



CDBG-DR Workforce Development NOFA Workshop

October 12, 2023

**CALIFORNIA DEPARTMENT OF
HOUSING AND COMMUNITY DEVELOPMENT**



Welcome

Presenters

HCD

- Patrice Clemons, Section Manager
- Jennifer Ourique, Program Manager
- Matt Devine, Representative
- Robyn Shem, Representative

HCD Consultant

- Keri Caillet

Visit [DR-Workforce](#) for more information

Send inquiries to: DRWorkforce@hcd.ca.gov



Housekeeping

- Presentation is being recorded
- All participant lines have been muted
- Use the Q&A feature to submit questions
- A FAQ Sheet will be released ten business days after this presentation

[Pre-NOFA Webinar](#)

[Pre-NOFA Slides](#)



Agenda

1. DR-Workforce Program Eligibility
2. Application Preparation
3. Application Overview
4. Application Submission - Award Process
5. Resources



Workforce Development Program Eligibility Overview

*For final and complete eligibility information, see
NOFA, Policies and Procedures, and Application Guide



CDBG Disaster Recovery

What is the purpose of CDBG-DR programs?

- Focus on long-term recovery efforts from a declared disaster
- Address unmet needs that other federal programs have not addressed yet

Laws and Regulation: Title I of the Housing and Community Development Act, 24 CFR Part 570, 2 CFR Part 200

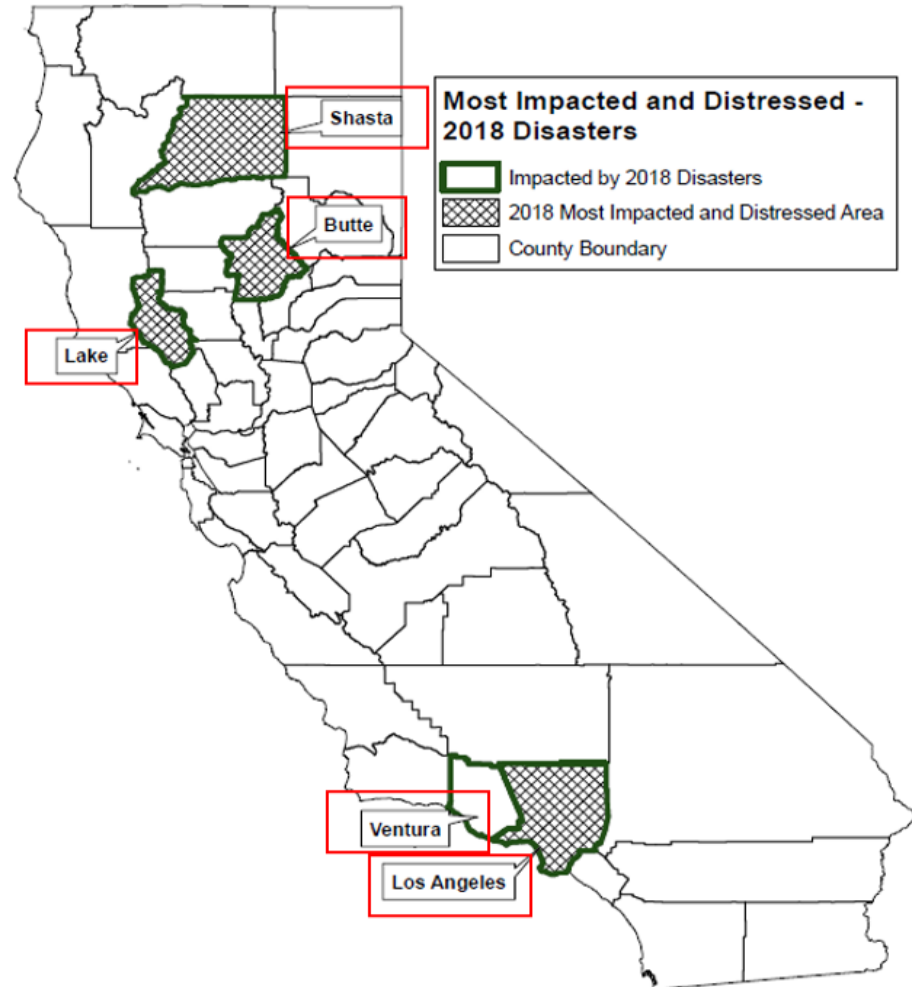


Disaster Impacted Eligible Areas

HUD allocates funding by using FEMA data to identify most impacted and distressed areas

- DR-4382
- DR-4407

Training programs must provide benefits within one of the five impacted counties.





