



South County Community Health Center, Inc.
dba Ravenswood Family Health Network

January 5, 2021

City of Sunnyvale Housing Division
Attn: Leif Christiansen, Housing Program analyst
P.O. Box 3707
Sunnyvale, CA 94088

Re: Ravenswood Family Health Network CDBG Application for COVID-19 Testing & COVID-19 Vaccine Administration between May 1, 2021 and November 30, 2021

Dear Mr. Christiansen,

I am pleased to submit this CDBG Application to the City of Sunnyvale on behalf of Ravenswood Family Health Network (RFHN) in the amount of \$203,930 which represents 75% of the cost of COVID-19 Testing and COVID-19 vaccination administration over the 7 months of May through November 2021. RFHN operates the MayView Community Health Center sites, including the Sunnyvale site that is co-located with the Columbia Neighborhood Community Center at 785 Morse Ave. Sunnyvale.

With the onset of COVID-19, RFHN has pivoted to provide both telehealth and in-person medical care as well as COVID-19 testing of our clinic patients. We are now in the process of rolling out COVID-19 vaccines in collaboration with the County of Santa Clara during the month of January, initially to our essential health care worker staff. As COVID-19 vaccine distribution expands, we will be vaccinating both our own patients and residents of Sunnyvale two days a week from our mobile health center in the Columbia Community Center Parking lot.

The funding we are seeking will cover health care personnel dedicated to COVID-19 testing and vaccinating, related direct costs and a portion of our indirect. 25% of the Budget expense will be covered by funds from an El Camino Healthcare District grant.

We hope that you will consider our application favorably in the light of impact that COVID-19 has had on City of Sunnyvale residents and our ability to be a responsible health partner in providing COVID-19 ongoing testing and vaccination services.

Sincerely,

Luisa Buada, RN, BSN, MPH
Chief Executive Officer

1885 Bay Road
East Palo Alto, CA 94303
Tel: 650.330.7400 Fax: 650.321.4552

COVER SHEET

☒ ORIGINAL ☐ COPY

PART 1 – GENERAL INFORMATION

Organization Name:	South County Community Health Center, Inc. dba Ravenswood Family Health Network				
Project Name:	Expanding COVID-19 Testing and Vaccination for Low-Income Sunnyvale Residents				
Contact Person:	Ashley Peil		Title:	Financial Business Analyst	
Email:	apeil@mayview.org			Phone:	(650) 475-1508
Mailing Address:	1885 Bay Road, East Palo Alto, California, 94303				
Fax:	(650) 321-4552	Tax ID:	94-3372130	DUNS ¹ Number:	101744428

PART 2 – GRANT REQUEST

1. Requested Amount	\$ 203,930
2. Other Funding Sources (match)	\$ 67,977
3. Total Project Cost (Line 1 + Line 2)	\$ 271,907
4. Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1 / Line 3)	75%
5. Type of funds requested (you may select more than one)	<input checked="" type="checkbox"/> CDBG

PART 3 – PROJECT DESCRIPTION

Please provide a **brief** description of the proposed program/project. The description should be no more than 5 sentences, describe the program/project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

We are requesting funding to expand COVID testing and vaccinations for low-income residents of Sunnyvale at our Sunnyvale MayView clinic. CDBG support will cover two days a week of extra nursing and support staff working on our mobile clinic. We currently perform COVID testing, but do not have the necessary funding to expand and sustain our testing or to give vaccinations. We aim to provide 540 COVID tests to 371 unduplicated patients, and 2634 COVID vaccinations to 1317 unduplicated patients over the course of the grant period, from May 1, 2021 to November 30, 2021 and 2000 COVID vaccinations to 1000 unduplicated community members who are not patients. Note: COVID vaccines are received for distribution from the Santa Clara County Public Health Department.

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>.

Application Checklist

Applicant Name:	South County Community Health Center, Inc. dba Ravenswood Family Health Network
Project Name:	Expanding COVID-19 Testing and Vaccination for Low-Income Sunnyvale Residents

The original application must include all the information listed below. The application, and attachments, may be submitted electronically, but a hard-copy original must be mailed on the same day the application is submitted.

TAB A

- ☒ Cover Letter on Letterhead
- ☒ Program Cover Sheet*
- ☒ Application Checklist*
- ☒ Applicant Information*

TAB B

- ☒ Section 1: Organizational Capacity and Experience
- ☒ Section 2: Evidence of Need for Project
- ☒ Section 3: Statement of Work/Project Scope/Readiness
- ☒ Section 4: Project Budget and Financial Information

TAB C

- ☒ Project Budget Form
- ☐ Pro-forma (for construction or acquisition of community facility)

TAB D

- ☒ Project Service Area Map
- ☒ Project-Specific Organizational Chart Résumés of Applicant's key personnel

Provide Applicable Documents in Original Application Only (mark N/A if not applicable) TAB E

- ☒ Signature Authorization*
- ☒ Conflict of Interest Disclosure*
- ☐ Environmental Review Form* and Attachments - N/A
- ☒ Administrative Checklist* Accounting System Certification*
- ☐ CHDO or CDBO Verification - N/A
- ☒ Bylaws
- ☒ Articles of Incorporation
- ☒ 501(c) (3) documentation from IRS
- ☒ Organizational Chart
- ☒ Financial Audit
- ☒ Letters of Commitment
- ☒ Board Resolution authorizing submittal of proposal
- ☒ Organizational Annual Budget and/or Financial Balance Sheet
- ☒ Director's and Officer's Liability & Errors and Omissions Insurance
- ☒ Policies and procedures for employees including internal controls
- ☒ Language Access Plan and (ADA) Accessibility Policy

TAB F – Acquisition Projects only

- ☐ Appraisal of Property
- ☐ Phase I: Environmental Site Assessment*
- ☐ Parcel Map
- ☐ Property Listing
- ☐ Relocation Plan (if project anticipates displacement)

TAB G – Construction/Rehabilitation Projects only

- ☐ Construction Cost Estimate
- ☐ Phase I: Environmental Site Assessment
- ☐ Letters of Community Support
- ☐ Architectural Drawings/Plans
- ☐ Relocation Plan (if project requires temporary or permanent relocation)

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:	Non-profit		
(Check all that apply)	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Faith-Based Non-Profit


☐ Sunnyvale CBDO

Name of Organization:	South County Community Health Center, Inc. dba. Ravenswood Fmly Hlth Ntwrk		
Mailing Address:	1885 Bay Road		
City, State, Zip Code:	East Palo Alto, CA, 94303		
Physical Address of Project:	785 Morse Ave		
City, State, Zip Code:	Sunnyvale, CA 94085		
Contact Person:	Ashley Peil		
Telephone:	(650) 475-1508	Fax:	(650) 321-4552
Email Address:	apeil@mayview.org		

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

	NAME/TITLE	PHONE/EMAIL
Program Contact Someone who works with the project on a daily basis, and can answer questions	Natalie Hodgen	(650) 387-8626
	Senior Director of Clinical Operations	nhodgen@RavenswoodFHC.org
Finance Contact	Ashley Peil	apeil@mayview.org
	Financial Business Analyst	650.475.1508
Application Contact Person who wrote this application	Zoe Mahony	zmahony@RavenswoodFHC.org
	Grant Writer	650-450-6758
Authorized Contact Person authorized to make commitments on behalf of the organization	Luisa Buada	lbuada@RavenswoodFHC.org
	Chief Executive Officer	650-330-7410

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.


Signature of Authorized Contact Listed Above
Luisa Buada, RN, MPH
Typed Name

January 5, 2021
Date
Chief Executive Officer
Title

TAB B

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE

Use only the space provided.

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

Ravenswood Family Health Network (RFHN) is a federally qualified health center headquartered in East Palo Alto, California. We operate five clinical sites—Ravenswood Family Health Center and Ravenswood Family Dentistry in East Palo Alto and our MayView Community Health Center clinics in Sunnyvale, Mountain View, and Palo Alto. As a federally qualified health center, we provide a full scope of health care services—pediatrics, family practice, women's health, integrated behavioral health, dentistry, optometry, pharmacy, mammography, ultrasound, x-ray, lab, health education, referrals, and enrollment—to low-income communities in Silicon Valley. Our mission is to improve the health of the community by providing culturally sensitive, integrated primary and preventative health care to all, regardless of ability to pay or immigration status, and collaborating with community partners to address the social determinants of health. Our vision is to educate, engage and empower patients to actively manage their health and become advocates for healthy living within their family and the community, inspiring others to value that good health is true wealth. We have been in operation for 20 years.

We acquired MayView Community Health Center in April 2020. We started providing COVID testing in March at our Sunnyvale site, and have been increasing our testing since then. Our staff have experience running the COVID testing operation, and this experience will guide them through the expansion. Our staff's experience running flu vaccination campaigns as well as prioritizing needs for COVID testing prepares us well to provide COVID vaccinations to the community.

We have decades of experience managing federal grants and strong financial capacity and a proven history of successful CDBG projects. Our staff is knowledgeable of all policy and procedural requirements. Our internal processes and procedures are consistent with CDBG requirements. In addition, as a federally qualified health center, we meet federal regulatory requirements and standards with strict procurements, spending and accounting policies in place that agree with CDBG requirements.

B. Previous experience using federal funds:

1. Does your organization have previous experience with programs involving federal funds?



Yes



No

If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects?

Years: 20

Briefly describe your experience below:

Ravenswood Family Health Network has a proven history of successful CDBG projects. Our staff is knowledgeable of CDBG policy and procedural requirements. Our internal processes and procedures are consistent with CDBG requirements. In addition, as a federally qualified health center, we regularly receive federal grants from the Health Resources and Services Administration (HRSA), and we have strict procurement, spending, and accounting policies in place.

TAB B

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

☐

Yes

☒

No

If **yes**, indicate the actions cited in the space provided below.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

N/A

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

☒

Yes

☐

No

If **yes**, please describe below.

We have experience with City-funded projects, though not projects funded by the City of Sunnyvale. For example, Palo Alto CDBG funds helped with renovation funds for our MayView Palo Alto clinic in Fiscal Year 19-20.

2. Has your organization received HUD funds previously from the City of Sunnyvale?

☐

Yes

☒

No

If **yes**, please describe below. If **no**, skip to question 5.

TAB B

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? _____

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☐ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

N/A

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

As a federally qualified health center, we receive federal grants every year and have extensive experience managing them. In addition to our federal funding, we frequently manage projects funded by other public sources, including the County of Santa Clara, the County of San Mateo and the City of Palo Alto. Annually we manage funding from two Hospital Districts, El Camino Healthcare and Sequoia Healthcare. We have received multiple CDBG grants from the County of San Mateo between 2004 and 2010 for capital projects that were successful.

TAB B

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member Name	Sunnyvale Resident	Employer (if any)	Office Held on Board	Term ² of Office	Length of Service
	Y / N				
Manuel Arteaga	N	Nursing Student, Samuel Merritt University	Board Member	2000-ongoing	20 years
Esmeralda Huerta Garcia	N	Business Developer/ Finance Coordinator, Peninsula Family Service	Board Member	2019-ongoing	1 year
Marceline Combs	N	Community advocate	Board Member	2002-ongoing	18 years
Senseria Conley	N	Community advocate	Parliamentarian	2002-ongoing	18 years
Dr. VJ Periyakoil	N	Director, Stanford Aging and Ethnogeriatrics Center	Board Member	2019 - ongoing	1.5 years
Julio Garcia	N	Program Director, Nuestra Casa	Treasurer	2000-ongoing	20 years
Melieni Talakai	N	Ambulatory Care Nurse, San Mateo County Mobile Clinic	Chair	2000-ongoing	20 years
Siteri Maravou	N	President, Ultimate Homecare Services	Board Member	2011-ongoing	9 years
Suleyma Garcia-Prado	N	Program Coordinator, Second Harvest of Silicon Valley	Board Member	2020-ongoing	Less than one year
Fred Mondragon	N	Vice President of Business Development, Medallia, Inc	Vice Chair	2018-ongoing	2 years
Sherri Sager- Liaison, Non-Voting	N	Chief Government Relations Officer, Lucile Packard Children's Hospital	Board Liaison	2000 – ongoing	20 years

² Beginning and Ending Years

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, refer to the [Sunnyvale Consolidated Plan](#).

