

**CITY OF DETROIT  
OFFICE OF CONTRACTING AND PROCUREMENT  
ISSUES ON BEHALF OF  
HOUSING AND REVITALIZATION DEPARTMENT  
REQUEST FOR PROPOSALS  
RFP#600100  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)  
NEIGHBORHOOD OPPORTUNITY FUND (NOF)  
2017-2018 PUBLIC SERVICE PROPOSAL FORM**

**APPLICATION INSTRUCTIONS:**

1. This proposal form includes activity sections for public service activities. All appropriate sections must be complete. All 2017-2018 CDBG/NOF proposals for public service activities must be submitted on this form.

**NOTE:** This proposal form is for **ALL PUBLIC SERVICE ACTIVITIES only**. If your organization is requesting support for Homeless Public Service, Public Facility Rehabilitation or Commercial Rehabilitation activities, you **MUST** complete a separate application for each program.

2. Every attempt should be made to answer the questions within the space provided. Supplemental material which the sponsor believes will assist in the proposal evaluation can be included with this form but should be limited to a maximum of five additional pages.

You must register as a supplier (contractor) in Bid Sync first to gain access to RFP#600100, 2017-2018 CDBG/NOF Public Service AND second in order to submit proposals. (Use the following link: [www.periscopeholdings.com/the-city-of-detroit](http://www.periscopeholdings.com/the-city-of-detroit) or use the link on the City of Detroit, Items Out To Bid web page to register with Bid Sync free of charge.) Bid Sync Tutorials are available on the City of Detroit's Items Out To Bid web page.

*DURING THE PROCUREMENT PROCESS DO NOT CONTACT HOUSING AND REVITALIZATION DEPARTMENT STAFF ABOUT THE RFP OR BID SYNC QUESTIONS.*

**Attendance at the proposal writing workshop or review of the webinar is a prerequisite for funding.**

*IF YOU HAVE QUESTIONS, POST RFP QUESTIONS IN THE BID SYNC RFP QUESTIONS AND ANSWERS SECTION FOR THIS RFP.*

*FOR TECHNICAL BID SYNC QUESTIONS, CALL BIDS SYNC CUSTOMER CARE AT 800-990-9339.*

**DEADLINE DATE FOR SUBMISSION:** All proposals for the 2017-2018 CDBG Program year **MUST BE RECEIVED AT [WWW.BIDSYNC.COM](http://WWW.BIDSYNC.COM) VIA RFP#600100, BEFORE 4:00 P.M., MONDAY, NOVEMBER 28, 2016.**

**WARNING: PROPOSALS WILL NOT BE ACCEPTED AT [WWW.BIDSYNC.COM](http://WWW.BIDSYNC.COM) AFTER THIS TIME AND DATE. MAILED, FAXED or EMAILED COPIES OF THE PROPOSALS WILL NOT BE ACCEPTED.**

REMEMBER: THE COMPLETE PROPOSAL AND REQUIRED ATTACHMENTS FOR EACH FUNDING REQUEST MUST BE SUBMITTED ONLINE From **NOVEMBER 5, 2016 until before 4:00 p.m., NOVEMBER 28, 2016.**

THE PUBLIC RECORDING OF PROPOSALS RECEIVED IN BID SYNC TAKES PLACE AT 2:00 P.M. ON TUESDAY, NOVEMBER 29, 2016 IN THE CITY OF DETROIT, OFFICE OF CONTRACTING AND PROCUREMENT, 10<sup>TH</sup> FLOOR CONFERENCE ROOM, SUITE 1008, 2 WOODWARD AVENUE, DETROIT, MICHIGAN 48226.

