



Wednesday, February 19, 2025

Housing and Federal Grants Division 2024 - 2025 Application for Funding Community Development Block Grant Program

This application is for nonprofit organizations and government entities in Marin County, California who would like to apply for federal Community Development Block Grant program funds for Public Services or Community Infrastructure/Capital Improvements. Please refer to the [Application Guidelines](#) released on January 22, 2024 for detailed information about qualifications and application requirements. Applicants may use this [prep tool](#) for the long-form questions in order to save their responses and copy/paste into this application.

The deadline to apply is **5:00 p.m. Friday, February 16**. Applicants will receive a copy of their submitted application to the email address entered.

Indicate type of project. If your project allows, you may apply under multiple categories. (See Application Guidelines for more information)

Public Services (CDBG)

Organization (Fiscal Sponsor) General Information

Organization (Fiscal Sponsor)/Agency Name

Marin Center For Independent Living

Mailing Address

710 4th Street
San Rafael, California, 94901

Website (if applicable)

<https://www.marincil.org/>

Organization DUNS#

199670811

Executive Director/CEO

Susan Malardino

Email Address

susan@marincil.org

Phone Number

(415) 459-6245

Project General Information

Program/Project Name

Residential Access Modification Program

Program/Project Site Address

Residential Access Modification Program
710 4th Street, California, 94901

CDBG Funding Amount Requested (Minimum request amount: \$15,000)

45000

Application Contact Person

Susan Malardino

Title of Contact Person

Interim Executive Director

Contact Email Address

susan@marincil.org

Contact Phone Number

(415) 459-6245

To determine if your project is located in a Special Flood Hazard Area as indicated by FEMA, visit [FEMA Flood Map Service Center](#). (Save a copy of the Dynamic Map and upload at the end of this application.)

Is this project located in a Special Flood Hazard Area as indicated by FEMA?

No

For CDBG Public Facilities/Improvements applications, if the project is located in a **Regulatory Floodway it is not eligible for funding**. Public Facilities/Improvements projects located in a Special Flood Hazard Area require flood insurance to qualify for funding.

Project Specifics

Planning Areas Served: Indicate what geographic area(s) the requested funding will serve.

Novato

San Rafael

County Other

Is your organization receiving other County of Marin funding for this project?

No

Organizational Overview: Provide a brief description of your organization including mission, programs, number of clients served, etc.

Marin Center for Independent Living (Marin CIL) is a 46-year-old peer-led, community-based disability rights and services organization. Our mission is to promote individuals with all types of disabilities to achieve their maximum level of sustainable independence as contributing, responsible and equal participants in society.

Over the last 12 months, we've supported over two thousand 100 hundred (2100) disabled individuals with key service offerings including: care navigation, housing transition, navigation, and preservation,

community resiliency, and digital access. Many of the community members we serve are low-income, food insecure, Medi-Cal beneficiaries, and housing insecure or unhoused. Out of community members served over the last 12 months:

- 100% living with at least one disability
- 61% received diversion support
- 35% at high risk for institutionalization
- 26% dependent on in-home supportive services
- 17% with dementia or Alzheimer's diagnosis

Project Description: Provide a detailed scope of work including services to be provided and/or development activities to be engaged. Describe how this project will benefit the community.

Marin CIL's Residential Accessibility Modification Program (RAMP) serves children, older adults, and individuals with disabilities by increasing housing accessibility. Many of our consumers have orthopedic, visual, or hearing impairments, or may have chemical sensitivities, are HIV+ or have AIDS. In addition, we assist older adults at high risk for falls. The projects we complete include both single family homes and units in multifamily complexes and can be owner or renter occupied. Without the ability to provide requested modifications, many individuals would be at risk of losing their independence and face institutionalization. MarinCIL is the only agency in Marin that directly assists residents with housing modifications as part of a suite of diversion services and has done so for the last 46 years.

Which community priority does your project align with? (See Application Guidelines for descriptions) (check as many boxes as applicable)

Housing Support Services

Describe how your project aligns with these priorities.

