

City of New Bedford

JONATHAN F. MITCHELL
MAYOR

Department of Planning, Housing and Community Development

PATRICK J. SULLIVAN
DIRECTOR



REQUEST FOR PROPOSAL APPLICATION: COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) ENTITLEMENT PROGRAM

FISCAL YEAR 2017

JULY 1, 2017 THROUGH JUNE 30, 2018

Organization Name:			
Project Name:			
Project Address:			
Executive Director Name:			
Organization Address:			
Telephone #:			
E-Mail Address:			
Website (If Applicable):			
Organization DUNS Number:		Tax ID or EIN (format: 12-3456789)	
Contact Name & Title:			
Contact Telephone #:			
E-Mail Address:			

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

I. PROJECT ELIGIBILITY SECTION

- A. This project is located in _____
Census Tract(s) (Identify tract by number) (Refer to Factfinder2.census.gov website)
- B. 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: My 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): My 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. Examples: construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.

L/M Limited Clientele (Income Verification): My project will provide a service to populations other than listed above, and I will verify the income of each participant/individual served. (The City of New Bedford will provide a HUD approved income verification form.)

C. Project Category [Check One]:

- Acquisition of Real Property
- Public Facilities and Improvements (i.e. homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters, and sidewalks, parks and playgrounds.)
- Public Service (i.e. a **new** service or an **increase** in the level of a service)
- Housing Rehabilitation
- Historic Preservation
- Commercial and/or Industrial Rehabilitation, including facade improvements and correction of code violations
- Special Economic Development or assistance to micro-enterprises

II. PROJECT IMPACT

Please limit all narrative responses throughout the application to not exceed more than 2500 characters per question. Responses should not exceed the length of the page and/or box. Please note: If a response does exceed the length of the box, please either shorten the response or indicate that the response will be provided as an attachment immediately after the section.

1. Why is this project needed by New Bedford residents?

2. How will it meet the need you identified?

3. How will it meet a Consolidated Priority Need and Objective? Please review the instructions packet for the needs and objectives.

PROPOSED PROJECT ACCOMPLISHMENTS

Please briefly describe proposed accomplishment(s) if funding is awarded: (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.)

Please answer the following questions:

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?

III. PERFORMANCE EVALUATION CRITERIA

The U.S. Department of Housing and Urban Development (HUD) requires recipients of federal funds to assess the productivity and impact of their programs. In response, The City of New Bedford Department of Planning, Housing and Community Development (DPHCD) has implemented a Performance Evaluation System. The System will help to quantify the effectiveness of programs and establish clearly defined outcomes.

Per HUD's requirements, all proposals must demonstrate how they would perform using this system should they receive funding.

For the purposes of preparing proposals, the city would like applicants to define as best they can the activities they propose to deliver and the number of those activities that will be provided. During the contract development phase, approved applicants will be assisted in refining the definitions and honing the projected number of activities to be delivered.

It is important that the expected outcome can be measured. In completing the Performance Evaluation System Form, provide one expected output that relates to the services you would deliver, and one expected outcome that relates to the impact that program is expected to have on the community or person(s) benefiting from the activity.

Performance Evaluation Form

Project Name:	
Needs Statement (Related to Consolidated Plan Needs):	
Project Goal:	
Proposed Activity:	
Expected Output:	Expected Outcome:
Number of persons served, jobs created, housing units rehabbed, etc.	Direct results of the program/project.

IV. ACTIVITY DESCRIPTION

1. Provide a detailed description of the proposed activity including how the activity will address the community need you have indicated. Identify whether the activity is new, ongoing, or expanded from previous years.

2. Identify who will benefit from the proposed activity (*i.e. homeless, youth, seniors, disabled, et cetera*). If designed to benefit persons of L/M income, describe the process you will use to identify these persons and ensure that the activity meets this objective. (*LMI certification is included in the RFP Instructions Packet*).

3. Provide an activity timeframe/schedule include start, completion dates, and other significant stages.

V. ORGANIZATIONAL CAPACITY

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

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. Identify the person(s) responsible for program and financial management of the activity. Identify all other persons involved in this activity noting whether these positions are current or new, pending this award.