**CITY OF DETROIT  
2017 – 2018 CDBG/NOF  
PUBLIC SERVICE PROPOSAL APPLICATION**

**AGENCY IDENTIFICATION AND SIGNATURE PAGE**

Legal Name: <i>List name as recorded on the Incorporation Papers</i>	<b>Total Amount of Request:</b>
Federal Tax Identification Number:	DUNS Number:
Indicate any previously used names: 1. 2.	
Address:	City:
Zip:	Council District:
Website Address:	Day Phone:
Evening Phone:	Fax:
Email:	
Program/Project Name: <i>List project name, ie, Sr. Hot Lunch progrma or Youth Program</i>	

Executive Director:	Email:
Staff Person Responsible for Program/Project: <i>The person must be familiar with this proposal and program</i>	Contact Phone:
Contact Address:	Email:

**Signatures**

**We have read and fully understand the qualification and requirements delineated in this proposal. All information submitted is correct and up-to-date. We have also read and agree to abide by the terms and condition specified in the Compliance Regulations and Guidelines in the RFP.**

Board Chair or President's Signature	Print Name	Date
Executive Director's Signature	Print Name	Date

**Certification Regarding Debarment, Suspension, Ineligibility and  
Voluntary Exclusion Lower Tier covered Transactions**

**Please refer to Exhibit N, Compliance Regulations and Guidelines, prior to signing this section for an explanation of the Federal Requirement.**

**Lower Tier Covered Transactions**

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
  - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
  - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against me or \_\_\_\_\_ (**contractor's name**) for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
  
- (2) Where the prospective primary participant is unable to certify to any of these statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signed: \_\_\_\_\_  
(Authorized Recipient Name/Title)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## REQUIRED ATTACHMENTS

- ❑ 1. A copy of your federal 501(c)(3) designation from the Internal Revenue Service. Label as **ATTACHMENT 1: NONPROFIT DESIGNATION**
- ❑ 2. **Provide at least one proof** that the organization has operated a program/project activity for at least **one** year. **LABEL AS ATTACHMENT 2: OPERATING PROOF.** Proof must be **dated during calendar year 2015** and consist of **ONE** of the following:
  - Annual Report of sponsoring organization describing program accomplishments;
  - Program/project evaluation report or letter from outside evaluator;
  - Performance report made to an outside funding source, e.g. Exhibit E of NOF contract with City of Detroit;
  - Minutes of Board of Directors meeting containing performance status/update of program activity;
  - Article in newspaper or publication of general circulation describing organizational program or activities.
- ❑ 3. To demonstrate financial standing and capacity provide a copy of your certified financial statement including cash flow statement, income and expense report and balance sheet, IRS form 990 for your most recent fiscal year, (or within past two years) labeled as **ATTACHMENT 3: FINANCIAL STATEMENT.** **This statement should reflect the annual expenses indicated on BUD-2.** If your organization has had an audit, please attach **ONE COPY OF THE MOST RECENT AUDIT TO THE ORIGINAL COPY** of this proposal. (*You do not need to provide 3 copies of the audit.*)
- ❑ 4. If you are incorporated, a copy of your most recent **Non-Profit Corporation Information Update** labeled as **ATTACHMENT 4: MICHIGAN ANNUAL REPORT.** *Updates should have been filed with the State on or before October 1, 2014.*
- ❑ 5. A copy of your organization's certificate of incorporation and certificate of good standing with the State of Michigan labeled **ATTACHMENTS 5 & 6: CERTIFICATE OF INCORPORATION AND CERTIFICATE OF GOOD STANDING**
- ❑ 6. A copy of your organization's recent Bank Statement to show proof of operating cash (*within past 3 months*) **ATTACHMENT 7: BANK STATEMENT (or other proof of operating cash)**
- ❑ 7. Copies of your most recent health department, fire marshal, and building inspection **reports or if unavailable, a statement of explanation**, labeled as **ATTACHMENT 8: INSPECTION REPORTS**
- ❑ 8. If CDBG/NOF funds are currently under contract, a copy of your current scope of service, labeled as **ATTACHMENT 9: SCOPE OF SERVICE**
- ❑ 9. If CDBG/NOF funds are currently under contract, a copy of the most recent Schedule E (**performance** report), labeled as **SCHEDULE: E**
- ❑ 10. **Read attachment 9: Conflict of Interest Regulations.**
- ❑ 11. **Read attachment 10: Church and State Regulations.**
- ❑ 12. **Read attachment 11: Appeals Processes**
- ❑ 13. **Sign & Notarize Certification on page**
- ❑ 14. **At least (3) three, signed support letters dated after January 1, 2016**  
 Letters from program recipients or community organizations/agencies providing similar services and/or serving a similar population indicating the impact this program has had on the client or their families are ideal. (These letters **MUST** be dated after January 1, 2016, and should clearly indicate the need for the program, the impact of the program, efforts that you have made to collaborate and/or the reasons the sponsoring organization is an appropriate agency as an agent or operator of the program. These letters should include the name, address, and signature of the author. (It is recommended that at least one of the support letters be from a program recipient or participant) Label these letters as **EXHIBIT A: SUPPORT LETTERS**

