

**Community Development Block Grant/ Gilroy Housing Trust Fund Application  
City of Gilroy 22-RFP-HCD-471  
Fiscal Years 2022-2023 and 2023-2024**

**SECTION 1: COVER SHEET**

**A. Applicant Information**

Legal Name of Organization: Bay Area Community Health  
 Mailing Address: 40910 Fremont Blvd.  
 City, State, Zip Code: Fremont, CA 94538  
 Contact Person Name: Rosanna Salgado McDonald Title: Director, Fund Development  
 Email Address: rsalgado@bach.health Webpage: www.bach.health  
 Telephone Number: 408-729-4290

**B. Project Overview**

Project Name: Community Outreach and Navigation: PrEP  
 Project Location: 9460 No Name Uno  
 City, State, Zip: Gilroy, CA 95020

**Brief Project Description:** Bay Area Community Health, a Federally Qualified Health Center (FQHC) with an extensive history of delivering HIV outreach, prevention, and treatment services, requests \$15,000 in funding to train and deploy a .15 full-time equivalent (FTE) bilingual English/Spanish outreach worker to serve Gilroy residents at risk of contracting HIV. PrEP (pre-exposure prophylaxis) is a medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. If funded, the project will address the HIV epidemic by ensuring that Gilroy residents at risk of HIV have access to prevention through PrEP medication, and receive HIV testing and subsequent responsive care services including case management, linkage to care, and client navigation support along the PrEP continuum. The project is designed to increase the number of Gilroy residents accessing and using clinically-indicated PrEP; thus decreasing the number of residents who contract HIV. The project benefits from mutual referrals by/to essential services provided by BACH's Gilroy-based referral partners to meet housing, food, and other needs, as well as lowering barriers to care through access to BACH's full array of health and wellness services at BACH's Gilroy clinic.

**C. Funds Requested**

\$ \$15,000 (Grant request for fiscal year 2022-2023) \$ Error! (Grant request for fiscal year 2023-2024)

Total estimated project cost for Fiscal Year:		
	2022 / 2023	2023 / 2024
Projected cost:	\$15,000	

Gilroy CDBG/HTF funds in Fiscal Year:		
	2020 / 2021	2021 / 2022
Requested:		\$16,000
Received:		\$10,250

Identify the City of Gilroy 2020-2025 Consolidated Plan priority need(s) being met:

- |   |   |
|---|---|
| <input type="checkbox"/> Preserve Affordable Housing for Home Ownership | <input type="checkbox"/> Install Safety & Enhanced Public Improvements                |
| <input type="checkbox"/> Small Business Expansion                       | <input type="checkbox"/> Workforce Development  |
| <input type="checkbox"/> Supportive Services for Homeless               | <input checked="" type="checkbox"/> Supportive Services for Special Needs Populations |
| <input type="checkbox"/> Fair Housing Support                           | <input type="checkbox"/> Neighborhood Revitalization                                  |

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**SECTION 2: PROJECT INFORMATION**

**A. Project Overview and Target Population [Limit each response to no more than half a page]**

1. Describe the primary purpose of the proposed project:

To increase community awareness, increase access to health care, and lower the rates of HIV (human immunodeficiency virus) in Gilroy, thus addressing the HIV epidemic. The STD/HIV Prevention & Control Program of the County of Santa Clara Public Health Department has identified five key strategies in stopping the HIV epidemic: 1) improve quality and usability of collected data; 2) improve PrEP and PEP utilization and access, 3) increase and improve HIV and STD testing and integration, 4) improve linkage and retention in HIV care, and 5) increase general HIV education & awareness and reduce stigma around HIV, sexual orientation, and gender identity.

1.05. **Description of Services**

Location of services:	BACH's Gilroy Clinic, 9460 No Name Uno, Gilroy, CA 95020
Hours of operation:	Monday – Friday, 8:00am – 8:00pm, Saturday – Sunday, 8:00am – 5:00pm

<b>Activity 1:</b>	<b>Outreach to Partners</b>
Activity Description: Connect with Gilroy-serving partners; disseminate targeted email and social media notices; deliver online informational sessions to confirm mutual referrals (housing assistance, food pantries, for example); and publicize the availability of PrEP services. Internal education to BACH clinic staff. All outreach will be culturally sensitive and bilingual (English/Spanish.)	

