SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT (OHCD)

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

Application for
HOMEOWNER REPAIR/REHABILITATION PROGRAMS

Program Years 2022 and 2023

September 27, 2021
Mary Jane Brell Vujovic, Director
Human Services Department
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Eligible Project Types:
Funds may be used for a variety of homeowner repair/rehabilitation project types including but not limited to:

- Emergency repair programs;
- Accessibility modification programs;
- Energy efficiency and weatherization programs; and
- Substantial rehabilitation of existing structures which typically bring the property up to local codes and standards

Application Instructions
Applicant agencies may request funds for homeowner repair/rehabilitation programs for two years, Program Year (PY) 2022 and Program Year (PY) 2023. The Technical Advisory Committee and Policy Advisory Board will review and recommend funding for one year at a time and the County Council will approve funding for one year at a time.

Use the Application Checklist (page 13) for ensuring that your application is responsive to all application requirements. Submit the application in the format provided and do not substitute any forms. Place all attachments at the end of the application. For ease of copying, do not use tabs to separate parts of the application. Make sure the electronic copy has all of the required attachments and is in the same order as the hard copy.

Information is available from the Snohomish County Office of Housing and Community Development by contacting Robei Broadous at (425) 388-7454 or by email at Robei.Broadous@snoco.org.
OVERVIEW OF CDBG PROGRAM REQUIREMENTS

Location of Projects
Projects must be located in Snohomish County or in an incorporated city within the County, except for Everett, Marysville, and the King County area of Bothell.

Faith Based Activities
Organizations that are religious or faith-based are eligible, on the same basis as any other organization, to participate in the CDBG program. Organizations may not engage in inherently religious activities, such as worship or religious instruction, or proselytization, as a part of the programs or services funded with CDBG funds. If the organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services funded with CDBG funds, and participation must be voluntary for the beneficiaries of the CDBG-funded programs or services. Faith-based organizations may use space in their facilities to provide CDBG-funded services without removing religious art, icons, scripture, or other religious symbols. An organization that participates in the CDBG program shall not, in providing program assistance, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief. A religious organization’s exemption from the federal prohibition on employment discrimination on the basis of religion, set forth in Section 702 (a) of the Civil Rights Act of 1964 is not forfeited when the organization participates in the CDBG program. Notwithstanding the foregoing, non-discrimination requirements imposed by statute on all CDBG grants shall apply to religious and faith-based organizations.

Project Eligibility / CDBG National Objective
Housing activities that provide or improve permanent residential structures can only qualify as benefiting low-income households under the Housing criteria of the low and moderate-income (LMI) benefit national objective. Household income must be calculated in accordance with 24 CFR 5.609 (commonly referred to as the “Part 5 (Section 8 Program) definition”).

For CDBG Homeowner Rehabilitation, the County’s 2020-2024 Consolidated Plan limits households assisted to at or below 50% of Area Median Income (AMI).

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Low Income (50% of median)</td>
<td>40,500</td>
<td>46,300</td>
<td>52,100</td>
<td>57,850</td>
<td>62,500</td>
<td>67,150</td>
<td>71,750</td>
<td>76,400</td>
</tr>
<tr>
<td>Extremely Low Income (30% of median)</td>
<td>24,300</td>
<td>27,800</td>
<td>31,250</td>
<td>34,700</td>
<td>37,500</td>
<td>40,300</td>
<td>43,050</td>
<td>45,850</td>
</tr>
</tbody>
</table>

Forms of Financial Assistance
Funds awarded will be in the form of grants or loans.

Performance Measures
Snohomish County’s OHCD has selected the following HUD objective, outcome, and outcome statement for housing capital projects:
HUD Objective: Decent Housing
HUD Outcome: Affordability
HUD Outcome Statement: Affordability for the purpose of providing decent affordable housing
Outcome Indicator: Owner-occupied Units Rehabilitated or Improved

The organization will be required to collect the following data:

- Total number of households
- Income levels of households assisted
- Race and ethnicity
- Number of units occupied by elderly
- Number of units with a female head of household
- Number of units brought from substandard to standard condition
- Number of units brought into compliance with lead safe housing rule (CFR part 35)
- Number of units made accessible for persons with disabilities
- Amount of money leveraged from other sources

Collection of Low- and Moderate-income Data
The organization will be required to develop a system for obtaining the needed information and continue to collect the data until the end of the contract term. OHCD staff will be available to provide technical assistance to individual organizations to help them set up their systems.

Quarterly and Annual Reports
A report documenting compliance with federal regulations, low- and moderate-income household information, outcomes reporting and project status will be required on a quarterly and annual basis. Quarterly Reports are due approximately two weeks after the end of each quarter (July 1 to September 30, October 1 to December 31, January 1 to March 31, and April 1 to June 30). Annual Reports are due approximately two weeks after the end of the federal year (July 1 to June 30).

