HRD/NEIGHBORHOOD SERVICES & ECONOMIC DEVELOPMENT DIVISION PRESENTS

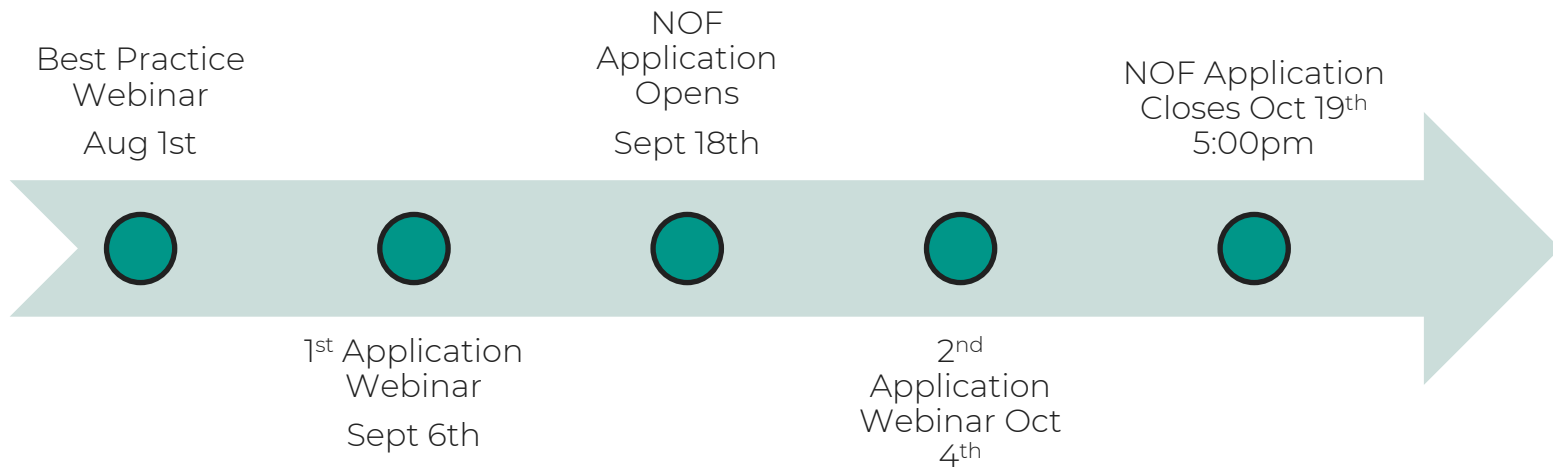## CDBG Neighborhood Opportunity Fund
2024 – 2025 Application Workshop

Agenda

- Welcome/Introduction – Tamra Hardy, HRD

- Neighborhood Opportunity Fund Program-Overview – Kayla Perrin Hester, HRD

- Oracle Supplier Portal Review – Adam Kind, OCP

- Proposal & Evaluation Overview – Tamra Hardy

- Project Budget & Obligations– Kerry Baitinger, HRD

Application Timeline

Best Practice Webinar

Aug 1st

NOF Application Opens

Sept 18th

NOF Application Closes Oct 19th 5:00pm

1st Application Webinar

Sept 6th

2nd Application Webinar Oct 4th

Purpose of this Webinar

Our goal is to provide organizations with a better understanding of the CDBG/NOF application, timeline, and process and to endow organizations with the tools to submit the best applications possible.

Organizations that are interested in meeting to review their previous application should reach out to their project manager or the Program director prior to September 18th

This webinar will not cover
- Homeless Solutions Grants
- Public Facility Rehabilitation
- Housing Rehabilitation Grants

NOF Program Overview

Funding Priorities

- **Public Services has Five Funding Priority Areas**

Education	Seniors	Health	Youth Recreation	Public Safety
· Literacy · Enrichment/Reading (Math/Science) · Job Training	· Transportation · Health Services	· Health Services to Low/moderate income	· Arts · Sports	· Community/Neighborhood Based · Domestic Violence Counseling

CDBG NOF Threshold Criteria

Must meet HUD National Objective

There are three national objectives under CDBG, including:

1. Benefit to LMI persons
2. Prevent or eliminate slums and blight on an area or spot basis.
3. Meet an urgent need

Workshop Attendance

Group must attend the CDBG/NOF workshop or view the workshop online.

