



## City of Santa Barbara Human Services and CDBG Program Frequently Asked Questions


### Contents


---

WHAT TYPES OF GRANTS ARE AVAILABLE?	1
WHAT ARE THE AVAILABLE FUNDS UNDER EACH CATEGORY?	1
WHAT IS THE GRANT PERIOD?	1
WHAT ARE THE CITY'S FUNDING PRIORITIES?	1
IS THERE A MINIMUM GRANT AMOUNT?	2
WHAT IS THE CITY'S CRITERIA THAT APPLY TO APPLICANTS?	2
WHAT ARE THE CDBG ELIGIBILITY REQUIREMENTS?	3
DOES OUR ORGANIZATION HAVE TO PAY THE CITY'S LIVING WAGE?	4
DOES OUR ORGANIZATION HAVE TO SUBMIT AN AUDIT?	4
DOES OUR ORGANIZATION HAVE TO SUBMIT A TAX RETURN?	5
WHAT ARE THE CITY'S GENERAL REQUIREMENTS FOR GRANT RECIPIENTS?	5
WILL OUR ORGANIZATION BE REQUIRED TO HAVE INSURANCE?	5
WILL WE HAVE TO SUBMIT PERFORMANCE REPORTS?	6
HOW ARE GRANT FUNDS DISBURSED?	6
HOW DO I APPLY FOR A GRANT?	6
CAN I SUBMIT MORE THAN ONE APPLICATION?	7
WHAT ARE MEASURABLE OUTCOMES?	7
WHAT ARE UNACCEPTABLE MEASURABLE OUTCOMES?	8
ARE THERE ATTACHMENTS REQUIRED AS PART OF OUR APPLICATION?	9
HOW DO I SUBMIT REQUIRED ATTACHMENTS TO THE APPLICATION?	9
MULTIPLE APPLICATIONS: DO WE SUBMIT MULTIPLE COPIES OF THE REQUIRED ATTACHMENTS?	10
A SPECIFIC ATTACHMENT DOES NOT APPLY TO MY APPLICATION. WHAT SHOULD I DO?	11
WHAT TIME PERIODS DO I REPORT ON WHEN COMPLETING THE APPLICATION?	11
WHAT SHOULD THE ORGANIZATION CHART SHOW?	11
WHEN ARE APPLICATIONS DUE?	12
CAN I SUBMIT MY APPLICATION EARLY?	12
I SUBMITTED MY APPLICATION EARLY AND MADE EDITS, DO I HAVE TO RESUBMIT THE APPLICATION?	12
WHAT HAPPENS AFTER THE APPLICATION DEADLINE?	12

[Got more questions?](#)

---

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

WHAT IS THE SCHEDULE FOR REVIEW, INTERVIEWS AND APPROVAL?	12
WHAT HAPPENS AT THE INTERVIEW?	13
WHO NEEDS TO BE AT THE INTERVIEW?	13
WHAT HAPPENS IF WE MISS OUR INTERVIEW?	13
MAY OUR ORGANIZATION PRESENT A POWERPOINT?	13
CAN I HAND OUT PAMPHLETS OR BRING PRESENTATION MATERIALS TO THE INTERVIEW?	14
HOW IS MY APPLICATION EVALUATED?	14
WHAT TYPES OF PROJECTS ARE ELIGIBLE?	15
ARE WE REQUIRED TO DISCUSS OUR PROPOSED CAPITAL APPLICATION WITH CD PROGRAMS STAFF?	15
DO I NEED TO SUBMIT 3 BIDS FOR CAPITAL GRANT APPLICATIONS?	15
IF MY CAPITAL GRANT APPLICATION IS AWARDED, WHEN MUST THE PROJECT BE COMPLETED?	15
TERMINOLOGY:	16
APPENDIX	19

---

### Community Development Programs Staff

Elizabeth Stotts, Community Development Programs Specialist

Deirdre Randolph, Community Development Programs Supervisor

[www.SantaBarbaraCa.gov/HumanServices](http://www.SantaBarbaraCa.gov/HumanServices)

---

#### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## ABOUT THE PROGRAM

### WHAT TYPES OF GRANTS ARE AVAILABLE?

---

There are two types of grants available: Public/Human Services and Capital.

**Public/Human Services** - Grants under this category can be used to support direct social services that are provided to low or moderate-income persons residing within the City of Santa Barbara. Grant funds can be used to support program expenses such as staff salaries/benefits, program supplies, facility rent/leasing costs, etc. These funds shall not be used for capital improvements, equipment purchases or mortgage payments.

**Capital** – Grants under this category can be used to support a wide variety of activities such as acquisition of property, rehabilitation, infrastructure improvements, and economic development.

### WHAT ARE THE AVAILABLE FUNDS UNDER EACH CATEGORY?

---

In Public/Human Services funds the anticipated amount available is \$854,249 (\$726,150 City Human Services Funds + \$128,099 CDBG Public Service Funds).

In Capital funds the anticipated amount is estimated at \$588,934 in CDBG funds.

The available funds are currently estimated as the City will not receive confirmation of its actual FY 2018-19 CDBG allocation from HUD until at the earliest, May 2018. For this application process, the available grant funds are based on anticipated level funding from the City's FY 2017-2018 allocation, plus an additional \$34,000 in prior-year unexpended funds.

The Santa Barbara City Council has committed \$726,150 in City General Funds for the Human Services Grant program for Fiscal Year 2018-19.

### WHAT IS THE GRANT PERIOD?

---

The grant-award period is from July 1, 2018 to June 30, 2019. All grant funds must be expended within the grant period.

### WHAT ARE THE CITY'S FUNDING PRIORITIES?


---


Applicants must present a clear and compelling argument for funding under the priorities as described.

For Public/Human Services grants the priorities are as follows:

---

#### Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

**First Priority:** Services that help meet basic human needs and/or reduce the community impact of homelessness and/or reduce the community impact of gang violence by providing services directly to gang-involved youth;

**Second Priority:** Programs that are preventative in nature and/or promote the highest degree of functioning the individual is capable of achieving.

For CDBG funds the City's priorities are as follows:

**Homeless Assistance** — Programs that provide services to homeless individuals and families, and victims of domestic violence;

**Public Facilities and Infrastructure** — Capital projects that improve facilities of organizations that serve low- and moderate-income residents, and public infrastructure and parks improvements in low- and moderate-income neighborhoods; and

**Economic Development** — Support of programs that provide self-employment training and small business loans.

## IS THERE A MINIMUM GRANT AMOUNT?

---

NOTE PROGRAM CHANGE - The minimum grant award amount in Public/Human Services is \$9,000. If an application for less than \$9,000 is submitted it will not be considered for funding. Capital project applications must be discussed with CD Programs staff prior to applying, see Capital applications further down this document.

## ELIGIBILITY

### WHAT IS THE CITY'S CRITERIA THAT APPLY TO APPLICANTS?


---


The following criteria apply to programs applying for Community Development Block Grant and/or Human Services funds:

- a. Proposed programs/projects should primarily benefit low and moderate-income residents, as defined by the U.S. Department of Housing and Urban Development.
- b. Applicants must be tax-exempt 501(c)(3) non-profit organizations incorporated or organized in the State of California or another state of the United States, or local units of government whose proposals directly benefit low- and moderate-income City of Santa Barbara residents.

