#### RFP FOR CDBG FUNDS - 2024-2025

### **IMPORTANT DATES**

### THE ESTIMATED HUD AWARD IS: \$708,626

1. Technical Assistance from CDBG Staff - Tue., Jan. 9 - Fri., Jan. 12, 2024

Call for an appointment: Jane Kudcey (781.682.3639) or Jody Lehrer (781.682.3641)

2. Proposal Due Date - Fri., Jan. 19, 2024 by 4:30 PM COB

Applicants must THREE original, signed proposals to:

Weymouth Town Hall

75 Middle Street

Dept. of Planning and Community Development

Weymouth, MA 02189

Attn. Jody Lehrer

3. Public Hearing on Planning and Proposals for CDBG

Wed., Jan. 24, 2024 at 6:00 PM

McCulloch Building
Mary McElroy Conference Rm
182 Green Street
Weymouth, MA

- **APPLICANTS**: Applicants MUST attend to be considered for funding.
- MEMBERS OF THE PUBLIC: the public is invited to hearing to learn about CDBG planning and to hear about proposed activities. Staff welcomes questions at the hearing.

Request for Proposals CDBG -2024-2025

Town of Weymouth

## Table of Contents

A.	GENERAL INFORMATION	4
В.	PROPOSAL AND EXHIBITS	6
EXH	HBIT A – BUDGET FOR PUBLIC SERVICE ACTIVITY	15
EXH	HBIT B – WORK PLAN FOR PUBLIC SERVICE ACTIVITY	16
EXH	HBIT C – BUDGET FOR NON-PUBLIC-SERVICE ACTIVITY	17
	HBIT E - NONPROFIT AGENCY CONFLICT OF INTEREST TIFICATION	19
MAE	P - LOW MODERATE-INCOME TARGET AREAS IN WEYMOUTH	1 20

#### A. GENERAL INFORMATION

Every year, the US Department of Housing and Community Development (HUD) provides an entitlement grant to the Town of Weymouth to provide decent housing, a suitable living environment, and economic opportunities benefiting low- and moderate-income residents. The Weymouth Department of Planning and Community Development administers the program. HUD regulations are <a href="https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570?toc=1">https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-570?toc=1</a>.

#### 1. Available Grant Funds

The estimated 2024-2025 HUD grant is \$708,626, level 2023-2024. HUD does not release actual figures until later in the planning process after proposals have been. If the grant is higher or lower than estimated, the Town will adjust the use of funds as follows:

- If actual funds are greater than the estimate, DPCD will increase funds for general grant administration (not to exceed the 20% cap per HUD regulations), and provide any additional funds to the housing rehabilitation loan program.;
- If actual award is less than estimated, DPCD will decrease funds for general grant administration and public services per statutory caps of 20% and 15% respectively, and reduce funds for housing rehabilitation loans if necessary.

### 2. Eligible Activities

Eligible activities include such things as: improvements to public facilities (e.g., street or sewer improvements); public services; housing services; and rehabilitation and preservation activities; and removal of architectural barriers.

### 3. National Objectives

A proposed activity must meet one of three national objectives (1) benefit low- and

moderate-income persons as defined by HUD; (2) prevent or eliminate slum or blight, (3) meet a particularly urgent community development need that poses a threat to health, safety and welfare of the community.

### 4. Town Priority Needs

Funded activities must serve one or more of the Town's priority community needs from the Town's most recent Consolidated Five-Year Plan for CDBG funds (2020 to 2024). Such needs include: social services (e.g., services for seniors or the homeless, substance abuse counseling), public infrastructure improvements.

### 5. Sub-Recipient Agreement with the Town

HUD regulations require that the Town execute with each Sub-Recipient a Sub-Recipient Agreement addressing rights and responsibilities regarding CDBG funds including ones governing budget, program income, records and reports, uniform requirements, and suspension and termination.

#### 6. Monitoring of Sub-Recipient

Per HUD regulations, the Town must monitor Sub-Recipient activities to ensure compliance with federal, state, and local laws, regulations, and ordinances. Sub-recipients must document compliance. The Sub-Recipient must acknowledge in the Sub-Recipient Agreement with the Town that noncompliance is grounds non-payment by the Town of reimbursement of eligible costs from the CDBG program.