CDBG-DR Workforce Development Program

What is the goal of the DR-Workforce Development Program?

- Federal disaster recovery funding for Workforce Training Program that supports economic revitalization in the disaster impacted areas with job training across all trades for complete community recovery from the 2018 wildfire impacts



Regional Grant Allocations

Regional Allocation	Grant Allocation
Butte County Region	\$18,742,117
Lake County Region	\$6,642,191
Shasta County Region	\$6,096,458
Los Angeles County Region	\$3,283,960
Ventura County Region	\$5,930,215



Eligible Applicants

Who is eligible to apply for the DR-Workforce funding?

- Jurisdictions
- Nonprofit Organizations
- Postsecondary Education Institutions
- Local Workforce Development Boards (LWDB)

* nonprofit applicants will need to submit proof of their 501(c)3 status, as well as a copy of their bylaws, at the time of application submission.



CDBG-DR Eligibility

ALL CDBG-DR funded training programs must:

- Provide job training and services within the eligible disaster impacted areas as an eligible Public Service Activity
- Meet a national objective to assist Low- and Moderate-Income (LMI) persons
- “Tie-back” the training needs to the impacts of the qualifying 2018 wildfire disaster



Eligible Activities

Primary: Public Service Activities

- Workforce Training
- Participant Supportive Services

Supplemental: Public Facility Activities for the Public Services being offered

- Acquisition
- Rehabilitation or Improvements



Participant Supportive Services

Examples:

- Health and mental health care
- Transportation
- Financial literacy
- Personal identification assistance
- Housing placement
- Life skills development
- Childcare and parenting classes



Participant Supportive Service Plans

- Written plan describing what Services the trainees need
- Intended plan to provide the needed services
- On-site, mobile, or virtual
- Provided by a partner, the Applicant, or a training operator



National Objective: LMI

- Provide training and services to benefit LMI Clientele
 - HCD requires Subrecipients to adopt an LMI training participant goal of 85-100 percent
 - Focus outreach to target LMI individuals
 - LMI = individuals whose total annual family income does not exceed 80% of the area median income
 - Document trainee's family size and annual income on Self-Certification of Annual Income Form



Self-Certification of Annual Income Form

1. Please complete the following family demographic information.

Household Demographics	Yes	No	#
Female Head of Household:			N/A
Senior Head of Household:			N/A
Single Parent Household			N/A
Household contains a person with disabilities:			N/A
How many in the household are elderly? (62 and over)	N/A	N/A	
How many in the household are adult full-time students? (18 and over)	N/A	N/A	
How many in the household are under the age of 18 years?	N/A	N/A	

2. Please check the box that most closely identifies your race and ethnicity.

HCD understands that the choices listed in the box below do not include all of the ways in which people self-identify, and that many people identify with more than one of the categories listed. Applicant should check the box that most closely represents their racial identity. Race category definitions are provided on the last page.

- | | |
|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian and White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native and African American |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Other Multi-Racial |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Prefer Not Answer |
| <input type="checkbox"/> American Indian/Alaskan Native and White | |

Do you consider yourself as being of Hispanic ethnicity? Yes No Prefer Not to Answer

Please Circle # of Persons in your Family	FAMILY ANNUAL INCOME CATEGORY			
	Butte County			
	Please check your family income in the same row as the number of persons in your family.			
	Extremely Low-Income	Low-Income	Moderate Income	Above Moderate Income
1	\$0 - \$17,350	\$17,351 - \$28,900	\$28,901 - \$46,200	Greater than \$46,200
2	\$0 - \$19,800	\$19,801 - \$33,000	\$33,001 - \$52,800	Greater than \$52,800
3	\$0 - \$24,860	\$24,861 - \$37,150	\$37,151 - \$59,400	Greater than \$59,400
4	\$0 - \$30,000	\$30,001 - \$40,250	\$40,251 - \$65,950	Greater than \$65,950
5	\$0 - \$35,140	\$35,141 - \$44,550	\$44,551 - \$71,250	Greater than \$71,250
6	\$0 - \$40,280	\$40,281 - \$47,850	\$47,851 - \$76,550	Greater than \$76,550
7	\$0 - \$45,420	\$45,421 - \$51,150	\$51,151 - \$81,800	Greater than \$81,800
8 or more	\$0 - \$50,560	\$50,561 - \$54,450	\$54,451 - \$87,100	Greater than \$87,100



