

**City of Springfield
Office of Community Development and
Office of Health and Human Services**

**REQUEST FOR PROPOSALS (RFP)
July 1, 2007-June 30, 2008 Program Year
Public Services**

**City of Springfield
Office of Community Development
36 Court Street, Room 313
Springfield, MA 01103
Phone 787-6050
TTY 787-6641**

INTRODUCTION

The City of Springfield's Office of Community Development (OCD) and Office of Health and Human Services (HHS) are accepting proposals from all parties wishing to be considered for public service funding through the City of Springfield's Community Development Block Grant (CDBG) Program. Please adhere to the guidelines presented below and throughout this package when preparing your submission.

OCD/HHS gives priority to organizations that are community-based and have a demonstrated track record of providing high-quality services to low- and moderate-income residents of the City, while maintaining high standards of program management and accountability. Faith-based organizations that propose to provide services in a secular manner are encouraged to respond.

In addition, the availability of CDBG funds is contingent upon funding levels determined annually by Congress and the President and upon HUD approval of planned expenditures as laid out in the City's Annual Action Plan. CDBG funds should not be viewed as a stable ongoing source of funding. Moreover, CDBG funding should not be viewed as a sole source of funding for any program. Applicants should show that they have obtained or are in the process of obtaining other sources of matching funding where necessary and appropriate.

By entering into an agreement for programs proposed pursuant to this RFP, a SUBRECIPIENT agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570, the Housing and Urban Development regulations concerning Community Development Block Grants (CDBG) and all other applicable federal, state and local laws and regulations. (See Appendix B and C)

No funding obligations shall be implied based on the information in this solicitation of CDBG Public Service proposals. The City of Springfield reserves the right to accept any proposal or reject any and all proposals on such a basis as may be deemed to be in its best interest. In addition, OCD/HHS reserves the right to:

- Determine which program category will be used to fund specific proposals
- Determine the source of funding
- Negotiate and award agreements to multiple applicants
- Negotiate scope and budget with subrecipient to ensure compliance with CDBG regulations and applicable OMB circulars as described in Appendix B and other requirements described in this RFP.
- Offer less than requested in the funding proposal

- Cancel, in whole or in part, this Request for Proposals (RFP), if it is in the best interest of the City of Springfield.

OVERVIEW OF APPLICATION PROCESS

RFP AVAILABILITY & SUBMISSION DETAILS:

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

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

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.

Respondents must submit **seven (7)** copies of their submittal. Proposals must follow the format outlined below, and they must be typewritten in 12-point font. A list of required attachments is included as part of the checklist section.

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.

QUESTIONS ABOUT RFP:

Questions regarding this RFP, including questions about eligibility, must be received in writing by Commissioner Juan Gerena in the Office of Community Development at 36 Court Street, Room 313 Springfield MA 01103 **no later than 4:30 PM on Thursday, January 18th**. Emails and facsimiles will be accepted. Emails may be sent to jgerena@springfieldcityhall.com and facsimiles may be sent to 413/787-6027.

On Wednesday, January 24th, answers to these questions will be mailed to all parties listed in the Office of Housing and Neighborhood Services and Office of Community Development log of persons who received a copy of the RFP. They will also be posted on the City's website at:

http://www.springfieldcityhall.com/COS/Services/dept_cd.htm.

SUBMITTAL EVALUATION:

Each proposal will be evaluated by a team of reviewers for adherence to the goals and parameters established in the "Proposal Contents" section below.

PROPOSAL CONTENTS

1. Narratives

A. Organization Description

State the organization's mission and briefly summarize the organization's (100 words or less):

- Geographic target area
- Experience
- Status as a Faith-Based Organization (YES or NO)

Please attach 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.)
- b. Management letter

Note: 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. Program Need

Programs funded pursuant to this RFP shall meet the HUD objective to “Provide a more Suitable Living Environment” for low- and moderate-income persons. The seven (7) need categories detailed below are identified based on need assessments conducted by the City.