FEDERAL REGULATORY REQUIREMENTS

CDBG regulations require applicants to comply with specific funding regulations. The following are some, but not all, of the federal requirements that may apply to a project:

Environmental Review
The Department of Housing and Urban Development (HUD) requires Snohomish County, per 24 CFR 58.4, to assume full responsibility for environmental assessment and decision-making under the National Environmental Policy Act (NEPA), Related Federal laws and Authorities, and the implementing federal regulations. Some projects may be determined to be exempt from some or all of these regulations. Each project will be reviewed by OHCD staff to determine the level of compliance required.

Environmental review of a project must consider the cumulative impact of a project. Cumulative impact is defined as: “The impact on the environment which results from the incremental impact of the action when added to other past, present, and reasonably foreseeable future actions regardless of what agency (federal or non-federal) or person is undertaking such other actions.” Both direct and indirect effects are reviewed.
The County cannot execute an award of funds to any project or program before environmental review and clearance are complete. Commitment to a project or program before clearance could disqualify the proposal from funding consideration if there prove to be environmental issues which delay or prevent clearance.

For more information on the environmental review process, please contact the Environmental Specialist, Robei Broadous at 425-388-7454 or Robei.Broadous@snoco.org.

**Procurement**
The use of CDBG funds requires compliance with Office of Management and Budget (OMB) Uniform Guidance 2 CFR Part 200. The County requires review and approval by OHCD of any procurement documents to ensure compliance with all federal requirements before finalization.

**Debarred Contractors**
Federal funds may not be used to directly or indirectly employ any contractor or subcontractor during any period of debarment or suspension from federal awards per 24 CFR part 180.

**Equal Opportunity**
Organizations must comply with federal, state, and local laws that prohibit discrimination on the grounds of race, color, religion, sex, national origin, age, disability, genetic information, sexual orientation, and parental status.

**Americans with Disabilities Act (ADA)**
Federal, state, and local laws prohibit discrimination based on disability.

**Conflict of Interest**
Entities must comply with applicable federal, state, and/or local limitations regarding who can benefit from contracts.

**Section 3 of the Housing and Urban Development Act of 1968, As Amended**
The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD financial assistance is directed to low- and very low-income persons to the greatest extent feasible. In accordance with the Snohomish County Section 3 Plan, solicitation of Section 3 businesses is required during procurement for any construction contract of $100,000 or more and is encouraged for contracts of lesser amounts. The Section 3 Plan also requires contractors/subcontractors to follow a specific hiring plan in order to target Section 3 residents.

**Minority and Women Business Enterprise Participation**
The County is required to take affirmative actions to allow Women- and Minority-Owned Business Enterprises (WMBE) to benefit from federal funds. The County passes this requirement on to funded Agencies, which must make a good faith effort to employ WMBE firms when implementing projects/programs. These efforts can include advertising for professional services or construction contractors in minority publications, notifying WMBE firms directly of employment opportunities, or requiring that contractors hire WMBE subcontractors. Solicitation of MBE firms is required during procurement for any construction contract of $50,000 or more.
Threshold Review and Evaluation Criteria
The following document is the Threshold Review and Evaluation Criteria. The Threshold Review will be completed by OHCD staff and included in the materials given to the Technical Advisory Committee (TAC). The TAC members will rate each project based on the evaluation criteria. Applications for Multi-Family Rental Housing Minor Improvement funds can receive a maximum of 105 points. Projects will be rated on a scale of 0 to 5 (5 meeting all of the criteria; 3 partially meeting the criteria; 1 meeting very little of the criteria and 0 meeting none of the criteria). Details of the criteria expectations can be found throughout the application.
2022 Fundng Application  
CDBG Grants for Homeowner Repair/Rehabilitation Programs  
And  
Multi-family Rental Housing Minor Improvement Projects  
Threshold Review & Evaluation Criteria

<table>
<thead>
<tr>
<th>PROJECT:</th>
<th>PROJECT SPONSOR:</th>
</tr>
</thead>
</table>

Applications must be consistent with the Snohomish County Housing and Community Development Consolidated Plan and comply with CDBG regulations.

Threshold Review and Evaluation Criteria Review, plus Threshold Bonus Points, will be completed by OHCD staff and included in the material given to the Technical Advisory Committee (TAC).

Threshold Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Eligibility under the CDBG program regulations (24 CFR 570.201)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Consistency with Consolidated Plan Strategies and Objectives for 2020-2024 (Appendix B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. If project serves homeless persons, project is consistent with a goal in the Snohomish County 10-Year Plan to End Homelessness or the Homeless Policy Task Force Action Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Board/Council endorsement for submitting application and signature of appropriate department head (Signed board resolution may be produced post application deadline, if Board/Council endorsement is in process for approval, but must be obtained no later than the date in which the Technical Advisory Committee reviews, rates and ranks the application/project.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Application is complete and submitted on time; all applicable documents noted on the Application Checklist are included with the submission.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Application Meets Threshold Criteria:  
If Yes, Proceed to Evaluation Below.  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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</table>
EVALUATION CRITERIA

Applications are reviewed and evaluated based on written information and attachments provided by the applicant.

