**CITY OF REVERE**

**OFFICE OF STRATEGIC PLANNING & ECONOMIC DEVELOPMENT**

**REQUEST FOR PROPOSALS: PUBLIC SERVICES**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

The City of Revere is seeking proposals for the provision of services to low and moderate income Revere residents, including underserved and at-risk populations, elderly, frail elderly, and persons with disabilities. Funding is for July 1, 2019 through June 30, 2020.

Eligible programs must be able to demonstrate and document primary benefit to low and moderate income Revere residents, the elderly, handicapped or other populations with physical, financial and/or emotional limitations.

**APPLICATION PROCEDURE:**

Agencies interested in applying for CDBG funding must submit a proposal to:

Office of Strategic Planning & Economic Development

281 Broadway, Revere, MA 02151

***Proposals must be received no later than Thursday, March 21, 2019.***

 **FUNDING PRIORITIES:**  *(In alphabetical order)*

**A. Alcohol and Substance Abuse Services**

**B. Day Care**

**C. Elderly Services**

**D. Emergency Services**

**E**. **Health Services**

**F. Housing Services**

**G.** **Mental Health Services**

**H**. **Transportation Services**

**I. Youth Services**

**J. Other**

\***Funding is contingent upon approval and receipt of funds from HUD.**

**FORMAT OF PROPOSAL**

**In order to be considered for funding, all applicants must complete:**

1. **Proposal Form #1;**
2. **Performance Measurement Form #2;**
3. **Budget Form #3;**
4. **Policy Statement of Conflict of Interest Form #4**

Additional instructions for Form #1 and Form #3 are provided below. Forms #1-4 are attached.

1. ***Description of Proposed Program (Form #1):***

A. State the goals and objectives of your program describing the client population and referencing the problem(s) or need(s) that said program intends to alleviate. Use statistical evidence wherever possible. Describe the proposed activity designed to meet these needs; include program staffing, times of operation, supervision and evaluation of staff, and long and short term outcomes/benefits which will result from the proposed program activities.

B. Please describe how the program will meet the primary objective of the CDBG Public Services program - **principal benefit to low and moderate income Revere residents.**

C. If the program receives third party payments, furnish evidence that CDBG funding will only benefit those clients who are eligible for said payments.

D. Where applicable, multi-service/program agencies should describe the organizational and financial management of its branch program in enough detail that the City will be assured that said program is adequately supported and supervised.

E. If the agency is applying for funding for a program currently receiving CDBG funding, complete an evaluation summary of the degree to which the program achieved the objectives outlined in its proposal submitted for the current program year. If the program is new, applicants should design evaluation procedures that will show the degree to which the program will achieve the proposed objectives.

F. As a CDBG subrecipient, your program is required to comply with the provisions of the Americans with Disabilities Act. Section 504 of the Rehabilitation Act of 1973 applies to all public and private agencies that receive federal funding and provides stricter enforcement of all laws dealing with the rights and privileges of individuals with handicaps.

G. Describe other public or private funding sources that will be used to implement your program and list the dollar amounts in your budget. Be specific. State whether the funds are State, Federal or private and, if applicable, list the grant name.

2. ***Detailed Budget (Form #3):***

Please complete the attached Budget **Form #3** as follows:

 A. Program Expenses

1. Personnel: Salaries/wages and fringe benefits of each program employee
2. Non-personnel: Space, lease or purchase of equipment, supplies,
telephone, utilities, etc.

 B. Program Revenue

1. Grants, contracts, etc. List existing as well as projected sources of funding. Include income from all sources available to the program, other than Community Development Block Grant funds. State the funding source (State, Federal, private) and specific grant name where applicable.
2. In-Kind Contributions
3. Fees-for-services

***FORM #1***

**CITY OF REVERE**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**PUBLIC SERVICES PROGRAM PROPOSAL**

**JULY 1, 2019 - JUNE 30, 2020**

**1. Applicant Information:**

A. Agency Name:

B. Address:

C. Program Title:

D. Website Address:

E. Federal ID # / EIN# / TIN# :

F. DUNS (Data Universal Numbering System) # :

G. Central Contractor Registry (CCR) # :

H. Signatory Authority:

* Name/Title:
* Telephone Number:
* Email Address:

I. Program Administrator:

* Name/Title:
* Telephone Number:
* Email Address:

J. Financial Contact:

* Name/Title:
* Telephone Number:
* Email Address:

K Beneficiary Reporting Contact:

* Name/Title:
* Telephone Number:
* Email Address:

**2. Amount of CDBG Funding Requested:  *\_\_\_***\_\_\_\_\_\_\_

**3. Estimated Total Number of beneficiaries**: \_\_\_\_\_\_\_\_\_

 Reported as: *(circle one)* **Individuals Households**

**4. Estimated Number of presumed Low/Moderate beneficiaries as follows:**

 Abused Children \_\_\_\_\_\_\_\_

 Homeless Persons \_\_\_\_\_\_\_\_

 Battered Spouses \_\_\_\_\_\_\_\_

 Persons w/HIV/AIDS \_\_\_\_\_\_\_\_

 Elderly Persons (62 and over) \_\_\_\_\_\_\_\_

 Illiterate Adults \_\_\_\_\_\_\_\_

 Severely Disabled Adults \_\_\_\_\_\_\_\_

 Migrant Farm Workers \_\_\_\_\_\_\_\_

**5. Estimated Number determined to be Low/Moderate Income beneficiaries *(NOT already counted in # 4):***  \_\_\_\_\_\_\_\_\_

**6. Estimate % of Low/Moderate beneficiaries to be assisted by your program/activity (#4 + #5) / #3**: \_\_\_\_\_\_\_

**7. Type of Program*:***

A. Alcohol and Substance Abuse Services

B. Day Care

C. Elderly Services

D. Emergency Services

E. Health Services
 F. Housing Services

G. Mental Health Services

H. Transportation Services
 I. Youth Services

J. Other

**8. Area of Program Impact:**

**9. Answer Yes or No to the following: Does the program:**

 A. Help Prevent Homelessness?

 B. Help the Homeless?

 C. Help those w/HIV or AIDS?

 D. Help female-headed households?

**10. Summary Program Descriptions: Provide a brief executive summary of the proposed program:** *(Use additional pages if necessary.)*

**11. Detailed Program Description: Provide a detailed program description**. *(Use**additional pages if necessary.)*

**12. How will program services primarily benefit low and moderate-income Revere residents or special populations?**

**13. How will low/moderate income eligibility be documented?**

**14. What systems are in place to maintain personal privacy and confidentiality?**

**15. Attach a list of your current Board of Directors.**

**16. Attach an executed Policy Statement of Conflict of Interest, acknowledging your receipt and intent to abide by its provisions.**

**17. Attach an original signed copy (one copy only) of the Statement of Corporate Authority.**

**18. Attach a copy (one copy only) of your proof of IRS 501(c)(3) status.**

**19. Attach a copy (one copy only) of your Articles of Organization along with your most recent Annual Report filed with the Secretary of State, if applicable.**