### 7. Criteria for Evaluating Proposals for Funding

DPCD will determine which activities will be funded based on factors including:

- Activity eligibility
- National objective met
- Priority need served
- Budget and schedule

- Financial stability (cost sharing, matching funds)
- Similar activities conducted previously
- Staffing adequacy of sub-recipient
- Sub-recipient experience

### B. PROPOSAL AND EXHIBITS

## 1. Proposal

• Each applicant for funds must submit a completed, signed <u>PROPOSAL FORM</u> and applicable exhibits as indicated below.

## 2. Exhibits - For Public Service Applicants ONLY

- EXHIBIT A Public Service Budget
- EXHIBIT B Public Service Workplan
- EXHIBIT E Non-Profit Agency Conflict of Interest Certification (and attachments)

### 3. Exhibits for Proposals - For Non-Public Service Applicants ONLY

- EXHIBIT C Non-Public Service Budget
- EXHIBIT D Non-Public Service Workplan
- EXHIBIT E Non-Profit Agency Conflict of Interest Certification (and attachments)

# **PROPOSAL**

AT A GLANCE INFORMATION					
CDBG AMOUNT REQUESTED:					
DEPARTMENT OR	DEPARTMENT OR				
ORGANIZATION NAME:					
TITLE OF ACTIVITY:					
1. Address of the requesting depar	tment or organization:				
Street number and name:					
City/town: State:					
Zip code:					
2. Organization or department DU	NS number:				
3. Briefly describe the purpose of your organization or department:					

# **ACTIVITY TO BE FUNDED**

1.	Activity street number and name:			
	City	State:	Zi	p code:
2.	Identify the type of activity proposed (select 0	ONE):		
	Public service (e.g., senior services, hom	neless services	, job counseling)	
	Public facility and improvements – stree	ets, sidewalks,	water and sewer	
	Planning or fair housing			
	Removal of architectural barriers to disa	abled or senio	rs	
	Rehabilitation/preservation activities (e	.g., housing re	ehabilitation)	
	Special economic development activitie	S		
	Micro-enterprise assistance			
3.	GOAL (description of goal to achieve: make	e improveme	nt to two streets	in low income areas):
4.	INPUT (resources to use- staff, volunteers,	contractors,	supplies, govern	ment and other funds)
5.	OUTPUT 1 (# of UNDUPLICATED beneficiar	ies: 55 youth	n, 200 seniors)	
6.	OUTPUT 2 – # and type of units, not people	e (2 streets in	nproved; 10 van t	rips provided)
7.	OUTCOME STATEMENT (select best	option)	PURPOSE/OB	JECTIVE (select best option)
	Accessibility/availability		Create susta	ninable living environment
	Affordability		Provide dec	ent/affordable housing
	Sustainability		Create ecor	nomic opportunities

		QUESTIONS 8 AND 9 – ONLY APPLY TO PUBLIC SERVICES!				
	ALL OTHER APPLICANTS SKIP TO QUESSTION 8					
8	<b>8.</b> Wh	at type of public service are you proposing?				
		New public service				
		Existing service (continued) with quantifiable increase in service level over past 12 mos.				
(	9. If yo	ou will continue an existing service, answer the following three questions.				
	a)	What is the quantifiable level of service offered over the past 12 months? (Example: 100 seniors received meals; 20 adults received literacy training)				
	b)	What documentation do you have to back up information on level of service offered in				
		the past 12 months (intake forms, agency reports, audits,)?				
	c)	What level of service do you propose in 2024-2025? It must be an increase over the				
		prior 12 months. Quantify the service level (e.g., 50 adults will get literacy training)				

**10.** An assisted activity must meet <u>one</u> of three "National Objectives": the most common of which is to BENEFIT LOW- AND MODERATE-INCOME RESIDENTS. Each assisted Weymouth activity has met this particular activity. Below are several ways to do this.

Please indicate how your proposed activity will benefit low/mod income residents.

<u>Low/Mod Income Area Basis Activity (LMA):</u> - An activity be nefitting all residents in a Target Area on the attached map.

This has never applied to public services in Weymouth.

<u>Low/Mod Income Limited Clientele (LMC):</u> - An activity benefitting a people where at least 51% are low-or moderate-income.

\*Applies to all public services EXCEPT ones solely serving a group presumed to be low/mod income- see below.

<u>Presumed benefit activity:</u> - An activity solely benefitting a group presumed by HUD to be low/mod income.

Populations Presumed Low Mod Income Populations			
Abused children	Battered spouses		
Elderly persons 62 or up	Severly disabled adults		
Homeless persons	People with AIDS		
Migrant farm workers			

<u>Low- or Moderate-Income Housing (LMH):</u> Benefits resident renters and owners of permanent single family or multi-family structures.