Total points for all types of applications include applicable bonus points, plus points assigned. There are five criteria sections. Criteria in sections 1-5 will be rated on a scale of 0 to 5 as outlined below.

1. **COMMUNITY NEED AND BENEFIT** - Apply 0 to 5 points taking into consideration the items listed below.

   **Needs/Gap Assessment (Weighted three times)**

   a) The project is structured to adequately and appropriately address the unmet need identified for the target population. Documentation is provided demonstrating that the project’s scope will not exceed or overfill the existing gap/need in community and provides options otherwise not available.

   0= project impact on existing gap/need in community not addressed
   1= Mentioned a gap/need but did not provide any evidence of the scope to which this project will fill it
   3= Mentioned that there was a gap/need in the community and some statistics but reviewer had to infer that the project would not exceed it
   5= Provided clear and detailed description of gap/need in the community as well as a detailed description with statistics, and a well-developed approach to how this project will effectively address this need

   **POINTS:**

   **Health and Safety Improvements (Weighted three times)**

   b) Organization establishes that the project or program targets health and safety needs.

   0= No mention of health and safety need
   1= Mentioned that there was a health and safety need but did not provide any evidence
   3= Provided some statistics that partially documented health and safety need
   5= Provided clear and detailed description of health and safety need supported by detailed and referenced current statistics; program was presented and documented from the perspective of the population in need not only from the perspective of the agency

   **POINTS:**

   **Health and Safety Accessibility Modifications (Weighted three times)**

   c) Organization establishes that the project or program targets accessibility needs.

   0= No mention of accessibility need
   1= Mentioned that there was an accessibility need but did not provide any evidence
   3= Provided some statistics that partially documented accessibility need
5= Provided clear and detailed description of accessibility need supported by detailed and referenced current statistics; program was presented and documented from the perspective of the population in need not only from the perspective of the agency

POINTS:_____

Total Points: Community Need and Benefit _______
(Max = 45)

2. **PROJECT SOUNDNESS** - Apply 0 to 5 points taking into consideration the items listed below.

*Project Scope*

a) Project/program design and scope of work are thorough, consistent and feasible and respond to a locally identified housing need, with project design and management or services, if applicable, appropriate to the proposed target population.

0= Scope of work/project design is not feasible or clearly/fully developed; project does not respond to a documented local housing need
1= Scope of work/project design not fully identified or not appropriate for proposed population, or; project partially responds to a documented local housing need
3= Scope of work is feasible as presented; project partially responds to a documented local housing need OR project responds to a local need for which only partial evidence is presented
5= Scope of work/project design is well developed, thorough and appropriate for the intended population; project fully responds to a documented local housing need; evidence and data of need are clearly presented

POINTS:_____

*Consistency with Community Development*

b) The project is designed to serve those households where there is a demonstrated need locally and/or addresses underserved populations identified in the Consolidated Plan, 10 Year Plan to End Homelessness, Comprehensive Plan/Housing Element, and other relevant plans; provides sufficient documentation to establish the need and the lack of viable options for the proposed population; targets priority underserved populations.

0= Provided no documentation of the acuteness of the need
1= Little documentation provided of the acuteness of the need
3= Provided some statistical data or recognized study documenting the acuteness of need and benefit
5= Provided clear and detailed description of needs supported by detailed and referenced current statistics, that the project addresses unmet local needs or Consolidated Plan targets, or other relevant plans, and effectively identifies the lack of sufficient alternatives for this population

POINTS:_____
Marketing & Outreach

c) Applicant has a marketing plan that, when implemented, will assist in reaching the target population for the program, including affirmative marketing provisions.

0= Marketing plan describing client recruitment not provided
1= Identified the target populations to be recruited, but provided no information on how this will happen
3= Identified general marketing efforts, but lacked details for affirmative marketing or reaching specific targeted populations
5= Provided detailed description of the client recruitment plan/marketing and affirmative marketing plan with realistic timelines for recruitment activities

POINTS: _____

<table>
<thead>
<tr>
<th>Total Points: Project Soundness</th>
<th>(Max = 15)</th>
</tr>
</thead>
</table>

3. **FINANCIAL FEASIBILITY** - Apply 0 to 5 points taking into consideration the items listed below:

Budget

a) Project budget estimates and costs are reasonable and well supported or justified. Budget forms are consistent, accurate, and thorough. (i.e. explanation of how project costs were determined)

0= No support or justification for project budget estimates; budget forms are not included in application or are inconsistent and inaccurate
1= Budget estimates and costs are not reasonable and justified OR budget forms are inconsistent and inaccurate
3= Proposed budget estimates and costs appear reasonable; some justification and support for budget estimates were provided; budget forms are consistent, accurate and thorough
5= Detailed support and justification for budget estimates was provided; proposed estimates and costs are reasonable; AND all forms are consistent, accurate and program is realistic and well developed

POINTS: _____

Consistency with Affordability Requirements

b) There is demonstrated capacity to serve and document income eligibility for program participants.