## ELIGIBILITY REQUIREMENTS

The Mayor and City Council of the City of Detroit invite community organizations to submit proposal for programs to be funded by the Community Development block Grant/Neighborhood Opportunity Fund (CDBG/NOF) Program for the **2017-2018** grant period. Eligible grant seekers must meet the following program requirements.

### FOR AGENCIES AWARDED CDBG/NOF FUNDS LAST YEAR:

- Articles of Incorporation as a nonprofit agency in the State of Michigan
- By-Laws, Constitution and Employee Handbook
- Letter of Good Standing from State of Michigan **(Please include copy)**
- Financial audit covering the past fiscal year. **Please include copy** if not already on file with the Housing and Revitalization Department
- Unaudited year-end financial statements
- The most recent IRS FORM 990
- Federal Tax Identification and DUNS Numbers
- Board of Trustees Roster with Officers and Professional Affiliations
- The program in which funds are being applied has been in operation at least 2 years.
- The program continues to benefit a specific service area in which 51% or more of the residents are low and moderate income persons, OR
- Program services are primarily targeted to low and moderate income persons.

### FOR AGENCIES NOT FUNDED LAST YEAR:

- Agency has been in operation at least two (2) fiscal years
- Articles of Incorporation as a nonprofit agency in the State of Michigan **(Please include copy)**
- By-Laws, Constitution and Employee Handbook **(Please include copy)**
- Letter of Good Standing from State of Michigan **(Please include copy)**
- Notice of IRS 501C3 Tax Exempt Status **(Please include copy)**
- Financial audit(s) covering the past two fiscal years **(Please include copy)**
- Unaudited year-end financial statements
- Most recent IRS FORM 990 **(Please include copy)**
- Federal Tax Identification and DUNS Numbers
- Board of Trustees Roster with Officers and Professional Affiliations
- The program in which funds are being applied has been in operation at least one (2) years
- Program services provide a direct benefit to low and moderate income persons....
- Current and complete program performance data for the last two (2) years must be made available to the Department. Please provide performance data on the ATTACHMENT.

