WEYMOU	ITH REQUEST FOR PROPOSAL FOR CDBG FUNDS
	PROGRAM YEAR 2023 - 2024

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A. GENERAL INFO

The Community Development Block Grant is provided as an annual entitlement to the Town of Weymouth by the US Department of Housing and Urban Development (HUD) to create viable urban communities by providing decent housing, a suitable living environment, and economic opportunities. The program is administered by the Town's Dept. of Planning and Community Development (DPCD) and is created under Title 1 of the Housing and Community Development Act of 1974, Public Law 93-383, as amended; 42 U.S.C.-5301 et seq. and implemented through HUD regulations at 24 CFR 570. Written CDBG program policies may be requested.

1. Available Grant Funds

The Town will not be informed of by HUD of the ACTUAL award amount until AFTER proposals are due. For the purposes of this RFP, applicants may presume that 2023 - 2024 funds will be level with 2022 - 2023: \$715,699.

2. Caps on Funds for Grant Administration and Public Services

HUD caps costs at 20% of the grant amount for general grant administration and at 15% for public services, a cap of 15% of the total grant. So, for 2023 - 2024, administrative costs are limited to \$143,139.80 and public services to \$107,354.85.

3. If HUD Increases or Decreases Award

If HUD increases the award, DPCD will likely provide the additional funds to its housing rehabilitation loan program and increase general grant admin to reflect the allowable 20% of the grant per HUD regs.

If HUD decreases the award, DPCD will decrease funds for both general grant administration and public services so as not the exceed HUD caps on these activities and will reduce the amount allocated for housing rehabilitation if need be.

4. Eligible Activities

Eligible activities include, but are not limited to: public facilities and improvements (e.g., street or sewer improvements); clearance and remediation; public services; housing

services; rehabilitation and preservation activities; and special economic development activities.

5. National Objectives

In addition to being eligible, a proposed activity must also meet one (1) of three (3) national objectives of: a) benefit to low- and moderate-income persons as defined by HUD; b) aid in the prevention or elimination of slums and blight; or c) meet a particularly urgent community development need that poses a threat to health and welfare of the community.

6. Town Priority Needs

Funded activities must meet a priority need from the Town's Five Year Consolidated Plan (FY 2020-2024) such as for public services; public infrastructure improvements; public facility improvements – barrier removal and non-barrier removal; housing rehabilitation for single and multi-family units; and public housing modernization.

7. Executing Sub-Recipient Agreements with the Town

CDBG sub-recipients must enter into a Sub-Recipient Agreement with the Town that will include many required provisions such as one governing reporting, a statement of work, program income, suspension of the Agreement, uniform administrative requirements, detailed budget, and schedule of completion.

8. Monitoring of Sub-Recipient

Per HUD regulations, the Town will conduct monitoring of funded activities at least annually to ensure compliance with requirements relating to national objectives, eligibility, scope of service, budget, scheduling, recordkeeping including confidentiality and security of records, financial management, etc. Sub-recipients must properly document CDBG-funded activities and to maintain sufficient records to show that assisted activities meet CDBG requirements. Per the Sub-Recipient Agreement that sub-recipient must execute with the Town, non-compliance with HUD regulations or other requirements regarding CDBG is grounds non-payment by the Town of CDBG funds for assisted activities.

9. Criteria for Evaluating Proposals for Funding

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

Weymouth: CDBG Request for Proposal – Program Year &\$&' ! '&\$&(

- Activity eligibility
- National objective met
- Priority need served
- Budget and schedule
- Experience of sub recipient

- Financial stability (cost sharing or matching funds if available)
- Similar activities conducted previously
- Staffing adequacy of sub-recipient

B. <u>DEADLINES</u>

Sub recipients must complete a proposal for EACH activity proposed. Incomplete or late proposals will not be accepted. HUD funding is limited.

1. Technical Assistance with Proposal Development

Monday, January H€ to Ølaãæ ÊØ⁄\àlˇæ\^ÁH, 202H

Applicants may request an appointment for technical assistance with proposal preparation from Jane Kudcey at 781.682.3639 or Jody Lehrer at 781.682.3641.

