

**SPRINGFIELD, MASSACHUSETTS  
OFFICE OF HOUSING & NEIGHBORHOOD SERVICES**

**OFFICE OF COMMUNITY DEVELOPMENT**

**SOLICITATION FOR PROJECT PROPOSALS  
EMERGENCY SHELTER GRANT FUNDS**

**OFFICE OF HOUSING & NEIGHBORHOOD SERVICES  
1600 E. Columbus Avenue  
SPRINGFIELD, MA 01103  
(413) 787-6500**

# **SPRINGFIELD, MASSACHUSETTS EMERGENCY SHELTER GRANT**

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## **I. SOLICITATION OF PROJECT PROPOSALS**

### **Funds Available**

The City of Springfield anticipates receipt of approximately \$181,764 in Emergency Shelter Grant funds from the U.S. Department of Housing and Urban Development to support a range of homeless programs during the program year running from July 1, 2007 through June 30, 2008. The Emergency Shelter Grant (ESG) funding regulations limit the eligible use of funds to the following categorical areas: Shelter Rehabilitation, Shelter Operations, Homeless Prevention, and Essential Services to Homeless Populations. Each proposed homeless project must address an eligible activity.

Awards under this NOFA are contingent upon the availability of funds.

### **OVERVIEW OF APPLICATION PROCESS**

The RFPs will be available for distribution from December 26, 2005 through February 9, 2007 at the:

- Office of Housing and Neighborhood Services, 1600 East Columbus Avenue from 8:30 a.m. – 4:00 p.m.
- Office of Community Development, 36 Court Street from 8:30 – 4:30 p.m.
- Online at: [http://www.springfieldcityhall.com/COS/Services/dept\\_cd.htm](http://www.springfieldcityhall.com/COS/Services/dept_cd.htm)

No RFP packages will be issued by facsimile. No materials will be released prior to this date and time.

### **Submittals**

Please submit 1 Original Application and 2 Copies

**Program proposals must be received by the City of Springfield on or before 12:00 PM on Friday, February 9, 2007 at the Office of Housing and Neighborhood Services at 1600 East Columbus Avenue, Springfield, MA 01103.**

No funding obligations shall be implied based on the information in this solicitation of ESG project proposals. The City of Springfield reserves the right to accept any proposal or reject any and all proposals on such basis as may be deemed to be in its best interest.

Please note that: 1) Deadlines are firm. 2) It is the sole responsibility of the applicant to ensure that the deadlines are met. 3) Proposals delayed for any reason including but not limited to delivery problems associated with the United States Postal Service, messenger services, or overnight courier services will be considered late and will not be accepted.

## **Proposal Review**

The City of Springfield reserves the right to:

- Determine which program category will be used to fund specific proposals.
- Determine the source of funding to be utilized
- Negotiate and award contracts
- Reject any or all submittals
- Offer less than the requested amount

## **Program Requirements**

HUD's objective for the Emergency Shelter Grants program are to increase the number and quality of emergency shelters/and transitional housing facilities, to operate these facilities, to provide essential services and social services and to help prevent homelessness.

The City of Springfield is using the established federal guidelines governing the ESG program (as detailed in the program requirement section above) well as the City of Springfield's priorities for homeless programs and initiatives. The City will exercise final decision making authority regarding all proposals submitted for consideration under this RFP. Proposals that link services with other agencies and/or programs resulting in a continuum of services or care to the homeless population are preferred.

Homeless funding through the ESG program requires all proposals to meet the rules, regulations and guidelines established under CFR 24 Sections 576.1 through 572.23. Any proposals that fail to meet the aforementioned established guidelines will not be eligible for funding under this RFP.

ESG funds have a mandatory dollar-for-dollar match requirement. When completing the budget, the ESG request may not exceed 50% of total project cost.

Eligible ESG activities and applicable limitations are:

1. **Operating costs** such as maintenance, insurance, rent, utilities and furnishings. The term "operating costs" means expenses incurred by a recipient operating a facility assisted under this subtitle with respect to the maintenance, repair, and security of such housing; and utilities, fuels, furnishings, and equipment for such housing. The City will only consider proposals for operating costs for which there is demonstrated need that is above and beyond that which is being funded by the Massachusetts Department of Transitional Assistance.
  
