

**COUNTY OF MONTEREY ENTITLEMENT AREA  
 FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC FACILITY/INFRASTRUCTURE PROJECT PROPOSAL**

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC FACILITY PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

**A. APPLICANT INFORMATION**

1. Legal Name of Organization: City of Gonzales
2. Mailing Address: PO BOX 647  
 City: Gonzales, CA Zip:93926
3. Executive Director Name & Title: Rene L. Mendez
4. Organization's Website Address: www.ci.gonzales.ca.us
5. Organization's **DUNS #:** 004948303 **and Tax Payer ID #:**94-6000341
6. Contact Person Name & Title for **Project** Questions: Carlos S. Lopez, Public Works Director
  - a. Phone: 831-675-5000 FAX:831-675-2644
  - b. E-mail Address: clopez@ci.gonzalales.ca.us
7. Contact Person Name & Title for **Financial** Questions:
  - a. Phone: 831-675-5000 FAX: 831-675-2644
  - b. E-mail Address: ttruszkowski@ci.gonzales.ca.us
8. Type of Project:

a. Please identify the type of facilities

<input type="checkbox"/> Parks and Recreation Facilities	<input type="checkbox"/> Libraries	<input type="checkbox"/> Civic Centers
<input type="checkbox"/> Streets and Sidewalks	<input type="checkbox"/> Infrastructure (Please specify, e.g. drainage)	<input checked="" type="checkbox"/> Other Facilities (please specify, e.g., streetlights)

b. Please identify the type of improvements

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Expansion
<input checked="" type="checkbox"/> Rehabilitation/Improvement	<input type="checkbox"/> ADA Improvements	

9. Number of Low/Mod Beneficiaries to be served by the Project: **34**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$617.64**

10. Title of Proposed Project: **Roof Reconstruction at Daycare Center**

a. Address/Service Area of Project: **225 Elko Street**

b. Amount Requested for this Project: **\$21,000**

c. Amount of Leveraged Funds Available for this Project: **\$ 0**

d. Total Project Cost (all sources) **\$21,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

## **B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

### **1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?  
 Help those with HIV or AIDS?

Help the homeless?  
 Help the disabled?

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**The proposed project is the reconstruction of the roof at a daycare center within the City of Gonzales. The daycare center is operated by the Mexican American Opportunity Foundation (MAOF), which is the nation's largest Latino human service organization.**

**Currently, the City does not have written and adopted rehabilitation standards that would be used for this project. However, those standards will be prepared and adopted upon grant approval.**

## 2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

### **Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

### **Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

**Objective:**

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

### **Outcome 3. Sustainability/Promoting Livable or Viable Communities**

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low- and moderate-income people or by removing or eliminating slums or blighted areas.

**Objective:**

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

**Reconstruction of the roof will dramatically improve the living environment so that the learning environment will be improved for day care students.**

How will people or conditions in the community change as a result of what you do?

**The reconstruction of the roof is needed to maintain a healthy learning environment.**

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

N/A

## 3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

**The project's budget reflects the cost of the equipment and installation. The total cost benefits 34 low/moderate income beneficiaries, which equates to a cost per beneficiary of \$791.11.**

**4. TIMELINESS/PROJECT READINESS**

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

**Carlos Lopez, Public Works Director/Over 20 years of experience**

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

**City of Gonzales, Public Works Department/City Engineer**

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

**Refer to implementation schedule below.**

**5. MANAGEMENT AND PAST EXPERIENCE**

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

**Project will be conducted by the City of Gonzales**

**6. COLLABORATION**

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

**N/A**

If you have no collaborative partners explain how you propose to coordinate your services with other community agencies in order to leverage resources.

**N/A**

**7. PROPERTY INFORMATION**

Complete applicable items for all public facility and infrastructure projects (including acquisition, rehabilitation, and demolition).

<p>Who (agency name) is the legal owner of the property? <b>City of Gonzales</b></p> <p>If you are pursuing site control, please present the timeline to obtain firm site control.</p> <p><b>N/A</b></p> <p>Who (agency name) will be the final owner of the property?</p> <p>Square footage of proposed building or building addition:</p>
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Square footage of construction site parcel:

Length of improvements if street, water, or sewer project:

Service capacity of existing facility:

Improved capacity of the facility:

Age of structure: 40 Historic status: None

**8. FAIR LABOR STANDARDS ACT COMPLIANCE**

Construction projects over \$2,000 are subject to Davis-Bacon Prevailing Wage reporting regulations. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance? Public Works Director

Prior Related Experience: 27 years

Phone number: 831-675-5000 Fax Number: 831-675-2644

E-mail Address: clopez@ci.gonzales.ca.us

**9. IMPLEMENTATION SCHEDULE - Attach a separate page if necessary.**

Major Milestones	Month/Year to Begin	Month/Year to End
Prepare Request for Proposals	7/1/13	7/29/13
Begin Advertisement	8/5/13	9/9/13
Review & Select bid	9/11/13	9/13/13
Award Bid	9/16/13	9/16/13
Contract Administration	9/17/13	10/3/13
Issue Notice to Proceed	10/7/13	10/7/13
Begin Work – Work Completed	10/30/13	12/29/13

**10. GEOGRAPHIC BOUNDARIES**

Describe the geographic boundaries and census tracts of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. **Attach a map.**

**City of Gonzales**

**11. MAINTENANCE AND OPERATIONS BUDGET**

All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section.

**Who** (agency name) will be responsible for the ongoing maintenance and operations of the facility?

**Attach the proposed maintenance and operations budget** reflecting both expenditures and revenue (sources and amounts) for a Five-Year service period. HUD program income is the income generated by the use of the facility, less the operating costs associated with generating the income. The County considers utilities, maintenance and general facility maintenance to be operating costs that should be subtracted from revenue to determine program income. A copy of the County of Monterey's Program Income Reuse Policy and Procedures may be requested by sending an e-mail to the County.

An authorized person representing the responsible organization must sign the certification on the next page.

**Certification of Maintenance and Operations Budget**

The governing body of **City of Gonzales** (insert agency name) a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Gonzales

Street Address: 147 Fourth Street

City, State, Zip Code: Gonzales, CA 93926

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:

  
\_\_\_\_\_

Title of Authorized Agency Representative: City Manager

Date Certification Signed: JANUARY 2, 2013

**C. HUD REQUIRED BENEFICIARY INFORMATION**

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

**\*Be sure to provide the documentation indicated for your selection(s)\***

<p><b>Area of Benefit.</b> Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <b><u>Attach a map.*</u></b></p>	<p><b>X</b></p>
<p><b>Income Certification.</b> Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, please <b><u>attach blank “intake” form.*</u></b></p>	
<p><b>Client Document Review.</b> Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <b><u>attach worksheet.*</u></b></p>	
<p><b>Presumed Beneficiaries.</b> Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <b><u>If you use this method, please indicate which group.*</u></b></p>	
<p><b>Other.</b> Survey, other documentation (required documentation for other governmental programs, etc.). <b><u>Please explain on a separate page.*</u></b></p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) required implementation by December 31, 2002, of the data collection standards for federal grant recipients as described in the instructions.

**PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.**

**A form will be prepared upon grant approval.**



**3. Location of Beneficiaries**

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served <b>FY 2012-13</b>	Total Number of Beneficiaries Estimated to be Served <b>FY 2013-14</b>	Low/Mod Income Beneficiaries Estimated to be Served <b>FY 2013-14</b>
Gonzales	<b>34</b>	<b>34</b>	<b>34</b>
Del Rey Oaks			
Unincorporated Area			
<b>TOTAL</b>	<b>34</b>	<b>34</b>	<b>34</b>

Answer the following questions, or indicate N/A, about the beneficiaries of this Project

- a. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. **N/A**
- b. Number of persons with access to an **improved** or expanded facility or infrastructure. **34**
- c. Number of beds created in overnight shelter or other emergency housing. **N/A**

**D. ORGANIZATIONAL CAPACITY**

This section is to be completed by all non-governmental applicants.

**HUD Grant Experience** for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

**Fiscal Year and Audit Reports**

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? <b>If yes, please attach explanation.</b>	

**Financial Management** - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

**Organizational Structure**

<b>Documents to Be Attached by Non-Profit and For-Profit Organizations</b>	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c) 3)	

**Insurance Documentation** - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? \*  Yes or  No

\*Generally, a faith-based organization was founded or is inspired by faith or religion.

## **E. DEVELOPMENT BUDGET /LEVERAGING**

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, highlight how that would affect the scope of services you are proposing.

**The project could not be completed with a reduced budget.**

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

**Staff time will serve as leverage.**

### **1. Current Year Project Funding**

Submit TABLE I - Public Facility/Infrastructure Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire Agency or program. A copy of this file is included at the end of this section. The **Excel File** is available on the Community Development website. If you are requesting funds for a new project, write "New Project" in the space provided for Project in Table I.

### **2. Anticipated Project Funding – See Attached Information**

Submit TABLE II - Public Facility/Infrastructure Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire Agency or program.

Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included at the end of this section and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the text box at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

### **3. Project Pro Forma**

Attach a project pro forma for construction. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.

**TABLE I - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2012-13 ADOPTED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ -	

Status\*:

- C= Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**TABLE II - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

(Specify Source)	Amount	Status*
Source 1:		
Source 2:		
Source 3:		
Source 4:		
Source 5:		
<b>Total Revenue</b>	\$ -	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

F. PRELIMINARY ENVIRONMENTAL REVIEW

**Project Information**

Project Name	Childcare Center Roof Reconstruction
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	<b>020-111-022</b>
Parcel Size	<b>1.62 AC</b>
Project Type (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Other <input type="checkbox"/>
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes <u>No</u> Unknown (Please circle one) Year clearance completed _____

**Historic Preservation**

Note the year that <u>each</u> of the structure(s) on the parcel was constructed.	
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes <u>No</u> Unknown (Please circle one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	<b>Child Daycare Center</b>
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes <u>No</u> Unknown (Please circle one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	<b>N/A</b>

**Local Land Use Review**

What is the local land use authority for this site? (City or unincorporated County)	<b>City of Gonzales</b>
What is the zoning for this parcel? (Contact the local Planning Department)	<b>Public Facility</b>
Is the project's land use consistent with the zoning designation?	<u>Yes</u> No Unknown (Please circle one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	<b>Public Facility</b>
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	<u>Yes</u> No Unknown (Please circle one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	<b>Building Permit</b>
Have the listed permit applications been initiated? Please note the status of any required permit applications.	<b>No</b>
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	<b>N/A</b>
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	<b>N/A</b>

## Environmental Compliance Checklist

<p>Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).</p>	<p><b>Existing day care center</b></p>
<p>Has a Phase I Site Assessment Report been completed for this project?</p>	<p>Yes <b><u>No</u></b> Unknown (Please circle one)</p>
<p>Has an Archaeological Phase I Survey been completed for this site?</p>	<p>Yes <b><u>No</u></b> Unknown (Please circle one)</p>
<p>Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.</p>	<p><b>No</b></p>
<p>Please note the land uses surrounding the proposed project site.</p>	<p><b>School</b></p>
<p>Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.</p>	<p><b>Elko Street/20 feet</b></p>
<p>Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?</p>	<p><b>No</b></p>
<p>Is the project site located on existing or previously cultivated farmland?</p>	<p><b>Yes/Previous</b></p>
<p>Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's flood zone designation)</p>	<p><b>No</b></p>
<p>Is the project located in or near a wetlands area?</p>	<p><b>No</b></p>
<p>Approximately how far is the project site from the nearest airport?</p>	<p><b>N/A</b></p>



**Additional Questions for Rehabilitation of Existing Structures**

<p>Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?</p>	<p><b>Replacement of HVAC System</b></p>
<p>Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?</p>	<p><b>No</b></p>

**G. AGENCY CERTIFICATIONS**

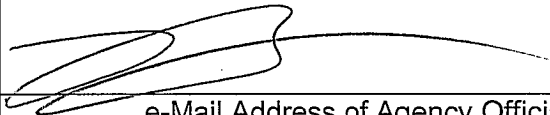
The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
  - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
  - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
  - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
City of Gonzales	
Typed Name and Title of Agency Official	
Rene L. Mendez, City Manager	1-2-2013
Agency Official's Signature	Date of Signature
	