0= No information provided to demonstrate affordability requirements or income eligibility documentation are met
1= The program does not demonstrate or has little experience with income eligibility documentation
3= Some evidence provided demonstrating experience with income eligibility documentation
5= Clear evidence provided of prior experience with income eligibility documentation

POINTS:_____

**Additional Funding**

c) The project leverages other federal, state, local, or private resources.

0= Did not mention additional funding or resources that had been leveraged.
1= Vague mention that other funding or resources had been leveraged but no clear evidence that monies or resources were secured.
3= Partial evidence showing that additional funding or resources were secured.
5= Evidence clearly shows that additional funding or resources were secured.

POINTS:_____

<table>
<thead>
<tr>
<th>Total Points: Financial Feasibility</th>
<th>____</th>
<th>(Max = 15)</th>
</tr>
</thead>
</table>

4. **READINESS TO PROCEED** - Apply 0 to 5 points taking into consideration the items listed below.

**Project Timeliness (Weighted twice)**

a) Applicant demonstrates the ability to realistically schedule project milestones or does not consider impact of circumstances that may delay completion of the project in a timely manner.

0= Proposed timeline not provided or incomplete
1= Provided a proposed timeline that is not realistic and/or did not address impacts of possible delays
3= Provided a reasonable proposed timeline with minimal description of how possible delays will be addressed
5= Provided a detailed timeline; clearly identified all possible delays that would prohibit expenditure of funds or project completion AND clearly identified a detailed plan for addressing these barriers

POINTS:_____

**Fund Expenditure**

(Weighted three times for Homeowner Repair/Rehabilitation Programs)
(Weighted twice for Multi-Family Rental Housing Minor Improvements)

b) Applicant demonstrates the ability to realistically expend funds in a timely manner.

0= Proposed schedule for activities and expenditure of funds not provided or incomplete
1= Proposed schedule for activities and expenditure of funds not realistic
3= Reasonable proposed schedule for activities and expenditure of funds provided
5= Provided a full detailed and realistic description of the draw down expectation, and provided a plan and schedule by funding source, as well as having a demonstrated history for drawing down funds successfully over the past two years

POINTS:_____

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Total Points: Readiness to Proceed
(Max = 25 for Homeowner Repair/Rehabilitation Programs)
(Max = 20 for Multi-Family Rental Housing Minor Improvement Projects)

5. **ORGANIZATIONAL CAPACITY** - Apply 0 to 5 points taking into consideration the items listed below:

*Staffing Capacity*

a) Applicant demonstrates that it has adequate staffing with relevant experience to successfully complete and sustain the project or program, given its complexity.

0= No qualified and experienced staff identified
1= Not clear if there is sufficient experienced staff to complete and sustain the project/program
3= Some qualified and experienced staff identified; but appear to lack extensive or applicable experience
5= Clear identification of sufficient and qualified, experienced staff necessary to complete and sustain the project or program.

POINTS:_____

*History of Project Management*

b) Applicant demonstrates the ability to successfully implement, manage and sustain the project, given its complexity, and comply with Federal and local funding requirements in a timely manner, and within budget. Applicant has identified the capacity to comply with labor standards, Section 3, acquisition and relocation requirements, among others, as applicable.

0= No identification of previous project management experience
1= Insufficient project management experience with projects of this complexity identified
3= Some project management experience identified; may lack extensive experience or relevant experience for projects of this complexity
5= Provided clear and complete evidence of successful project management of projects of similar complexity, with all relevant details included (e.g., timelines, budget adherence, funding requirements, deliverables)

POINTS:_____

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2022 & 2023 Homeowner Repair/Rehabilitation Programs Application
**Financial Management Capacity**

c) Applicant has identified the ability and experience to develop realistic project/program budgets and successfully manage costs to budgets. Applicant has appropriate financial management capacity as indicated by audited financial statements and agency budget. Any audit findings of the organization have been resolved prior to submission of application.

0 = Financial management capacity not identified; agency budget and financial statements not provided
1 = Did not clearly identify sufficient financial management capacity
3 = Some financial management capacity identified; may lack identification in all relevant areas of financial management
5 = Provided clear and complete evidence of financial management capacity; all necessary audited financial statements and agency budget provided; ability to develop realistic project budgets and operating proformas, as applicable, or program budgets, and manage project costs; completed projects operating successfully

POINTS:_____

**Data Collection and Outcomes Reporting**

d) Applicant demonstrates that it has the capacity and data collection resources to comply with federal and local performance outcomes reporting requirements.