- ☐ Goal A: Affordable Housing
- ☐ Goal B: Alleviation of Homelessness
- ☒ Goal C: Other Community Development Efforts
- ☐ Goal D: Expanding Economic Opportunities

Part 2 – National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select “Limited Clientele Activity”.

1. Method of determining eligibility.

- ☐ Area benefit
- ☒ Limited Clientele
- ☐ Activity Job Creation

Our project will benefit patients of our Sunnyvale MayView clinic and non-patient residents. We serve low-income residents of Sunnyvale and surrounding communities. Low-income means those earning at or below 80% of area median income, as determined annually by HUD. HUD has determined the rate to be between \$78,550 for 1 person to \$148,050 for 8 persons in the household. Currently, 79.6% of our Sunnyvale patients are low-income by HUD definition.

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed program/project:

Column A	Column B	Column C
Total number of unduplicated households served	Number of unduplicated lower-income households to be served	*Percentage of lower-income households served (B/A=C)
Example: 500	350	70%
2688	2140	79.6%

Part 3 – Demonstrated Need for Project

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed community development project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

Despite good news about vaccinations becoming available, the COVID-19 pandemic continues to ravage our community. According to data from Santa Clara County, in Sunnyvale, the cumulative COVID case count was 2,462 people, out of a city population of 126,209 as of December 20, 2020. This is a COVID rate per 100,000 population of 1,603 (Santa Clara County Public Health, County of Santa Clara Emergency Operations Center). Given that we are in the midst of another surge, the County notes that the high volume of newly reported cases has caused delays in processing, and therefore even this number is underreported. At our MayView Sunnyvale clinic, we have been providing COVID tests since mid-March, when California's shelter-in-place order first began. From March 19 until December 5, 2020, we have performed 539 COVID tests at our Sunnyvale site, of which 70 have been positive. This is a positivity rate of 14.5%, an alarming rate. Santa Clara County's average test positivity rate (7-day average) is 7.7%, as of December 21, 2020.

Our patient population's higher than average rate can be explained because the low-income and ethnic minority communities we serve are disproportionately impacted by the COVID-19 pandemic. Annually, across all our sites, 82% of children and families who utilize RFHN's programs/services come from households with incomes below 200% of the federal poverty level (FPL). Additionally, 36% of RFHN's patients are uninsured and 59% are enrolled in public health coverage programs (such as Medi-Cal and Medicare). The majority of RFHN's patients are also ethnic minorities (94%)—including 65% Latino, 5% Native Hawaiian or Pacific Islander, and 5% African American. These groups all face higher rates of COVID-19 cases and deaths than the white population: in California, Latino/Hispanic people make up 39% of the population, but 58% of COVID-19 cases and 48% of COVID-19 deaths. Similarly, African Americans comprise 6% of the population, but 8% of COVID-19 deaths (The COVID Tracking Project, Racial Data Dashboard, December 7, 2020). Racial disparities with COVID-19 have many explanations, which can be broken into two main categories: 1) differences in risk of exposure; and 2) differences in the severity of the illness. In terms of exposure, people who are racial and ethnic minorities tend to work in lower paying jobs that often do not allow for remote work, which is true of most of our patients—76% of our patients at our Sunnyvale site had incomes at or below 200% of the FPL in 2019. In terms of illness severity, the increased prevalence of pre-existing conditions in the Latino and African American communities plays a serious role in increased death rates. Many of our patients have these conditions—26% are obese/overweight, 10% have hypertension, and 8% have diabetes.

COVID-19 testing and vaccination are both critically important in order for us to combat the pandemic. Expanded testing will provide us with the information we need to recommend quarantine or further care at hospitals for our positive-testing patients, and reduce the risk of community spread as well as contributing COVID-19 data so that public health officials can make accurate, informed decisions on how to move forward (April 2020, American Medical Association). COVID vaccination, once it becomes available, will be critically important in our community's recovery from the pandemic. Only once we have achieved herd immunity by vaccinating the great majority of the population will we begin to emerge from the pandemic. Your financial support will help us implement a COVID vaccination clinic and provide vaccinations to low-income members of our community.

Part 4 – Matching Funds

- A. List the funding from other sources for this project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status as of Jan. 15, 2021 Approved, Pending or Denied*	Award Date
El Camino Healthcare District	\$ 67,977	Approved	7/1/20
CDBG City of Sunnyvale	\$ 203,930	Pending	4/30/21
Total	\$ 271,907		

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter “approved”.

- B. Identify commitments for ongoing operating funding *for this project/program only* in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization’s letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include letters of support, only letters making a firm financial commitment to the project.

Letter of Commitment from El Camino Healthcare District



Date: January 4, 2021

City of Sunnyvale Housing Division
Attn: Leif Christiansen, Housing Program analyst
P.O. Box 3707
Sunnyvale, CA 94088

Re: Letter of Commitment from El Camino Healthcare District for Matching funds for:

Ravenswood Family Health Network CDBG Application for COVID-19 Testing & COVID-19 Vaccine Administration between May 1, 2021 and November 30, 2021

Dear Mr. Christiansen,

El Camino Healthcare District provides an annual operating grant to Ravenswood Family Health Network (RFHN) to support the Sunnyvale and Mountain View MayView Community Health Center sites. This Letter of Commitment acknowledges are consent for RFHN to use a portion of our annual operating grant as a match in the sum of \$67,977, (sixty-seven thousand, nine hundred seventy-seven dollars) for the City of Sunnyvale CDBG application to provide 540 COVID-19 Tests and 4,634 COVID-19 Vaccines to patients of RFHN and other Sunnyvale community residents.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Avery".

Barbara Avery

Director, Community Benefit

El Camino Health

TAB B

SECTION 3 – STATEMENT OF WORK/PROJECT SCOPE**Part 1 – Project Location and Service Area**

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

Our project will be based at our MayView Sunnyvale site, at 785 Morse Ave, Sunnyvale, CA 94085.
Non Construction - Non Capital project.

Part 2 – Project Readiness (Use only the space provided.)**A. Work Plan / Project Readiness**

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. **Describe how ready you are to begin and complete the project by December 1, 2021.** Include the following:

- Program design
- Client Recruitment/program marketing plan
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

We have been successfully operating our COVID testing program at Sunnyvale since March 2020. This funding will help us extend our testing capabilities. For our COVID testing program, we recruit clients by providers informing their patients, information on our website, fliers in the community, and banners. To get a test, patients must make an appointment and be registered members of our clinic; therefore, we record information such as income level and ethnicity for all patients receiving COVID tests.

For our COVID vaccination program, we will provide vaccines to community members, regardless of whether they are patients. We will be outreaching to our patients and community members to ensure they are aware of the availability of COVID vaccines from our health center. We are a California State registered COVID vaccine provider. Our Chief Medical Director, Director of Clinical Operations, and Chief Executive Officer, in consultation with local healthcare partner, Santa Clara County Public Health, are weekly planning, training and preparing for vaccine administration. Santa Clara County has deemed us ready to administer COVID Vaccines. We will be receiving the Moderna vaccine beginning January 5, 2021 for our healthcare workers first. Quantities are being rationed based on Santa Clara County priority tiers. We will be keeping multiple county, federal and state records of the patients and residents who are vaccinated. To evaluate our program, we will pull regular reports from our electronic health records system, Epic, and CAIR2 - the California Immunization Registry. Our Quality Review team will review patient vaccine interactions. Our COVID Vaccine Testing Team will be continuously learning about COVID vaccines as we learn from our colleagues, County and CDC.

TAB B

Milestone	Target Date
1. Contract Start Date	4/1/21
2. Project Ramp-up Period	4/16/21
3. Initiation of Project	5/1/21
4. Completion of Project	10/16/21
5. 50% of Funds Expended and Drawn	7/16/21
6. 100% of Funds Expended and Drawn	11/30/21
7. Project Completion and Reporting	11/30/21

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input checked="" type="checkbox"/> Creating a Suitable Living Environment	<input checked="" type="checkbox"/> Availability/Accessibility
<input type="checkbox"/> Providing Decent Affordable Housing	<input type="checkbox"/> Affordability
<input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Sustainability

3. Client Data: Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale		Residing outside of Sunnyvale		Total
Low Income (50%-80% AMI)	231		124		355
Very Low Income (<50% AMI)	1,113		599		1,712
Disabled Persons	244		131		375
Female-Headed Households	1,120		600		1,720
Elderly	116		94		210
Youth	75		19		94
Homeless Persons	350		187		537
Other Special Needs:					0
					0



**Application Form and Instructions:
2021 Coronavirus (COVID-19) Direct Relief and
Support Program**

**Release Date:
Dec. 14, 2020**

**Proposals Due:
Jan. 8, 2021 at 4:30 p.m.**

Community Development Department, Housing Division
408-730-7250 | Sunnyvale.ca.gov

COVER SHEET

☒ ORIGINAL ☐ COPY

PART 1 – GENERAL INFORMATION

Organization Name:	Silicon Valley Independent Living Center				
Project Name:	COVID-19 Financial Assistance for Persons with Disabilities				
Contact Person:	Sheri Burns			Title:	Executive Director
Email:	grants@svilc.org			Phone:	(408) 894-9041
Mailing Address:	25 N. 14th Street, Suite 1000, San Jose, CA 95112				
Fax:	(408) 904-7345	Tax ID:	94-2332246	DUNS ¹ Number:	113302871

PART 2 – GRANT REQUEST

1. Requested Amount	\$ 91,671
2. Other Funding Sources (match)	\$ 30,000
3. Total Project Cost (Line 1 + Line 2)	\$ 121,671
4. Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1 / Line 3)	75%
5. Type of funds requested (you may select more than one)	<input checked="" type="checkbox"/> CDBG

PART 3 – PROJECT DESCRIPTION

Please provide a **brief** description of the proposed program/project. The description should be no more than 5 sentences, describe the program/project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

The proposed Covid-19 Financial Assistance Project for Persons with Disabilities will address the immediate needs of City of Sunnyvale residents who have a disability or chronic health condition and are at risk of being displaced by inability to pay rent, utility payments, emergency situations, and other market forces due to Covid-19. SVILC will serve approximately 22 Sunnyvale households (35-60 residents) at a maximum assistance level of \$5000 each through our Emergency Housing Assistance Program. Project Assistance may include utility payments to prevent cutoff of service, rent/mortgage payments to prevent homelessness, purchase and delivery of food or meals for those ineligible for MOWs or other similar program, and purchase of specialized PPE for health and safety needs. The target population of the proposed project are lower income (per HUD standards) residents with disabilities or disabling conditions. ■

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>.