---

#### Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

- c. Proposals must address specific social or physical needs and conditions of the people they propose to serve. Documentation could include social indicators, demographic data, surveys, community plans and need as perceived by potential consumers.
- d. Proposals must identify at least one and no more than three Measureable Outcomes, which are defined as: Specific and realistic results or changes that a client will experience from participating in the applicant's program or receiving the applicant's service.
- e. Proposals must present a strategy, which includes specific efforts to reach ethnic communities.
- f. Proposals must demonstrate support from the people for which the program is proposed.
- g. Applicants must clearly identify all funding sources and justify their proposal if services are available through another source.
- h. Applicants shall demonstrate financial stability. Applicants shall seek funding, or demonstrate funding support from diverse public/private sources. The City shall not be committed to total support of a program, nor shall the City be committed to continuing funding in the case that other support is withdrawn. Administrative/overhead costs shall be held to reasonable levels. Additionally, applicants shall demonstrate sufficient net assets or operating reserves to cover the organization's liabilities, operating deficits, or debt.
- i. City Human Services/CDBG funds shall support only those services that directly benefit residents of the City of Santa Barbara. Programs operated on a countywide or regional basis must show documentation that: (a) services benefit City residents, and (b) sufficient funds are available to support non-city residents.
- j. Proposals shall identify geographical areas where they propose to provide services.
- k. Proposals that pay the local minimum wage (as described in Chapter 9.128 of the City of Santa Barbara Municipal Code) to all staff for which Human Services/CDBG funds are requested shall receive an extra point in the rating process.

## WHAT ARE THE CDBG ELIGIBILITY REQUIREMENTS?

---

An applicant for CDBG funds must be eligible under the Federal Register, Department of Housing and Urban Development, 24 Code of Federal Regulations, Part 570 – Community Development Block Grants. If you question your eligibility, you must contact Community Development (CD) Programs staff to discuss your proposal and the basic eligible activities.

### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## DOES OUR ORGANIZATION HAVE TO PAY THE CITY'S LIVING WAGE?

---

Non-profit organizations are not required to pay the City's living wage in order to receive a Human Services/CDBG grant. To incentivize paying the living wage, applicants that do so will receive an extra point in their score.

In order to receive the extra credit point, **all** employees whose salary is **assisted with** Human Services/CDBG funds must be paid the current Living Wage. If it does not apply, enter N/A in the application.

LIVING WAGE RATES for JULY 1, 2017 to June 30, 2018:

- \$17.55 with no benefits;
- \$15.04 with compensated time off and basic medical insurance provided at no cost to the employee;
- \$13.79 with compensated time off, basic medical insurance provided at no cost to the employee, and a supplemental benefit.

See appendix for definitions of Basic Medical Insurance, Compensated Time Off, and Supplemental Benefit.

## DOES OUR ORGANIZATION HAVE TO SUBMIT AN AUDIT?

---

The City requires that each applicant submit financial reports. The financial reports are for the year ending June 30, 2017, or calendar year ending Dec. 31, 2016. If your organization has a different year-end date, you must contact CD Programs Staff.

There are three levels that determine the type of financial report required:


- AUDIT – For Organizations with revenues over \$2 million
- REVIEW - Revenues of \$500,000 to \$1.99 million
- COMPILATION - Revenues of \$499,999 or less


A financial statement & balance sheet may be submitted on a temporary basis *only if* a draft version of the above is not available and must include:

- Letter explaining why report is not available; and
- Estimated completion date

**Applicants must provide information that is current as of the dates stated above.** If your organization's required financial report is not finalized before the application due date, you may submit a *draft* audit. On a case by case basis, with prior CD Programs staff approval, exceptions may be granted to first time applicants who may not have had a financial audit, review or compilation previously prepared. Applicants that receive a Human Services/CDBG grant will be required to satisfy the above-stated financial reporting conditions during the grant year.

Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## DOES OUR ORGANIZATION HAVE TO SUBMIT A TAX RETURN?

---

Federal Tax Return form 990 for the year ending June 30, 2017 shall be submitted with your application, or calendar year ending Dec. 31, 2016. If your 990 is not complete at the time the application is due you must submit a copy of your organization's EXTENSION Form 8868 that was submitted to the IRS. On a case by case basis, with prior CD Programs staff approval, exceptions may be granted to first time applicants who may not have been required to submit a tax return during the aforementioned period. Applicants that receive a Human Services/CDBG grant will be required to satisfy this condition during the grant year.

## RECEIVING A GRANT

### WHAT ARE THE CITY'S GENERAL REQUIREMENTS FOR GRANT RECIPIENTS?

---

Grant recipients must provide at minimum, combined single limit comprehensive general liability insurance in the amount of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate, and Worker's Compensation as required by law, and any other applicable insurance as required by law. Organizations not familiar with City insurance requirements are strongly encouraged to review the complete insurance requirement documents prior to applying. See Insurance section below.

Organizations that receive CDBG funds will be subject to the regulations of 24 CFR Part 570, including all non-discrimination provisions outlined in Subpart K. Grantees will also be required to execute a Handicapped Nondiscrimination Statement.

Organizations must agree to abide by the City's *Non-Discriminatory Employment Provisions for All Contracts of the City* - SBMC 9.126 (see appendix).

Organizations must meet specific *Financial Management and Accounting Standards* (see appendix).

### WILL OUR ORGANIZATION BE REQUIRED TO HAVE INSURANCE?

---

All recipients of City of Santa Barbara Human Services/CDBG grants will be required to purchase and maintain at their sole cost and expense during the entirety of the grant period insurance coverage with the following minimum coverage:

Commercial General Liability (CGL): Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations with limits of no less than One Million Dollars (\$1,000,000) per occurrence for bodily injury, personal injury and property damage. If a general aggregate limit applies, either the aggregate limit shall apply separately to this project or the general aggregate limit shall be twice the required occurrence limit.

---

#### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

Automobile Liability: Insurance Services Office Form Number CA 0001 covering Code 1 (any auto), or if Grantee has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits of no less than One Million Dollars (\$1,000,000) per accident for bodily injury and property damage.

Workers' Compensation: In accordance with the provisions of the California Labor Code, Grantee is required to be insured against liability for Workers' Compensation or to undertake self-insurance. Statutory Workers' Compensation and Employers' Liability of at least \$1,000,000 shall cover all Grantee's staff while performing any work incidental to the performance of this agreement.

Builders' Risk Insurance (for Capital grants): During the course of construction, Grantee shall secure insurance to include protection against direct physical loss or damage, including fire and theft, in an amount sufficient to cover replacement value of all Improvements.

For the full requirements, see appendix. You are strongly advised to read the requirements in their entirety prior to applying.

## WILL WE HAVE TO SUBMIT PERFORMANCE REPORTS?

---

All recipients of a City of Santa Barbara Human Services/CDBG grant will have to submit quarterly performance reports outlining accomplishments relative to program goals, client demographic data and verification of expenses.

