



City of Jonesboro

Department of Grants & Community Development

300 S. Church St. • P.O. Box 1845 • Jonesboro, Arkansas 72403-1845

City: (870) 932-1052 • Dept. Fax: (870) 933-4626

REQUEST FOR PROPOSAL (RFP) FOR COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC SERVICES PROGRAM

FY 2019

(Program Year: July 1, 2019 – June 30, 2020)

Proposal Deadline: January 14, 2019 by 4:00 p.m.

ORGANIZATION: _____

PROJECT TITLE: _____

NOTE

CDBG funds available for projects within the city limits of Jonesboro.

Please use the RFP- checklist and assembly instructions. Incomplete RFPs or RFPs without adequate information provided will be eliminated immediately without exception.

FUNDING ELIGIBILITY (see RFP Requirements)

- Must be a not-for-profit organization IRS 501 (c)(3) and maintain a DUNS number
- Organization must be registered with the System for Award Management (SAM)
- Must serve an **absolute verifiable minimum of 51% Low Income**
- Must be a **NEW non-duplicated service** or **quantifiable increase** in the level of service

Organizations that have been funded through CDBG Program for the past two continuous program years must wait to reapply after a two-year period.

CDBG PUBLIC SERVICES PROGRAM OVERVIEW

The City of Jonesboro receives federal CDBG funds through the U.S. Department of Housing and Urban Development. Public Service Program is designed to assist local 501 (c) (3) organizations to primarily service qualified low-and-moderate-income (LMI) citizens residing in the city limits of Jonesboro through their proposed project(s) as either Area Benefit or Limited Clientele. The eligible proposal must be a new service that is not being provided elsewhere or that it is an increase in the level of services provided. Faith-based organizations are also eligible to apply for funding. However, the service cannot support inherently religious activities, such as worship, religious instruction, or proselytization [24 CFR 570.200(j)]. When such activities are conducted, the activities must be offered separately, in time and location, and the participation must be voluntary.

Public Service funds can be used for a wide range of activities, including but not limited to:

- Employment services (e.g., job training);
- Crime prevention and public safety;
- Child care;
- Health services;
- Substance abuse services (e.g., counseling and treatment);
- Education programs;
- Energy conservation;
- Services for disabled veterans;
- Services for individuals with disabilities;
- Services for senior citizens;
- Welfare services (excluding income payments);
- Down payment assistance; and
- Recreational services.

Ineligible activities (not limited to):

- Income payments cannot be provided if the payments are provided as a grant. Income payments are payments to an individual/family that is used to provide basic services such as food, shelter, rent, mortgage, utilities, or clothing;
- Political activities; and
- Religious activities.

PUBLIC SERVICES PROGRAM REQUIREMENTS

All awarded organizations are required to enter into an agreement with the City of Jonesboro and comply with HUD regulations Title 24 CFR Part 570, 2 CFR Part 200, and other applicable local, state, and federal laws. Organizations must acquire and maintain information for the approved project, client eligibility, and reporting. The Department of Grants and Community Development conducts a risk assessment and monitor all funded projects.

RFP REQUIREMENTS

- There is a \$10,000 minimum and \$20,000 maximum funding request.
- Applicant **must be a legal non-profit, designated as a 501c3 organization by the IRS** for federal tax purposes, and have the characteristics of an eligible Community Based Development Organization (CBDO) in order to participate in the CDBG Program as a sub-recipient.

- Applicant **must** comply with **all the submission requirements and assembly instructions** exactly as stated in the guidelines. **Failure to do so will result in immediate disqualification – with no review or comment.**
- Applicant who has previously received CDBG funding **must** report the status of that funding, including actual accomplishments and impact.
- Strongest consideration will be given to projects that meet HUD/Jonesboro goals/priorities, serve **70%+ very low/ low-income residents (absolute minimum 51%)** serve multiple “in need” populations, and/or are innovative “new” unduplicated services/programs.

RFP **must** address HUD (U. S. Department of Housing and Urban Development) CDBG National Objective as part of Public Services: ***Benefiting Low-and-Moderate-Income (LMI) persons***

RFP **must** address National Objective as either (please check one):

- **Area Benefit:** The public service is available to **all** the residents in a particular primarily residential area, and at least 51% of those residents are LMI persons.
- **Limited Clientele:** The public service is limited to a specific group of people, and at least 51% of whom are LMI persons.

RFP CHECKLIST

All Supportive Documentation must be attached

All requests for funding **must include** all of the following documents.