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

5. Demonstrate that the proposed activity is economically feasible and can be implemented in a timely cost effective manner within the proposed program year.

6. 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 your 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.

VI. FINANCIAL

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

ACTIVITY BUDGET

Please answer the following questions in the space provided. You may reference and attach an additional page if necessary.

- A. Complete the Budget Summary chart. More detailed budgets may be attached (and are strongly recommended) in support of the proposal.
- B. Identify sources of leveraged funding for this activity. 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.
- C. Leverage – Consideration will be given to the amount of non-CDBG funds committed to the project.

BUDGET SUMMARY CHART

Category Breakdown	CDBG	Leveraged Funds	Source of Leveraged Funds	Total Funds
Personnel *	\$	\$	\$	\$
Contractual Services (Specify)	\$	\$	\$	\$
Rent & Utilities	\$	\$	\$	\$
Communications	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Other Specify:	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total CDBG Request	\$			\$
Total Other Funds		\$		\$
Grand Total	\$	\$	\$	\$

*NOTE: Please complete the Budget Detail Chart on page 19 if personnel costs are included in your proposal.

BUDGET DETAIL

This section provides back-up for each line item shown in the Budget Summary Chart. Please make certain this detailed breakdown is consistent with the Program Budget. Round up to the nearest hundred.

Please note: A job description for each person must be provided.

A Note about the Staff/Salary Breakdown: Please show all proposed staff positions funded with CDBG funds that relate to the proposed activity. If multiple staff members have the same position/title, list separately (For example: Counselor 1, Counselor 2). Use an additional sheet if necessary. **You must submit job descriptions with your application for each position title identified below.** *When entering percentages, enter in decimal form.*

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
Example: Case manager	Current	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$

VII. CONSTRUCTION PROJECTS ONLY

Important: According to The U.S. Department of Housing and Urban Development (HUD) a minimum grant award amount is necessary to justify the cost of administering CDBG funded projects and program. **Consequently, DPHCD requires CDBG awards of \$50,000 or more and will use this grant minimum in making its recommendations for approved proposals.**

Eligible Public Facilities activities include acquisition, construction, rehabilitation and Americans with Disabilities Act (ADA) modifications to a public facility. Public Facilities include senior and youth centers, domestic violence shelters, neighborhood facilities, and childcare buildings. In accordance with the city's Sustainability Task Force recommendations and related Executive Order, agencies will be expected to incorporate sustainable building technologies and standards, such as those in the Leadership in Energy and Environmental Design (LEED) Building Rating System, into their projects whenever feasible.

Priority will be given to public facility improvement projects that service low-moderate income residents and create jobs, increase energy efficiencies or expanded educational and job training opportunities for low income residents. If awarded funding, all contractors receiving funds from this RFP will be required to make and report good faith efforts to create/retain jobs.

ARCHITECTURAL SERVICES

Architectural services are generally required for all new construction projects and for most rehabilitation projects. Some smaller scale projects may not require the use of an architect, in those instances; the applicant must demonstrate capacity for cost estimating, preparation of plans and specifications and coordination of bid solicitation process.

Architects typically assess existing buildings to determine the level and extent of repairs needed to meet the local occupancy and building codes, zoning requirements and to determine safety issues. Issues include physical accessibility, emergency egress and sprinkler systems. Architects also are important in helping the agency through the bid solicitation process and complying with federal procurement rules.

Readiness to Proceed:

(i) Do you have an architect/engineer under contract?

If yes, provide list name. Yes No NA

(ii) Do you have preliminary plans/drawings completed (If so, attach)? Yes No

(iii) Do you have project cost estimates completed (If yes, attach a copy)? Yes No

(using Davis Bacon Wage Rate and Labor Standards)

Please note that any costs incurred prior to the award and environmental review process cannot be reimbursed to the applicant.