2. **Essential services:** In general, assistance provided under this subtitle may be used for the following activities relating to emergency shelter for homeless individuals. The provision of essential services includes services concerned with employment, health, drug abuse or education, and may include but is not limited to:
  - a. Assistance in obtaining permanent housing;
  - b. Medical and psychological counseling and supervision;
  - c. Employment counseling;
  - d. Nutritional counseling;
  - e. Substance abuse treatment and counseling;
  - f. Assistance in obtaining other Federal, State and local assistance including mental health benefits; employment counseling; medical assistance; Veteran's benefits; and income support assistance such as supplemental Security Income benefits, Transitional Assistance to Needy Families (TANF), EAEDC, and Food Stamps;
  - g. Other services such as child care, transportation, job placement and job training; and
  - h. Staff salaries necessary to provide the above services.

The provision of essential services, including services concerned with employment, health, drug abuse, or education, may be provided if :

- a. Such services have not been provided by the local government during any part of the immediately preceding 12-month period. The use of assistance under this subtitle would complement existing services; and
- b. Not more than 30 percent of the aggregate amount of assistance to a local government may be used for activities under this paragraph.

3. **Homeless prevention** and efforts to prevent homelessness such as financial assistance to families who have received eviction notices or notices of termination of utility services if - a) the inability of the family to make the required payments is due to a sudden reduction in income; b) the assistance is necessary to avoid the eviction or termination of services; c) there is a reasonable prospect that the family will be able to resume payments within a reasonable period of time; and d) the assistance will not supplant funding for pre-existing homelessness prevention activities from other sources.

Not more than 30 percent of the aggregate amount of assistance to a local government may be used for activities under this paragraph.

Homeless prevention means activities or programs designed to prevent the incidence of homelessness, including (but not limited to):

- Short-term subsidies to defray rent and utility arrearages for families that have received eviction or utility termination notices;
- Security deposits or first month's rent to permit a homeless family to move into its own apartment;
- Mediation programs for landlord-tenant disputes;
- Legal services programs for the representation of indigent tenants in eviction proceedings;
- Payments to prevent foreclosure on a home; and
- Other innovative programs and activities designed to prevent the incidence of homelessness.
- Developing and implementing homeless prevention activities, subject to the limitations in 42 U.S.G. 11374(a)(4).

Grant funds may be used under this paragraph to assist families that have received eviction notices or notices of termination of utility services only if the above conditions are met.

### **Reporting on ESG-Funded Prevention, Shelter and Essential Services**

Note that the City will provide report forms that shall be completed by the subrecipient to meet HUD's data collection requirements, which include but are not necessarily limited to the following:

- A count of the individuals served by the project.
- Emergency or transitional shelter providers are also required to report:

- Total number of adults and children served on an annual basis. This should be an actual unduplicated count, not an estimate or point-in-time count. This means that regardless of how many nights a person stays in a shelter, they are counted once;
  - Number of households served by household type;
  - Number of persons served by special need category;
  - Number of persons served by facility type; and
  - The number of persons served by race and ethnicity.
- Homeless Prevention Service Providers and Essential Services Providers are required to report:
    - Total number of individuals served on an annual basis; and
    - Number of persons served by race and ethnicity.

Also note that, although HUD has not yet established a deadline for participation, ESG funding recipients are required to participate in HMIS data collection and reporting.

**Submittal Evaluation:**

Each proposal will be evaluated according to adherence to the goals and parameters established in the “Proposal Contents” section below.

**City of Springfield**  
**Emergency Service Grant Program**  
Application Cover Sheet

A. Applicant Information

Organization \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

B. Brief Project Description

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Eligible Activity Categories (Check all that apply)

\_\_\_\_\_ Homeless Prevention \_\_\_\_\_ Shelter Operations \_\_\_\_\_ Essential Services

D. ESG Request: \$ \_\_\_\_\_

E. New Initiative: \_\_\_\_\_ Yes \_\_\_\_\_ No

.....  
Sign below, proposals with an unsigned cover sheet may be disqualified.

I certify that to the best of my knowledge, information regarding the proposal reflects accurate data regarding need and estimate of planned/delivery services. The proposal was considered and approved by the Board of Directors on \_\_\_\_\_ (date). By signing this application, the undersigned offers and agrees, if the proposal is selected, to furnish the services for which prices are quoted, subject to final negotiation.

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## **IV. Request for Proposal Format**

### **1. Narratives**

#### **A. ORGANIZATION DESCRIPTION**

State the organization's mission and briefly summarize the organization's:

- Geographic target area
- Experience
- Status as a Faith-Based Organization (YES or NO)
- Describe the involvement of the community, especially the proposed target population, in the policy making and operation of the agency.
- List all current agency programs, including sources and amount of funding, target population, and program goal.