Application Checklist

Applicant Name:	Silicon Valley Independent Living Center
Project Name:	COVID-19 Financial Assistance for Persons with Disabilities

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- ☒ Program Cover Sheet*
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Provide Applicable Documents in Original Application Only (mark N/A if not applicable) TAB E

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- ☐ CHDO or CDBO Verification
- ☒ Bylaws
- ☒ Articles of Incorporation
- ☒ 501(c) (3) documentation from IRS
- ☒ Organizational Chart
- ☒ Financial Audit
- ☒ Letters of Commitment
- ☒ Board Resolution authorizing submittal of proposal
- ☒ Organizational Annual Budget and/or Financial Balance Sheet
- ☒ Director's and Officer's Liability & Errors and Omissions Insurance
- ☒ Policies and procedures for employees including internal controls
- ☒ Language Access Plan and (ADA) Accessibility Policy

TAB F – Acquisition Projects only

- ☐ Appraisal of Property
- ☐ Phase I: Environmental Site Assessment*
- ☐ Parcel Map
- ☐ Property Listing
- ☐ Relocation Plan (if project anticipates displacement)

TAB G – Construction/Rehabilitation Projects only

- ☐ Construction Cost Estimate
- ☐ Phase I: Environmental Site Assessment
- ☐ Letters of Community Support
- ☐ Architectural Drawings/Plans
- ☐ Relocation Plan (if project requires temporary or permanent relocation)

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:	Private, non-profit, social services corporation		
(Check all that apply)	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Faith-Based Non-Profit
	<input type="checkbox"/> Sunnyvale CBDO		
Name of Organization:	Silicon Valley Independent Living Center		
Mailing Address:	25 N. 14th Street, Suite 1000		
City, State, Zip Code:	San Jose, CA 95112		
Physical Address of Project:	25 N. 14th Street, Suite 1000		
City, State, Zip Code:	San Jose, CA 95112		
Contact Person:	Sheri Burns		
Telephone:	(408) 894-9041	Fax:	(408) 904-7345
Email Address:	grants@svilc.org		

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

	NAME/TITLE	PHONE/EMAIL
Program Contact Someone who works with the project on a daily basis, and can answer questions	Angelica Holguin	AngelicaH@svilc.org
Finance Contact	Firdosh Vohra	FirdoshV@svilc.org
Application Contact Person who wrote this application	Sheri Burns	SheriB@svilc.org
Authorized Contact Person authorized to make commitments on behalf of the organization	Sheri Burns	SheriB@svilc.org

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.

Signature of Authorized Contact Listed Above
Sheri Burns
Typed Name

01/06/2021
Date
Executive Director
Title

TAB B

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE

Use only the space provided.

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

Since 1976, SVILC's mission as a disability justice and resource organization has been to promote independence, equality, choice and pride for people with disabilities of all ages, races and cultures. SVILC provides support to build the capacity of people with disabilities to live freely in the community. SVILC's Emergency Housing Assistance Program is one of a dozen diverse services that address the comprehensive needs that persons with disabilities, especially those who are very low income, have when gaining or attempting to increase their independence. SVILC services include:

- (1) Advocacy - both systems advocacy and teaching consumers self-advocacy skills;
- (2) Independent Living Skills - learning basic skills and resources to live independently;
- (3) Information & Referral - offer information on local community resources and options for older adults with chronic health conditions and people with disabilities of all ages;
- (4) Peer Support - mentoring for persons with disabilities by people with disabilities, including facilitating 2 weekly support groups;
- (5) Assistive Technology - accessible devices and ability tools to reduce unnecessary dependence on others;
- (6) Device Lending and Demonstration Center - a library of ability tools that are available for anyone in the bay area to borrow and try out for free for up to 30 days;
- (7) Housing Services - assisting with direct affordable, accessible housing search skills and resources, and emergency housing referral for Office of Supportive Housing and APS referrals;
- (8) Computer Lab - free access to WiFi connected desktop computers for housing and job searches;
- (9) Pre-vocational Job Readiness Training - soft skills and assistive technology training for job seekers referred by San Andreas Regional Center and Dept. of Rehabilitation;
- (10) Personal Assistance Services (PAS) services - how to hire and manage an in-home caregiver and access to SVILC's QuickMatch online private-pay caregiver matching services;
- (11) Community Transitions Program - working with individuals to transition from long-term care facilities into community-based living.
- (12) Emergency Housing Assistance - a component of our Housing Services, provides consumers with assistance in locating and procuring temporary and long-term housing, one-time rental assistance, home modifications and assistive technology, meals and food vouchers through a variety of funding sources.

SVILC is unique in that we are the only organization in Santa Clara County that assists individuals with every kind of disability to obtain skill training, resources and assistance with finding safe, accessible, affordable and integrated housing. SVILC has decades of experience with Housing Services, federally funded programs, and providing direct emergency rent, food and other financial assistance through FEMA's Emergency Food and Shelter Program (EFSP), various city CDBG, HTF and general funding, private corporate and donor funding, and, most recently, Destination Home, CDBG-CV and CARES Act COVID-19 funding. During the past few years, SVILC has had a dedicated cadre of housing service providers who have become astute at screening participant eligibility for emergency financial assistance relevant to federal funding guidelines, then completing required documents for implementation of services. Our county-wide Emergency Housing Assistance Program provided financial assistance to over 300 individuals living in Santa Clara County in 2019-20 with emergency COVID-related rent assistance, utility payments, and food assistance. SVILC has an operating budget of \$2.163M with a staff of 24 primarily full-time employees. The agency has a diverse range of federal, state and local grants and contracts, as well as corporate and private donors. Our cashflow is extremely good, with 8 months of operating reserves, and a \$150K line of credit with no balance, giving the agency the ability to handle the distribution of direct service funds to consumers prior to invoice reimbursement. We are well suited to implement this COVID-19 Relief Project with an excellent track record and success in similar financial relief programs.

B. Previous experience using federal funds:

1. Does your organization have previous experience with programs involving federal funds?



Yes



No

If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects?

Years: 40

Briefly describe your experience below:

SVILC has partnered for decades with several cities (Santa Clara, Sunnyvale, Mountain View, Palo Alto, Gilroy) in Santa Clara County to provide CDBG Public Service-funded Housing Assistance services for residents with disabilities. Services include workshops and individualized counseling on the types of housing options, the search and application process, how to improve credit scores, tenant and landlord rights and responsibilities, and how to advocate for Fair Housing home access modifications. CDBG audits have always shown SVILC to be in compliance and we have never been found in violation of federal regulations. In addition to the Housing Assistance Workshops and Counseling, over the past year, SVILC has also partnered with Destination Home/City of San Jose and the cities of Milpitas and Palo Alto to distribute COVID-19 CARES or CDBG funding assistance to families negatively impacted by the pandemic and economic factors. Support services and advocacy assistance have also been provided to these families. SVILC did such an exceptional job with the first two rounds of financial assistance programs in 2020, we were asked by Destination Home to continue our partnership and apply for the final round of COVID-19 relief funding in late 2020.

TAB B

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

☐

Yes

☒

No

If **yes**, indicate the actions cited in the space provided below.

N/A

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

N/A

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

☒

Yes

☐

No

If **yes**, please describe below.

Most of SVILC's city-funded programs have been funded with CDBG funding; however, we have also received HTF and General Funds for Housing and Independent Living Skills services. Currently, our Gilroy Housing and Emergency Assistance program is funded under Housing Trust Funds and our City of San Jose Senior Health and Wellness program is funded through SJ Parks, Neighborhoods and Recreation Services (PNRS). Both have been multi-year, refunded programs. The Senior Health & Wellness program includes workshops and distribution of training & educational materials in the areas of Disaster Preparedness/PSPS Readiness, Nutrition & Cooking, Time & Resource Management, Consumer Safety Awareness, and Assistive Technology information & access. We served several hundred older adults, many with disabling conditions, in FY 2019-20 through this program.

2. Has your organization received HUD funds previously from the City of Sunnyvale?

☒

Yes

☐

No

If **yes**, please describe below. If **no**, skip to question 5.

Yes. SVILC currently receives Sunnyvale CDBG Public Service funds for our Housing Services for Persons with Disabilities program mentioned above. The service includes Housing Informational workshops and individualized counseling/support on housing searches and applications. Historically, these workshops have been given in person, both at SVILC's office and at the Sunnyvale Community Center. During the pandemic, all workshops have been offered online through Zoom, and service providers meet with consumers 1:1 over the phone, through MS Teams or Zoom, or, if necessary, in person by appointment at the agency.

TAB B

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? 03/16/2017

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☒ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

N/A

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

N/A

TAB B

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member Name	Sunnyvale Resident	Employer (if any)	Office Held on Board	Term ² of Office	Length of Service
	Y / N				
Richard Wentz	N	Wentz Insurance Co.	President	2	8
John Robinson	N	HOPE Services	Vice President	3 *	10
Mario Guzman	N	Retired Engineer	Treasurer	2	4
Nicole Sebek	N	Teacher	Secretary	2	6
Patricia Kokes	N	Retired Math Tutor	Member		10
Wendy Kim	N	Attorney	Member		6
David Forderer	N	Disability Advocate	Member		3
Aaron Morrow	N	VTA CTMA Chair	Member		1
* Replaced officer who passed away during term.					

² Beginning and Ending Years

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, refer to the [Sunnyvale Consolidated Plan](#).

- ☐ Goal A: Affordable Housing
- ☒ Goal B: Alleviation of Homelessness
- ☐ Goal C: Other Community Development Efforts
- ☐ Goal D: Expanding Economic Opportunities

Part 2 – National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select “Limited Clientele Activity”.

1. Method of determining eligibility.

- ☐ Area benefit
- ☒ Limited Clientele
- ☐ Activity Job Creation

The population served by this Project ,which qualifies for Limited Clientele eligibility, are Persons with Disabilities whom historically are very low and low income by HUD standards. The Project will also obtain income verification on all applicants to determine eligibility for extremely low-, very low- and low-income status. Anyone who is otherwise eligible for this program's financial assistance, but is unable to provide verification due to extenuating circumstances or hardship, will complete a self-certification form regarding their income level.

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed program/project:

Column A	Column B	Column C
Total number of unduplicated households served	Number of unduplicated lower-income households to be served	*Percentage of lower-income households served (B/A=C)
Example: 500	350	70%
22	18	80%

Part 3 – Demonstrated Need for Project

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed community development project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

Over the past five years, SVILC has experienced a surge in homelessness and food insecurity among the population of approximately 350,000 people with disabilities living in Santa Clara County, especially among older adults living with chronic conditions and disabilities. This is a population that is historically low income and often impoverished and at-risk of homelessness or institutionalization. In 2019, SVILC expanded its Housing Services program to include providing case management services, care coordination and a continuum of temporary to permanent housing assistance for the County's poorest and most significantly disabled residents who are both newly and chronically homeless. We are also receiving on average five referrals per month from Santa Clara County Adult Protective Services for older and disabled adults who are in the process of losing their homes due to self- and/or caregiver-neglect, abuse, dementia or skyrocketing rents, and another five to six monthly referrals from SCC Office of Supportive Housing for temporary housing assistance and case management. We also see about 25 consumers monthly who request food bags and/or meals because they cannot afford groceries or have no access to cooking facilities.

It is expected that 20% (160/800) of SVILC's Housing Services consumers in 2021 will be experiencing homelessness and/or food insecurity. In prior years, only half as many consumers have been in need of emergency housing assistance and food. A significant percentage of those consumers will be residents of Sunnyvale. With a population of 153,000 (US Census QuickFacts, 2010), approximately 18,000 Sunnyvale residents are older adults, 3,800 are Veterans, nearly 5,000 under the age of 65 have a disability, and 8,400 live in poverty. In the past ten years, and since the pandemic, these numbers have surely increased, and with them the number of residents who are experiencing food insecurity and an inability to pay their rent. SVILC's Financial Assistance Program for Persons with Disabilities will be able to meet these needs for several families who are among the most at-risk of homelessness or institutionalization.