**CONSTRUCTION PROJECTS ONLY
PROJECT BUDGET**

ACTIVITY*	CDBG FUNDS	OTHER NON-FEDERAL FUNDS	OTHER FEDERAL FUNDS	TOTAL
Acquisition Costs				
Land	\$	\$	\$	\$
Existing Structures	\$	\$	\$	\$
Other acquisition costs	\$	\$	\$	\$
Site Work (not in construction contract)				
Demolition/clearance	\$	\$	\$	\$
Other site costs	\$	\$	\$	\$
Construction/Project Improvement Costs				
New Construction	\$	\$	\$	\$
Rehabilitation	\$	\$	\$	\$
Performance bond premium	\$	\$	\$	\$
Construction contingency	\$	\$	\$	\$
Other	\$	\$	\$	\$
Architectural and Engineering				
Architect fees	\$	\$	\$	\$
Engineering fees	\$	\$	\$	\$
Other A & E fees	\$	\$	\$	\$
Other Owner Costs				
Appraisal fees	\$	\$	\$	\$
Survey	\$	\$	\$	\$
Soil boring/environmental/LBP	\$	\$	\$	\$
Tap fees and impact fees	\$	\$	\$	\$
Permitting fees	\$	\$	\$	\$
Legal fees	\$	\$	\$	\$
Other	\$	\$	\$	\$
Miscellaneous Costs				
Developer fees	\$	\$	\$	\$
Project reserves	\$	\$	\$	\$
Relocation costs	\$	\$	\$	\$
Project Administration & Management Costs				
Marketing/management	\$	\$	\$	\$
Operating	\$	\$	\$	\$
Taxes	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Other	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$

CONSTRUCTION PROJECTS ONLY

Construction Procurement Guidelines for private non-profit construction projects.

All construction contracts in excess of \$2,000 will be subject to federal Davis-Bacon Wage Rates and Labor Standards provisions. A schedule of current prevailing wage rates and fringe benefits is available by contacting (508) 979-1500.

\$1 - \$10,000: Develop scope of work and project plans and specifications

- Prepare a cost estimate;
- Sound business practices required; and
- Prevailing wages required.

\$10,000 - \$25,000: Develop scope of work and project plans and specifications

- Prepare a cost estimate;
- Solicit a minimum of three (3) written price quotations;
- Projects require advertisement in the Central Register and post a notice on jurisdiction's website and office at least two weeks before responses are due;
- Federal requirements for Davis-Bacon and Minority and Women Business Enterprise Participation (MBE/WBE) compliance will be applicable;
- Federal requirements for Davis-Bacon Wage Rates (residential projects consisting of nine or more units and/or non-residential construction projects) and Minority and Women Business Enterprise Participation (MBE/WBE) compliance will be applicable; and
- The lowest qualified bid representing the complete scope of work from a QUALIFIED CONTRACTOR will be considered.

\$25,000 - \$100,000: Develop scope of work and project plans and specifications

- Prepare a cost estimate;
- Sealed bids;
- Projects require advertisement in the Central Register and newspaper advertisement in New Bedford Standard Times at least two weeks before bids are due, post a notice on jurisdiction's office at least one weeks before bids are due;
- Federal requirements for Davis -Bacon and Minority and Women Business Enterprise Participation (MBE/WBE) compliance will be applicable;
- Federal requirements for Davis-Bacon Wage Rates (residential projects consisting of nine or more units and/or non-residential construction projects) and Minority and Women Business Enterprise Participation (MBE/WBE) compliance will be applicable;
- Bond Requirement – 50% Payment Bonds;
- Bid Deposit Requirement – 5% of value of the total bid;
- The lowest qualified bid representing the complete scope of work from a QUALIFIED CONTRACTOR will be considered.

\$100,000 +: Develop scope of work and project plans and specifications

- Prepare a cost estimate;
- Sealed Bids;
- Projects require advertisement in the Central Register and newspaper advertisement in New Bedford Standard Times at least two weeks before bids are due, post a notice on jurisdiction's office at least one weeks before bids are due;
- Required for general bidders and filed sub-bidders (\$20,000 and over);
- Federal requirements for Davis -Bacon and Minority and Women Business Enterprise Participation (MBE/WBE) compliance will be applicable.
- Federal Section 3 and City of New Bedford Minority Workforce Requirements will be applicable for contracts over \$100,000.
- Bond Requirement: 100% Payment and Performance Bonds.
- Bid Deposit Requirement – 5% of value of the total bid or sub-bid;
- The lowest qualified bid representing the complete scope of work from a QUALIFIED CONTRACTOR will be considered.