Provide the organization's most recent independent audit. If applicable please also provide:

- a. Single Audit (required if expended more than \$500,000 in federal funds from any and all funding sources during most recent audit period); and
- b. Management letter.

If the organization does not have an independent audit prepared, please provide a copy of the organization's most recent Internal Revenue Service Form 990 or Form 990-EZ, if required under Internal Revenue Service Section 6033.

#### **B. ESTABLISHED NEED**

The 4 need categories detailed below are identified based on need assessments conducted by the City. For the categories of essential services and homeless prevention, please use the attached form labeled "Scope of Services" (FORM B) to identify what need category your proposal seeks and to detail the anticipated outputs and outcomes of the proposed program. For the category of Shelter Operations, you do not need to include a "scope of services."

Need Category	Need Statement	Goals
1. Emergency Shelter	Springfield's January 2005 point-in-time count identified 237 individuals and 35 families living in streets or in shelters. DTA does not provide sufficient funding for shelter beds to meet the needs of this full population.	Provide funds for shelter operations to meet the demonstrated need for emergency shelter.  Note: Pursuant to this RFP ESG funds may only be used to increase capacity beyond what is funded by DTA.
2. Essential services for homeless individuals	An estimated 1200-1400 individuals and 500-600 families in Springfield experience an episode of homelessness each year. The Mayor's Homelessness Strategy Committee has identified the following services as needed for this population: rapid re-housing/follow-up services and financial assistance; assistance in obtaining public benefits; education and employment assistance; mental health and substance abuse services; child care; and transportation.	People who are homeless receive the resources and services they need to be re-housed and stable.

3. Homeless prevention	About 10% of persons in poverty become homeless each year. This number can be reduced by prevention services: financial assistance; crisis intervention and housing retention services; and landlord-tenant mediation or legal assistance.	At-risk families and individuals are provided with resources and services to prevent homelessness.
------------------------	--	--

### **C. ACTIVITY DESCRIPTION**

Provide a detailed description of the proposed activity/project including how the activity will address the need you have selected (250 word maximum).

1. Identify the beneficiaries of the proposed services.
2. How many beneficiaries the program is designed to serve, both at a point-in--time and over the course of grant.
3. Describe the process you will use to identify these persons and ensure that the activity meets program criteria. Where applicable, please include information about: how the appropriateness of assistance to the needs of the persons/participants is determined, the application process, procedures for referrals of persons/participants not granted admission to or assistance from the program, methods of tracking persons/participants assisted, methods to be used to reach target participants.
4. Identify any restrictions to eligibility or access to services. Include if any services are restricted by the applicant agency and/or program funding source.
5. Provide an activity time frame/schedule (include start, pre-evaluation, post-evaluation, completion dates and other significant stages)
6. How will proposed beneficiaries access services.
7. Detail how the type and scale of program adequately addresses the target population needs.

8. Identify site(s) from which program will operate. Address issues of physical accessibility, safety, and security.

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

**D. COMPLETED BUDGET FORMS**

The activity will be evaluated in terms of its impact on the identified need, implementation costs, and funding request relative to its financial and human resources.

Under this RFP, 100% of the amount of ESG funds in the agreement must be used for the reimbursement of program delivery-related expenses.

Also, please utilize the attached budget form (Form B) to provide descriptive detail on all line item costs. Please provide source documentation for each budget line item.

a. Personnel:

- o Please complete the following table for all positions for which ESG funds will be used:

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

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

As part of this section, please indicate whether or not outside vendors or

consultants will be identified by your organization to conduct program activities.

2. Contracts and leases:

- Copy of each contract or lease listed.

If ESG 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.

**APPENDICES**

**A OTHER AGREEMENT REQUIREMENTS**

**FORMS**

**A OUTPUT/OUTCOME**

**B BUDGET**

**Form 1: For Prevention and Essential Service Programs**

**Form 3: For Shelter Operations**

**Sample Forms**

## APPENDIX A: OTHER AGREEMENT REQUIREMENTS

### OMB Circulars:

The ESG regulations list the OMB Circulars and other documents that guide ESG compliance regarding applicability of uniform administrative requirements). They may be found online at:

[http://www.access.gpo.gov/nara/cfr/waisidx\\_04/24cfr576\\_04.html](http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr576_04.html)

The Circulars listed in this section of the ESG regulations may be accessed via the following link to the OMB website:

<http://www.whitehouse.gov/omb/circulars/>

In addition to complying with the above rules and regulations, submitting forms and attachments required as part of the RFP, and complying with the requirements laid out in the text of the RFP, organizations entering into contracts for programs selected pursuant to this RFP will also be required to submit the following items:

- By-Laws
- Articles of Organization
- Minutes of Board of Directors meeting authorizing application for funds
- Completed Vote of Corporation Authorizing Execution of Form (sample attached)
- Notarized Tax Certification Affidavit (sample attached)
- Conflict of Interest Form (sample attached)
- Debarment Certificate (sample attached)
- Federal Tax Exemption Determination Letter
- Corporate Certificate
- National Objective Compliance Form
- EEO, Fair Housing and Drug Policies
- Collaboration Agreement(s) (if applicable)
- Certificates or policies of worker’s compensation, general liability, automobile liability (including non-ownership and hired vehicles) and property damage insurance satisfactory to the City, in compliance with the law and in form and amount sufficient to protect the City.

Unless the City determines otherwise, each certificate or policy shall carry the provision that the insurance shall not be canceled or reduced without prior notice to the Office of Housing and Neighborhood Services (OHNS) of the City of Springfield. All the insurance required by this paragraph shall remain in full force and effect for the entire year, and **THE CITY SHALL BE NAMED AS AN ADDITIONAL INSURED**

**UNDER SUCH INSURANCE**, which shall contain a stipulation that the insurance provided shall not terminate, lapse or otherwise expire, prior to thirty (30) days written notice to that effect, given by the insurance carrier to the City, and that the insurance carrier will not invoke the defense of performance of governmental function of the provider in performing their work with the City.

The minimum limits of Liability Coverage shall be as follows unless determined otherwise by the City at its sole discretion:

1. Comprehensive General liability, including Premises and Operations, Elevator Liability; Provider's Protective Liability, Products Liability including completed Operations Coverage; and Contractual Liability for the contract:

Limits: \$1,000,000/\$2,000,000

2. Comprehensive Automobile Liability, including all owned Automobiles; Non-Owned Automobiles; Hired Car Coverage (where applicable):

Limits: \$500,000/\$1,000,000 (per occurrence/annual aggregate)

3. Workers Compensation, including Employer's Liability:

Limits: Statutory

Employer's Liability: \$100,000

Before an agreement is executed pursuant to proposals submitted through this RFP, all program sponsors will also be required to demonstrate:

- An understanding and adherence to all applicable federal (see Appendix B for more information about ESG and OMB guidelines), all state and local guidelines, statutes and regulations, and that the organization is in good standing with HUD, the state, and the City, has no unaddressed HUD findings or audit findings, and has no outstanding violations, taxes or penalties. (A completed and notarized tax payment certification form, conflict of interest form and a debarment certificate are required attachments to RFP responses.)
- Provision of equal access to directly funded services for all eligible individuals regardless of race, color, religion, sex, age, national origin, familial status, sexual orientation, or handicap.
- Establishment and maintenance of program records in conformity with HUD and Office of Community Development requirements. All records must be available for

regular monitoring by OCD or HUD and ensure the maintenance of client confidentiality through appropriate standards and practices.

- Capacity to operate their programs for a minimum of 8 weeks from July 1, 2007 until said grant reimbursement funds become available for distribution.

**Form A: Programming for Homeless Persons and Persons At-risk of Becoming Homeless**

<p><b>Activities</b> What the Program does with the Input to Fulfill its Mission</p>	<p><b>Outputs</b> Direct Products of Program Activities</p>	<p><b>Outcomes</b> Benefits that Result from the Program (Select at least one &amp; attach assessment form)</p>	<p><b>Assessment/ Evaluation Tools</b> (Please attach unless otherwise noted)</p>
<p><b>Essential Services for Homeless Persons</b> Activities that provide services to homeless persons (select at least one of the following):</p> <ul style="list-style-type: none"> <li>- Rapid rehousing services</li> <li>- Follow-up services</li> <li>- Financial assistance: first and last months' rent, utility deposits, other</li> <li>- Assistance in obtaining public benefits</li> <li>- Adult education or employment assistance</li> <li>- Mental health services</li> <li>- Substance abuse services</li> <li>- Child care, early childhood education, after-school programs</li> </ul>	<p># _____ unduplicated persons served</p>	<p>_____ % homeless move to permanent housing</p> <p>_____ % homeless remaining in permanent housing for at least six months (National standard is 71%)</p> <p>_____ % obtain eligibility for federal or state assistance programs</p> <p>_____ % homeless persons becoming employed (National standard is 11%)</p> <p>_____ % homeless report improved quality of life for themselves or their children</p> <p>Other: _____</p> <p>_____</p> <p>_____</p>	<p>Please list below and attach a sample of the form(s) that will be used.</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>Activities</b> <b>What the Program</b> <b>does</b> <b>with the Input to</b> <b>Fulfill its Mission</b>	<b>Outputs</b> <b>Direct</b> <b>Products of</b> <b>Program</b> <b>Activities</b>	<b>Outcomes</b> <b>Benefits that Result</b> <b>from the Program</b> <b>(Select at least one &amp;</b> <b>attach assessment form)</b>	<b>Assessment/</b> <b>Evaluation</b> <b>Tools</b> <b>(Please</b> <b>attach</b> <b>unless</b> <b>otherwise</b> <b>noted)</b>
for homeless families – Transportation – Other supportive services: _____ _____			
<b>Homeless Prevention</b>  Activities that provide services to persons at risk of homelessness (select at least one of the following): – Financial assistance: rent/mortgage arrears, utility payments, short-term rent assistance – Crisis intervention, housing retention services – Landlord-tenant mediation or legal assistance	# _____ unduplicated persons served	_____% persons assisted for whom homelessness was prevented (either because of retaining existing housing or able to move to new housing without a period of homelessness)	Please list below and attach a sample of the form(s) that will be used.  _____ _____ _____ _____