During the County and State "Shelter In Place" in the spring of 2020, and recommended self-isolation of the County's most vulnerable residents, of which older adults, persons with disabilities and persons with chronic conditions are especially at risk, the greatest survival needs requested from these populations have been: financial assistance (rent, food, utilities, medical expenses & medications), supplemental food access and meal deliveries, emergency caregiver services, emergency assistive technology devices, and PPE. Moreover, 211 services in Santa Clara County processes 200-300 calls per day and the most requested services and needs are for much the same: financial assistance, housing/rent relief, and food.

SVILC staff have been working remotely providing all regular services since March 17, 2020, to meet as many community needs for older adults and people with disabilities and chronic conditions as possible. Weekly workshops on Housing Search, Housing Applications, Emergency & PSPS Preparedness, Caregiver management, and Peer Support have been offered weekly via Zoom to maintain the continuity of access to information and resources. In addition, select SVILC staff returned to our offices two half-days per week in mid-April to resume Food Pantry services (SVILC is a Second Harvest supplemental food site). Consumers and other low-income individuals can call ahead or drop in to pick up one or two bags of groceries including frozen meats, eggs, cheese, milk and fresh vegetables. Social distancing is required and face masks are given to those

TAB B

Part 4 – Matching Funds

- A. List the funding from other sources for this project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status as of Jan. 15, 2021 Approved, Pending or Denied*	Award Date
Title VIIC IL CARES Act	\$ 30,000	Approved	4/20/20
Total	\$ 30,000		

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter “approved”.

- B. Identify commitments for ongoing operating funding *for this project/program only* in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization’s letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include letters of support, only letters making a firm financial commitment to the project.

Department of Health and Human Services - Administration for Community Living - Centers for Independent Living CARES Act Funds

Date issued: 4/20/2020; Budget Period: 4/20/2020 to 9/30/2021; Award amount: \$165,915.00;
Project match: \$30,000.00

TAB B

SECTION 3 – STATEMENT OF WORK/PROJECT SCOPE**Part 1 – Project Location and Service Area**

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

SVILC's COVID-19 Financial Assistance Program will cover residents with disabilities or chronic health conditions, including older adults, who live in the city of Sunnyvale: 94085, 94086, 94087, 94088, 94089.

Part 2 – Project Readiness (Use only the space provided.)**A. Work Plan / Project Readiness**

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. **Describe how ready you are to begin and complete the project by December 1, 2021.** Include the following:

- Program design
- Client Recruitment/program marketing plan
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

PROGRAM DESIGN:

The COVID-19 Financial Assistance Program for Persons with Disabilities will be designed identically to the existing COVID-19 rent and financial assistance programs currently in place, which meet federal guidelines. SVILC proposes to serve 22 Sunnyvale households (approximately 30-65 residents) through the Covid-19 Financial Assistance Program based on a maximum of \$5,000 provided in financial relief per family during the project term. Eligible families are those with disabilities or chronic health conditions, older adults (over age 55) and disabled veterans who have been financially impacted by loss of income or increased expenses due to the Covid-19 pandemic.

The Project will be administered by one of our Housing Case Managers, who will be assisted by our Disability Benefits Counselor, and overseen by our Director of Programs. These service providers have extensive experience in Santa Clara County housing options, disability and senior benefits, and the several COVID-19 financial relief programs currently operated by SVILC. Though we expect to hire a new Housing Case Manager for the Sunnyvale project in January or February, this person will be well trained by existing staff prior to the project implementation. Additionally, SVILC's other Housing Case Manager and our Disability Benefits Counselor are seasoned providers with the implementation of our other financial assistance programs and will provide in-kind training and support. All consumer documentation for this project will also be reviewed by the Director of Programs or the Executive Director for eligibility, accuracy, and completeness prior to distribution of funds.

TAB B

Milestone	Target Date
1. Contract Start Date	3/1/21
2. Project Ramp-up Period	4/1/21
3. Initiation of Project	4/1/21
4. Completion of Project	2/28/22
5. 50% of Funds Expended and Drawn	9/30/21
6. 100% of Funds Expended and Drawn	2/28/22
7. Project Completion and Reporting	3/15/22

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input type="checkbox"/> Creating a Suitable Living Environment <input checked="" type="checkbox"/> Providing Decent Affordable Housing <input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input checked="" type="checkbox"/> Sustainability

3. Client Data: Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale		Residing outside of Sunnyvale		Total
Low Income (50%-80% AMI)	4				4
Very Low Income (<50% AMI)	18				18
Disabled Persons	22				22
Female-Headed Households	6				6
Elderly	6				6
Youth					0
Homeless Persons	2				2
Other Special Needs:					0
					0

Required Attachments:



Project Budget Form



Pro-forma (for construction or acquisition or community facility)

Signature Authorization Form

Organization Name (Legal Name*): Silicon Valley Independent Living Center

Physical Address: 25 N. 14th Street, Suite 1000, San Jose, CA 95112

Mailing Address: 25 N. 14th Street, Suite 1000, San Jose, CA 95112

Telephone: (408) 894-9041

* *Legal name refers to the organization name that appears on the articles of incorporation.*

The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

Sheri Burns	Executive Director	4088949041 X214	SheriB@svilc.org
Name Sheri Burns	Title Executive Director	Telephone No./ext. 4088949041 X214	Email address SheriB@svilc.org
Name Firdosh Vohra	Title Finance & Business Manager	Telephone No./ext. 4088949041	Email address FirdoshV@svilc.org

Name

Title

Telephone No./ext.

Email address

We understand and agree to abide by the condition that if any changes occur, a new signature authorization form must be submitted.

Authorized by:

Sheri Burns

Name

Executive Director

Title

Sheri Burns

Signature

Digitally signed by Sheri Burns
Date: 2021.01.06 15:04:30 -08'00'

01/05/2021

Date

TAB E

Conflict of Interest

In accordance with regulations at 2 CFR Part 200, Subpart B, Section 200.112, no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that no conflict of interest exists between the City of Sunnyvale and (name of organization)
Silicon Valley Independent Living Center



I certify that no conflict of interest exists between the subcontractors of and (name of organization)
Silicon Valley Independent Living Center

IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that a conflict of interest does exist between the City of Sunnyvale and (name of organization)



I certify that a conflict of interest does exist between (name of subcontractor)
_____ and (name of organization)

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

N/A

Sheri Burns

Digitally signed by Sheri Burns
Date: 2021.01.06 15:05:14 -08'00'

01/06/2021

Signature of Authorized Agency Official

Date

Sheri Burns Executive Director

Name and Title

TAB E

APPLICANT ADMINISTRATIVE CHECKLIST

Applicant Name:	Silicon Valley Independent Living Center
Proposed Project:	COVID-19 Financial Assistance for Persons with Disabilities

Read question and check yes or no as appropriate for applicant's organization.

TRACKING CLIENT DATA	YES	NO
Does your agency have a system for recording the type, location and results of client/resident services provided at the proposed facility or housing project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for recording information necessary to determine number of clients served/housed and to track demographic (income, racial/ethnic/age data, etc.) information of those clients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES POLICIES AND PROCEDURES	YES	NO
Does your agency have a code of standards governing procurement procedures and an adopted procurement policy/procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a conflict of interest policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a policy on non-discrimination and harassment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities in compliance with the ADA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a Language Access Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FINANCIAL POLICIES AND PROCEDURES	YES	NO
Does your agency have a system for accurately recording and storing financial data and documents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying and separately tracking federal and non-federal sources of income and expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for comparing expenditures with budgeted amounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG or HOME grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency prepare an annual audit or financial report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have any outstanding audit or monitoring findings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does your agency have a code of standards governing procurement procedures? (same as above?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for tracking real property or equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TAB E

Accounting System Certification

STATEMENT OF PUBLIC ACCOUNTANT:

I am a certified or duly licensed public accountant and have been engaged to examine and report on the financial accounts of Silicon Valley Independent Living Center

(Applicant Name)

which is a private non-profit organization (or public agency). I have reviewed the accounting system that this agency has established and, in my opinion, it includes internal controls adequate to safeguard the assets of such agency(ies), checks the accuracy and reliability of accounting data, promotes operating efficiency, and encourages compliance with the Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards, codified at 2 CFR part 200.

Silicon Valley Independent Living Center

25 N. 14th Street, Suite 1000, San Jose, CA
95112

NAME OF AGENCY

ADDRESS

John J. Buendia
JRB Accountancy

TYPED NAME OF PUBLIC ACCOUNTANT

534 Olympic Avenue
Hayward, CA 94544

ADDRESS OF PUBLIC ACCOUNTANT

01/05/2021

SIGNATURE OF PUBLIC ACCOUNTANT

DATE

Silicon Valley Independent Living Center

A disability justice organization that creates fully inclusive communities

Main Office

25 N. 14th Street, Suite 1000
San Jose, CA 95112
Ph: 408.894.9041
TTY: 669.231.4771
Fax: 669.231.4795



Branch Office

7881 Church Street, Suite C
Gilroy, CA 95020
Ph: 408.843.9100
Fax: 408.904.7031

January 7, 2021

CONTACT: Sheri Burns, Executive Director Sherib@svilc.org 408-894-9041

ORGANIZATION AND PROJECT SUMMARY:

Silicon Valley Independent Living Center (SVILC) is seeking \$91,671 from the City of Sunnyvale's 2021 CDBG COVID-19 Direct Relief Support Program to provide the city's residents who have disabilities and/or chronic health conditions with direct Financial Assistance from March 1, 2021 to February 28, 2022. SVILC's COVID-19 Financial Assistance for Persons with Disabilities program will provide emergency financial assistance to 22 low- and extremely low-income families living in Sunnyvale, who have one or more family members with a disability or chronic health condition, including Veterans and older adults, and who have been adversely affected by loss of income or increased living expenses due to the COVID-19 pandemic.

SVILC is a 501(c)3 nonprofit organization, established in 1976, whose mission is to create fully inclusive communities that value the dignity, equality, freedom, and worth of every human being. SVILC is a peer-led and-governed, cross-disability, intergenerational, multi-cultural disability justice organization that provides over 15 services and advocacy for Santa Clara County residents with disabilities, including transition-aged youth and older adults with chronic health conditions. SVILC has two office locations to cover all of Santa Clara County, with our main office in downtown San Jose and full-service branch office in Gilroy. FEIN: 94-2332246.

SERVICES AND QUALIFICATIONS:

SVILC's mission and service focus is with low and very low-income Santa Clara County residents with disabilities and functional limitations. 99% of those served are low income with 92% being very or extremely low income. Most consumers are trying to survive on fixed social security income or supplemental security income at less than \$1,200 per month. Often households are comprised of multiple members - extended family, friends or roommates – to garner enough combined income to make ends meet with covering escalating rents, and the high cost of utilities, food, transportation and medications. Besides providing education, training, and technical assistance to over 2,500 Silicon Valley residents and businesses, SVILC directly serves over 1,100 individuals with disabilities annually through a variety of comprehensive independent living services that include:

- Information & Referral/Assistance
- Advocacy (self and systems change)

- Assistive Technology Referral and Device Lending & Demonstration Library (over 250 adaptive items available for loan)
- Benefits Counseling/Cal Fresh Enrollment
- Community Transition Services (moving from SNF to Home/Community life)
- Computer Lab with adaptive equipment
- Emergency Preparedness & PSPS workshops
- Emergency Rental Assistance & Minor Home Modifications
- Food Pantry (Second Harvest Supplement Food Distribution Site)
- Home Safe (housing retention and case management services with APS)
- Housing Search Workshops
- Housing Application Assistance & Advocacy
- Temporary, Emergency Housing Services for PWDs (OSH referrals)
- Independent Living Skills Training (e.g., cooking skills, personal management, budgeting, travel training)
- Personal Assistance Services/Caregiver Referral and Matching Services (www.QuickMatch.org/SVILC)
- Peer Support

During the County and State “Shelter In Place” and recommended self-isolation of the County’s most vulnerable residents, of which older adults, persons with disabilities and persons with chronic conditions are especially at risk, the greatest survival needs requested from these populations are: financial assistance (rent, food, utilities, medical expenses & medications), supplemental food access and meal deliveries, emergency caregiver services, emergency assistive technology devices, and PPE. Moreover, 211 services in Santa Clara County processes 200-300 calls per day and the more requested services and needs are for much the same: financial assistance, housing, and food.