<u>Low or Moderate Jobs (LMJ):</u> Benefits low- and moderate-income residents by creating or retaining jobs where 51% are held by low/mod income residents.

11.	Describe experience with similar activities in the past five years (begin with the oldest). Attach
	additional sheets if needed.
	Date:
	Title of activity:
	Description:
	Date:
	Title of activity
	Description:

Date:			
Title of Activity:			
Description:			
Date:			
Title of Activity:			
Description:			
Date:			
Title of Activity:			
Description:			

L. NEY S	staπ wno wiii carry our an	u, or supervise t	ne runueu acuvity	y.	
Nam	e:				
Title:	:				
Role:	:				
Name	<u>2:</u>				
Title:					
Role:					
Name					
Title: Role:					
NOIE.					

Weymouth CDBG Request for Proposal - Program Year 2024-2025
Signature of Applicant's Authorized Representative
Print Name of Applicant's Authorized Representative
Your signature signifies that all requested information and documents are accurate and current.

# **EXHIBIT A – BUDGET FOR PUBLIC SERVICE ACTIVITY**

1.	Name of	Organization/	'Department:
----	---------	---------------	--------------

- 2. Name of Activity Proposed:
- 3. CDBG Funds Requested:
- 4. Other Funds Provided:
- 5. Total Cost (MUST equal sum of Lines 3 & 4):

BUDGET FOR PUBLIC SERVICE ACTIVITY				
BUDGET CATEGORY	CDBG FUNDS	OTHER FUND AMOUNTS	TOTAL FUNDS	
		(GOVERNMENT/PRIVATE)		
Salary and wages				
Fringe Benefits				
Office (Program ONLY)				
Utilities				
Supplies/Equipment				
Printing				
Other – explain below				
Total				

<u>Other</u>

# **EXHIBIT B – WORK PLAN FOR PUBLIC SERVICE ACTIVITY**

DESCRIBE STEPS IN CARRYING OUT THE ACTIVITY	DATES

## **EXHIBIT C – BUDGET FOR NON-PUBLIC-SERVICE ACTIVITY**

1.	Name of Organization/Department				
2.	Name of Activity to be funded:				
3.	CDBG funds requested:	Other funds	requested:		
4.	4. Total (CDBG PLUS other funds):  The total in Line 4 must be the same as the total show in the chart below.				
A&E					
Construction					
10% of Construction Costs (for A&E)					
15% of Construction Costs (for Contingency)					
Total					

Attach written A&E estimates and construction estimates.

## **EXHIBIT D – WORK PLAN FOR NON-PUBLIC-SERVICE ACTIVITY**

1	Mama	of Org	anization	/Dana	rtment.
Ι.	mame	טו טופי	anızatıor	ı <i>ı</i> veva	rumenu.

2. Name of Activity Proposed:

STAGES IN THE DESIGN/CONSTRUCTION PRROCESS	DATES
Develop the RFP Design	
Execute the Design Contract	
Actual Design Phase	
Develop Bid Document	
Execute the Construction Contract	
Construction Phase	
Final Punch List	

# EXHIBIT E - NONPROFIT AGENCY CONFLICT OF INTEREST CERTIFICATION

1.	Age	ency name:	DUNS#:
2.	Age	ncy address:	
3.	Title	e of proposed activity:	
4.	Add	Iress of activity:	
5.	CDE	3G funds requested:	
CER	RTIFIC	CATION:	
То	the	best of my knowledge, information in this proposal	and documents listed below, are true
and	cor	rect and authorized to be provided by the governing	board of the organization (excluding
tow	vn d	epartments). The organization will comply with regula	ations applicable to the CDBG program.
The	follo	owing documents are attached to this proposal.	
	1.	Articles of Incorporation/Bylaws	
	2.	Current list and addresses of Board of Directors	
	3.	Evidence of current annual report filed with Secretary of	the Commonwealth
	4.	Evidence of current annual report filed with the Attorney	
	5.	Evidence of current filing of IRS 990	
	6.	One of the following Financial Statements ((a) or (b) for	past recipients)
		a) The OMB A-133 Audit (if \$750,000 or more aggrega	te federal funds are expended);
		b) Financial statements compiled by CPA (if not bound	by A-133 requirements);
		c) Most recent Profit and Loss Statement (only for first	time CDBG applicants); and
	7.	IRS 501(c)(3) Designation Letter (excludes town departm	ents).
signa	ature	e of Exec. Director of Organization:	
Date	2:		