<b>Activity 2:</b>	<b>Targeted Outreach to Community Members at Risk of HIV</b>
Activity Description: BACH will use a “smart screening algorithm” in its electronic health record: OCHIN Epic to identify potential PrEP candidates. Further inreach to higher-risk BACH patients through targeted text campaigns; to BACH patient population through video clip and flyers in clinic waiting and exam room and at BACH’s school-based health center based at Glenview Elementary School (which serves the entire family). BACH will deploy the bilingual English/Spanish outreach worker in Gilroy to serve new populations of Latino-majority migrant workers with varying document status as well as previously underserved HIV positive and high-risk HIV negative individuals. She will also receive referrals from service partners. As in all of its outreach, staff will adhere to current COVID-19 public health protocols, incorporating social distancing and masks, hand sanitizer and wipes to ensure a safe and healthy environment.	

<b>Activity 3:</b>	<b>Education, Services, and Referrals for Clients</b>
Activity Description: The outreach worker will meet with clients and provide education, support and referrals to HIV testing, and PrEP prescription. Referral to Valley Medical Center (if HIV positive). Includes culturally specific navigation (help with appointments, transportation, appointment accompaniment) for HIV- and HIV+ clients. BACH’s policy is to link HIV+ patients to care within 30 days.	

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2. Describe the need(s) that the proposed project addresses, its community impact, and how it addresses a 2020-2025 Consolidated Plan priority.

Bay Area Community Health, a Federally Qualified Health Center (FQHC) with an extensive history of delivering HIV outreach, prevention, and treatment services, requests \$15,000 in funding to train and deploy a .15 full-time equivalent (FTE) PrEP Outreach Navigator to serve Gilroy residents at risk of contracting HIV. PrEP (pre-exposure prophylaxis) is a medicine people at risk of HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV.

According to the County of Santa Clara Public Health Department, geographic areas with high rates of people living with HIV/AIDS were concentrated in the north central part of the county, as well as in the more rural southern region. Many of these areas are associated with higher poverty levels, lower educational attainment, and higher unemployment. (HIV Epidemiology Annual Report County of Santa Clara 2018).

If funded, the project will address the HIV epidemic by ensuring that Gilroy residents at risk of HIV have access to prevention through PrEP medication, and receive HIV testing and subsequent responsive care services including case management, linkage to care, and client navigation support along the PrEP continuum. The project is designed to increase the number of Gilroy residents accessing and using clinically-indicated PrEP; thus decreasing the number of residents who contract HIV. The project benefits from mutual referrals by/to essential services provided by BACH's Gilroy-based referral partners to meet housing, food, and other needs, as well as lowering barriers to care through access to BACH's full array of health and wellness services at BACH's Gilroy clinic.

The proposed project addresses the need for education and prevention services among Gilroy residents at risk of HIV. These include men who have sex with men (MSM), injection drug users, Latino-majority migrant workers with varying document status, previously underserved HIV positive and high-risk HIV negative individuals, and transgender women who have sex with men. The project's impact on the community is improved public health, lessened future burden on the local health, social services, and public benefits systems. The project meets the City Council's goal to Enhance Public Safety Capabilities.

3. Describe the project's target population, including client eligibility requirements. Discuss how and if they are an at-risk and/or under-served population.

The target population for the proposed project is men who have sex with men (MSM), injection drug users, Latino-majority migrant workers with varying document status, previously underserved HIV positive and high-risk HIV negative individuals, and transgender women who have sex with men. In 2019 in Santa Clara County, there were 3,481 HIV positive individuals and 159 new diagnoses, with the highest rate among men aged 25-44 (28.1 per 100,000). Among men, African Americans and Latinos have the highest rates (67.7 and 33.2 per 100,000, respectively) compared to whites 9.2 per 100,000). Among males, prevalence was highest among men who have sex with other men (MSM), at 71%. Santa Clara County people living with HIV are 43% Latino, 30% white, 12% Asian/Pacific Islander, and 11% African American. More than 10% were not linked with care within one month of diagnosis. (Source: HIV Surveillance Report Santa Clara County, HIV PSRA Meeting, 2020, Public Health Department.)

Many MSM experience barriers to HIV health care that include financial issues, housing instability, lack of insurance, stigma, limited access to transportation, fear of needles or medical procedures, lack of wanting to reveal their participation in PrEP or their lifestyle choices to families or others, co-occurring

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Substance Use Disorders (SUDs) or mental health issues, lack of access to primary and specialized care during weekend and evening hours, and concerns regarding side effects. Compounding the stigma that MSM experience, many African American and Latino men, regardless of sexual orientation and gender, also have experienced unethical and inappropriate treatment by public and private health care entities, creating a widespread mistrust of healthcare providers within these populations. (Source: Is Healthcare Leaving Latino Men Behind? Healthify, May 16, 2017 and HIS Healthcare Literature Review: <https://www.hishealth.org/research/literature-review.>)

BACH has a 50 year-plus history of delivering primary health care, including wellness and preventive care, to underserved and at risk populations. In addition, our clinics in Alameda County have delivered HIV and Trans specialty health care for 30 years; BACH is well-equipped to efficiently cross-train and support the outreach worker assigned to this project, to expand our HIV preventive care and services to Santa Clara County, beginning with Gilroy.

