

**THE CITY OF SPRINGFIELD
OFFICE OF COMMUNITY DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

REQUEST FOR PROPOSAL GUIDELINES:

PUBLIC SERVICE PROGRAM

**REQUEST FOR PROPOSALS FOR FISCAL YEAR 2021-2022
DEADLINE FOR SUBMISSION: May 28, 2021 (NOON)**



General Information

The City of Springfield's Office of Community Development is seeking proposals for inclusion in its Second Year Action Plan, 2021-2022. The 2021-2022 Program Year will run from July 1, 2021-June 30, 2022. Successful proposals must meet the guidelines articulated in this RFP.

Community Development Block Grant (CDBG) Programs receive funds from the U.S. Department of Housing and Urban Development (HUD). HUD then awards these funds to State and local agencies, who in turn, allocate them for activities that benefit low and moderate income areas or low and moderate income persons.

The City of Springfield's Community Development Block Grant (CDBG) Program is designed to expand opportunities for low and moderate-income citizens through the provision of public services, acquisition, improvements to public facilities, neighborhood improvements, housing and economic development opportunities.

Extra points will be given to proposals for those programs who focus on job training and placement with preference given to programs that focus on hard to service population; and for programs that fund supportive services that reduce barriers for low to moderate income households seeking employment , reducing the risk of the "cliff effect".

Proposal Review

Once submitted, no proposal may be amended or substituted, unless the amendment has been requested or permitted by the City. The City, at its sole discretion, reserves the right to contact an applicant if additional information is required.

All potential applicants are encouraged to check the City of Springfield's website for any addendums. They will be posted at [https:// www.springfield-ma.gov/planning/index.php?id=community-development](https://www.springfield-ma.gov/planning/index.php?id=community-development)

Thank you for your interest in the Community Development Block Grant (CDBG) Program.

Questions regarding RFP guidelines can be submitted to cbuono@springfieldcityhall.com no later than 4:00 PM, May 13, 2021. Answers to all received questions will be posted on the City's website at [https:// www.springfield-ma.gov/planning/index.php?id=community-development](https://www.springfield-ma.gov/planning/index.php?id=community-development) On May 14, 2021 by 4:00 PM. All questions must be in writing.

Proposals are due back **May 28, 2021 by Noon**. **DEADLINE IS FIRM**. There are no exceptions.

Applicants are encouraged to review the entire RFP before completing.

Maximum funding request is \$25,000 per program.

Submit proposals to lsibilia@springfieldcityhall.com. If you are unable to submit electronically, please contact Lori Santaniello at 750-2241 prior to May 28, 2021. Calls cannot be accepted on May 28, 2021.

TIMELINE FOR SELECTION PROCESS:

The RFP's will be available beginning May 3, 2021 through May 28, 2021 at: [https:// www.springfield-ma.gov/planning/index.php?id=community-development](https://www.springfield-ma.gov/planning/index.php?id=community-development).

You can also request a copy of the RFP electronically by emailing lsibilia@springfieldcityhall.com.

May 3, 2021- Requests for Proposals issued

May 13, 2021- Last day to submit questions on RFP by 4:00 PM

May 14, 2021- Answers to questions will be posted on City's website

May 28, 2021- Proposals due by 12:00 NOON- **No Exceptions-deadline firm**

June 14, 2021- RFP Committee to review, discuss and score proposals

June 15-17, 2021- Finalize funding. Mayor makes final funding decisions

June 18, 2021- Award/Denial letters will be mailed

July 1, 2021- FY 2021-2022 funding begins

******* Please note that the timeline is tentative and dates are subject to change.**

******* Please check the website for any addendums <https://www.springfield-ma.gov/planning/index.php?id=community-development>**

******* Additional funding may be awarded at the discretion of the City.**

**City of Springfield
Office of Community Development
Public Service Proposal**

JULY 1, 2021 THROUGH JUNE 30, 2022

Organization Name:

Address:

Contact Name:

Contact Email:

Telephone:

DUNS#:

Program Name:

Location of Activity:

CDBG Funding Request: \$

Activity/Project CDBG Funds Requested \$:

Funding Leveraged from other Sources \$:

Total Program Cost \$:

SCOPE OF SERVICE

Describe what you will do, who you will serve, the number you will serve, why the project is needed, where it will be held, what you will fund with CDBG funds; the timeframe and goals/outcomes the program will achieve.