Federal and State Requirements

Cross-Cutting Requirements

- All CDBG-DR funded activities must comply with state and federal cross-cutting requirements
 - Due Diligence Verification
- For more information, please review [Cross-Cutting Federal Requirements Overview](#)



DR-Workforce Funding Requirements

- Supplement, not supplant
- Reimbursement Grants
- Not result in a Duplication of Benefits
- Timely Expenditures
- Comply to Cost Principles in 2 CFR 200

For additional CDBG-DR funding details, review HCD's [Action Plan for Disaster Recovery from 2018 Disasters](#)



Program Milestone Requirements

All programs must:

- Commence activity: within 30 days from SA
- Serve Beneficiaries: by 12/31/24
- 50% Expenditure: by 3/31/25
- 100% Expenditure: no later than 1/31/26
- Closeout: no later than 5/1/26

Subrecipients will need to submit monthly financial and activity reports by the 10th of each month.



Public Facility Additional Milestone Requirements

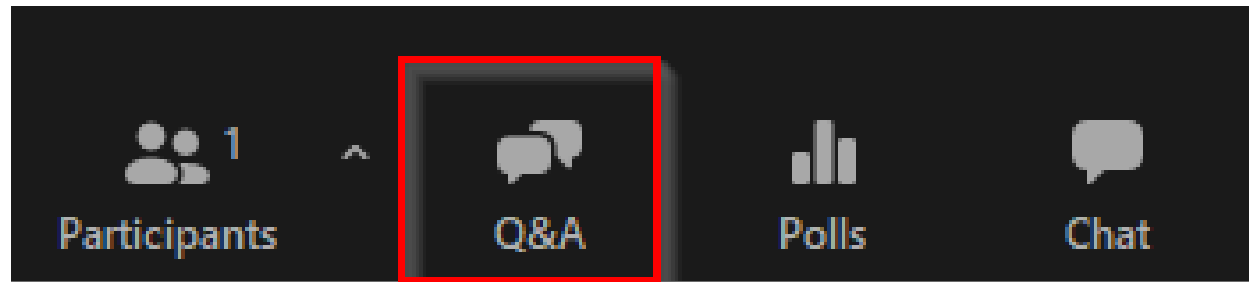
All programs with Public Facility Activities must also:

- Start Environmental: within 30 days from SA
- Obtain Site Control: within 60 days from Env. Clearance
- Begin Construction: within 60 days from ERR or, if applicable, from Acquisition completion
- Complete Construction: prior to 12/31/24
- Commence training program: within 90 days from Env./construction/acquisition completion; prior to 12/31/24



Questions?

Please use the Q&A feature to submit questions





Workforce Development Application Preparation



Over-the-Counter NOFA

Applicants are strongly encouraged to begin the application process.

Over-the-Counter Reviews and Awards

- Completed on a first come, first serve basis
- Threshold Criteria for Eligibility



Application Schedule

- **Applications Open**
 - September 29, 2023, 5:00 p.m. PST
- **Applications Close**
 - February 29, 2024, 5:00 p.m. PST



Technical Assistance

- **Technical Assistance Available Hours:**
 - Tuesdays 10am -12pm & 3pm - 4pm
 - Thursdays 3pm - 4pm
- **Submit [TA Request Form](#)**
 - Limited Capacity, First Come, First Serve
- TA Requests and Questions:
DRWorkforce@hcd.ca.gov



Solicitation Files

✓ Apply

Overview

Eligibility

Financial


Contact

Files




Files:


A: Map of the Eligible Disaster Impacted Areas:

 App A_DR-Workforce_Map of the Eligible Disaster Im... (90.2 Kb)


B: Self-Certification of Annual Income Form:

 App B_DR-Workforce_Self Certification of Annual In... (465.7 Kb)


C: Income Verification Packet:

 App C_Dr-Workforce_Income Verification Packet (355.8 Kb)

D-1: Limited English Proficiency (LEP) Requirements:

 App D-1_DR-Workforce_LEP Requirements (140.3 Kb)

D-2: LAP Template for LEP:

 App D-2_DR-Workforce_LAP Template for LEP (34.1 Kb)

File Notes:

This section contains all the DR-Workforce solicitation documents. Please review the documents and download all applicable documents for your application as you prepare your application submission.