2. Proposal Due Date:

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Submit THREE completed, signed copies of each proposal to DPCD by 4:30 PM to:

Weymouth Town Hall
Attn: J. Lehrer, 3rd Floor, DPCD
75 Middle Street
Weymouth, MA, 02189

3. Mandatory Public Hearing on Activity Proposals

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CDBG funds must attend the public hearing on submitted proposals at 6:00PM:

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

C. CONTENTS OF THE RFP

1. Proposal Form

Every funding proponent must submit the <u>PROPOSAL FORM</u>.

2. Proposal EXHIBITS

Public Service Activities: if you propose a public service, you must complete:

- EXHIBIT A (Public Service Budget)
- EXHIBIT B (Public Service Workplan)
- EXHIBIT E (Performance Measurements)
- EXHIBIT F (Non-Profit Conflict of Interest, if you are a nonprofit)

<u>Non Public Services Activities</u>: if you are proposing an activity that is NOT a public service (e.g., infrastructure improvements, housing improvements) you <u>must</u> complete:

- EXHIBIT C (Non Public Service Budget)
- EXHIBIT D (Non Public Service Workplan)
- EXHIBIT E (Performance Measurements)
- EXHIBIT F (Non-Profit Conflict of Interest; if you are a nonprofit organization).

D. SPECIAL REQUIREMENTS FOR NONPROFIT AGENCIES

Additional documents that must be submitted by nonprofit fund applicants:

- Articles of Incorporation/bylaws;
- Current list and addresses of Board of Directors;
- Evidence of current annual report filed with Secretary of the Commonwealth;
- Evidence of current annual report filed with Attorney General of the Commonwealth;
- One of the three types of financial statements (a or b for past recipients):
 - a. Copy of OMB A-133 Audit if organization or department spent \$750,000 or more in federal financial assistance from any fund sources in the most recent audit period;

- b. Financial statements compiled by CPA (if not bound by OMB A-133 requirements);
- c. Most recent profit and loss statement (only first time applicants may submit);

Exhibit E – Do not forget the Nonprofit Conflict of Interest Certification.

PROPOSAL FORM

	QUESTIONS FOR ALL APPLICANTS SUBMITTING A PROPOSAL
1.	Name of activity being proposed:
2.	Organization or Department proposing the activity:
3.	Amount of CDBG funds requested:
<u>In</u>	formation on Person Completing Proposal:
4.	Full Name:
	Title:
	Business phone number:
	Business email address:
	Business street address:
	City/town:
	State:
	Zip Code:

4a. Describe in detail the activity for which you seek CDBG funds. What is the activity (social service, street improvement, housing authority modernization)? Who will benefit (low mod residents in general, seniors, housing authority residents? Who will manage the activity (DES, DPW, housing authority)? Will a contractor or consultant have to be used to carry out the activity and if so for what (paving roads, purchasing equipment to install at the housing authority, etc)?

Information on Organization or Department Proposing Activity

5. Organization or department DUNS number:

6.	Organization or Department address:
	City/town:
	State:
	Zip Code:
Inf	formation on Proposed Activity:
7.	Street address where activity will be occur:
	City/town:
	State:
	Zip Code:
8.	Type of activity proposed (select ONE):
	Public service (if checked, answer Qs 9 & 10; if not, skip to Q 11)
	Public facility improvement
	Planning or fair housing
	Acquisition
	Removal of architectural barriers to disabled or seniors
	Clearance activities
	Rehabilitation & preservation activities (e.g., housing rehab)
	Special economic development activities
	Micro-enterprise activities

Answer Qs 9 & 10 ONLY if proposing a public service; otherwise skip to Q 11.

9. Indicate which of the following is true about the public service activity you are proposing.

The public service is a <u>new one</u>, not previously offered.

The public service is a <u>continuation</u> of an existing public services.

10. If the public service is a <u>continuation</u> of an existing service, will it involve a quantifiable increase in the level of service that has been provided in the past 12 months?
Yes (if yes, <u>describe and quantify</u> increase in service):

No

11. Type of national objective met by proposal:

<u>Low/Mod Income Area Basis (LMA):</u> Benefits all residents of areas where HUD & US Census have determined there is a minimum percentage of low or moderate income residents.

THIS APPLIES ONLY IF FUNDS ARE FOR Dept. of Public Works!

<u>Low/Mod Income Limited Clientele (LMC)</u>: Benefits group where at least 51% are low or moderate income residents.

