PY 2025-2026 Community Services NOFA  
PART B - Application

# Application Summary

The City of Fresno (City) invites eligible organizations to submit applications for Community Services through the Community Development Block Grant (CDBG) Program. Based on the community needs conveyed during public meetings and the provisional goals of the 2025-2029 Consolidated Plan, the City is interested in receiving applications for one or more of the following program activities:

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| Activity | Funding Source |
| Child Care Services | **CDBG** |
| Youth Services |
| Medical and Mental Health Services |
| Older Adult Services |
| Personal and Professional Services |
| Fair Housing Compliant and Referral Services |
| Public Fair Housing Education and Outreach |
| Fair Housing Education and Outreach to Housing Industry Professionals |
| 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 62 and over that include, for example, recreational services.

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

**Fair Housing Complaint and Referral Services:** Accepting Fair Housing calls, investigate complaints, and provide support for clients.

**Public Fair Housing Education and Outreach:** Preparing a program plan to include actions and timeframes for educating the public regarding their Fair Housing rights and means by which they may report cases of housing discrimination or seek advice pertaining to Fair Housing rights.

**Fair Housing Education and Outreach to Housing Industry Professionals:** Providing resources communicating stakeholder responsibilities.

**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**

**September 12, 2025 by 5 PM**

## 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

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 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)
* Housing & Community Development Division | 559-621-8300 | [HCDD@fresno.gov](mailto:HCDD@fresno.gov)

# Application Overview and Instructions

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

The $200,000 in funding available through 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 2025-2026 Community Services NOFA Handbook.

Under this NOFA, the following Community Services objectives have been prioritized:

* Programs that provide childcare services to eligible residents. This includes providing assistance to residents who desire to establish a childcare business.
* Programs that provide senior exercise classes.
* Programs that provide vocational training.
* Programs that provide culturally-appropriate group therapy.
* Programs that provide resources for seniors providing care for youth who do not have a parent present.
* Afterschool programs for youth.

## Instructions

This Application 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 2025-2026 Community Services 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 (Cover Page), and one or more Part B (Application) including all relevant exhibits and attachments.

* Applicants may provide as an 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:**   * 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 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) * 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 in the accompanying 2025-2026 Consolidated NOFA Handbook? (If yes, the application is disqualified.) | Qualified or Disqualified |
| **Organizational Capacity:**   * Does the organization have cultural competency training available to staff operating the program? (5 points) * Has the organization provided financial statements showing current assets sufficient to cover operating expenses for at least six months? (10 points) * Does the organization demonstrate that its staff has the experience and skills to deliver the activities indicated in the application? (Up to 5 points) | 20 |
| **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 5 points) * Does the proposal include at least one of the prioritized activities listed on page 4 of this application? (10 points) | 30 |
| **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 5 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 10 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) * Is the cost per participant reasonable based on the proposed program? (Up to 5 points) * Will the proposed activity leverage additional funds that would otherwise not be available? (Up to 5 points) | 15 |
| **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 5 points) | 5 |
| **Total Possible Points** | **100** |

# PY 2025-2026 APPLICATION Community Service Programs

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 community 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. Please describe the cultural competency training staff will be required to complete during the term of this program.

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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. Although the City’s Analysis of Impediments to Fair Housing Choice is in the process of being updated, the City recommends that investments be made 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.’ A map may be attached in lieu of a service area description.

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

      unduplicated people or businesses 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 June 1, 2025, 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 | $19,750 | $32,900 | $52,600 |
| 2 | $22,550 | $37,600 | $60,100 |
| 3 | $25,350 | $42,300 | $67,600 |
| 4 | $28,150 | $46,950 | $75,100 |
| 5 | $30,450 | $50,750 | $81,150 |

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: |

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 2025-2026. 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 C 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 $1,000,000 during the annual audit period); or prior-year unaudited financial statement when total federal grant awards for the annual audit period was less than $1,000,000

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.f.)

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** | $ | $ | **$** | $ | $ | $ | $ | $ | **$** |
| **Other Direct Costs (Include only costs that are direct; indirect costs are covered under the Indirect Cost Rate)** | | | | | | | | | |
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| **TOTAL OTHER DIRECT COSTS** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **INDIRECT COSTS (Select 1 indirect rate Only)** | | | | | | | | | |
| **Approved Indirect Cost Rate** |  |  |  |  |  |  |  |  |  |
| **De minimus 15 % Rate** |  |  |  |  |  |  |  |  |  |
| **TOTAL INDIRECT COST BUDGET** |  |  | **$** | $ | $ | $ | $ | $ | **$** |
| **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** | **$** |

\*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 15% of Modified Total Direct Costs (defined in 2 CFR 200.1).

## Exhibit B: Budget Narrative

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

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