional Additional Exhibits:

EXHIBIT       – FUNDING COMMITMENT LETTERS (IF AVAILABLE)

EXHIBIT       – LETTERS OF SUPPORT (OPTIONAL-MAXIMUM 2)

EXHIBIT       – SERVICE AREA MAP (REQUIRED IF NOT DESCRIBED IN 3.d.)

Exhibit A: Operating Project Budget Summary (or submit via Excel)

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| **Budgeted Position (Personnel) or Category (Operations)** | **City of Fresno HUD Funds** | | | **Other Funds for Project** | | | | | **Project Totals (All Funds)** |
| **Salaries & Wages** | **Fringe Benefits** | **Totals (City of Fresno HUD Funds)** | **Other Federal Funds** | **State Funds** | **Local Govm't Funds** | **Private / Donor Funds** | **Other Funds (specify)** |
| **Salaries/Wages (Specify each position; add additional rows as needed)** | | | | | | | | | |
| **Direct Service Personnel (enter position titles):** | | | | | | | | | |
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| **Administrative Personnel (enter position titles):** | | | | | | | | | |
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| **Independent Contractors / Consultants (enter position titles):** | | | | | | | | | |
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| **TOTAL PERSONNEL BUDGET** | $ | $ | **$** | $ | $ | $ | $ | $ | **$** |
| **Other Direct Costs (Include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** | | | | | | | | | |
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| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **INDIRECT COSTS (Select 1 indirect rate Only)** | | | | | | | | | |
| **Approved Indirect Cost Rate** |  |  |  |  |  |  |  |  |  |
| **De minimus 10 % Rate** |  |  |  |  |  |  |  |  |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

\*An approved indirect cost rate must be applied to the base identified in the agreement with the federal cognizant agency.

Per 2 CFR 200.414, any non-federal entity that does not have a current negotiated rate may elect to charge a de minimis rate of 10% of Modified Total Direct Costs (defined in 2 CFR 200.68).

## Exhibit B: Budget Narrative

Please provide a brief narrative describing the expenses included in each category of the budget summary.

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