Completed Proposals

Proposals must be complete and submitted by the deadline and on correct form.

Board Membership

Must have at least five (5) member board, which meets at least bi-annually.

Non-Profit Status

Must have federal tax-exempt status, i.e., 501(c)(3), 501(c)(19), etc..., prior to applying for proposal

Operating Proof

Organization must have been in operation at least two years, and have operating proof

CDBG NOF Threshold Criteria

Issue Free Audits/Monitoring

Must not have unresolved government audit and monitoring problems (i.e., tax, legal, etc).

Current Financial Statements

Must submit most recent fiscal year cash flow statements, financial statements and, if available, recent audit or Form 990 within the past 2 years.

Articles of Incorporation & Certificate of Good Standing

Must submit 2023 Certificate of Good Standing and Article of Incorporation.

Certifications

Must read and sign all certification forms at the end of the application

Current 2023 Michigan Annual Non-Profit Report

Must submit current Non-Profit Corporation Information Update. Department of Licensing and Regulatory Affairs - https://www.michigan.gov/lara/0,4601,7-154-61343_35413_60200-140881--,00.html

7% Operating Cash

Applicant organization must provide proof of operating cash on hand and must be at least 7% of the funding request.

Sample Threshold Documents

Certificate of Good Standing

Michigan Annual Non-Profit Report

Article of Incorporation

Attachments Naming Convention

Attachment 1 Nonprofit Designation

ATTACHMENT 2 OPERATING PROOF

Attachment 3 Financial Statement and 990

ATTACHMENT 4 2021 MICHIGAN ANNUAL REPORT

Attachment 5 Articles of Incorporation and Bylaws

ATTACHMENT 6 CERTIFICATE OF GOOD STANDING

ATTACHMENT 7 BANK STATEMENT

Attachment 8 Exhibit A Scope of Services - current

ATTACHMENT 9 EXHIBIT E PERFORMANCE OUTCOMES REPORT

Attachment 10 - Financial Sustainability Plan

ATTACHMENT NAMING CONVENTION

Please note, the following naming conventions are to be used for attachments to complete the application. Certain application questions allow respondents to either upload a document or address the question in writing directly below, while others will ask for an attachment response. Please refer to the question for details. *Not properly responding to a question or incorrectly naming attachments may adversely affect your application score.*

Name Of Attachment	Description
Attachment # 1:	Nonprofit Designation
Attachment # 2:	Operating Proof
Attachment # 3:	Recent Financial Statement and most recent audit or 990
Attachment # 4:	2023 Michigan Annual Report
Attachment # 5:	Articles of Incorporation and Bylaws
Attachment # 6:	2023 Certificate of Good Standing
Attachment # 7:	Bank Statement (within past 3 months)
Attachment # 8:	Exhibit A - Scope of Services
Attachment # 9:	Exhibit E - Performance Outcomes Report
Attachment # 10:	Organization Sustainability Plan
BI # 1:	Proof of Ownership
BI # 2:	Proof of Lease Agreement
BI # 3:	Health Department Building Inspection
BI # 4:	Building Safety Engineering Environmental Inspection
BI # 5:	Fire Marshall Inspection
Org Brochure # 1:	Organizational Brochure
Org Staff # 2:	Staff Resumes or job description, if applicable
PS # 1:	Intake Form
PS # 2:	Letters of Support from a Recipient of Program or Partnering Organization
Bud # 1:	Other funding sources – Award Letters
Bud # 2:	Financial Management System
Bud # 3:	Budget Explanation and Justification