These files may be updated and/or additional files may be added as applicable to the program. HCD recommends you check the files tab regularly to make sure you have the most current version. If you have not signed up to be added to the DR-Workforce contact list, please send an email to DRWorkforce@hcd.ca.gov requesting to be added to the DR-Workforce contact list to ensure you receive notifications as solicitation files are updated.



Application Guide

- Application Guide with detailed instruction to access the solicitation and application forms, templates with guidance, and submission checklist
- **Located in the Solicitation Files tab**
- Use as a tool to prepare application prior to submission in Grants Network



Prepare Authorizing Resolution



APPENDIX D

Resolution of the Organizational Body Entity

Applicants are required to use this Resolution in content and form.

RESOLUTION NO.

A RESOLUTION APPROVING AN APPLICATION FOR FUNDING AND THE EXECUTION OF A GRANT AGREEMENT AND ANY AMENDMENTS THERETO FROM THE 2022-2023 FUNDING YEAR OF THE STATE CDBG-DR RECOVERY WORKFORCE PROGRAM

BE IT RESOLVED by the of as follows:

SECTION 1:

The has reviewed and hereby approves the submission to the State of California of one or more application(s) in the aggregate amount, not to exceed, of for the following CDBG-DR activities, pursuant to the March 2023 CDBG-DR NOFA:

List activities and amounts (activity totals should include Activity Delivery dollars and General Administration associated with the activity)

Activity (i.e. Public Services, Housing Rehabilitation)	Dollar Amount Being Requested for the Activity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION 2:

acknowledges compliance with all state and federal public participation requirements in the development of its application(s).

- 3-page fillable form in Solicitation files
 - Jurisdiction template
 - Organizational template
 - Tribal Entity Partner template
- Complete applicable form ASAP to have signature/approval to submit application




Prepare Payee Tax Forms

Jurisdictions

Organizations

State of California
 Financial Information System for California (FISCal)
GOVERNMENT AGENCY TAXPAYER ID FORM
 2000 Evergreen Street, Suite 215
 Sacramento, CA 95815
 www.fiscal.ca.gov
 1-855-347-2250



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*

Remit-To Address (Street or PO Box)*

City* State* Zip Code*+4

Government Type: City County Federal Employer Identification Number (FEIN)*

Special District Federal

Other (Specify)

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person* Title

Phone number* E-mail address

Signature* Date

STATE OF CALIFORNIA - DEPARTMENT OF FINANCE
PAYEE DATA RECORD
 (Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)
 STD 004 (Rev. 03/2021)

[Print Form](#) [Reset Form](#)

Section 1 - Payee Information

NAME (This is required. Do not leave this line blank. Must match the payee's federal tax return)

BUSINESS NAME, DBA NAME OR DISREGARDED SINGLE MEMBER LLC NAME (If different from above)

MAILING ADDRESS (number, street, apt. or suite no.) (See instructions on Page 2)

CITY, STATE, ZIP CODE **E-MAIL ADDRESS**

Section 2 - Entity Type
 Check one (1) box only that matches the entity type of the Payee listed in Section 1 above. (See instructions on page 2)

SOLE PROPRIETOR / INDIVIDUAL **CORPORATION** (see instructions on page 2)

SINGLE MEMBER LLC (Disregarded Entity owned by an individual) **MEDICAL** (e.g., dentistry, chiropractic, etc.)

PARTNERSHIP **LEGAL** (e.g., attorney services)

ESTATE OR TRUST **EXEMPT** (e.g., nonprofit)

ALL OTHERS

Section 3 - Tax Identification Number

Enter your Tax Identification Number (TIN) in the appropriate box. The TIN must match the name given in Section 1 of this form. Do not provide more than one (1) TIN. The TIN is a 9-digit number. Note: Payment will not be processed without a TIN.