SVILC staff have been working remotely providing all regular services since March 17th to meet as many community needs for older adults and people with disabilities and chronic conditions as possible. Weekly workshops on Housing Search, Housing Applications, Emergency & PSPS Preparedness, Caregiver management, and Peer Support have been offered weekly via Zoom to maintain the continuity of access to information and resources. In addition, select SVILC staff returned to our offices two half-days per week in mid-April to resume Food Pantry services. Consumers and other low-income individuals can call ahead or drop in to pick up one or two bags of groceries including frozen meats, eggs, cheese, milk and fresh vegetables. Social distancing is required and face masks are given to those who do not have one.

Enhanced services which SVILC has been providing or ramping up since the pandemic sheltering include: partnering with SJSU Nursing Program to make wellness calls to isolated, alone and especially vulnerable consumers, including those who are homeless

and temporarily housed in motels; providing PPE to both private pay and IHSS caregivers, as well as the high risk individuals and older adults who utilize their services; providing food deliveries through a partnership with The Health Trust to those who cannot pick up food and don't qualify for Meals on Wheels; providing emergency caregiver referrals and matching assistance through our QuickMatch registry; and providing rental and financial assistance, as well as food/restaurant gift cards, to extremely low income, vulnerable residents, many of whom are not eligible for unemployment and other relief and unable to pay their upcoming rent or utilities.

EXPERIENCE AND CAPACITY:

With the City of Sunnyvale 2021 COVID-19 Financial Assistance for Persons with Disabilities program, SVILC proposes to increase our reach of helping more extremely low-income older adults and residents and families with disabilities who live in Sunnyvale to cover their basic needs as the pandemic continues to adversely affect our economy and recovery. SVILC has a long and successful track record of implementing such financial relief programs. We have been a partner in the FEMA/United Way Emergency Food and Shelter Program (EFSP) for more than thirty-five years, helping people with disabilities obtain short-term sheltering through motel stays and food access. For over twenty-five years, SVILC has been a partner of the Season of Sharing program, helping thousands of older adults and people with disabilities cover their first month's rent, one-month of emergency rent, and/or other housing retention related expenses. SVILC is also the administrator, and provides case management, for the Milpitas Rent Relief Program that provides emergency rent assistance for lower income families in Milpitas, including veterans and victims of domestic violence. In the past year, we have assisted over 50 families with maintaining housing stability and avoiding homelessness through this program. Since 2019, SVILC has partnered with the County Office of Housing Services to implement an Emergency Transitional Housing Program for homeless persons with disabilities whereby OSH refers individuals to SVILC through HMIS to place into motels for up to 60 days, provide benefits counseling, case management services and basic necessities, then place them into permanent housing. We met our annual service goals for this program in 6 months and continue to serve this population referred from the OSH Hotline. Lastly, SVILC is the sole service provider for the County's Home Safe Program, a pilot safety and housing retention program with Adult Protective Services. Selected APS referrals are assisted by a specialized team of APS social workers and SVILC's case managers to quickly evaluate the personal safety needs of older adults and persons with disabilities at risk of imminently losing their housing or independence due to abuse or self-neglect. Nearly 50 extremely vulnerable County residents have received intervention services since July 2019, resulting in retaining their homes or moving into more supportive housing situations, and receiving the long-term services they need to experience safety, security and independence.

SVILC has strong systems in place for providing a cadre of emergency financial assistance services and case management, as well as utilizes a national database

tracking system (Cil Suite by Q90 Corp.) to record and report on all consumer demographics, goals, services/interventions, and outcomes. We also have strong fiscal checks and balances in place to track, review, approve, disburse, and manage funds and expenses from over twenty funding sources. SVILC has had clean audits without findings or management concerns for more than 15 years. Turn-around time for processing financial assistance services is typically 12 to 72 hours, depending upon the extent of documentation required by the grantor and the consumer's ability to produce required documents quickly.

Given \$91,671 in Sunnyvale COVID-19 Direct Relief Support funds, with an additional match of \$30,000 in CARES Act IL funds, SVILC proposes to serve 22 eligible households at up to \$5,000 each in financial assistance during the contract period.

We look forward to this partnership with the City of Sunnyvale to assist many of the city's most vulnerable families with financial relief during this prolonged pandemic.

Sincerely,



Sheri Burns, OTR
Executive Director



January 6, 2021

Jenny Carloni
Housing Officer
City of Sunnyvale Community Development Department
Housing Division
456 W. Olive Ave.
Sunnyvale, CA 94088

Dear Ms. Carloni,

Sunnyvale Community Services (SCS) is grateful for the opportunity to apply for 2021 Coronavirus (COVID-19) Direct Relief and Support Program.

SCS is requesting funding of \$1,300,000 for our 2021 COVID-19 Emergency Assistance Program. With this funding, Sunnyvale Community Services will provide homelessness prevention and rapid rehousing services for low-income Sunnyvale residents who have lost wages or income due to the COVID-19 pandemic.

Our objectives during this grant period are to assist 186 unduplicated low-income Sunnyvale households (446 individuals) with financial assistance for rent, rental deposits, and utility payments, with an average of \$7,500 of direct financial assistance. Payments will be to landlords or utility suppliers and meet all HUD requirements for reporting. SCS will also refer 90% of these households for other services, including food assistance and connection to government benefits. Through this program, SCS will be focused on preventing evictions for the most vulnerable in our local community.

Founded in 1970, SCS is a nonprofit, public benefit corporation (Tax ID # 94-1713897). Our mission is to prevent homelessness and hunger. We serve low-income families and seniors in Sunnyvale. SCS has been designated as the emergency assistance agency (EAN) for the City of Sunnyvale.

On behalf of the many local families who are experiencing financial hardship during this pandemic, thank you for considering our proposal.

Best Regards,

Marie Bernard
Executive Director



**Application Form and Instructions:
2021 Coronavirus (COVID-19) Direct Relief and
Support Program**

**Release Date:
Dec. 14, 2020**

**Proposals Due:
Jan. 8, 2021 at 4:30 p.m.**

Community Development Department, Housing Division
408-730-7250 | Sunnyvale.ca.gov

COVER SHEET

☐ ORIGINAL ☐ COPY

PART 1 – GENERAL INFORMATION

Organization Name:	Sunnyvale Community Services				
Project Name:	COVID-19 Emergency Assistance				
Contact Person:	Marie Bernard			Title:	Executive Director
Email:	mbernard@svcommunityservices.org			Phone:	(408) 738-0121
Mailing Address:	725 Kifer Rd., Sunnyvale, CA 94086				
Fax:	(408) 738-1125	Tax ID:	94-1713897	DUNS ¹ Number:	165378316

PART 2 – GRANT REQUEST

1. Requested Amount	\$ 1,300,000
2. Other Funding Sources (match)	\$ 682,850
3. Total Project Cost (Line 1 + Line 2)	\$ 1,982,850
4. Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1 / Line 3)	66%
5. Type of funds requested (you may select more than one)	<input checked="" type="checkbox"/> CDBG

PART 3 – PROJECT DESCRIPTION

Please provide a **brief** description of the proposed program/project. The description should be no more than 5 sentences, describe the program/project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

Sunnyvale Community Services will provide homelessness prevention and rapid rehousing services for low-income Sunnyvale residents who have who have lost income due to the COVID-19 pandemic.

Objectives during this grant period:

- Assist 186 unduplicated Sunnyvale households (446 individuals) with financial assistance for rent, rental deposits, and utility payments (average \$7,500 per household).
- 90% of assisted households will receive referrals to other services, including food assistance and connection to government benefits.

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>.

Application Checklist

Applicant Name:	Sunnyvale Community Services
Project Name:	COVID-19 Emergency Assistance

The original application must include all the information listed below. The application, and attachments, may be submitted electronically, but a hard-copy original must be mailed on the same day the application is submitted.

TAB A

- ☒ Cover Letter on Letterhead
- ☒ Program Cover Sheet*
- ☒ Application Checklist*
- ☒ Applicant Information*

TAB B

- ☒ Section 1: Organizational Capacity and Experience
- ☒ Section 2: Evidence of Need for Project
- ☒ Section 3: Statement of Work/Project Scope/Readiness
- ☒ Section 4: Project Budget and Financial Information

TAB C

- ☒ Project Budget Form
- ☐ Pro-forma (for construction or acquisition of community facility)

TAB D

- ☐ Project Service Area Map
- ☐ Project-Specific Organizational Chart Résumés of Applicant's key personnel

Provide Applicable Documents in Original Application Only (mark N/A if not applicable) TAB E

- ☒ Signature Authorization*
- ☒ Conflict of Interest Disclosure*
- ☐ Environmental Review Form* and Attachments
- ☒ Administrative Checklist* Accounting System Certification*
- ☒ CHDO or CDBO Verification
- ☒ Bylaws
- ☒ Articles of Incorporation
- ☒ 501(c) (3) documentation from IRS
- ☒ Organizational Chart
- ☒ Financial Audit
- ☒ Letters of Commitment
- ☒ Board Resolution authorizing submittal of proposal
- ☒ Organizational Annual Budget and/or Financial Balance Sheet
- ☒ Director's and Officer's Liability & Errors and Omissions Insurance
- ☒ Policies and procedures for employees including internal controls
- ☒ Language Access Plan and (ADA) Accessibility Policy

TAB F – Acquisition Projects only

- ☐ Appraisal of Property
- ☐ Phase I: Environmental Site Assessment*
- ☐ Parcel Map
- ☐ Property Listing
- ☐ Relocation Plan (if project anticipates displacement)

TAB G – Construction/Rehabilitation Projects only

- ☐ Construction Cost Estimate
- ☐ Phase I: Environmental Site Assessment
- ☐ Letters of Community Support
- ☐ Architectural Drawings/Plans
- ☐ Relocation Plan (if project requires temporary or permanent relocation)

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:	501(c)(3)		
(Check all that apply)	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Faith-Based Non-Profit
	<input checked="" type="checkbox"/> Sunnyvale CBDO		
Name of Organization:	Sunnyvale Community Services		
Mailing Address:	725 Kifer Rd.		
City, State, Zip Code:	Sunnyvale, CA 94086		
Physical Address of Project:	same as above		
City, State, Zip Code:			
Contact Person:	Marie Bernard, Executive Director		
Telephone:	(408) 738-0121	Fax:	(408) 738-1125
Email Address:	mbernard@svcommunityservices.org		

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

	NAME/TITLE	PHONE/EMAIL
Program Contact Someone who works with the project on a daily basis, and can answer questions	David Hernandez	(408) 636-7051
	Director of Programs and Services	dhernandez@svcommunityservices.org
Finance Contact	Carmen Davis	408-738-4321 x 208
	Director of Accounting	cdavis@svcommunityservices.org
Application Contact Person who wrote this application	Patty Winter	(408) 669-273-8046
	Grant Writer	pwinter@svcommunityservices.org
Authorized Contact Person authorized to make commitments on behalf of the organization	Marie Bernard	408-738-0121
	Executive Director	mbernard@svcommunityservices.org

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.