## HOW ARE GRANT FUNDS DISBURSED?

---

Grant funds are disbursed on a quarterly basis. The first payment is disbursed upon execution of a grant agreement and subsequent payments are issued after the City has received and approved the performance report. Capital grants are paid on a reimbursement basis upon review and approval of documented expenses.

## HOW TO APPLY


### HOW DO I APPLY FOR A GRANT?


---

Applications will be submitted electronically via Zoomgrants, a web-based grants management program. To access the application you must *first* visit the City website at [www.SantaBarbaraCA.gov](http://www.SantaBarbaraCA.gov). A link to the Human Services/CDBG program will be posted on the homepage from which you will be able to access ZoomGrants and create your application.

Once you've created an application you will be able to access your own application directly through Zoomgrants at [www.ZoomGrants.com](http://www.ZoomGrants.com). The City will not accept hardcopy, faxed, or emailed applications or attachments.

Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404



## CAN I SUBMIT MORE THAN ONE APPLICATION?

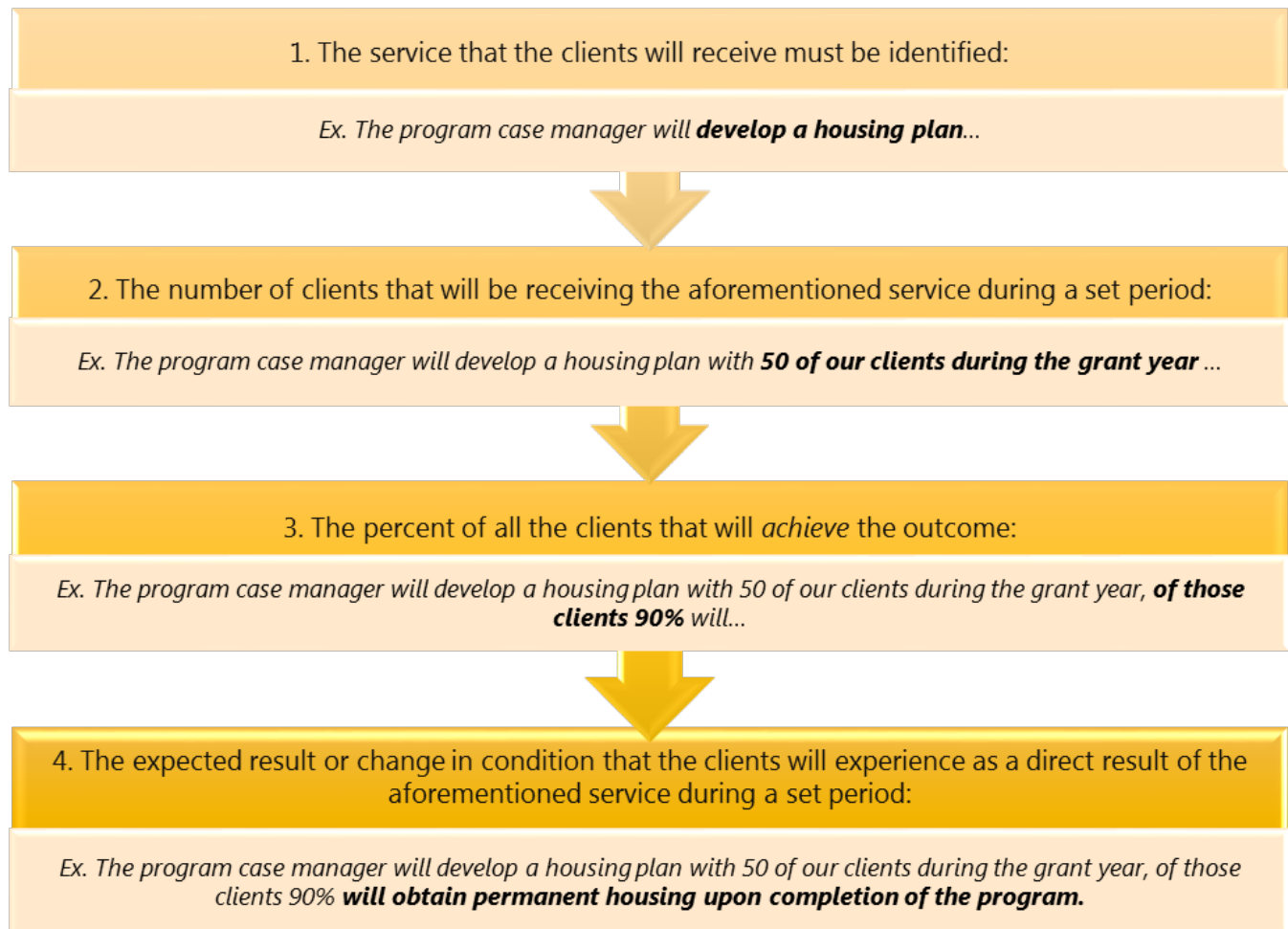
Yes. A separate application must be submitted for each program for which you are seeking funding. Also, you may submit both a Human/Public Services and Capital Grant application.

## WHAT ARE MEASURABLE OUTCOMES?

This is the single most important item of your application and due emphasis should be placed in developing solid Measurable Outcomes.

Measurable Outcomes are specific and realistic *results or changes* that your client will experience from being in your program or receiving your service.

Measurable Outcomes have four components:



Got more questions?

(805) 564-5461

[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

You will also be required to explain your methods used to document and track that your outcomes were achieved, i.e. surveys used, screening tools, etc.

Examples of acceptable measurable outcomes:

- ✓ By completion of this program 60% out of 100 students receiving after-school tutoring will show improvements in their grade point average.
- ✓ Out of 260 persons graduating from our detox program, 85% will successfully engage in ongoing aftercare (defined as: enrolled in outpatient treatment, residential treatment/sober living, or attending 12-step groups) within 14 days following graduation.
- ✓ Of 97 clients receiving life skills classes, 67% will attain placement in employment or post-secondary education within 6 months of entering the program.

## WHAT ARE UNACCEPTABLE MEASURABLE OUTCOMES?

---

Do not confuse "Outcomes" with "Outputs". An **Output**, is simply a unit of service or statement of process.

An example of an output is to "provide case management for 500 unduplicated homeless people". This is not an acceptable measurable outcome because it does not state the *result* that the client will experience from receiving case management.

Also, be aware of confusing program outcomes with program efficiency or effectiveness, i.e. increase recruitment of volunteers or improved client satisfaction results. While these are important factors for an organization to evaluate as part of its ongoing effort to improve itself, the measurable outcomes section of this application is focused solely on the client.


The following are unacceptable outcomes:


- ✗ "To provide after-school activities to 35 children."
- ✗ "To provide transportation to 50% of our senior citizen clients."
- ✗ "To provide child care to 65 unduplicated children."

These are not outcomes because, while they are stating the units of service the program will provide, they do not show the results or behavior changes or benefit that the client will experience.

Improperly completed or stated outcomes may affect your funding request. If you have questions, [call](#) OR [email](#) CD Programs staff.

Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## ARE THERE ATTACHMENTS REQUIRED AS PART OF OUR APPLICATION?

---

The following attachments are required to be submitted as part of your application:

- Organization Budget
- Program Budget (if different from Org. Budget)
- Organizational Chart
- Fee Donation Schedule – If applicable
- Board of Directors Roster
- Board of Directors Meeting Minutes
- Application Approval and Declaration
- Financial Reports
- IRS 990 tax return
- IRS Tax-Exempt Status letter
- California Franchise Tax Board letter
- Articles Of Incorporation

## HOW DO I SUBMIT REQUIRED ATTACHMENTS TO THE APPLICATION?

---

Attachments that require the use of a City-provided template are as follows:

- Program and Organization Budget
- Board of Director's Roster
- Application Approval and Declaration

The required templates are available through ZoomGrants in the "Documents" section. To download the required template from ZoomGrants, click on the "Download Template" link, which is located immediately below the name of the form. You will need Adobe Reader X in order to fill in the templates.

---

### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

**You must save a copy of each template directly to your computer before filling it in.** Name the file in such a manner that identifies your organization and/or program, (ex: Organization-Board-Directors-Roster.pdf). Once you have entered your information you can upload the completed attachment into ZoomGrants by clicking on the "Upload" button.

After you have successfully uploaded your file and REFRESHED your browser, you will see your file listed in the Uploaded Documents column on the ZoomGrants page.

Documents that do not require use of a template may be uploaded in any format (Word, Excel, pdf, jpg, etc.).

If any documents are not available before the application due date (ex. Board Minutes), you must upload a memo explaining the delay and provide an estimated submission date.

If your audit or Form 990 Tax Return are incomplete at time of submission, see the audit and tax return Requirements section of this FAQ.

NOTE: There is a 4MB file size maximum. If you are trying to upload a file that is larger than 4MB please save your document as a reduced size PDF, or split the document into two files.

## MULTIPLE APPLICATIONS: DO WE SUBMIT MULTIPLE COPIES OF THE REQUIRED ATTACHMENTS?

---

Applicants may submit one copy per organization for the following:

- Board of Director's Roster Sheet.
- Financial Audit Report.
- IRS 990 Tax Return.
- IRS Federal Tax Exempt status letter.
- State of California Franchise Tax Board letter attesting exempt status.
- Articles of Incorporation (stamped by CA. Secretary of State).

Additional applications must include a memo stating with which application the aforementioned attachments can be located. All other attachments are mandatory for EACH application, i.e. Organization and Program Budget.

---

### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## A SPECIFIC ATTACHMENT DOES NOT APPLY TO MY APPLICATION. WHAT SHOULD I DO?

Upload a memo referencing the attachment name and provide a brief explanation as to why the attachment will not be submitted. A memo submitted in lieu of the required document is subject to CD Programs staff approval.

Memorandums may not be submitted in lieu of audit/tax return requirements. If your organization's audit/tax return is not complete before the application due date, please see the Audit Requirements section of this FAQ. **Do not submit outdated prior year audits/tax returns, otherwise your application will be considered incomplete and your score could be affected.**

## WHAT TIME PERIODS DO I REPORT ON WHEN COMPLETING THE APPLICATION?

The chart below explains the time periods covered by the application. Prior Year data must be *actual*, i.e. financial data corresponds to Prior Year audited actual financials, as opposed to budgeted data. Any client data must correspond to your final report submitted to the City during the prior fiscal year (for previous Human Services/CDBG grant recipients).

Current Year data should be what your organization projected for the current fiscal year ending June 2018. If you are a current grant recipient, your information should correspond to your grant agreement with the City.

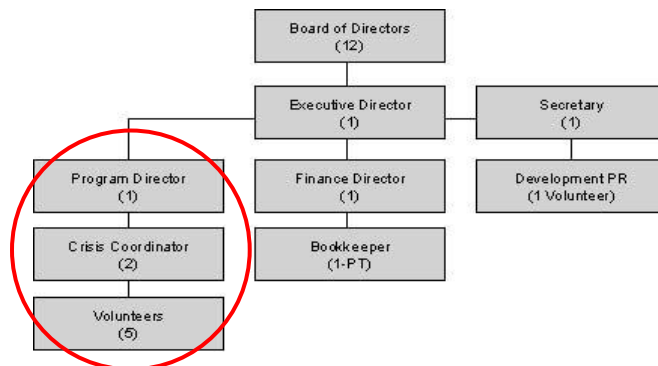
PRIOR YEAR: July 1, 2016 – June 30, 2017 or your Organization's prior Fiscal Year

CURRENT YEAR: July 1, 2017 – June 30, 2018

PROPOSED YEAR: July 1, 2018 – June 30, 2019

## WHAT SHOULD THE ORGANIZATION CHART SHOW?

It should show all positions within your organization and circle the proposed program as it relates to the whole organization. Insert the number of persons within each position. For example:



Got more questions?

(805) 564-5461

[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## WHEN ARE APPLICATIONS DUE?

---

You may submit applications until 4:30 p.m. December 18, 2017.

The Zoomgrants program will close at exactly 4:30 p.m. and no further submittals or edits will be allowed. If you have not submitted the application by then it will not be accepted.

## CAN I SUBMIT MY APPLICATION EARLY?

---

Applicants are highly encouraged to submit applications early. As a courtesy, CD Programs staff will make every effort to review early submittals and provide feedback. You may edit your submitted proposal until the deadline.

If you submit the application too close to the deadline, CD Programs staff cannot guarantee that they will have time to provide feedback. You are still encouraged to submit your proposal early, however, as there will be heavy user volume on Dec. 18 that could delay your ability to submit before the Zoomgrants system closes.

## I SUBMITTED MY APPLICATION EARLY AND MADE EDITS, DO I HAVE TO RESUBMIT THE APPLICATION?

---

No, once you have hit the "Submit Now" button your application has been submitted. Any changes you make to the application until 4:30 p.m. on Dec. 18 will be saved. Once the deadline has passed you will be unable to make any further edits.

## APPLICATION REVIEW

### WHAT HAPPENS AFTER THE APPLICATION DEADLINE?

---


The Community Development and Human Services Committee (CDHSC), a City Council appointed committee will review the applications, interview organizations and make funding recommendations to the City Council. The City Council makes final decisions on funding.

### WHAT IS THE SCHEDULE FOR REVIEW, INTERVIEWS AND APPROVAL?

---

CD Programs Staff Reviews Applications	Upon Submission
Applications Reviewed by CDHSC	January 2018
Notification of Interview Date and Time	January 2018
Applicant Interviews	Jan. 25 & 30; Feb. 1, 6, 8*, 2018 (4:00 - 9:00 pm)

#### Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

CDHSC Meeting to Rank Applications	February 8*, 2018
CDHSC Final Vote on Recommendations	February 27, 2018
Recommendations Made Public	March 1, 2018 (Tentative)
City Council Public Hearing on Committee Recommendations	Tuesday, March 27*, 2018 (Tentative) (6:00 P.M., Council Chambers)

Dates marked with an asterisk \* are tentative and may be adjusted based on the number of applications submitted and Council's meeting availability.

