City of Fresno
PY 2025 – 2026 FAIR HOUSING NOFA

## Summary

The City of Fresno (City) invites eligible organizations to submit applications for Fair Housing Administrative Services through the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) Program. The 2025-2029 Consolidated Plan prioritizes the provision of activities for residents and housing providers that promote the advancement of fair housing. As such, the City is interested in receiving applications from eligible organizations to provide services to residents and housing providers to advance fair housing within the City of Fresno through one or more of the following program activities:

|  |  |
| --- | --- |
| Activity | Potential Funding |
| Fair Housing Complaint and Referral Services | **Not to Exceed $50,000 (CDBG)** |
| Public Fair Housing Education and Outreach |
| Fair Housing Education and Outreach to Housing Industry Professionals |

### Activity Definitions

The Council of the City of Fresno is tentatively scheduled to hold a final public hearing on the draft 2025-2029 Analysis of Impediments to Fair Housing (AI) Choice on May 1, 2025. The AI includes an assessment of socioeconomic conditions, segregation and integration, access to opportunity, housing profile including publicly supported housing, housing for persons with disabilities, and fair housing activities. The AI also identifies barriers to fair housing choice within the City and provides recommended activities to address those barriers. The City has prepared a list of AI recommended activities it wishes to address through this NOFA, which are presented in this section. The activities fall into three main categories: fair housing complaint and referral services, public fair housing education and outreach, and fair housing education and outreach to housing industry professionals. It is not required that every applicant address all activities, however the City will score points based on 1) the number of activities the applicant proposes to address and 2) the previous experience that the applicant has demonstrated in its application in providing substantially similar services. The City may choose to allocate its fair housing funding to one or more applicants in order to address as many activities as possible.

**Fair Housing Complaint and Referral Services**

The City is requesting applications that provide for a strong complaint and referral service to include:

* Provide accessible means of contact for members of the public with fair housing complaints or concerns, to include at minimum telephone, email, and TTY.
* Refer inquiries and landlord/tenant complaints concerning housing discrimination to the applicable regulatory body (State Department of Fair Employment and Housing, HUD, or private counsel) for processing.
* Provide for support in multiple languages, to include Spanish and Hmong.
* Track number of complaints by zip code, gender, and race/ethnicity.
* Track complaint outcomes to include cases referred to legal services, code enforcement, DFEH, HUD, or other outcome types.
* Provide quarterly and annual reports to the City of tracked metrics.

**Public Fair Housing Education and Outreach**

The City is requesting applications that provide for a comprehensive citywide fair housing education and outreach program. The strongest applications will include:

* **Public Fair Housing Workshops and Fairs:** Prepare and facilitate workshops and/or fairs to educate members of the public about their rights. Topics of particular importance as identified in the AI include how to file a report of housing discrimination, California’s law prohibiting refusal to accept a Section 8 voucher, and disability rights in housing.
* **Advertising Fair Housing laws and complaint procedures:** Create and distribute materials to promote fair housing rights to the public.Materials should include both print and digital communications to potentially include a web page hosted by the organization, printed flyers or brochures to be distributed in City facilities and other public locations, social media posts, and email distributions. The City is interested in applications that demonstrate in-depth knowledge of the best means of reaching low and moderate-income residents, especially persons of color and other disproportionately impacted groups, as well as neighborhoods experiencing high levels of housing issues.

Strong proposals will include multiple dissemination methods such as radio, television, and other media in multiple languages as well as a thought-out approach to targeting neighborhoods of disproportionately impacted residents.

* **Collaborate with local non-profit organizations:** Conduct outreach to local non-profit agencies (especially those serving immigrants, refugees, and other populations with limited English proficiency) to collaborate on approaches to provide fair housing education. Distribute fair housing resources through social service agencies, community organizations, local congregations, and other channels that most effectively reach populations.