Marie Bernard
Signature of Authorized Contact Listed Above
Marie Bernard
Typed Name

1/7/2021
Date
Executive Director
Title

TAB B

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE

Use only the space provided.

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

Sunnyvale Community Services (SCS), founded in 1970, provides financial aid, food, and other emergency support to low-income families. Our mission is to prevent homelessness and hunger in our local community. As part of the Santa Clara County Emergency Assistance Network (EAN), we are the sole agency designated to provide emergency aid to low-income Sunnyvale residents.

SCS has been providing COVID-19 relief since Santa Clara County first instituted a shelter-in-place order in March 2020. Despite the challenges of social distancing, remote work, and fewer volunteers, we have met the needs of our clients (existing and new). Our professional staff have extensive nonprofit experience helping low-income and disadvantaged individuals and families stabilize their lives.

SCS has nearly 30 years of experience in federal grant management.

Financially, the agency has had "clean" audits as far back as our records go. We have six months of operational cash reserves, plus separate reserves for capital and building maintenance expenses. We have a top rating (4 Stars) from Charity Navigator and a Platinum seal from GuideStar.

SCS qualifies as a CBDO in Sunnyvale. Thirteen of our 18 current board members reside and/or work in Sunnyvale. Please see the attached CBDO letter and board list for details.

B. Previous experience using federal funds:

1. Does your organization have previous experience with programs involving federal funds?



Yes



No

If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects?

Years: 29

Briefly describe your experience below:

SCS has had federally funded CDBG projects for over 29 years and has received EFSP (FEMA) funding every year we have applied. We also received a CDBG loan in 2003 through the City of Sunnyvale for the 725 Kifer Road facility (which was later forgiven) and a \$900,000 forgivable CDBG loan in 2019 for our 1160 Kern Avenue facility.

TAB B

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?



Yes



No

If **yes**, indicate the actions cited in the space provided below.

SCS did have to return a small amount of HPRP (Homelessness Prevention and Rapid Re-Housing Program) funds in 2011, but we were allowed to use 100% of those returned funds for other eligible grant purposes on the same grant.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

Not applicable.

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?



Yes



No

If **yes**, please describe below.

SCS has received Housing and Human Services grants from the City of Sunnyvale for 29 years, and has consistently been ranked high in competitive grant awards.

2. Has your organization received HUD funds previously from the City of Sunnyvale?



Yes



No

If **yes**, please describe below. If **no**, skip to question 5.

SCS has received both CDBG and HPRP (Homelessness Prevention and Rapid Re-Housing Program) contracts.

TAB B

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? 08/27/2019

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☒ No


If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

Not applicable.

TAB B

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member Name	Sunnyvale Resident	Employer (if any)	Office Held on Board	Term ² of Office	Length of Service
	Y / N				
Camille Barnes-Mosley	N	Northrup Grumman	President	2020-23	4
Grace Benlice	N	El Camino Hospital		2019-22	2
Mary Bradley	Y	Retired	Treasurer	2020-23	1
Jim Choi	N	Sunnyvale DPS		2019-22	2
Travis Duncan	N	Sares Regis Group		2019-22	2
Michael Gallagher	N	Sunnyvale School Dist.	Past President	2019-22	2
Jaqui Guzmán	N	City of Sunnyvale		2020-23	1
Roberta Kiphuth	Y	Detati Digital Mktng		2016-22	5
Duane Loos	N	Retired		2016-22	5
Margaret Mannion	N	NetApp, Inc.		2018-21	3
Barbara McClellan	Y	Retired		2018-21	6
Tracie Murray	N	Cedar Crest Center	Secretary	2018-21	6
Jeremy Nishihara	N	Sunnyvale School Dist.	Vice President	2018-21	3
Christian Pellecchia	N	Slatter Construction		2019-22	2
Courtney Shenberg	N	Apple, Inc.		2019-22	5
Murali Srinivasan	Y	Entrepreneur 		2020-23	1
Amanda Weitzel	Y	ServiceNow Corp.		2019-22	5
Don Wilson	N	Intuitive Surgical		2019-22	2

² Beginning and Ending Years

SECTION 2

Part 1

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, refer to the [Sunnyvale Consolidated Plan](#).

- ☐ Goal A: Affordable Housing
- ☒ Goal B: Alleviation of Homelessness
- ☒ Goal C: Other Community Development Efforts
- ☐ Goal D: Expanding Economic Opportunities

Part 2 – National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select “Limited Clientele Activity”.

1. Method of determining eligibility.

- ☐ Area benefit
- ☒ Limited Clientele
- ☐ Activity Job Creation

Eligibility for SCS's COVID-19 Emergency Assistance program is based on household income. Client households must earn 80% or less of the Area Median Income (AMI) as defined by the U.S. Department of Housing and Urban Development.

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed program/project:

Column A	Column B	Column C
Total number of unduplicated households served	Number of unduplicated lower-income households to be served	*Percentage of lower-income households served (B/A=C)
Example: 500	350	70%
186	186	100%

Part 3 – Demonstrated Need for Project

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed community development project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

PROJECT NEED: The COVID-19 pandemic has had a devastating effect on Sunnyvale's already struggling low-income residents. From April to December 2020, 934 households inquired about financial assistance from SCS. As the economic disruption continues, many households need ongoing help. CARES Act funding for SCS's COVID-19 Emergency Assistance program will help us meet that demand.

Although California families are temporarily protected from eviction if they have been impacted by COVID-19, their back rents must eventually be paid. Financial assistance helps them avoid getting behind on their bills until they can return to their normal work hours or find a new job. A report released in early October by the Turner Center for Housing Innovation at UC Berkeley noted, "Nearly 50 percent of households in California have lost employment income since March of 2020, and one in five households indicated that they have no or only slight confidence that they have the ability to pay their mortgage or rent next month." (<https://turnercenter.berkeley.edu/blog/ongoing-housing-crisis-california-renters>)

TARGET POPULATION: SCS's primary target population is households earning 80% or less of the Area Median Income (AMI), which the U.S. Department of Housing and Urban Development defines as Low Income. However, only 2% of SCS clients earn even that much. Approximately 81% are Extremely Low Income (30% of AMI) and another 17% are Very Low Income (50% of AMI). These are service workers, seniors, disabled persons, unemployed people, and others with minimum-wage or fixed incomes—often working multiple jobs—who strive every day to stay afloat in Silicon Valley.

SCS's client base is 54% female and 46% male. Ethnically, they are 66% Hispanic/Latino, 12% White, 10% Asian American, 4% African American, and 8% mixed or other. Thirty-five percent are children, 13% are seniors, and the remaining 52% are adults aged 18–64.

PROJECT DESIGN: SCS's COVID-19 Emergency Assistance program provides direct financial aid to low-income individuals and families who are facing homelessness due to loss of income from the COVID-19 pandemic. We assist households with payments for rent, utilities, mortgages, and similar bills. That assistance directly addresses Consolidated Plan Goal B, Alleviation of Homelessness (including helping people who are "at imminent risk of homelessness"). In addition, all residents seeking rental assistance who have been impacted by COVID-19 are informed by our staff, verbally and in bilingual printed materials, of current eviction moratoriums, empowering clients to seek protections to prevent evictions after moratoriums are lifted. SCS staff also hosted online community meetings to provide information on state laws about evictions during the pandemic.

SCS also screens financial aid clients for enrollment in our food programs and other services, and we refer them to other nonprofits and government agencies for other benefits programs they are entitled to receive. Our assistance helps low-income households successfully navigate complex government programs and regulations. These activities meet Consolidated Plan Goal C, Other Community Development Efforts, Action 1, "Support provision of essential human services."

Part 4 – Matching Funds

TAB B

- A. List the funding from other sources for this project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status as of Jan. 15, 2021 Approved, Pending or Denied*	Award Date
S.F. Chronicle Season of Sharing Fund	\$ 90,000	Pending	
Individual/corporate donations	\$ 287,850	Approved	12/31/20
Sunlight Giving	\$ 50,000	Approved	12/1/20
Packard Foundation	\$ 30,000	Approved	11/1/20
Mission City Community Fund	\$ 5,000	Approved	10/20/20
Sobrato Family Foundation	\$ 220,000	Approved	11/9/20
Total	\$ 682,850		

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter “approved”.

- B. Identify commitments for ongoing operating funding *for this project/program only* in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization’s letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include letters of support, only letters making a firm financial commitment to the project.

Not applicable.

SECTION 3 – STATEMENT OF WORK/PROJECT SCOPE

Part 1 – Project Location and Service Area

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

All activities related to CDBG-CV funding will initially be based at Sunnyvale Community Services' offices at 725 Kifer Rd., Sunnyvale, CA 94086. In mid-2021, we plan to move to our new facility at 1160 Kern Ave., Sunnyvale, CA 94085. During the pandemic, we are conducting many of our interactions with clients using remote technologies such as phone, text, and email. We also have set up safe office drop-off procedures and onsite staff interactions using our intercom system.

Part 2 – Project Readiness (Use only the space provided.)

A. Work Plan / Project Readiness

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. **Describe how ready you are to begin and complete the project by December 1, 2021.** Include the following:

- Program design
- Client Recruitment/program marketing plan
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

Sunnyvale Community Services has been providing City-funded COVID-19 Emergency Assistance since March 2020 and is fully prepared to continue these activities. SCS continues to participate and lead in homelessness prevention efforts in Santa Clara County, ensuring representation in North County and highlighting the specific need in Sunnyvale.

Our financial assistance program is built on over 50 years of experience as a safety-net agency. Despite the challenges of the COVID-19 pandemic, SCS follows rigorous client assessments and screening. All HUD funds will be paid directly to landlords/vendors. All information (such as each interaction with a case worker) is tracked in our confidential database. These data plus follow-up contacts enable us to evaluate the effectiveness of our assistance.

SCS has multiple ongoing efforts to make eligible local residents aware of our services. These include outreach activities at local events (such as at the Sunnyvale Public Library), phone or text-message blasts to hundreds of program participants, and our Community Leaders/Promotoras program to grow local leaders who can reach different populations within the Sunnyvale community in their own language. SCS is also connected to City of Sunnyvale departments and nonprofit agencies and faith communities operating in Sunnyvale who make direct referrals. Because SCS is the designated emergency assistance agency for the City of Sunnyvale, all Sunnyvale residents seeking emergency rental assistance across the county are quickly referred back to us for immediate needs assessment and servicing. Although some of these efforts have had to be adjusted or executed remotely during the pandemic, SCS continues to reach out in creative ways to identify and connect with people who need our help.

TAB B

Milestone	Target Date
1. Contract Start Date	4/1/21
2. Project Ramp-up Period	
3. Initiation of Project	4/1/21
4. Completion of Project	12/1/21
5. 50% of Funds Expended and Drawn	9/1/21
6. 100% of Funds Expended and Drawn	12/1/21
7. Project Completion and Reporting	12/1/21

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input checked="" type="checkbox"/> Creating a Suitable Living Environment <input type="checkbox"/> Providing Decent Affordable Housing <input type="checkbox"/> Creating Economic Opportunities	<input checked="" type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

3. Client Data: Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale		Residing outside of Sunnyvale		Total
Low Income (50%-80% AMI)	38				38
Very Low Income (<50% AMI)	148				148
Disabled Persons					0
Female-Headed Households					0
Elderly	24				24
Youth					0
Homeless Persons					0
Other Special Needs:					0
					0

Required Attachments:

- ☒ Project Budget Form
- ☐ Pro-forma (for construction or acquisition or community facility)

Signature Authorization Form

Organization Name (Legal Name*): Sunnyvale Community Services

Physical Address: 725 Kifer Rd., Sunnyvale, CA 94086

Mailing Address: same as above

Telephone: (408) 738-4321

* *Legal name refers to the organization name that appears on the articles of incorporation.*

The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

Marie Bernard	Executive Director	(408) 738-0121	mbernard@svcommunityservices.org
Name David Hernandez	Title Director of Programs and Services	Telephone No./ext. (408) 636-7051	Email address dhernandez@svcommunityservices.org
Name Catherine Farry	Title Director of Research	Telephone No./ext. (408) 636-7059	Email address cfarry@svcommunityservices.org

Name

Title

Telephone No./ext.