100% of community members served by MarinCIL over the past 12 months were living with at least one disability. People with disabilities are a legally protected class, as defined by HUD. In addition, MarinCIL engages in outreach to underserved communities within our county including socially and geographically isolated older adults. Marin CIL participates in several coalitions designed to support a robust "social safety net" and ensure that all community members are able to access resources and opportunities to which they are legally entitled. Coalitions such as the Aging Action Initiative, Healthy Marin Partnerships, and the Community Response Team allow CBOs like ours to provide warm referrals, engage community members through workshops and tabling, and strategize on equitable service delivery across communities.

Select HUD National Objective to be achieve with funding. Check all that apply.

Activities benefiting low and moderate-income persons. (LMI)

All projects funded are required to Affirmatively Further Fair Housing (AFFH) which is defined as taking "meaningful actions, in addition to combating discrimination, that overcome patterns of segregation and foster inclusive communities free from barriers that restrict access to opportunity based on protected characteristics."

How will this project Affirmatively Further Fair Housing?

By intentionally directing our outreach efforts to underserved communities within our county which includes but is not limited to the Canal District, Marin City, and various low-income community living developments.

All projects funded are required to conduct Affirmative Marketing. For more information about affirmative marketing, visit the [Marin County Federal Grants website](#) and scroll down to the Affirmative Marketing panel.

Refer to the [Current Marin County Income Limits](#) to determine income level for use in the table below.

Approximately how many moderate, low, very low and extremely low-income persons will directly benefit from the program/project? Projects that support low-income persons will be prioritized.

	Number
Moderate Income	
Low Income	1
Very Low Income	1
Extremely Low Income	3
TOTAL	5

Notes or clarifying information on the unit count:

*See Affirmative Marketing Plan

How does your organization verify client income? Income verification is required except if the client is presumed benefit by HUD. Presumed benefit applies to abused children, battered spouses, the elderly, adult persons with serious disabilities, the homeless, illiterate persons, and migrant farm workers.

All clients receiving Home Modifications through the CDBG funds must be able to demonstrate that they are eligible for the program services through income qualifications or "Presumed Benefit". The household gross income, of those 18 years or older, must meet the Department of Housing and Urban Development (HUD) income guidelines for Community Development Block Grants (low-to-moderate income)

HUD sets the limits that determine eligibility for assisted housing programs. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county.

Each year these income limits are updated annually based on the HUD Guidelines for the SF Bay Area which includes Marin County. The income of all members of each individual family unit must be included in determining the income eligibility.

A family unit are those individuals living in the household.

Verification of Income for all household income recipients may include any one of the following to qualify.

Social Security award letter for the current year or

Recent bank statement noting your automatic deposit from Social Security or

1040 Federal Income Tax Return

Presumed Benefit applies to abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and/or migrant farm workers. A Presumed Benefit household does not require income qualification.

Verification of Presumed Benefit may include any one of the following to qualify.

Income verification or Presumed Benefit verification must be submitted along with the Home Modification application to be considered for the program.

Estimate the demographics of moderate, low, very low, and extremely low-income persons who will directly benefit from the program/project. The total number of beneficiaries should equal the total in the previous questions.

	Total Number of Persons	Number Identifying as Hispanic
American Indian or Alaskan Native	.25	
Asian	.11	
Black or African American	.35	
Native Hawaiian or Other Pacific Islander	.2	
White	10	
American Indian and White		
Asian and White		
Black and White		
American Indian and Black		
Multi-Racial	1	
TOTAL	11.91	0

Total Number of Persons (Must equal total identified under income level)

11.91

Total Number Identifying as Hispanic

0

Notes or clarifying information on the unit count:

See Affirmative Marketing Plan

PROJECT MANAGEMENT & FINANCIAL DATA

If your project or organization was funded previously, list past project(s), goals, and accomplishments/activities.

In the past we completed tub/shower conversions, inside chair lifts, ramp and grab bar installations. Our goal for these projects is to ensure seniors and people with disabilities can live safely in their own homes/apartments. They have a safe entry and/or are able to navigate via a chair lift getting upstairs. The grab bars assist with navigating the home to reduce falls. We have received positive feedback from the consumers we have helped with the projects and they have shared that they feel safer and more independent in their own homes. Going forward we intend to concentrate on ramps, porch and chair lifts.