Please use the attached form labeled “Scope of Services” (FORM A-1,2,3,4,5,6,7 or 8) to identify what need category your proposal seeks and to detail the anticipated outputs and outcomes of the proposed program.

Note that the City will accept proposals that are not included in the list of 7 categories below. These programs shall fall under the “Other” category listed at the bottom of the table. However, respondents seeking to receive funding pursuant to a category that is not listed above shall also be required to provide a needs statement and goal narrative to show the proposed solution to the problem or needs and a completed Form A-8.

Need Categories

Need Categories	Need Statement	Goals
1. Youth Services	<p>Analysis of key child well-being indicators identified by the Annie E. Casey foundation for Springfield indicate that a large percentage of Springfield’s youth are targets for at-risk youth programming. According to the foundation “the vast majority of at-risk youth have one of the following risk factors:</p> <ol style="list-style-type: none">1. “from a family with a history of criminal violence”2. “a victim of abuse or neglect”3. “they live in violent	<p>“Youth Services” and “Disabled Services” are identified as a priority for funding allocations made in this category. Childcare is also listed as a category that will receive funding pursuant to this priority.</p>

neighborhoods”
4. “they abuse drugs and alcohol”

Of the 44,027 youth under the age of 18 that lived in 21,643 households in Springfield in 1999, about:

- 14,637 or 34.3% lived below poverty compared to 12% statewide. (Of these, approximately 13,727 of Springfield youth or 93.7% lived in CDBG eligible areas.)
- 52.5% of youth under 18 lived in high poverty neighborhoods (neighborhoods where 20% or more of the population is below poverty) compared to 13.8% statewide.
- 20,561 or 46.7% lived in single parent households compared to 22.8% statewide.
- 1,277 or 13.3% of teens ages 16 to 19 were high school dropouts compared to 6.6% statewide and 1,244 of teens in this age bracket or 13.0% were not in school and they were not working compared to 6.0% statewide.
- 4,574 or 14.2% of youth

	<p>under 18 had difficulty speaking English compared to 5.5% statewide.</p> <p>– 2,878 or 10.4% of children ages 5 to 15 had one or more disabilities compared to 6.2% statewide.</p>	
<p>2. Elderly Services</p>	<p>The City of Springfield contains a large elderly population with 16,964 persons who were age 65 or older in 1999, according to the 2000 US Census. Of these, 35.7 percent or 6,060 lived alone and 20.3 percent or 3,444 lived below the poverty level at some point during the 12 months that preceded the 2000 US Census.</p> <p>Needs assessment research conducted by the Springfield Council on Aging (COA) has determined that there is a need to “[afford]” this elderly population in Springfield “the opportunity to live a lifestyle based on independence, and to mature with dignity and security.”</p>	<p>Fund programs that offer seniors services and activities that reflect their experience and skills, respond to their diverse needs and interest, enhance their dignity, and support their independence.</p>

<p>3. Health Services</p>	<p>Elderly, disabled and non-English speakers need health services case management services to enable the assessment, coordination and monitoring. Case management services enable more efficient and effective delivery of direct services such as personal care, chores, companionship, health care services and respite care in order to ensure quality of life and avoid costly institutional care.</p> <p>Approximately 17,917 persons aged 65 years and over were residents of Springfield in 1999. Of this group, 8,965 or 43.6 percent also reported at least one disability.</p> <p>The total number of disabled persons in Springfield in 1999 was 38,264 or 27.6 percent of the overall population. This figure includes the 65 and over population detailed above.</p> <p>Non native English speakers also often require health services – specifically case management services and cultural literacy education services—in order to access needed health services. In Springfield in 1999, approximately 44,339 or 31.6 percent of the population 5 years</p>	<p>Fund health services-related case management and education programs that primarily serve persons who are over the age of 65, disabled and/or do not speak English as a native language.</p>
---------------------------	---	--