4. What other private or government organizations are now or will address the same needs identified herein? List and describe the services provided by each in relation to the needs addressed.

The County of Santa Clara's Getting to Zero team has applied for federal funding to support research and services to increase the use of PrEP; that request is pending. BACH has been invited to serve as a subcontractor to this research project. In addition, BACH is in the process of partnering with the Health Trust to co-locate an HIV Case Manager at its Gilroy Clinic. The outreach worker added by the proposed project in Gilroy would work in tandem with this case manager, expanding and enhancing the care clients will receive. Both the County's and the Health Trust's efforts would support and enhance the proposed project in Gilroy.

5. Explain how the proposed program/project augments rather than duplicates the services of others.

The proposed PrEP awareness, service, and navigation program services are not being currently being offered by others to serve Gilroy residents. BACH's Gilroy Clinic is well equipped to provide PrEP prescriptions, HIV testing and care, but there are no dedicated staff members to ensure that robust HIV prevention and navigation takes place. The proposed project is an efficient and low-cost way for under- or uninsured community members served by BACH to receive this important information and care. Further, the proposed services augment services offered by our partners (for example, housing assistance, food, childcare, and shelter). The project also augments BACH's own services, increasing access to BACH's robust array of services: Medical, Optometry, Dental, Chiropractic, Podiatry, OBGYN, and Acupuncture. BACH is pleased to have available to deploy to this project an existing outreach staff member who is a Gilroy resident, who is bilingual in Spanish and English.

6. Describe how your agency collaborates with other service providers (e.g. shared staffing, locations, or budgets). Specify the names of collaborative groups of which you are a member.

BACH's collaboration and referral partners in Gilroy include the South County Youth Task Force, Gavilan College, Community Solutions, LGBT Community Resource Center, Catholic Charities, the Salvation Army, South Valley Community Church, St. Mary Parish, Victory Outreach, Uesugi Farms, Christopher Ranch, B & T Farms, Gilroy Compassion Center, Gilroy Winter Shelter National Guard Armory, HomeFirst – Boccardo Family Living Center. Our patients and their clients benefit from mutual referrals. Several of these entities are hosting BACH's upcoming COVID testing and vaccine events. BACH is a member of the South County Youth Task Force and the Chamber of Commerce of Gilroy.

For many years, BACH has worked closely with Abode Housing Services in Alameda and Santa Clara Counties on housing and housing assistance referrals for our patients experiencing homelessness or who are housing insecure. This partnership will be especially valuable to clients of this program.

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As mentioned, BACH is developing a project together with the Health Trust to co-locate an HIV Case Manager at BACH's Gilroy Clinic. The outreach worker for the proposed project would work in tandem with this case manager, further expanding and enhancing the care clients will receive. Finally, BACH has a 50 year-plus partnership with Santa Clara County, and is currently part of a proposed Countywide HIV prevention program, now being considered by the National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention, Centers for Disease Control and Prevention.

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NOTE: For Reference the 2021 HUD Income Limit Standards for Santa Clara County are provided below.

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
0% - 30% AMI Extremely Low Income	\$34,800	\$39,800	\$44,750	\$49,700	\$53,700	\$57,700	\$61,650	\$65,650
31% - 50% AMI Very Low Income	\$58,000	\$66,300	\$74,600	\$82,850	\$89,500	\$96,150	\$102,750	\$109,400
51% - 80% AMI Low Income	\$82,450	\$94,200	\$106,000	\$117,750	\$127,200	\$136,600	\$146,050	\$155,450

**B. Performance Measures/Numeric Goals**

**1. Unduplicated Participants** – Indicate, by quarter, the proposed number of unduplicated participants the City grant funded project will serve. An unduplicated participant is a Gilroy resident who is counted only once each fiscal year. If this project has other funding sources, only list and report on the percentage of unduplicated persons served under this grant.