Ineligible Cost

- Pre-Contract costs
- Back taxes, proposal costs, debts, late charges, penalties
- Excessive travel expense
- Improperly procured purchase
- Undocumented mileage charges
- Gifts and Donations
- Staff recruitment
- Facilities /equipment depreciation
- Costs associated with the organization rather than the specific program

- Any costs associated with advertisements, pamphlets, survey, etc.
- Staff training, entertainment, conferences or retreat
- Public relations, advertising or fundraising
- Payments for bad debts
- Indirect organization cost
- Rental assistance in any unit in which the sub-recipient or subsidiary has one percent or more ownership interest in the property
- Lobbying at partisan political activities
- Suing the government

Strong Applications

- The organization is leveraging resources to help sustain, enhance, and maximize the program
- The applicant has strong capacity to implement programs and have a proven track record of program success
- The program design that capitalizes on successful implementation and program strength
- Applicant has partnerships with the community in which they are working
- The organization has the capacity to comply with the program rules and guidelines
- A clearly defined Scope of work and staff roles (Program goals are realistic and achievable)
- Clearly defined success and performance standards/metrics/outputs and outcomes
- The program is either a new program or is expanding its services – there is a quantifiable increase in the service than was delivered in the 12 months prior

Consensus Review Group

- HRD= Housing & Revitalization Department

- ODG= Office of Development & Grants

- CPC= City Planning Commission

- OCP= Office of Contracting and Procurement

HRD

OCP

Application Review

CPC

ODG
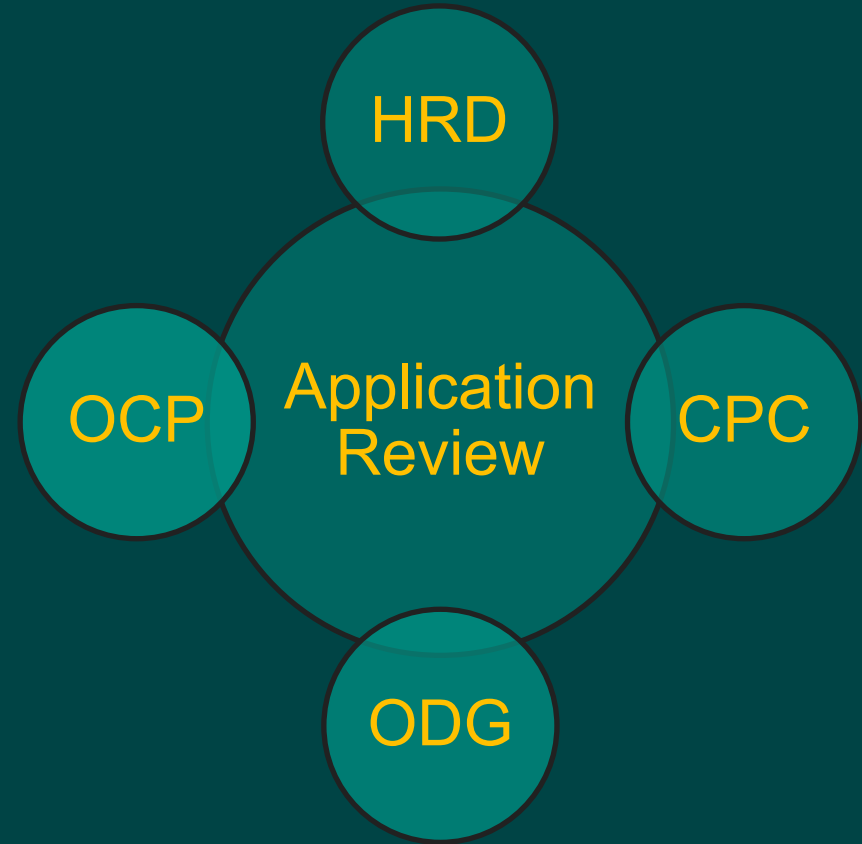
Scoring Criteria Guide

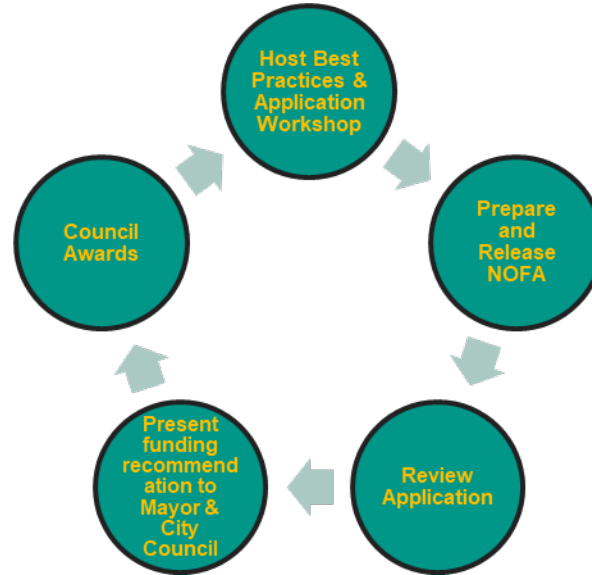| PUBLIC SERVICE CRITERIA	Total points	Scoring Criteria Grid			
Organizational Information	25				
Relevant experiences and qualifications for the program *Org 1*	10	**4-5 Points:** Applicant provides detailed examples of accomplishments and impact of program services. The applicant uses data to back up claims. Reviewers deems experience and qualifications to be sufficient to effectively and efficiently administer program service.	**2-3 Points:** Applicant provides somewhat unclear examples of accomplishments and impact of program services. The applicant uses little or no data to back up claims. Reviewers deems experience and qualifications to be questionable to effectively and efficiently administer the program service.	**1 Point:** Applicant does not provide any examples of accomplishments and impact of program services. The applicant uses no data to back up any claims. Reviewers deems experience and qualifications to be insufficient to effectively and efficiently administer the program service.	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked
Strength of board, including community representation *Org 2-7*	5	**4-5 Points:** Board is currently completely filled (no vacancies). The previous year's board meeting schedule provided, as well as dates and times are provided for upcoming year board meetings, chairperson/ president of board identified, board contains at least 1 member that lives in the City of Detroit and all organization's board members listed	**2-3 Points:** Board currently contains 1-2 vacancies, some dates and times of previous year's board meetings not provided, some dates and times of next year's board meetings provided, Chairperson/President identified, and board contains at least 1 member that lives in the City of Detroit.	**1 Point:** Board vacancies exceed 50%, no dates or times provided for previous year's meetings, no dates or times provided for next year's meetings, Chairperson Identified, No list of current board members, No board members live in the City of Detroit.	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked
Staffing plan and organizational infrastructure plan to implement program, including appropriate allocation of staff *Org 8-12*	10	**4-5 Points:** Applicant clearly identifies all staff necessary to operate the public service activity. Staffing is deemed by Reviewers to be sufficient, staff has necessary experience/ qualifications to operate the public service activity.	**2-3 Points:** Applicant clearly identifies all staff necessary to operate the public service activity. Staffing is deemed by Reviewers to be questionable, staff may not have the experience/qualifications to operate the public service activity.	**1 Point:** Applicant does not clearly identify all staff necessary to operate the public service activity. Staffing is deemed to be insufficient, staff does not have the experience/ qualifications to operate the public service activity.	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked
Project Description	35				
Project clearly outlines a detailed plan for sustainability *Sust 1-9*	7.5	**4-5 Points:** Applicant provided a detailed and complete sustainability plan, outlines clear and detailed plan for program sustainability when funding ends, contributes funding toward program budget, lists volunteer assistance and in-kind	**2-3 Points:** Applicant provided a sustainability plan that was not very detailed and/or only somewhat complete, outlines a plan for sustainability when program funding ends that is vague or unclear in some areas, may not contribute funding toward program budget, is unclear	**1 Point:** Applicant provided a sustainability plan that was not detailed and not complete, outlines a plan for program sustainability when funding ends that is unclear and unrealistic , dies not contribute funding toward program budget, does not list	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked
Project description adequately describes proposed activities and quality of project design *PS 1,12-14,*	10	**4-5 Points:** Applicant clearly describes the project/program for which funds are being requested, provides program/project weekly operation schedule. Applicant provides detailed calendar of events.	**2-3 Points:** Applicant describes the project/program for which funds are being requested. Applicant may or may not provide a program/ project weekly operation schedule. Applicant may or may not provide a calendar of events.	**1 Point:** Applicant does not describe the project/program for which funds are being requested. Applicant does not provide a calendar of events.	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked
Project addresses a relevant, data-driven need in the city or within a specific district(s) in a new or different way *Delivery Innovation PS 2-11*	10	**4-5 Points:** Applicant clearly defines program objective, clearly describes documentation collected to verify participants meet the low/moderate income requirements, identifies organizations providing similar services in the program service area, the project addresses at least 1 unmet need. The project demonstrates innovation.	**2-3 Points:** Applicant defines program objective but some part may be unclear, somewhat clearly describes documentation collected to verify participants meet the low/moderate income requirements. Organizations providing similar services in the program service area are identified. The project addresses at least 1 unmet need. The project does not demonstrate innovation.	**1 Point:** Applicant does not define the program/project objective. Applicant does not clearly describes documentation collected to verify participants meet the low/moderate income requirements. Applicants fails to identify organizations providing similar services in the program service area. The project does not meet at	**0 Points:** Applicant left question blank/unanswered or applicant did not address the question being asked