Email address

We understand and agree to abide by the condition that if any changes occur, a new signature authorization form must be submitted.

Authorized by:

Marie Bernard

Name

Executive Director

Title

Marie T Bernard

Signature

Digitally signed by Marie T Bernard
Date: 2021.01.07 16:20:39 -08'00'

1/7/2021

Date

TAB E

Conflict of Interest

In accordance with regulations at 2 CFR Part 200, Subpart B, Section 200.112, no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that no conflict of interest exists between the City of Sunnyvale and (name of organization)
Sunnyvale Community Services



I certify that no conflict of interest exists between the subcontractors of and (name of organization)
Sunnyvale Community Services

IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that a conflict of interest does exist between the City of Sunnyvale and (name of organization)



I certify that a conflict of interest does exist between (name of subcontractor)
_____ and (name of organization)

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

Marie T Bernard

Digitally signed by Marie T Bernard
Date: 2021.01.07 16:19:57 -08'00'

1/7/2021

Signature of Authorized Agency Official

Date

Marie Bernard, Executive Director

Name and Title

TAB E

APPLICANT ADMINISTRATIVE CHECKLIST

Applicant Name:	Sunnyvale Community Services
Proposed Project:	COVID-19 Emergency Assistance

Read question and check yes or no as appropriate for applicant's organization.

TRACKING CLIENT DATA	YES	NO
Does your agency have a system for recording the type, location and results of client/resident services provided at the proposed facility or housing project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for recording information necessary to determine number of clients served/housed and to track demographic (income, racial/ethnic/age data, etc.) information of those clients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES POLICIES AND PROCEDURES	YES	NO
Does your agency have a code of standards governing procurement procedures and an adopted procurement policy/procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a conflict of interest policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a policy on non-discrimination and harassment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities in compliance with the ADA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a Language Access Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FINANCIAL POLICIES AND PROCEDURES	YES	NO
Does your agency have a system for accurately recording and storing financial data and documents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying and separately tracking federal and non-federal sources of income and expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for comparing expenditures with budgeted amounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG or HOME grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency prepare an annual audit or financial report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have any outstanding audit or monitoring findings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does your agency have a code of standards governing procurement procedures? (same as above?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for tracking real property or equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TAB E

Accounting System Certification

STATEMENT OF PUBLIC ACCOUNTANT:

I am a certified or duly licensed public accountant and have been engaged to examine and report on the financial accounts of Sunnyvale Community Services

(Applicant Name)

which is a private non-profit organization (or public agency). I have reviewed the accounting system that this agency has established and, in my opinion, it includes internal controls adequate to safeguard the assets of such agency(ies), checks the accuracy and reliability of accounting data, promotes operating efficiency, and encourages compliance with the Uniform Administrative Requirement, Cost Principles, and Audit Requirements for Federal Awards, codified at 2 CFR part 200.

Sunnyvale Community Services

725 Kifer Road

NAME OF AGENCY

ADDRESS

Lynda R. Boman, CPA, Boman Accounting Group

TYPED NAME OF PUBLIC ACCOUNTANT

20 Union Avenue, Campbell, CA 94008

ADDRESS OF PUBLIC ACCOUNTANT



SIGNATURE OF PUBLIC ACCOUNTANT

1/04/2021

DATE



1854 Bay Road East Palo Alto, CA 94303

January 8, 2021

City of Sunnyvale Housing Division
Attention: Leif Christiansen
P.O. Box 3707 Sunnyvale, CA 94088-3707

Dear Mr. Christianson,

Enclosed is WeHOPE's application and supporting documents for CDBG funding to support mobile homeless services at Immanuel Lutheran Church in Sunnyvale. Mobile Homeless services meet essential needs of hygiene and provide comprehensive case management services to connect homeless people to services which assist them on their road to self-sufficiency. We HOPE is requesting \$50,000 to provide this service through the end of the year.

Thank you for your thoughtful consideration.

Best,

A handwritten signature in black ink, appearing to read "P. Bains".

Paul Bains,
President

COVER SHEET

☒ ORIGINAL☐ COPY

PART 1 – GENERAL INFORMATION

Organization Name:	WeHOPE				
Project Name:	Dignity on Wheels Mobile Hygiene Services at 477 North Mathilda Ave in Sunnyvale				
Contact Person:	Alicia Garcia			Title:	Associate Director
Email:	Agarcia@WeHOPE.org			Phone:	(650) 779-5049
Mailing Address:	P.O. BOX 50624 Palo Alto 94303				
Fax:	(650) 330-8010	Tax ID:	94-3342713	DUNS ¹ Number:	361862118

PART 2 – GRANT REQUEST

1. Requested Amount	\$ 50,000
2. Other Funding Sources (match)	\$ 18,200
3. Total Project Cost (Line 1 + Line 2)	\$ 68,200
4. Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1 / Line 3)	64%
5. Type of funds requested (you may select more than one)	<input checked="" type="checkbox"/> CDBG

PART 3 – PROJECT DESCRIPTION

Please provide a **brief** description of the proposed program/project. The description should be no more than 5 sentences, describe the program/project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

Dignity on Wheels provides portable showers, laundry, restrooms and case management at 477 North Mathilda Ave in Sunnyvale to homeless individuals once a week. This program is not fully funded and is particularly important during COVID-19. We are currently serving 20 homeless people per visit. We want to continue until the end of 2021. We are asking for \$40,000 to continue to provide service including outreach and case management.

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>.

Application Checklist

Applicant Name:	WeHOPE homeless shelter of East Palo Alto
Project Name:	477 North Mathilda Ave, Sunnyvale

The original application must include all the information listed below. The application, and attachments, may be submitted electronically, but a hard-copy original must be mailed on the same day the application is submitted.

TAB A

- ☒ Cover Letter on Letterhead
- ☒ Program Cover Sheet*
- ☒ Application Checklist*
- ☒ Applicant Information*

TAB B

- ☒ Section 1: Organizational Capacity and Experience
- ☒ Section 2: Evidence of Need for Project
- ☒ Section 3: Statement of Work/Project Scope/Readiness
- ☒ Section 4: Project Budget and Financial Information

TAB C

- ☒ Project Budget Form
- ☐ Pro-forma (for construction or acquisition of community facility)

TAB D

- ☒ Project Service Area Map
- ☒ Project-Specific Organizational Chart Résumés of Applicant's key personnel

Provide Applicable Documents in Original Application Only (mark N/A if not applicable) TAB E

- ☒ Signature Authorization*
- ☒ Conflict of Interest Disclosure*
- ☐ Environmental Review Form* and Attachments
- ☐ Administrative Checklist* Accounting System Certification*
- ☐ CHDO or CDBO Verification
- ☒ Bylaws
- ☒ Articles of Incorporation
- ☒ 501(c) (3) documentation from IRS
- ☒ Organizational Chart
- ☒ Financial Audit
- ☐ Letters of Commitment
- ☒ Board Resolution authorizing submittal of proposal
- ☒ Organizational Annual Budget and/or Financial Balance Sheet
- ☒ Director's and Officer's Liability & Errors and Omissions Insurance
- ☒ Policies and procedures for employees including internal controls
- ☒ Language Access Plan and (ADA) Accessibility Policy

TAB F – Acquisition Projects only

- ☐ Appraisal of Property
- ☐ Phase I: Environmental Site Assessment*
- ☐ Parcel Map
- ☐ Property Listing
- ☐ Relocation Plan (if project anticipates displacement)

TAB G – Construction/Rehabilitation Projects only

- ☐ Construction Cost Estimate
- ☐ Phase I: Environmental Site Assessment
- ☐ Letters of Community Support
- ☐ Architectural Drawings/Plans
- ☐ Relocation Plan (if project requires temporary or permanent relocation)

*Note: Standard Forms provided in application packet.

TAB A

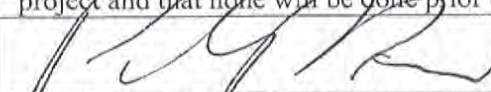
Applicant Information

Type of Organization:	501c3		
(Check all that apply)	<input checked="" type="checkbox"/> Non-Profit	<input type="checkbox"/> Public Agency	<input type="checkbox"/> Faith-Based Non-Profit
	<input type="checkbox"/> Sunnyvale CBDO		
Name of Organization:	WeHOPE Homeless Shelter		
Mailing Address:	P.O. BOX 50624		
City, State, Zip Code:	Palo Alto CA 94303		
Physical Address of Project:	477 North Mathilda Ave		
City, State, Zip Code:	Sunnyvale CA 94085		
Contact Person:	Alicia Garcia		
Telephone:	(650) 779-5049	Fax:	(650) 330-8010
Email Address:	agarcia@wehope.org		

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

	NAME/TITLE	PHONE/EMAIL
Program Contact Someone who works with the project on a daily basis, and can answer questions	Alicia Garcia	agarcia@wehope.org
Finance Contact	Maureen Shilling	mshilling@wehope.org
Application Contact Person who wrote this application	David Code	dcode@wehope.org
Authorized Contact Person authorized to make commitments on behalf of the organization	Paul Bains	pbains7@wehope.org

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.


Signature of Authorized Contact Listed Above
Paul Bains
Typed Name

1/8/2021
Date
President
Title

TAB B

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE*Use only the space provided.*

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

WeHOPE's mission is to help people become healthy, employed, and housed using innovative solutions. WeHOPE is a 501(c)3 nonprofit organization located in the City of East Palo Alto, California and was founded in 1993 by Pastor Paul and Cheryl Bahr. WeHOPE's long-term goal is to help improve the health of cities and counties throughout the Bay Area and beyond by helping individuals overcome the critical issues facing homelessness and poverty.

WeHOPE has three main initiatives which offer services that get people healthy, employed and housed. Emergency Shelter and Food: Whether the need is immediate shelter and a hot meal, fresh food to support a family who is facing the challenges of food insecurity or WeHOPE's emergency shelter to assist individuals in becoming healthy, employed and housed. WeHOPE's Emergency Shelter and Food program is there to provide help today so there is hope for tomorrow.

WeHOPE Shelter - East Palo Alto: More than a cot, WeHOPE shelter offers cohesive services tailored to the specific needs of the individual client's situation.

WeHOPE Shelter is a 24-hour facility located in East Palo Alto that provides emergency shelter, life skills classes, comprehensive case management, and job training and placement for adult men and women.

WeHOPE takes a holistic approach to helping the homeless. Its programs are designed to address the physical, emotional, and educational needs of those served. The program provides hot meals, shelter beds, access to medical care, hot showers, laundry service, transportation - and through comprehensive case management, life skills classes, and job training, individuals become healthy, employed, and housed.

WeHOPE Hotel Shelter - San Francisco: Provides shelter, food, case management, laundry service, housekeeping service, security, and medical services to vulnerable homeless adults in San Francisco. WeHOPE staffs and operates this 100 hotel room facility.

Family Harvest Food Program: Providing free healthy food to anyone in need.

In 2018, WeHOPE partnered with Second Harvest Food Bank to launch Family Harvest to meet the needs of community members facing food insecurity. The program provides fresh produce, eggs, milk, cheese, meat, cereal, canned and packaged food every Tuesday to individuals and families regardless of their citizenship or immigration status, ethnicity, or sexual orientation. With Family Harvest, families will not have to choose between paying bills or eating healthy food. The program also supports the food needs of those individuals residing in WeHOPE Shelter - East Palo Alto and individuals living in encampments.