## WHAT HAPPENS AT THE INTERVIEW?

---

At the scheduled 15-minute interview, applicants will be allowed a 4-minute presentation, with 10 minutes for questions from the Committee, and a 1-minute applicant final statement.

To ensure that verbal presentations made by applicants are accurate and reasonable, applicants are advised that information provided to the Committee is an important factor in the formulation of specific funding recommendations; furthermore, statements made by an applicant upon which the Committee relies in making a funding recommendation shall become binding and included as part of any contract which may be executed.

Applicants are further advised that the Committee may request additional information on any part of the proposal after the scheduled interview. Applicants will be required to respond in writing within 2 days of such request.

## WHO NEEDS TO BE AT THE INTERVIEW?

---

Organizations are required to have a member of the Board of Directors and appropriate staff, including finance staff, present at the interview.

## WHAT HAPPENS IF WE MISS OUR INTERVIEW?

---


Applicants that fail to appear for their scheduled interview will not be allowed to reschedule and will automatically be disqualified for funding.


## MAY OUR ORGANIZATION PRESENT A POWERPOINT?

---

*Only* Capital grant applicants may use PowerPoint to show images of the improvements needed as part of the 4-minute presentation. Capital applicants wishing to make a PowerPoint presentation must submit the document to [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) by February 2, 2018.

### Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## CAN I HAND OUT PAMPHLETS OR BRING PRESENTATION MATERIALS TO THE INTERVIEW?

---

You may distribute one or two pamphlets during the interview, but do not bring more as it will distract the committee from your verbal presentation. Any additional materials brought to the interview will be returned to you.

You *may* also bring photos or charts that you can hold up by hand as part of your presentation.

You may **NOT** bring videos, presentation boards, or large items that will delay the proceedings, or disrupt the committee or other applicants' presentations.

## HOW IS MY APPLICATION EVALUATED?

---


Each applicant will be scored based on the written application and the interview. Each application will be scored on the following categories, from which a total score of 100 can be achieved:


- **Agency:** Track record/past performance, salaries too high or too low, large wage disparity between management staff and program staff;
- **Board:** Composition, role, diversity, and level of involvement;
- **Program:** Bi-cultural/bi-lingual staff, quality of service, staff capacity (training/experience), program corresponds with the organization's mission, level of program monitoring, outreach strategy;
- **Measurable Outcomes:** Programs must identify realistic, measurable results or changes that a client will experience from receiving the service;
- **Need:** Duplication of service, collaboration with other organizations, client data provided, composition/diversity of clients, target population, funding request corresponds to the number of clients served; and
- **Finances:** Submittal of budget information/audit/tax return, organization revenue/expenses, percentage of funding sources secured, diversity of funding sources, overreliance on City funds, high amount of year-end excess or deficit funds, justifiable increase or decrease in request from prior year, assets and financial stability of the organization.

For Capital proposals, these additional categories are evaluated:

- **Project Description:** Project is clearly defined, project meets federal/state/local requirements, project is feasible;
- **Project Need:** Whom will benefit from the project; clear identification of need; will project satisfy demonstrated need, does the project align with the mission; and

Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404



- **Project Cost:** Itemized cost estimate from a contractor; reasonableness; can project be completed without full City funding; leveraging of other funding.

## CAPITAL GRANTS

### WHAT TYPES OF PROJECTS ARE ELIGIBLE?

---

Grants under this category can be used to support a wide variety of activities such as acquisition, rehabilitation, infrastructure improvements, and economic development.

Proposed projects must meet the City's funding priorities for CDBG funds: Activities that improve facilities of organizations that serve low- and moderate-income residents; public infrastructure and parks improvements in low- and moderate-income neighborhoods; and economic development activities that provide self-employment training and small business loans to low- and moderate-income persons.

### ARE WE REQUIRED TO DISCUSS OUR PROPOSED CAPITAL APPLICATION WITH CD PROGRAMS STAFF?

---

Yes. CDBG capital projects have numerous federally-mandated requirements that you should be aware of prior to applying. Prior to submitting an application, contact CD Programs staff to discuss your proposal.

### DO I NEED TO SUBMIT 3 BIDS FOR CAPITAL GRANT APPLICATIONS?

---

No. Only one completed cost estimate for your proposed CDBG project will need to be submitted as part of the application packet.

The completed cost estimate must be from a licensed contractor that includes applicable Davis Bacon federal wage rates in the determination of the total project budget. Your organization will need to let the contractor know that providing the cost estimate doesn't guarantee they will get the work.


If funded, you will be required to follow federally-mandated formal procurement processes during the grant award year. City CD Programs staff will provide you with guidance through this process.


### IF MY CAPITAL GRANT APPLICATION IS AWARDED, WHEN MUST THE PROJECT BE COMPLETED?

---

CDBG Capital projects shall be completed, and all CDBG funds (including retention funds) shall be expended on or before April 30, 2019. At least thirty (30) days prior to this, the grantee shall determine the status of project completion. If a determination is made that the project will not be completed and all CDBG funds will

#### Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

not be expended by grantee and disbursed by City on or before April 30, 2019, the grantee will be required to submit to CD Programs staff its written, formal request for an extension of the Project Completion Date to June 30, 2019.

The Community Development Director, or his designee, shall review each written request for extension of the Project Completion Date on a case-by-case basis. The grantee shall also appear before the Community Development Human Services Committee (CDHSC) during the next regular meeting and present to the CDHSC the grantee's explanation for the extension request.

## DEFINITIONS

### TERMINOLOGY:

---

- 1. Family** - All persons living in the same household who are related by birth, marriage or adoption.
- 2. Household** - All persons who occupy a housing unit. The occupants may be a single family, one person living alone, two or more families living together, or any other group of related or unrelated persons who share living arrangements.
- 3. Income** - Entitlement grantees may select any one of the following three definitions of income:
  - (i) Annual income as defined at 24 CFR 5.609;
  - (ii) Annual income as reported under the Census long-form for the most recent available decennial Census; or
  - (iii) Adjusted gross income as defined for the purpose of reporting under Internal Revenue Service (IRS) Form 1040 for individual Federal annual income tax purposes.

---

#### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

#### 4. Income Limits -

Area Median Income = \$73,900

		Family Size*							
		1	2	3	4	5	6	7	8
<b>Median</b>	100%	<b>\$73,900</b>							
<b>Very Low</b>	0 - 30%	\$18,900	\$21,600	\$24,300	\$27,000	\$29,200	\$32,960	\$37,140	\$41,320
<b>Low</b>	31 - 50%	\$31,500	\$36,000	\$40,500	\$45,000	\$48,600	\$52,200	\$55,800	\$59,400
<b>Moderate</b>	51%-80%	\$50,450	\$57,650	\$64,850	\$72,050	\$77,850	\$83,600	\$89,350	\$95,150

(rounded to nearest \$50.00)

\*NOTE: Family size adjustments in each category are based on the percentages below, with family of 4 as the base

<b>Number of persons:</b>	1	2	3	4	5	6	7	8
<b>Adjustment:</b>	70%	80%	90%	Base	108%	116%	124%	132%

For families above 8 add 8% to the adjustment, for example for a family of 9 the adjustment is 140% (132% + 8%)

**5. Unduplicated Clients** - Clients are defined as recipients of actual services, persons for whom you would maintain a case file. Do not include casual contacts or "facility users" for whom no direct services are provided. An individual who receives assistance is only counted once, regardless of the frequency of visits or the number of times a client accesses program services. For example, a person who receives emergency food each month is only counted as one unduplicated client.