<table>
<thead>
<tr>
<th>HMIS Mandated Projects</th>
<th>- Data Collection - (as applicable) and/or WBARS, Annual reports, or data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = Did not mention data entry into HMIS</td>
<td>0 = No identified experience providing Combined Funders or other annual reports, audits, WBARS, local/federal outcomes, etc.</td>
</tr>
<tr>
<td>1 = Mentioned that data would be entered into HMIS but did not describe what or how</td>
<td>1 = Identified some capacity for data collection and outcomes reporting but did not specify how this would be done; lacks experience with required annual reporting, WBARS, audits</td>
</tr>
<tr>
<td>3 = Mentioned the data elements that would be entered into HMIS but did not provide how or when this would be done or who would do this</td>
<td>3 = Identified the federal and local performance outcomes that needed to be reported but did not provide a plan for the collection of data for these. Experience providing annual reports, WBARS, audits, but has issues with compliance or corrective actions.</td>
</tr>
<tr>
<td>5 = Provided a clear description of the data elements that would be entered into HMIS AND how and when this would be done AND who would be responsible for data entry</td>
<td>5 = Provided clear and complete description of all federal and local outcomes reporting requirements as well as a description of the data collection tools and procedures that would be utilized to gather the evidence needed for reporting on these outcomes. Provides timely annual reports, audits, WBARS and is responsive to corrective actions.</td>
</tr>
</tbody>
</table>

POINTS:_____
Total Points: Organizational Capacity
(Max = 20)

TOTAL ALL POINTS
(Max = 120)
ORGANIZATIONAL DOCUMENT CERTIFICATION FORM
Non-Profit Organizations
PY2022 & PY2023 Snohomish County NOFA Application

Agency Name: ______________________________________

(Each non-profit agency that applies for funds from the Snohomish County Human Services Dept./Division of Housing and Community Services NOFA must submit an electronic only of the documents (no hard copies required) below, annually by the application deadline listed in the NOFA Application. Applicants need only submit this once for all Applications in the NOFA. (Note: Specific Applications may have additional submittal requirements to be enclosed with that particular Application.)

The following organizational documents are enclosed:

☐ 1. Proof of 501(c) (3) status with IRS
☐ 2. Current Articles of Incorporation & amendments
☐ 3. Current By-Laws, as amended
☐ 4. Organizational mission statement and length of time in existence.
☐ 5. Current Board of Directors information or other governing body; include name, occupation, or affiliation of each member and identify the principal officers of the governing body. Also include the following board information:

<table>
<thead>
<tr>
<th>A. How many positions are currently vacant?</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. How many board meetings were held in the last 12 months?</td>
</tr>
<tr>
<td>C. How many meetings had a quorum present?</td>
</tr>
<tr>
<td>D. Are written meeting minutes kept?</td>
</tr>
<tr>
<td>E. Is the board operating in accordance with its approved bylaws?</td>
</tr>
<tr>
<td>F. Do you conduct an orientation for new board members?</td>
</tr>
<tr>
<td>G. Do you provide other board training?</td>
</tr>
</tbody>
</table>

☐ 6. Current Organizational chart, including related or subsidiary entities and to-be-established entities (e.g. limited partnerships, LLCs, general partner entities, etc.)

☐ 7. Current Management Team information, including resumes of Executive Director, Chief Fiscal Officer and Chief Program Administrator

☐ 8. Current Year Operating Budgets
9. Most recent two years audits, with management letter, or financial statements if audits not required.
   ☐ Year ending ________
   ☐ Year ending ________

10. Tax return 990 forms for the last two years
    ☐ Year ending ________
    ☐ Year ending ________

   ☐ 11. Organizational Document Certification Form

I certify that the enclosed are true and current copies of the organizational documents listed.

Signature: ________________________________  Title: ________________________________
Name: ________________________________  Date: ________________________________
Organization: ________________________________  Project: ________________________________
Limit your answers to the space provided, using a minimum font size of 11 points. To request the application package, download it from the Snohomish County web site in Microsoft Word at: [https://wa-snohomishcounty.civicplus.com/684/Applications-for-Available-Funds](https://wa-snohomishcounty.civicplus.com/684/Applications-for-Available-Funds)

1. **Title of Proposed Project**

2. **Project Location (street address or nearest intersection and applicable zip code) *zip code required**

3. **Proposed Use of Requested Funds (Summarize in one or two sentences what the requested funds would be used for)**

4. **Project Cost for PY 2022**
   - (a) Funds requested $__________
   - (b) Total Project Cost $__________

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION INCLUDED IN THIS APPLICATION HAS BEEN CAREFULLY EXAMINED. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES, AND REGULATIONS REFERENCED IN THE APPLICATION IF FUNDING IS AWARDED.

5. **Applicant Agency Name and Mailing Address:**
   - *Authorized Signature of Applicant:
     - Signature
     - Name and Title
     - Email Address

   Contact Person: (list person responsible for answering questions about the application)
   - Name
   - Phone
   - E-mail Address

Applicants must submit a copy of their Board or City Council minutes authorizing submittal of this application. Copy of Authorization is attached.