Our proposed 477 North Matilda Ave project for Sunnyvale is a typical example of what we do with our Mobile Homeless Services for the past five years: WeHOPE's Mobile Homeless Services meet the needs of the homeless where they are through initiatives that include access to free showers, laundry, safe parking for vehicle dwellers, virtual medical assessments, and comprehensive case management to assist in securing permanent housing.

Dignity on Wheels: Laundry and shower services provided to unhoused individuals throughout the Bay Area.

In August 2015, WeHOPE launched Dignity on Wheels (DOW), a mobile hygiene service that currently provides free showers and laundry services to the homeless in 4 counties and 17 cities throughout the Bay Area. Comprehensive case management support is provided to address a variety of individual challenges including job loss, illness, and food insecurity.

The Associate Director helped develop and launch this program. The Dignity on Wheels Director has 4 years experience managing the program.

B. Previous experience using federal funds:

1. Does your organization have previous experience with programs involving federal funds?



Yes



No

If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects?

Years: 9

Briefly describe your experience below:

WeHOPE has successfully managed several CDBG, HFSA, HEAP, and EFSP grants in several cities and counties of the Bay Area.

TAB B

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

☐ Yes

☒ No

If **yes**, indicate the actions cited in the space provided below.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

☒ Yes

☐ No

If **yes**, please describe below.

WeHOPE has experience managing many city-funded projects over the years, including San Francisco, Oakland, San Jose, Alameda, Berkely, Fremont, etc. For example, in 2019, WeHOPE partnered with the City of East Palo Alto to launch the country's first RV (only) Safe Parking Program. The program provides safe overnight parking, toilets, showers, laundry services, meals, security, and comprehensive case management to assist in securing permanent supportive housing.

2. Has your organization received HUD funds previously from the City of Sunnyvale?

☐ Yes

☒ No

If **yes**, please describe below. If **no**, skip to question 5.

TAB B

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? _____

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

☐ Yes ☒ No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

In 2016, WeHOPE partnered with the City of San Jose to provide mobile hygiene services to the homeless community 3 time per week. This program has been so successful that WeHOPE currently provides service in San Jose 7 days per week in 13 different locations.

Here is a newspaper article telling how Redwood City has partnered with Dignity on Wheels to bring mobile hygiene services (showers, laundry, and case management) to their homeless population:
https://www.smdailyjournal.com/news/local/partnership-provides-dignity-on-wheels-nonprofit-teams-up-with-redwood-city-to-provide-mobile-shower/article_f31bfe3b-2836-57d8-81de-9e270a65d77d.html

TAB B

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, refer to the [Sunnyvale Consolidated Plan](#).

- ☐ Goal A: Affordable Housing
- ☒ Goal B: Alleviation of Homelessness
- ☒ Goal C: Other Community Development Efforts
- ☒ Goal D: Expanding Economic Opportunities

Part 2 – National Objective and Beneficiaries

- A. Identify the method of determining the eligibility of your project, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select “Limited Clientele Activity”.

1. Method of determining eligibility.

- ☐ Area benefit
- ☒ Limited Clientele
- ☐ Activity Job Creation

Limited Clientele: Projects that benefit a specific group of people, at least 51% of whom are verified as lower-income clients: At 477 North Mathilda Ave in Sunnyvale, we are currently serving 20 homeless people per week, and our project is currently not funded by anyone. Eligibility is determined by asking each client his or her last address. We also ask them where they slept last night. Jobs: Employment-generating activities that are located in a predominantly lower-income neighborhood and serve lower-income residents: Job Training and Life Skills: WeHOPE breaks down all the barriers that stand in the way of achieving self-sufficiency through programs that put an end to underemployment, find affordable housing, help individuals

- B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed program/project:

Column A	Column B	Column C
Total number of unduplicated households served	Number of unduplicated lower-income households to be served	*Percentage of lower-income households served (B/A=C)
Example: 500	350	70%
50	45	90%

Part 3 – Demonstrated Need for Project

TAB B

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed community development project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

Sunnyvale saw a 147 percent spike in homeless people counted by the county's bi-annual census. In Sunnyvale, the number of homeless people counted, both in and out of shelters, increased from 253 in 2017 to 624 in 2019 (source: The Mercury News).

WeHOPE is currently serving at 477 North Mathilda Ave in Sunnyvale once a week. We consistently serve 20 homeless individuals per session. Due to COVID-19, the need is particularly important, as handwashing and proper hygiene aid in the ability to slow the spread of this highly contagious pandemic. Dignity on Wheels meets this need. We want to continue until the end of the year. We are asking for \$40,000 to provide service including outreach, case management, and distribution of masks, gloves, hand sanitizer, and information regarding COVID-19.

Here is a typical client profile, as described by Santa Clara County's government web site: Michele, 52, who had been sleeping on the streets or riding the bus all night. " I would have still been out there. Being homeless as a woman, it ' s really dangerous. You're broke, you ' re vulnerable. It's so demoralizing. "

Unemployed and on disability, Michele was eager to find stable housing, as well as return to school to improve her job prospects. " I ' m three semesters shy of getting my AA degree in business management. But I can ' t go back if I ' m homeless, " she said.

https://www.sccgov.org/sites/d5/Pages/IssuesHousingandHomelessness_Sunnyvale_Shelter_article.aspx

Here is a San Jose Inside article documenting how Dignity on Wheels Mobile Hygiene trucks meets the needs of the homeless in Sunnyvale:

<https://www.sanjoseinside.com/news/sunnyvale-welcomes-mobile-showers-for-the-homeless/>

Part 4 – Matching Funds

TAB B

- A. List the funding from other sources for this project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status as of Jan. 15, 2021 Approved, Pending or Denied*	Award Date
Total	\$ 0		

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter "approved".

- B. Identify commitments for ongoing operating funding *for this project/program only* in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization's letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include letters of support, only letters making a firm financial commitment to the project.

TAB B

SECTION 3 – STATEMENT OF WORK/PROJECT SCOPE**Part 1 – Project Location and Service Area**

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

477 North Mathilda Ave in Sunnyvale, at Trinity Church

Part 2 – Project Readiness (Use only the space provided.)**A. Work Plan / Project Readiness**

Explain your project's work plan, including the activities you will undertake to achieve the project's goal.

Describe how ready you are to begin and complete the project by December 1, 2021. Include the following:

- Program design
- Client Recruitment/program marketing plan
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

WeHOPE is already operating Dignity on Wheels in Sunnyvale, with about 20 clients per week. Our recruitment works when people who come for a shower or to do laundry end up taking advantage of our on-site case management worker to enroll in other services they did not know were available.

Dignity on Wheels: Laundry and shower services provided to unsheltered individuals throughout the Bay Area. In August 2015, WeHOPE launched Dignity on Wheels (DoW), a mobile hygiene service that provides free showers and laundry services to the homeless in 4 counties and 17 cities throughout the Bay Area. Comprehensive case management support is provided to address a variety of individual challenges including job loss, illness, and food insecurity.

Dignity on Wheels is comprised of a truck with a 600 gallon water tank and generator that pulls a customized trailer with shower rooms, restrooms, and a laundry room. It is staffed with a driver, case manager and intake specialist. The trailer has the capacity to for 36 showers and 12 loads of laundry per 4-hour session. Clients are recruited through partnerships with agencies already serving our client demographic. Additionally, flyers and outreach are performed by drivers, intake staff and case managers to nearby areas frequented by homeless individuals. Further WeHOPE has an App that shows daily DoW services and the schedule is on our website. This program is evaluated quarterly through surveys. Additionally DoW staff members perform intakes with each service and clients are asked about their satisfaction of the service in which they received.

TAB B

Milestone	Target Date
1. Contract Start Date	4/15/21
2. Project Ramp-up Period	4/1/21
3. Initiation of Project	4/1/21
4. Completion of Project	12/31/21
5. 50% of Funds Expended and Drawn	8/30/21
6. 100% of Funds Expended and Drawn	12/31/20
7. Project Completion and Reporting	1/15/22

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input checked="" type="checkbox"/> Creating a Suitable Living Environment <input type="checkbox"/> Providing Decent Affordable Housing <input type="checkbox"/> Creating Economic Opportunities	<input checked="" type="checkbox"/> Availability/Accessibility <input type="checkbox"/> Affordability <input type="checkbox"/> Sustainability

3. Client Data: Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale	Residing outside of Sunnyvale	Total
Low Income (50%-80% AMI)	5		5
Very Low Income (<50% AMI)	45		45
Disabled Persons	5		5
Female-Headed Households	20		20
Elderly	15		15
Youth	3		3
Homeless Persons	50		50
Other Special Needs:			0
			0

TAB C

Required Attachments:

- ☒ Project Budget Form
- ☐ Pro-forma (for construction or acquisition or community facility)

TAB E

Signature Authorization Form

Organization Name (Legal Name*): WeHOPE

Physical Address: 1854 Bay Road East Palo Alto, CA 94303

Mailing Address: P.O. Box 50624 Palo Alto CA 94303

Telephone: (650) 330-8010

** Legal name refers to the organization name that appears on the articles of incorporation.*

The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

Paul Bains	President	650-779-5045	pbains7@wehope.org
Name Paul Bains	Title President	Telephone No./ext. 650-779-5045	Email address pbains7@wehope.org
Name TJ Clark	Title Director of Mobile Homeless Services	Telephone No./ext.	Email address tjclark@wehope.org
Name	Title	Telephone No./ext.	Email address

We understand and agree to abide by the condition that if any changes occur, a new signature authorization form must be submitted.

Authorized by:

Paul Bains

Name



Signature

President

Title

1/8/2021

Date

TAB E

Conflict of Interest

In accordance with regulations at 2 CFR Part 200, Subpart B, Section 200.112, no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one

(1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that no conflict of interest exists between the City of Sunnyvale and (name of organization)
WeHOPE



I certify that no conflict of interest exists between the subcontractors of and (name of organization)
WeHOPE


IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

I certify that a conflict of interest does exist between the City of Sunnyvale and (name of organization)



I certify that a conflict of interest does exist between (name of subcontractor)
_____ and (name of organization)

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.


Signature of Authorized Agency Official

1/8/2021
Date

Paul Bains President
Name and Title

TAB E

APPLICANT ADMINISTRATIVE CHECKLIST

Applicant Name:	WeHOPE
Proposed Project:	Dignity on Wheels Mobile Hygiene Services at 477 North Mathilda Ave

Read question and check yes or no as appropriate for applicant's organization.

TRACKING CLIENT DATA	YES	NO
Does your agency have a system for recording the type, location and results of client/resident services provided at the proposed facility or housing project?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for recording information necessary to determine number of clients served/housed and to track demographic (income, racial/ethnic/age data, etc.) information of those clients?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HUMAN RESOURCES POLICIES AND PROCEDURES	YES	NO
Does your agency have a code of standards governing procurement procedures and an adopted procurement policy/procedure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a conflict of interest policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a personnel policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a policy on non-discrimination and harassment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities in compliance with the ADA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a Language Access Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
FINANCIAL POLICIES AND PROCEDURES	YES	NO
Does your agency have a system for accurately recording and storing financial data and documents?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying and separately tracking federal and non-federal sources of income and expenditures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for comparing expenditures with budgeted amounts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG or HOME grant funds?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency prepare an annual audit or financial report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have any outstanding audit or monitoring findings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does your agency have a code of standards governing procurement procedures? (same as above?)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does your agency have a system for tracking real property or equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



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