• For **Individuals**, enter SSN.

• If you are a **Resident Alien**, and you do not have and are not eligible to get an SSN, enter your ITIN.

• Grantor Trusts (such as a Revocable Living Trust while the grantors are alive) may not have a separate FEIN. Those trusts must enter the individual grantor's SSN.

• For **Sole Proprietor or Single Member LLC** (disregarded entity), in which the sole member is an individual, enter SSN (ITIN if applicable) or FEIN (FTB prefers SSN).

• For **Single Member LLC** (disregarded entity), in which the sole member is a business entity, enter the owner entity's FEIN. Do not use the disregarded entity's FEIN.

• For all other entities including LLC that is taxed as a corporation or partnership, estates/trusts (with FEINs), enter the entity's FEIN.

Section 4 - Payee Residency Status (See instructions)

CALIFORNIA RESIDENT - Qualified to do business in California or maintains a permanent place of business in California.

CALIFORNIA NONRESIDENT - Payments to nonresidents for services may be subject to state income tax withholding.

No services performed in California

Copy of Franchise Tax Board waiver of state withholding is attached.

Section 5 - Certification

I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the state agency below.

NAME OF AUTHORIZED PAYEE REPRESENTATIVE **TITLE** **E-MAIL ADDRESS**

SIGNATURE **DATE** **TELEPHONE** (include area code)

Section 6 - Paying State Agency

Please return completed form to:

STATE AGENCY/DEPARTMENT OFFICE **UNIT/SECTION**

MAILING ADDRESS **FAX** **TELEPHONE** (include area code)

CITY **STATE** **ZIP CODE** **E-MAIL ADDRESS**



Certifications and Assurances

STATE OF CALIFORNIA - BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF STATE / FEDERAL FINANCIAL ASSISTANCE
2020 W. El Camino Avenue, Suite 670 / 200, 95833
P. O. Box 952054
Sacramento, CA 94252-2054
(916) 263-2771
www.hcd.ca.gov

GAVIN NEWSOM, Governor



2023 CDBG-DR Application Certifications and Statement of Assurances

- Located in the solicitation files
- Authorized Representative must:
Review, Initial pages 2-6, and Sign
and Date page 7



Prepare Environmental Review

Public Service only Activities

- Must submit Environmental Review Exemption Form at the time of application submission

Programs with Public Facility Activities:

- Must commence the Environmental Review process within 30 days of executing the Standard Agreement with HCD

NO CHOICE-LIMITING ACTIONS



Prepare Policies and Plans

All Projects:

1. Procurement
2. Language Access Plan
3. Financial Management
4. Record Keeping

Additional for Rehab/Improvements:

1. Section 3
2. Construction

Additional for Acquisition:

1. URA



Prepare Partnership Documentation

Are Partners included in the application?

If yes, the applicant must provide:

- Partner Provided Services
- Current Licensing and Accreditations
- Pending or Executed Agreement



Prepare Partnership Agreements

If partners will be included, the partnership agreement must at minimum outline:

- Partner's role
- Compensation method
- Scope of work
- Timelines, milestones, and goals supporting successful workforce training participation and/or job placement



Prepare Tribal Partner Documentation

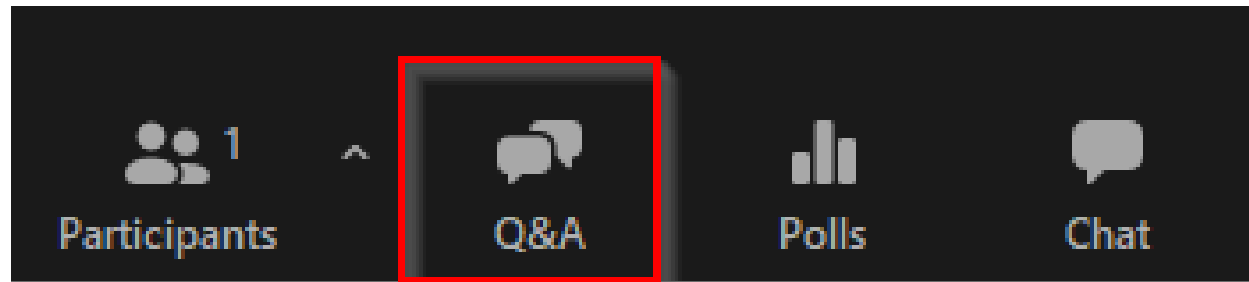
**If the Partner is a Tribal Entity
the Applicant must provide:**

- Tribal Entity Authorizing Resolution
- Copy of their tribal bylaws
- Partnership Agreement



Questions?

