



CITY OF HAYWARD

FY2023-2024 COMMON APPLICATION FOR CITY FUNDING

SECTION I. ADMINISTRATION AND FINANCIAL INFORMATION

1. Applicant Name *Provide Agency/Organization Name*
2. Program Name *Provide the name of the Program if different from the Applicant Agency name*
3. Program Address *Provide the local address where services are provided. This may be different than the Applicant mailing address.*
4. Contact Name *Provide the name of the person authorized to speak with City representatives regarding the proposal. The person identified as the authorized designee regarding the proposal should be able to speak knowledgeably and specifically about the application and organization.*
5. Title/Position *Provide title/position of authorized designee regarding the proposal in question 4.*
6. Contact Phone *Provide a phone number where the authorized designee regarding the proposal in question 4 may be reached.*
7. Contact Email *Provide the email address for the authorized designee regarding the proposal in question 4. Please double-check for typos; email is the most common way the City will contact Applicants.*
8. EIN Number *Provide the EIN (Employer Identification Number) of the Applicant Agency.*
9. DUNS Number *Provide the DUNS (Data Universal Number System) Number of the Applicant Agency. A DUNS number is a unique nine-character number used to identify your organization. The federal government uses this number to track how federal money is allocated. Most large organizations, libraries, colleges, and research universities already have a DUNS number. You should contact your grant administrator, financial department, chief financial officer, or authorizing official to identify your organization's DUNS number. For more information, or to obtain a DUNS number, you can visit the Dun & Bradstreet Website [here](#).*

10. Is the Applicant a fiscal administrator for another organization? ☐ Yes ☐ No

If YES, please provide the name of that organization.

11. Is Applicant currently an IRS-approved non-profit entity?

If YES, what type? 501c(3), etc.

☐ Yes ☐ No

Check Yes if the Applicant is an IRS-approved non-profit entity and provide the type of nonprofit entity (501c3, 501c6, 501c7, etc.).

12. Is Applicant currently a State of CA-approved nonprofit entity?

☐ Yes ☐ No

Check Yes if the Applicant is a non-profit entity registered with the Office of the Secretary of State.

13. Has Applicant completed a fiscal audit within the past 12 months? (Attach a FY 2021-2022 independent fiscal audit)

☐ Yes ☐ No

Check Yes if the Applicant has completed a fiscal audit within the past 12 months.

Applications requesting less than \$20,000 are required to provide a financial letter of good standing. All applications requesting more than \$20,000 are required to submit a complete fiscal audit.

A. PROGRAM DESCRIPTION

14. What is the proposed program or service your organization seeks funding for? *Agencies should provide a clear description of the specific program or service they seek funding for and the critical need that the program or service addresses. Describe if the program or service is preventative and/or responsive.*
15. This application requests funding for an activity in the following category (check only one category). City staff may reassign the selected category to a different category should staff determine that such reassignment is needed and warranted.

- ☐ Economic Development
☐ Infrastructure
☐ Services
☐ Arts & Music
☐ Special/Cultural Event

Check only ONE category box that best represents the funds requested in your application. If your agency is submitting more than one application (e.g., one for Services, and one for a Facilities Improvement), each application must be submitted separately. Consult with City staff if you are unsure of which Category you should apply.

Services, Check this box if the application requests funds to provide the following types of services: food pantries, information and referral systems, or case management for vulnerable populations, after-school programs, adult literacy, or tutoring, events and services that promote health and wellness, mental health counseling, or other therapeutic services, rental assistance, fair housing services, legal services, landlord and tenant mediation, information workshops, rapid rehousing, homelessness prevention, street outreach, or shelter services, Services to seniors or people with disabilities, including transportation related services to eligible low-income seniors or people who have disabilities

Infrastructure: Check this box if the application requests funds to provide the following types of projects: acquisition of real property to be used for services to low-income Hayward residents, rehabilitate or repair an existing local facility. This includes but is not limited to the rehabilitation of and non-profit facilities,

Economic Development: Check this box if the application requests funds to support the following types of local economic development and/or the job creation:

skill building activities for employees or potential employees (requires placement in employment), placing individuals into paid full-time, stable employment, activities designed to foster the development, support, and expansion of a microenterprise (defined as a business that has five or fewer employees, one or more of whom owns the enterprise),

Arts and Music: *Check this box if the application request operational/programmatic funds to support art, music, or cultural programs or activities including but not limited to educational assemblies, curriculum development and distribution, and art galleries.*

Special/Cultural Event: *A Special Event is defined as any planned activity that requires the use of public property which is not within the normal and ordinary use of the property or which, by nature of the activity, may have a greater impact on City services or resources, neighborhoods, businesses or the community as a whole than would have occurred had the activity not taken place, including but not limited to, parades, gatherings, arts and crafts shows/fairs, festivals, athletic events, car shows, and musical or cultural events.*

16. The Community Development Block Grant (CDBG) funds local community development activities with the goal of providing affordable housing, anti-poverty programs, and infrastructure development. CDBG is a federal funding source, and as such, has more complex reporting requirements and requires monthly invoices. Are you applying for CDBG funding?

