

**CITY OF FRESNO**  
**PY 2025 – 2026 MOBILE SHOWERS OPERATIONS NOFA APPLICATION**

**Summary**

The City of Fresno (City) invites eligible organizations to apply for funding to operate Mobile Shower and Restroom Facilities through the Homeless Housing, Assistance, and Prevention (HHAP) Program. The City is seeking proposals from qualified organizations to manage and operate two mobile shower and restroom units serving individuals experiencing homelessness within the City of Fresno. The anticipated agreement start date is October 1, 2025, for one term of 12 months.

Activity	Potential Funding
Mobile Shower Operations	<b>Not to Exceed \$324,000 (HHAP)</b>

**Background**

The City of Fresno received funding through the American Rescue Plan Act (ARPA), which was used to purchase two mobile shower and restroom trailers. These units provide essential hygiene and sanitation services to individuals experiencing homelessness, helping to mitigate the spread of COVID-19.

To expand the reach and impact of these services, the City of Fresno Council approved a resolution authorizing the submission of an application for HHAP-4 funding. In accepting these funds, the City committed to allocating resources toward evidence-based programs that serve individuals experiencing homelessness. Among the eligible uses is the provision of street outreach services, aimed at helping individuals access permanent housing and supportive services.

The City is now seeking a qualified organization to operate and manage the mobile shower and restroom trailers, delivering critical services to unhoused individuals throughout the City of Fresno.

**Mobile Shower Operation Requirements**

The City is seeking proposals from organizations capable of operating two mobile shower and restroom trailers. Successful applicants must demonstrate the capacity to perform the following functions:

- Provide basic hygiene and sanitation services at no cost to participants, including at a minimum: a hygiene kit, towel, and clean undergarments for each individual receiving services.

- Clean and sanitize the shower and restroom units after each use and thoroughly at the end of each operational day, prior to transportation to the designated storage location.
- Coordinate with relevant City departments to establish water, sewer and utility connections at approved sites.
- Driver(s) must possess a valid California Class A driver's license to transport the trailers from the City's Wastewater Division storage yard (5607 West Jensen Avenue) to designated service sites and return them daily.
- Provide a compliant towing vehicle that meets the California Vehicle Code requirements for transporting trailers with a gross vehicle weight rating (GVWR) of 13,000 pounds.
- Conduct participant screenings to identify and refer individuals to additional service opportunities.
- Enter participant data into the Housing Management Information System (HMIS) on a daily basis.
- Connect with the Homeless Street Outreach (HOPE) team and other service providers to facilitate access to housing and support services.
- Offer multilingual support services, including Spanish and Hmong, to ensure accessibility for Fresno's diverse population.
- Operate the mobile shower trailers a minimum of eight (8) hours per day, with at least five (5) hours dedicated to service delivery and no more than three (3) hours allocated to cleaning and sanitation.
- Maintain operations Monday through Friday, for a minimum of 20 days per month.
- Provide weekend mobile shower services at least one weekend day (Saturday or Sunday) per quarter.
- Provide mobile shower services for special events, including events outside of normal business hours, as requested by the City.
- Ensure trailers are connected to appropriate City-designated water and sewer access points as approved by the Wastewater Division.
- Maintain and replenish propane and fuel for generators as needed to support trailer operations.
- Provide minimal repairs and maintenance of trailers during the year of service.
- Submit quarterly and annual performance reports to the City detailing service delivery and participant engagement metrics.

### Term of Contract

This Contract shall be in effect for one (1) year from the date of the Notice to Proceed. The Contract may be extended, with the mutual written consent of both parties, for one (1) one-year increments with price increases/decreases in accordance with the provisions set forth herein, all other terms and conditions specified herein remaining the same. If either the City or Contractor elects not to extend the Contract, or upon expiration of the final one-year extension term, the Contractor shall aid the City in continuing, uninterrupted, the requirements of the Contract, by continuing to perform on a temporary basis, when specifically requested to do so in writing by the Director of Planning and Development department, for a specified term not to exceed twelve months. Such

continuance shall be subject to price increases/decreases in accordance with the provisions set forth herein, and all other terms and conditions remain the same as if the contract had been extended for such a temporary period by an amendment hereto.