Federal Tax ID #: DUNS #:
1. Title of Proposed Project

2. Project Location (street address or nearest intersection and applicable zip code) *zip code required

3. Proposed Use of Requested Funds (Summarize in one or two sentences what the requested funds would be used for)

4. Project Cost for PY 2023
   (a) Funds requested $ ____________
   (b) Total Project Cost $ ____________

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION INCLUDED IN THIS APPLICATION HAS BEEN CAREFULLY EXAMINED. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE POLICIES, RULES, AND REGULATIONS REFERENCED IN THE APPLICATION IF FUNDING IS AWARDED.

5. Applicant Agency Name and Mailing Address:  *Authorized Signature of Applicant:

   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

   Applicants must submit a copy of their Board or City Council minutes authorizing submittal of this application.
   Copy of Authorization is attached.

   Federal Tax ID #:
   DUNS #: 

   Name                            (Area Code) 
   Phone
   Email Address

   Contact Person: (list person responsible for answering questions about the application)
## Application Section 1 - PROJECT SUMMARY

Applicant:

Project/Program Name:

CDBG Funds Requested:

Project Summary and Financial Structure:

Target Population and Project Need:

Status of current OHCD awards: (include grant number, amount, and unexpended balances remaining as of November 4, 2021)
### Application Section 2 - ELIGIBLE ACTIVITIES

**Housing Stock Status (check one):**
- Existing Privately Owned
- Other (please specify)

**Project Activities (check all that apply):**
- Minor Rehabilitation
- Substantial Rehabilitation
- Health & Safety Improvements
- Accessibility Modifications
- Weatherization
- Energy Efficiency
- Other (please specify)

**Target Populations (check all that apply):**
- Families
- Individuals
- Special Needs (Describe)
1. Describe the nature of the problem or need this project is designed to address.

2. Describe how the project will address the identified gap or need without exceeding or overfilling the existing need or supplanting current project funding.

3. Include data specific to the population you are proposing to serve. Examples of data that may be used are market studies, housing needs studies and plans, housing condition surveys, and agency client surveys. If you refer to waiting lists, surveys or list of pre-qualified renters or homebuyers, you must cite your references.

4. For special needs projects, provide data about the housing needs of the population you are planning to serve.
Application Section 4 - PROJECT DESCRIPTION

1. Provide a detailed, complete description of the proposed project and how you plan to assist homeowners.

2. Describe the program limits for the amount of assistance available to eligible households, and how the home repair assistance is provided to the homeowner – e.g. grants, loans, etc.

3. Provide a description of the type of households to be served and any known special characteristics. (i.e., age, disabilities, special needs, etc.).

4. Describe how the project accomplishes the following:
   a. Promotes the health and safety for the residents.
   b. Improves accessibility modifications for the residents.
   c. Provides assistance that enables the residents to remain in their homes.
   d. Makes the unit more durable/sustainable over its lifetime.
   e. Increases affordability for residents (related to utility costs).

5. For loan programs describe the assistance model proposed for use including term, rate, and deferral period for clients. Describe how you would service these loans over time.
Applications in this NOFA must be consistent with the 2020-2024 Consolidated Plan.

1. Is the project consistent with the Snohomish County 2020-2024 Housing and Community Development Consolidated Plan, Ten-year Plan to End Homelessness (if applicable), Comprehensive Plan/Housing Element, and/or local community development plans, or other relevant plans?

2. Indicate the applicable goals or strategies and describe how this project addresses community needs and provides community benefits.
Application Section 6 - FAIR HOUSING COMPLIANCE AND COMMUNITY OUTREACH

1. Describe how compliance with fair housing laws will be applied to the proposed project.

2. Describe the outreach and affirmative marketing methods your agency will utilize to identify and solicit applications from eligible households, particularly those who are not likely to apply for assistance.

3. Describe how eligible homeowners will be selected for assistance.
Application Section 7 - PROJECT COSTS AND AFFORDABILITY

1. Submit a completed Project Budget form for each year (Form 2A for PY 2022 and Form 2B for PY 2023)

2. Is the agency contributing any funds to the project? Describe source(s) of funds.

3. Describe the processes the agency will utilize to document income eligibility for program participants.
1. Are there any known issues or circumstances that may delay the project? If so, describe the issues and include an outline of steps that will be taken and the timeline needed to resolve the issues.

2. If the agency is contributing funds to the project, have the funds been committed? If not, provide a commitment timeline.

3. Each program year begins July 1 and ends June 30 of the following year. In general, contracts may be executed after July 1st of the funding year. Snohomish County is required to adhere to strict spending timelines and CDBG funds must be spent in a timely manner. Based on the program year, provide a timeline indicating expected expenditure of funds.