**Fair Housing Education and Outreach to Housing Industry Professionals**

The City is requesting applications to provide education and outreach to landlords, property owners, property managers, and lenders. The strongest applications will include:

* **Provide resources communicating stakeholder responsibilities:** Create and distribute digital and print materials that communicate fair housing responsibilities of landlords, property owners, property managers, and lenders.
* **Publicize state requirements regarding accepting Section 8 vouchers to landlords and property owners:** Publicize state requirements regarding accepting Section 8 vouchers to landlords and property managers. Publicity to potentially include partnership with media outlets and housing agencies.
* **Create and lead workshops with local lenders to improve mortgage lending outcomes for applicants of color:** Convene a working group of local bankers to identify collaborative steps the City, lenders, and other local housing agencies could take to reduce denial rates, particularly among races with denial rates higher than the city’s average. Summarize and distribute key issues and recommendations made to attendees and the City.
* **Annually convene housing industry professionals to learn about fair housing rights and responsibilities:** Conduct community-wide event, or partner with an existing event such as a Fair Housing Conference, that convenes housing industry professionals to learn about fair housing rights and responsibilities and updates to fair housing laws. The event should be publicized broadly to industry professionals including lenders, housing agencies, landlords, property owners, and property managers.

*Eligibility Requirements*

1. **Eligible Entity.**

An eligible entity is:

* A unit of local government serving program beneficiaries residing in the Fresno, or;
* A nonprofit corporation that: 1) is incorporated in California or incorporated with a State of the United States, the District of Columbia or a United States Territory and properly registered as a “Foreign Corporation” with the California Secretary of State; and 2) possesses a 501(C)(3) determination of exempt status. The City will accept an advance determination ruling from the IRS.
1. **Complete Application.**

Each applicant must submit a fully completed and signed Part A (Organizational Information) and Part B (Fair Housing) Application. Part A must, without exception, include the applicant’s Unique Entity Identifier (UEI) number. A UEI number is the primary means of entity identification for Federal awards government-wide. The Federal government uses the UEI number to track how Federal money is allocated.

If your organization does not have a UEI number visit the SAM.gov website at: https://sam.gov/content/duns-uei Registering for a UEI number is free of charge.

To see comprehensive instructions and checklists for entity registration visit: https://sam.gov/content/duns-uei. Click on “Entity Registration Checklist”

1. **Active and in Good Standing.**Non-profit organizations must be registered and in good standing with the IRS, State of California Secretary of State, State of California Office of Attorney General, and the federal government. City staff will verify organizations’ status on the following web sites, and any missing filings, ‘inactive’, ‘delinquent’, or ‘excluded’ statuses will be grounds for disqualification failing sufficient explanation by the applicant.
* IRS: <https://www.irs.gov/charities-non-profits/tax-exempt-organizationsearch>
* California Secretary of State: <https://bizfileonline.sos.ca.gov/search/business>
* California Office of the Attorney General: <https://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y>
* Entity Registration | SAM.gov

Applicants that are current or previous recipients of grant funds through the City must be in good standing to be considered eligible. This includes having resolved, or actively be in the process of resolving, any open monitoring findings.

1. **Consolidated Plan Priorities/Analysis of Impediments.**

Proposals must clearly target the fair housing priority and project incorporated in the City’s 2025-2029 Consolidated Plan and address one or more of the recommended activities outlined in the 2025-2029 Analysis of Impediments to Fair Housing Choice as described in the Activity Definitions described above.

1. **Eligible activity and expenses.**Each proposal must: (1) implement an eligible activity (2) serving eligible beneficiaries and (3) achieving an eligible objective (4) at a reasonable cost (5) in a timely manner. These five considerations are found in the HUD regulations at links provided in the table below. Additionally, the CDBG program is subject to Federal Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards found at 2 CFR 200.

| **Funding Source** | **Program Regulation** | **e-CFR Link** |
| --- | --- | --- |
| CDBG | 24 CFR 570 | <https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title24/24cfr570_main_02.tpl>  |
| Federal Uniform Requirements  | 2 CFR 200 | <https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf> |

Each proposal must budget only for ‘eligible expenses’ consistent with the applicable provisions of the program regulations identified in the above table.

