

# City of New Bedford

JONATHAN F. MITCHELL  
MAYOR

## Department of Planning, Housing, and Community Development

PATRICK J. SULLIVAN  
DIRECTOR



### REQUEST FOR PROPOSAL APPLICATION: EMERGENCY SOLUTIONS GRANT (ESG) ENTITLEMENT PROGRAM

FISCAL YEAR 2016  
JULY 1, 2017 THROUGH JUNE 30, 2018

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

**I. PROJECT FUNDING REQUEST**

<b>Funding Request</b>	<b>Amount</b>
Requested ESG Amount	\$
Total Program Cost	\$
Percentage of ESG funds toward Total Program Cost	\$
Matching Funds	\$
Matching Sources	\$

<b>Funding Request per category</b>	<b>Amount</b>
Street Outreach	\$
Emergency Shelter	\$
Rapid Re-Housing	\$
Homeless Prevention	\$
HMIS	\$

## II. ORGANIZATION CAPACITY – STAFF QUALIFICATIONS AND EXPERIENCE

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.

A. Provide a summary of the qualifications of your organization to carry out the proposed project.

B. Provide a summary of the experience of your organization. Include any program(s) that your agency has administered that is most similar to the proposed activity.

### III. PROGRAM DESIGN

A. Purpose and need for the proposed project.

B. Target population: (i.e. homeless families with children, chronically mentally ill, etc.)



C. Provide information on the types of services that will be offered and how they will be provided.

D. Coordination of intake and referral procedures with other service providers.



E. Use of the Homeless Management Information System (HMIS) to track client information.

F. Outreach Plan: Describe the methods to be used to ensure that the target population and community residents will find out about the services provided by the project.

G. Program evaluation plan and program specific procedures and guidelines.

#### IV. PROGRAM DESIGN – ADDITIONAL QUESTIONS

A. Does the program collaborate with the City of New Bedford Continuum of Care through the Homeless Service Provider Network (HSPN) and other programs in the area to provide this service?      Yes      No

If **yes**, explain specific collaborative efforts and list specific organizations and programs that provide services to the clients by your organization. Also, how will you and your agency participate and help to coordinate a community-wide approach to assisting the homeless population in New Bedford?

B. State how your organization will involve at least one (1) homeless or formerly homeless person(s) in a policy-making function with the organization.

**V. FINANCIAL CAPACITY – STAFF QUALIFICATIONS AND FISCAL CAPACITY**

A. Identify the person(s) responsible for program and financial management of the activity and describe experience and qualifications, include all other persons involved in this activity.

[Empty response area for staff qualifications and fiscal capacity]

B. Does the applicant have any past due obligations with any other funding source?

Yes

No

If **yes**, provide an explanation of how this occurred and if the situation was resolved.

C. In the past three (3) years, has the agency had an Internal Revenue Service (IRS) or State levy?      Yes      No

If **yes**, is the agency on a repayment schedule? How was the matter resolved?

[Empty response area for question C]



D. Did the applicant fully expend the three (3) most recent grants that have closed out terms?      Yes      No

If **no**, why not and how much was not expended?

Empty response area for providing details if the applicant did not fully expend the grants.

**VI. IMPACT ON CONSOLIDATED PLAN PRIORITY NEEDS & FEDERAL PLAN TO END HOMLESSNESS**

A. Describe how your program will comply with the Five-Year Consolidated Plan to address Homelessness?

B. Describe how the proposed project has aligned its outcomes for this project with the Federal Strategic Plan to Prevent and End Homelessness – Opening Doors located at the following link:

[https://www.usich.gov/resources/uploads/asset\\_library/USICH\\_OpeningDoors\\_Amendment2015\\_FINAL.pdf](https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf)

C. Provide a clear explanation as to how your project will be consistent with the homeless priorities and needs identified in these plans.

## VII. PROPOSED PROJECT ACCOMPLISHMENTS

Briefly describe proposed accomplishment(s) if funding is awarded: (Accomplishments must be described in terms of households served, people served, etc. Example: This emergency shelter program will serve 100 homeless individuals or this program will rapidly re-house 5 chronically homeless families, etc.)

Please answer the following questions:

A. What is the total unduplicated individuals to be served by this project?

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B. What is the total number of unduplicated adults to be served by this project?

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C. What is the total number of unduplicated children to be served by this project?