A blank line under Other Characteristics is available for clients not already listed, such as Non-English speaking, Pregnant, HIV-Positive, etc.


Prior Year Client Data must represent the actual (should match quarterly reports submitted) number of unduplicated people served. Current Year Client Data is a projection of the number of unduplicated people to be served during the current year (if you have a Human Services or CDBG contract this year you must use the objective numbers from your contract). Proposed Year Client Data is an estimate of number of unduplicated people to be served during the proposed contract period.

**6. Fees/Donations** - Payments by clients for receipt of program services be they voluntary or mandatory, are considered program income. Upload a copy of your fee/donation schedule.

**7. Homeless** - An individual who lacks a fixed, regular, and adequate nighttime residence; as well an individual who has a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Got more questions?

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)


For technical assistance call Zoomgrants Customer Service: 1-866-323-5404


**8. Chronically Homeless** - A homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

- end -

Got more questions?

---

 (805) 564-5461

 [estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

## APPENDIX

---

1. Living Wage Definitions
2. City Nondiscrimination Provisions
3. Financial Management Requirements
4. Insurance Requirements

---

### Got more questions?



(805) 564-5461



[estotts@santabarbaraca.gov](mailto:estotts@santabarbaraca.gov) or [drandolph@santabarbaraca.gov](mailto:drandolph@santabarbaraca.gov)

For technical assistance call Zoomgrants Customer Service: 1-866-323-5404

City of Santa Barbara  
Human Services and Community Development Block Grant Program

**LIVING WAGE DEFINITIONS**

Following are the definitions related to the Living Wage Incentive, per Santa Barbara Municipal Code Title 09, Chapter 9.128.

**BASIC MEDICAL INSURANCE COVERAGE.** For the purposes of this Chapter, Basic Medical Insurance Coverage must include, but need not be limited to, offering the employee insurance coverage for the following health and medical care expenses of the Employee:

1. Emergency hospital care and hospitalization care with the payment of a patient co-pay amount not exceeding the maximum per emergency room visit and hospitalization care co-pay and patient deductible amount paid by a City employee under the City's medical insurance coverage plans;
2. Prescription medication coverage with the payment of a patient co-pay amount not exceeding the maximum per prescription co-pay and patient deductible amount paid by a City employee under the City's medical insurance coverage plans;
3. Access to preventative medical care by a licensed physician or surgeon with the payment of a co-pay and patient deductible amount not exceeding the maximum per visit co-pay amount paid by a City employee under the City's medical insurance coverage plans.

**COMPENSATED LEAVE TIME.** For the purposes of this Chapter, the term "Compensated Leave" shall mean the following:

1. Full-Time Employees. Providing not less than three (3) compensated days off per calendar quarter worked to each full-time Employee.
2. Part-Time Employees. Providing the appropriate pro-rated portion of the Compensated Leave required by Subsection (F)(1) above to each part-time Employee, with the pro-ration being that percentage of time the part-time Employee has worked per week (on average) during the previous twelve weeks, with forty hours per week being the equivalent of 100 percent.
3. Full-Time and Part-Time Employee Defined. For the purposes of this section, a "full-time" Employee shall mean an employee who has worked for the Service Contractor forty (40) or more hours per week on average for any ten (10) weeks of the previous twelve-week period. Any Employee who is not a full-time Employee is a part-time Employee.

"Compensated Leave" shall mean that the Employee is allowed leave time and is compensated at the same rate of pay which he or she would have received had they worked a regular day of work for each day of leave time used by the Employee.

Nothing herein shall preclude an Employer from imposing a minimum employment period upon the use of compensated leave provided such minimum period is consistent with the requirements of state law. (Ord. 5384, 2006.)

# City of Santa Barbara

## Human Services and Community Development Block Grant Program

SUPPLEMENTAL EMPLOYEE BENEFITS COVERAGE. For the purposes of this Chapter, Supplemental Employee Benefits Coverage must include, in addition to Basic Medical Insurance Coverage and Compensated Leave for the Employee, offering to the Employee both of the following:

1. Basic Medical Insurance Coverage for the Employee's spouse, domestic partner, or family (at the Employee's option) with the Employee's share of the cost of the medical insurance coverage provided not exceeding five percent (5%) of the Employee's average gross monthly wages for the previous twelve months;

And at least one of the following additional supplemental Employee benefits:

2. An Employee pension or deferred compensation retirement plan under circumstances where the Service Contractor offers to make an Employer contribution to the plan of not less than five percent (5%) of the Employee's average gross monthly wages for the previous twelve (12) months, and where the plan is regulated and recognized by the federal Employee Retirement Income Security Program Act (hereinafter referred to as "ERISA," 29 USCA §1001 et seq.);
3. Child care or "dependent" care (or monetary assistance for child or dependent care needs) for a dependent(s) of the Employee under circumstances where the cost of the child or dependent care is funded or paid in full by the Employer and where the care is duly licensed and certified by the State. For the purposes of this Chapter, the term "dependent" shall be as that term is used and defined in the federal Internal Revenue Code.
4. The equivalent of Ten (10) Eight (8) hour days of Compensated Leave to the Employee over and above the Compensated Leave as such Compensated Leave is defined in Section 9.128.010(F) hereof.
5. Any additional employee benefit or employee benefit program which the City's Living Wage Advisory Committee, at the request of a City Service Contractor, deems appropriate to qualify as an optional Supplemental Employee Benefit under this subsection E. Examples of additional benefits or benefit programs which may qualify under this subparagraph would be the following: 1. dental insurance coverage for the Employee and the employee's family; 2. life and accidental death or disability insurance for the Employee; 3. medical or health insurance plans which provide out-patient services, such as physical therapy, speech therapy, or mental health or substance abuse counseling and assistance.

# City of Santa Barbara Nondiscriminatory Employment Certificate

## S.B.M.C. 9.126

### 9.126.010 Certificate Generally.

Consistent with a policy of non-discrimination in employment on contracts of the City of Santa Barbara and in furtherance of the provisions of Sections 1735 and 1777.6 of the California Labor Code, a "Contractor's Obligation for Non-discriminatory Employment Certificate" as hereinafter set forth shall be attached and incorporated by reference as an indispensable and integral term of all bid specifications and contracts of the City for purchases, services, and the construction, repair, or improvement of public works. (Ord. 3500 §1(part), 1972.)