Telephone Number of Agency Official 831-675-5000	e-Mail Address of Agency Official rmendez@ci.gonzales.ca.us

**CDBG PROGRAM  
Project Proposal Checklist  
Program Year 2013-14**

Organization: City of Gonzales

Project: HVAC Replacement at Day Care Center

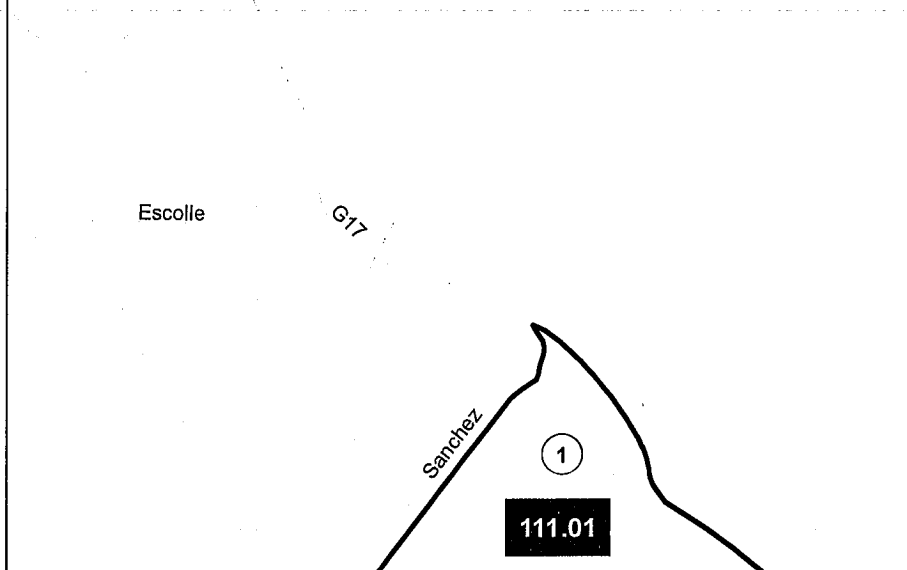
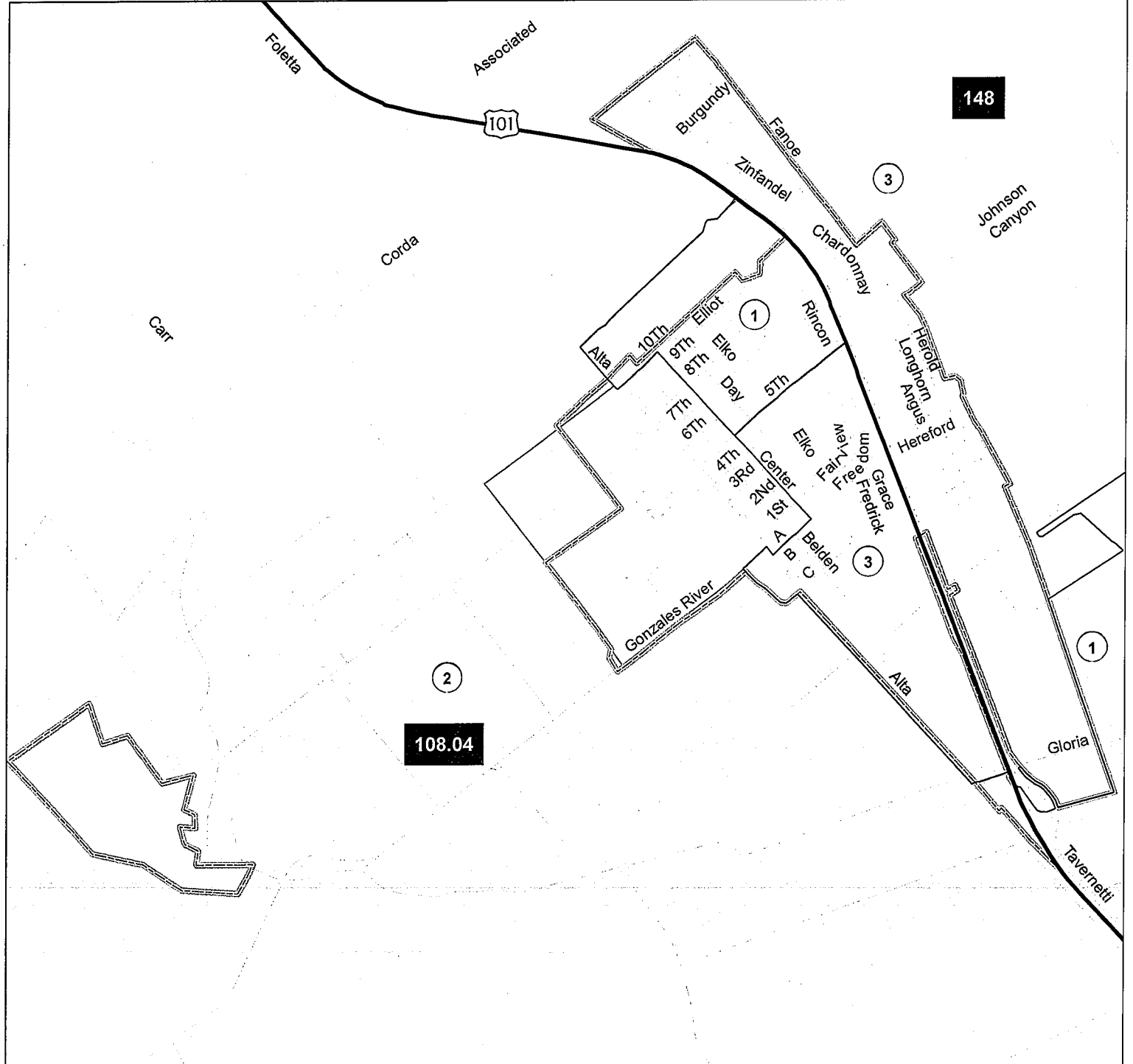
Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Facility / Infrastructure Application
A		Application – Original and three copies
B		Application – in Word format sent on CD
C		Table I – Public Facility / Infrastructure Adopted Budget for FY 2012-13
D		Table II – Public Facility / Infrastructure Proposed Budget for FY 2013-14
E		Project Pro Forma
F		Evidence of Insurance Coverage
G		Program Intake Policies and Procedures and Privacy Notice







Items to include for each organization (Do not duplicate for each application.):


	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

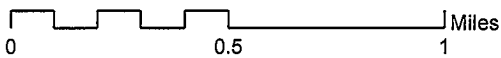
**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.**



### GONZALES LOW AND MODERATE INCOME AREAS

-  Gonzales CDP Boundary
-  Low / Moderate Households > 51%
-  2010 Census Tracts
-  Tract Number
-  2010 Block Groups
-  Block Group Number





**TABLE II - PUBLIC FACILITY / INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGET**

**Applicant:** City of Gonzales  
**Project:** Roof Reconstruction at Day Care Center 225 Elko Street

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:	CDBG	\$ 21,000	P
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		<b>\$ 21,000.</b>	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	21,000
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	<b>\$ 21,000</b>

**Budget Estimator:**

Name: Carlos Lopez  
 Title: PW Director  
 Phone: 831-675-5000

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

Roof Reconstruction

**COUNTY OF MONTEREY ENTITLEMENT AREA  
FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC FACILITY/INFRASTRUCTURE PROJECT PROPOSAL**

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC FACILITY PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

**A. APPLICANT INFORMATION**

1. Legal Name of Organization: City of Gonzales
2. Mailing Address: PO BOX 647  
City: Gonzales, CA Zip:93926
3. Executive Director Name & Title: Rene L. Mendez
4. Organization's Website Address: www.ci.gonzales.ca.us
5. Organization's **DUNS #:** 004948303 and **Tax Payer ID #:**94-6000341
6. Contact Person Name & Title for **Project** Questions: Carlos S. Lopez, Public Works Director
  - a. Phone: 831-675-5000 FAX:831-675-2644
  - b. E-mail Address: clopez@ci.gonzalales.ca.us
7. Contact Person Name & Title for **Financial** Questions: Thomas Truskowski, Community Development Director
  - a. Phone: 831-675-5000 FAX: 831-675-2644
  - b. E-mail Address: ttruskowski@ci.gonzales.ca.us
8. Type of Project:

a. Please identify the type of facilities

<input type="checkbox"/> Parks and Recreation Facilities	<input type="checkbox"/> Libraries	<input type="checkbox"/> Civic Centers
<input type="checkbox"/> Streets and Sidewalks	<input type="checkbox"/> Infrastructure (Please specify, e.g. drainage)	<input checked="" type="checkbox"/> Other Facilities (please specify, e.g., streetlights)

b. Please identify the type of improvements

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Expansion
<input checked="" type="checkbox"/> Rehabilitation/Improvement	<input type="checkbox"/> ADA Improvements	

9. Number of Low/Mod Beneficiaries to be served by the Project: **300**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$116.66**

10. Title of Proposed Project: **Gonzales Medical Group HVAC Replacement**

a. Address/Service Area of Project: **133 Fourth**

b. Amount Requested for this Project: **\$35,000**

c. Amount of Leveraged Funds Available for this Project: **\$ 0**

d. Total Project Cost (all sources) **\$35,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

## **B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

### **1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?  
 Help those with HIV or AIDS?

Help the homeless?  
 Help the disabled?

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**The proposed project is the replacement of the HVAC System at a rural health care facility within the City of Gonzales. The facility is operated by the Gonzales Medical Group, which serves predominately low to moderate income Latino patients.**

**Currently, the City does not have written and adopted rehabilitation standards that would be used for this project. However, those standards will be prepared and adopted upon grant approval.**

## 2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

### **Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

### **Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

**Objective:**

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

### **Outcome 3. Sustainability/Promoting Livable or Viable Communities**

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low- and moderate-income people or by removing or eliminating slums or blighted areas.

**Objective:**

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

**The living environment will be improved so that heat and air conditioning can be made available to better the environment for patients.**

How will people or conditions in the community change as a result of what you do?

**The replacement of the equipment is necessary to maintain a healthy environment for patients.**

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

N/A

## 3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

**The replacement of the equipment will better the environment for several hundred patients.**



#### 4. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

**Carlos Lopez, Public Works Director/Over 20 years of experience**

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

**City of Gonzales, Public Works Department/City Engineer**

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

**Refer to implementation schedule below.**

#### 5. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

**Project will be conducted by the City of Gonzales.**

#### 6. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

**N/A**

If you have no collaborative partners explain how you propose to coordinate your services with other community agencies in order to leverage resources.

**N/A**

#### 7. PROPERTY INFORMATION

Complete applicable items for all public facility and infrastructure projects (including acquisition, rehabilitation, and demolition).

Who (agency name) is the legal owner of the property? **City of Gonzales**

If you are pursuing site control, please present the timeline to obtain firm site control.

Who (agency name) will be the final owner of the property?

Square footage of proposed building or building addition:

Square footage of construction site parcel:

Length of improvements if street, water, or sewer project:

Service capacity of existing facility:

Improved capacity of the facility:

Age of structure: 46 Historic status: None

**8. FAIR LABOR STANDARDS ACT COMPLIANCE**

Construction projects over \$2,000 are subject to Davis-Bacon Prevailing Wage reporting regulations. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance? Public Works Director

Prior Related Experience: 27 years

Phone number: 831-675-5000 Fax Number: 831-675-2644

E-mail Address: clopez@ci.gonzales.ca.us

**9. IMPLEMENTATION SCHEDULE - Attach a separate page if necessary.**

Major Milestones	Month/Year to Begin	Month/Year to End
Prepare Request for Proposals	7/1/13	7/29/13
Begin Advertisement	8/5/13	9/9/13
Review & Select bid	9/11/13	9/13/13
Award Bid	9/16/13	9/16/13
Contract Administration	9/17/13	10/3/13
Issue Notice to Proceed	10/7/13	10/7/13
Begin Work – Work Completed	10/30/13	12/29/13

**10. GEOGRAPHIC BOUNDARIES**

Describe the geographic boundaries and census tracts of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. **Attach a map.**

**City of Gonzales**

**11. MAINTENANCE AND OPERATIONS BUDGET**

All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section.