	and over spoke a language other than English at home. Of these, about 19,781 speak English less than "very well." Additionally, non Spanish speakers comprise 24.4 percent of the group of persons who speak English less than very well.	
4. Adult Basic Education	According to the Hampden County Regional Employment Board (REB) there is a need for programs to continue to target low-income adults and the REB should maintain a policy of promoting the generation of better-paying jobs that can sustain a family. According to the 2000 US Census, in 1999 approximately:	Fund adult basic education programs.
5. General Educational Development (GED) Tests Preparation		Fund GED tests preparation programs.
6. On-The-Job-Training		Fund on the job training programs.
	<ul style="list-style-type: none"> ○ 90,800 percent of persons residing in Springfield were over the age of 25 but only 9.4 percent had obtained a bachelor's degree or higher and 10.4. percent had completed less than 9th grade. ○ 8.0 percent or 12,159 of the 152,082 residents of Springfield were foreign born and approximately 68.4 percent 31.6 percent or 44,339 spoke a language other than English at home. ○ 23.1 percent or persons were living below the poverty level. 	

<p>7. Homeless Assistance & Prevention</p>	<p>According to a needs assessment conducted by the Mayor's Homelessness Strategy Committee, an estimated 1200-1400 individuals plus 500-600 families experience a spell of homelessness annually in Springfield. Most of these are the crisis homeless, who lose their housing through job loss, illness, eviction, or other emergency factors, and who resolve their crisis by moving into new housing.</p> <p>About 250 individuals and 50 families in Springfield are chronically homeless, experiencing long-term or repeat homelessness. Springfield's January 2005 Point-in-Time Count identified 237 individuals and 35 families living on the streets and in shelters on that one night.</p>	<p>Fund programs that serve chronic homeless, crisis homeless, and/or persons or families at risk of becoming homeless. Programs may include but are not necessarily limited to outreach, prevention, rapid re-housing, case management, and emergency food, shelter and fuel assistance.</p>
<p>8. Other</p>	<p>To be provided by applicant.</p>	<p>To be provided by applicant.</p>

C. Activity Description

1. Provide a detailed description of the proposed activity including how the activity will address the community need you have selected. Identify whether the activity is new, ongoing, or expanded from previous years. (250 word maximum)
2. Please describe what will be accomplished through this program should funding be awarded. Please include detail regarding the total number of persons to be served by this project and information on how the organization will ensure through a standardized intake process that the program is serving a clientele that is predominantly low or moderate income. (Note: OCD requires the use of an income verification form that may be used as part of this process to ensure that at least 51% of program clientele is low or moderate income.) (150 word maximum)
3. Provide an activity time frame/schedule (include start, pre-evaluation, post-evaluation, completion dates and other significant stages). Please attach copies of all evaluation and/or assessment forms if they are not specifically listed on the applicable Form A.
4. Identify any other agencies/partners in this activity and define the roles and responsibilities of these partners.

E. 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 CDBG 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.

1. 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 and resumes (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.

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 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.

APPENDICES

A REGULATORY AND OTHER AGREEMENT REQUIREMENTS

FORMS

A OUTPUT/OUTCOME FORM

SAMPLE

A-1 Youth Services

A-2 Elderly Services

A-3 Health Services

A-4 Adult Basic Education

A-5 General Educational Development (GED) Tests Preparation

A-6 On-the-Job Training

**A-7 Programming for Homeless Persons and Persons at Risk of
Becoming Homeless**

A-8 Other

B BUDGET FORM

APPENDIX A: REGULATORY AND OTHER AGREEMENT REQUIREMENTS

CDBG Regulations:

By entering into a for programs proposed pursuant to this RFP, a SUBRECIPIENT agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570, the Housing and Urban Development regulations concerning Community Development Block Grants (CDBG).

Title 24 of the Code of Federal Regulations (CFR), parts 50 and 570, in particular, as well as applicable administrative and accounting standards as set forth in Office of Management and Budget Circulars, including A-87, A-102, A-110, and A-122 contain the regulations that guide the CDBG program.