Please use the Q&A feature to submit questions





Workforce Development Program Application Overview



Application Overview

What needs to be completed for the DR-Workforce Application?

1. Profile Form
2. Application with Required Attachments
3. Application Budget and Narrative
4. Legislative Form
5. Equity Survey



Application Section I

PROGRAM OVERVIEW

- Program Project Title
- Organization Type
- Beneficiary Goals
- Outreach and Marketing Plan
- Tie-back Narrative



Application Section II

SCOPE OF WORK

- Scope of Work Narrative
- Participant Supportive Services Plan
- Partnership Agreement
- Activity Types
- Environmental Documentation



Application Section III

BUDGETS

- CDBG-DR Funding Request
- Total Project Cost
- Funding Source Documentation
- Duplication of Benefits Affidavit
- Payee Tax Forms



Section III: Application Budgets

1. Total Activity Budget

- Budget for full project activity, includes all funding sources and pertinent phases

2. CDBG-DR Budget

- CDBG-DR cost specific budget that includes only the portion of the project that is being requested to be CDBG-DR funded



Section III: Total Activity Budget Template

[County/Region Name]		2018 CDBG-DR Workforce Development Program										[Organization Name]			
Total Activity Budget and DOB		Funding Sources										Budget Gap/			
Uses (line item budget)	Total Activity Cost	Unit Cost	# of Units	Extended Cost	CDBG-DR	EDD	General Func	Donations	FEMA	[Source 6]	[Source 7]	[Source 8]	[Source 9]	[Source 10]	Duplication of Benefits
[Activity Costs Category: PUBLIC SERVICES]															
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[Indirect Costs]															

1

2

3



Accessing the CDBG-DR Budget

Applications Budget and Goals

Show 10 entries Search:

Project Title	Create Date	Status	Total Requested	Actions
				<div style="border: 1px solid #ccc; padding: 5px;"><p style="text-align: center;">Actions</p><p style="text-align: center;">☰</p><p>Edit Budget ></p><p>Edit Goals ></p></div>



Application Section IV

- Applicant must submit a program schedule that clearly demonstrates compliance with each of the performance milestones defined in Exhibit A of the Standard Agreement
- Program Milestones in Application
 - Any that are not applicable – Enter N/A



Application Section V

PROGRAM PLANS

- Training Program Plans
- Application Intake Procedures
- Sustainability Plans



Application Section VI

DUE DILIGENCE

- Staff Capacity and Experience
- Authorizing Resolutions
- Non-Debarment Verification
- Policies and Procedures
- Applicants will have 10 business days to respond to requests for additional due diligence information



Section VII

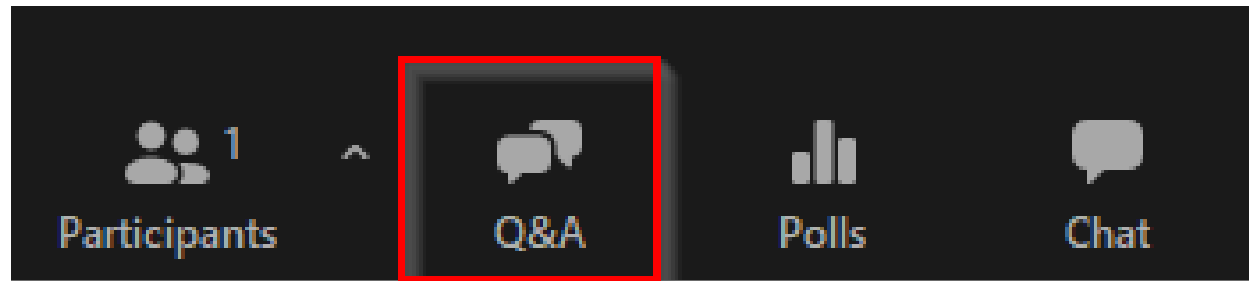
ASSURANCES AND CERTIFICATIONS

- Authorized Representative Review and Sign
- Required to Attach Completed Certification



Questions?

