

PROPOSAL APPLICATION FOR CDBG FUNDING
Office of Community Development
Public Service Proposal

July 1, 2015-June 30, 2016

Introduction

The City of Springfield's Office of Community Development is seeking proposals for inclusion in its 2015-2016 Action Plan. The 2015-2016 Program Year will run from July 1, 2015 through June 30, 2016. Successful proposals must meet the guidelines articulated in this RFP.

The RFP's will be available for distribution from 8:30 AM- 4:00 PM, Thursday, February 5, 2015 through Friday, March 6, 2015 at:

**The Office of Housing,
1600 East Columbus Avenue**

APPLICATION DEADLINE:

Friday, March 6, 2015 BY 12:00 PM. **DEADLINE IS FIRM. THERE ARE NO EXCEPTIONS.**

NO PROPOSALS, CORRECTIONS, REVISIONS OR ATTACHMENTS WILL BE ACCEPTED AFTER MARCH 6, 2015, 12:00 P.M.

Additional questions regarding the RFP can also be submitted to: cbuono@springfieldcityhall.com no later than 4:00 p.m. on, Thursday, February 19th. Responses to all received questions will be posted on the City's website at http://www3.springfield-ma.gov/planning/index.php?id=dept_cd on Friday, February 20th by 4:00 p.m.

Thank you for your interest in the Community Development Block Grant (CDBG) Program.

**City of Springfield
Office of Community Development
Public Service Proposal**

JULY 1, 2015 THROUGH JUNE 30, 2016

Organization Name:

Exec Director Name:

Address:

Telephone :

Email Address:

DUNS#:

Program Name:

Location of Activity:

Contact Name:

Title:

Contact Email:

Activity/Project CDBG Funds Requested: \$

Funding Leveraged from other Sources: \$

Total Program Cost: \$

The **S.M.A.R.T.** statement is a statement about your activity not your organization. Provide a S.M.A.R.T. statement about your activity.

S- Specific (Who, What, Where?)

M- Measureable (How many?)

A- Action Oriented (How?)

R- Realistic

T- Time (By when?)

Examples of S.M.A.R.T. objective statements:

Example 1: ABC Tutors will provide after school MCAS tutoring for 25 low/moderate income students in grades 5-8 who reside in the North Common NRSA area. The program will run from October 2015-through June 30, 2016. There will be no cost for the program.

Example 2: J&J Language School will provide free ESOL classes for 50 low/moderate income individuals. Classes will be held on Monday and Wednesday evenings from 6-8 at the Arlington Neighborhood Community Center. The course will consist of 2 semesters (September-December 2015 and February-May 2016).

INCOME GUIDELINES

Every proposal that claims to benefit low and moderate income persons will be required to provide evidence that the beneficiaries of the program meet certain income guidelines. The majority (51%) of the programs beneficiaries must meet HUD income guidelines. The following income limits by household size represent eligibility for assistance under the Community Development Block Grant.

<i>I.</i>	<i>Family Size</i>	Low (80%) Income Limits
	1	\$44,750
	2	\$51,150
	3	\$57,550
	4	\$63,900
	5	\$69,050
	6	\$74,150
	7	\$79,250
	8	\$84,350

ELIGIBLE CDBG PUBLIC SERVICE ACTIVITIES:

The project benefits a specific group of people where at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. Activities that are eligible for funding include, but are not limited to:

- Youth Services; including after school, teen centers, recreation programs, evening summer teen programs, fitness, teen pregnancy prevention
- Child Care Services
- Elderly Services
- Health Services
- Adult Basic Ed (ABE)
- General Education Development (GED)
- Homelessness-prevention programming for Homeless Persons and Persons at Risk of becoming Homeless.
- Employment Programs; job counseling, job training, job development
- Substance Abuse Services; including counseling, treatment and mental health
- Domestic Violence
- Crime Prevention and Public Safety

- Foreclosure Prevention
- Fair Housing Counseling
- Services for Disabled Persons
- Welfare Services (excluding income payments)

National Objective

A public service activity project will meet the HUD National Objective to benefit low/moderate income persons; persons who earn at or below 80% of the median income and/or reside in census tracts with at least 51% of the population at low and moderate income levels.

