

Town of Brookline

Massachusetts



REQUEST FOR PROPOSALS (RFP)

FOR
COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING

FISCAL YEAR 2021
JULY 1, 2020 ~ JUNE 30, 2021

Program/Activity:

CDBG Funds Requested: \$ _____

CDBG Funds Approved: \$ _____ (For office use)

Due: Submit 1 signed original copy on white, 8.5" x 11" paper (collated and stapled) and send one copy electronically to elindo@brooklinema.gov. Packet must be received by 12:00 p.m., Friday, February 21, 2020.

Questions regarding the completion of the application should be directed to Ewana Lindo-Smith at (617) 730-2133.

Proposals submitted after February 21, 2020 at 12:00 p.m. will not be considered for funding.

SECTION 1: FY 2021 REQUEST FOR PROPOSAL

Provide information as requested. Answer questions thoroughly. Attach additional information where requested. **Please type your application.**

1. General Information:

Organization Name: _____

Organization Address: _____

Project Name: _____

Project Address: _____

Contact Person(s): _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Employer IRS ID#: _____ DUNS #: _____

Website: _____

If you do not presently have a DUNS number you will be required, if funded by HUD, to obtain one prior to contract execution.

Please attach a copy of your most recent audited financial statements.

2. Project Funding Request:

CD Funds Requested:	\$ _____
Funding Leveraged from other Sources:	\$ _____

Check the category which describes the type of funding requested:		
<input type="checkbox"/> Housing	<input type="checkbox"/> Public Facility	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Service	<input type="checkbox"/> Other

PROJECT ELIGIBILITY SECTION

A. Check all statements that describe HOW this project or activity meets the Benefit to Low- and Moderate-Income Persons National Objective:

- L/M Area Benefit: The proposed project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. Examples: street improvements, water/sewer lines, neighborhood facilities, facade improvements in neighborhood commercial districts.
- L/M Limited Clientele (Specific Group): The proposed project benefits a specific group of people (rather than all the residents in a particular area), 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. (i.e.: construction of a senior center, public services for the homeless, meals on wheels for elderly).
- L/M Limited Clientele (Income Verification): The proposed project will provide a service to populations other than listed above, and I will verify the income of each participant/individual served. (The Town of Brookline will provide a HUD approved income verification form.)

B. Basic Eligible Activities

According to the U.S. Department of Housing and Urban Development (HUD) regulations, the Community Development Block Grant's (CDBG) primary objective is to improve communities by providing decent housing; a suitable living environment; and, expanding economic opportunities "principally for persons of low- and moderate-income." All proposed projects/activities must include some method of documentation that CDBG funds are used for only one activity that benefits persons of low- to moderate-income. Basic Eligible Activities are as follows.

Project Category [Check One]:

- Acquisition of Real Property
- Public Facilities and Improvements (i.e. senior centers, streets, curbs, crossings and sidewalks, parks and playgrounds)^
- Public Service (a **new** service or a quantifiable increase in the level of an existing service)
- Special Economic Development (i.e. micro-enterprises, job training, assistance to create new jobs)
- Housing Rehabilitation and limited activities which support new housing*

^ Some improvements are limited to areas with a high percentage of low/mod income population - please contact staff for clarification

* Please contact staff for clarification of what limited activities includes

Please contact the Planning and Community Development Office prior to completing the application to ensure that your proposed use for CDBG funding is eligible. If an application is determined to be ineligible, an explanation will be provided.

C. Proposal Application Outline

Please submit an outline for your project covering the below information. Attach supporting information, if necessary.

1. **Brief Project Description:**

Please provide a brief summary describing your project and how many low/mod income individuals or families would be served.

2. **Detailed Description (Executive Summary):**

Provide a more detailed description of the proposed activity. Identify whether the activity is new, ongoing, or expanded from previous years. (Please attach supporting information, if necessary.)

3. **Needs Statement:**

a. Discuss the identified problem:

b. How will the need for your project be addressed? Provide sufficient data to document the needs to be met or the problem(s) to be addressed by the program. Please cite the sources of the information used.

c. How will it meet the Consolidated Plan's Priority Needs and Objectives?

d. Identify who will benefit from the proposed activity (e.g. homeless, youth, seniors, disabled, etc.). Describe the process you will use to identify low and moderate income (LMI) persons and ensure that the activity benefits LMI persons. (An LMI certification form, if required, will be provided as part of your contract).

4. **Description of Proposed Program Project and Target Audience:**

Please briefly describe proposed accomplishment(s) if funding is awarded by answering each question in this section: (Accomplishments must be described in terms of households served, people served, businesses created, housing units created, jobs created or public facilities undertaken. Example: This program will serve 485 LMI individuals or this program will create 25 jobs, etc.)

a. What is the total estimated number of persons to be served by this project? _____

b. What is the total estimated number of LMI persons to be served by this project? _____

c. What is the anticipated percentage of LMI persons to be served by this project? _____

5. Goals and Objectives & Methods of Accomplishment:

- a. List and describe the goals and objectives of the proposed project. Make sure that objectives are stated in measurable terms.
- b. Describe the activities you will use to achieve the stated goals and objectives.
- c. Describe special features, level of staffing, and where and how services will be delivered.

6. Program Evaluation Process:

- a. Explain how you will evaluate the results of your project. Will this occur monthly or quarterly?
- b. How will you determine that you have accomplished the project's goals and objectives? Please describe your method for obtaining this information from all clients served by your CDBG-funded project or program.