INCOME GUIDELINES

Every proposal that claims to benefit low and moderate-income persons will be required to provide evidence that the beneficiaries of the program meet certain income guidelines. The majority (51%) of the programs beneficiaries must meet HUD income guidelines. Individual program participants' information files on each participant will be required for City program monitoring.

The following income limits by household size represent eligibility for assistance under the Community Development Block Grant.

<i>Family Size</i>	Low (80%) Income Limits
1	\$47,150
2	\$53,850
3	\$60,600
4	\$67,300
5	\$72,700
6	\$78,100
7	\$83,500
8	\$88,850

ELIGIBLE CDBG PUBLIC SERVICE ACTIVITIES

The project benefits a specific group of people where 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. Activities that are eligible for funding include, but are not limited to:

- Youth Services; including after school, teen centers, recreation programs, evening summer teen programs, fitness, teen pregnancy prevention
- Child Care Services
- Elderly Services
- Health Services
- Adult Basic Ed (ABE)
- General Education Development (GED)
- Homelessness-prevention programming for Homeless Persons and Persons at Risk of becoming Homeless.
- Job training and Placement; programs that focus on hard to serve population; individuals who are out of the educational system and or workforce;
- Fund supportive services that reduce barriers for low to moderate-income households seeking employment or have employment, reducing the risk of the “cliff effect”.
- Substance Abuse Services; including counseling, treatment and mental health
- Domestic Violence
- Crime Prevention and Public Safety
- Foreclosure Prevention
- Fair Housing Counseling
- Services for Disabled Persons

NATIONAL OBJECTIVE

A public service activity project will meet the HUD National Objective to benefit low/moderate income persons; persons who earn at or below 80% of the median income and/or reside in census tracts with at least 51% of the population at low and moderate income levels.

ACTIVITY DESCRIPTION

Provide a detailed description of the proposed activity including how the activity will address the community need you have indicated. Please detail participant eligibility requirements, hours of operation, services provided. Identify whether the activity is new, ongoing or expanded from previous. Identify the location of the program; specifically what neighborhood your organization is located. (CDBG map of eligible target areas and NRSA neighborhoods attached as part of this RFP packet) The current NRSA neighborhoods are Brightwood/Memorial Square and Metro Center.

BENEFICIARY INFORMATION. Beneficiaries should only be counted once.

1. Total # of People to be served in the Program-
2. Total # of People to be served with CDBG Funds-
3. % of CDBG eligible people with low/mod income-
4. Cost per CDBG eligible people (CDBG total amount requested/#2above)-
5. Cost per person for the program (Total Program Cost requested/#1above)-

PROPOSED PROJECT ACCOMPLISHMENTS

For each proposed activity, please indicate the following:

Describe the activity, service number and outcome of the program. Each category that your proposal seeks should detail anticipated outcomes of the program. Outcomes benefit the results from the program and should be reasonable and attainable. If you need additional room, please attach separate sheet and include as part of the RFP.

ACTIVITY What the activity does to fulfill its scope of service	INDICATOR OF SUCCESS Total number of persons to be served by this	OUTCOME Benefits that result from the program
<i>Example: Provide care/homework help to</i>	<i>Keep at least 50 youth in afterschool program them with a safe</i>	<i>Improved grades in school by doing homework with youth. Report to measure</i>

What is the total number of Low/Moderate income persons to be served by this project? Income information is included as part of this RFP packet found on page 5.