Activity Description

All applicants that are awarded funding will be required to meet a performance measurement for each project.

You are required to state the specific need your activity will address;

You are required to describe in measureable terms what you are going to do;

You are required to state the intended outcome or impact of your actions;

You will need to specify a category and a number for benefit;

You will need to describe the standard you will use to measure success.

Provide a detailed description of the proposed activity. Identify whether the activity is new, ongoing, or expanded from previous years. Identify the location of the project and the boundaries of the service area. Specifically if your organization is located in one of the NRSA neighborhoods (CDBG map of eligible target areas attached as part of this RFP packet).

The three current NRSA neighborhoods are:

1. Brightwood/Memorial Square
2. South End
3. Six Corners/Old Hill

Beneficiary Information. Beneficiaries should only be counted once.

Total Number of Beneficiaries in the Activity

Number of Beneficiaries to be served with CBDG Funds

Percentage of CBDG Beneficiaries with Low/Moderate Income
%

Cost (\$) per CBDG Beneficiary (CBDG Request/CDBG Beneficiaries)
\$

Cost (\$) per Beneficiary for the Activity (Total Program Cost/Total Program Participants)
\$

Proposed Project Accomplishments:

For each proposed activity, please indicate the following:

Describe the activity, service number and outcome of the program. Each category that your proposal seeks should detail anticipated outcomes of the program. Outcomes benefit the results from the program and should be reasonable and attainable.

ACTIVITY What the activity does to fulfill its scope of service	INDICATOR OF SUCCESS Total number of persons to be served by this project	OUTCOME Benefits that result from the program
<i>Example: Provide afterschool care/homework help to youth.</i>	<i>Keep at least 50 youth in an afterschool program providing them with a safe environment.</i>	<i>Improved grades in school by doing homework with youth. Report cards are given at the end of each quarter to measure outcomes.</i>

What is the total number of Low/Moderate income persons to be served by this project?

Identify who will benefit from the activity (homeless, youth, seniors, disabled, etc.). Describe the process you will use to identify these persons and ensure that the activity meets the national objective. Income information is included as part of this RFP packet found on page 3.

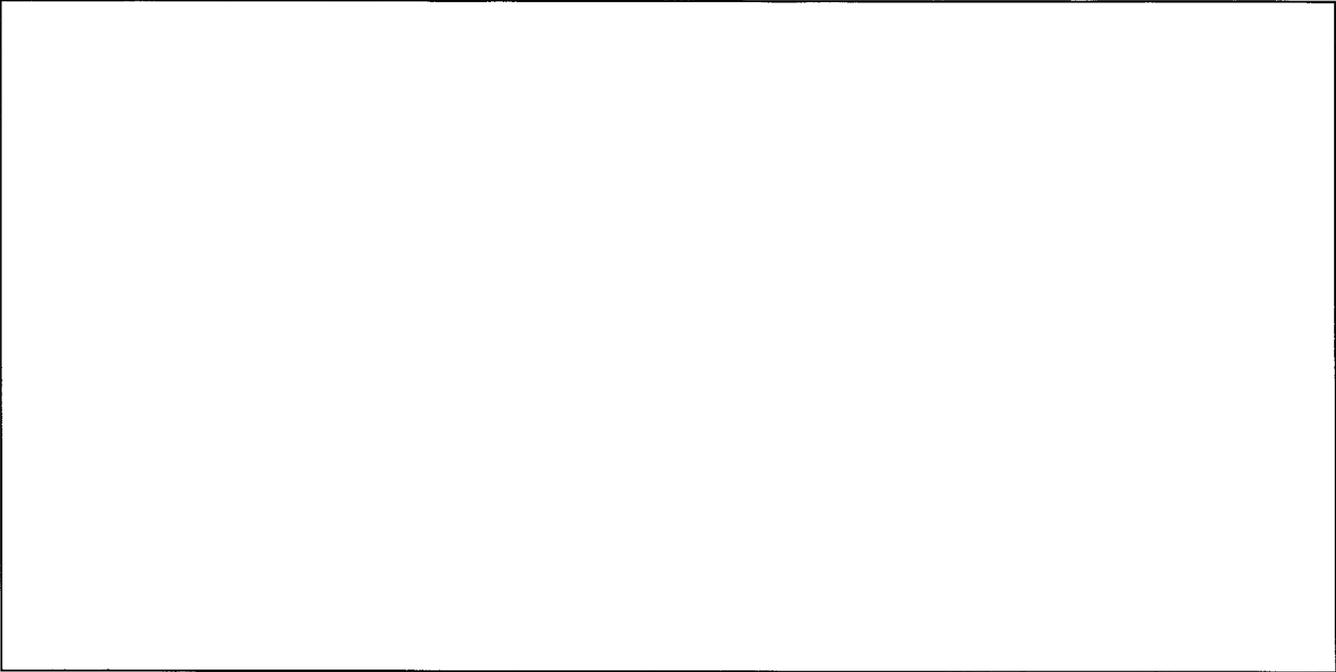
Identify the accomplishments you intend to achieve with this activity. Provide an activity timeframe/schedule (include start, completion dates or other stages)