### Eligibility Requirements

1. **Eligible Entity** – Applicants must meet the following minimum qualifications:

- **Entity Type:** Eligible applicants must be one of the following:
  - A City/County government or government entity in the city of Fresno; or
  - A nonprofit, for-profit, or a faith-based organization.
  - Nonprofit organizations must provide documentation of their 501(C)(3) tax-exempt status. The City will accept an advance determination letter from the IRS.
- **Experience in Homeless Services** – Applicants must demonstrate a minimum of 12 months of experience, within the past three (3) calendar years, in delivering services to people experiencing homelessness. Qualifying services may include but are not limited to:
  - Emergency shelter
  - Bridge housing
  - Triage
  - Navigation
  - Rapid rehousing
  - Outreach Services
- **Applicants must provide:**
  - Verification of at least 12 months of experience managing federal, state, or similar public funding; and
  - Documentation confirming at least 12 months of experience delivering services comparable to those proposed in the application within the last three years.
- **FMCoC Membership** – Applicants must be a paid member in good standing of the Fresno Madera Continuum of Care (FMCoC), as defined by FMCoC bylaws), or obtain such status within 30 days of award notification. Applicants must provide one of the following:
  - A letter from FMCoC verifying current paid membership and good standing, or
  - A written statement acknowledging the requirement to join FMCoC as a paid member within 30 days of contract execution and maintain good standing throughout the agreement term.
- **Class A Driver's License** – Driver(s) must possess a valid California Class A driver's license. Provide a copy of the Class A Driver's License in Part B, Exhibit E.

**Preference Consideration:**

The City will consider applicants that actively recruit, hire, and retain individuals with lived experience of homelessness, and implement workplace practices that promote equity, diversity, inclusion, agency, and respect for the expertise these

individuals bring. Additionally, the City will provide further preference to organizations that leverage supplementary funding sources, such as CAL-Aim, to enhance the scope and impact of their services.

### *Application Overview*

#### **1. Complete Application.**

Each applicant must submit a fully completed and signed Part A (Organizational Information) and Part B (Mobile Shower Operations) Application along with the required attachments.

#### **2. 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>

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.

### **Eligible expenses.**

Each proposal must: (1) serve eligible clients (2) at a reasonable cost (3) in a timely manner. These three considerations are found in the HUD regulations at links provided in the table below. Additionally, the HHAP program is subject to Uniform Administrative Requirements, Cost Principles, and Audit Requirements found at 2 CFR 200.

Program Regulation	e-CFR Link
Uniform Guidance 2 CFR 200	<a href="https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf">https://www.govinfo.gov/content/pkg/CFR-2014-title2-vol1/pdf/CFR-2014-title2-vol1-part200.pdf</a>

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

**3. Financial Management Systems.**

Each applicant 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.

*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 HHAP reimbursement if they have been incurred or commissioned prior to the commencement date identified in the executed 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 additional clarifying information in order to be considered responsive.

A complete application includes:

#### Part A – Organizational Information

- Required attachments:
  - **Exhibit 1** – Organization's U.S. Internal Revenue Service 501(c)(3) Determination of Exemption Letter (Required)
  - **Exhibit 2** – Organization's Articles of Incorporation (Required)
  - **Exhibit 3** – Bylaws of the Organization (Required)
  - **Exhibit 4** – Statement and Designation by Foreign Corporation (when location of incorporation was outside of California) (Required of Out-of-State Corporations only)
  - **Exhibit 5** – Organizational Chart Listing the Board of Directors and Officers by Corporate Title and Name (Required)
  - **Exhibit 6** – Resolution of the Board of the Directors Authorizing the Application and Naming the Person or Person's Authorized to Sign the Application

#### Part B – Mobile Shower Operations Application

- Required attachments:
  - **Exhibit A** – Operating Budget Summary
  - **Exhibit B** – Budget Narrative
  - **Exhibit C** – Three (3) Months of Bank Statements
  - **Exhibit D** – 2 Letters of Support
  - **Exhibit E** – Copy of Class A Driver's License or Statement certifying the individual hired to drive the towing vehicle will have a Class A Driver's License.

### *Application Submission Instructions*

Please submit your application electronically to [ien.xiong@fresno.gov](mailto:ien.xiong@fresno.gov)

- If your file exceeds 40 MB, contact the same email to request a link for large file submission.

Note: Hard copies of applications and authorizing resolutions will **not** be accepted. If you need assistance with the digital submission process, please contact the individual listed below.

A confirmation email will be sent within one business day of receipt. If you do not receive confirmation, please follow up with the contact provided.