As an administrative activity, the fair housing administrative provider must develop and deliver a program of services that further the objectives of the Fair Housing Act (42 U.S.C. 3601-20) by making all persons, without regard to race, color, religion, sex, national origin, familial status or handicap, aware of the range of housing opportunities available to them; inform and/or provide fair housing enforcement, education, and outreach activities; and/or perform other activities designed to further the housing objective of avoiding undue concentrations of assisted persons in areas containing a high proportion of low and moderate income persons.

1. **Financial Management Systems.**

Each subrecipient must complete the Financial and Management Systems question section of Application Part A. Failure to answer the questions/requests for information or to provide answers consistent with good financial management practices may disqualify the applicant for funding. Successful applicants will be required to submit evidence that the program manager or line supervisor overseeing the project or program has completed the HUD Exchange online Financial Management 101, 201, and the applicable Advanced Financial Management webinars and passed the associated tests/quizzes with an acceptable score. Evidence will be a certificate issued by HUD or a transcript printed from the manager’s/supervisor’s HUD Exchange account. Evidence of this requirement being met will be a precedent to contract execution.

*Important Note*

Applicants should note that any premature commitment or expenditure of funds for proposed activities is prohibited. No project expenses will be eligible for CDBG reimbursement if they have been incurred or commissioned prior to a completed environmental review and clearance by the City. Project expenses will also not be eligible for reimbursement if they have been incurred or commissioned prior to the commencement date identified in the executed subrecipient agreement with the City.

## Application Submission

Applications have been designed to support a standardized method of evaluation for eligibility and consideration. Applicants should carefully review all sections of the application and ensure all questions are complete and narrative attachments are included prior to submission. 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.

A complete application includes Part A and Part B with all required 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 their two “best” support letters.

### **Application Deadline**

**May 2, 2025 by 4:00 p.m.**

### Application Delivery

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

Email HCDD@fresno.gov, or

If your file is over 40 MB, email HCDD@fresno.gov to receive a link for large file submission.

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

* Akio Lopez - Senior Management Analyst
559-621-8323
akio.lopez@fresno.gov
* General Inquiries - Community Development Division

559-621-8300

HCDD@fresno.gov

### Evaluation Process

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

| **Category** | **Points** |
| --- | --- |
| **Qualified / Disqualified:*** Does the applicant demonstrate how the proposal aligns with one or more priorities outlined in the City of Fresno 2025 – 2029 Consolidated Plan and one or more of the projects outlined in the 2025 – 2026 Annual Action Plan? (If no, the application is disqualified.)
* Are the proposed activities and costs eligible under the applicable funding source? (If no in part or full, the application is disqualified in part or full.)
* Is the applicant an established public benefit corporation in good standing with the State of California and recognized as exempt under 501(c)(3) of the internal revenue code? (if no, the application is disqualified)
* Is the applicant excluded from doing business with the government according to SAM.gov? (if yes, the application is disqualified)
* Does the applicant have established financial and management systems? (if no, the application is disqualified)
* Does the applicant have any unresolved monitoring findings? (if yes, the application may be disqualified)
* Has the applicant failed to meet any other threshold eligibility requirements? (If yes, the application is disqualified.)
 | Qualified or Disqualified  |
| **Organizational Capacity:** * Does the organization have experience with federally funded programs? (5 points)
* Does the organization have specific experience with programs funded by the Community Development Block Grant? (5 points)
* Does the organization have financial resources to support six months of operating expenses? (5 points)
* Does the organization demonstrate that its staff has the experience and skills to deliver the activities indicated in the application? (5 points)
 | 20 |
| **Priority Needs Addressed:** * How many of the requested activities (listed in the Activity Definitions section) are included in the application? (15 points)
* For how many of the activities included in the application does the organization indicate it possesses at least one year of administering a similar activity? (15 points)
 | 30 |
| **Impact and Outcome:*** Does the activity description clearly articulate how the applicant will deliver the proposed activities? (up to 5 points)
* Does the organization describe how their prior activities have resulted in meaningful impact - i.e., successful outcomes for tenants or a change to the way a bank does business, etc. (5 points)
* Does the proposal clearly identify and define the goals of the activity and how the organization will document and measure outcomes? (5 points)
* Does the proposal demonstrate that the activity will be completed in a timely manner? (No activities completed by June 30, 2026: 0 points; Some activities completed by June 30, 2026: up to 5 points; all activities completed by June 30, 2026: 10 points)
* Will the organization be able to sustain the project in the future without additional CDBG funding provided by the City? (5 points)
 | 30 |
| **Coordination / Collaboration*** Will the proposed activity be integrated or coordinated with other services to serve the overall needs of its clientele? (10 points.)
 | 10 |
| **Cost Effectiveness:*** Is the cost per person served reasonable for the benefit provided? (5 points)
* Does the proposed budget and budget narrative demonstrate a well thought-out and planned activity? (5 points)
 | 10 |
| **Total Possible Points** | 100 |