Collaboration:

Identify other agencies/partners in this activity and define the roles and responsibilities of these partners.

Organizational Capacity

Provide an overview of your organization including the length of time in existence. Describe your organizations experience in successfully conducting this type of activity. Identify any skills, current services or specific accomplishments that demonstrate your capacity for success. Also, attach a list of board members with this RFP.



Budget

The City encourages CDBG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging is very important in the application process.

Leverage:

1. What percentage of the total budget of the specific program (not the organizational budget) for which you are applying would the requested CDBG funding cover?
2. Does the implementation for this program depend on receiving 100% of your CDBG request?
3. If you are not approved for 100% of your CDBG request, how will you address the shortfall?
4. Please identify any other funding sources or funding applications you have submitted or plans to submit, applications to pertaining to the proposed program.
5. Does the implementation of the project depend on receiving funds from these or any other sources?

Leveraged funds

Category Breakdown	Amount of Leveraged Funds	Source of Leveraged Funds
Total CDBG Request		
Total Other Funds		
Total		

Personnel

Please complete the following table for all positions for which CDBG funds will be used:

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	X	% Time Spent on this CDBG Project/ Program	=	Total Position Cost Requested from CDBG
					X		=	
					X		=	
					X		=	
					X		=	

- Provide job descriptions (if the position is currently filled) for each position listed.
- Provide an overview of the process the organization goes through to screen potential hires for open positions.
- For fringe benefits, if using percentage of gross for calculation, provide justification of percentage used.

If CDBG is a percentage of total cost for each line item, provide a formal allocation plan. Source and amount of matching funds must be provided. Please double check your calculations for accuracy; all costs must tie out exactly, do not round up or down.

Please indicate whether or not outside vendors or consultants will be identified by your organization to conduct program activities.

Contracts and Leases

Provide a copy of each contract and lease listed in the budget

SUBMIT COMPLETED PROPOSAL APPLICATION AND FOUR COPIES AND ALL REQUIRED DOCUMENTS TO:

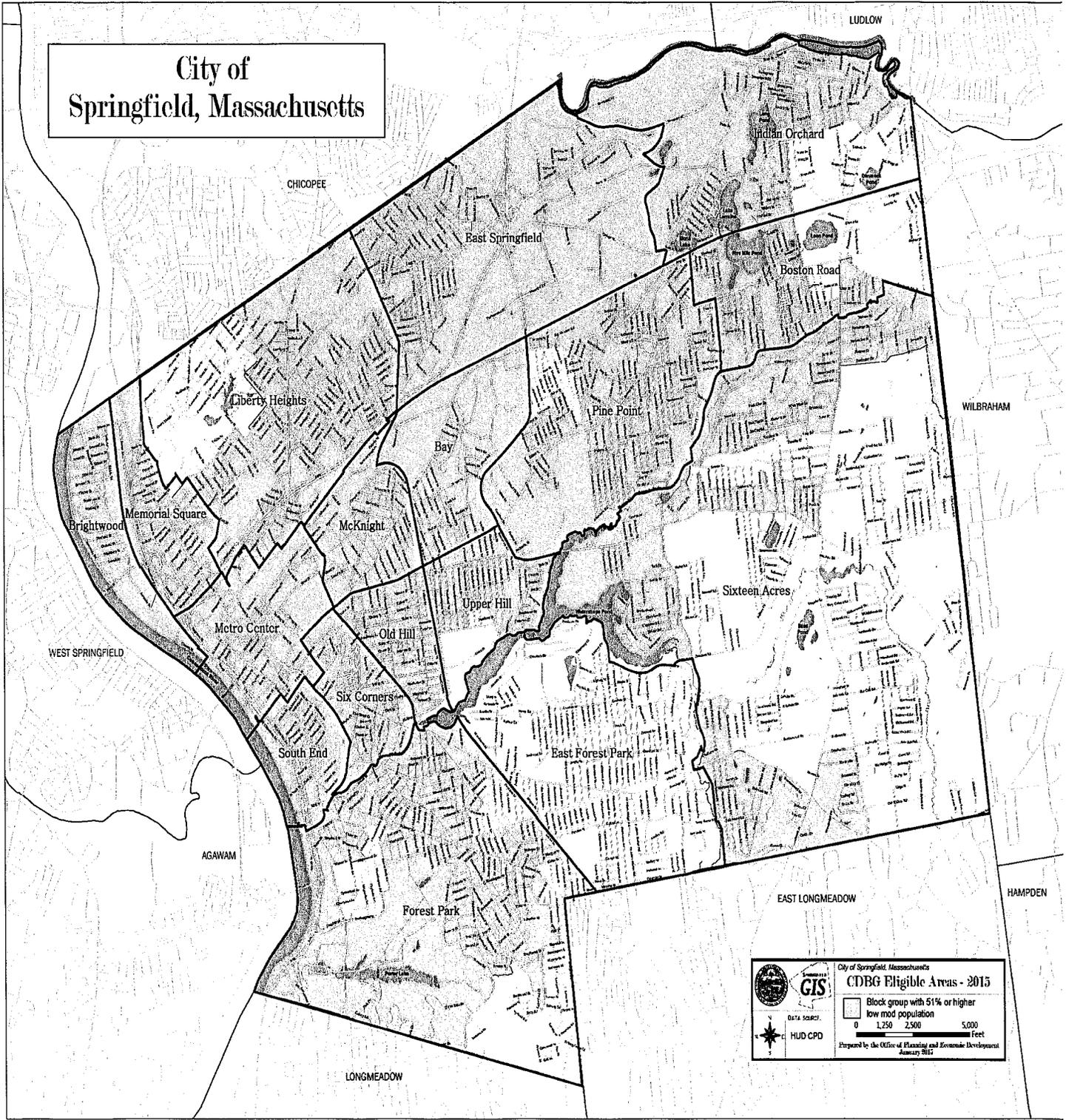
The Office of Housing
1600 East Columbus Avenue
Springfield, MA 01103

Deadline for FY 2015-2016: 12:00PM Friday, March 6, 2015

Submission Checklist

- Submit one original and four copies of the completed application. Applications must be typed;
- Complete all budget sheets on pages 9-11;
- Articles of Incorporation;
- Minutes of Board of Directors meeting authorizing application for funding;
- Current List of Board of Directors with identification of Officers and terms;
- Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended) or
 - b. Financial statements audited by a CPA (if not bound by the requirements of OMB A-133) or
 - c. Profit and Loss statement (only first time applicants or those who do not meet above criteria may submit)
- IRS 501 C 3 Designation Letter (if applicable);
- Notarized Tax Certification Affidavit (form attached);
- Conflict of Interest Statement (form attached);
- Debarment Certificate (form attached);
- National Objective Compliance Certificate (form attached);
- EEO, Fair Housing, and Drug-Free Workplace Policies

CDBG ELIGIBLE TARGET AREAS MAP



TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number _____

State Identification Number _____

Federal Identification Number _____

Company: _____

P.O. Box (if any): _____ Street Address Only: _____

City/State/Zip Code: _____

Telephone Number: _____

Fax Number: _____

List address(es) of all other property owned by company in Springfield: _____

Please Identify if the bidder/proposer is a:

Corporation _____

Individual _____ Name of Individual: _____

Partnership _____ Names of all Partners: _____

Limited Liability Company _____ Names of all Managers: _____

Limited Liability Partnership _____ Names of Partners: _____

Limited Partnership _____ Names of all General Partners: _____

You must complete the following certifications and have the signature(s) notarized on the lines below. Any certification that does not apply to you, write N/A in the blanks provided.