If your agency has remaining funds previously approved, please describe the timeline for expending the fund balance.

N/A

Describe your organization's experience with administering grants and specifically federal grants.

MCIL has administered federal grants for several years. Our grants manager and program staff ensure compliance with the grant's terms and conditions, monitoring project progress, and submitting timely financial and performance reports. The grants manager works and collaborates with program staff to track deliverables and adjust strategies as needed

to achieve the goals

Describe who will supervise and manage the project and their past experience with project management.

Tonique McNair, Assistive Technology Advocate at Marin CIL, has overseen all home modification projects at Marin CIL for the past 8 years, including RAMP. Tonique conducts peer-centered intakes for all community members in need of housing preservation support. Each program applicant works with Tonique to set goals as part of their Independent Living Plan (ILP).

In pursuit of the ILP's goals, the project's scope of work is developed, the property's address is checked to ensure it is not in a flood hazard area, and all required income verification documentation is collected. Once these steps are complete, Tonique works with contractors and/ or vendors to acquire project bids.

Tonique reviews all bids, and a contractor/vendor is selected. All project-related documents are submitted to CDBG for approval as well as environmental review if needed. Once approved, the selected contractor/vendor is notified of the project award and work can begin on a timeline that works with the program applicant.

Describe any recent or upcoming leadership transitions.

Susan Malardino is currently our Interim Executive Director

Describe any flexibility regarding your projects start/completion date.

N/A

Required Attachments:

Attach Project Budget: Complete the project budget template provided and submit along with application. If you have a project budget that provides the information requested in the template, you may submit that in-lieu of the template. Please note: the project budget should reflect the total cost of the project NOT just the CDBG request.



Attach Organization Budget: : Upload your organization or fiscal sponsors annual budget.



Attach Dynamic Flood Map



Attach Optional Miscellaneous Documents



Submission

Please review your responses above for accuracy.

Name and Title of person completing this application.

Tonique McNair

By checking this box

I hereby certify that the information in this application is true and accurate to the best of my knowledge.

Project Budget Template

Organization Name: Marin Center for Independent Living

Project Title: Residential Accessibility Modification Program (RAMP)

Date: 2/14/2024

INCOME:	County NOFA Request	Other Funding Sources	In Kind
Committed			
Foundations:			
(Add rows)			
Government:			
(Add rows)			
Corporations:			
(Add rows)			
Individual Contributions: (list total):			
Earned Income:			
(Add rows)			
Other (specify):			
(Add rows)			
Subtotal, Committed Income		0	0
Uncommitted			
Other (specify):			
Federal Grants Request	45,000.00		
Other Foundations:			
(Add rows to list other Foundations)			
Government:			
(Add rows to list other Government agencies)			
Corporations:			
(Add rows to list other corporations)			
Individual Contributions:			
Subtotal, Uncommitted Income		0	0
Other Earned Income:			
(Add rows)			
Subtotal, Earned Income		0	
Grand Total Income	45,000.00	0.00	0.00

EXPENSES (Add rows to list other expenses)	County NOFA Request	Other Funding Sources	In Kind
Personnel Expenses			
Program Director (AT Advocate) (15% FTE: 1)	11,500.00		
Program Director (% FTE: ____)			
(Add rows)			
Benefits (@ 30%: ____)	3,500.00		
Subtotal Salaries and Benefits	15,000.00	0.00	0.00
Contracted Services			
Professional Fees			
Project Consultant			
(Add rows to list other contracted expenses)			
Subtotal Contracted Services	0	0	0
Direct Project Related Expenses			
Rent			
Utilities			
Supplies			
Equipment			
Travel			
Professional Development			
Marketing			
(Add rows to list other direct project expenses)			
Subtotal, Direct Project Related Expenses	0	0	0
General Development			
Electrical			
Plumbing			
Roof Replacement			
Painting			
General Construction Labor	20,000.00		
Materials	10,000.00		
(Add rows to list other specific project expenses)			
Subtotal, Direct Project Related Expenses	30,000.00	0	0
Indirect Expense - specify % in column A below (must be HUD approved)			
Fiscal Sponsorship Fee (specify % in column A below)			
Grand Total All Expenses	\$ 45,000.00	\$ -	\$ -