Unduplicated Participants	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
	20	20	20	20	80

**Provide the proposed number of unduplicated Gilroy participants for each category listed below.**

	# of Gilroy Clients		# of Gilroy Clients
Extremely Low Income (0%-30% AMI)	70	Youth (0-18 years)	2
Very Low Income (31%-50% AMI)	8	Adults (19-61 years)	75
Low Income (51%-80% AMI)	2	Seniors (62+ years)	3
Moderate Income (81%-120% AMI)		Disabled Individuals	5
Above Moderate Income (120%+ AMI)		Other Special Needs	5

**2. Service Units** – Provide activity name, define unit of service, and list the proposed number of units of service that will be provided each quarter resulting from the Gilroy grant only. A unit of service is the “thing” you propose to track each quarter. (i.e. each case, meal, shelter night, job, etc.)

<b>Activity 1:</b>	Error! Reference source not found. Mutual referral agreements and education presentations				
<b>Unit of Service =</b>	Texts, calls, targeted social media posts				
<b>Goal:</b>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
	2	2	2	2	8

<b>Activity 2:</b>	Error! Reference source not found. Outreach to High Risk Community Members and In-reach to current patients				
<b>Unit of Service =</b>	Texts, calls, targeted social media posts				
<b>Goal:</b>	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
	125	125	125	125	600

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<b>Activity 3:</b>	<b>Error! Reference source not found.</b> Education, services and Referrals for Clients				
<b>Unit of Service =</b>	Telephone engagement, warm internal handoff for testing/ prescription, referral for external providers				
<b>Goal:</b>	<b>Quarter 1</b>	<b>Quarter 2</b>	<b>Quarter 3</b>	<b>Quarter 4</b>	<b>Total</b>
	25	25	25	25	100

**3. Outcome Measure Statement and Measurement Methodology** -- List outcome measure(s) as a percentage (an outcome measure is the proposed measurable outcome(s) expected to be achieved through the activities to be provided) and include the measurement tool(s) you propose to use, then below the outcome measure section describe the measurement methodology to be implemented in order to arrive at the actual percentage achieved. Finally, list the numerical percentages you propose for Q2 (representing outcomes from Q1-Q2) and Q4 (representing outcomes from Q3-Q4).

**Example:**

<b>Outcome Measure</b>	50% of clients receiving job readiness training will increase their income by securing new employment as measured by either employer verification letters, pay stubs, or benefit letter.	
<b>Measurement Methodology:</b>	Staff will verify the number of clients securing new employment. The number of unduplicated clients securing new employment will be divided by the total number of unduplicated clients served to arrive at the actual percentage securing new employment.	
	<b>Quarter 2</b>	<b>Quarter 4</b>
<b>Outcome Goal:</b>	50%	50%

<b>Outcome Measure #1</b>	Eight Gilroy based partners and 100% of the relevant staff at the Gilroy Clinic will be trained and equipped to provide referrals, resulting in 100 engagements with clients: Gilroy residents at high risk for HIV	
<b>Measurement Methodology:</b>	Electronic Health Record	
	<b>Quarter 2</b>	<b>Quarter 4</b>
<b>Outcome Goal:</b>	50	50

<b>Outcome Measure #2</b>	Gilroy residents at high risk for HIV will receive at least one referral for testing, prescription, or other needed services, including referrals and resources for housing.	
<b>Measurement Methodology:</b>	Electronic Health Record	
	<b>Quarter 2</b>	<b>Quarter 4</b>
<b>Outcome Goal:</b>	10	10

1. How will the activities being provided under this grant contribute to meeting the outcome measures?  
The main activities relating to services provided to clients include screening clients using an evidence-based Motivational Interviewing format that encourages PrEP and nPEP navigation. If clients decide to start PrEP, staff will document the referral provider and appointment date for entry into BACH's electronic health record database – OCHIN Epic. Staff will educate clients about PrEP and its use, benefits, risks, costs, role of health insurance, role of HIV testing before and during PrEP, how to access it, and other topics. Staff later confirms client use of PrEP with BACH PrEP providers and follow-up with clients at one and three months (and thereafter) in accordance with PrEP medication dispensation and testing protocols to encourage treatment adherence. For clients that navigate into care who have other PrEP providers, staff will follow up with the providers to verify PrEP medical visits, and that clients have started PrEP.

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Overall, the project's three activities -- Outreach to Partners, Targeted Outreach to High Risk Community Members, and Education, Navigation, and Referrals for Clients -- are designed to lead to greater understanding of HIV prevention, fewer HIV cases, and less burden on local health, social services, and public benefits systems. BACH provides a robust array of services and so do our partners. The ancillary benefits (linkage to health care, food, and housing, for example) contribute to improved community wellness.

2. Describe in detail how your agency will implement the proposed outcome measurement methodology.  
BACH will implement the proposed outcome management and methodology in its electronic health record. In April 2021, BACH will have begun using OCHIN Epic, which is being tailored to accommodate all the services and engagements of the proposed program. BACH is well-prepared to report to the City of Gilroy on all the project's activities.