The CDBG regulations may be found at:

http://www.access.gpo.gov/nara/cfr/waisidx_04/24cfr570_04.html

Pursuant to these regulations, programs must demonstrate that they meet the eligibility criteria (see 24 CFR 570.201, 570.202, 570.203, 570.204, 570.206 and 570.206 for eligible activities and see 24 CFR 570.207 for ineligible activities) and national objectives of the CDBG program (see 24 CFR 570.208)

OMB Circulars:

The section of the CDBG regulations that lists the OMB Circulars and other documents that guide CDBG compliance (24 CFR 570.502 Applicability of uniform administrative requirements) may be found online at:

http://a257.g.akamaitech.net/7/257/2422/12feb20041500/edocket.access.gpo.gov/cfr_2004/aprqrtr/pdf/24cfr570.503.pdf

The Circulars listed in this section of the CDBG 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 the prior notice to the Office of Community Development of the City of Springfield. All the insurance required by this paragraph shall be and 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 CDBG 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 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.
- Attendance at quarterly meetings held by the Department of Health and Human Services.

SAMPLE

Form A-2 : Senior Services

Activities <i>What the Program does with the Input to Fulfill its Mission</i>	Outputs <i>Direct Products of Program Activities</i>	Outcomes <i>Benefits that Result from the Program (Select at least one)</i>	Assessment/ Evaluation Tools <i>(Please attach unless otherwise noted)</i>
<p>Senior Centers:</p> <p><i>Provide an outlet for seniors to remain active and assist them in enhancing their physical and mental well-being through various recreation and education programs.</i></p> <p><i><u>50</u> % participate in Senior Center programming at least twice a month</i></p>	<p><i># <u>125</u> people</i></p> <p><i><u>51</u> % LMI*</i></p>	<p><i><u>85</u> % report improvement of health and well being</i></p> <p><i><u> </u> % gained access to other needed social services through Senior Center programming</i></p>	<p><i>Please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</i></p> <hr/> <p><i><u>-Year end program evaluation forms</u></i></p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median.

Form A-1: Youth Services (Select 1 of 3 options in Activity Column)

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>_____ 1. After School and Summer Programming Programs--including programs for disabled youth--with a focus on at least one of the following: academic improvement or remediation; drug and violence prevention and counseling; recreational activities that promote social skills, teamwork and leadership; tutoring and homework help; mentoring.</p> <p>Frequency of participation:</p> <p>_____ days per week</p> <p>_____ after school</p> <p>_____ summer</p> <p>_____ days/evening</p> <p>_____ other:</p>	<p># _____ people</p> <p>_____ % LMI*</p>	<p>_____ % show improved grades in subject area(s) of focus on tests and report cards</p> <p>_____ % complete their homework while participating in the after school program</p> <p>_____ % report increased participation in physical activities</p> <p>_____ % report improved conflict resolution and peer relation in self assessment</p> <p>_____ % report new positive constructive behaviors</p>	<p>____ Report cards</p> <p>If proposed tool is not listed above please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-1, cont.: Youth Services
(Select 1 of 3 options in Activity Column)

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>_____ 2. Diversion Programs -- Programs intended to divert youth who are first time offenders from entering the criminal justice system</p> <p>Frequency of participation:</p> <p>_____ days per week</p> <p>_____ after school</p> <p>_____ summer days/evening</p> <p>_____ other:</p> <p>_____</p>	<p># _____ people</p> <p>_____ % LMI*</p>	<p>_____ % of program graduates return to or stay in school</p> <p>_____ % of participants that have had drug and/or alcohol addictions report feeling more effective with daily stressors and stay off drugs and/or alcohol</p>	<p>_____ School attendance records</p> <p>If proposed tool is not listed above Please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-1, cont.: Youth Services
(Select 1 of 3 options in Activity Column)

