

(1/2015)

**CITY OF MEDFORD
OFFICE OF COMMUNITY DEVELOPMENT
REQUEST FOR PROPOSALS: PUBLIC SERVICES
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

July 1, 2015 - June 30, 2016

The Office of Community Development is seeking proposals for the provision of services to low and moderate income Medford residents, including underserved and at-risk populations, elderly, frail elderly, and persons with disabilities. Funding is for July 1, 2015 through June 30, 2016.

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

Funding priorities for 2015-2016 are delineated further in this packet. Please note that City of Medford CDBG program funding cannot be used to service individuals not residing in Medford. In addition, CDBG funding cannot be used to reimburse the cost of providing services to individuals who are eligible to receive Department of Social Services, Mental Health, Medicaid or other third party payments.

Within the guidelines of the City of Medford's Equal Opportunity/Affirmative Action Program, every effort will be made to ensure participation by minority persons and businesses in the provision and receipt of services. Toward this end, grantees will be required to implement an affirmative marketing program to increase participation of special populations. Proposals should address how you will affirmatively market your program in Medford and how you will document and report required income and racial beneficiary data. Each agency must also adopt the code of conduct and provide information on its Board of Directors.

APPLICATION PROCEDURE:

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

Rachel Powers
Office of Community Development
85 George P. Hassett Drive, Room 308, City Hall
Medford, Massachusetts 02155
(781) 393-2480

Proposals must be received no later than Monday, March 16, 2015 at 12:00 noon

NOTE: Submit twelve (12) copies of completed proposal (Forms 1, 2, 3 and attachments) on letter-size paper. Include only one copy of questions 17 through 20 in clearly marked "original".

FUNDING PRIORITIES *(In alphabetical order)*

A. Alcohol and Substance Abuse Services -- Objectives include the provision of:

1. Information and referral services;
2. Crisis Intervention and counseling;
3. Education

B. Day Care -- Objectives include the provision of services that will encourage the participation of Medford children in licensed community-based educational programs, as well as creative, pre- and after-school care programs.

C. Elderly Services -- Objectives include:

1. Increasing social participation of isolated elders;
2. Securing daily nutrition for elders who are frail, live alone, and/or have recently been released from a medical facility;
3. Providing transportation for elders with limited mobility and who are unable to use public transportation. Priority destinations are to medical appointments and food markets;
4. Providing respite care services;
5. Provision of in-house services required to enable aging in place.

D. Emergency Services -- Objectives include providing financial assistance, educational support services, crisis intervention and referrals. Counseling services to families who are homeless, have housing related problems or are otherwise faced with a crisis situation are also objectives.

E. Mental Health and Retardation Services -- Objectives include the provision of services that seek to increase the ability to perform activities necessary for daily living, including developmental vocational skills.

F. Youth Services -- Objectives include:

1. Access to self-improvement resources for disadvantaged youth;
2. Organized social activities;
3. Education, referral and counseling services;
4. Day care and after-school care.

G. Housing Services -- Objectives include:

1. Services that encourage the creation and preservation of housing for low and moderate income people, minorities, the elderly, and individuals with special needs;
2. Creation and administration of programs that assist low and moderate income persons in purchasing affordable housing;

PROPOSAL REVIEW PROCEDURE

Two public meetings are scheduled prior to the Community Development Block Grant application. **All agencies requesting CDBG funds are strongly encouraged to send a**

representative to both of these meetings.

The following meetings have been tentatively scheduled:

- CDBG Public Meeting- 1:15PM, February 26, 2015 at the Medford Senior Center, Auditorium.
- Committee of the Whole – 5:30PM, April 7, 2015 at Medford City Hall, Room 207

Recommendations will be made within the draft Community Development Block Grant application by Michael J. McGlynn, Mayor, and the Medford City Council. The final application submitted to the U.S. Department of Housing and Urban Development shall contain the recommended requests for funds.

