



Powered by ZoomGrants™

City of Modesto
Cares Act CDBG-CV and ESG-CV Request For Proposals
Deadline:

Print Preview Prop

Jump to: [Application Disclaimer](#) [Application Questions](#) [Budget](#) [Supporting Exhibit Tables](#) [Documents](#)

USD\$ 0.00 Requested

Additional Contacts
none entered

printpreview@printpreview.com
Tel: 888-867-5309

Application Disclaimer [top](#)

1. COC Collaboration/Participation: Applicant organization agrees to participate in the Community System of Care monthly meetings?

- Yes
- No

2. HUD Compliant: Proposed program is compliant with the Eligible activities as defined by 24 CFR 570.201(e) for CDBG funding requests or 24 CFR 576.101 CDBG Street Outreach, 24 CFR 576.702 CDBG Emergency Shelter, 24 CFR 476.103 CDBG Homeless Prevention, 24 CFR 576.104 CDBG Rapid Re-housing, and/or 24 CFR 576.107 CDBG HMIS Data Collection?

- Yes
- No

3. Supplanting of Funds: CDBG-CV/ESG-CV funds will be used to supplement existing state or local funds for program activities and will not replace state or local funds that have been appropriated or allocated for the same purpose?

- Yes
- No

4. CARES Act: All activities performed under this funding application are to assist with prevention, preparation for, or containment of COVID-19.

- Yes
- No

5. Organization agrees to comply with all subrecipient requirements outlined in HUD's Playing by the rules – Handbook for CDBG Subrecipients on Administrative System.

- Yes
- No
- N/A

6. Organization certifies that there is no conflict of interest between its Board of Directors and its Staff (Provide evidence in uploaded documents Exhibit S that there is no member of the board directly or indirectly employed by

the organization.)

- Yes
- No

7. Project/organization has policies regarding termination of assistance, client grievance, equal access, ADA, Fair Housing, and is compliant with any and all HUD CDBG/ESG program requirements.) (Provide evidence in uploaded documents Exhibit X)

- Yes
- No

8. Equal Access: Project ensures equal access to program participants regardless of their race, gender, national origin, religion, sex, sexual orientation, gender identity, age, familial status, or disability.

- Yes
- No

9. Non-Discrimination: Project complies with all federal and state civil rights and fair housing laws including Fair Housing Act, Title IV of the Civil Rights Act and Equal Access Rules.

- Yes
- No

10. ESG Only: HMIS Data Collection and Coordinated Entry Participation: Organization is committed to participating in HMIS and CoC's Coordinated Entry Systems; or make other arrangements for serving survivors of domestic violence.

- Yes
- No
- N/A

Application Questions [top](#)

1. Please indicate the funding being requested. Please check one.

-answer not presented because of the answer to #1-

2. What year was your organization incorporated?

-no answer-

3. Applicant Type: Please check all that apply. Please select at least one.

- Non-Profit
- Governmental
- Faith-Based
- Educational

4. Are there any known conflicts of interest, please describe. Conflict of interest requires a written waiver from the City Attorney before an agreement is signed. Please make sure to list any and all conflicts or possible conflicts. If none, please enter "no known conflicts of interest."

-no answer-

5. ESG-CV Only: Which type of Program Activity are your requesting funds for?

-answer not presented because of the answer to #1-

6. Describe the program/project you are your requesting funds for? (Project Description)

-no answer-

7. Describe the need(s) being addressed with this funding by your program and how it is related to the prevention or containment of COVID-19?

-no answer-

8. Provide a detailed description on how the Cares Act CDBG-CV or ESG-CV funds will be used including specific costs the funds will pay for (this must correspond with the proposed budget)?

-no answer-

9. Will the service to be provided with these funds supplement current COVID-19 efforts or will these funds fill a service gap needed to be addressed?

-no answer-

10. What are the eligibility requirements to participate in the project/program?

-no answer-

11. Describe how you will determine income level and the type of documentation collected to document income eligibility? For CDBG applications: If you are claiming an Limited Clientele activity or Presumed Benefit Describe how this is being determined.

Include any supporting evidence in Exhibit Q

-no answer-

12. Please describe any formal or informal collaborative efforts with other organizations to serve the additional needs of your clients? Please include a list of agencies and a description of the collaboration efforts.

-no answer-

13. Describe how will clients be referred or made aware of this program?

-no answer-

14. Outline the plan for client follow-up after assistance is provided:

-no answer-

15. Outline your plan for evaluating your program:

-no answer-

16. List all locations (with address) where this project will be held, unless the location is a safe haven situation (i.e. Domestic abuse shelter). (Please include evidence of site control, such as a rental, lease, or use agreement, or proof of ownership, to the application and label Exhibit O List "none" in extra rows. Enter "safe haven" for confidential locations.)

-no answer-

17. CDBG Only: Please indicate numbers to be served by category below. Please note all activities must support the prevention, preparation, and/or response to COVID-19.

-answer not presented because of the answer to #1-

18. ESG Only: Please indicate numbers to be served by category below. Please note all activities must support the prevention, preparation, and/or response to COVID-19.

-answer not presented because of the answer to #1-

19. ESG Only: If you are proposing a renovation project for an Emergency Shelter Facility, there are restrictions imposed by the Federal government that require the facility be maintained as a shelter for a period of no less than 5 years. How will you meet the maintenance/continued use requirement?

-answer not presented because of the answer to #1-

20. Are you aware of other programs in the area that offer these same services? If so, how is your program different from any other providing the same or similar service? How does your program ensure duplication of services is not occurring?