### *Contact Information*

- Ien Xiong - Senior Management Analyst  
559-621-8359  
[ien.xiong@fresno.gov](mailto:ien.xiong@fresno.gov)
- General Inquiries - Community Development Division  
559-621-8300  
[HCDD@fresno.gov](mailto:HCDD@fresno.gov)

### ***Proposal Conference***

***Friday, July 18, 2025, at 1:00 PM***

Prospective Proposers are encouraged to attend since City Staff will be present to answer any questions regarding the specifications.

Join the meeting by going to

<https://us04web.zoom.us/j/77500533897?pwd=NmspWjA3jYLG50tbX4AageOU4aSoX.1>

Meeting ID: 775 0053 3897 Passcode: 3TsxCz

Services of an interpreter and additional accommodation can be made available. Requests for accommodation should be made at least five working days but no later than 48 hours prior to the scheduled meeting/event. Please contact the individual listed above.

### ***Application Deadline***

**August 4, 2025, by 4:00 p.m.**

*The City of Fresno reserves the right to reject any and all proposals.*

**Evaluation Process**

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

Category	Points
<p><b>Qualified / Disqualified:</b></p> <ul style="list-style-type: none"> <li>• <b>Eligible Entity</b> – Eligible applicants must be one of the following: <ul style="list-style-type: none"> <li>• A City/County government or government entity in the city of Fresno; or</li> <li>• A nonprofit, for-profit, or a faith-based organization</li> </ul> </li> <li>• <b>Experience in Homeless Services</b> – Applicants must demonstrate a minimum of 12 months of experience, within the past three (3) calendar years, in delivering services to people experiencing homelessness.</li> <li>• <b>FMCoC Member in Good Standing</b></li> <li>• <b>Copy of Class A Driver's License</b> or Statement certifying the individual hired to drive the tow vehicle will have a Class A Driver's License. (Provided in Part B, Exhibit E)</li> </ul>	Qualified or Disqualified
<p><b>Bonus:</b> Applicant actively recruits, hires, and retains individuals with lived experience of homelessness.</p>	5
<p><b>Part A – Organizational Capacity:</b></p> <ul style="list-style-type: none"> <li>• Does the organization have experience with federal or state funded programs? (5 points)</li> <li>• Does the organization have specific experience with programs funded by the Homeless Housing, Assistance and Prevention (HHAP) grant program? (5 points)</li> <li>• Does the organization demonstrate that its staff has the experience and skills to deliver the activities indicated in the application? (5 points)</li> </ul>	15
<p><b>Part A – Financial Management:</b></p> <ul style="list-style-type: none"> <li>• Has your agency operated with or managed state funds within the past three years? (5 points)</li> <li>• Have your agency's annual financial statements been audited by an independent audit firm? (4 points)</li> <li>• Does your payroll system separately track staff time by grant and/or activity? (3 points)</li> <li>• Does the organization have financial resources to support six months of operating expenses? (3 points)</li> </ul>	15



Category	Points
<b>Part A – Required Attachments:</b> <ul style="list-style-type: none"> <li>• <b>Exhibit 1</b> – IRS 501(c)(3) Exemption Letter (1 point)</li> <li>• <b>Exhibit 2</b> – Organization’s Articles of Incorporation (1 point)</li> <li>• <b>Exhibit 3</b> – Bylaws of the Organization (1 point)</li> <li>• <b>Exhibit 4</b> – Statement and Designation by Foreign Corporation (Required of Out-of-State Corporations only)</li> <li>• <b>Exhibit 5</b> – Organizational Chart Listing the Board of Directors and Officers by Corporate Title and Name (1 point)</li> <li>• <b>Exhibit 6</b> – Authorizing Resolution (1 point)</li> </ul>	5
<b>Part B – Narrative Responses:</b> <ul style="list-style-type: none"> <li>• Organization’s Prior Activities (5 points)</li> <li>• Measurable Outcomes (5 points)</li> <li>• Organization’s Prior Activities (5 points)</li> <li>• Connecting Clients to Services (3 points)</li> <li>• Equity and Inclusion (5 points)</li> <li>• HMIS Data Entry and Record Maintenance (2 points)</li> </ul>	25
<b>Part B - Acknowledgements</b>	10
<b>Part B – Cost Effectiveness:</b> <ul style="list-style-type: none"> <li>• Does the organization leverage funding to provide additional services and have they provided a commitment letter? (10 points)</li> <li>• Does the proposed budget include the required items listed in the acknowledgements? (5 points)</li> <li>• Does the proposed budget and budget narrative demonstrate a well thought-out and planned activity? (5 points)</li> </ul>	20
<b>Part B - Required Attachments:</b> <ul style="list-style-type: none"> <li>○ <b>Exhibit A</b> – Operating Budget Summary (1 point)</li> <li>○ <b>Exhibit B</b> – Budget Narrative (1 point)</li> </ul>	5