### 9.126.020 Contents of Certificate.

The "contractor's obligation for non-discriminatory employment" is as follows:

In performing the work of this contract, the Contractor agrees as follows:

(1) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, ancestry, sexual orientation, political affiliation or beliefs, sex, age, physical handicap, medical condition, marital status or pregnancy (as those terms are defined by the California Fair Employment and Housing Act -- Government Code Section 12900-12996), except where such discrimination is based on a bona fide occupational qualification. The Contractor will take positive action or ensure that applicants are employed, and that employees are treated during employment, without regard to their race, creed, color, national origin, ancestry, sexual orientation, political affiliation or beliefs, sex, age, physical handicap, medical condition, marital status or pregnancy (as those terms are defined by the California Fair Employment and Housing Act -- Government Code Section 12900-12996), except where such discrimination is based on a bona fide occupational qualification. Such action shall include but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the City setting forth the provisions of this non-discrimination clause.

(2) The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, national origin, ancestry, sexual orientation, political affiliation or beliefs, sex, age, physical handicap, medical condition, marital status or pregnancy (as those terms are defined by the California Fair Employment and Housing Act -- Government Code Section 12900-12996), except where such discrimination is based on a bona fide occupational qualification.

(3) The Contractor will send to each labor union or representative of workers with which he has a collective bargaining agreement or other contract or understanding, a notice to be provided by the City advising the said labor union or worker's representative of the



Contractor's commitments under this provision, and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

(4) The Contractor will permit access to his records of employment, employment advertisements, application forms, and other pertinent data and records by the City, the Fair Employment Practices Commission, or any other appropriate agency of the State designated by the City for the purposes of investigation to ascertain compliance with the Contractor's obligation for non-discriminatory employment provisions of this contract, or Fair Employment Practices statute.

(5) A finding of willful violation of the non-discriminatory employment practices article of this contract or of the Fair Employment Practices Act shall be regarded by the City as a basis for determining that as to future contracts for which the Contractor may submit bids, the Contractor is a "disqualified bidder" for being "non-responsible".

The City shall deem a finding of willful violation of the Fair Employment Practices Act to have occurred upon receipt of written notice from the Fair Employment Practices Commission that it has investigated and determined that the Contractor has violated the Fair Employment Practices Act and has issued an order under Labor Code Section 1426 or obtained an injunction under Labor Code Section 1429.

Upon receipt of any such written notice, the City shall notify the Contractor that unless he demonstrates to the satisfaction of the City within a stated period that the violation has been corrected, he shall be declared a "disqualified bidder" until such time as the Contractor can demonstrate that he has implemented remedial measures, satisfactory to the City, to eliminate the discriminatory employment practices which constituted the violation found by the Fair Employment Practices Commission.

(6) Upon receipt from any person of a complaint of alleged discrimination under any City contract, the City Administrator shall ascertain whether probable cause for such complaint exists. If probable cause for the complaint is found, the Administrator shall request the City Council to hold a public hearing to determine the existence of a discriminatory practice in violation of this contract.

In addition to any other remedy or action provided by law or the terms of this contract, the Contractor agrees, that should the City Council determine after a public hearing duly noticed to the Contractor that the Contractor has not complied with the non-discriminatory employment practices provisions of this contract or has willfully violated such provisions, the City may, without liability of any kind, terminate, cancel or suspend this contract, in whole or in part. In addition, upon such determination the Contractor shall, as a penalty to the City, forfeit a penalty of \$25.00 for each calendar day, or portion thereof, for each person who was denied employment as a result of such non-compliance. Such moneys shall be recovered from the Contractor. The City may deduct any such penalties from any moneys due the Contractor from the City.

(7) The Contractor certifies to the City that he has met or will meet the following standards for positive compliance, which shall be evaluated in each case by the City:

(a) The Contractor shall notify all supervisors, foremen and other personnel officers in writing of the content of the non-discrimination provision and their responsibilities under it.

(b) The Contractor shall notify all sources of employee referrals, (including unions, employment agencies, advertisements, Department of Employment) of the content of the non-discrimination provision.

(c) The Contractor shall file a basic compliance report as required by the City. Willful false statements made in such reports shall be punishable as provided by law. The compliance report shall also specify the sources of the work force and who has the responsibility for determining whom to hire, or whether or not to hire.

(d) The Contractor shall notify the City of opposition to the non-discrimination provision by individuals, firms or organizations during the period of this contract.

(8) Nothing contained in this Contractor's Obligation for Non-discriminatory Employment Certificate shall be construed in any manner to prevent the City from pursuing any other remedies that may be available at law.

(9) (a) In the performance of the work under this contract, the Contractor will include the provisions of the foregoing paragraphs (1) through (8) in all subcontracts and in any supply contract to be performed within the State of California, so that such provisions will be equally binding upon each subcontractor and each supplier.

(b) The Contractor will take such action with respect to any subcontract or purchase order as the City may direct as a means of enforcing such provisions including sanctions for non-compliance; provided, however, that in the event the Contractor becomes involved in, or is threatened with, litigation with a subcontractor or supplier as a result of such direction by the City, the Contractor may request the City to enter into such litigation to protect the interests of the City. (Ord. 4465, 1987; Ord. 3500 §1(part), 1972.)

## HANDICAPPED NONDISCRIMINATION STATEMENT

1. During the term of this Agreement, Agency agrees that while performing its services, it shall:
  - a. Not exclude a qualified handicapped individual from participation in programs or activities open to the general public, regardless of the availability of permissibly separate or different programs or activities designed especially for the handicapped;
  - b. Administer programs and activities in the most integrated setting appropriate to the needs of qualified handicapped individuals;
  - c. Take appropriate steps to ensure that communications with applicants, employees, beneficiaries, and the general public are available to persons with impaired vision or hearing, through means such as brailled or taped material, telecommunication devices, televised information or other media;
  - d. Provide a qualified handicapped individual with an aid, benefit, or service that is as effective in affording equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as that provided to others;
  - e. Not provide a different or separate aid, benefit, or service to qualified handicapped individuals or to any class of qualified handicapped individuals unless such action is necessary to provide qualified handicapped individuals with aid, benefits, or services that are as effective as those provided to others;
2. If funds are granted to the Agency for the program for which a funding application is submitted, then Agency agrees to formally adopt a policy of Handicapped Nondiscrimination satisfactory to the City Administer.
3. In the event of noncompliance with the nondiscrimination terms set forth above, or with any of said rules, regulations, this agreement may be canceled, terminated in whole or in part.

# FINANCIAL MANAGEMENT REQUIREMENTS

Recipients of CDBG/HS grant funds will be required to comply with the financial management requirements below.