Special Note: *If the organization is requesting more than one project/service, must complete items 1-8 for each project/program/service. A priority rating must be assigned to each project request – i.e. Priority #1, Priority #2, etc.). See Guidelines*

Applicant: Check next to each form that is included in this application:

| | |
|---|--|
| <p>1. ___ RFP Checklist</p> <p>2. ___ Application</p> <p>3. ___ Project & Budget Narrative, and Agency Information (<i>essay</i>)</p> <p>4. ___ Budget Form (<i>Attachment A</i>)</p> <p>5. ___ Leverage Of Other Funds <i>Attachment B</i> and supporting documentation</p> <p>6. ___ License To Operate (<i>if Applicable</i>)</p> <p>7. ___ Articles of Incorporation and Bylaws</p> <p>8. ___ State and Federal Tax Exemption Determination Letters</p> | <p>9. ___ Current Certificate of Good Standing from State of Arkansas</p> <p>10. ___ List of Board of Directors with Contact Information and Meeting Schedule</p> <p>11. ___ Conflict of Interest Statement (<i>Attachment C</i>)</p> <p>12. ___ Authorization To Request Funds (<i>Attachment D</i>)</p> <p>13. ___ Organizational chart</p> <p>14. ___ Resume of program administrator</p> <p>15. ___ Service Boundary Area Map (<i>if applicable</i>)</p> <p>16. ___ Certified financial statement or most recent audit</p> |
|---|--|

Items stated in the application will become legally binding in contract if RFP is approved

APPLICATION

Has the Agency previously received CDBG funding from the City of Jonesboro?

Yes No

If yes, please indicate the years and amount funded:

| Year Funded | Amount |
|-------------|--------|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

Organization Information

Name: _____
Legal Name of Organization

Address: _____
Street Address *Suite #*

_____ *City* *State* *Zip Code*

Phone: (____) _____
Direct Line *Email*

Contact Person: _____
Name *Title*

DUNS Number: _____ Registered with SAM? Yes No

EIN Number: _____ Business Start Date: _____

Project Information

Project Title: _____

Project Location: _____
Street Address *City & State* *Zip Code*

Brief Project Description: _____
(A detailed project description will be attached as Project Narrative)

Project Boundaries: _____
(Area Benefit only) – State street boundaries North/South/East/West and Census Block Group/Tract

Attach a map showing location of proposed activity for Area Benefit only

| | |
|-----------------------------------|--|
| CDBG Funds Requested: \$ _____ | Project # _____ of _____ Priority # _____ of _____ |
|-----------------------------------|--|

New Service

Duplicated Service (*quantifiable increase in the level of service*)

New Service/Project/Program Yes No

If NO, please list start date of project and award amount with previous CDBG funding: _____

If YES, please list how this project is currently funded: _____

Duplicated Service/Project/Program Yes No

If YES, please explain the expansion of the existing project: _____

City of Jonesboro CDBG Objective

National CDBG Objective:

Public Services
Benefiting Low-and-Moderate-Income (LMI)

National Benefit Objective: (*refer to RFP Requirements for details*)

Limited Clientele CDBG Area Benefit

Summary of projected outcomes

Project Beneficiaries: (*Enter the number of proposed persons to be served*)

a. _____ Persons to be served directly by grant _____ Households (*Total # persons in household to be served indirectly*)

b. _____ % Female _____ % Male

c. _____ % Extremely Low Income (30%) _____ % Low Income (50%) _____ % Low/Mod Income (80%)

d. _____ % City of Jonesboro Residents _____ % Within a CDBG Target Area

e. _____ % With Disabilities

f. Select the category of beneficiaries that best represent those benefiting from the project (*As many as apply*).

Youth Elderly Families w/children Female-Headed Households Abused Children

Battered Spouses Disabled Physically Disabled Mentally Homeless Adult Literacy

Persons Living with AIDS Migrant Farm Workers Other (describe) _____

g. Check applicable service(s) for the proposed project below:

RFP must address the type of CDBG Public Services (Non-Housing CDBG/Special Needs)

Senior Disability Legal Youth Transportation Substance Abuse Employment Training

Services for Battered & Abused Spouses Crime Awareness/Prevention Physical Health Child Care

Fair Housing Activities (subject to Public Service cap) Homeless Adult Literacy

Tenant/Landlord Counseling Services for Abused & Neglected Children Mental Health Food Banks

Neighborhood Cleanups Other Public Services (specify): _____

PROJECT NARRATIVE

For project and budget narratives, and agency information use essay format include separate sheet of paper.

The proposal should include the need or problem to be addressed in relation to the City's Consolidated Plan or other community development priorities. The proposal should also include the description of the work to be performed addressing the activities to be undertaken or the services to be provided, the goals and objectives, method of approach, and the schedule for completion.