Identify who will benefit from the activity (homeless, youth, seniors, disabled, etc.). Describe the process you will use to identify these persons and ensure that the activity meets the national objective. Describe how LMI documentation will be obtained

Identify the accomplishments you intend to achieve with this activity. Provide an activity timeframe/schedule (include start, completion dates or other stages)

COLLABORATION

Identify other agencies/partners in this activity and define the roles and responsibilities of these partners. Include any partnerships/collaborations that your organization is collaborating with for this program.

ORGANIZATIONAL CAPACITY

Provide an overview of your organization including the length of time in existence. Describe your organizations experience in successfully conducting this type of activity. Identify any skills, current services or specific accomplishments that demonstrate your capacity for success. Also, attach a list of board members with this RFP.

COVID PROTOCOLS

Provide an overview of your organizations COVID-19 guidelines. All applicants will be required to submit as part of the RFP, a plan as to how they will open safely and follow CDC guidelines. Organizations without safe CDC guidelines in place will not be awarded.

Budget

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.

Leverage:

1. What percentage of the total budget of the specific program (not the organizational budget) for which you are applying would the requested CDBG funding cover?
2. Does the implementation for this program depend on receiving 100% of your CDBG request?
3. If you are not approved for 100% of your CDBG request, how will you address the shortfall?
4. Please identify any other funding sources or funding applications you have submitted or plans to submit, applications pertaining to the proposed program.
5. Does the implementation of the project depend on receiving funds from these or any other sources?

Leveraged funds

Category Breakdown	Amount of Leveraged Funds	Source of Leveraged Funds
Total CDBG Request		
Total Leveraged Funds		
Total		

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 (if the position is currently filled) for each position listed.
- For fringe benefits, if using percentage of gross for calculation, provide justification of percentage used.

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.

Please indicate whether or not outside vendors or consultants will be identified by your organization to conduct program activities.

<u>Budget Line Item</u>	<u>Total Budgeted Amount</u>	<u>Requested CDBG Funds</u>	<u>MATCH (Balance Paid By)</u>
<i>Example: Personnel</i>	\$20,000	\$5,000	DMH contract \$15,000
TOTALS			

Submission Checklist

Submit proposals with the required attachments to lsibilia@springfieldcityhall.com. Applications must be complete. **You only need to submit the attachments listed below with the completed RFP.**

- Complete all budget sheets on pages 10-12;
- Job descriptions for each staff positions funded with CDBG;
- Current List of Board of Directors with identification of Officers and terms;
- Certified Organization Audit/Financial Statements of most recent year
 - a. Copy of OMB A-133 Audit (Required if \$500,000 or more in aggregate Federal funds expended) or
 - b. Financial statements audited by a CPA (if not bound by the requirements of OMB A-133) or
 - c. Profit and Loss statement (only first time applicants or those who do not meet above criteria may submit)
- Notarized Tax Certification Affidavit filled out in its entirety (form attached);
- EEO, Fair Housing, and Drug-Free Workplace Policies

CRITERIA FOR PROPOSAL EVALUATION

All proposals will be reviewed by the committee and evaluated on a scale of 1-100 points in three categories described below.

1. Organizational Experience and Performance
Acceptable proposals must demonstrate that the agency has experience in serving the targeted population and demonstrate that their organization is financially viable. Extra points will be given to programs that serve the NRSA.
2. Program Need and Importance
Who will be served by the program and why it is needed? How will the program measure outcomes and how critical ongoing needs will be addressed through this program. Extra points will be given to proposals for those programs who focus on job training and placement with preference given to programs that focus on hard to service population; and for programs that fund supportive services that reduce barriers for low to moderate income households seeking employment , reducing the risk of the “cliff effect”. New programs will also be awarded extra points.
3. Financial Feasibility
Acceptable proposals must provide a total detailed program budget. The Budget must clearly list all other funding sources secured for the program. Acceptable proposals must demonstrate that other resources are committed at the time of the application.

TAX CERTIFICATION AFFIDAVIT FOR CONTRACTS

Individual Social Security Number
Number

State Identification Number

Federal Identification

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

_____, 2021

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 RFP.