## A. ACCOUNTING

	Initials
<b>1. AGENCY/PROGRAM will maintain written accounting procedures.</b>	
<b>2. A clear fiscal review trail will be maintained for each Financial Status Report.</b>	
<b>3. Name responsible party to receive and deposit City checks:</b> <i>Print name and affix his/her signature.</i>	
Name: 0T	Signature:
<b>4. <u>Two</u> signatures are required on Human Services expenses checks. List names of those responsible for signing checks: <i>Print names below and affix their signatures.</i></b>	
Name: 0T	Signature:
Name: 0T	Signature:
<b>5. Name who will be responsible for the preparation of the fiscal reports and Human Services claims: <i>Print name and affix his/her signature.</i></b>	
Name: 0T	Signature:
<b>6. If bookkeeping is handled by an outside firm, give name and address:</b>	
Firm name: 0T	Address: 0T
<b>7. In what bank are you depositing your Human Services funds?</b>	
Bank Account Name: 0T	
Account Number: 0T	
Branch Address: 0T	
<b>8. Monthly cash reconciliations are required. Name: 0T</b> <b>Who reviews cash reconciliations?</b>	
<b>9. Financial status reports are submitted to AGENCY Board of Directors:</b>	
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> (specify):	

## B. CASH RECORDS

	Initials
<b>1. Checks will be pre-printed and pre-numbered.</b>	
<b>2. Voided checks will be accounted for and kept on record.</b>	
<b>3. Grant claims will be backed by invoices and marked to avoid resubmission.</b>	

## FINANCIAL MANAGEMENT REQUIREMENTS

### C. PAYROLL

	Initials
1. AGENCY will keep timesheets.	
2. Employee and supervisor will sign timesheets.	
3. Timesheets will correspond with payroll periods.	
4. Timesheets will indicate daily time worked.	
5. Payrolls will be approved by an authorized person.	
6. Payroll register or earnings record will be kept.	
7. Cumulative Records will be kept.	
8. Employee files will be kept containing:	
➤ W-4 form	
➤ Authorized Deductions	
➤ Work History	
➤ Employment Application	
9. Copies of federal depository receipts and quarterly reports must be kept. State how often deposit withholdings are deposited in a federal depository:	
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other <input type="checkbox"/> (specify):	

### D. AUDIT

Initial <i>applicable</i> row	
AGENCY will obtain annual financial audit (for budgets over \$1 million)	
AGENCY will obtain annual financial review (for budgets between \$100,000 and \$999,999)	
AGENCY will obtain annual financial compilation (for budgets between \$10,000 and \$99,999)	
AGENCY will submit annual financial statements (for budgets less than \$9,999)	
Auditor Name:	Auditor Address:
Phone:	Email:

## **INSURANCE**

As part of the consideration of this Agreement, AGENCY agrees to purchase and maintain at its sole cost and expense during the life of this Agreement insurance coverage against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the AGENCY, its agents, representatives, or employees.

### **A. Minimum Scope and Limit of Insurance:**

Coverage shall be at least as broad as:

- a. Commercial General Liability (CGL): Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations with limits of no less than One Million Dollars (\$1,000,000) per occurrence for bodily injury, personal injury and property damage. If a general aggregate limit applies, either the aggregate limit shall apply separately to this project or the general aggregate limit shall be twice the required occurrence limit.
- b. Automobile Liability: Insurance Services Office Form Number CA 0001 covering Code 1 (any auto), or if AGENCY has no owned autos, Code 8 (hired) and Code 9 (non-owned), with limits of no less than One Million Dollars (\$1,000,000) per accident for bodily injury and property damage.
- c. Workers' Compensation: In accordance with the provisions of the California Labor Code, AGENCY is required to be insured against liability for Workers' Compensation or to undertake self-insurance. Statutory Workers' Compensation and Employers' Liability of at least \$1,000,000 shall cover all AGENCY's staff while performing any work incidental to the performance of this agreement.
- d. Builders' Risk Insurance (for construction grants) - During the course of construction, Grantee shall secure insurance to include protection against direct physical loss or damage, including fire and theft, in an amount sufficient to cover replacement value of all Improvements.

If the AGENCY maintains higher coverage limits than the amounts shown above, then the City requires and shall be entitled to coverage for the higher coverage limits maintained by the AGENCY. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

### **B. Other Insurance Provisions:**

Each insurance policy shall contain, or be endorsed to contain, the following five (5) provisions:

#### 1. Additional Insured Status

The City of Santa Barbara, its officers, employees, and agents, shall be covered as additional insureds on the Commercial General Liability and the Automobile Liability policy with respect to liability arising out of work or operations performed by or on behalf of the AGENCY including materials, parts, or equipment furnished in connection with such work or operations and automobiles owned, leased, hired, or borrowed by or on behalf of the AGENCY. Additional Insured coverage shall be provided in the form of an endorsement to the AGENCY's insurance (at least as broad as Insurance Services Office Form CG 20 10 11 85). A copy of the endorsement evidencing that the City of Santa Barbara has been added as an additional insured on the policy, must be attached to the certificate of insurance.

#### 2. Subcontractors

AGENCY shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and AGENCY shall ensure that the City is an additional insured on insurance required from subcontractors. For Commercial General Liability

coverage subcontractors shall provide coverage with a format at least as broad as Insurance Services Office form CG 20 38 04 13.

3. Notice of Cancellation

A provision that coverage will not be cancelled or subject to reduction without written notice given to the City Clerk, addressed to P.O. Box 1990, Santa Barbara, California 93102-1990.

4. Primary Coverage

For any claims related to this contract, the AGENCY's insurance coverage shall be primary insurance as respects the City, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City shall be excess of the AGENCY's insurance and shall not contribute with it.

5. Waiver of Subrogation

AGENCY hereby agrees to waive rights of subrogation which any insurer of AGENCY may acquire from AGENCY by virtue of the payment of any loss. AGENCY agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation. AGENCY agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the AGENCY, its employees, agents and subcontractors.

**C. Acceptability of Insurers:**

All insurance coverage shall be placed with insurers that have a current rating from AM Best of no less than A: VII; and are admitted insurance companies in the State of California. All other insurers require prior approval of the City.

**D. Coverage Limits Specifications:**

Approval of the insurance by City or acceptance of the certificate of insurance by City shall not relieve or decrease the extent to which the AGENCY may be held responsible for payment of damages resulting from AGENCY's services or operation pursuant to this Agreement, nor shall it be deemed a waiver of City's rights to insurance coverage hereunder.

If, for any reason, AGENCY fails to maintain insurance coverage which is required pursuant to this Agreement, the same shall be deemed a material breach of contract. City, at its sole option, may terminate this Agreement and obtain damages from the AGENCY resulting from said breach. Alternately, City may purchase such required insurance coverage, and without further notice to AGENCY, City may deduct from sums due to AGENCY any premium costs advanced by City for such insurance.

**E. Deductibles and Self-Insured Retentions:**

Any deductibles or self-insured retentions must be declared to and approved by the City. At the option of the City, either: the AGENCY shall cause the insurer to reduce or eliminate such deductibles or self-insured retentions as respects the City, its officers, officials, employees, and volunteers; or the AGENCY shall provide a financial guarantee satisfactory to the City guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

**F. Evidence of Coverage:**

AGENCY must provide evidence that it has secured the required insurance coverage before execution of this agreement. A Certificate of Insurance supplied by the City or the appropriate

ACORD and Insurance Services Office forms evidencing the above shall be completed by AGENCY's insurer or its agent and submitted to the City prior to execution of this Agreement by the City.

AGENCY shall furnish the City with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the AGENCY's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.