**C. Project Administration and Monitoring [Limit each response to no more than half a page]**

1. Use the space and table below to briefly describe how the project will be managed and administered, included proposed staff time and staff functions.  
The program as designed will be managed by Claudia Lepe, one of BACH's experienced outreach workers. Claudia, an English/ Spanish bilingual Gilroy resident, has been cross-trained in HIV and PrEP by BACH's Transvision staff. The project will be supervised by Eder Torralba, who manages BACH's Community Health Services in Santa Clara County.  
  
Ms. Lepe will conduct the activities of the program. She is assigned to this project at .15 FTE. Mr. Torralba is assigned to the project at .0333 FTE.

Position Title	Program/Project Duties	Total Annual Salary	Total Hours per Week	% Time Allocated to CDBG/ HTF Activity	CDBG / HTF Salary Reimbursement Request
Outreach Worker	Serve as project manager and conduct all activities of the project.	\$46,000	5	15	\$5,750
Community Health Services Manager	Supervise project manager	\$75,000	1.33	3.33	\$2,532

2. Describe your written policies and/or established procedures for assuring persons with disabilities and/or limited English proficiency have access to services and benefits.  
BACH provides culturally specific comprehensive primary and preventive medical care, behavioral health, and oral health services using a Patient Centered Medical Home delivery model. BACH's array of primary care services are delivered in a culturally and linguistically appropriate manner with clinic staff fluent in 21 languages and dialects including but not limited to Spanish, Mandarin, Cantonese, Vietnamese, Tagalog, Pashto, Burmese, Farsi, and American Sign Language. According to 2019 demographic data, the racial/ethnic makeup of our patient population is 36% Hispanic/Latino, 37% Asian/Middle Eastern (including the largest Afghani community in the United States), 45% White, 6% Black/African American, 2% Native American, and 2% identified as multiethnic.

3. Briefly describe your agency's mission and history. Include a description of your agency's experience in providing the proposed services.  
BACH's mission is to deliver exceptional health and social services that improve quality of life for the individuals, families, and communities we serve. Our vision is for everyone in our community to have access to high quality, comprehensive, and affordable health care. BACH was formed in 2020, merging the strengths of two longstanding federally qualified health centers: southern Alameda County's Tri-City Health Center and



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Santa Clara County's Foothill Community Health Center. Formed during the middle of the COVID-19 pandemic, Bay Area Community Health (BACH) brings decades of combined service to the geographic region that stretches from Union City to Gilroy.

Before forming BACH, Tri-City Health Center served the Tri-City area for 50 years, becoming a force for providing health services to all in southern Alameda County, regardless of ability to pay. Similarly, Foothill Community Health Center began serving low-income families and individuals in East San Jose in 1996 and the greater Santa Clara County region in 2011. Both organizations bring decades of service, relationships, and professional staff to Bay Area Community Health. BACH serves more than 100,000 people, who rely on high-quality healthcare services, regardless of their immigration status, ethnicity, disabilities, or ability to pay.

Recent achievements include the merger between TCHC and FCHC to become one of the largest community health centers in Northern California. In March 2020, BACH launched a COVID-19 pandemic response plan that included opening COVID-19 drive-through testing facilities in San Jose and Fremont. Mobile health vans are deployed and prioritized for community-based testing. As of January 24, 2021 BACH has tested over 30,000 community members. As said, the agency is planning many more testing events in Santa Clara County, as well as a major vaccination campaign.

Bay Area Community Health's HIV Program in Alameda County offers one of the most comprehensive Ryan White HIV Services in the Bay Area. Today, HIV is a chronic, manageable condition, and BACH provides the latest treatment and specialty care for people living with this disease. Patients receive medication support, access to mental health care, and assistance with housing, food and other basic needs. Patients also receive application assistance for medication access programs. Services include case management services, dental services, mental health services, nutrition services, support groups (English/ Spanish) emergency financial assistance, long/ short-term housing assistance, insurance counseling/ referrals, and substance abuse disorder services. BACH is proud to be applying the expertise we have built in our services into Gilroy.

4. If previously funded by the City of Gilroy, what were the goals and accomplishments of CDBG/HTF projects?

N/A

5. Explain how your agency collects and reports income, race/ethnicity, and disability data.

As a federally qualified health center, BACH serves community members of all ages, ethnicities, and abilities, with or without health insurance. Every year, BACH reports to the federal HRSA a detailed data on patients, services, and performance using the measures defined in the Uniform Data System (UDS). The UDS is a standardized reporting system that provides consistent information about health centers and look-alikes. This information is collected for patient information, delivered services, exam notes, patient visits, and upcoming services and screenings in BACH's electronic health record: OCHIN Epic.