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/Evaluation Tools (Please attach unless otherwise noted)
<p><u> </u> 3. Childcare for At Risk Youth Childcare and parenting programs for youth or parents of youth who meet at least one of the following risk factors. According to the Annie E. Casey foundation “the vast majority of at-risk youth meet at least one of the following risk factors:</p> <p>6. “from a family with a history of criminal violence”</p> <p>7. “a victim of abuse or neglect”</p> <p>8. “they live in violent neighborhoods”</p> <p>9. “they abuse drugs and alcohol”</p> <p>Frequency of participation: <u> </u> days per week <u> </u> after school <u> </u> summer days/eve <u> </u> other:</p>	<p># <u> </u> people <u> </u> % LMI*</p>	<p><u> </u> % of parents/caregivers report they are better able to meet the needs of their children</p> <p><u> </u> % of parents/caregivers report increased understanding of the development of the normal child</p> <p><u> </u> % of child participants remain enrolled in childcare through the program year</p>	<p>Please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-2 : Senior Services

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>Senior Centers:</p> <p>Provide an outlet for seniors to remain active and assist them in enhancing their physical and mental well-being through various recreation and education programs.</p> <p>_____ % participate in Senior Center programming at least twice a month</p>	<p># _____ people</p> <p>_____ % LMI*</p>	<p>_____ % report improvement of health and well being</p> <p>_____ % gained access to other needed social services through Senior Center programming</p>	<p>Please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <hr/> <hr/> <hr/> <hr/>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-3: Health Services

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>Health Services: Case management and rehabilitation activities that serve to link disadvantaged persons, including elderly and disabled, with needed healthcare services.</p> <p>Frequency of participation: _____ days per week _____ other: _____</p>	<p># _____ people _____% LMI*</p>	<p>_____ % maintain quality of life in their home through participation in self-help support services</p> <p>_____ % report a greater knowledge of available community services</p> <p>_____ % gained access to needed health services</p> <p>_____ % eligible participants enrolled in services, such as food stamps, social services, etc.</p> <p>_____ % report better understanding of how to interact with health and human services providers</p>	<p>Please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-4: Adult Basic Education (continues on next page)

<p align="center">Activities What the Program does with the Input to Fulfill its Mission</p>	<p align="center">Outputs Direct Products of Program Activities</p>	<p align="center">Outcomes Benefits that Result from the Program (Select at least one)</p>	<p align="center">Assessment/ Evaluation Tools (Please attach unless otherwise noted)</p>
<p>Adult Basic Education (ABE):</p> <p>Delivery of ABE services or instruction below the post-secondary level for individuals who:</p> <ul style="list-style-type: none"> – have attained 16 years of age; – are not enrolled or required to be enrolled in secondary school under state law; – lack sufficient mastery of basic educational skills to enable the individuals to function effectively in society; – do not have a secondary school diploma or its recognized equivalent, and – have not achieved an equivalent level of education; – and/or are unable to speak, read, or write the English language. <p>ABE programs have a</p>	<p># _____ people _____% LMI*</p>	<p>_____ % complete at least one course during program year</p> <p>_____ % report increased proficiency in at least one focus area of ABE program</p> <p>_____ % progress by at least one grade level</p> <p>_____ % improve their employment/ gain more employment choices</p>	<p>Please list below and attach a sample of the form(s) that will be used.</p> <hr/> <hr/> <hr/> <hr/>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>coordinator, more than one staff person, an identified curriculum, and have designated time for staff development.</p> <p>ABE programs may include but are not limited to: instruction in adult basic education; ESOL (English for Speakers of other Languages); education for the homeless; family literacy; workplace education programs; volunteer tutoring services; and citizenship instruction (Definition source: Massachusetts Department of Education)</p> <p>Frequency of participation:</p> <p>_____ days per week _____ other: _____</p>			

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-5: General Educational Development (GED) Tests Preparation

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>GED Test Preparation</p> <p>Programming shall provide assist participants with preparation for the five General Education Development Tests (GED) tests (Writing Skills, Reading, Social Studies, Science, and Mathematics).</p> <p>Individual may not be enrolled in any elementary or secondary school program or have received a diploma or certificate indicating having received a high school credential.</p> <p>_____ days per week _____ other: _____</p>	<p># _____ people _____ % LMI*</p>	<p>_____ % demonstrate improved grades and attendance</p> <p>_____ % exhibit new proficiency in at least one of the 5 test areas.</p> <p>_____ % successfully complete the 5-test GED battery within required period.</p>	<p>_____ GED Standardized test results</p> <p>_____ "Smart System" reports</p> <p>If proposed tool is not listed above please list below and attach a sample of the form(s) that will be used to evaluate whether outcomes were met.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-6: On-The-Job-Training