# NOFA Application Part A: Organizational Information

## General Information

|  |  |  |
| --- | --- | --- |
| Legal Name of the Organization: |  | Fictitious Name (if applicable): |
|       |  |       |
| UEI of Organization: |  | Taxpayer Identification Number: |
|       |  |       |
| Date of Incorporation: |  | Date of 501(c)(3) Determination: |
|       |  |       |
| Mailing Address of Organization: |  | Organization Website Address: |
|       |  |       |
| Name of President (or Chair of the Board): |  | E-mail Address: |
|       |  |       |
| *Name of Chief Executive or Executive Director:* |  | *E-mail Address:* |
|       |  |  |
| Name of the Secretary: |  | E-mail Address: |
|       |  |       |
| Name of Treasurer (or Chief Financial Officer): |  | E-mail Address: |
|       |  |       |
| Principal Contact Person: |  | Principal Contact’s Title: |  | Principal Contact’s Physical Address (Street Address, Suite, City, State, ZIP): |
|       |  |        |  |       |
| Primary Phone #: |  | Alternative Phone #: |  | E-mail Address: |
|        |  |        |  |       |
|  |  |  |  |  |
| Name of Authorized Signatory: |  | Title of Authorized Signatory: |
|  |  |  |
| Signature of Authorized Official:  |  | Date of Signature: |
|  |  |  |

Do you have an active registration with SAM.gov? [ ]  Yes [ ]  No

## Mission Statement

Please provide the organization’s mission statement within the below space:

|  |
| --- |
|  |

Please mark any of the following classifications that apply to your organization:

|  |  |
| --- | --- |
| [ ]  Woman-Owned Business | [ ]  Small Business |
| [ ]  Minority Institution | [ ]  Minority-Owned |
| [ ]  Tribal | [ ]  Veteran-Owned |
| [ ]  Other:       |  |

## Organizational Capacity and Management

Please provide the number of staff employed by your organization:

Please provide key personnel information for HUD-funded projects:

|  |  |  |
| --- | --- | --- |
| **Staff Name** | **Title** | **Years of Experience** |
| 1) |       |       |       |
| 2) |       |       |       |
| 3) |       |       |       |
| 4) |       |       |       |
| 5) |       |       |       |

|  |
| --- |
| **Board of Directors** |
|  | How often does your Board of Directors regularly meet? |
|  |       |
|  | List current Board of Directors below: |
| 1) |       | 6) |       |
| 2) |       | 7) |       |
| 3) |       | 8) |       |
| 4) |       | 9) |       |
| 5) |       | 10) |       |

