

Town of



Town of West Springfield

2019 COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING

SOCIAL SERVICE ACTIVITY APPLICATION

**PLEASE SUBMIT ONE COPY OF YOUR PROPOSAL AND ONE COPY OF THE
REQUIRED ATTACHMENTS.**

BY:

FRIDAY, JANUARY 4, 2019 AT 12:00 PM

TO:

ATTN: Morgan Drowniany
Department of Community Development
Town of West Springfield
26 Central Street
West Springfield, MA 01089

Introduction:

The Town of West Springfield is eligible to apply to the Massachusetts Department of Housing and Community Development (DHCD) as a 2019 Mini-Entitlement community to receive HUD Community Development Block Grant (CDBG) funding for eligible activities that provide benefit to low- and moderate-income households living in West Springfield—defined as earnings below 80% of the area median income (**Attachment1, income guidelines**). The Town is eligible to apply up to \$825,000 in funding, including social service activities. Please contact the Department of Community Development for details regarding the eligibility requirements. The Town encourages applicants to contact Town staff prior to submission of applications. **All activities must be completed in 18 months (July 1, 2019 – December 31, 2020)**

After holding a public hearing on October 30, 2018 to receive input on the Community Development Strategy and list of priorities, the Office of Community Development determined that the social service priorities for 2019 are:

Community priorities for social services are to maintain a balanced approach among family stabilization, individual stabilization, support services specifically for the refugee community, support services for the homeless and homelessness prevention programs, youth development, services that help develop economic self-sufficiency (adult education & job training), and emergency and preventive services ranging from rental assistance, fuel assistance, to shelter services.

Submission Requirements:

All activities will be required to conform to a list of priorities that are laid out by the Department of Housing and Community Development’s (DHCD) and federal Housing and Urban Development (HUD) guidelines. These guidelines can be found online, at

<https://www.mass.gov/service-details/community-development-block-grant-cdbg>

The proposals can be submitted by various parties, including but not limited to a single individual (i.e. a developer), a Town board/ committee, or a non-profit organization. Those interested in making a funding request are encouraged to contact Town staff.

In order to receive funding, at least 51% or those receiving services must be residents of West Springfield and qualify as low/moderate income (families with incomes below 80% or the area median income) as defined by federal HUD guidelines.

The applicant must demonstrate that the proposed project will be a new service, an expansion of an existing service or a continuation of a project presently funded with Mass. CDBG funds and demonstrate a community need. Public social service projects are eligible for CDBG assistance under Section 105(a)(8) of Title I of the Housing and Community Development Act of 1974, as amended, if such services have not been funded with local funds -- i.e., not funded by the municipality using locally raised funds or state funds that pass through the municipality – within the twelve-month period prior to the date of application. DHCD will fund public social service

projects that are not provided by other state or federal agencies, or are provided but not available to CDBG-eligible residents in the applicant community.

DHCD will fund no more than five (5) public social service activities with each grant award. Applicants must answer all questions and submit all documents for the application to be complete. Responses must be in the format below and follow the submission requirements. Incomplete applications will be excluded from consideration.

Proposals are to be submitted in accordance with the following guidelines (to facilitate copying and scanning):

- No staples or bindings—only paper or binder clips (this includes financial reports)
- All pages must be 8 ½” x 11” (this includes maps, images, etc.)
- Contact Person must include personal email address (not a generic company address)
- Limit supporting documentation to one original copy only (i.e. letters of support, data showing need, etc.)
- The Cover Sheet provided should be the first page of the application proposal

Proposal Items:

1. Cover Sheet
2. Answers to Questions A-K (see following pages)
3. 12 (twelve) Month Budget for proposed Activity. This budget should detail sources of funding and estimated expenditures. Although the activity must be completed within 18 months, the Town asks for a 12-month budget to ensure timely expenditure of funds.
4. Letters of Support (not required)
5. Description of Agency (see question C on the following pages)
6. Certificate of Tax Compliance
7. Certificate of Non-collusion

Required Attachments:

1. Please submit the FY 18 revenue and expenditure report and the agency’s current budget.
2. The most recent annual audit, *including audit report in compliance with OMB Super Circular (December 2013) and OMB Circular A-133 if applicable.*
3. Organization status
4. List of governing board members and officers, their town of residence and affiliation.
5. Agency organizational chart
6. Personnel policy
7. Affirmative action/equal opportunity plan.