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>On –The-Job-Training programming that provides workers opportunity to obtain skills needed for average job performance in selected occupations after 1 to 12 months of combined on-the-job experience and informal training/ classroom education. Frequency of participation:</p> <p>_____ days per week _____ other: _____</p>	<p># _____ people _____ % LMI*</p>	<p>_____ % successfully complete the on-the-job-training program</p> <p>_____ % obtain employment in field of on-the-job-training program</p> <p>_____ % enroll in college or programming to further technical training in field of field of on-the-job-training program</p> <p>_____ % obtain employment in field of the field of on-the-job-training program</p> <p>_____ % graduate from high school/receive graduate equivalency degree</p>	<p>Please list below and attach a sample of the form(s) that will be used.</p> <hr/> <hr/> <hr/> <hr/>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-7: Programming for Homeless Persons and Persons At-risk of Becoming Homeless (continues on next page)

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>Activities that provide shelter and/or services to homeless persons and/or persons at risk of becoming homeless (select at least one of the following):</p> <ul style="list-style-type: none"> – Overnight shelter – Day center – Sobering center – Food/nutrition – Outreach—all – Outreach—chronic – Case management—all – Case management—chronic – Housing information, placement, advocacy—all – Housing information, placement, advocacy—chronic – Housing retention – Financial assistance: rent/mortgage arrears, utility payments, first 	<p># _____ unduplicated persons served</p> <p>_____ % LMI*</p> <p># _____ beds provided in overnight shelter or other emergency housing</p>	<p>_____ % have basic emergency needs met</p> <p>_____ % move from homelessness to permanent housing</p> <p>_____ % remain in permanent housing for at least six months</p> <p>_____ % obtain eligibility for federal or state assistance programs</p> <p>_____ % for whom homelessness was prevented</p> <p>_____ % homeless persons becoming employed</p>	<p>Please list below and attach a sample of the form(s) that will be used.</p> <hr/> <hr/> <hr/> <hr/>

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

**Form A-7, continued: Programming for Homeless Persons
and Persons At-risk of Becoming Homeless**

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
<p>and last months' rent, short-term rent assistance</p> <ul style="list-style-type: none"> – Prevention: legal – Prevention: crisis intervention, mental health – Education and employment training for homeless persons – Child care, early childhood education, after-school programs for homeless families – Substance abuse services – Mental health services – Other supportive services: <hr style="width: 20%; margin-left: 0;"/>			

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

Form A-8: OTHER

Activities What the Program does with the Input to Fulfill its Mission	Outputs Direct Products of Program Activities	Outcomes Benefits that Result from the Program (Select at least one)	Assessment/ Evaluation Tools (Please attach unless otherwise noted)
	# _____ people _____ % LMI*		Please list below and attach a sample of the form(s) that will be used. _____ _____ _____ _____

* As detailed in the text of the RFP, funding source regulations require that at least 51% of persons served through this program be low or moderate income (LMI) (i.e. maintains a households income at or below 80 percent of median)

FORM B: BUDGET

PROGRAM BUDGET (CDBG SHARE AND MATCHING FUNDS)

PROGRAM TITLE: _____

Personnel (Direct Labor)	Estimated Hours	Rate per hr.	Estimated cost	CDBG Share	Match Amount	Match Source
Position or individual						
Total Direct Labor Cost			\$0	\$0	\$0	
Fringe Benefits	Rate	Base	Estimated cost	CDBG Share	Match Amount	Match Source
Employers portion p/r taxes & expense						
Total Fringe Benefits						
Travel/Transportation	Mileage	Rate per mile	Estimated cost	CDBG Share	Match Amount	Match Source
Total Travel/Transportation						
Supplies & Materials	Quantity	Unit Cost	Estimated cost	CDBG Share	Match Amount	Match Source
Total Supplies & Materials						