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

FORMAT OF PROPOSAL

Complete Proposal Form #1, Performance Measurement Form #2, Budget Form #3, Policy Statement of Conflict of Interest and Statement of Corporate Authority.

1. **Description of Proposed Program**

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. Substantiate the manner in which the program will meet the primary objective of the CDBG public services program - principle benefit to low and moderate income Medford 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. Explain how your agency will implement an affirmative marketing program to

increase participation of special populations in Medford. Describe how your agency will address and ensure the participation by minority persons and businesses in the provision and receipt of services.

G. As a CDBG recipient, 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.

H. 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:**

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

**CITY OF MEDFORD
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PUBLIC SERVICES PROGRAM PROPOSAL**

JULY 1, 2015 - JUNE 30, 2016

1. Applicant Information:

- A. Agency Name:
- B. Address:
- C. Program Title:
- D. Website Address:
- E. Federal ID # / EIN# / TIN#:
- F. Duns #:
- 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 (#4 + #5) / #3:**

7. **Type of Program:**

- A. Alcohol and Substance Abuse Services _____
- B. Day Care _____
- C. Elderly Services _____
- D. Emergency Services _____
- E. Mental Health and Retardation Services _____
- F. Youth Services _____
- G. Housing Services _____
- H. 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 for review by Mayor and City Council:

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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 Medford 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 the 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.**

**CITY OF MEDFORD
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PUBLIC SERVICES PROGRAM PROPOSAL**

JULY 1, 2015 - JUNE 30, 2016

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)

**CITY OF MEDFORD CONTRACT BUDGET
COMMUNITY DEVELOPMENT BLOCK GRANT**

FORM # 3

Organization:	
Program:	
Office address:	Phone:
Contact Person:	Email address:

BUDGET LINE ITEM	CDBG FUNDS	OTHER FUNDING	SOURCE OTHER FUNDING
(a)	(b)	(c)	(d)
			- indicate federal, state/local, private, other - Include program or grant name
TOTALS			

CITY OF MEDFORD

Sample

FORM 3 (1/2015)

**BUDGET FOR PUBLIC SERVICES PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT**

Your Organization Name	
Agency Name:	ABC Childcare Program
Program Title:	

PROGRAM (a)	BUDGET CATEGORY (b)	CDBG FUNDS (c)	MATCH / OTHER FUNDING (d)	OTHER FUNDING SOURCES (indicate Federal, State/local, private, other) and specific grant name where applicable ss(e)
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.

**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 Medford 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 Medford 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. For UDAG programs, these restrictions apply to all activities that are part of the UDAG project.

Further, inasmuch as the responsibilities of the City of Medford 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 Medford. 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)*

STATEMENT OF CORPORATE AUTHORITY

1. I hereby certify that I am the Clerk/Secretary of _____
(insert full name of corporation)
2. corporation, and that _____
(insert the name of officer who signed the contract and bonds.)
3. is the duly elected _____
(insert the title of the officer in line 2)
4. of said corporation, and that on _____
(the date must be **ON OR BEFORE** the date the officer signed the **contract or bonds.**)

at a duly authorized meeting of the Board of Directors of said corporation, at which all the directors were present or waived notice, it was voted that

5. _____ the _____
(insert name from line 2) (insert title from line 3)

of this corporation be and hereby is authorized to execute contracts and bonds in the name and on behalf of said corporation, and affix its Corporate Seal thereto, and such execution of any contract of obligation in this corporation's name and on its behalf, with or without the Corporate Seal, shall be valid and binding upon this corporation; and that the above vote has not been amended or rescinded and remains in full force and effect as of the date set forth below.

6. ATTEST: _____
(Signature of Clerk or Secretary)*

AFFIX CORPORATE
SEAL HERE

7. Name: _____
(Please print or type name in line 6)*

8. Date: _____
(insert a date that is **ON OR AFTER** the date the officer signed the **contract and bonds.**)

The name and signature inserted in lines 6 & 7 must be that of the Clerk or Secretary of the corporation.