



# City of Jonesboro

## Department of Grants & Community Development

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# REQUEST FOR PROPOSAL (RFP) FOR COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PUBLIC FACILITIES & IMPROVEMENTS PROGRAM

## FY 2019

(Program Year: July 1, 2018 – June 30, 2019)

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**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 FACILITIES AND IMPROVEMENTS PROGRAM OVERVIEW**

The City of Jonesboro receives federal CDBG funds through the U.S. Department of Housing and Urban Development. CDBG funds may be utilized to assist projects consisting acquisition, reconstruction, rehabilitation, or improvements to properties for any public purpose. The projects can be carried out by the City or non-profit organizations.

Neither the statute nor the regulations define the terms “public facilities” or “public improvements.” However, in the CDBG program, these terms are broadly interpreted to include all improvements and facilities that are either publicly owned or that are traditionally provided by the government, or owned by a nonprofit, and operated so as to be open to the general public.

Eligible types of facilities and improvements include:

- Infrastructure improvements (construction or installation) including, but not limited to streets, curbs, and water and sewer lines;
- Neighborhood facilities including, but not limited to public schools, libraries, recreational facilities, parks, playgrounds; and
- Facilities for persons with special needs such as facilities for the homeless or domestic violence shelters, nursing homes, or group homes for the disabled.

\*If the assisted facility is owned by a nonprofit organization, the CDBG regulation specifies that the facility must be open to the public during normal working hours.

Ineligible types of facilities and improvements include (not limited to):

- The maintenance and repair of public facilities and improvements is generally not allowed (i.e., filing potholes, repairing cracks in sidewalks, mowing grass at public recreational areas or replacing street light bulbs).
- Operating costs associated with public facilities or improvements are not allowed.
- New construction other than infrastructure improvements is not allowed.

## **PUBLIC FACILITIES & IMPROVEMENTS 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.

## FEDERAL REQUIREMENTS

### Faith-based Organization

Faith-based organization is eligible to request CDBG funds. 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 non CDBG funded facilities and/or improvements.

### LMI Benefit National Objective

CDBG funded public facilities and improvements are generally carried out under the Low and Moderate Income (LMI) Benefit National Objective as an Area Benefit activity. This means that the public facility/improvement must benefit **all** residents of an area where at least 51% of the residents are LMI and the area must be primarily residential in nature.

CDBG may sometimes qualify under the Limited Clientele criteria of the LMI national objective. The regulation indicates that the facility must benefit a specific targeted group of individuals, of which at least 51% must be low and moderate income or serve a group primarily presumed to be LMI such as abused children, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers, etc.

### Davis-Bacon and Related Acts

All federally funded activities in excess of \$2,000 require federal wage rates and fringe benefits and must be taken into consideration in the total of proposed budget. The wage rate can be accessed at <https://www.wdol.gov/dba.aspx>. If the project budget was determined deficient after fully awarded and cannot proceed with bidding process, the funds may be subject to reallocating.

Additional Cost Determination – possible increases of labor cost and material cost should also be factored into the total amount requested.

### Americans with Disabilities Act of 1990 (ADA)

All CDBG funding projects must meet the ADA compliance. The proposed public facilities and improvement project(s) must be accessible to the individuals with disabilities.

## 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:**

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

***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 ____
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**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:

- 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.).

## 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
<b>PERSONNEL COSTS</b>			
<b>Program Administrative Expenses</b> (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		\$	\$
<b>Fringe Benefits</b>		\$	\$
	<b>TOTAL PROGRAM ADMINISTRATIVE EXPENSES</b>	\$	\$
<b>PROGRAM OPERATING COSTS</b>			
	Provide a description of how estimated costs were reached	<b>TOTAL</b>	
Supplies		\$	\$
Materials		\$	\$
Printing		\$	\$
<i>Other (please specify)</i>		\$	\$
<i>Other (please specify)</i>		\$	\$
<i>Other (please specify)</i>		\$	\$
	<b>TOTAL PROGRAM OPERATING COST</b>	\$	\$
<b>CONTRACT SERVICES</b>			
		\$	\$
		\$	\$
		\$	\$
	<b>TOTAL CONTRACT SERVICES</b>	\$	\$
<b>TOTAL AMOUNT OF CDBG FUNDS REQUESTED</b>			\$
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**

**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
<b>*Funding Sources – COMMITTED</b>		
LOCAL	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
IN-KIND		
	\$	
	\$	
<b>Funding Sources – PENDING</b>		
LOCAL	\$	
	\$	
FEDERAL		
	\$	
	\$	
STATE		
	\$	
IN-KIND		
	\$	
	\$	
<b>Total Other Funds:</b>	\$	
Amount of CDBG Funds Requested	\$	
<b>% of Leveraged Funds</b>	%	

*\*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