**ATTACHMENT A
THRESHOLD CERTIFICATION**

In order for your application to be accepted, in addition to the application itself, your organization must submit the following items to the Department of Planning, Housing and Community Development **no later than 12:00 PM on FEBRUARY 10, 2017.**

- An original application **with all questions completed** (including performance evaluation criteria and budgets) along with **seven (7)** copies that are 3-hole punched and clipped [not bound] of the completed application. *(Only the original must include the requested support documents such as the articles of incorporation and the current list of your Board of Directors.)*

- The following attachments/certifications:
 - Articles of Incorporation
 - Current List of Board of Directors
 - Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (Required if \$750,000 in aggregate Federal funds expended), or
 - b. Financial statements audited by a CPA (only if not qualified for A-133), or
 - c. Profit and Loss Statement for most recently completed fiscal year and General Ledger printout (only first time applicants or those who do not meet above criteria may submit)
 - IRS 501(c)(3) Designation Letter (Pending letters will not be accepted)
 - Evidence of current filing of IRS 990
 - Current Fiscal Year Agency Budget, including all funding sources
 - Job Descriptions
 - DUNS Number
 - A completed Conflict of Interest Form
 - A completed Certificate of Payment of State Taxes Form
 - A completed Certificate of Non-Collusion Form

- An Executed Threshold Certification Form.

- An Executed Statement of Applicant Form.

- An Executed Signature Authorization Form.

- Has the Signature Authorization Form been signed by an authorized officer of the Board (*President or Secretary*) as registered with the Secretary of Commonwealth, Corporations Division. (<http://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>)

I hereby confirm that this packet contains all materials required.

Signature of Authorized Signer

Printed Name

ATTACHMENT B STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of New Bedford may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
4. That, if the project(s) is recommended and approved by the Mayor and City Council, the city reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
5. The City of New Bedford reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project(s) is funded, the organization agrees to abide by the city's locally established policies and guidelines
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at no cost to citizens during the grant period. All program income (i.e. fees, repayments, foreclosures, etc.) must be remitted to the city.
10. That, if the project(s) is funded, the city or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. That, if project(s) is funded, the city will perform an environmental review prior to the obligation of funds.
12. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the city.

- 13. That a project's funding does not guarantee its continuation in subsequent action plans.
- 14. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
- 15. Agrees to abide by the City of New Bedford's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.

PENALTY FOR FALSE OR FRAUDULENT 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.

By signature below, the applicant acknowledges the above in its name on this _____ day of _____, 2017.

Name of Organization

By: _____
Signature of Authorized Signer

(Title)

**ATTACHMENT C
CONFLICT OF INTEREST DISCLOSURE**

The standards in OMB Circular A-110, Subpart C, 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 subrecipient 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 City of New Bedford 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 City of New Bedford 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. _____.

Signature of Authorized Signer

Date

Typed Name and Title

ATTACHMENT D

CITY OF NEW BEDFORD, 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 _____

City, State, Zip Code _____

Name of Company Officer (Printed) _____

Signature of Authorized Signer

ATTACHMENT E

CITY OF NEW BEDFORD, MASSACHUSETTS 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 _____

City, State, Zip Code _____

Name of Company Officer (Printed) _____

Signature of Authorized Signer

**ATTACHMENT F
SIGNATURE AUTHORIZATION FORM**

The Board of Directors of _____ does hereby resolve that on _____ (_____), the Board reviewed the Application for Community Development Block Grant Funds to be submitted to the City of New Bedford Department of Planning, Housing and Community Development for funding consideration for the fiscal year 2017 and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Massachusetts.

_____ (*Name of organization requesting CDBG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the City of New Bedford, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. 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 further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to act as the Authorized Signer to this grant:

Name Title

Name Title

Clerk/Secretary/Treasurer of Board (or other Designated Authority)

Name Title Signature Date

PENALTY FOR FALSE OR FRAUDULENT 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.