CITY OF ROCKLIN COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PROGRAM YEAR 2026 APPLICANT QUESTIONNAIRE AND PROPOSAL GUIDANCE

The City of Rocklin published a Notice of Funding Availability (NOFA) on October 17, 2025 for CDBG PY 2026 funds. Applicants are required to submit a proposal with responses to each of the questions below. Failure to respond to the questions may result in disqualification for funding. There is additional information regarding insurance requirements provided, and should be reviewed prior to submitting a proposal. This pertains in particular to entities which may not have received CDBG allocations from the City in the past. Note that these requirements are for the CDBG proposals only. Low-Mod/Homeless Prevention and Rapid Rehousing requests have separate proposal requirements, which can be found on the City's website here: https://www.rocklin.ca.us/housing. Proposals requesting CDBG funding will only be considered for CDBG funding, not Low-Mod funding.

APPLICATION QUESTIONNAIRE/PROPOSAL REQUIREMENTS

Organization

1. Please provide a brief history of your organization, including all services provided.
2. Which type of applicant entity are you? (*501c3 or other type)*
3. Location(s) where services will be provided or project will be completed.

Program Proposal

1. What type of activity are you applying for?
    a. Public Services (not including services for homeless persons)
    b. Public Facilities
    c. Economic Development
    d. Housing (not including housing and shelter for homeless persons)
    e. Other Homeless Services (including shelter) *subject to Public Services cap*
    f. Acquisition of property with existing structures or facilities
2. Describe how the activity would fall under the National Objectives outlined in the NOFA and within the City's Consolidated Plan Priority Needs (Strategic Plan, SP-25 Priority Needs 91.215(a)(2), https://www.rocklin.ca.us/post/2025-2029-con-plan)
3. Describe the program or project.
    a. *What is the service you will provide or the project you will complete?*
    b. *How will it happen and when?*
    c. *What will be the result?*
    d. *Who will benefit and how?*
    e. *What are the goals and objectives?*
4. Describe the timeline for the program/project.
5. Is this a new program/service, or an expansion or continuation of an existing program/service?

Relevant Experience

1. Have you received any grant funding from the City of Rocklin before? If so, what type and what amounts?
2. Which grant types has your agency received before?

3. Describe your experience, if any, as a recipient of CDBG funds and from what entity. Please include a reference from that agency (if only other than the City of Rocklin) including their complete contact information.
4. Describe your other collaboration with other agencies, including non-profit and public agencies.
5. Describe your use of volunteers.
6. Describe your history and experience providing services to the community including any prior experience with this type of program or project.
7. Identify staff who will implement and manage the program or project.

Service to Rocklin Residents

1. Describe your service area and how you would ensure and document income levels and that Rocklin CDBG funds were only being used to provide services for Rocklin Residents.
2. Should the City award less than you have requested, how will this impact the program or project?
3. These funds must be used to benefit extremely low, very low, and low and moderate income persons. You must also collect and report demographic information on persons served. Describe your methods for documenting eligibility for services and collecting demographics.
4. How many unduplicated persons are you projecting to serve THIS year (July 2025 - June 2026)? How many of those will be Rocklin residents?
5. How many unduplicated persons are you projecting to serve NEXT year (July 2026 - June 2027) should you receive this award? How many of those will be Rocklin residents?

Funding Request & Budget

1. Provide a Project/Project Budget including specific costs for the program or project.
2. How much in funding are you requesting for this application?
3. Has your agency expended $1,000,000 or more in federal funds during the most recent fiscal year?
4. What is your total cost to serve each unduplicated person? Amount funded by this grant?

Additional Information

1. List who in your organization would be the primary contact for the grant including their full contact information (i.e., phone, e-mail, etc.).
2. Provide the entity name, address and name of the individual that payments would be directed to, should you receive an award.
3. Identify who in your organization appears on the Secretary of State Business Search Forms and has the authority to sign contracts. Please provide the full names of those parties (preferably 2 individuals with signing authority). You will also be asked to provide a copy of the most current form if your entity is selected for funding.
4. Please be aware that the City requires the standard insurance coverages noted on the following pages and will require evidence of insurance, full endorsements and the City named or endorsed as additionally insured if your entity is selected for funding. <u>If your entity cannot meet these requirements, please provide information regarding the level of coverage that can be provided and written justification for any reduced amounts of coverage.</u>

COVERAGE	**LIMITS OF LIABILITY**
Workers Compensation	$1,000,000
Commercial General Liability	Bodily Injury: $2,000,000 each occurrence $2,000,000 aggregate Property Damage: $2,000,000 each occurrence Personal Injury: $2,000,000 each occurrence $2,000,000 aggregate
Automobile liability including endorsements for owned, hired and non-owned vehicles	Bodily Injury: $1,000,000 each occurrence $1,000,000 aggregate Property Damage: $1,000,000 each occurrence

The insurance policies are to contain, or be endorsed to contain, the following provisions:

1. **Additional Insured Status**. The City, its officers, officials, employees, and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Subrecipient including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Subrecipient's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used).

2. **Primary Coverage**. For any claims related to this contract, the Subrecipient's insurance coverage shall be primary with coverage at least as broad as ISO CG 20 01 04 13 as respects the City, its officers, officials, employees, or volunteers, and shall be excess of the Contractor's insurance and shall not contribute to it.

3. **Notice of Cancellation**. Each insurance policy required above shall not be canceled, except with notice to the City.

4. **Waiver of Subrogation**. Subrecipient hereby grants to City a waiver of any right to subrogation which any insurer of said Subrecipient may acquire against the City by virtue of the payment of any loss under such insurance. Subrecipient 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.

5. **Self-Insured Retentions**. Self-insured retentions must be declared to and approved by the City. The City may require the Subrecipient to provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or City.

6. **Acceptability of Insurers**. Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

7. **Claims Made Policies**. If any of the required policies provide coverage on a claims made basis:

i. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.

ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of the contract of work.

iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Subrecipient must purchase "extended reporting" coverage for a minimum of five (5) years after completion of contract work.

8. **Verification of Coverage**. Subrecipient shall furnish the City with original Certificate of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to the City before work begins. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor'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.

9. **Special Risks or Circumstances**. City reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.