

APPLICATION COVER PAGE- FY 2024
City of Santa Fe- American Rescue Plan Act Funding

Name of Applying Owner or Operator:		
Name of Executive Director:		
Name of Board President:		
Contact Information of Person Submitting Request		
Name: _____		
Address: _____		
Phone: _____		
Email: _____		
Fiscal Agent (if applicable):		
Activity being requested for Funding:	<input type="checkbox"/> OWNER	<input type="checkbox"/> OPERATOR
Brief Program or Service Description:		
Check which Category Describes your organization:		
<input type="checkbox"/> Private Non-Profit <input type="checkbox"/> For-Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Religious Institution		
(SAM.gov) FED UEI #		
Business Registration #		
Tax ID #		
State CRS #		

Amount of ARPA funding requested for Activity	\$
Funding from other sources	\$
Total budget of Activity	\$

To the best of my knowledge and belief, all data in this application is true and correct. If funded, I certify that the Applicant Organization is willing and able to adhere to the ARPA program policies and procedures specified by the City of Santa Fe. Further, I understand there is not a commitment of funding until the City of Santa Fe and the individual authorized to execute contracts on behalf of the Applicant Organization has signed an ARPA subrecipient agreement.

Authorized Signature

Title

Date

SECTION A: ACTIVITY TO BE FUNDED

A.1 Briefly describe the Activity you are requesting to fund with City of Santa Fe ARPA.
Attach additional pages if needed.

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A.2 Why is this Activity needed? Does it address a gap?

Describe the degree of need, or the severity of a problem including cause, extent, location, frequency, and duration that will be addressed by the project. Provide a description of service gaps the activity fills in the community. Attach additional pages if needed.

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A.3 What steps or phases must be taken to complete the Activity?

(Provision of services, engineering/design, advertising, bidding, contract award, construction, etc.)? Briefly describe the work plan in this section, a detailed work plan worksheet is included in Section D of this application. Attach additional pages if needed.

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A.4 Describe the population that the Activity will serve and how this population will be served. Describe the outreach and recruitment activities which will be conducted to make the proposed activity services known and accessible to the targeted population. Please include the geographic scope and other methods related to these outreach and recruitment activities. Please address how the Good Neighbor Agreement will be created. Attach additional pages if needed.

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A.5 Estimate the total number of unsheltered persons that will benefit from the ARPA funded portion of this Activity: _____

A.6 Indicate the unsheltered population(s) you anticipate serving.

Severely Disabled	Chronically Homeless	Elderly	Veterans	Persons with AIDS

Please indicate how may additional pages are attached for this section: _____

SECTION B: BUDGET

B1. Please complete the Budget Worksheet to identify the budgeted expenses including contractual services, personnel services, materials and supplies, real property expenses and other expenses. Indicate budget line items that will be covered by ARPA funds. Indicate total project cost that incorporates the total ARPA request and what funds or services, if any, the sponsor and/or other agencies will contribute. Also enter other *committed* funding sources (committed funds are funds available or which will be available to fund the Activity during the initial year of the project). Please be as accurate as possible. Should your organization be awarded funding, a revised budget (as needed) will become an Addendum to the ARPA Contract. Please include additional pages if needed.

Project Budget Worksheet
 *Note that this budget will be used as an addendum to the grant agreement with the City.

EXPENSES			
EXPENSE CATEGORIES	DETAILS	TOTALS	COVERED BY ARPA?
Contractual Services		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Contractual Subtotal	\$
Personnel		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		Personnel Subtotal	\$
		\$	
		\$	

Equipment and Supplies		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Equipment/Supplies Subtotal		\$	
Real Property (e.g., land, permanent structures, landscaping, roads)		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Real Property Subtotal		\$	
Other Expenses		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Other Expenses Subtotal		\$	
BUDGET TOTAL		\$	