**Who** (agency name) will be responsible for the ongoing maintenance and operations of the facility?  
**City of Gonzales**

---

**Attach the proposed maintenance and operations budget** reflecting both expenditures and revenue (sources and amounts) for a Five-Year service period. HUD program income is the income generated by the use of the facility, less the operating costs associated with generating the income. The County considers utilities, maintenance and general facility maintenance to be operating costs that should be subtracted from revenue to determine program income. A copy of the County of Monterey's Program Income Reuse Policy and Procedures may be requested by sending an e-mail to the County.

An authorized person representing the responsible organization must sign the certification on the next page.

**Certification of Maintenance and Operations Budget**

The governing body of **City of Gonzales** (insert agency name) a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Gonzales

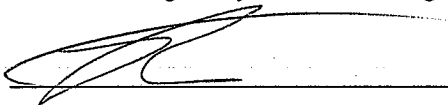
Street Address: 147 Fourth Street

City, State, Zip Code: Gonzales, CA 93926

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:

  
\_\_\_\_\_

Title of Authorized Agency Representative: City Manager

Date Certification Signed: JANUARY 2, 2013

**C. HUD REQUIRED BENEFICIARY INFORMATION**

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

**\*Be sure to provide the documentation indicated for your selection(s)\***

<p><b>Area of Benefit.</b> Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <b><u>Attach a map.*</u></b></p>	<p><b>X</b></p>
<p><b>Income Certification.</b> Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, please <b><u>attach blank “intake” form.*</u></b></p>	
<p><b>Client Document Review.</b> Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <b><u>attach worksheet.*</u></b></p>	
<p><b>Presumed Beneficiaries.</b> Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <b><u>If you use this method, please indicate which group.*</u></b></p>	
<p><b>Other.</b> Survey, other documentation (required documentation for other governmental programs, etc.). <b><u>Please explain on a separate page.*</u></b></p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) required implementation by December 31, 2002, of the data collection standards for federal grant recipients as described in the instructions.

**PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.**

**A form will be prepared upon grant approval**

**3. Location of Beneficiaries**

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served <b>FY 2012-13</b>	Total Number of Beneficiaries Estimated to be Served <b>FY 2013-14</b>	Low/Mod Income Beneficiaries Estimated to be Served <b>FY 2013-14</b>
Gonzales	<b>300</b>	<b>300</b>	<b>300</b>
Del Rey Oaks			
Unincorporated Area			
<b>TOTAL</b>	<b>300</b>	<b>300</b>	<b>300</b>

Answer the following questions, or indicate N/A, about the beneficiaries of this Project

- a. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. **N/A**
- b. Number of persons with access to an **improved** or expanded facility or infrastructure. **300**
- c. Number of beds created in overnight shelter or other emergency housing. **N/A**

**D. ORGANIZATIONAL CAPACITY**

This section is to be completed by all non-governmental applicants.

**HUD Grant Experience** for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

**Fiscal Year and Audit Reports**

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? <b>If yes, please attach explanation.</b>	

**Financial Management** - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

**Organizational Structure**

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c) 3)	

**Insurance Documentation** - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? \*  Yes or  No

\*Generally, a faith-based organization was founded or is inspired by faith or religion.

## **E. DEVELOPMENT BUDGET /LEVERAGING**

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, highlight how that would affect the scope of services you are proposing.

**The project can not be completed with a reduced budget**

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

**Staff time will serve as leverage.**

### **1. Current Year Project Funding**

Submit TABLE I - Public Facility/Infrastructure Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire Agency or program. A copy of this file is included at the end of this section. The **Excel File** is available on the Community Development website. If you are requesting funds for a new project, write "New Project" in the space provided for Project in Table I.

### **2. Anticipated Project Funding – See attached information**

Submit TABLE II - Public Facility/Infrastructure Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire Agency or program.

Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included at the end of this section and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the text box at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

### **3. Project Pro Forma**

Attach a project pro forma for construction. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.



**TABLE I - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2012-13 ADOPTED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ -	

Status\*:

- C= Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits:	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.):	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**TABLE II - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$

**Budget Estimator:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

F. PRELIMINARY ENVIRONMENTAL REVIEW

**Project Information**

Project Name	<b>Gonzales Medical Group HVAC Replacement</b>
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	<b>020-073-011</b>
Parcel Size	<b>12,600 sq/ft</b>
Project Type (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Other
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes <u><b>No</b></u> Unknown (Please circle one) Year clearance completed _____

**Historic Preservation**

Note the year that each of the structure(s) on the parcel was constructed.	<b>Unknown</b>
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes <u><b>No</b></u> Unknown (Please circle one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	<b>Medical Center</b>
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes <u><b>No</b></u> Unknown (Please circle one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	<b>N/A</b>

## Local Land Use Review

What is the local land use authority for this site? (City or unincorporated County)	<b>City of Gonzales</b>
What is the zoning for this parcel? (Contact the local Planning Department)	<b>Public Facility</b>
Is the project's land use consistent with the zoning designation?	<u>Yes</u> No Unknown (Please circle one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	<b>Public Facility</b>
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	<u>Yes</u> No Unknown (Please circle one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	<b>Building Permit</b>
Have the listed permit applications been initiated? Please note the status of any required permit applications.	<b>No</b>
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	<b>N/A</b>
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	<b>N/A</b>

## Environmental Compliance Checklist

<p>Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).</p>	<p><b>Medical Center</b></p>
<p>Has a Phase I Site Assessment Report been completed for this project?</p>	<p>Yes    <u>No</u>    Unknown    (Please circle one)</p>
<p>Has an Archaeological Phase I Survey been completed for this site?</p>	<p>Yes    <u>No</u>    Unknown    (Please circle one)</p>
<p>Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.</p>	<p>No</p>
<p>Please note the land uses surrounding the proposed project site.</p>	<p><b>Public Buildings</b></p>
<p>Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.</p>	<p><b>Fourth Street/Five Feet</b></p>
<p>Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?</p>	<p>No</p>
<p>Is the project site located on existing or previously cultivated farmland?</p>	<p><b>Yes, Previously</b></p>
<p>Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's flood zone designation)</p>	<p>No</p>
<p>Is the project located in or near a wetlands area?</p>	<p>No</p>
<p>Approximately how far is the project site from the nearest airport?</p>	<p>N/A</p>

## Additional Questions for Rehabilitation of Existing Structures

<p>Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?</p>	<p><b>Replacement of HVAC System</b></p>
<p>Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?</p>	<p><b>No</b></p>

**G. AGENCY CERTIFICATIONS**

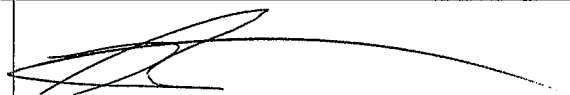
The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
  - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
  - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
  - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
City of Gonzales	
Typed Name and Title of Agency Official	
Rene L. Mendez, City Manager	1.2.2013
Agency Official's Signature	Date of Signature
831-675-5000	 e-Mail Address of Agency Official rmendez@ci.gonzales.ca.us

**CDBG PROGRAM  
Project Proposal Checklist  
Program Year 2013-14**

Organization: City of Gonzales

Project: HVAC Replacement at Day Care Center

Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Facility / Infrastructure Application
A		Application – Original and three copies
B		Application – in Word format sent on CD
C		Table I – Public Facility / Infrastructure Adopted Budget for FY 2012-13
D		Table II – Public Facility / Infrastructure Proposed Budget for FY 2013-14
E		Project Pro Forma
F		Evidence of Insurance Coverage
G		Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.**



**TABLE II - PUBLIC FACILITY / INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGET**

**Applicant:** City of Gonzales  
**Project:** Gonzales Medical Group HVAC Project

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:	CDBG	\$ 35,000	P
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ 35,000	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	35,000
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ 35,000

**Budget Estimator:**

Name: Carlos Lopez  
 Title: PW Director  
 Phone: 831-675-5000

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

Replacement of the two HVAC Systems at the Gonzales Medical Group

**COUNTY OF MONTEREY ENTITLEMENT AREA  
FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC FACILITY/INFRASTRUCTURE PROJECT PROPOSAL**

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC FACILITY PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

**A. APPLICANT INFORMATION**

1. Legal Name of Organization: City of Gonzales
2. Mailing Address: PO BOX 647  
City: Gonzales, CA Zip:93926
3. Executive Director Name & Title: Rene L. Mendez
4. Organization's Website Address: www.ci.gonzales.ca.us
5. Organization's **DUNS #:** 004948303 **and Tax Payer ID #:**94-6000341
6. Contact Person Name & Title for **Project** Questions: Carlos S. Lopez, Public Works Director
  - a. Phone: 831-675-5000 FAX:831-675-2644
  - b. E-mail Address: clopez@ci.gonzalales.ca.us
7. Contact Person Name & Title for **Financial** Questions: Thomas Truskowski, Community Development Director
  - a. Phone: 831-675-5000 FAX: 831-675-2644
  - b. E-mail Address: ttruskowski@ci.gonzales.ca.us
8. Type of Project:

a. Please identify the type of facilities

<input type="checkbox"/> Parks and Recreation Facilities	<input type="checkbox"/> Libraries	<input type="checkbox"/> Civic Centers
<input type="checkbox"/> Streets and Sidewalks	<input type="checkbox"/> Infrastructure (Please specify, e.g. drainage)	<input checked="" type="checkbox"/> Other Facilities (please specify, e.g., streetlights)

b. Please identify the type of improvements

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Expansion
<input checked="" type="checkbox"/> Rehabilitation/Improvement	<input type="checkbox"/> ADA Improvements	

9. Number of Low/Mod Beneficiaries to be served by the Project: **Populations in Block Group 1 and 3**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$13.10**

10. Title of Proposed Project: **Street Lighting Improvement at Central Park**

- a. Address/Service Area of Project: 207 Fifth Street
- b. Amount Requested for this Project: **\$21,000**
- c. Amount of Leveraged Funds Available for this Project: **\$ 0**
- d. Total Project Cost (all sources) **\$21,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

**B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

**1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

- 1. Benefit low- and moderate-income persons,
- 2. Aid in the prevention or elimination of slums or blight, or
- 3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

- Help prevent homelessness?
- Help those with HIV or AIDS?

- Help the homeless?
- Help the disabled?

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**Install pedestrian-scale lighting in Central Park within the City of Gonzales to improve safety and accessibility.**

## 2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

### **Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

### **Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

**Objective:**

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

### **Outcome 3. Sustainability/Promoting Livable or Viable Communities**

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low- and moderate-income people or by removing or eliminating slums or blighted areas.

**Objective:**

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

**Beneficiaries will enjoy extended use of a park and safety of park users will be enhanced.**

How will people or conditions in the community change as a result of what you do?

**See answer to question above.**

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

N/A

## 3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

**The lighting will result in the increased use of a public park; thereby reducing the need for the City to construct new park facilities.**

#### 4. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

**Carlos Lopez, Public Works Director/Over 20 years of experience**

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

**City Public Works staff/City Engineer**

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

**See implementation schedule below.**

#### 5. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

**Project to be implemented by the City of Gonzales**

#### 6. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

**N/A**

If you have no collaborative partners explain how you propose to coordinate your services with other community agencies in order to leverage resources.

**N/A**

#### 7. PROPERTY INFORMATION

Complete applicable items for all public facility and infrastructure projects (including acquisition, rehabilitation, and demolition).

Who (agency name) is the legal owner of the property? **City of Gonzales**

If you are pursuing site control, please present the timeline to obtain firm site control.

Who (agency name) will be the final owner of the property?