Application Sections

Application Section	Total Possible Points
Organization Information	25 Points
Project Description	35 Points
Activities, Output, Outcomes & Impacts	20 Points
Budget	20 Points
Contractual Compliance	-15 Points Deduction

I. Organizational Information

- Describe your organization and the unique experiences and qualifications that make your organization the most appropriate to provide the proposed services?

  - Provides detailed examples of accomplishments and the Impacts of program services.

  - Uses **data** back up claims of accomplishments

  - Provides proof of sufficient experiences and qualifications to administer the program services

  - List of Board Members

  - List all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG/NOF and other Sources. (Provide Resumes)

II. Project Description

Be prepared to respond to:

- What is the objective of the Program?

- What specific services are to be provided?

- Reason for requesting funding?

- Number of participants that fall in the low-mod income range?

- When and where will these services be provided?

- Describe how the activity will be implemented, operated, and administered.

- Provide clear and detailed Sustainability Plan

Program Sustainability Plan

Plan Component/Method	Action Steps	Timeline
Communication of Program and fundraising goals for year to staff and board	• Meet with staff and board to discuss annual program and fundraising goals and activities • Provide fundraising calendar with grant due dates and campaigns listed • Provide list of ways staff and board might support these events and/or activities	Winter
Research and Prospect Grant Opportunities	• Use Foundation Center Online Service weekly to prospect grant opportunities • Review monthly newsletter from Resource Champions that shares grant opportunities • Review monthly grant opportunity listing	All Year
Facebook Posts	Make posts 2-4 times per month	All Year
Annual Report	Determine Focus Collect Data Print and Mail Report	Winter-Spring
	Speaking at Church or Community Group to Secure Volunteers and/or donations	Spring
Mid-Year Ask	Direct mail Mid-year update and ask, highlighting need for monthly sponsors for upcoming school year	Spring
Special Event	Host special event celebrate long-time supporters and engage new supporters	Fall
End-of-Year Ask	Direct mail end-of year update and ask	Fall
End of year evaluations and projections for new year	Complete surveys and make projections based on lessons learned, demand and available staffing	Fall - Winter

Community Support

- Community Support:

  - Describe the network(s), partnership, working groups you are involved in that enhance your ability to deliver this program.