BACH's Outreach and Eligibility Workers are trained to conduct eligibility screening to determine each patient's ability to qualify for public health programs such as Medi-Cal, Alameda Alliance for Health Plan, the State's Child Health and Disability Prevention Program, and Family PACT. To determine eligibility, our Outreach and Eligibility Workers screen the patient's income level and family size. Income documents, such as paystubs, are collected and scanned to complete enrollment in public health programs. Once at our clinic, patients must also complete a number of intake forms in order to receive care services. The intake process captures what insurance or public health programs they are enrolled in and the number of individuals in their household. This information is used by BACH to determine their income level and socioeconomic status according to the Federal Poverty Guidelines.

If it is determined that the patient is ineligible for any payer program (i.e., uninsured), services are made available through BACH's Sliding Fee Discount Program (SFDP). The practice management system used by

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our Enrollment Specialists has the logic, poverty tables, and calculators embedded in the system to determine a patient's eligibility for the sliding fee discount. This ensures that patient discounts are applied uniformly and fairly. When provided, income documents are scanned and filed in the patient's chart. Patient sliding fee schedule re-eligibility is determined annually.

6. Explain how your agency collects customer service data and provide the metrics used to collect this data.

BACH's Continuous Quality Improvement Committee reviews information related to clinical outcomes and program monitoring, patient satisfaction survey results, trends in patient complaints and risk management issues. BACH's Quality Improvement department regularly evaluates services for access, availability, effectiveness, timeliness, patient satisfaction (via Patient Satisfaction Surveys) and outcomes.

**D. HUD Low Mod Income National Objective Options (please select one of the three categories below)**

**1. Low Mod – Limited Clientele Activities Category**

The HUD National Objective your project will meet is Low Mod Income (LMI) which benefits low and very low-income persons as defined by HUD's income limits for Santa Clara County.

The Low Mod Limited Clientele (LMC) Category is the category under the LMI national objective your project will meet. Under the LMC category, at least 51% of the beneficiaries of an activity have to be LMI persons.

**Put a check (X) next to the qualifying criteria below your LMC project activity meets, only select one:**

- a) The activity will exclusively serve a group of persons in any one or a combination of categories generally presumed to be low, very low, or extremely low income: abused children, battered spouses, elderly persons, adults meeting the definition of "severely disabled" in the Bureau of Census's Current Population Reports, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers; or
- b) The activity will require documentation on family size and income to document that at least 51% of the clientele are persons whose family income does not exceed HUD income limits for Santa Clara County; or
- c) The activity will have income eligibility requirements that limit the activity exclusively to low, very low, and extremely low-income persons; or
- d) The activity will be of such a nature and in such a location that it may be reasonably concluded that the activity's clientele will primarily be low, very low, or extremely low-income persons.

**2. Low Mod - Housing Activities Category**

The HUD National Objective your project will meet is Low Mod Income (LMI) which benefits low and very low-income persons as defined by HUD's income limits for Santa Clara County. The Low Mod Housing Activities (LMH) Category is the category under the LMI national objective your project will meet.

Owner-occupied housing rehabilitation programs established to meet the Low Mod Housing National Objective found at 24 CFR 570.208(a)(3) must benefit households earning less than 80% of area median income adjusted for household size as published by HUD.

**Select one of the Two Accepted Methods for Calculating Household Income for your Project**

- Part 5 definition of income (24 CFR Part 5.609); or
- Adjusted gross income under Internal Revenue Service (IRS) form 1040

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Each method requires collection and evaluation of source documentation. Self-certification is not acceptable for documenting compliance with the housing national objective. The awarded agency(ies) will be expected to determine income eligibility, establish performance measures, and meet performance objectives.

**3. Low Mod - Area Benefit Activities Category**

The HUD National Objective your project will meet is Low Mod Income (LMI) which benefits low and very low-income persons as defined by HUD's income limits for Santa Clara County. The Low Mod Area (LMA) Category is the category under the LMI national objective your project will meet.

The area benefit category is the most commonly used national objective for activities that benefit a residential neighborhood. An area benefit activity is one that benefits all residents in a particular area, where at least 51% of the residents are LMI persons.

Examples of area benefit activities located in a predominantly LMI neighborhood may include:

- Acquisition of land to be used as a neighborhood park;
- Construction of a health clinic;
- Improvements to public infrastructure (i.e. the installation of gutters and sidewalks); and
- Development of a community center

The above activities benefit all LMI residents in a service area and may qualify under the LMI area benefit category. The applicant is responsible for determining that a service area complies with CDBG regulations.