Square footage of proposed building or building addition:

Square footage of construction site parcel:

Length of improvements if street, water, or sewer project:

Service capacity of existing facility:

Improved capacity of the facility:

Age of structure: \_\_\_\_\_ Historic status: \_\_\_\_\_

### 8. FAIR LABOR STANDARDS ACT COMPLIANCE

Construction projects over \$2,000 are subject to Davis-Bacon Prevailing Wage reporting regulations. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance? Public Works Director

Prior Related Experience: 27 years

Phone number: 831-675-5000

Fax Number: 831-675-2644

E-mail Address: clopez@ci.gonzales.ca.us

### 9. IMPLEMENTATION SCHEDULE - Attach a separate page if necessary.

Major Milestones	Month/Year to Begin	Month/Year to End
Prepare Request to PG&E	7/1/13	7/29/13
Contract Administration	9/5/13	10/9/13
Forward Payment to PG&E	10/9/13	10/9/13
Placed on PG&E Construction Schedule	11/16/13	11/16/13
Begin Work – Work Completed	01/2014	03/2014

### 10. GEOGRAPHIC BOUNDARIES

Describe the geographic boundaries and census tracts of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. **Attach a map.**

**City of Gonzales**

### 11. MAINTENANCE AND OPERATIONS BUDGET

All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section.

**Who** (agency name) will be responsible for the ongoing maintenance and operations of the facility?

**Attach the proposed maintenance and operations budget** reflecting both expenditures and revenue (sources and amounts) for a Five-Year service period. HUD program income is the income generated by the use of the facility, less the operating costs associated with generating the income. The County considers utilities, maintenance and general facility maintenance to be operating costs that should be subtracted from revenue to determine program income. A copy of the County of Monterey's Program Income Reuse Policy and Procedures may be requested by sending an e-mail to the County.

An authorized person representing the responsible organization must sign the certification on the next page.

**Certification of Maintenance and Operations Budget**

The governing body of City of Gonzales (insert agency name) a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Gonzales

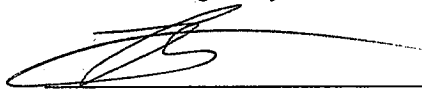
Street Address: 147 Fourth Street

City, State, Zip Code: Gonzales, CA 93926

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:



Title of Authorized Agency Representative: City Manager

Date Certification Signed: JANUARY 2, 2013



**C. HUD REQUIRED BENEFICIARY INFORMATION**

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

**\*Be sure to provide the documentation indicated for your selection(s)\***

<p><b>Area of Benefit.</b> Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <b><u>Attach a map.*</u></b></p>	<p><b>X</b></p>
<p><b>Income Certification.</b> Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, please <b><u>attach blank “intake” form.*</u></b></p>	
<p><b>Client Document Review.</b> Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <b><u>attach worksheet.*</u></b></p>	
<p><b>Presumed Beneficiaries.</b> Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <b><u>If you use this method, please indicate which group.*</u></b></p>	
<p><b>Other.</b> Survey, other documentation (required documentation for other governmental programs, etc.). <b><u>Please explain on a separate page.*</u></b></p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) required implementation by December 31, 2002, of the data collection standards for federal grant recipients as described in the instructions.

**PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.**

### 3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served <b>FY 2012-13</b>	Total Number of Beneficiaries Estimated to be Served <b>FY 2013-14</b>	Low/Mod Income Beneficiaries Estimated to be Served <b>FY 2013-14</b>
Gonzales	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>
Del Rey Oaks			
Unincorporated Area			
<b>TOTAL</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>

Answer the following questions, or indicate N/A, about the beneficiaries of this Project

- a. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. **Unknown**
- b. Number of persons with access to an **improved** or expanded facility or infrastructure. **Unknown**
- c. Number of beds created in overnight shelter or other emergency housing. **N/A**

**D. ORGANIZATIONAL CAPACITY**

This section is to be completed by all non-governmental applicants.

**HUD Grant Experience** for the past three years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

**Fiscal Year and Audit Reports**

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? <b>If yes, please attach explanation.</b>	

**Financial Management** - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

**Organizational Structure**

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c) 3)	

**Insurance Documentation** - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? \*  Yes or  No

\*Generally, a faith-based organization was founded or is inspired by faith or religion.

## **E. DEVELOPMENT BUDGET /LEVERAGING**

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, highlight how that would affect the scope of services you are proposing.

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

### **1. Current Year Project Funding**

Submit TABLE I - Public Facility/Infrastructure Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire Agency or program. A copy of this file is included at the end of this section. The **Excel File** is available on the Community Development website. If you are requesting funds for a new project, write "New Project" in the space provided for Project in Table I.

### **2. Anticipated Project Funding – See attached Information**

Submit TABLE II - Public Facility/Infrastructure Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire Agency or program.

Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included at the end of this section and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the text box at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

### **3. Project Pro Forma**

Attach a project pro forma for construction. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.

**TABLE 1 - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2012-13 ADOPTED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$	-

**Status\*:**

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**TABLE II - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ -	

Status\*:

- C= Committed Funds
- P= Funds that have been applied for and decision is pending
- N= Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

F. PRELIMINARY ENVIRONMENTAL REVIEW

**Project Information**

Project Name	<b>Street Lighting Improvement at Central Park</b>
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	<b>020-104-001</b>
Parcel Size	<b>2.06 AC</b>
Project Type (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Other
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes <u><b>No</b></u> Unknown (Please circle one) Year clearance completed _____

**Historic Preservation**

Note the year that <u>each</u> of the structure(s) on the parcel was constructed.	<b>N/A</b>
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes <u><b>No</b></u> Unknown (Please circle one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	<b>N/A</b>
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes <u><b>No</b></u> Unknown (Please circle one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	<b>N/A</b>

## Local Land Use Review

What is the local land use authority for this site? (City or unincorporated County)	<b>City of Gonzales</b>
What is the zoning for this parcel? (Contact the local Planning Department)	<b>Open Space</b>
Is the project's land use consistent with the zoning designation?	<u>Yes</u> No Unknown (Please circle one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	<b>Parks and Open Space</b>
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	<u>Yes</u> No Unknown (Please circle one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	<b>Electrical Permit</b>
Have the listed permit applications been initiated? Please note the status of any required permit applications.	<b>No</b>
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	<b>N/A</b>
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	<b>N/A</b>



## Environmental Compliance Checklist

<p>Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).</p>	<p><b>Public Park</b></p>
<p>Has a Phase I Site Assessment Report been completed for this project?</p>	<p>Yes    <u>No</u>    Unknown    (Please circle one)</p>
<p>Has an Archaeological Phase I Survey been completed for this site?</p>	<p>Yes    <u>No</u>    Unknown    (Please circle one)</p>
<p>Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.</p>	<p><b>No</b></p>
<p>Please note the land uses surrounding the proposed project site.</p>	<p><b>Residential</b></p>
<p>Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.</p>	<p><b>Yes/Fifth Street</b></p>
<p>Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?</p>	<p><b>No</b></p>
<p>Is the project site located on existing or previously cultivated farmland?</p>	<p><b>Yes, Previous</b></p>
<p>Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's flood zone designation)</p>	<p><b>No</b></p>
<p>Is the project located in or near a wetlands area?</p>	<p><b>No</b></p>
<p>Approximately how far is the project site from the nearest airport?</p>	<p><b>N/A</b></p>

**Additional Questions for Rehabilitation of Existing Structures**

<p>Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?</p>	<p><b>Install pedestrian-scale lighting</b></p>
<p>Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?</p>	<p><b>N/A</b></p>

**G. AGENCY CERTIFICATIONS**

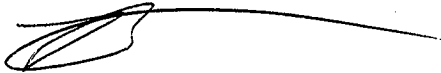
The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
  - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
  - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
  - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
City of Gonzales	
Typed Name and Title of Agency Official	
Rene L. Mendez, City Manager	1.2.2013
Agency Official's Signature	Date of Signature
	
Telephone Number of Agency Official 831-675-5000	e-Mail Address of Agency Official rmendez@ci.gonzales.ca.us

**CDBG PROGRAM  
Project Proposal Checklist  
Program Year 2013-14**

Organization: City of Gonzales Project: Street Lighting Improvement at Central Park

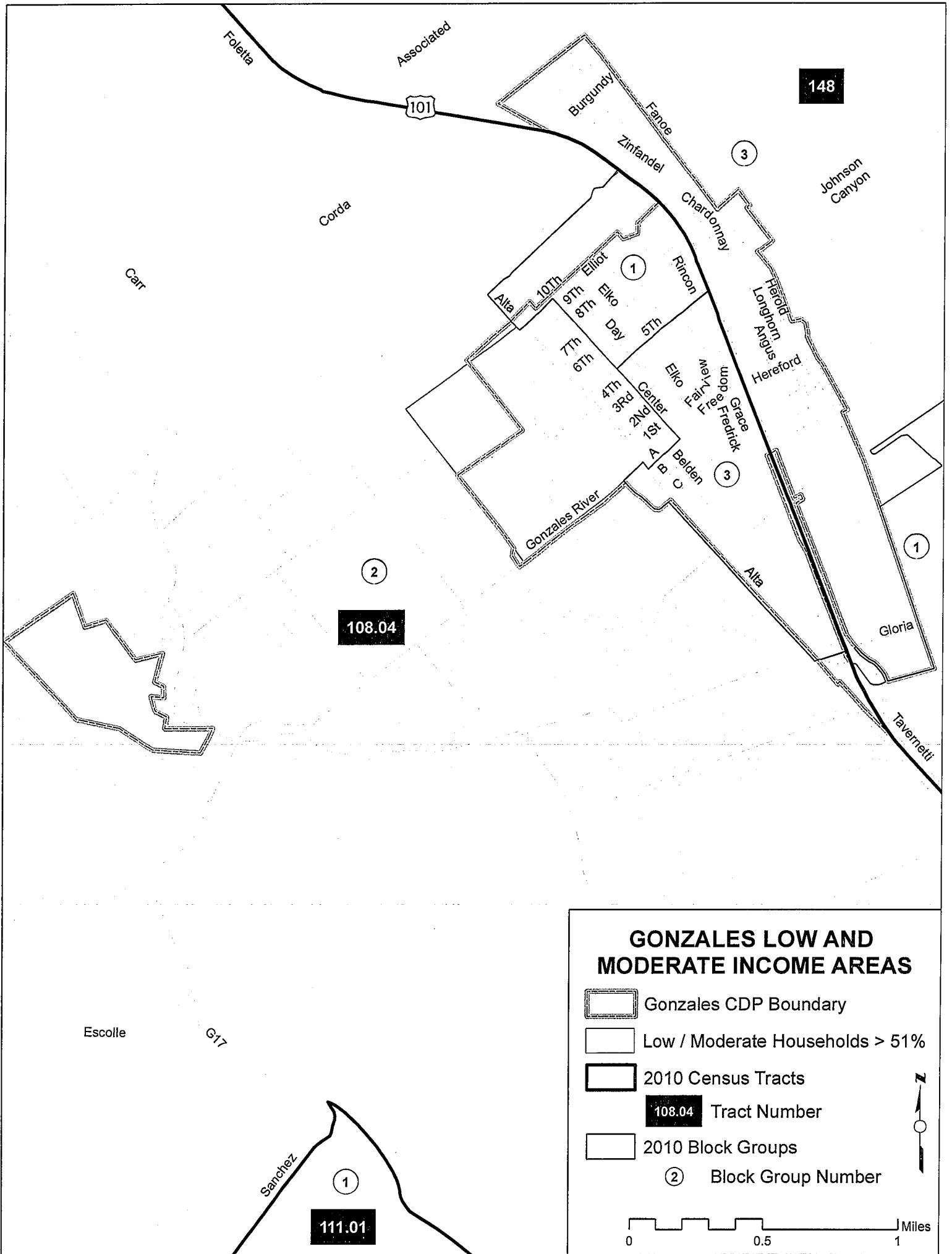
Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Facility / Infrastructure Application
A		Application – Original and three copies
B		Application – in Word format sent on CD
C		Table I – Public Facility / Infrastructure Adopted Budget for FY 2012-13
D		Table II – Public Facility / Infrastructure Proposed Budget for FY 2013-14
E		Project Pro Forma
F		Evidence of Insurance Coverage
G		Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.**









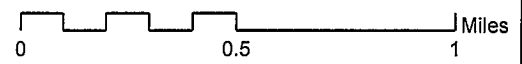
148

108.04

111.01

### GONZALES LOW AND MODERATE INCOME AREAS

-  Gonzales CDP Boundary
-  Low / Moderate Households > 51%
-  2010 Census Tracts
-  108.04 Tract Number
-  2010 Block Groups
-  ② Block Group Number