Please use the Q&A feature to submit questions





Workforce Development Program Submission and Award Process



One Application Per Region Served

Separate applications must be submitted for Programs that serve more than one region.

- Single Application: if multiple training programs is being offered to the same beneficiaries in the same region.
- Separate Application: if the training programs are different and serve different regions and/or beneficiaries.

(See Pre-NOFA FAQ for more information)



Draft Application

Application Submissions

Applications ▾

Save Draft

Mark Complete

Close

When you are ready to submit this step, please click the blue "Save" button at the bottom of the page.

- You can save this form as a draft at any time by clicking "Save Draft" at the bottom of the page.
- When you have completed all required items, please click the "Mark Complete" button at the bottom of the page.

NOTE: When you have completed all required steps, be sure to click "Submit" on the next page.

Use **“Save Draft”** while drafting application.

–SAVE OFTEN



Submit Application

Application Submissions

When you have completed the application, it will no longer state "Action Required," but "Complete." The "Submit" button will turn green, which indicates that you can now submit.

Application Submission

Below you will find a section for each step that needs to be completed for this for you to submit your information. If action is required, click "Open" to complete the section. IMPORTANT: Once you have completed all required items for this step, be sure to click "Submit". Before submitting, you will be able to edit any section. Once you've submitted, you will be unable to make any changes.

There are 3 days remaining to submit this.

Submit

Application Submission

Success! Your submission is under review. Be on the lookout for an email from your Program Administrator regarding next steps. You can always login to your portal to check the status and any required actions.

This has been submitted.

All applications must be Submitted for review by
February 29, 2024, 5:00 pm PST



Award Process

Rolling Project Awards

Notified by Award Letter

Standard Agreement



Workforce Development Program Resources



DR-Workforce Program Webpage

Disaster Recovery & Mitigation

Assisting communities to bounce back after disasters strike.



[Home](#) › [Grants & Funding](#) › [Disaster Recovery & Mitigation](#) › [Workforce Development](#)

Workforce Development

Disaster Recovery Workforce Development (DR-Workforce) funds help local governments and nonprofits in affected areas develop their workforces' skills to help their economies develop and recover after disasters.

Disaster Recovery & Mitigation

[DR Multifamily Housing Program](#)

[Environmental Compliance \(DR-OOR\)](#)



HCD Resources

- [TA Request Form](#)
 - [Policies and Procedures Manual](#)
 - [DR-Workforce NOFA](#)
 - [2018 CDBG-DR Action Plan](#)
 - [Grants Administration Manual](#)
 - [Disaster Grant Administration & Reporting](#)
- Additional resources are linked in the Application Guide Resource sheet



Grants Network User Resources



eCivis

GRANTS NETWORK
EXTERNAL USER GUIDE

- [eCivis Grants Management System Webinar](#)
- [Grants Network Manual](#)
- [eCivis Training Library](#)

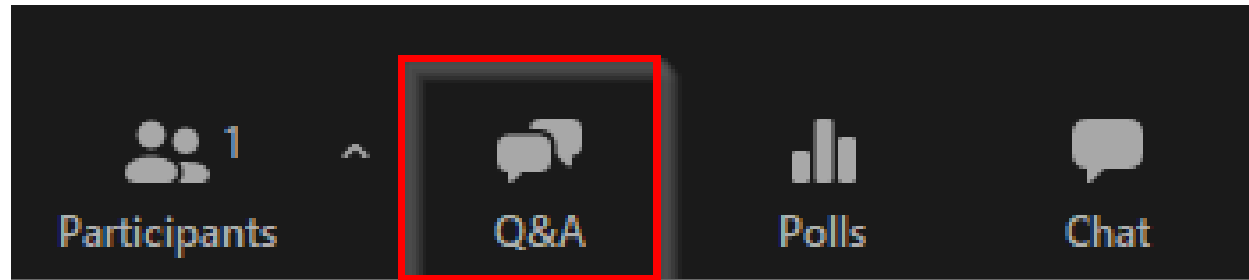
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Questions?

Please use the Q&A feature to submit questions





Thank you!

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