**E. Select one Eligible Project Activity you propose to provide Gilroy residents.**

- |   |   |
|---|---|
| <input type="checkbox"/> Services for Senior Citizens               | <input type="checkbox"/> Public Improvements          |
| <input type="checkbox"/> Services for Disabled Persons              | <input type="checkbox"/> Code Enforcement             |
| <input type="checkbox"/> Services for Youth                         | <input type="checkbox"/> Employment Services          |
| <input type="checkbox"/> Services for Victims of Domestic Violence  | <input type="checkbox"/> Fair Housing Services        |
| <input type="checkbox"/> Services for Homeless                      | <input type="checkbox"/> Public Facilities            |
| <input type="checkbox"/> Substance Abuse Counseling and Treatment   | <input checked="" type="checkbox"/> Health Services   |
| <input type="checkbox"/> Services for Those At Risk of Homelessness | <input type="checkbox"/> Tenant / Landlord Counseling |
| <input type="checkbox"/> Housing Rehabilitation                     | <input type="checkbox"/> Economic Development         |
|   | <input type="checkbox"/> Other, list                  |

**F. HUD Performance Measures**

HUD requires that recipients of federal funding assess the outcomes of their programs. Below, please select only one primary HUD objective and only one primary HUD outcome to be addressed by this project.

**Objectives**

- Objective #1: Creates a suitable living environment.** This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor-quality infrastructure) to social issues such as crime prevention, literacy, or elderly health services.
- Objective #2: Provides decent housing.** This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where

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housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.

- Objective #3: Creates economic opportunity.** This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

**Outcomes**

- Outcome #1: Improve availability/accessibility.** This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.
- Outcome #2: Improve affordability.** This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- Outcome #3: Improve sustainability.** This category applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

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**SECTION 3: FINANCIAL AND OTHER ORGANIZATION INFORMATION**

**A. Agency Information**

Executive Director: Zettie D. Page III  
MD, PhD, MBA, MSW, MS Email: zpage@bach.health

DUNS #: 052955804 Fax: (510) 657-8954

Non-profit with 501(c)(3) Status  Yes  No Faith-based organization  Yes  No

Registered at sam.gov  Yes  No

**B. Total Agency Budget**

	2021-2022	2020-2021
Administration		\$21,028,624
Fundraising		\$1,585,072
Proposed Project (Total Gilroy grant budget)		\$15,000
All Other Programs		\$83,041,786
<b>Total Agency Budget</b>		<b>\$105,671,482</b>

**C. Proposed City of Gilroy Grant Budget**

Proposed City of Gilroy Grant Project Expenses	FY 2021-2022 CDBG/HTF Allocation (If Applicable)	FY 2022-2023 and 2023-2024 CDBG/HTF Request	List % Change from FY 21/22 allocation to FY 22/23 and FY 23/24 Request
Salaries	\$7,534	\$9,432	25%
Benefits	\$2,716	\$2,296	
Office Supplies			
Communication			
Publications/Printing/Advertising		\$1,500	
Travel		\$672	
Rent/Lease/Mortgage			
Utilities			
Insurance			
Equipment Rental/Maintenance, Specify:			
Audit/Legal/Professional Services (for CDBG/HTF portion only)			
Direct Services (Funding for specific service such as a meal, ride), Specify:			
Contracted Services, Specify:			
Other, Specify:			
<b>Total Expenses:</b>	<b>\$10,250</b>	<b>\$15,000</b>	

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1. Please explain any variation in excess of 10% between 2021-2022 allocation and proposed 2022-2023 and 2023-2024 expenses (If applicable).

Staff salary increases to keep pace with need for program within the community, cost of living and fuel increases.

2. Indirect costs billed to a CDBG grant require a HUD approved indirect cost plan and those billed to an HTF grant require a city approved indirect cost plan. Do you plan to bill the grant for indirect costs?  Yes  No

3. Does your agency charge fees for the services that you are requesting funding?  Yes  No If so, please attach a fee schedule to this page.

**D. Leveraged Funds**

Proposed Project Revenues FY 2022-2023	List Amount
Proposed CDBG/HTF City of Gilroy Grant	\$15,000
Other Revenue Sources for proposed project (Please List)	0
<b>Total of Other Revenue Sources:</b>	0

1. If your organization is not leveraging the requested CDBG/HTF funds with other funds, please explain why.  
 The budget for the pilot program was supported by CDBG/HTF funds. The grant will allow activities to continue.