MCIL 24-25 Budget

Income	24-25
Dept of Rehab	454,109
Dept of Rehab VIIB	269,224
ACL - Core Services	88,778
Attn Referral Program (B of S)	23,000
Aging & Adult Services - Registry	22,000
Aging & Adult Services - ADRC	35,000
ADRC - Infrastructure	233,664
To Celebrate Life - BC	25,000
Broll Family Fdn	10,000
MH- Access to Benefits	25,000
Kaiser Comm Benefit	25,000
MCF - Community Power	150,000
CalAIM PHC	240,000
CalAIM - IPP Funding	250,000
CDA-CalzConnect	82,064
DDARC - Powered & Prepared	100,000
MCF Climate Justice	50,000
DoR Community Living Fund	851,054
MCF /MCIL/MATRIX Merge	16,646
Contracts	50,000
Donations (various campaigns)	130,000
Rental Inc	88,500
CDGB	44,235
Dignity At Home (July-Sept)	90,000
Co of Marin (MOCA)	90,000
CalGrows (July-Sept)	20,000
MATRIX Program (Youth & Family	725,245
Total Income	4,188,519
Personnel	24-25
Salary/Fringe` `	2,281,653
Operating	24-25
Taxes/Fees	7,200
Utilities / Bldg Maint	12,000
Property Mgmt/Utilities/Maint (712)	16,900
General Insurance	16,000
Marketing/Branding /Website	40,000
Supplies	15,000
Telephone	19,000
Postage/Printing	14,000
Equip Lease	7,000
Trvl/Mileage/Lodging	9,000
Staff Dev/Trng	10,000
Dues/Bks/Sub	30,000
Bookkeeping/Payroll/Audit/Tax Prep	43,500
Accounting Dept Design Consultant	20,000
Outsource HR	15,000

Donor Development & Software	12,000
Development Consulting	20,000
Individual Giving Advisor	25,000
Strategic Plan Consultant	5,000
CalAIM - ECM Contractor	72,800
CalAIM PHC processing fees	28,800
Fees	9,000
Community Living Fund	480,000
Breast Cancer Emergency Assistance	25,000
Home Modifications	165,000
CDBG/Home Modifications	29,235
CalGrows	20,000
Matrix Transition	16,646
MATRIX PROGRAM	723,785
Total Operating	1,906,866
Total Personnel	2,281,653
Total Pers & Oper	4,188,519
Balance	0

Affirmative Fair Housing Marketing (AFMP) Public Services



COMMUNITY DEVELOPMENT AGENCY
HOUSING AND FEDERAL GRANTS DIVISION

1a. Application Contact Name, Address (Including City, State & Zip Code) & Phone Number

1b. Project Name, Location (Including City, State & Zip Code)

1c. Entity Responsible for Marketing

Contact Name & Address (Including City, State & Zip Code)

1d. To whom should approval and other correspondence concerning this AFMP be sent?

Name, Address (Including City, State and Zip Code), Telephone Number & E-mail Address.

2a. Affirmative Marketing Plan

Plan Type, Choose One: First Submittal Update Revision Based on County Comments

If Applicable, Date of the First Approved Affirmative Marketing Plan:

3a. Demographics of Project Market Area

In the respective columns below, indicate the percentage of demographic groups among the project's users, census tract, and countywide demographic characteristics. If you are providing a new service and do not have project applicant data, only report information for census tract. The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, religion, sex, familial status, or disability. If there is significant under-representation of any demographic group among project users in relation to the census tract, then targeted outreach and marketing should be directed towards these individuals least likely to apply. Please indicate under-represented groups in Block 3b of the AFMP.