Proposal Submission Deadline:

- All proposals must be received by **FRIDAY, JANUARY 3 at 12:00 PM**
- Proposals received after the deadline will be rejected.

Cover Sheet – Social Service Activity

AGENCY NAME:

AGENCY ADDRESS:

AGENCY PHONE NO:

CONTACT PERSON:

CONTACT PERSON EMAIL:

CDBG FUNDING REQUEST:

1. Project Name

2. Project Description (1-2 sentences)

3. Project Location (Street address)

4. Budget Request

5. Type of Activity (check one):
 - Family stabilization
 - Individual stabilization
 - Support services for the homeless and homelessness prevention programs
 - Youth development
 - Economic self-sufficiency (adult education)
 - Food and nutrition
 - Health services
 - Emergency & preventive services: rental assistance, fuel assistance, and shelter services.
 - Other – please explain

6. National Objective:
 - Total number of beneficiaries (individuals served):
 - Total Low/Mod beneficiaries (individuals served):

Please submit responses to the following questions:

National Objective Description

- Describe in detail how your project will meet a national objective and how it will be documented to ensure that participants meet low/moderate income requirements.
- Limited clientele projects must document compliance by one of the following methods:
 - For projects that do not provide “income payment” forms of assistance, beneficiaries may “self-declare” their eligibility, generally by completing and signing a form declaring household sizes and income ranges.
 - For projects that offer income payments or subsidies, income must be documented.
 - For projects where the user profile will be low- and moderate-income, a description of the profile must be presented so that the conclusion, without a doubt, will be to benefit low- and moderate- income persons.

A. Demonstrate Consistency with Community Development

- Describe how the proposed project is consistent with Community Development goals.
- To meet this threshold a proposed project must relate to a community development need or needs identified by the community.

B. Agency Information

- Provide an overview of your organization, including length of time in existence, experience in successfully conducting activities for which funding is being sought (you should highlight if you have received a CDBG allocation in the past), and skills and current services that reflect capacity for success.
- Explain your short-term goals and long-term goals.

C. Project Budget Information

- Provide a detailed budget for the proposed program to include program delivery and direct program costs, and include all sources of revenue and all expenses.
- Cite Sources of Other Project Funds.
- If applicable, describe and document the availability and source of matching or other funds needed to complete the project. In-kind services are accepted only as directly related to the project.
- Document the experience of the provider, costs of comparable services and the process used to review the accuracy of the budget.
- Explain the qualifications of person who prepared the budget.

Answers for Parts D—H must not exceed three (3) pages

D. Project Description

- Please provide a summary of the proposed project. The summary should include a detailed scope of the total project, including the non-CDBG funded components.

- Demonstrate that the activity has been prioritized by the community at the local level.
- Include information on the number of individuals or families to be served and who they are, i.e. disabled, low-income, homeless, etc.

E. **Project Need**

- What is the need for the proposed project/program?
- Define the need or problem to be addressed by the proposed project. Explain why the project is important.

F. **Community Involvement and Support**

- Demonstrate the involvement and opportunities available for the community and/or beneficiaries in the identification, planning and development of the proposed project.
- Define the process to be used to maintain involvement of the project beneficiaries in the implementation of the project.

G. **Project Feasibility**

- Why is the proposed project/program feasible?
- Demonstrate that the project is capable of proceeding at the time of award and can be physically and financially accomplished within the grant period.
- Describe what evidence exists to show that the community at large or project beneficiaries will use the project. Include documentation of **demand** for the activity through summary descriptions of surveys, inquiries, waiting lists or past participation.
- Identify the roles and responsibilities of all personnel involved in the project as well as internal controls.
- Citing past accomplishments, document that the agency has the necessary past expertise to conduct the activity and has successfully completed past activities with CDBG or other programs in a timely manner.
- Describe and identify the project milestones and timeline including unfinished project contracting and other project steps. State the duration of time needed for each milestone, and identify when each milestone will be completed.