Describe your proposed project to also include the following:

- Is this a new service or a duplicated service (an expansion of an existing one)? Please explain how your organization will achieve its goals with the City of Jonesboro's CDBG Program.
- Population to be served (Limited Clientele) or the area to benefit (Area Benefit). Indicate how you will identify clients. Provide an estimate as the number of clients to be served and describe their demographics such as age, gender, ethnicity, income level, and other defining characteristics.
- Specify who (staff) will carry out the activities, location, period, frequency, and delivery in which services will be carried out.
- Indicate how your project will increase quality of life for your clients and include how you will measure to report the increase. *Required for quarterly reports.*
- Describe the site where the project will be implemented and how will clients get to the project location? What efforts will your agency and partners make to promote the project and reach isolated individuals? Include how the facility complies with Americans with Disabilities Act (ADA) requirements regarding accessibility.
- Explain how you propose to coordinate your services with other community agencies and leverage resources.

BUDGET NARRATIVE

Complete budget, Attachment A and B

- Identify the proposed project's cost estimates, leverage of funds, and any matches from other grants.
- Explain each line item budget requested (*Attachment A*). Each line item must include a brief description explaining the item (item, cost, need, usage, benefit, etc.) (*i.e. supplies: cardboard, pencils, scissors...will be used by students to work on "project" to teach them about "airplanes"*).

AGENCY INFORMATION

Background/Program Experience

Include the years of operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if applicable).

Personnel/Staff Capacity

Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out the proposed activity, and state whether the agency has a personnel policy manual with an affirmative action plan and grievance procedure.

Financial Capacity

Describe the agency's current operating budget, itemizing revenues and expenses. Identify commitments for ongoing funding. Describe the agency's fiscal management, including financial reporting, record keeping, accounting systems, payment procedures, and audit requirements.

Monitoring

Briefly describe how you will monitor progress in implementing the proposed project. Attach copies of all data collection tools that will be used to verify achievement of project goals and objectives. Describe who will be responsible for monitoring progress.

Audit Requirements

In accordance with the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, the Federal Government requires that non-Federal entities expending \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of § 200.501 Audit requirements. Federal awards expended as a recipient or a Subrecipient is subject to audit.

- If your agency already conducts audits of all its funding sources including CDBG, the agency must submit a copy of its most recent audit, and may, at its discretion, include the CDBG portion of the audit cost in its CDBG project budget.
- If your agency already conducts audits of its other funding sources but has neither received nor included CDBG in the past, the scope of the audit would be modified to incorporate CDBG audit requirements. The associated cost of the augmentation could then be included in the CDBG project budget, accompanied by the auditor's written cost estimate.
- If your agency does not have a current audit process in place, your agency will be required to include a 10-percent set aside in the CDBG project for the provision of an audit.

Insurance/Bonding/Worker's Compensation

State whether or not the agency has liability insurance coverage, in what amount, and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and state laws. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount, and with what insuring agency.

BUDGET – PROJECT OPERATING BUDGET

ATTACHEMENT A

Guidance: Present the proposed project line item budget. In **Column A**, list the position and the operating item for which funding is requested. In **Column B** provide the estimated costs for the line item. In **Column C** indicate the total projected costs for salaries and operating costs. In **Column D**, indicate the amount of CDBG funding requested per line item. The “TOTAL AMOUNT REQUESTED FOR CDBG” SHOULD REPRESENT THE CUMULATIVE TOTAL FOR PERSONNEL, OPERATING AND CONTRACTING SERVICES.

- Please Note: Personnel/Program Administrative expenses must *not* exceed 20% of the total allocation.
- Please make sure *ALL budgeted items* directly reflect the *project focus*.
- Please indicate the full amount of the CDBG request: \$ _____

ORGANIZATION NAME: _____ PROJECT TITLE: _____

| A Budget Item | B Calculation | C Total Wages | D Total amount of CDBG Requested |
|---|---|------------------|-------------------------------------|
| PERSONNEL COSTS | | | |
| Program Administrative Expenses (For Salaried positions, please list the Job Title) | Indicate the rate of pay (hourly/salary) and percentage of time to be spent on the project. | | |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| Total Program Administrative Expenses | | \$ | \$ |
| Fringe Benefits | | \$ | \$ |
| | TOTAL PROGRAM ADMINISTRATIVE EXPENSES | \$ | \$ |
| PROGRAM OPERATING COSTS | | | |
| | Provide a description of how estimated costs were reached | TOTAL | |
| Supplies | | \$ | \$ |
| Materials | | \$ | \$ |
| Printing | | \$ | \$ |
| <i>Other (please specify)</i> | | \$ | \$ |
| <i>Other (please specify)</i> | | \$ | \$ |
| <i>Other (please specify)</i> | | \$ | \$ |
| | TOTAL PROGRAM OPERATING COST | \$ | \$ |
| CONTRACT SERVICES | | | |
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |
| | TOTAL CONTRACT SERVICES | \$ | \$ |
| TOTAL AMOUNT OF CDBG FUNDS REQUESTED | | | \$ |
| Number of low to moderate income individuals to be served directly (by the grant) | | | |
| Cost Benefit Ratio (Total amt. requested divided by number of persons served) | | | \$ |