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**E. REQUIREMENTS**

**First-time applicants:** Submit all items below with the proposal, as described in the submittal requirements of the application packet.

**New applicants or those submitting a proposal for a new project must meet with HCD Technician, Sandra Nava, prior to application submittal to determine if the proposed project meets CDBG and HTF eligibility requirements.**

**Current grant recipients:** Put a check (X) next to an item below if the most current copy is on file with the Housing & Community Development office. Submit all unchecked items below with the proposal, as described in the submittal requirements of the application packet.

- a. **Articles of Incorporation and Bylaws** (submit any amendments).
- b. **Current Policy & Procedures Manual.** Include current policy prohibiting discrimination, grievance procedures, procurement procedures and conflict of interest requirements for both employees and clients.
- c. **Current Nonprofit Determination.** Submit current determination letters from the federal Internal Revenue Service and the State Franchise Tax Board listing the organization's current name and address documenting the organization is tax exempt.
- d. **Current List of Board of Directors.** Include the current name, telephone number, address, occupation or affiliation of each member, and service term. Identify the principal officers of the governing body.
- e. **Current Authorization to Request Funds.** Submit the governing body's authorization to submit the City of Gilroy funding request. This consists of copies of the resolution (if applicable) and/or of the **minutes of the meeting** in which the governing body's resolution, motion, or other official action is recorded authorizing the funding request.
- f. **Current Designation of Authorized Official.** Documentation must be submitted of the governing body's action authorizing the representative(s) of the agency to negotiate for and contractually bind the agency. This consists of a signed letter from the Chairperson or Secretary of the governing body providing the name, title, address, and telephone number of each authorized individual.
- g. **Current Organizational Chart.** Include the organization's current administrative framework and staff positions.
- h. **Current Financial Statement and Audit and Management Letter, if applicable.** Also, if applicable, describe any actions taken to correct identified findings or concerns.  
**Any agency that does not have a financial statement or audit to submit must contact Sandra Nava prior to submitting this application.**
- i. **Résumés of Chief Program Administrator and Chief Fiscal Officer**

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**SECTION 4: AUTHORIZATION**

The applicant hereby assures and certifies compliance all applicable federal, state, and local laws, regulations, policies, and requirements (including, but not limited to 2 CFR Part 200), as they relate to the acceptance and use of CDBG and local funds by private, non-profit organizations. Also, the applicant assures and certifies the following information:

1. It possesses legal authority to make a grant submission and to execute a community public service program;
2. The agency's governing body has duly adopted or passed as an official act a resolution, motion or similar action authorizing the person identified as the official representative of the corporation to submit this funding application and all associated information and assurances;
3. The grant will be conducted and administered in compliance with:
  - a. Title VI of the Civil Rights Act of 1964 (Public Law 88-352; 42 U.S.C. 2000d et seq.), as amended, and implementing regulations issued at 24 CFR Part 1; and
  - b. Title VIII of the Civil Rights Act of 1968 (Public Law 90-284; 42 U.S.C. 3601 et seq.), as amended, implementing regulations issued at 24 CFR Part 107, and Executive Order 11063; and
  - c. Section 104(b) and Section 109 of Title I of the Housing and Community Development Act of 1974 (Public Law 93-383; U.S.C. 5301 et seq.), as amended; and
  - d. Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112; 29 U.S.C. 794), as amended; and
  - e. Executive Order 11246, the implementing regulations issued at 41 CFR Chapter 60, and the Development Act of 1968 (12 U.S.C. 1701u; and
  - f. The Age Discrimination Act of 1975 (Public Law 94-135; U.S.C. 6101), as amended.
  - g. Presidential Executive Order 13166 ("Improving Access to Services for Persons with Limited English Proficiency"); and
  - h. Executive Orders 11625, 12432 and 12138, encouraging the use of minority and women-owned business enterprises in connection with activities funded under this grant.
4. It will affirmatively further fair housing.
5. It will implement the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and implementing regulations at 24 CFR Part 35.
6. It will comply with Uniform Federal Accessibility Standards at 24 CFR Part 40, Appendix A, as they related to major rehabilitation or conversion.

As a duly authorized representative of the Agency, I submit this application to the JURISDICTION and verify, under penalty of perjury under the laws of the State of California or of the JURISDICTION, that the information contained herein is, to the best of my knowledge, true, correct and complete. **(Attach documentation that verifies the signer has the authority to submit this application and execute the contract).**

AUTHORIZED SIGNATURE: DocuSigned by:  
*Zettie D. Page III*  
66A61E77B982499... DATE: January 31, 2022

NAME (Please Print): Zettie D. Page III TITLE: Chief Executive Officer