**Budget Form 3: For Shelter Operations**

**TOTAL BUDGET**

Category											
1. Travel/Transportation											
Transportation	Mileage	Rate per Mile	Estimated Cost	ESG Share	Match	Match Source	Status of Match				
Total: Transportation											
2. Supplies and Materials	Quantity	Unit Cost	Estimated Cost	ESG Share	Match	Match Source	Status of Match				
Total: Supplies and Materials											
3. Contracts & Sub-Grantees (List Individually)	Quantity	Unit Cost	Estimated Cost	ESG Share	Match	Match Source	Status of Match				
Total Subcontracts Cost											
4. Operations	Quantity	Unit Cost	Estimated Cost	ESG Share	Match	Match Source	Status of Match				
Maintenance											
Utilities											
Water/Sewer											
Security											
Taxes (Real Estate)											
Insurance											
Repairs											
Trash Removal											
Snow Removal											
Other ( )											
Other ( )											
Other ( )											
Total Operations Cost				ESG Share	Match	Match Source	Status of Match				
Total Estimated Cost											

Total of Federal Share and Match

**VOTE OF CORPORATION AUTHORIZING  
EXECUTION OF CONTRACT**

I, the undersigned, hereby certify that I am the duly elected qualified Clerk of \_\_\_\_\_, a Massachusetts Corporation duly organized by law and that this is a true, correct and complete copy of vote prepared at a meeting of the Directors of said corporation, duly called and held on \_\_\_\_\_, at which meeting a majority of the Directors were present and acting throughout.

**VOTED:** That \_\_\_\_\_ the \_\_\_\_\_ of the  
(Authorized Official) (Title)  
aforementioned corporation, be and hereby is authorized to affix the corporate Seal, sign and deliver in the name and on behalf of the corporation a contract with the City of Springfield Office of Housing and Community Development in the amount of \_\_\_\_\_ for the Fiscal Year 2008 commencing July 1,2007 and ending June 30,2008, for activities authorized in accordance with the United States Department of Housing and Urban Development.

I further certify that the said vote as set out above has not been revoked or rescinded and is now in full force and effect, that said vote and action ordered thereby are in pursuance of the By-Laws of this Corporation.

IN WITNESS WHEREOF, I hereto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 2007.

Corporate Seal

\_\_\_\_\_  
Clerk of Corporation

**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 and  
(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. \_\_\_\_\_, 200\_\_

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] \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

**YOU MUST FILL THIS FORM OUT COMPLETELY AND  
YOU MUST FILE THIS FORM WITH YOUR BID.**

**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)

\_\_\_\_\_

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

**DEBARMENT CERTIFICATE**

**In accordance with 24 CFR 24.100 through 24.714, (name of authorized agent) hereby certifies that neither the (name of organization) nor any of its principal employees has been debarred, suspended or voluntarily excluded by any Governmental agency from receiving Federal financial assistance and non financial assistance and benefits.**

By signing this Certificate, the organization expressly understands and acknowledges that any person or entity that has been debarred or suspended is not eligible to receive Federal financial and non-financial assistance and benefits under Federal programs and activities.

Dated: \_\_\_\_\_

\_\_\_\_\_  
(signature of authorized agent)

\_\_\_\_\_  
(printed name of agent)

\_\_\_\_\_