LEVERAGE OF OTHER FUNDS

ATTACHEMENT B

Instructions: Leveraging will be computed by taking into account the total dollar cost of the entire project including in-kind contributions. In computing total cost of the project, funding from all sources for the project must be added. This includes federal/state funds, contributions, private sector financing, in-kind contributions, etc.

- List sources, including funding amounts, to which you have submitted applications for the proposed service/program/project. (Dates, outcomes, etc.)
- List sources, including funding amounts, to which your organization plans to, apply for funding before October 1 of this year, for the proposed service/program/project.
- List sources, including funding amounts, from which renewed funding is pending for the proposed service/program/project.

Note: In-kind contributions are non-cash items. Non-cash items are contributions to the project e.g., labor, office space, use of equipment, etc. that do not involve cash payments by the entity. However, a dollar value must be given to in-kind and it must be added to the cost of the project.

| FUNDING SOURCE | AMOUNT (\$) | USES |
|-------------------------------------|-------------|------|
| *Funding Sources – COMMITTED | | |
| LOCAL | \$ | |
| | \$ | |
| FEDERAL | | |
| | \$ | |
| | \$ | |
| STATE | | |
| | \$ | |
| IN-KIND | | |
| | \$ | |
| | \$ | |
| Funding Sources – PENDING | | |
| LOCAL | \$ | |
| | \$ | |
| FEDERAL | | |
| | \$ | |
| | \$ | |
| STATE | | |
| | \$ | |
| IN-KIND | | |
| | \$ | |
| | \$ | |
| Total Other Funds: | \$ | |
| Amount of CDBG Funds Requested | \$ | |
| % of Leveraged Funds | % | |

**Note: Attach documentation from all funding source(s) of committed funds to the project/program inclusive of exact dollar amounts.*

Federal law (24 CFR 570.611) prohibits persons who exercise or who have exercised any functions or responsibilities with respect to the Community Development Block Grant or who are in the position to participate in a decision making process or to gain inside information with regard to such activities, may obtain a financial interest or benefit from an assisted activity either for themselves or those whom they have family or business ties, during their tenure or for one year thereafter.

If your agency has a conflict, please fill out A. Otherwise, go to B.

A. Please provide the names of agency’s business partner or board members that are currently serving on the CDBG Citizens Advisory Committee, a City employee or immediate family of a City employee, and/or on the City Council this includes prior service for one year: _____

I hereby verify the agency understands that City of Jonesboro must request in writing and HUD may grant an exception to the provisions under 24 CFR 570.611(d). The funds requested will not be guaranteed for the proposed project unless HUD grants an exception.

Name: _____ Title: _____

Signature: _____ Date: _____

B. I hereby certify to the best of my knowledge and belief that no staff member, member of the Board of Director’s, nor officer of _____ (agency) is currently, nor has been within one year of the date of this application, employed by the City of Jonesboro, a member of the CDBG Citizens Advisory Committee, nor a member of the Jonesboro City Council.

I further attest that no staff member, member of the Board of Director’s, nor officer of the applicant agency, is a business partner or immediate family of a City employee, a member of the Citizens Advisory Committee, or a member of the Jonesboro City Council.

Funds requested will not be used to pay the salaries of any of the applicant agency’s staff who is or has been within one year of the date of this application a City employee, a member of the Citizens Advisory Committee, or a member of the Jonesboro City Council. Nor will the applicant agency award a subcontract to any such individual.

Name: _____ Title: _____

Signature: _____ Date: _____

Board of Directors' Authorization to Request Funds

At a meeting held on the following date _____, the Executive Committee/Board of Directors of the following organization: _____ passed the following Authorization:

The Board of Directors authorizes the Request For Proposal for and use of funds from the City of Jonesboro's Department of Grants and Community Development for activities described in the proposal and, if awarded funds, shall implement the activities in a manner to ensure compliance with all applicable federal, state, and local laws and regulations.

Signature of Board President

Date

Printed Name of Board President

Telephone Number