**20. Include a copy of your most recent audit, including the A-133 Audit, if applicable.**

***FORM # 2***

**CITY OF REVERE**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**PUBLIC SERVICES PROGRAM PROPOSAL**

**JULY 1, 2019 - JUNE 30, 2020**

**PERFORMANCE MEASUREMENT**

**Agency Name:**

**Program Title:**

**1) Needs Statement: Describe needs to be addressed by the proposed program.**

**2) Goals: State proposed goals to reduce extent of problems or needs.**

**3) Inputs: State resources to be dedicated or utilized to meet proposed goals.**

**4) Activities: Describe how program activities will address needs and fulfill program’s mission.**

**5) Outputs: Direct results of program activities.**

**6) Outcomes: Benefits resulting from program activities, short-term (ST) and long-term (LT)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***REVERE***  |  |  |  |  ***FORM #3***  |
| **BUDGET FOR PUBLIC SERVICE PROGRAMS** |  |  |
| **COMMUNITY DEVELOPMENT BLOCK GRANT** |  |  |
| **Agency Name:** |  |   |   |   |
| **Program Title:** |   |   |  |  |
|  |  |   |  |  |
|  |  |  |  |  |
| **PROGRAM** | **BUDGET** |  **CDBG FUNDS**  |  **MATCH/** |  **OTHER FUNDING SOURCES** |
|  | **CATEGORY** |  | **OTHER FUNDING**  | **(indicate Federal, State/local, private, other) and specific grant name where applicable** |
| **(a)** | **(b)**  |  **(c)**  |  **(d)**  | **(e)** |
|  |  |   |   |  |
|   |  |   |   |  |
|   |  |   |   |  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| TOTALS |   |  |  |   |
| EXPLANATIONS |
|  |
| NOTE: The City reserves the right to request additional information about the organization or proposed program |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***REVERE***  |  |  | ***Sample*** | ***FORM #3***  |
| **BUDGET FOR PUBLIC SERVICES PROGRAMS** |  |  |
| **COMMUNITY DEVELOPMENT BLOCK GRANT** |  |  |
|  |  |  |  |  |
| **Agency Name:** | Your Organization Name |   |   |   |
| **Program Title:** | ABC Childcare Program |   |  |  |
|  |  |   |  |  |
|  |  |  |  |  |
| **PROGRAM** | **BUDGET** |  **CDBG FUNDS**  | **MATCH / OTHER FUNDING** |  **OTHER FUNDING SOURCES** |
| **(a)** | **(b)**  |  **(c)**  |  **(d)**  |  |
| After School Program | Supplies and materials |  $ 2,000  |  $ 5,000  | Fund Raising |
|   | Director  |  $ 1,000  |  $ 35,000  | Private grant from the ABC organization |
|   | Teacher |  $ 7,000  |  $ 20,000  | State XYZ Grant |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| TOTALS |   |  $ 10,000  |  $ 60,000  |   |
| EXPLANATIONS: The time of the Director and Teacher charged to this program is only x%. Non-low-moderate income  |
| participants pay fees. |

***FORM #4***

**POLICY STATEMENT REGARDING ETHICAL CONSIDERATIONS**

**AND CONFLICT OF INTEREST**

In addition to any other conflict of interest and procurement laws required by the federal, state or local statutes, regulations or ordinances, including the Massachusetts General Laws, the City of Revere hereby adopts and affirms its commitment to abide by the conflict of interest requirements of 24 CFR 570.611 (Conflict of Interest) and the procurement regulations set forth at 24 CFR 85.36 (Procurement Standards).

In general, the conflict of interest standards set forth in 24 CFR 570.611 applies to any person who is an employee, agent, consultant, officer, elected official or appointed official of the City of Revere or of any designated public agencies or sub-recipients that are receiving Community Development Block Grants. It prohibits such persons who exercise and have exercised any functions or responsibilities with respect to CDBG activities or who are in a position to participate in a decision making process or gain inside information with regard to such activities from obtaining a financial interest or benefit from a CDBG assisted activity or from having a financial interest in any contract, subcontract or agreement with respect to a CDBG assisted activity or with respect to the proceeds of a CDBG assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter.

Further, inasmuch as the responsibilities of the City of Revere involve the expenditure of money in procurement activities funded wholly or in part through the Department of Housing and Urban Development, the provisions of 24 CFR §85.36 also apply. This regulation, commonly referred to as “the Common Rule” establishes a uniform scheme for ensuring the propriety of procurement activities of grantees and sub-grantees that receive grants from federal agencies. It states, in part, that no employee, officer or agent of the grantee or sub-grantee shall participate in the selection or in the award or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved.

This policy shall encompass all related conflict of interest provisions and ethical requirements, including procurement requirements and any federal, state or local statute or ordinance duly promulgated and applicable to the City of Revere. Violation of the ethical standards contained therein could lead to administrative or disciplinary action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signatory for Sub-Recipient acknowledging

Receipt of Policy and assent to its requirement

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency name *(please print)*