[ ]  Board Resolution providing for the signature authority of person to sign on behalf of the entity is attached (required before a subrecipient agreement will be executed).

|  |
| --- |
| **Financial Management** |
| 1) | Provide the name of staff responsible for your agency’s accounting system. |
|  | Name: |       |
|  | Title: |       |
|  | Phone/Email: |       |
| 2) | Has your agency operated with or managed federal funds within the past three years? [ ]  Yes [ ]  No |
| 3) | Has your agency been required to comply with the Single Audit requirements of the Uniform Guidance in the past two fiscal years?*(A Single Audit is required when $1,000,000 or more in federal funds is expended in a fiscal year.)* |
|  | [ ]  Yes [ ]  No |
| 4) | Have your agency’s annual financial statements been audited by an independent audit firm? |
|  | [ ]  Yes | [ ]  No | If yes, name of auditor: |       |
| 5) | Were any management letters issued or costs questioned as a result of the last audit? If yes, explain. |
|  |       |
| 6) | Does your financial system:1. Provide for the control and accountability of grant funds, property, and other assets? [ ]  Yes [ ]  No
 |
|  | 1. Separately track revenue and expenditures for the grant funds?

[ ]  Yes [ ]  No |
| 7) | Does your payroll system separately track staff time by grant and/or activity?[ ]  Yes [ ]  No |
| 8) | Are all payments properly documented with evidence or receipt of goods or performance of service?[ ]  Yes [ ]  No |
| 9) | Are all bank accounts reconciled monthly?[ ]  Yes [ ]  No |
| 10) | Has your agency had any significant changes in key personnel within the past 12 months? (e.g. Controller, Exec. Director, Program Manager, Accounting Manager, etc.) [ ]  Yes [ ]  No*If yes, please explain*  |
|  |       |
| 11) | Has your agency implemented new or substantially changes systems related to grant management or accounting systems in the past 12 months?[ ]  Yes [ ]  No*If yes, please explain*      |
| 12) | Does your agency have policies that address the following? |
|  | Ethics/Professional Conduct | [ ]  Yes [ ]  No |
|  | Pay Rates and Benefits | [ ]  Yes [ ]  No |
|  | Discrimination | [ ]  Yes [ ]  No |
|  | Purchasing/Procurement | [ ]  Yes [ ]  No |
|  | Property and Equipment | [ ]  Yes [ ]  No |
|  | Segregation of Duties | [ ]  Yes [ ]  No |
|  | Time and Effort Reporting | [ ]  Yes [ ]  No |
|  | Record Retention | [ ]  Yes [ ]  No |
| 13) | Does your agency certify that they are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency? [ ]  Yes [ ]  No

|  |
| --- |
| **Authorized Signatories** |
| If your organization is selected for funding, signatures from persons bearing titles from each of the two lines below will be required by your organization.1. Board Chair, President, or Vice President
2. Treasurer, Secretary, or Assistant Secretary

If you will be unable to provide the two requested signatures or intend to otherwise deviate from the standard signature authority, please indicate the names and titles of the authorized signatories below and provide the names and titles of the person(s) authorized to execute agreements on behalf of your organization in your board-certified resolution. |
| **Authorized Signatory Name** | **Authorized Signatory Title** |
| 1)       |       |
| 2)       |       |

[ ]  Board Resolution providing for the signature authority of persons to sign agreements on behalf of the entity is attached (required before a subrecipient agreement will be executed).To view the City’s policy regarding signature authority, including a sample signature page and sample certification, view Administrative Order 4-1 at: <https://www.fresno.gov/personnel/human-resources-support/#tab-2>  |
|  |  |
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## Required Attachments to Part A

Select all attachments included.