**TABLE II - PUBLIC FACILITY / INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGET**

**Applicant:** City of Gonzales  
**Project:** Street Lighting Improvements at Central Park

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:	CDBG	\$ 21,000	P
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ 21,000	

**Status\*:**

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	21,000
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ 21,000

**Budget Estimator:**

Name: Carlos Lopez  
 Title: PW Director  
 Phone: 831-675-5000

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

Safety Lighting Improvement at Central Park

**COUNTY OF MONTEREY ENTITLEMENT AREA  
FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC FACILITY/INFRASTRUCTURE PROJECT PROPOSAL**

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC FACILITY PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

**A. APPLICANT INFORMATION**

1. Legal Name of Organization: City of Gonzales
2. Mailing Address: PO BOX 647  
City: Gonzales, CA Zip:93926
3. Executive Director Name & Title: Rene L. Mendez
4. Organization's Website Address: www.ci.gonzales.ca.us
5. Organization's **DUNS #:** 004948303 **and Tax Payer ID #:**94-6000341
6. Contact Person Name & Title for **Project** Questions: Carlos S. Lopez, Public Works Director
  - a. Phone: 831-675-5000 FAX:831-675-2644
  - b. E-mail Address: clopez@ci.gonzalales.ca.us
7. Contact Person Name & Title for **Financial** Questions: Thomas Truskowski, Community Development Director
  - a. Phone: 831-675-5000 FAX: 831-675-2644
  - b. E-mail Address: ttruskowski@ci.gonzales.ca.us
8. Type of Project:

a. Please identify the type of facilities

<input type="checkbox"/> Parks and Recreation Facilities	<input type="checkbox"/> Libraries	<input type="checkbox"/> Civic Centers
<input type="checkbox"/> Streets and Sidewalks	<input type="checkbox"/> Infrastructure (Please specify, e.g. drainage)	<input checked="" type="checkbox"/> Other Facilities (please specify, e.g., streetlights)

b. Please identify the type of improvements

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Expansion
<input checked="" type="checkbox"/> Rehabilitation/Improvement	<input type="checkbox"/> ADA Improvements	

9. Number of Low/Mod Beneficiaries to be served by the Project: **34**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$588.23**

10. Title of Proposed Project: **HVAC Replacement Project at Daycare Center**

a. Address/Service Area of Project: **225 Elko Street**

b. Amount Requested for this Project: **\$20,000**

c. Amount of Leveraged Funds Available for this Project: **\$ 0**

d. Total Project Cost (all sources) **\$20,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

## **B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

### **1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?  
 Help those with HIV or AIDS?

Help the homeless?  
 Help the disabled?

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**The proposed project is the replacement of the HVAC System at a daycare center within the City of Gonzales. The daycare center is operated by the Mexican American Opportunity Foundation (MAOF), which is the nation's largest Latino human service organization.**

**Currently, the City does not have written and adopted rehabilitation standards that would be used for this project. However, those standards will be prepared and adopted upon grant approval.**



9. Number of Low/Mod Beneficiaries to be served by the Project: **34**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$676.47**

10. Title of Proposed Project: **HVAC Replacement Project at Daycare Center**

a. Address/Service Area of Project: **225 Elko Street**

b. Amount Requested for this Project: **\$23,000**

c. Amount of Leveraged Funds Available for this Project: **\$ 0**

d. Total Project Cost (all sources) **\$23,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

**B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

**1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses.

Enter 1, 2, or 3 here: **1**

1. Benefit low- and moderate-income persons,
2. Aid in the prevention or elimination of slums or blight, or
3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

Help prevent homelessness?  
 Help those with HIV or AIDS?

Help the homeless?  
 Help the disabled?

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**The proposed project is the replacement of the HVAC System at a daycare center within the City of Gonzales. The daycare center is operated by the Mexican American Opportunity Foundation (MAOF), which is the nation's largest Latino human service organization.**

**Currently, the City does not have written and adopted rehabilitation standards that would be used for this project. However, those standards will be prepared and adopted upon grant approval.**

## 2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

### **Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

### **Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

**Objective:**

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

### **Outcome 3. Sustainability/Promoting Livable or Viable Communities**

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low- and moderate-income people or by removing or eliminating slums or blighted areas.

**Objective:**

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

**The living environment will be dramatically improved so that heat and air conditioning can be made available to better the learning environment for day care students.**

How will people or conditions in the community change as a result of what you do?

**The replacement of the equipment is needed to maintain a healthy learning environment.**

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

N/A

## 3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

**The project's budget reflects the cost of the equipment and installation. The total cost benefits**

**34 low/moderate income beneficiaries, which equates to a cost per beneficiary of \$676.47.**

**4. TIMELINESS/PROJECT READINESS**

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

**Carlos Lopez, Public Works Director/Over 20 years of experience**

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

**City of Gonzales, Public Works Department/City Engineer**

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

**Refer to implementation schedule below.**

**5. MANAGEMENT AND PAST EXPERIENCE**

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

**Project will be conducted by the City of Gonzales**

**6. COLLABORATION**

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

**N/A**

If you have no collaborative partners explain how you propose to coordinate your services with other community agencies in order to leverage resources.

**N/A**

**7. PROPERTY INFORMATION**

Complete applicable items for all public facility and infrastructure projects (including acquisition, rehabilitation, and demolition).

Who (agency name) is the legal owner of the property? **City of Gonzales**

If you are pursuing site control, please present the timeline to obtain firm site control.

**N/A**

Who (agency name) will be the final owner of the property?

Square footage of proposed building or building addition:

Square footage of construction site parcel:

Length of improvements if street, water, or sewer project:

Service capacity of existing facility:

Improved capacity of the facility:

Age of structure: 40 Historic status: None

**8. FAIR LABOR STANDARDS ACT COMPLIANCE**

Construction projects over \$2,000 are subject to Davis-Bacon Prevailing Wage reporting regulations. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance? \_Public Works Director

Prior Related Experience: 27 years

Phone number: 831-675-5000 Fax Number: 831-675-2644

E-mail Address: clopez@ci.gonzales.ca.us

**9. IMPLEMENTATION SCHEDULE - Attach a separate page if necessary.**

Major Milestones	Month/Year to Begin	Month/Year to End
Prepare Request for Proposals	7/1/13	7/29/13
Begin Advertisement	8/5/13	9/9/13
Review & Select bid	9/11/13	9/13/13
Award Bid	9/16/13	9/16/13
Contract Administration	9/17/13	10/3/13
Issue Notice to Proceed	10/7/13	10/7/13
Begin Work – Work Completed	10/30/13	12/29/13

**10. GEOGRAPHIC BOUNDARIES**

Describe the geographic boundaries and census tracts of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. **Attach a map.**

**City of Gonzales**

**11. MAINTENANCE AND OPERATIONS BUDGET**

All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section.

**Who** (agency name) will be responsible for the ongoing maintenance and operations of the facility?  
**City of Gonzales**

---

**Attach the proposed maintenance and operations budget** reflecting both expenditures and revenue (sources and amounts) for a Five-Year service period. HUD program income is the income generated by the use of the facility, less the operating costs associated with generating the income. The County considers utilities, maintenance and general facility maintenance to be operating costs that should be subtracted from revenue to determine program income. A copy of the County of Monterey's Program Income Reuse Policy and Procedures may be requested by sending an e-mail to the County.

An authorized person representing the responsible organization must sign the certification on the next page.

**Certification of Maintenance and Operations Budget**

The governing body of **City of Gonzales** (insert agency name) a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Gonzales

Street Address: 147 Fourth Street

City, State, Zip Code: Gonzales, CA 93926

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:



Title of Authorized Agency Representative: City Manager

Date Certification Signed: January 2, 2013

**C. HUD REQUIRED BENEFICIARY INFORMATION**

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

**\*Be sure to provide the documentation indicated for your selection(s)\***

<p><b>Area of Benefit.</b> Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <b>Attach a map.*</b></p>	<p><b>X</b></p>
<p><b>Income Certification.</b> Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, please <b>attach blank “intake” form.</b> *</p>	
<p><b>Client Document Review.</b> Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <b>attach worksheet.*</b></p>	
<p><b>Presumed Beneficiaries.</b> Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <b>if you use this method, please indicate which group.*</b></p>	
<p><b>Other.</b> Survey, other documentation (required documentation for other governmental programs, etc.). <b>Please explain on a separate page.*</b></p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) required implementation by December 31, 2002, of the data collection standards for federal grant recipients as described in the instructions.

**PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.**

**A form will be prepared upon grant approval.**

**3. Location of Beneficiaries**

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served <b>FY 2012-13</b>	Total Number of Beneficiaries Estimated to be Served <b>FY 2013-14</b>	Low/Mod Income Beneficiaries Estimated to be Served <b>FY 2013-14</b>
Gonzales	<b>34</b>	<b>34</b>	<b>34</b>
Del Rey Oaks			
Unincorporated Area			
<b>TOTAL</b>	<b>34</b>	<b>34</b>	<b>34</b>

Answer the following questions, or indicate N/A, about the beneficiaries of this Project

- a. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. **N/A**
- b. Number of persons with access to an **improved** or expanded facility or infrastructure. **34**
- c. Number of beds created in overnight shelter or other emergency housing. **N/A**



**D. ORGANIZATIONAL CAPACITY**

This section is to be completed by all non-governmental applicants.

**HUD Grant Experience** for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

**Fiscal Year and Audit Reports**

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? <b>If yes, please attach explanation.</b>	

**Financial Management** - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

**Organizational Structure**

<b>Documents to Be Attached by Non-Profit and For-Profit Organizations</b>	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c) 3)	

**Insurance Documentation** - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? \*  Yes or  No

\*Generally, a faith-based organization was founded or is inspired by faith or religion.

## **E. DEVELOPMENT BUDGET /LEVERAGING**

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, highlight how that would affect the scope of services you are proposing.

**The project could not be completed with a reduced budget.**

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

**Staff time will serve as leverage.**

### **1. Current Year Project Funding**

Submit TABLE I - Public Facility/Infrastructure Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire Agency or program. A copy of this file is included at the end of this section. The **Excel File** is available on the Community Development website. If you are requesting funds for a new project, write "New Project" in the space provided for Project in Table I.

### **2. Anticipated Project Funding – See Attached Information**

Submit TABLE II - Public Facility/Infrastructure Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire Agency or program.

Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included at the end of this section and the **Excel File** is available on the Community Development website.

Briefly describe what this grant will pay for in the text box at the bottom of TABLE II. If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

### **3. Project Pro Forma**

Attach a project pro forma for construction. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.