Indicate if activity will **EXCLUSIVELY** benefit a group below:

Abused children Severely disabled adults

Elderly persons Illiterate adults

Battered spouses Persons living with AIDS

Homeless persons Migrant farm workers

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

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

12.	Experience with similar activities (five years, beginning with oldest). Attach sheets if needed
	Date:
	Title of Activity:
	Description:
	Date:
	Title of Activity:
	Description:

	Date:		
	Title of Activity:		
	Description:		
13.	KEY STAFF, managers/supervisors, w	ho will conduct activity.	Attach sheet(s) if needed.
	Name:	Title:	
	Role:		
	Name:	Title:	
	Name: Role:	Title:	
		Title:	
		Title:	
		Title:	

	Name:	Title:
	Role:	
Yo	our signature signifies that all requested inf	formation and documents are accurate and current.
Pr	int Name of Applicant's Authorized Repres	sentative
Się	gnature of Applicant's Authorized Represe	entative
Tit	le:	Date:

EXHIBIT A - PUBLIC SERVICE BUDGET

1. Name of Organization/Department:

5. Total Cost (MUST equal sum of Lines 3 & 4):

2. Name of Activity Proposed:

3. CDBG Funds Requested:

4. Other Funds Provided:

Other:

		ET WORKSHEET FOR PUBLIC SEI	
Budget Category	CDBG Funding	Other Funds (e.g., govt.;	Total
		donations; other)	
Salary and wages			
Fringe Benefits			
Office (Program ONLY)			
Utilities			
Supplies/Equipment			
Printing			
Other – explain below			
Total			

EXHIBIT B – PUBLIC SERVICE WORK PLAN

Chronological Steps in Work Plan	Dates

EXHIBIT C - NONPUBLIC SERVICE BUDGET

1.	Name	of	Organization	/Department

- 2. Name of Activity to be funded:
- 3. CDBG funds requested: Other funds requested:
- 4. Total (CDBG PLUS other funds):

Items 3 through 5 MUST be consistent with totals reflected in worksheet below.

Nonpublic Service Budget (e.g., Public Facility, Infrastructure)					
Budget	CDBG Funds	Other Funds	Source of Other	TOTAL	
	Requested		Funds		
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 - NON PUBLIC SERVICE WORK PLAN

1. Name of Organization/Departmen	nization/Department	me of Organia	1. N
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2. Name of Activity Proposed:

Stage in Design/Construction Process	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 - PERFORMANCE MEASUREMENTS

ALL persons applying for funds must complete this Exhibit.

Question	Response
Need - describe need for activity briefly	
Goal (what the organization or	
department hopes to achieve)	
Input (list resources like funds both	
CDBG and leveraged funds, staff,	
materials, etc.)	
Output 1	
(How many total unduplicated	
beneficiaries? For example, 30	
seniors; 25 low mod income	
homeowners)	
Output 2	
("service units" - two streets will be	
improved; 3 houses will be rehabbed;	
25 daycare slots will be provided)	

Choose Outcome Statement: the proposed activity promotes, provides or results in increased:

Accessibility/availability

Affordability

Sustainability

Choose Purpose Statement: the increase in the above (item 1) is intended to:

Create a sustainable living environment

Provide decent, affordable housing

Create economic opportunities

EXHIBIT F - NONPROFIT CONFLICT OF INTEREST CERTIFICATION

1.	Name of Organization:	

- 2. DUNS #:
- 3. Street Address of Organization:
- 4. Name of Representative:
- 5. Email of Representative:
- 6. Phone Number of Representative:
- 7. Name of Activity Proposed:
- 8. Address of Activity:
- 9. Amount of CDBG Funds Requested:

CERTIFICATION:

To the best of my knowledge, information in this proposal and required documents listed below, are true and correct and authorized to be provided by the governing board of the organization (excluding town departments). The organization will comply with regulations applicable to the CDBG program. The following 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 General of the Commonwealth
- 5. Evidence of current filing of IRS 990
- 6. One of the three Financial Statements ((a) or (b) for past recipients)
 - a. Copy of OMB A-133 Audit (if \$750,000 or more in aggregate fed funds are expended) or
 - 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)
- 7. IRS 501(c)(3) Designation Letter (excludes town departments)

Executive Director of Organization	Date	

LOW MOD INCOME TARGET AREA MAP