Ethnic Category	Project Users	<i>Project Users Identifying as Hispanic</i>	Countywide Census (2017)
American Indian or Alaskan Native			00.1% 00.11%
Asian			6% 00.06%
Black or African American			2% 00.11%
Native Hawaiian or Other Pacific Islander			00.10% 00.07%
White			71% 7%
Multi-Racial			4% 1%
Disabled			9% 6%
Families with Children Under 18			29% N/A

3b. Targeted Marketing Activity

Based on your completion of 3A, indicate which demographic group(s) in the market area is/are least likely to apply for the service without special outreach efforts. (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White | <input type="checkbox"/> American Indian <i>and</i> Black |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian <i>and</i> White | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian <i>and</i> White | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Black <i>and</i> White | <input type="checkbox"/> Families with Children Under 18 |
| <input type="checkbox"/> Other (Specify): | <input style="width: 400px; height: 20px;" type="text"/> | |

4a. Proposed Marketing Activities: Community Contacts

Based on the information above, indicate which demographic group(s) in the market area is/are least likely to apply for the service without special outreach efforts below.

For each targeted marketing population designated as least likely to apply in Block 3b, identify at least one community contact organization you will use to facilitate outreach to the particular population group. This could be a social service agency, religious body, advocacy group, community center, etc. State the names of contact persons, their addresses, their telephone numbers, their previous experience of the person or agency with the target population, the approximate date contact was/will be initiated, and the specific role they will play in assisting with the affirmative marketing. Please attach additional pages if necessary.

Targeted Population (s)	Project Users

4b. Proposed Marketing Activities: Methods of Advertising

Complete the following table by identifying your targeted marketing population(s), as indicated in Block 3b, as well as the methods of advertising that will be used to market to that population. For each targeted population, state the means of advertising that you will use as applicable to that group and the reason for choosing this media. In each block, in addition to specifying the media that will be used (e.g., name of newspaper, television station, website, location of bulletin board, etc.) state any language(s) in which the material will be provided, identify any alternative format(s) to be used (e.g. Braille, large print, etc.), and specify the logo(s) (as well as size) that will appear on the various materials. Attach additional pages, if necessary, for further explanation. Please attach a copy of the advertising or marketing material.

Targeted Population(s) → Methods of Advertising ↓	Targeted Population:	Targeted Population:	Targeted Population:
Newspaper(s)			
Radio Station(s)			
TV Station(s)			
Electronic Media			
Bulletin Boards			
Brochures, Notices, Flyers			
Others (Specify)			

4c. Marketing Program: Brochures and Signs

1. Will brochures, letters, or handouts be used to advertise? Yes No

If "Yes", attach a copy or submit when available.

2. For signs, indicate sign size ____ x ____ ; Logo type size ____ x ____ .

Attach a photograph of sign or submit when available.

5. Evaluation of Marketing Activities

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting individuals least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.

6a. Marketing Staff

What staff positions are/will be responsible for affirmative marketing?

6b. Staff Training and Assessment: AFMP

(1) Has staff been trained on the AFMP? Yes No

(2) Has staff been instructed in writing and orally on nondiscrimination and fair housing policies as required by 24 CFR 200.620(c)? Yes No

(3) If yes, who provides instruction on the AFMP and Fair Housing Act, and how frequently?

The County of Marin will work with your organization to offer trainings for the AFMP and Fair Housing Act. By signing this, the applicant/respondent agrees to periodically assess staff skills and attend trainings when required.

Additional Consideration: Is there anything else you would like to tell us about your AFMP to help ensure that your program is marketed to those least likely to apply for your services? Please attach additional sheets, as needed.

By signing this form, the applicant/respondent agrees to implement its AFMP, and to review and update its AFMP in accordance with the instructions to item 9 of this form in order to ensure continued compliance with HUD's Affirmative Fair Housing Marketing Regulations (see 24 CFR Part 200, Subpart M). I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (See 18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802).

Susan Malardino

Signature of person submitting this Plan & Date of Submission (mm/dd/yyyy)

Name (type or print)

Title & Name of Organization

For Housing and Federal Grants Use Only

Approved _____ Disapproved _____ (Check one)

Signature & Date (mm/dd/yyyy)

Name (type or print)

Title