☐ Yes ☐ No

In order to be eligible for funding, every CDBG-funded activity must qualify as meeting one of the three national objectives of the program.

- *Benefiting low- and moderate-income persons,*
- *Preventing or eliminating slums or blight, or*
- *Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such needs.*

17. CDBG APPLICANTS ONLY: Which National Objective does your program support?

- ☐ Benefits to low- and moderate- income (LMI) persons
☐ Aid in the prevention or elimination of slums or blight
☐ Meet a need having a particular urgency (referred to as urgent need)

18. CDBG APPLICANTS ONLY: Describe how your program supports the National Objective selected above.

B. AGENCY PERFORMANCE

19. What is your organization's mission? *Agencies should provide a clear and succinct mission. The mission should provide a clearly stated purpose of who the organization is, what they do, and how they benefit the Hayward community.*

20. How many years has the service organization been providing services in Hayward?

21. How many years has the service organization been providing the *proposed* services in Hayward?

22. Describe how program performance is assessed and maintained. *The City is interested in learning how data driven outcomes are used in your program management and planning? How do you track outcomes? How do you use data to improve upon your service delivery?*
23. Use this space to share anything that the City should know. *Did you have any organizational changes in the past year that may have impacted your organization's performance?*
24. CDBG APPLICANTS ONLY: Describe how the Applicant would verify, document and report that the clients benefiting from the City's funding would be low-income Hayward individuals, households, or businesses. *The City requires that CDBG funded programs serve 100% low-income. How would your agency verify and document low-income status?*
25. CDBG APPLICANTS ONLY: Describe how the organization plans to expand or enhance services in comparison to existing services with proposed funds. *Will this funding allow you to provide a new service or expand your service delivery?*

C. FUNDING

26. What is the total organizational/agency budget? (Attach a board-approved, line-item, agency-wide budget) _____
27. What is the total cost of the proposed program or project? (Attach a DETAILED program budget to include expenditures and anticipated revenue sources.) _____
28. Of that total on line 16 what amount is being requested from the City of Hayward? (Minimum grant amount is \$10,000) _____

D. FUNDING SUSTAINABILITY

29. Describe your efforts to diversify funding and other revenue sources you have sought. *The City of Hayward has limited funding to distribute through the Community Agency Funding process. City funding should not be an agency's sole funding source. We are interested to hear how you leverage City funding through diversifying your funding stream.*
30. Describe the impact funding would have for your agency and program. *The City is interested to hear how this funding impacts your agency. What does funding allow you to accomplish? Should partial funding be awarded, how would this impact your organization and program? The City is interested to hear how your organization would adapt should you receive less funding than in previous years.*

SECTION II. CITY STRATEGIC ROADMAP & COMMUNITY ALIGNMENT, INCLUDING RACIAL EQUITY

A. CITY STRATEGIC ROADMAP ALIGNMENT

31. Describe how the proposed program or service aligns with greater City priorities. *The City is interested in learning how the specific program or service aligns with the priorities identified in the City's strategic plans ([Strategic Roadmap](#), [Let's House Hayward! Strategic Plan](#), [Economic Development Strategic Plan](#), etc.)*

B. COMMUNITY NEED

32. Describe how the proposed program or service meets a community need. *The City is interested in learning how the specific program or service addresses needs within the Hayward community. Does the proposed program or service provide a unique service or address an unmet need?*
33. Describe the indicator(s) that gave rise the proposed program or service. *The City is interested in learning what motivated your agency to implement the proposed program or service. Provide data to support the basis for the proposed program or service.*
34. Describe how the proposed activities strengthen community collaboration to the benefits of clients served. *List organizations you partner with and the services provided. The City is interested in how agencies work with other agencies to strengthen collaboration and impact in the community.*

C. IMPACT

35. How many units of service did you provide in FY 2021-2022? (i.e., meals provided, classes taught, etc.)

36. Describe specific the goals, outcomes and impacts of the proposed program or service. *Describe the program goals, intended outcomes, and impacts on the Hayward community. What is this program or service intending to accomplish in Hayward?*

37. Does your organization provide:

Service Type	% of total services
Prevention Services: services intended to prevent something from happening. For example, health education to prevent spread of illness.	
Responsive Services: services intended to respond to something that has already happened. For example, medical treatment for persons with a medical condition.	