Category	Points
<ul style="list-style-type: none"><li>○ <b>Exhibit C</b> – Three (3) Months of Bank Statements (1 point)</li><li>○ <b>Exhibit D</b> – 2 Letters of Support (1 point)</li><li>○ <b>Exhibit E</b> – Copy of Class A Driver’s License or Statement certifying the individual hired to drive the tow vehicle will have a Class A Driver’s License. (1 point)</li><li>○ <b>Exhibit F</b> – Commitment letter(s) for leveraged funding (if applicable)</li></ul>	
<b>Total Possible Points</b>	100

**NOFA Application Part A: Organizational Information****General Information**

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

**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. CEO, Board Chair, President, or Vice President
2. Treasurer, Secretary, or Assistant Secretary

If you are unable to provide the two requested signatures or intend to 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)	

☐ Part A, Exhibit 6 – Board Resolution providing for the signature authority of persons to sign agreements on behalf of the entity (required before an 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/wp-content/uploads/2023/04/AO41ProcessingofContractstoWhichtheCityisParty.pdf>

**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

☐ Minority Institution

☐ Tribal

☐ Other:

☐ Small Business

☐ Minority-Owned

☐ Veteran-Owned

**Organizational Capacity and Management**

Please provide the number of staff employed by your organization:

Please provide key staff information that have experience managing the following state and federal funding sources: HHAP/ ERF/ Homekey/ CDBG/ HOME/ HOME-CHDO/ LHTP/ PLHA

Staff Name	Title	Funding Source	Years of Experience
1)	Brief description of services supported:		
2)	Brief description of services supported:		
3)	Brief description of services supported:		
4)	Brief description of services supported:		
5)	Brief description of services supported:		

## 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 state funds within the past three years?  
☐ Yes ☐ No
- 3) Have your agency's annual financial statements been audited by an independent audit firm?  
☐ Yes ☐ No If yes, name of auditor/firm:
- 5) Were any management letters issued or costs questioned as a result of the last audit? If yes, explain.
- 6) Does your financial system:
  - a) Provide for the control and accountability of grant funds, property, and other assets? ☐ Yes ☐ No
  - b) 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) Does the organization have financial resources to support six months of operating expenses?  
☐ Yes ☐ No
- 11) 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*
- 12) 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*
- 13) Does your agency have policies that address the following?
 

Ethics/Professional Conduct	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pay Rates and Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Discrimination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purchasing/Procurement	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Property and Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Segregation of Duties	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time and Effort Reporting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Record Retention	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- 14) ☐ I certify that the agency **is 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.

☐ I certify that the agency **is** presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal or State department or agency.

### 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** – Organizational Chart Listing the Board of Directors and Officers by Corporate Title and Name (Required)
- ☐ **Part A, Exhibit 6** – 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: Mobile Shower Operations Application**

### **Narrative Responses**

Describe the organization's prior activities and how those activities have resulted in meaningful impact.

Describe the goals related to Mobile Shower Operations and how the organization will document and measure outcomes.

Provide a description of how the organization will connect clients to other services, including shelter and permanent housing.

How will the organization demonstrate a commitment to an inclusive, equitable workplace and ensure culturally responsive services for BIPOC and LGBTQ+ individuals, while fostering trust-based client relationships and identifying strategies to address systemic barriers faced by people experiencing homelessness?

Reporting into the HMIS database is a requirement of State funding. Provide a response detailing how your organization maintains records, collects data consistently, tracks both qualitative and quantitative outcomes.

### **Acknowledgements**

Organization acknowledges that records must be available to City or its authorized representatives upon request during regular business hours throughout the life of the Contract and for a period of three years after final payment and for the period of time required by law.

☐ Acknowledged

Organization acknowledges that they will provide multilingual support services, including Spanish and Hmong.