4. Has your agency has managed any CDBG grants within the last five years? If yes, provide the following information for each grant:
   - Year project was funded
   - Project Name
   - Award Amount
   - Is project complete?
     - If yes, was project completed within the 12-month contract period? If not, explain why.
Application Section 9 - PROJECT SPONSOR

1. How many years has the agency/program been in business? _______

2. Describe the sponsor’s corporate status (nonprofit, Municipal Corporation, local government).
   
   _____ Non-profit agency
   _____ Municipal Government
   _____ Other local government: Indicate type ____________________________

3. Provide responses to the questions below.

   a. Describe the experience of each of the key project management staff.

   b. List each staff person to be paid with CDBG funds and indicate FTE for each position.

   c. Describe the ability and experience of the organization’s staff in federal grant management.

   d. Describe the ability and experience of the organization’s staff in regards to development of realistic project/program budgets and successful management of costs to budgets.

   e. Describe how the organization will generate and maintain the records and financial reports required by the County and HUD to document the appropriate use of funds you may be granted.

   f. Describe the financial stability of the organization, including any recent audit findings and how your agency is resolving them.

   g. Describe the organization’s experience with income verification including information collected, required documentation, and third party verifications.

   h. Describe how the organization has the capacity and data collection resources necessary to comply with federal and local performance outcomes reporting requirements.

   i. Describe how the organization will operate the project. Provide a copy of the organization’s management plan or program manual.

4. Based on the Lead-Based Paint regulations, outline in detail what lead-based paint testing, evaluation, tenant notification, lead hazard reduction and clearance activities apply to this program. Describe how the program budget will be affected by meeting these requirements and provide the method used to determine costs. Identify which member of the program staff will perform Lead-Based Paint administration and compliance monitoring.
Snohomish County’s OHCD has selected the following HUD objective, outcome, and outcome statement for housing capital projects.

**HUD Objective:** Decent Housing  
**HUD Outcome:** Availability/Accessibility  
**HUD Outcome Statement:** Accessibility/Availability for the purpose of providing decent affordable housing

**Outcome Indicator:** Owner-occupied Units Rehabilitated or Improved (Provide information for each year: 7/1/22 – 6/30/23 and 7/1/23 – 6/30/24)

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<tr>
<td>1</td>
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<td>3</td>
<td>Number brought from substandard to standard condition (HQS or local code)</td>
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<td>Number qualified as Energy Star</td>
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<td>5</td>
<td>Number brought into compliance with lead safe housing rule (CFR part 35)</td>
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<td>6</td>
<td>Number of units made accessible for persons with disabilities</td>
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**Other indicators:** Provide estimates for each for 2020 only

**Amount of money leveraged from other sources:**
- Federal sources
- State sources
- Local sources
- Private sources

**Income levels of households to be assisted by per cent of area median income:**
- 30 percent or less
- 30+ percent to 50 percent
- 50+ percent to 60 percent
Application Checklist

1. ☐ Applicant Authorization and fully completed application for funding
2. ☐ Copy of Board/City Council minutes or Board/City Council Resolution approving submission of the application for funding and designating an authorized individual to negotiate and contractually bind agency
3. ☐ Non Profit Organizations submit the following documents electronically, on a separate CD or USB drive:
   a. Proof of 501 (c) (3) Status with IRS
   b. Current Articles of Incorporation & Amendments
   c. Current By-Laws, as amended
   d. Organizational mission statement and length of time in existence
   e. Current Board of Directors information or other governing body; include name, occupation, or affiliation of each member and identify the principal officers of the governing body
   f. Current Organizational Chart, including related or subsidiary entities and to-be-established entities
   g. Current Management Team information, including resumes of executive Director, Chief Fiscal Officer and Chief Program Administrator
   h. Current year operating budget
   i. Most recent two years of Audits, with management letter, or financial statements
   j. Tax return 990 for last two years
   k. Signed Organizational Document Certification Form (page xvii-xviii)
4. ☐ Form 1A – Cover page for PY 2022 (page 1)
5. ☐ Form 1B – Cover page for PY 2023 (page 2)
6. ☐ Application Sections 1 through 10 (pages 3-12)
7. ☐ Form 2A – Proposed Project Budget for PY 2022 (pages 14-17)
8. ☐ Form 2B – Proposed Project Budget for PY 2023 (pages 18-21)
9. ☐ Form 3 – Project Budget Worksheet for Expenditures for PY 2020 (pages 22-25) (provide details for computation of the proposed expenditures for PY 2020. For PY 2021, explain any major changes in budget categories at the end of the form)
SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

Form 2A

APPROVED CONTRACT BUDGET
COST REIMBURSEMENT FOR PROGRAM YEAR 2022

PROGRAM TITLE: 

AGENCY:

ADDRESS

Contract Period: July 1, 2022 to June 30, 2023

REVENUE SOURCES:
FUNDS AWARDED UNDER CONTRACT:

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TOTAL FUNDS AWARDED: $0

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TOTAL NON-FEDERAL RESOURCES: $0

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OTHER PROGRAM RESOURCES (Identify):

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SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

TOTAL OTHER RESOURCES  $0

SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

EXPENDITURES FOR PROGRAM YEAR 2022

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TOTAL $0 $0 $0 $0 $0
SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