## INELIGIBLE COSTS FOR ALL CDBG COMPONENTS

- |  |
|--|
| <input type="checkbox"/> Pre-contract costs  |
| <input type="checkbox"/> Back taxes, proposal costs, debts, late charges, penalties  |
| <input type="checkbox"/> Excessive travel expenses   |
| <input type="checkbox"/> Improperly procured purchases   |
| <input type="checkbox"/> Undocumented mileage charges  |
| <input type="checkbox"/> Gifts and Donations   |
| <input type="checkbox"/> Staff recruitment   |
| <input type="checkbox"/> Facilities/equipment depreciation   |
| <input type="checkbox"/> Costs associated with the organization rather than the specific program   |
| <input type="checkbox"/> Any costs associated with advertisements, pamphlets, surveys, etc.  |
| <input type="checkbox"/> Staff training, entertainment, conferences or retreats, travel  |
| <input type="checkbox"/> Public relations, advertising, or fundraising   |
| <input type="checkbox"/> Payments for bad debts/late fees  |
| <input type="checkbox"/> Indirect organizational costs, if an Indirect Cost Plan has not accepted by the City prior to execution of the contract           |
| <input type="checkbox"/> Rental assistance in any unit in which the sub-recipient or subsidiary has one percent or more ownership interest in the property |
| <input type="checkbox"/> Undocumented expenses   |
| <input type="checkbox"/> Lobbying at partisan political activities   |
| <input type="checkbox"/> Promotion or advertisement without City's consent   |
| <input type="checkbox"/> Alcoholic beverage or illegal drugs, food not related to program activities   |
| <input type="checkbox"/> Insurance Deductibles   |
| <input type="checkbox"/> Publication not related to contract work  |
| <input type="checkbox"/> Personal credit card or personal checking account charges   |
| <input type="checkbox"/> Suing the government  |

***Sub-recipients will be monitored to assure that reimbursed CDBG expenses are in compliance with program guidelines.***

## DEFINITIONS AND OTHER REQUIREMENTS

**Agency Identification and Signature Page** verifies the non-profit status of your organization and provides information about your service area.

**The DUNS Number** is a 9 digit number that verifies the existence of a business entity globally. DUNS Numbers are used widely by both commercial and federal entities. Obtaining a DUNS Number is free through Dun & Bradstreet. Go to [www.smallbusiness.dnb.com](http://www.smallbusiness.dnb.com) or call 1-866-705-5711.

**Problem Statement** describes the specific social condition (s) to be address.

**Inputs** are the resources that will be used to achieve the program objectives. Inputs include staff, volunteers, facilities, equipment and supplies. Additional resources such as collaborations and referrals may also be categorized as inputs. Resumes and job descriptions submitted with this proposal provide evidence the organization is capable of implementing the program, based on the experience and qualification of its staff.

**Activities** are the types of services the program provides. This is what the agency does with the inputs to fulfill its mission and to provide services. For example, sheltering homeless families, educating the public about the signs of child abuse and providing adult mentors for youth. Program activities result in outputs.

**Outputs** are the direct products of program operation, measured in terms of the volume of work accomplished. For example, the number of classes taught, the number of counseling sessions conducted, or the number of participants served. Outputs should lead to a desired benefit for participants.

**Outcomes** are the benefits or changes clients experience during or after participating in program activities. Outcomes may relate to changes in knowledge, attitudes, values, skills, behavior, condition, or other attributes. Examples of program outcomes include greater knowledge nutritional needs, improved reading skills, more effective responses to conflict, getting a job and having greater financial stability. Agencies 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 project, program or policy, both the intended ones, as well as ideally the unintended ones. For example, an Impact question is structured to answer the question: how would outcomes such as participants' well-being have changed if the intervention had not been undertaken.

**Program Budget** outlines the financial resources by cost categories that are required to carry out the program objectives. The budget must clearly reflect all aspects of the program, whether it is transportation of clients to the program site, the printing of brochures describing the program to potential clients, or the salaries of the staff operating the program. It should also reflect the total amount of CDBG dollars requested, as well as other secured and anticipated funding sources for the program.

**Organizational Budget** is a copy of your Board-approved organizational budget for the current program year must be provided as an Attachment, in a form that is acceptable to the Housing and Revitalization Department. This budget must outline all expenditures and include a list of secured and anticipated funding sources.