--

Identify the **primary** homeless beneficiaries the program will serve. Check the appropriate categories:

<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> Persons with HIV/ AIDS
<input type="checkbox"/> Unaccompanied Youth	<input type="checkbox"/> Elderly
<input type="checkbox"/> Victims of Domestic Violence	<input type="checkbox"/> Veterans
<input type="checkbox"/> Chronic Substance Abuse & other Disabled	<input type="checkbox"/> Other

## VIII. PERFORMANCE MEASUREMENTS

Measurement	Example	Goal #1	Goal #2
<b>GOALS:</b> Proposed solutions to problems (as identified in Consolidated Plan)	Connect homeless families with services and resources that will help them achieve independent living.		
<b>INPUTS:</b> Resources dedicated to or consumed by program	Case Managers Volunteers		
<b>ACTIVITIES:</b> What the program does with the inputs to fulfill its mission	<u>Activity #1:</u> This organization will coordinate with other local organizations to determine the necessary services needed for families. These services include job training, childcare, transportation, and rental assistance.		
<b>OUTPUTS:</b> The direct products of program activities	This organization will connect 50 homeless families to necessary services and resources throughout the community.		
<b>OUTCOMES:</b> Benefits that result from the program	90% of families served will be stably housed in less than 6 months of entering this program.		
<b>MEASUREMENT:</b> Describe the methods and/or tools the program uses to measure outcomes	Entry/exit surveys from family head of households.		

## IX. FINANCIAL

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

### ACTIVITY BUDGET

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

- Complete the Budget Summary chart. More detailed budgets may be attached (and are strongly recommended) in support of the proposal.
- 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.
- Match – Consideration will be given to the amount of non-ESG funds committed to the project.

	Homelessness Prevention	Rapid Re-Housing	Emergency Shelter	Street Outreach	HMIS	Total Amount Budgeted
Rental Assistance*	\$	\$				\$
Housing Relocation & Stabilization Services**	\$	\$				\$
Essential services			\$			\$
Renovation			\$			\$
Shelter Operations			\$			\$
Other Services				\$		\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

\* Includes short and medium-term rent payments and up to six (6) months of arrearages.

\*\* Includes all other eligible forms of direct financial assistance under Prevention and Re- Housing plus costs related to eligible services.

## X. BUDGET SUMMARY

Category Breakdown	ESG Funding	Match Funds	Source of Match Funds	Total Funds
<b>Personnel</b>				
Salaries	\$	\$	\$	\$
<b>Personnel Subtotal</b>	\$	\$	\$	\$
<b>Direct Financial Assistance</b>				
Rental Assistance	\$	\$	\$	\$
Utility Deposits	\$	\$	\$	\$
Utility Payments	\$	\$	\$	\$
Security Deposits	\$	\$	\$	\$
Last Month's Rent	\$	\$	\$	\$
Fees	\$	\$	\$	\$
Moving & Storage	\$	\$	\$	\$
<b>D.F.A. Subtotal</b>	\$	\$	\$	\$
<b>Other Costs Related to Housing Relocation &amp; Stabilization, Essential Services, &amp; Street Outreach (non-personnel)</b>				
Transportation	\$	\$	\$	\$
Advertising & Marketing	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
Materials & Supplies	\$	\$	\$	\$
Relocation Expenses	\$	\$	\$	\$
Contractual Services	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$
<b>Other Costs Related to Emergency Shelter Operations (non-personnel)</b>				
Utilities	\$	\$	\$	\$
Insurance	\$	\$	\$	\$
Repairs & Maintenance	\$	\$	\$	\$
Renovation	\$	\$	\$	\$
Other (please specify)	\$	\$	\$	\$
<b>Total ESG Request</b>	\$			\$
<b>Total Other Funds</b>		\$		\$
<b>Grand Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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



## XI. 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 ESG money 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 ESG Project/ Program	=	Total Position Cost Requested from ESG
<b>Example: Case manager</b>	<i>Current</i>	<b>\$25,000</b>	<b>\$5,000</b>	<b>\$30,000</b>	<b>x</b>	<b>40%</b>	<b>=</b>	<b>\$12,000</b>
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$

**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)
  - 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.

Statement of Applicant continued on following page.

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.
16. Agency will coordinate services and programs with the New Bedford Continuum of Care – Homeless Service Providers Network.
17. Agency will participate in the local Homeless Management Information System (HMIS) and enter all recipients of services.
18. Agency has aligned its outcomes for this program with the Federal Plan to End Homelessness located at: [http://www.usich.gov/PDF/OpeningDoors\\_2010\\_FSPPreventEndHomeless.pdf](http://www.usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf)  
Or as a link from the USICH website: <http://www.usich.gov/>
19. Agency is willing to have the New Bedford Continuum of Care – HSPN - be a partner in any evaluation or monitoring of the program.
20. Agency is an active participant of the Continuum of Care according to the city's working definition or another stated definition.
21. Agency will participate in the Continuum of Care's coordinated entry system referred to as THE CALL.

**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 CERTIFICATION**

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 there under, 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. \_\_\_\_\_.

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Signature of Authorized Agency Official \_\_\_\_\_ 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

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**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 Emergency Solutions 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 ESG funds*) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Emergency Solutions Grant Funds. If this application is approved and this organization receives ESG 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.