  - What kind of community support do you receive, including volunteer and in-kind support?

  - Describe specific actions undertaken in conjunction with other community organizations to deliver the services for which funding is being sought (i.e., shared staff or office space). What is their contribution to the program?

III. Activities, Outputs, Outcomes, and Impacts

- **ACTIVITIES** - Type of services the programs provides

- **OUTPUTS -** The products of program activities or results of program processes.
    - What are your deliverables? For example, the # of classes taught, # of counseling sessions, # of people served.

- **OUTCOMES -** The changes in program participants. They can be identified by asking, "How will program participants change because of their participation in this program?"
    - Organizations must clearly state the methodology used to measure outcomes, i.e., surveys, client interviews, pre- and post-tests results or clients self-reporting

- **IMPACTS -** Assess the changes that can be attributed to a particular intervention, such as a program or policy.
    - Short Term (1 year); Intermediate (2 years); and Long Term (3 – 5 years or more)

Outputs/Activities

Service/Activity Name:					
After School Recreation Program/Project					
Service/Activity Description:					
Provide baseball, basketball and dance instruction for children 4th to 6th grade attending Elm Street and St. Richard elementary schools. Nutritious snacks are also provided.					
Outputs					
# Persons Served Monthly	**# Unduplicated Persons Served annually**	**Days Service Provided**	**Times Service is Provided**	**Personnel Implementing this Activity**	**Title**
35	*400*	*Mon, Wed, and Fri.*	*3:30pm to 5:30pm*	*Ann Smith, Ed Jones*	*Rec. Coordinator Phys. Ed. Assistant*

Benefits to Participants (Outcomes)
- *Develops skills in sports and other recreation activities*
- *Engages youth in constructive, supervised play*
- *Provides no cost care for children while parents are working.*

Activities, Outputs, Outcomes, and Impacts

- Be prepared to respond to:

  - If the proposed activity is already in existence, what were its outputs for the most recently completed fiscal year?

  - What are the proposed program outputs for the upcoming year?

  - What processes and tools are in place to measure program outcomes?

  - What lasting benefits does your organization hope clients gain because of the services your program provides?

  - How successful was your program in achieving the proposed outcomes?

  - What outcomes indicators were used to determine the results?

Example

Out-1. If the proposed activity is already in existence, what were its **outputs** for the most recently completed fiscal year?

Past Year (2/1/2020-1/30/21)

	Number	Percentage
Enrolled into RBD Program	22	
Complete the Program	21	95%
Industry Recognized Credentials	22	100%
Placed In Jobs	11	50%
Apprenticeships/Industry Related	6	27%
Retention - 6 months	5	23%
Net Income Increases	11	50%
Credit score Increases	8	36%
Net Worth Increases	10	45%

Out-2. What are the proposed program outputs for the upcoming year?

Upcoming year (2/1/2022-1/30/2023)

	Number	Percentage
Enrolled	80	
Complete the Program	64	80%
Industry Recognized Credentials	64	80%
Placed In Jobs	45	70%
Apprenticeships/Industry Related	32	50%
Retention - 6 months	18	40%
Net Income Increases	32	50%
Credit score Increases	23	35%
Net Worth Increases	29	45%

Out-3. What standards, measures, or benchmarks are used to assure or verify that this is a quality/successful Program? *(Example: Meals comply with USDA dietary standards; tutors will be certified teachers; etc.)*

Credentials are industry recognized and issued by a State recognized entity. The curriculum is a contextualized curriculum that was created based off the National Center for Construction Education and Research (NCCER) program. Credit scores are pulled from Transunion.

NOF Program Budget & Obligations

IV. Budget

- Request must be a minimum of $100,000

- Be prepared to respond to:

  - Who is responsible for maintaining your organization's records?