☐ Acknowledged

Organization acknowledges that at minimum, a hygiene kit, towel, and clean undergarments must be provided to everyone receiving services.

☐ Acknowledged

Organization acknowledges that Housing Management Information System (HMIS) license fees are at the organization's expense.

☐ Acknowledged

Organization acknowledges that a compliant towing vehicle that meets the California Vehicle Code requirements for transporting trailers with a gross vehicle weight rating (GVWR) of 13,000 pounds must be provided at the organization's expense.

☐ Acknowledged

Organization acknowledges that they will maintain and replenish propane and fuel for generators as needed to support trailer operations.

☐ Acknowledged

Organization acknowledges that they are responsible for providing minimal repairs (up to \$250) and maintenance of the trailers during the year of service.

☐ Acknowledged

Organization acknowledges that the tow vehicle driver(s) must possess a valid California Class A driver's license to transport the trailers from the City's Wastewater Division storage yard (5607 West Jensen Avenue) to designated service sites and return them daily.

☐ Acknowledged

Organization acknowledges that Mobile Showers must be operated a minimum of eight (8) hours per day, with at least five (5) hours dedicated to service delivery and no more than three (3) hours allocated to cleaning and sanitation.

☐ Acknowledged

Organization acknowledges that mobile showers will be operated at least one weekend (Saturday or Sunday) per quarter.

☐ Acknowledged

Organization acknowledges that the mobile showers may be used for special events, including events outside of normal business hours, as requested by the City.

☐ Acknowledged

## Cost Effectiveness

### 1. Leveraged Funding Sources

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

<b>Funding Source (Name of Funder)</b>	<b>Name of Funding Program (if applicable)</b>	<b>Dollar Amount</b>	<b>Commitment Status (Committed or Pending)</b>	<b>If Pending, Expected Commitment Date</b>
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### 2. Budget Summary

Please complete Exhibit A – Operating Budget Summary (available in Excel format by sending a request to [ien.xiong@fresno.gov](mailto:ien.xiong@fresno.gov) and copying [HCDD@fresno.gov](mailto:HCDD@fresno.gov)).

### 3. Budget Narrative

Exhibit B - Budget Narrative must be completed to provide a description of all costs. A summary of each line item listed in the Operating Budget Summary is required.

Please note the following costs are not allowable for HHAP: bad debts; service fees; interest fee; 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.

### 4. Three (3) Months of Bank Statements

Provide a copy of three (3) months of bank statements demonstrating the availability of funds to cover expenses for a total of six months.

## Required Attachments to Part B Application:

- ☐ **Part B, Exhibit A**– Operating Budget Summary; and
- ☐ **Part B, Exhibit B** – Budget Narrative; and
- ☐ **Part B, Exhibit C** – Three (3) Months of Bank Statements (must show available balance for 6 months of operations)
- ☐ **Part B, Exhibit D** – Letters of Support (two single-page letters of support. Additional pages beyond the maximum will not be reviewed)
- ☐ **Part B, Exhibit E** – Copy of a valid Class A Driver’s License, or a signed statement certifying that the individual hired to operate the towing vehicle (with a Gross Vehicle Weight Rating of 13,000 pounds) will possess a Class A Driver’s License. The individual must be hired within 30 days of the contract award, and a copy of their license must be submitted within 7 days of hire.

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

Budgeted Position (Personnel) or Category (Operations)	City of Fresno HHAP Funds			Other Funds for Project					Project Totals (All Funds)	
	Salaries & Wages	Fringe Benefits	Totals (City of Fresno HHAP Funds)	Other Federal Funds	State Funds	Local Govm't Funds	Private / Donor Funds	Other Funds (specify)		
<b>Salaries/Wages (Specify each position)</b>										
<b>Direct Service Personnel (enter position titles):</b>										
<b>Independent Contractors / Consultants (enter position titles):</b>										
<b>TOTAL PERSONNEL BUDGET</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	
<b>Other Direct Costs (include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)</b>										
<b>TOTAL OTHER DIRECT COSTS</b>			\$	\$	\$	\$	\$	\$	\$	
<b>INDIRECT COSTS*</b>										
De minimis 7% Rate										
<b>TOTAL INDIRECT COST BUDGET</b>			\$	\$	\$	\$	\$	\$	\$	
<b>TOTAL PROJECT BUDGET</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$	

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

**All applicants are required to submit a copy of their organization's operating budget.**

**Exhibit B: Budget Narrative**