-no answer-

21. Please list all persons authorized to request payment. Please enter full name and title below.

-answer not presented because of the answer to #1-

Budget [top](#)

Exhibit A: Source of Funds - Project Budget

-none-

Total Funding

USD\$ 0.00

On-Hand

USD\$ 0.00

Committed

USD\$ 0.00

Planned

USD\$ 0.00

Exhibit B: Proposed CARES ACT Project Budget

CDBG-CV

ESG-CV-Street Outreach

ESG-CV Emergency Shelter

ESG-CV-HP

All Other Sources

-none-

USD\$
0.00

USD\$ 0.00

USD\$ 0.00

USD\$ USD\$ 0.00
0.00

Supporting Exhibit Tables [top](#)

Exhibit C: Past Performance Funding History

Exhibit C - Past Performance by Program Year	Program Name/Description	Amount Awarded	Amount Spent	Difference Between Allocated and Actual	Proposed Served	Actual Served	Difference Between Proposed and Actual
2019/2020		\$	\$	\$ 0.00	Individuals	Individuals	0 Individuals
2018/2019		\$	\$	\$ 0.00	Individuals	Individuals	0 Individuals
2017/2018		\$	\$	\$ 0.00	Individuals	Individuals	0 Individuals
Total	0	\$ 0.00	\$ 0.00	\$0.00	0 Individuals	0 Individuals	0 Individuals

Exhibit D - Personnel Information

Employee Information	Name or New	Title	Role within the Project	Years of Experience	Pay Rate/Hr	CDBG-CV hours per year	Total CDBG-CV hrs/yr	ESG-CV hours per year	Total ESG-CV hrs/yr
Total				0.00 Yrs	\$ 0.00	0 Hrs	\$0.00	0 Hrs	\$0.00

Documents [top](#)

Documents Requested *

Required? Attached Documents *

Exhibit E: Articles of Incorporation as a nonprofit corporation from the California Secretary of State.	✓
Exhibit F: By-Laws as registered with the California Secretary of State	✓
Exhibit G: Letter from the California Franchise Tax Board determining tax-exempt status under Section 23701d, Revenue and Taxation Code.	✓
Exhibit H: Letter from Internal Revenue Service determining the organization's tax-exempt status under Section 501(c) (3) of the Internal Revenue Code.	✓
Exhibit I: Business License or Business License Application (If Applicable)	✓
Exhibit J: Request for NEPA Environmental Review. Original Signature is required. download template	✓
Exhibit K: Proof of Insurance: Provide a copy of the Insurance Certificate per the requirements on the template below. Please note if funding granted, new insurance requirements will apply. Please print, sign and upload COM Insurance Document. download template	✓
Exhibit L: Professional References - Please provide contact information for three (3) partnering agencies, non-profits, service providers, or public/private agencies.	✓

Exhibit M: Provide Board Resolution authorizing Applicant to submit CDBG/ESG application to the City of Modesto, accept the Grant if awarded & execute grant agreements. Reso will not be accepted if authorization does not specify City of Modesto.



[download template](#)

Exhibit N: Certifications: Please provide copies of current applicable licenses, evidence that fingerprinting requirements of staff have been met, and certifications that pertain to the project or project component that will utilize CDBG funds.



Exhibit O: Site Control: Please attach documentation regarding the status of or evidence of site control.



Exhibit P: Program Staff Resume(s): Provide copies of resumes for the program staff that is involved in operating and/or implementing this program AND job descriptions for each.



[download template](#)

Exhibit Q: Any and all documents related to the Design and execution of the program. This includes policies, procedures, process flows, intake, and/or eligibility forms.



Exhibit Q: Any and all documents related to the Design and execution of the program. This includes policies, procedures, process flows, intake, and/or eligibility forms.



Exhibit R: Any and all statistical back-up related to the program/ Project development including evidence of program expansion.



Exhibit S: Board of Directors: Copy of names, addresses, phone numbers and title of current members of the Board of Directors and Officers of the Organization.



Exhibit T: Organizational Chart: Please upload a current Organization Chart for your respective Non-Profit/Organization.



Exhibit U: Disclosure of City Relationships - Please list any employees or board members of the Organization who are elected officials, appointed members of a City of Modesto Commission/Committee, or a City employee (if applicable).



Exhibit V: Certified Audit and/or Financial Statement (most recent).



Exhibit W: Pre-Award Risk Assessment to provide information about the operations of your organization. Please copy to your computer, once complete, print and upload prior to submitting application.



[download template](#)

Exhibit X: Policies and Procedures that support compliance with Local, State, and Federal Regulations as referenced in the Applicant certification section of the application.



Exhibit Y: Any and all supporting documentation for findings or concerns issued by any audits during FY 2019-2020.



Exhibit Z: Fee Schedule: Reasonable fees may be charged for project services. If fees are charged provide a copy or schedule. Failure to submit the fee schedule for a fee-based project will render your



application as disqualified.

Exhibit ZA: Fiscal Policies & Procedures-Please upload a copy of your Organization's current Fiscal Policies and Procedures.



Exhibit ZB: Any and all documents supporting leverage/match funds included but not limited to award letters, history of fundraising efforts.



** ZoomGrants™ is not responsible for the content of uploaded documents.*

Application ID: 124545

Become a [fan of ZoomGrants™](#) on Facebook
Problems? Contact us at Questions@ZoomGrants.com
©2002-2020 GrantAnalyst.com. All rights reserved.
"ZoomGrants" and the ZoomGrants logo are trademarks of GrantAnalyst.com, LLC.
[Logout](#) | [Browser](#)