**TABLE I - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2012-13 ADOPTED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ -	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending.
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**TABLE II - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$	-

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

Briefly describe what this grant will pay for in the text box below:

F. PRELIMINARY ENVIRONMENTAL REVIEW

**Project Information**

Project Name	Childcare Center HVAC Replacement
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	<b>020-111-022</b>
Parcel Size	<b>1.62 AC</b>
Project Type (Check all that apply)	<input type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Other
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes <u>No</u> Unknown (Please circle one) Year clearance completed _____

**Historic Preservation**

Note the year that <u>each</u> of the structure(s) on the parcel was constructed.	
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes <u>No</u> Unknown (Please circle one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	<b>Child Daycare Center</b>
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes <u>No</u> Unknown (Please circle one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	<b>N/A</b>

## Local Land Use Review

What is the local land use authority for this site? (City or unincorporated County)	<b>City of Gonzales</b>
What is the zoning for this parcel? (Contact the local Planning Department)	<b>Public Facility</b>
Is the project's land use consistent with the zoning designation?	<b>Yes</b> No Unknown (Please circle one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	<b>Public Facility</b>
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	<b>Yes</b> No Unknown (Please circle one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	<b>Building Permit</b>
Have the listed permit applications been initiated? Please note the status of any required permit applications.	<b>No</b>
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	<b>N/A</b>
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	<b>N/A</b>

## Environmental Compliance Checklist

<p>Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).</p>	<p><b>Existing day care center</b></p>
<p>Has a Phase I Site Assessment Report been completed for this project?</p>	<p>Yes <b><u>No</u></b> Unknown (Please circle one)</p>
<p>Has an Archaeological Phase I Survey been completed for this site?</p>	<p>Yes <b><u>No</u></b> Unknown (Please circle one)</p>
<p>Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.</p>	<p><b>No</b></p>
<p>Please note the land uses surrounding the proposed project site.</p>	<p><b>School</b></p>
<p>Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.</p>	<p><b>Elko Street/20 feet</b></p>
<p>Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?</p>	<p><b>No</b></p>
<p>Is the project site located on existing or previously cultivated farmland?</p>	<p><b>Yes/Previous</b></p>
<p>Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's flood zone designation)</p>	<p><b>No</b></p>
<p>Is the project located in or near a wetlands area?</p>	<p><b>No</b></p>
<p>Approximately how far is the project site from the nearest airport?</p>	<p><b>N/A</b></p>

**Additional Questions for Rehabilitation of Existing Structures**

<p>Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?</p>	<p><b>Replacement of HVAC System</b></p>
<p>Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?</p>	<p><b>No</b></p>



**G. AGENCY CERTIFICATIONS**

The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
  - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
  - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
  - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
City of Gonzales	
Typed Name and Title of Agency Official	
Rene L. Mendez, City Manager	1.2.2013
Agency Official's Signature	Date of Signature
Telephone Number of Agency Official	e-Mail Address of Agency Official
831-675-5000	rmendez@ci.gonzales.ca.us

**CDBG PROGRAM  
Project Proposal Checklist  
Program Year 2013-14**

Organization: City of Gonzales

Project: HVAC Replacement at Day Care Center

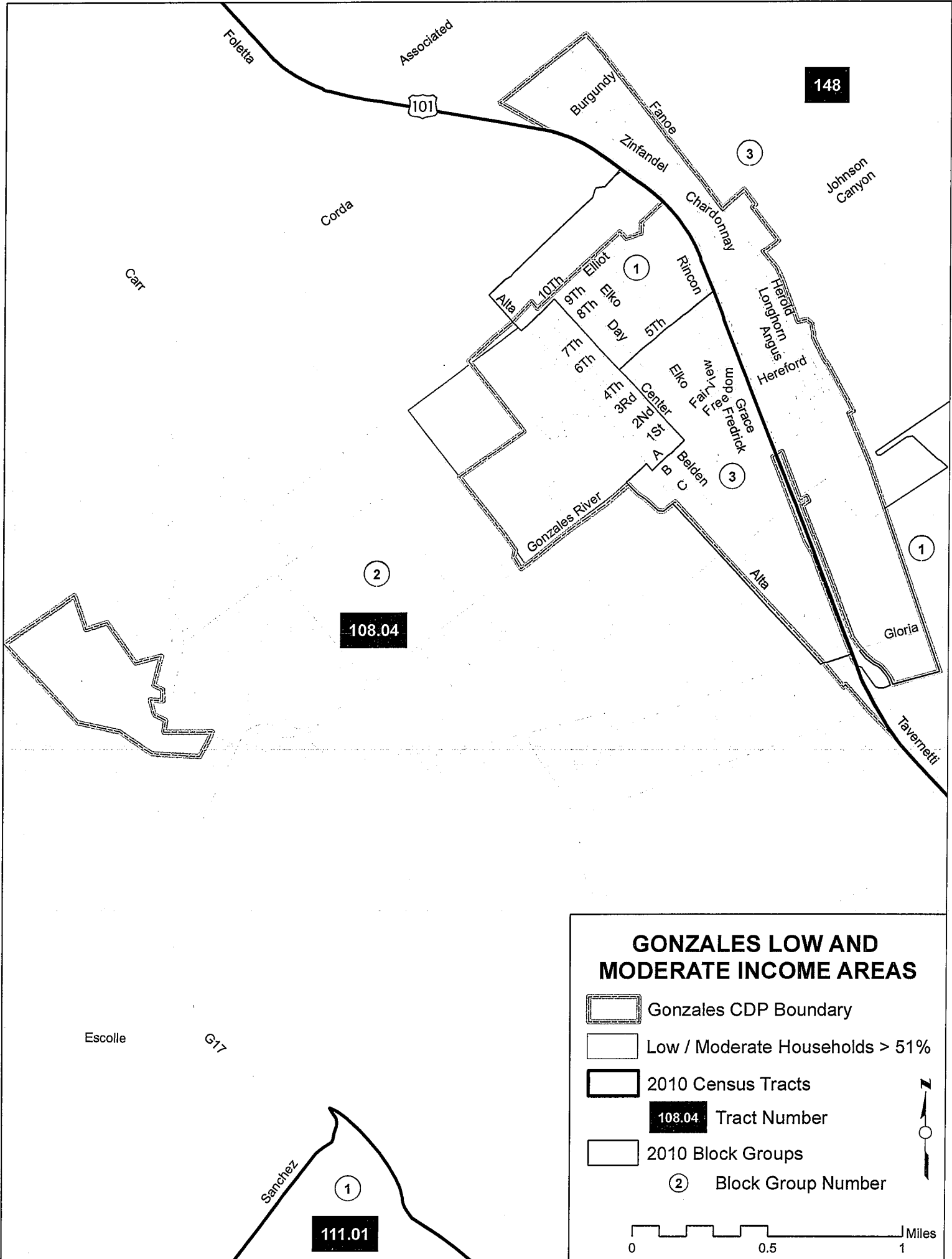
Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Facility / Infrastructure Application
A		Application – Original and three copies
B		Application – in Word format sent on CD
C		Table I – Public Facility / Infrastructure Adopted Budget for FY 2012-13
D		Table II – Public Facility / Infrastructure Proposed Budget for FY 2013-14
E		Project Pro Forma
F		Evidence of Insurance Coverage
G		Program Intake Policies and Procedures and Privacy Notice

Items to include for each organization (Do not duplicate for each application.):

	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.**



Associated

101

148

Burgundy

Ferroc

Zinfandel

3

Johnson Canyon

Corda

Carr

Chardonnay

Rincon

1

Alta

10Th

9Th

8Th

Elko

Day

5Th

7Th

6Th

4Th

Center

2Nd

1St

Elko

Fair

Grace

Frederick

3

Hereford

Longhorn

Alta

Gonzales River

4th

Belden

3

2

108.04

1

Gloria

Tavernetti

Escolle

G17

Sanchez

1

111.01

**TABLE II - PUBLIC FACILITY / INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGET**

**Applicant:** City of Gonzales  
**Project:** Daycare Center HVAC System

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:	CDBG	\$ 20,000	P
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ 20,000	

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	20,000
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ 20,000

**Budget Estimator:**

Name: Carlos Lopez  
 Title: PW Director  
 Phone: 831-675-5000

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

Replacement of HVAC SYstem at 225 Elko Street

**COUNTY OF MONTEREY ENTITLEMENT AREA  
 FY 2013-14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**PUBLIC FACILITY/INFRASTRUCTURE PROJECT PROPOSAL**

**CAREFULLY READ THE ACCOMPANYING NOFA AND PUBLIC FACILITY PROPOSAL INSTRUCTIONS AND ANSWER ALL QUESTIONS AS SPECIFICALLY AS POSSIBLE.**

**A. APPLICANT INFORMATION**

1. Legal Name of Organization: City of Gonzales
2. Mailing Address: PO BOX 647  
 City: Gonzales, CA Zip:93926
3. Executive Director Name & Title: Rene L. Mendez
4. Organization's Website Address: www.ci.gonzales.ca.us
5. Organization's **DUNS #:** 004948303 and **Tax Payer ID #:**94-6000341
6. Contact Person Name & Title for **Project** Questions: Carlos S. Lopez, Public Works Director
  - a. Phone: 831-675-5000 FAX:831-675-2644
  - b. E-mail Address: clopez@ci.gonzalales.ca.us
7. Contact Person Name & Title for **Financial** Questions: Thomas Truszkowski, Community Development Director
  - a. Phone: 831-675-5000 FAX: 831-675-2644
  - b. E-mail Address:

8. Type of Project:

a. Please identify the type of facilities

<input type="checkbox"/> Parks and Recreation Facilities	<input type="checkbox"/> Libraries	<input type="checkbox"/> Civic Centers
<input checked="" type="checkbox"/> Streets and Sidewalks	<input type="checkbox"/> Infrastructure (Please specify, e.g. drainage)	<input type="checkbox"/> Other Facilities (please specify, e.g., streetlights)

b. Please identify the type of improvements

<input type="checkbox"/> Acquisition	<input type="checkbox"/> New Construction	<input type="checkbox"/> Expansion
<input checked="" type="checkbox"/> Rehabilitation/Improvement	<input checked="" type="checkbox"/> ADA Improvements	

9. Number of Low/Mod Beneficiaries to be served by the Project: **Populations in Block Groups 1 & 3 as shown on attached map.**

Cost-per-Beneficiary for this project (CDBG Request/CDBG Beneficiaries) = **\$20.59**

10. Title of Proposed Project: **Curb Ramps Accessibility Project**
- a. Address/Service Area of Project: **Various Locations**
  - b. Amount Requested for this Project: **\$33,000**
  - c. Amount of Leveraged Funds Available for this Project: **\$ 0**
  - d. Total Project Cost (all sources) **\$33,000**

\*Note: These amounts should equal the amounts in the Section E. Development Budget/Leveraging.

**B. PROJECT INFORMATION**

Answer each of the following questions regarding your project. You may use more than the space provided for each question, but **the complete response for Section B, Questions 1 – 6, is not to exceed three pages.**

**1. NEED**

Indicate the applicable CDBG program national objective that your project activity addresses. Enter 1, 2, or 3 here: **1**

- 1. Benefit low- and moderate-income persons,
- 2. Aid in the prevention or elimination of slums or blight, or
- 3. Meet community development needs having a particular urgency.

Check if the proposed activity will:

- |   |   |
|---|---|
| <input type="checkbox"/> Help prevent homelessness?   | <input type="checkbox"/> Help the homeless? |
| <input type="checkbox"/> Help those with HIV or AIDS? | <input type="checkbox"/> Help the disabled? |

**In 500 words or less, provide a concise description of the proposed project.** Indicate how it will address the priority need indicated above. Provide data such as demographics, reports, and/or other information to document the need for your specific project in the Entitlement Area.

HUD requires that all rehabilitation projects must have written, adopted rehabilitation standards. If a rehabilitation project, submit a copy of your adopted rehabilitation standards. Please specify if your project is targeted for the entire Entitlement Area, or specifically for Del Rel Oaks, Gonzales, or the unincorporated County areas.

**Improve accessibility at intersections by installing curb ramps**

## 2. PERFORMANCE MEASUREMENTS / OUTCOMES

The three program performance **outcome** categories listed below are required under the CDBG program by the U.S. Department of Housing and Urban Development (HUD). **Please check only one box on this page that best applies to your project's outcomes and objectives.**

### **Outcome 1. Availability/Accessibility**

This outcome applies to proposals that make services, infrastructure, housing, shelter or jobs available or accessible to low- and moderate-income people, including persons with disabilities.

**Objective:**

- Enhances the Living Environment through New/Improved Accessibility
- Creates Decent Housing with New/Improved Availability
- Promotes Economic Opportunity through New/Improved Accessibility

### **Outcome 2. Affordability**

This outcome applies to proposals which provide affordability in a variety of ways in the lives of low- and moderate-income people.

**Objective:**

- Enhances the Living Environment through New/Improved Affordability
- Creates Decent Housing with New/Improved Affordability
- Promotes Economic Opportunity through New/Improved Affordability

### **Outcome 3. Sustainability/Promoting Livable or Viable Communities**

This outcome applies to proposals that are aimed at improving a community or neighborhood by helping to make it more livable or viable by providing a benefit to principally low- and moderate-income people or by removing or eliminating slums or blighted areas.

**Objective:**

- Enhances the Living Environment through New/Improved Sustainability
- Creates Decent Housing with New/Improved Sustainability
- Promotes Economic Opportunity through New/Improved Sustainability

If this is a new project, describe how you will reach out to these beneficiaries?