[ ]  **Part A, Exhibit 1** – Organization’s U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)

[ ]  **Part A, Exhibit 2** – Organization’s Articles of Incorporation (Required)

[ ]  **Part A, Exhibit 3** – Bylaws of the Organization (Required)

[ ]  **Part A, Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)

[ ]  **Part A, Exhibit 5** – List of Directors and Officers by Corporate Title and Name (Required)

[ ]  **Part A, Exhibit 6** – Most Recent Audited Financial Statement (an IRS 990, *Return of Organization Exempt from Income Tax*, may be submitted in lieu of an audit whenever the organization lacks an audit due to it not exceeding California and Federal audit thresholds)

[ ]  **Part A, Exhibit 7** – Indirect Cost Rate Agreement with Federal Cognizant Agency (Only required if applicant seeks to charge an indirect cost rate greater than 15 percent of modified total direct costs)

[ ]  **Part A, Exhibit 8 –** Resolution of the Board of the Directors Authorizing the Application and Naming the Person or Person’s Authorized to Sign the Application

# NOFA Application Part B: Fair Housing

1. **Activity Summary Information** – please complete the below summary information for the proposed activity.

Activity Name (10 words or less):

Amount Requested: $      .00

This is a:

 [ ]  New Project/Program

 [ ]  Existing Project/Program

Years the applicant has administered this activity:

|  |
| --- |
|       |

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

1. **Organizational Capacity**
	1. Describe the organization’s experience with administering programs of this nature.
	2. For how many years has the organization administered activities of the type described in this application?

* 1. Does the organization have experience with:

[ ]  Administering federally-funded programs

[ ]  Administering programs funded by the Community Development Block Grant

* 1. Describe the direct service staff to provide the proposed activity. Please include the staff name, title, brief description of services supported, and years of experience providing the services described.

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* 1. Financial Capacity:

[ ]  Organization has financial resources to support six months of operating expenses (financial statement attachment should clearly show current assets and operating expenses).

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

[ ]  Written policies and procedures for the proposed activity (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. **Activity Location (s)**
	1. The proposed activity will… (select all that apply):

[ ]  …provide services to residents within the City of Fresno

[ ]  …provide services to residents outside of the City of Fresno

[ ]  …limit services to one or more neighborhoods

* 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. **Priority Needs Addressed:**
	1. Indicate which requested activities are included in the application and the years of experience administering each activity. Activity descriptions are provided in the Activity Definitions section of the NOFA.

|  |  |
| --- | --- |
| **Fair Housing Complaint and Referral Services** | **Years of Experience** |
| [ ]  | Provide accessible means of contact for members of the public with fair housing complaints or concerns, to include at minimum telephone, email, and TTY. |       |
| [ ]  | Refer inquires and landlord/tenant complaints concerning housing discrimination to the applicable regulatory body (State Department of Fair Employment and Housing, HUD, or private counsel) for processing. |       |
| [ ]  | Provide for support in multiple languages, to include Spanish and Hmong. |       |
| [ ]  | Track number of complaints by zip code, gender, and race/ethnicity. |       |
| [ ]  | Track complaint outcomes to include cases referred to legal services, code enforcement, DFEH, HUD, or other outcome types. |       |
| [ ]  | Provide quarterly and annual reports to the City of tracked metrics. |       |

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| **Public Fair Housing Education and Outreach Activities** | **Years of Experience** |
| [ ]  | Public Fair Housing Workshops and Fairs |       |
| [ ]  | Advertising Fair Housing laws and complaint procedures |       |
| [ ]  | Collaborate with local non-profit organizations  |       |

|  |  |
| --- | --- |
| **Fair Housing Education and Outreach to Housing Industry Professionals** | **Years of Experience** |
| [ ]  | Provide resources communicating stakeholder responsibilities |       |
| [ ]  | Publicize state requirements regarding accepting Section 8 vouchers to landlords and property owners |       |
| [ ]  | Create and lead workshops with local lenders to improve mortgage lending outcomes for applicants of color |       |
| [ ]  | Annually convene housing industry professionals to learn about fair housing rights and responsibilities |       |

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

      unduplicated persons will receive a direct benefit from this project.