## CITY OF DETROIT PUBLIC SERVICE PRIORITIES

### Check Only One:

- Education** - Proposals must focus on providing academic support to individuals in school or those that did not finish high school and desire to improve literacy, leadership development, obtain GED or basic job training skills.
- Literacy: Classroom based academics, including reading & math
  - Enrichment/readiness: Math and Science
  - Job Training: Basic skill set improvement job placement
- Seniors** – Proposals should focus on activities for the wellbeing of senior citizens for transportation for senior medical appointments and related activities, along with other community based group program that provides health services to older adults with Alzheimer disease and other cognitive disorder, break to people taking care of their elderly loved ones in the form of adult day care services, etc.
- Transportation: Medical appointments
  - Health Services: Dental appointments, drug prescriptions, etc.
- Health (low/mod)** – Proposals should focus on other health services, which do not include transportation or medical appointments. Request may include, but not be limited to, nutritious lunch and snacks, socialization and recreation, therapeutic activities, health monitoring, community outing, personal grooming and hygiene, medication administration and family counseling services, prescription medication for individual or insurance to pay retail and prescription mail orders.
- Public Safety** – Proposals should emphasize neighborhood or community-based activities focused on safe keeping of citizens. Program services may include, but not be limited to, supportive counseling, referrals, grief support to individuals & families, neighborhood patrols/watch, and code enforcement etc.
- Domestic Violence
  - Gun Violence
- Recreation (Youth)** – Proposals should center on youth programs. Eligible service activities may include, but not be limited to, sports and cultural enrichments (arts, crafts, music, theater, etc.)
- Arts
  - Sports



**Sum-8** Which census tract(s) DOES this program serve? (See census tract map in the Instructions)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sum-9** Number of unduplicated persons this program currently serves:

\_\_\_\_\_ Monthly

\_\_\_\_\_ Annually

## II. THRESHOLD CRITERIA INFORMATION

**Thr-1. Which low/moderate income National Objective is met by the following:** (choose one)

1.  Low/Moderate Clientele (LMC)
2.  Low/Moderate Area (LMA)

**Thr-2. Did representative from organization attend workshop or view webinar?**  Yes  No  
*If yes, date attended: \_\_\_\_\_*

**Thr-3. Does your organization have at least a five (5) member board?**  Yes  No  
*If yes, does the board meet twice a year?*  Yes  No

**Thr-4. Is the organization tax exempt, 501(c)(3)?** (*Attach copy as Attachment #1*)  Yes  No  
*If yes, give date exemption granted: \_\_\_\_\_*  
 Does the organization have a federal tax I.D. number?  Yes  No

**Thr-5. Has your organization been in existence for at least two years?**  Yes  No  
*If yes, provide proof (see Required Attachment page for details) (Attach copy as Attachment #2)*

**Thr-6. Does your organization have balances of unexpended funds of more than 2 years and/or have unresolved audit findings and tax issues?** (*If yes, explain*)  Yes  No

**Thr-7. Did your organization submit the most recent fiscal year cash flow statement, financial Statements, and if available, recent audit or 990 within the past 2 years?**  Yes  No  
*(Attach copy as Attachment #3)*

**Thr-8. Did your organization read and sign the certification form?**  Yes  No

**Thr-9. Did your organization submit the current Non-profit Corporation Information Update (Michigan Annual Non-Profit Report)?** (*Attach copy as Attachment #4*)  Yes  No

**Thr-10. Did your organization submit Certificate or Articles of Incorporation?** (*Attach copy as Attachment #5*)  Yes  No

**Thr-11. Does your organization have proof of operating cash on hand (at least 7% of the request)?**  
*if yes, please provide bank statements or other forms of proof*  Yes  No  
*(Attach copy as Attachment #6)*

**Thr-12. Proposal was completed, typed, submitted by deadline and on correct form?**  Yes  No

**Thr-13. Did your organization submit Certificate/Letter of Good Standing?**  Yes  No

## II. ORGANIZATIONAL INFORMATION

**Org-1. Briefly describe your organization and the unique experiences and qualifications that make your organization the most appropriate to provide the proposed services?** (An organizational brochure may be attached to this page.)