  - What was the amount of your organization's total budget for your most recent fiscal year?

  - When was your must recent audit?

  - List other funding sources. (Provide award letters for each funding source)

  - Describe your financial management system.

PROVIDE DOCUMENTATION OF A FINANCIAL MANAGEMENT SYSTEM

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SECTION 1 CASH MANAGEMENT

A. POLICIES

At its annual meeting, the Board authorizes all bank accounts and persons permitted to be designated as check signers.

B. CASH RECEIPTS

1. Incoming mail is opened by the Administrative Assistant and checks are logged into a register by date received, issuer, check number, check amount and date deposited at the bank. An electronic detail of the deposits is provided to outside Accountants for inclusion with Financial reporting.

2. A copy of each check is retained.

3. Receipts are logged into the accounting spreadsheets by the Administrative Assistant. Amounts of cash receipts are verified when entered into the accounting spreadsheets. The receipts are then reconciled with the bank statements.

4. Deposit slips are completed for each deposit and a detail support of every check is included in the main file along with the proof of the deposit made at the bank.

5. Receipts are added to the cash sheet and compared to bank deposits and postings to cash receipts as entered and also during the monthly account reconciliation process.

6. Receipts of currency are deposited after verification by two employees. Cash is recorded in the accounting spreadsheets. Cashing of checks out of cash receipts is prohibited.....

Public Service Project Budget

Complete the following budget form for the requested public service activity Budget Year	Amount from CDBG/NOF	Other Funding Sources	Total Project Cost
ADMINISTRATION EXPENSES (Not more than 10% of Allocation & no direct client contact)			
Director/CEO/Asst. Director ($per hour x hrs/wk x # of weeks)			
Secretary ($per hour x hrs/wk x # of weeks)			
Accountant/ Bookkeeper ($per hour x hrs/wk x # of weeks)			
Audit ($per hour x hrs/wk x # of weeks)			
Employer Taxes (FICA, etc.) (%)			
Fringe (health insurance, life insurance, etc.) (%)			
OPERATING EXPENSES			
Program Manager ($per hour x hrs/wk x # of weeks)			
Counselor/Coaches ($per hour x hrs/wk x # of weeks)			
Sub-Contractors ($per hour x hrs/wk x # of weeks)			
Maintenance/ Office, Van, Equipment			
Insurance (Employer's Liab., Worker's Comp, Auto, Dishonesty Bond)			
Equipment (copier/printer/desktop computer)			
Utilities (Gas/Electric)			
Security ($per hour x hrs/wk x # of weeks)			
SPECIFIC PROGRAM EXPENSES			
Office Supplies			
Marketing Materials (business cards, brochures)			
Communication(Monthly telephone services)			
Miscellaneous (No more than $500.00)			
TOTAL:	$	$	$

What are we looking for:

1. Strength of your finances, including adequate cash on hand.
2. Strength of other funding sources.
3. Demonstrated acceptable financial management system.
4. Budget is accurate, reasonable, necessary, and related to proposed activity.
5. Did you accurately describe and justify each proposed budget line item?
6. What percentage of your budget will be expended on administrative costs?

Contractual Compliance

- Payment Timeliness – Does current sub-recipient submit reimbursement request on or before 15th of every month per contract?

- Program Monitoring – Does current sub-recipient have any outstanding unresolved finding from programmatic monitoring?

- Contractual Obligations – Does your organization provide organization updates and respond to program manager requests in a timely manner?

- Contractual Obligations – Does your organization adhere to its contractual guidelines?

Reminder

- Application Opens <u>September 18th</u> and Closes <u>October 19th at 5:00pm</u>

- Meet all the Threshold Requirements

- Upload all required documents

- Name all attachments using naming convention

- Respond to all the questions

- Ensure all questions are complete – A blank answer is an automatic 0

- Allow yourself enough time to review you application before submitting

- Review your application so you can catch errors or missing attachments

- Review attachments to confirm document matches file name.