Please indicate how many additional pages are attached for this section: _____

FUNDING SOURCES					
	TYPE OF FUNDING	SOURCE/ AMOUNT	SOURCE/ AMOUNT	SOURCE/ AMOUNT	TOTALS
1.	State funds (i.e. MFA, DFA)				\$
2.	Other Organizational resource (includes in-kind), philanthropic				\$
3.	Private funds (includes out of pocket costs of beneficiary)				\$
FUNDING SOURCES TOTAL					\$

BUDGET SUMMARY	
TOTAL BUDGET	\$
TOTAL AMOUNT FROM OTHER FUNDING SOURCES	\$
TOTAL AMOUNT OF REQUESTED ARPA FUNDS	\$

B.2 If you are proposing to utilize ARPA funds to pay for staff costs, please list each position title and the percentage of their salary and benefits that will be funded by ARPA. Depending on the Activity, listing this information does not guarantee the position will be funded by ARPA as it may not be eligible.

ARPA FUNDED PERSONNEL		
Position Title	New (Y/N)	% salary & benefits paid for with ARPA

Please indicate how may additional pages are attached for this section: _____

SECTION C: OPERATOR WORK PLAN

*** If you are applying independently as a site OWNER without an OPERATOR partner, please leave this section blank and only complete Section D.**

Performance Measurement System

The implementation of the outcome performance measurement system will enable the City to collect information on the outcomes of activities funded through ARPA. This data will provide the City with the information to show the results and benefits of the expenditure of federal funds. If funded, the following performance measures will be written into the contract Scope of Services.

The performance measurement system consists of four main components:

- **Goals** – What is the goal of your program, and how does it fit within the resolution for providing non-congregate shelter to unsheltered homeless individuals by means of an SOS?
- **Objectives** – Objectives are framed broadly to capture a range of community impacts that occur because of program activities.
- **Outcomes** – Helps further refine the grantee’s objective and is designed to capture the nature of the change or the expected result of the objective that a grantee seeks to achieve. Outcomes correspond to the questions: What type of change is the activity seeking? Or what is the expected result of the activity?
- **Indicators** – The system requires the grantee to report on data elements for nearly all program activities and must receive the information from the subrecipients. Reports on indicators that address the following areas will be required:
 - Housing Activities
 - Public Services
 - Public Facilities and Improvements
 - Data Systems Usage (HMIS, CE, Connect, Built for Zero)

Use the following worksheet to describe program goals, objectives, outcomes, and indicators. Use as many worksheets as necessary to capture the full scope of the program.

Please indicate how many pages are attached for this section: _____

Operator Work Plan

Goal # ___:

Objective:

Outcome:

Indicator:

Goal # ___:

Objective:

Outcome:

Indicator:

Goal # ___:

Objective:

Outcome:

Indicator:

Goal # ___:

Objective:

Outcome:

Indicator:

SECTION D: OWNER WORK PLAN

*** If you are applying independently as a site OPERATOR without an OWNER partner, please leave this section blank and only complete Section C.**

C.1 If you are proposing to utilize ARPA funds to develop the SOS site, please complete the following Preliminary Zoning Request. Site owners must work with an engineer and project manager/contractor to produce a detailed timeline, a conceptual draft of the proposed development, and a detailed description of the proposed activities.

Address of Proposed Site: _____

Contact Information of Person Completing Application

Name: _____
Address: _____
Phone: _____
Email: _____

Contact Info for Project Manager/Contractor

Name: _____
Address: _____
Phone: _____
Email: _____

Contact Information for Engineering Company

Name: _____
Address: _____
Phone: _____
Email: _____

Contact Information for Person/Agency Completing Preliminary Zoning Request:

Name: _____
Address: _____
Phone: _____
Email: _____

Ensure the application has the following attached:

- Preliminary Zoning Request
- Existing Site Plan
- Legal Lot of Record
- Proposed Site Plan
- Development Plan
- Project Schedule

Please indicate how many pages are attached for this section: _____

C.2 Preliminary Zoning Request (PZR). A \$150.00 fee must be included with this application to process the PZR through the Land Use Department. Contact zoningcounter@santafenm.gov to begin the request process. The following documentation must be sent to the Land Use Zoning Counter in addition to the PZR: legal lot of record, development plan, existing site plan, proposed site plan. Please submit this portion of the application as soon as possible to both the Program Manager and the Zoning Counter, even if the rest of the application is in progress. Zoning requests will be evaluated as they are submitted to allow the City to promptly inform applicants if their site is viable.