* 1. Are direct services limited to specific populations? If so, please explain.

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| --- |
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1. **Impact and Outcome:**
	1. Describe how the proposed activity will be delivered including outreach/marketing to the target audience(s) and any planned approach to targeting neighborhoods of disproportionately impacted residents.

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|       |

* 1. Describe the organization’s prior activities and how those activities have resulted in meaningful impact.

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|       |

* 1. Describe the goals of the activity and how the organization will document and measure outcomes.

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* 1. Will the activity be completed in a timely manner?

[ ]  The activities described in this application will be completed by June 30, 2026

[ ]  The activities described in this application will be completed after June 30, 2026

[ ]  Some of the activities described in this application will be completed by June 30, 2026, while others will require longer (please explain below)

* 1. How will the organization sustain the project after the CDBG funding terminates?

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* 1. Detailed Narrative Description of the ActivityDescribe the activity 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 the Activity (Continued from previous page)

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1. **Coordination/Collaboration**
	1. Briefly describe any collaboration efforts with other organizations as part of the proposed activity that will aid in serving the overall needs of the proposed clientele.

|  |  |
| --- | --- |
| **Collaborating Organization** | **Description of Collaboration** |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. **Cost Effectiveness**
	1. List of Funding Sources

Provide all planned funding anticipated and committed for this activity for FY 2025 – 2026. If the organization has received funding commitment letters, please attach as an exhibit to this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source (Name of Funder)** | **Name of Funding Program (if applicable)** | **Dollar Amount** | **Commitment Status (Committed or Pending)** | **If Pending, Expected Commitment Date** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

* 1. Activity Budget Summary and Narrative

	Please complete Exhibit A – Operating Budget Summary.

The above referenced budget worksheet is available in Excel format by sending a request to akio.lopez@fresno.gov and copying HCDD@fresno.gov.

An Exhibit B - Budget Narrative must also be completed to provide a description of all costs included in each line item listed in the Operating Budget Summary.

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

For existing programs, 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.

# Required Attachments to Part B Application:

[ ]  EXHIBIT A – OPERATING BUDGET SUMMARY; AND

[ ]  EXHIBIT B – BUDGET NARRATIVE; AND

[ ]  EXHIBIT       – 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 $1,000,000 DURING THE ANNUAL AUDIT PERIOD ); OR

[ ]  EXHIBIT       – PRIOR-YEAR UNAUDITED FINANCIAL STATEMENT WHEN TOTAL FEDERAL GRANT AWARDS FOR THE ANNUAL AUDIT PERIOD WAS LESS THAN $1,000,000

1. **Optional Attachments to Part B Application**:

[ ]  EXHIBIT       – FUNDING COMMITMENT LETTERS (IF AVAILABLE)

[ ]  EXHIBIT       – LETTERS OF SUPPORT (OPTIONAL– MAXIMUM 2)

[ ]  EXHIBIT       – SERVICE AREA MAP (REQUIRED IF NOT DESCRIBED IN 3.b)

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
| **Direct Service Personnel (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
| **Independent Contractors / Consultants (enter position titles):** |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
|  |       |       |  |       |       |       |       |       |  |
| **TOTAL PERSONNEL BUDGET**  | $      | $      | **$** | $      | $      | $      | $      | $      | **$** |
| **Other Direct Costs (include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
|  |  |  |  |       |       |       |       |       |  |
| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **INDIRECT COSTS\* (Select 1 indirect rate Only)** |
| **Approved Indirect Cost Rate** |  |  |  |       |       |       |       |       |  |
| **De minimis 15% Rate**  |  |  |  |       |       |       |       |       |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $      | $      | $      | $      | $      | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

**Please review this form and annotate budget items as needed.**

**All applicants are required to submit a copy of their organization’s operating 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 15% of Modified Total Direct Costs (defined in 2 CFR 200.68).

*Exhibit B: Budget Narrative*

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| --- |
|       |