Contracts & Leases	Quantity	Unit Cost	Estimated cost	CDBG Share	Match Amount	Match Source
(List Individually)						
Total Contracts & Leases						
Other Direct Costs	Quantity	Unit Cost	Estimated cost	CDBG Share	Match Amount	Match Source
(Specify)						
Total Other Direct Costs						
TOTAL PROGRAM COSTS						

**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)

**SUMMARY OF HUD REGULATIONS AND OCD
POLICIES AND PROCEDURES
PUBLIC SERVICE AGREEMENTS**

1. Program Manager.

- Lori Santaniello is assigned as the program manager to your agreement. If you have any questions regarding this agreement, she should be your first point of contact.
- Program managers are responsible for management and oversight of this agreement, including preparation, conducting on-site monitoring visits, reviewing and approving requests for payment, reviewing progress reports, and providing you with any technical assistance you may need.

2. Progress Reports.

- All public service subrecipients are required to submit monthly progress reports.
- Progress reports are due by the 10th of each month. Reports include both statistical data as well as a narrative of program activities, challenges, and outcomes.
- HUD requires basic demographic information of all program participants. The attached report template solicits all of this required information.
- Reports should be sent to your program manager at The Office of Community Development, Room 313, 36 Court Street, Springfield, MA 01103 (413)787-6050.
- You must submit monthly progress reports even if you are not requesting funds and/or there has not been activity.

3. Request for Payment.

- Funds are released on a reimbursement basis only.
- All requests must be on the approved form.
- Source documentation for each expenditure is required.

The following backup would be acceptable documentation to submit with your reimbursement requests:

Salaries.

- timesheets and payroll ledgers for approved program staff

Rent.

- a copy of the current fully executed lease
- an invoice from the property owner/manager and a copy of the cancelled rent check

Operating Expenses.

- invoices, receipts and the corresponding cancelled checks

Consultant fees.

- a copy of the contract between your agency and the consultant, which includes a scope of service and rate of pay
- the consultant's invoice and a copy of the corresponding cancelled check
- documentation of consultant selection process

Mileage.

- Documentation of an approved agency mileage rate
- a log with the name of the staff person, the date, destination, purpose, starting mileage and ending mileage

Some important points to keep in mind:

- You are only allowed to request funds for expenses that are authorized in your budget. *NO EXCEPTIONS.*
- You are only allowed to request funds for expenditures that you incurred during the term of your agreement.
- It could take up to six weeks for the time that you submit your request to receive payment.
- If you break-out costs over more than one funding source, you are required to maintain a cost allocation plan
- All expenses require backup, including, invoices, receipts and cancelled checks.

4. Activity Documentation.

- To support the activities outlined in the scope of service, you will need to maintain documentation. At a minimum, you must maintain all HUD required data elements for your program participants, details on the services provided, and program outcomes.

5. National Objective Documentation.

- For your program activity to be eligible for funding under the CDBG program, it must meet a HUD-mandated national objective to benefit low and moderate income persons.
- Documentation supporting that your activity in fact benefits low and moderate income persons is required. You will need to show that at least 51% of your clientele is low and

moderate income although you will need to maintain the required documentation for all your participants.

6. Agreement Amendments.

- Modifications to your budget or scope must be authorization by the city.
- A written request detailing the nature and reason for the modification must be submitted to your program manager

7. Monitoring Visits.

- The program will be subject to at least one on-site monitoring visit during the program year. The monitoring will include an assessment of your compliance with all agreement provisions. You will receive a written copy of our monitoring results.
- Mandatory technical assistance sessions are held during the program year for all subrecipients.
- Individual technical assistance is available through your program manager but does not replace the monitoring or mandatory technical assistance sessions.
- HUD has the right to conduct on-site monitoring visits at any time. If HUD selects your agency, we'll give you as much notice as possible.