**Beneficiaries will benefit through improved accessibility.**

How will people or conditions in the community change as a result of what you do?

**See answer above.**

How will you measure the effectiveness or impact of your project in meeting the needs of the persons assisted with these HUD funds?

**N/A**

## 3. COST

As required by the Federal Office of Management and Budget (OMB) and HUD, describe how the overall project budget is cost effective and reasonable for the anticipated result.

**Beneficiaries are principally member of the disabled community.**

#### 4. TIMELINESS/PROJECT READINESS

Identify the person(s) responsible for overall program administration and financial management of the activity. Indicate how many years of experience they have managing CDBG or other HUD programs.

**Carlos Lopez, Public Works Director/Over 20 years**

Identify all other persons involved in the delivery of services for this activity, noting whether these positions are current or pending this award.

**City of Gonzales Public Works/City Engineer**

Discuss the timeline for the project including dates for start and completion and other significant stages such as hiring staff or securing a site, as applicable to your project. Indicate if this project is ongoing in nature.

**See implementation schedule below.**

#### 5. MANAGEMENT AND PAST EXPERIENCE

Describe your organization's experience. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

**Project to be implemented by the City of Gonzales**

#### 6. COLLABORATION

Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

**N/A**

If you have no collaborative partners explain how you propose to coordinate your services with other community agencies in order to leverage resources.

**N/A**

#### 7. PROPERTY INFORMATION

Complete applicable items for all public facility and infrastructure projects (including acquisition, rehabilitation, and demolition).

Who (agency name) is the legal owner of the property? **City of Gonzales**

If you are pursuing site control, please present the timeline to obtain firm site control.

Who (agency name) will be the final owner of the property?

Square footage of proposed building or building addition:



Square footage of construction site parcel:

Length of improvements if street, water, or sewer project:

Service capacity of existing facility:

Improved capacity of the facility:

Age of structure: \_\_\_\_\_ Historic status: \_\_\_\_\_

**8. FAIR LABOR STANDARDS ACT COMPLIANCE**

Construction projects over \$2,000 are subject to Davis-Bacon Prevailing Wage reporting regulations. If applicable to your project, answer the following questions:

Who (person) will administer your Davis-Bacon compliance? Public Works Director

Prior Related Experience: 27 years

Phone number: 831-675-5000 Fax Number: 831-675-2644

E-mail Address: clopez@ci.gonzales.ca.us

**9. IMPLEMENTATION SCHEDULE - Attach a separate page if necessary.**

Major Milestones	Month/Year to Begin	Month/Year to End
Prepare Request for Proposal	7/1/13	8/19/13
Begin Advertisement	8/20/13	9/16/13
Review & Select Lowest Bid	9/23/13	9/27/13
Award Bid	10/8/13	10/8/13
Contract Administration	10/24/13	11/11/13
Issue Notice Proceed	11/12/13	11/15/13
Begin Work – Work Completed	12/9/13	03/3/14

**10. GEOGRAPHIC BOUNDARIES**

Describe the geographic boundaries and census tracts of the neighborhood, community, or region to be served by the project. This description must include service area boundaries if land acquisition or structural improvements are proposed. **Attach a map.**

City of Gonzales – Block Group Areas 1 and 3

**11. MAINTENANCE AND OPERATIONS BUDGET**

All capital improvements or facilities projects will require a Maintenance and Operation (M & O) contract between the County and an M & O Entity. Only applicants requesting funding for proposals for CONSTRUCTION must complete this section.

**Who** (agency name) will be responsible for the ongoing maintenance and operations of the facility?  
**City of Gonzales**

---

**Attach the proposed maintenance and operations budget** reflecting both expenditures and revenue (sources and amounts) for a Five-Year service period. HUD program income is the income generated by the use of the facility, less the operating costs associated with generating the income. The County considers utilities, maintenance and general facility maintenance to be operating costs that should be subtracted from revenue to determine program income. A copy of the County of Monterey's Program Income Reuse Policy and Procedures may be requested by sending an e-mail to the County.

An authorized person representing the responsible organization must sign the certification on the next page.

**Certification of Maintenance and Operations Budget**

The governing body of **City of Gonzales** (insert agency name) a Public, Quasi-Public, or Non-Profit entity, has the financial capacity and is willing to assume the maintenance and operation responsibility and costs associated with the indicated Community Development project. This body has reviewed the proposed operation and maintenance budget stated above and to the best of its ability has determined this budget to be a true and accurate estimate of the annual maintenance and operation costs for the proposed budget.

The following is the name and address of the entity which is proposed to provide maintenance and operation services for the proposed project:

Full Name: City of Gonzales


Street Address: 147 Fourth Street

City, State, Zip Code: Gonzales, CA 93926

It is understood that without a commitment for maintenance and operation, the indicated project may not be considered for funding under the Community Development Block Grant Program. Should this project be funded, a formal Maintenance and Operations Contract between the County and entity providing maintenance and operations services shall be written and signed before any funds can be released.

Please note that Community Development Block Grant Funds may not be utilized for ongoing maintenance and operation costs of capital improvements/facilities.

Acknowledged by Authorized Agency Representative:

  
\_\_\_\_\_

Title of Authorized Agency Representative: City Manager

Date Certification Signed: JANUARY 2, 2013

**C. HUD REQUIRED BENEFICIARY INFORMATION**

1. **Income Eligibility** – Indicate how your organization verifies **income eligibility** of clients.

**\*Be sure to provide the documentation indicated for your selection(s)\***

<p><b>Area of Benefit.</b> Project service area has been identified and determined to be statistically low-income based on the 2000 Census. If you use this method, provide all Census Tracts and Block Groups served by your project and a calculation of the low-income percentage. (Refer to Census Block Group data provided with the Application Instruction.) <b><u>Attach a map.*</u></b></p>	<p><b>X</b></p>
<p><b>Income Certification.</b> Clients independently “income-certify” on a membership form, intake form, etc. If you use this method, please <b><u>attach blank “intake” form.*</u></b></p>	
<p><b>Client Document Review.</b> Clients provide tax documents, pay stubs, etc., to verify income. Documents are reviewed by staff. If you use this method, please <b><u>attach worksheet.*</u></b></p>	
<p><b>Presumed Beneficiaries.</b> Clients served are <u>primarily and specifically</u> from one of the following groups: abused children, battered spouses, elderly persons (62 years of age or older), illiterate persons, migrant farm workers, handicapped individuals, homeless persons, persons with AIDS. <b><u>If you use this method, please indicate which group.*</u></b></p>	
<p><b>Other.</b> Survey, other documentation (required documentation for other governmental programs, etc.). <b><u>Please explain on a separate page.*</u></b></p>	

Note: HUD has not yet released new Low Income data using 2010 Census. Jurisdictions are instructed to use the existing 2000 Census data.

2. **Race and Ethnicity** – The Federal Office of Management and Budget (OMB) required implementation by December 31, 2002, of the data collection standards for federal grant recipients as described in the instructions.

**PROVIDE A COPY OF YOUR PROGRAM’S “ELIGIBILITY” (CLIENT INTAKE) FORM.**

### 3. Location of Beneficiaries

Indicate the beneficiaries to be served according to the geographic area to be covered.

Information Requested (For Beneficiaries, indicate "P" for persons or "H" for households)	Total Number of Beneficiaries Estimated to be Served <b>FY 2012-13</b>	Total Number of Beneficiaries Estimated to be Served <b>FY 2013-14</b>	Low/Mod Income Beneficiaries Estimated to be Served <b>FY 2013-14</b>
Gonzales	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>
Del Rey Oaks			
Unincorporated Area			
<b>TOTAL</b>	<b>Unknown</b>	<b>Unknown</b>	<b>Unknown</b>

Answer the following questions, or indicate N/A, about the beneficiaries of this Project

- a. Number of persons with access to a **new** facility or infrastructure that did not previously exist or was not available for this new purpose. **Unknown**
- b. Number of persons with access to an **improved** or expanded facility or infrastructure. **Unknown**
- c. Number of beds created in overnight shelter or other emergency housing. **N/A**

**D. ORGANIZATIONAL CAPACITY**

This section is to be completed by all non-governmental applicants.

**HUD Grant Experience** for the past **three** years.

HUD Grant Program	Purpose of Grant	Date(s) Obtained	Funding Amount

**Fiscal Year and Audit Reports**

(Attach one copy of your Agency's most recent financial and audit reports.)

What is your agency's fiscal year?	
Date of your organization's most recently completed audit. (Month/Year)	
What fiscal year did this most recent audit include? (Month/Year - Month/Year)	
Was this audit conducted in compliance with the Single Audit Act? (Yes or No)	
Are there any outstanding audit findings which remain unresolved? <b>If yes, please attach explanation.</b>	

**Financial Management** - Refer to the Application Instructions for a list of mandatory federal requirements for management of CDBG funds.

**Organizational Structure**

Documents to Be Attached by Non-Profit and For-Profit Organizations	
Articles of Incorporation and Bylaws	
Organization Chart	
List of the Board of Directors	
Non-Profit Determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board (Form 501 (c) 3)	

**Insurance Documentation** - All applicants, except County of Monterey Agencies, must submit a copy of current insurance coverage (General Liability, Automobile, Worker's Compensation, etc.) **with this application**. If funded, an updated insurance policy will be required with the County of Monterey listed as "additionally insured."

Is this a "faith-based" organization? \*  Yes or  No

\*Generally, a faith-based organization was founded or is inspired by faith or religion.

## **E. DEVELOPMENT BUDGET /LEVERAGING**

Projects that receive an award of CDBG funding are often awarded less than the amount originally requested. **Discuss below whether your proposed activity could be undertaken with a reduced commitment of funding and, if so, highlight how that would affect the scope of services you are proposing.**

Identify sources of leveraged funding, including in-kind match, for this activity in the Tables referenced below. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, in-kind amount for volunteers, staff time, etc.).

### **1. Current Year Project Funding**

Submit TABLE I - Public Facility/Infrastructure Project FY 2012-13 Adopted Budget Form to provide details specific to a related project from fiscal year 2012-2013 ONLY; NOT the budget for your entire Agency or program. A copy of this file is included at the end of this section. The **Excel File** is available on the Community Development website. If you are requesting funds for a new project, write "New Project" in the space provided for Project in Table I.

### **2. Anticipated Project Funding – See attached Information**

Submit TABLE II - Public Facility/Infrastructure Project FY 2013-14 Proposed Budget Form to provide detail specific to this project ONLY; NOT the budget for your entire Agency or program.

Describe other funding identified for this project and when it will be secured. Indicate the staff person able to answer questions regarding this budget in the space provided for **Budget Estimator**. A copy of this file is included at the end of this section and the **Excel File** is available on the Community Development website.

**Briefly describe what this grant will pay for in the text box at the bottom of TABLE II.** If your program includes more than one component (i.e. emergency shelter, transitional housing, day care center, job training, transportation), indicate which specific component(s) will be paid for with the requested CDBG funds.

### **3. Project Pro Forma**

Attach a project pro forma for construction. If not yet available, please provide ASAP; project will not be considered for approval until it has been received.