- The following documentation must be sent to the Land Use Zoning Counter in addition to the Preliminary Zoning Request:
 - Legal lot of record
 - Development plan
 - Existing site plan
 - Proposed site plan.

- Applicants can determine their zoning district through the City’s interactive GIS webpage at:
<https://gis.santafenm.gov/portal/apps/webappviewer/index.html?id=70f250f3a085457da9a3d56b103276dc>

- Applicants can determine if they are in an escarpment or flood zone through the City’s interactive GIS webpage at:
<https://gis.santafenm.gov/portal/apps/webappviewer/index.html?id=d6118aa81d9a4fab9809c37b250b34d5>

Please submit this portion of the application as soon as possible to both the Program Manager and the Zoning Counter, even if the rest of the application is in progress. Zoning requests will be evaluated as they are submitted to allow the City to promptly inform applicants if their site is viable.

Program Manager: bcrodriguez@santafenm.gov

Land Use Zoning Counter: zoningcounter@santafenm.gov



Preliminary Zoning Review Worksheet

City of Santa Fe Land Use Department

To Be Completed By Applicant:	Site Address: _____
Date Submitted: _____	Proposed Construction Description: _____
Property Owner of Record: _____	
Applicant/Agent Name: _____	TOTAL ROOF AREA: _____
Contact Person Phone Number: () - _____	
Zoning District: _____	Lot Coverage : _____ % □ Open Space Required: _____
Overlay: □ Escarpment _____ □ Flood Zone* □ Other: _____	Setbacks: Proposed Front: _____ Minimum: _____ 2 nd Front? _____ Proposed Rear: _____ Minimum: _____ Proposed Sides: L__R__ Minimum: _____
Submittals Reviewed with PZR: □ Legal Lot of Record □ Development Plan □ Building Plans □ Existing Site Plan □ Proposed Site Plan □ Elevations	Height: Proposed _____ Maximum Height: _____ or □ Regulated by Historic Districts Ordinance □ Regulated by Escarpment District
Supplemental Zoning Submittals Required for Building Permit: □ Zero Lot Line Affidavit	Parking Spaces: Proposed _____ Accessible _____ Minimum: _____
Access and Visibility: □ Arterial or Collector** □ Visibility Triangle Required	Bicycle Parking**: Proposed: _____ Minimum: _____ <small>** Commercial Requirement</small>
Use of Structure: □ Residential □ Commercial Type of Use: _____	
Terrain: □ 30% slopes _____	

* Requires an additional review conducted by Technical Review Division.
** Requires an additional review conducted by the Traffic Engineering Division.

THIS REVIEW DOES NOT GRANT ZONING APPROVAL FOR BUILDING PERMIT. FINAL ZONING REVIEW WILL BE PERFORMED AT THE TIME OF BUILDING PERMIT APPLICATION.

PRINT NAME [□OWNER □APPLICANT □AGENT]

hereby certifies that the information provided for preliminary zoning review is accurate and will not be modified without consulting Land Use Department staff prior to submittal for Historic Districts Review Board review.

SIGNATURE

DATE

To Be Completed By City Staff:

Additional Agency Review if Applicable:
 Escarpment Approval by _____ Date: ___/___/___
 Flood Plain Approval by _____ Date: ___/___/___
 Traffic Engineering Approval by _____ Date: ___/___/___
 Notes: _____

Zoning Approval:
 Preliminary Approval with conditions Rejected
 Comments/Conditions: _____

REVIEWER: _____ **DATE:** ___/___/___

Original color form must be submitted with Historic Districts Review Board (HDRB) application packet.