7. Fiscal Management:

CDBG funds are paid out to grant recipients on a reimbursement basis. Please describe your agency's financial capacity to operate the project on a reimbursement basis. Describe accounting procedures to ensure accurate financial reporting and fiscal control and identify who will facilitate these procedures on behalf of your program.

8. Project Timeline:

Identify all of the primary tasks that will be completed during the fiscal year as part of your program. This information will form the basis for determining how well your project is planned. It will also be used as an important monitoring tool if a grant is awarded for your project. As well as determining your agency's capacity to complete the project within the funding year per HUD requirements.

9. Clientele Information:

Please fill out the following table:

Total number of persons that will benefit from the proposed project?	
What percentage of all funds will benefit low- and moderate-income Town residents?	
When did your agency begin to provide this program service?	
How many unduplicated clients did your agency serve last year?	
Of the total unduplicated clients, what percentage were new clients?	
What percentage of the total unduplicated clients are residents of the Town of Brookline?	
Given funding requests, what number of clients does your agency expect to serve that are low and moderate income? Over 51% of total population served must be low/mod.	

10. Anticipated Matching Resources:

Complete the table below to highlight other leveraged resources/funding sources your program anticipates receiving or is in place - aside from CDBG funding. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support.

Program	Source of Funds (state, local, private, foundations, gift, loan, other)	Program Income	Applicant Contribution	Date Anticipate Receiving

11. Project Activity Funding and Budget:

- a. CDBG funds requested: \$ _____
- b. Total anticipated cost of proposed activity: \$ _____
- c. **Budget (Please revise this form and annotate budget items as needed):**

Budget Category	Requested CDBG Funds	Other Sources that will fund activity (include amount and name of source)	Total Project Budget
a. Salary & Wages			
b. Fringe Benefits			
c. Consultant/Contract Services			
TOTAL PERSONNEL BUDGET			
d. Office Rent			
e. Utilities			
f. Telephone			
g. Office Supplies			
h. Equipment			
i. Printing/Duplication			
k. Other (specify)			
TOTAL NON-PERSONNEL BUDGET			
TOTAL PROJECT BUDGET			

Note: Proposed construction/rehabilitation projects must attach a budget relative to program costs. You must include copies of contractor, and/or architect/engineer estimates

12. What is/are the current source(s) of funding for the project/service? What are your organization's major source(s) of revenue to operate programs?

13. Has your organization attempted to coordinate the project/service with other agencies to avoid duplication of services?

Yes No

If yes, please explain:

- a. Identify other agencies in the Town of Brookline (including non-profit and government) that provide services similar to your proposed project/service.

- b. How do the programs differ?

- c. How do they overlap?

- d. Is there collaboration with other agencies?

- e. Do you provide interagency referrals to other agencies serving the same target beneficiaries?

ORGANIZATIONAL CAPACITY

1. Provide an overview of your organization including length of time in existence. Attach a list of current officers, board members with terms and an organizational chart.

2. Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.

3. Often times, projects that receive an award of CDBG funding are actually awarded less than the amount originally requested. This requires the submission of a revised budget and a description of how it will carry out the proposed activity with reduced funding prior to the commitment of any funding. Please indicate here whether the proposed activity could be undertaken with a reduced commitment of funding and, if so, please highlight how that would affect the scope of services you are proposing.

DISCLOSURE

If additional space is necessary, please attach a separate sheet.

1. State the name(s) of any current or prior elected or appointed "official", of the Town of Brookline who may have "financial interest" in the organization or project.

Name/Title: _____

2. Provide the names of each "board member" of the Organization seeking CDBG funding Name Board, Commission, or Committee (may be attached as a separate Sheet)

1.	
2.	
3.	
4.	
5.	
6.	

Additional:

If the applicant has provided names in question 1 or 2, please provide details regarding any known potential conflicts of interest in an attached narrative.

CONFLICT OF INTEREST DISCLOSURE

The standards in 2 CFR Part 200.112 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or sub recipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- I certify that no conflict of interest exists between the Town of Brookline and (name of organization) _____
- I certify that no conflict of interest exists between the subcontractors of and (name of organization) _____

IF A POTENTIAL CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- I certify that a potential conflict of interest may exist between the Town of Brookline and (name of organization) _____
- I certify that a potential conflict of interest may exist between (name of subcontractor) _____ and (name of organization) _____

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization _____

Authorized Signatory

Date

Typed Name and Title

MASSACHUSETTS TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, 49A, I/we certify under the penalties of perjury that, to the best of my knowledge and belief, I/we are in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Federal Identification Number or SS#: _____

Date: _____

Name of Business/Organization: _____

Street Address: _____

Town, State, Zip Code: _____

Name of Company Officer (Printed): _____

Authorized Signatory

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal as been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals.

Date: _____

Name of Business/Organization: _____

Street Address: _____

Town, State, Zip Code: _____

Name of Company Officer (Printed): _____

Authorized Signatory

CERTIFICATION

(Name of organization requesting CDBG funds) _____ hereby proposes to provide the services or project identified in this proposal in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the Town of Brookline, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the Town. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true, correct and complete.

Signature of Authorized Representative

Date

Printed Name

Title

PENALTY FOR FALSE OR FRADULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

FOR OFFICE USE ONLY

IDIS MATRIX:

- CDBG eligibility Activity Codes and National Objectives: _____
- Eligibility: _____
- National Objective: _____

Date Submitted: _____
Organization: _____
Project Title: _____