**TABLE I - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2012-13 ADOPTED BUDGETS**

Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$	-

Status\*:

- C = Committed Funds
- P = Funds that have been applied for and decision is pending
- N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits:	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**TABLE II - PUBLIC FACILITY/INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGETS**



Applicant: \_\_\_\_\_  
 Project: \_\_\_\_\_

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:			
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		\$ -	

**Status\*:**

- C= Committed Funds
- P= Funds that have been applied for and decision is pending
- N= Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	\$ -

**Budget Estimator:**

Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**

F. PRELIMINARY ENVIRONMENTAL REVIEW

**Project Information**

Project Name	<b>Curb Ramps Accessibility Project</b>
Assessor's Parcel Number of Project Site. Please provide a Legal Description and location map and attach them to this application.	<b>Various Public Sidewalks</b>
Parcel Size	<b>N/A</b>
Project Type (Check all that apply)	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Acquisition <input checked="" type="checkbox"/> Rehabilitation <input type="checkbox"/> Other
Has this project previously received NEPA environmental clearance? If yes, attach a copy of the Environmental Review.	Yes <input checked="" type="checkbox"/> <b>No</b> Unknown (Please circle one) Year clearance completed _____

**Historic Preservation**

Note the year that <u>each</u> of the structure(s) on the parcel was constructed.	<b>N/A</b>
Are any of the structures designated or eligible for listing on the National Register or Historic Places?	Yes <input checked="" type="checkbox"/> <b>No</b> Unknown (Please circle one)
Please indicate how these structures are currently used (i.e., real estate office, residential apartment, etc.).	<b>N/A</b>
Are any of the structures considered of local historic significance? If yes, cite the source.	Yes <input checked="" type="checkbox"/> <b>No</b> Unknown (Please circle one)
If any of the structures have been remodeled, please note when the remodeling occurred and which portions of the building were impacted.	<b>N/A</b>

**Local Land Use Review**

What is the local land use authority for this site? (City or unincorporated County)	<b>City of Gonzales</b>
What is the zoning for this parcel? (Contact the local Planning Department)	<b>N/A</b>
Is the project's land use consistent with the zoning designation?	Yes No Unknown (Please circle one)
What is the General Plan and/or Area Plan Designation? (Contact the local Planning Depart.)	
Is the project's land use consistent with the General Plan and/or Area Plan Designation?	Yes No Unknown (Please circle one)
Please list the local permits required to approve the proposed project (e.g. site approval/conditional use permit, planned development permit, etc).	<b>Encroachment Permit</b>
Have the listed permit applications been initiated? Please note the status of any required permit applications.	<b>No</b>
Has a CEQA environmental document already been prepared for this project by the local Planning Department or is this review in process? If completed, what was the determination (i.e., MND, ND, EIR, etc.)?	<b>N/A</b>
Has a NEPA review or an Environmental Assessment for this project already been completed or is this review in process by another agency?	<b>N/A</b>

## Environmental Compliance Checklist

Please describe the project site, the existing or proposed structures, and the existing land use. Submit one or more photos of the existing site (one set of photos with original application).	<b>Public Sidewalks – Curb Ramps</b>
Has a Phase I Site Assessment Report been completed for this project?	Yes <u>No</u> Unknown    (Please circle one)
Has an Archaeological Phase I Survey been completed for this site?	Yes <u>No</u> Unknown    (Please circle one)
Is the Project located near areas where flammable, explosive, or toxic chemicals are stored or transported? If so, describe.	<b>N/A</b>
Please note the land uses surrounding the proposed project site.	<b>N/A</b>
Is the project site within line-of-sight of an arterial roadway or railway? List the name of the road/railroad and the distance to the nearest proposed structure(s) on the site.	<b>N/A</b>
Will this project create noise sensitive uses? For instance, is this a new residential project that will house families? If so, have noise attenuation measures been incorporated into the proposed project?	<b>N/A</b>
Is the project site located on existing or previously cultivated farmland?	<b>N/A</b>
Is the project site in either a 100-year or 500-year floodplain? If so, please describe. (Contact the local Public Works Department for the site's flood zone designation)	<b>N/A</b>
Is the project located in or near a wetlands area?	<b>N/A</b>
Approximately how far is the project site from the nearest airport?	<b>N/A</b>

### Additional Questions for Rehabilitation of Existing Structures

<p>Describe the rehabilitation activities in detail. Will the existing structure(s) be expanded? Will rehabilitation impact any external elements of the building(s)? To what extent will demolition of existing building structures or elements play a role in the rehabilitation?</p>	<p><b>N/A</b></p>
<p>Have the structure(s) been tested for asbestos, mold, or lead-based paint? If so, will the proposed rehabilitation disturb these substances?</p>	<p><b>N/A</b></p>

**G. AGENCY CERTIFICATIONS**


The following certification **must** be completed and signed **by an authorized agency representative** to be further considered for HUD program funding.

The undersigned agency hereby certifies that:

- a. The information contained herein and in the attached is complete and accurate. No material information has been omitted, including financial information.

[U.S. Code, Title 31, Section 3729, False Claims, provides a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages for any person who knowingly presents, or causes to be presented, a false or fraudulent claim; or who knowingly makes, or causes to be used, a false record or statement; or conspires to defraud the Government by getting a false or fraudulent claim allowed or paid. HUD will prosecute false claims and statements and conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)].

- b. The agency certifies to the best of its knowledge and belief that its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal debarment or agency.
- c. The agency shall comply with all federal and County policies and requirements applicable to the CDBG program as appropriate for the funding if received.
- d. The federal assistance made available through the CDBG program funding is not being utilized to substantially reduce the prior levels of local financial support for community development activities.
- e. If CDBG funds are approved for a facility:
  - i. The agency shall maintain and operate the facility for its approved use for a period of not less than 5 years, unless given specific approval from HUD to do otherwise;
  - ii. To the best of our knowledge, sufficient funds will be available to complete the project as proposed; and
  - iii. To the best of our knowledge, sufficient funds will be available to operate the project for 5 years.

Name of Agency	
City of Gonzales	
Typed Name and Title of Agency Official	
Rene L. Mendez, City Manager	1-2-2013
Agency Official's Signature	
	
Date of Signature	
Telephone Number of Agency Official 831-675-5000	e-Mail Address of Agency Official rmendez@ci.gonzales.ca.us

**CDBG PROGRAM  
Project Proposal Checklist  
Program Year 2013-14**

Organization: City of Gonzales Project: **Curb Ramps Accessibility Project**

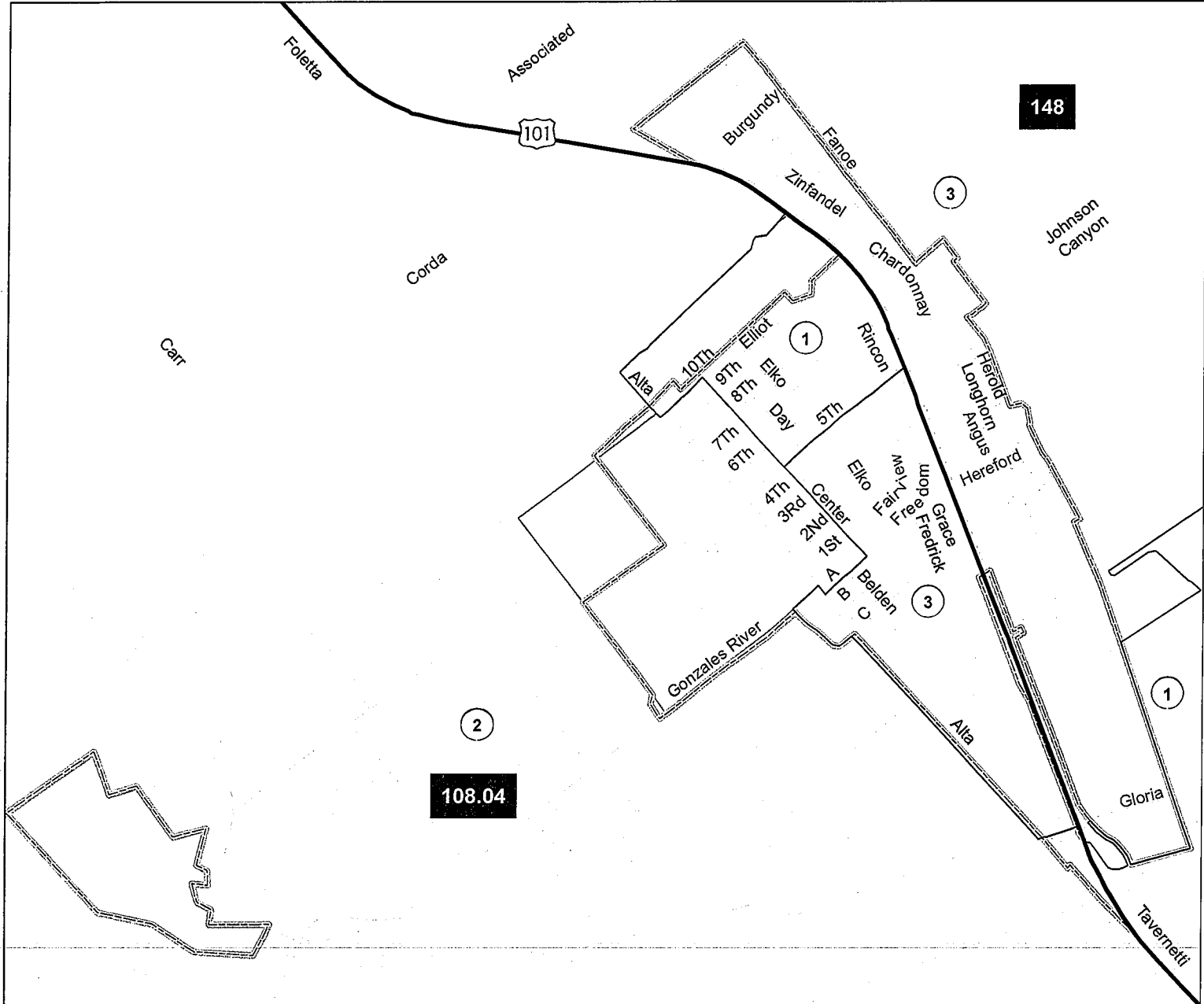
Items to include for this application:

	Check if Included	Application Information / Documentation CDBG Public Facility / Infrastructure Application
A		Application – Original and three copies
B		Application – in Word format sent on CD
C		Table I – Public Facility / Infrastructure Adopted Budget for FY 2012-13
D		Table II – Public Facility / Infrastructure Proposed Budget for FY 2013-14
E		Project Pro Forma
F		Evidence of Insurance Coverage
G		Program Intake Policies and Procedures and Privacy Notice







Items to include for each organization (Do not duplicate for each application.):

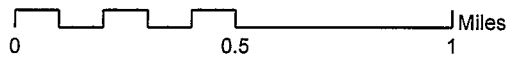
	Check if Included with this Application	Indicate with which Application Item is Included	Organizational Information / Documentation
A			Most Recent Audited Financial Statement
B			List of Board of Directors and Affiliations
C			Organizational Chart

**PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR ORIGINAL APPLICATION.**



### GONZALES LOW AND MODERATE INCOME AREAS

-  Gonzales CDP Boundary
-  Low / Moderate Households > 51%
-  2010 Census Tracts
-  Tract Number
-  2010 Block Groups
-  Block Group Number



Escolle G-17

Sanchez

111.01

108.04

148

101



**TABLE II - PUBLIC FACILITY / INFRASTRUCTURE PROJECT FY 2013-14 PROPOSED BUDGET**

**Applicant:** City of Gonzales  
**Project:** Curb Ramps Accessibility Project

**Revenue**

	(Specify Source)	Amount	Status*
Source 1:	CDBG	\$ 33,000	P
Source 2:			
Source 3:			
Source 4:			
Source 5:			
<b>Total Revenue</b>		<b>\$ 33,000</b>	

Status\*:  
 C = Committed Funds  
 P = Funds that have been applied for and decision is pending  
 N = Funds that have not yet been requested

**Expenses \*\***

Category	\$ Amount
Personnel Wages/Benefits	
Site Acquisition (Including real estate, closing costs, escrow costs, etc.)	
Architectural and Engineering Services	
Pre-Construction Costs (appraisal, fees, studies, permits, etc.)	
Off-Site Development Costs (Utilities, roads, access. Please specify):	
Site Preparation Costs (not included in construction contract)	
Construction Labor & Materials (Including Davis-Bacon compliance)	33,000
Project Management	
Other Costs (Please specify):	
<b>Total Expenses</b>	<b>\$ 33,000</b>

**Budget Estimator:**  
 Name: Carlos Lopez  
 Title: PW Director  
 Phone: 831-675-5000

\*\* If necessary, you may edit the fields to properly reflect your expense categories.

**Briefly describe what this grant will pay for in the text box below:**  
 Remove barriers to accessibility for disabled persons by installing 10 curb ramps at 10 or priority location locations throughout the City