H. **Project Impact**

- What will be the impact of the proposed project/program?
- Describe the impact the activity will have on the specifically identified needs. What measurable improvements will result from the activity and will benefit the intended beneficiaries? How much of the need will be addressed?
 - Describe the changes in the target population that indicate the program's success. How will these changes be measured?
 - How will the impact of this service on individual clients be tracked over time?
- Define the direct and indirect outcomes that will result from the project.
- Identify quantitative and qualitative measures to determine that the outcomes are achieved.

- Will this service enable clients to become self-sufficient?
- How is this service linked to other human/social service programs in the community?

Proposal Review:

Town staff will first screen each proposal to insure that it meets the quality requirements as defined below. Proposals will then be reviewed using the evaluation criteria below, and recommendation will be given to the Mayor for final approval.

Quality Requirements:

- A. The project meets the low- and moderate-income national objective
- B. The project is an eligible activity as defined by the United States Department of Housing and Urban Development
- C. The proposed project addresses the identified community priorities.
- D. The agency has submitted evidence of organizational status
- E. The agency has at least 3 years experience in providing services

Project Proposal Comparative Evaluation Criteria (from questions above):

Each proposal in each category below using the answers to questions A-H on the preceding pages. The comparative evaluation will use a point system of 1-4. A score of 1 is not advantageous and a score of 4 is most advantageous. These scores will be tabulated by staff in matrix form and will be used as the basis for review of proposals. The review will also include a qualitative comparison of proposals.

Demonstrate Consistency with Community Development Strategy

Proposals will be evaluated based on the projects compatibility with the State, Federal and Town’s Community Development Strategy and its priorities. Is it a priority referenced in the Community Development Strategy?

Agency Information

Proposals will be evaluated based on experience of agency and capacity to effectively administer the program, and the extent to which the Agency’s Board of Directors reflects the interests of the broader community, including the population to be served.

Project Budget Information

A budget detailing the project, including total budget and all other sources of funding and an assessment of the program’s cost effectiveness.

Project Description

Proposals will be assessed for their effectiveness of providing the requested service.

Project Need

The extent to which the proposals documents need for the service

Community Involvement and Support

Proposals will be reviewed based on community, stakeholder and beneficiary support (Town Boards, Committees, community groups, social service agencies, citizens, etc.)

Project Feasibility

Proposals will be evaluated based on the determination of the projects feasibility to be completed in 18 months.

Project Impact

Project impact will be assessed on the measured improvements of the beneficiaries and the ability of program to help participants become self-sufficient.

Contractual Requirements:

- A. Submittal of the most recent annual audit, *including audit report in compliance with OMB Super Circular (Dec. 2013) and OMB Circular A-133 if applicable.*
- B. Providers will be required to submit bills on a monthly basis
- C. Providers will be required to submit time sheets of all staff receiving CDBG funding
- D. Providers will be required to submit quarterly reports detailing all services provided during the reporting period including the number of clients, their income and their ethnic identity.
- E. Provider files will be reviewed to ensure that there are income-certification forms for all clients.
- F. Payment will be made based on the submission of all required information, the number of clients served and the hours worked (the provider will only receive payment for the number of clients served).

CERTIFICATE OF TAX COMPLIANCE

Pursuant to Massachusetts General Law chapter 62C, sec 49A, I hereby certify under penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Social Security or Federal I.D. number

Signature: Individual or Corporate Officer

Date

PLEASE PRINT

Corporate Name: _____

Address: _____

City, State, Zip Code: _____

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this Proposal or proposal has been made and submitted in good faith and without collusion or fraud with any other person, business, partnership, corporation, union committee, club or other organization, entity or group of individuals.

Date

Signature of individual submitting Proposal or proposal

Name of Business

Address of Business

Attachment I Income Guidelines

Income Threshold for Amherst									
Family Size									
		1	2	3	4	5	6	7	8
Low Income		\$44,800	\$51,200	\$57,600	\$64,000	\$69,150	\$74,250	\$79,400	\$84,500