FEDERAL TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge and
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **United States Federal taxes** required by law.

Bidder/Proposer Authorized Person's Signature Date: _____

CITY OF SPRINGFIELD TAX CERTIFICATION

I, _____ certify under the pains and penalties of perjury that _____, to my best knowledge an
(authorized agent) (Bidder/Proposer)
belief, has/have complied with all **City of Springfield taxes** required by law (has/have entered into a Payment Agreement with the City).

Bidder/Proposer Authorized Person's Signature Date: _____

COMMONWEALTH OF MASSACHUSETTS TAX CERTIFICATION

Pursuant to M.G.L. c. 62C '49A, I, _____ certify under the pains and penalties of perjury that _____,
(authorized agent) (Bidder/Proposer)
to my best knowledge and belief, has/have filed all state tax returns and has/have complied with all state taxes required by
law.

Bidder/Proposer

Authorized Person's Signature

Date: _____

Notary Public

COMMONWEALTH OF MASSACHUSETTS

,ss. _____, 2015

Then personally appeared before me [name] _____, [title] _____
of [company name] _____, being duly sworn, and made oath that he/she has read the
foregoing document, and knows the contents thereof; and that the facts stated therein are true of his/her own knowledge,
and stated the foregoing to be his/her free act and deed and the free act and deed of [company
name] _____.

My commission expires: _____

Notary Public

YOU MUST FILL THIS FORM OUT COMPLETELY

IF YOU DO NOT ALREADY HAVE A CONFLICT OF INTEREST STATEMENT, YOU MAY USE THE INFORMATION PROVIDED HERE; HOWEVER, THE CERTIFICATE MUST BE PRINTED ON YOUR ORGANIZATION'S LETTERHEAD AND SIGNED BY AN AUTHORIZED AGENT.

Conflict of Interest Statement

No staff or Board of Director of the _____ will financially benefit from performing their prescribed duties other than receiving their normal compensation per salary of contract. Additionally no staff member of Board of Director can use or take possession of any of the _____ resources without express approval of its Board of Director's Chairperson.

All transactions conducted by staff and the Board of Directors must be arms length transactions, whose sole intent is to enhance the role and the mission of _____.

Dated: _____

(signature of authorized agent)

(printed name of agent)

Debarment Certificate

Name of Subrecipient _____

Described herein and attached here to as Attachment IV is a certification from the SUBRECIPIENT stating that neither the SUBRECIPIENT nor any subcontractor secured by the SUBRECIPIENT has been debarred, suspended or determined ineligible to engage in the activity necessary to perform the services of this contract.

By signing this Certificate, the organization expressly understands and acknowledges that any person responsible for performing activities/services under this agreement are currently eligible to engage in the activity under this contract.

Dated: _____

(signature of authorized agent)

(printed name of agent)

National Objective Compliance Certificate

In accordance with the statutes and regulations set forth by the U.S. Department of Housing and Urban Development (HUD), activities funded through the Community Development Block Grant (CDBG) must be used to meet one of the three national objectives named by HUD. Those three objectives are (1) benefiting low- or moderate- income persons; (2) preventing or eliminating slums or blight and (3) meeting an urgent need. To be eligible for funding, every CDBG-funded activity must meet one of these national objectives.

I, _____, certify that the activity proposed in this application for CDBG funding will meet one of the three national objectives as set forth above. The _____ also certifies that it will maintain sufficient documentation to ensure compliance with national objectives.

Dated: _____

(signature of authorized agent)

(printed name of agent)

(title of agent)