EXPENDITURE NARRATIVE FOR PROGRAM YEAR 2022

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**SNOHOMISH COUNTY**  
**HUMAN SERVICES DEPARTMENT**

**Form 2B**  
**APPROVED CONTRACT BUDGET**  
**COST REIMBURSEMENT FOR PROGRAM YEAR 2023**

**PROGRAM TITLE:**  

**AGENCY:**  

**ADDRESS**

Contract Period: July 1, 2023 to June 30, 2024

**REVENUE SOURCES:**  
**FUNDS AWARDED UNDER CONTRACT:**

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**TOTAL FUNDS AWARDED:** $0

**NON-FEDERAL MATCHING RESOURCES:**

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SNOHOMISH COUNTY
HUMAN SERVICES DEPARTMENT

EXPENDITURE NARRATIVE FOR PROGRAM YEAR 2023

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## Detail Salaries/Wages for Program Year 2023

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<th>FT/PT</th>
<th>% of Time to Fund</th>
<th>Fund</th>
<th>Total Monthly</th>
<th>Monthly CHG to Fund</th>
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An electronic spreadsheet is available from OHCD by calling (425) 388-3052.
# FORM 3
## PROJECT BUDGET WORKSHEET EXPENDITURES

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### A. SALARIES/WAGES:
List each position by title and name of employee, if available. Show the annual salary and the percentage of time to be devoted to the project. Reflect salary increases if applicable and overtime if needed. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

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<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
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<tbody>
<tr>
<td>1</td>
<td>Annual salary $x% of time to project</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>Annual salary $x% of time to project</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>Annual salary $x% of time to project</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Total Salaries/Wages</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### B. PERSONNEL BENEFITS:
Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman’s Compensation, and Unemployment Compensation.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medicare</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>FUTA</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>SUTA</td>
<td>% x hours</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>Total salaries x % or $</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Retirement (employer share)</td>
<td>Total salaries x % or $</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total Benefits</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

### C. SUPPLIES:
List items by type (office supplies, postage, copying paper, and expendable items such as books, and show the basis of computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

<table>
<thead>
<tr>
<th>Supply Items</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Supplies</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>
### D. PROFESSIONAL SERVICES:
For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project.

<table>
<thead>
<tr>
<th>NAME OF CONSULTANT</th>
<th>SERVICE PROVIDED</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Consultant Expenses:** List all expenses to be paid from the grant to individual consultants in addition to their fees (ie. travel, meals, lodging, etc.)

<table>
<thead>
<tr>
<th>EXPENSE ITEM</th>
<th>LOCATION</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Contracts:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Professional Services**

|       | $    | $    | $    |

**E. POSTAGE:**

<table>
<thead>
<tr>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Postage**

|       | $    | $    | $    |

**F. TELEPHONE:**

<table>
<thead>
<tr>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Telephone**

|       | $    | $    | $    |

**G. TRAVEL- MILEAGE, MEALS, LODGING:**
Itemize travel expenses of project personnel by purpose. Show the basis of computation.

<table>
<thead>
<tr>
<th>TRAVEL ITEM</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

**Total Travel**

|       | $    | $    | $    |

**H. ADVERTISING:**

<table>
<thead>
<tr>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
</table>

<p>|       | $    | $    | $    |</p>
<table>
<thead>
<tr>
<th>Description</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Advertising</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>I. OP RENTALS/LEASING:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>J. INSURANCE:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>K. UTILITIES</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>L. REPAIRS/MAINTENANCE:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>M. PRINITING/COPYING:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>N. DUES/SUBSCRIPTIONS:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>O. REGISTRATION/TUITION:</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

2022 & 2023 Homeowner Repair/Rehabilitation Programs Application
### FORM 3
**PROJECT BUDGET WORKSHEET EXPENDITURES**

<table>
<thead>
<tr>
<th>Category</th>
<th>COMPUTATION</th>
<th>COST</th>
<th>COST</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Registration/Tuition</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>P. MACHINERY/EQUIPMENT:</td>
<td>COMPUTATION</td>
<td>COST</td>
<td>COST</td>
<td>COST</td>
</tr>
<tr>
<td>Total Machinery/Equipment</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Q. OTHER:</td>
<td>COMPUTATION</td>
<td>COST</td>
<td>COST</td>
<td>COST</td>
</tr>
<tr>
<td>Total Other</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>R. ADMINISTRATION/INDIRECT COSTS:</td>
<td>Explain your indirect cost plan</td>
<td>COST</td>
<td>COST</td>
<td>COST</td>
</tr>
<tr>
<td>Total Administration/Indirect Costs</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

An electronic spreadsheet is available from OHCD by calling or (425) 388-3052.

Complete only one Form 3 for the 2022 funds.

For 2023 funds, explain any major changes in categories in the space below:

**BUDGET SUMMARY** - When you have completed the budget worksheet, transfer the totals for each category to the summary page. Compute the total direct costs and total project costs. Indicate the amount of Federal funds requested and the amount of non-federal funds that will support the project.