D. PERFORMANCE MEASURES AND GOALS:

Performance Measures and Goals: Answer the criterion/criteria for the Category of funds requested in the application.

A. FOR SERVICES AND INFRASTRUCTURE PROJECTS: Indicate the number of unduplicated low-income Hayward individuals the proposed program would directly benefit during FY 2023-2024 from the proposed program. Please do not provide the number of households assisted as the response to this question (use EITHER household or individuals).

B. FOR HOUSING SERVICES PROJECTS: Indicate the number of unduplicated low-income Hayward households the proposed program would directly benefit during FY 2023-2024 from the proposed program (for projects focused on housing related services).

C. FOR ECONOMIC DEVELOPMENT PROJECTS ONLY: Estimate the number of permanent, full-time jobs for low-income individuals that would be created by the proposed program.

OR

D. FOR ECONOMIC DEVELOPMENT PROJECTS ONLY: Estimate the number of businesses that would be assisted. Please only fill out C or D if you are applying under the economic development category.

E. FOR SPECIAL/CULTURAL EVENTS ONLY: Estimate the number of anticipated attendees.

38. How many unduplicated low-income **individuals** living in Hayward would directly benefit in FY 2022-2023 from the proposed program?

39. How many unduplicated low-income **households** living in Hayward would directly benefit in FY 2022-2023 from the proposed program?

E. RACIAL EQUITY DATA

40. In alignment with the City's Racial Equity Action Plan, we are collecting the demographic make-up of applicant agencies. Please enter the demographic make-up of your agency leadership and staff.

Ethnicity	Agency Demographics			
	<i>Provide agency specific demographics.</i>			
	Leadership <i>Indicate the number of individuals in leadership roles within the appropriate ethnicity.</i>	Hispanic <i>Of the number of leaders within each ethnicity, indicate the number of individuals who identify as Hispanic. This number should not be greater than the total in the leadership column.</i>	Total Employees <i>(Including Leadership)</i> <i>Indicate the number of individuals (including those in leadership roles) within the appropriate ethnicity. This number should be greater than the totals in the leadership column.</i>	Hispanic <i>Of the number of employees within each ethnicity, indicate the number of individuals who identify as Hispanic.</i>
White				
Black/African American				
Asian				
Chinese				
Filipino				
Asian Indian				
Vietnamese				
Korean				
Japanese				
Other Asian (e.g. Pakistani, Cambodian, Hmong, etc.)				
Amer. Indian/Alaskan Native				
Native Hawaiian/Pacific Isl.				
Native Hawaiian				
Samoan				
Chamorro				
Amer. Indian/White				
Asian/White				
Black/White				
Amer. Indian/Black				
Other Multi-Racial				
Total				

Gender of Employees

Gender	Leadership	Total Employees
Female		
Male		
Other		
Total		

41. Client Demographics Data (data from FY 2021-2022)

Provide client specific demographics.

Ethnicity	Client Demographics	
	# Served <i>Indicate the number of individuals served in FY 2021-2022 within the appropriate ethnicity.</i>	Hispanic <i>Of the number of clients within each ethnicity, indicate the number of individuals who identify as Hispanic. This number should not be greater than the total in the # Served column.</i>
White		
Black/African American		
Asian		
Chinese		
Filipino		
Asian Indian		
Vietnamese		
Korean		
Japanese		
Other Asian (e.g. Pakistani, Cambodian, Hmong, etc.)		
Amer. Indian/Alaskan Native		
Native Hawaiian/Pacific Isl.		
Native Hawaiian		
Samoan		
Chamorro		
Amer. Indian/White		
Asian/White		
Black/White		
Amer. Indian/Black		
Other Multi-Racial		
Total		

Gender	Clients Served
Female	
Male	
Other	
Total	

42. Describe efforts your organization is undertaking to address Racial Equity, including any integration of Racial Equity into Strategic Planning and Implementation processes. *The City is interested in learning how your agency uses a racial equity lens in program delivery. If your agency has a Racial Equity Plan, please upload a copy.*

F. ADDITIONAL FACTORS – *Staff Use Only*

Does this applicant provide basic safety net services?
 Is this applicant Hayward based?
 Is this program/service new or innovative?