**Org-2. How is the board selected?**

- Election by board  
 Other\_\_

- Appointment by board  
 Election by membership

**Org-3. List dates and times the board met last year:**

**Org-4. List dates and times the board is anticipated to meet this year:**

**Org-5. Who is the Chairperson/President of your board?**

**Org-6. List organization's board members: See criteria regarding board.**

-----Check all that apply-----

NAME	HOME ADDRESS Street, City, Zip	Resident within project boundaries	Resident of the City of Detroit	Works in the City of Detroit	Detroit Business Owner
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### III. MANAGEMENT PLAN

**The following questions pertain to the specific CDBG grant request.**

**MP-1. Please provide a funding action plan for the activity (ies) you plan to fund through this application.**

Project/Activity	Identify source of funding support. Associate each funding source with a percentage, if necessary.  i.e. CDBG grant-- 50% (indicates CDBG will cover 50% of general operating costs)	Person(s) Responsible for obtaining the funds i.e. grant writer, board member(s), director etc.
General Operations	CDBG-- ___ % Other-- ___% (indicate)	
Activity 1 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 2 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 3 (identify):	CDBG-- ___ % Other-- ___% (indicate)	

**MP-2. Please provide a calendar of events for Project/Activity.**

Funding Project/Activity	Estimated length of the program (i.e. 3 months, 6 months, 9 months, year round)	When will the project/activity be ready to begin? (i.e. summer, fall etc.)	When will the project/activity End? (i.e. end of summer, end of fall, end of winter)
Project/Activity 1 (identify):			
Project/Activity 2 (identify):			
Project/Activity 3 (identify):			
Project/Activity 4 (identify):			

# Public Service Activity Section

**If you are requesting funding for more than one public service activity, please complete one public service proposal for each activity.**

Total Amount of Request \$ \_\_\_\_\_

Activity Name \_\_\_\_\_

Do Not Remove this Page

**I. PROJECT DESCRIPTION**

**PS -1. Describe ONLY the program/project for which funds are being requested. (USE ONLY THE SPACE PROVIDED AND 12 POINT FONT!**

Large empty rectangular box for project description.

**PS-2.** What is the objective of the Program?

**PS-3.** Provide an estimate of the total number of individuals or the number of households needing the program services in the selected target area.

Number of individuals \_\_\_\_\_

Number of households \_\_\_\_\_

**PS-4.** Reason for requesting CDBG/NOF funding for this activity (*check all that apply*):

- Continue existing CDBG/NOF funded Public Service project
- Prevent reduction of existing service levels (*due to increased costs*)
- Expand (add to) existing service levels to meet unmet demand or increased needs
- Create a new activity to meet a gap in existing services
- Replace a loss of other funding to existing program
- Match or leverage another funding source
- Replace volunteer efforts
- Other, please explain \_\_\_\_\_

**PS-5.** What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?

**PS-6.** What percentage of your participants are low to moderate income? \_\_\_\_\_%  
What documentation do you maintain to verify participants meet the low/moderate income requirement?

**PS-7.** What percentage of your clients are Detroit residents? \_\_\_\_\_%  
What documentation do you have on file to verify participants meet the Detroit residency requirement?

**PS-8.** Does this Program charge fees to participants? Yes No  
(*Note: fees must not exclude low/moderate income people*)

**PS-9.** If yes, how much? \$ \_\_\_\_\_/ per (*Check one*) \_activity \_week \_month \_year

**PS-10.** If fees are charged, explain your policy for waiving or otherwise paying fees for persons unable to pay:

**PS-11.** How will you market this program, i.e. how will people know this program is available?

**PS-12.** Will the proposed activities operate year-round or seasonally? Year-round Seasonal  
If seasonal, which months of the year will this program operate?

**PS-13.** List the hours each day that this Public Service program is and/or will be in operation. Attach a separate sheet if there are multiple activities or locations. *(City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you MUST notify the Housing and Revitalization Department in writing):*

	Activity	HOURS OF CURRENT PROGRAM	HOURS OF PROPOSED PROGRAM	Location Address (include zip code)***
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

**PS-14.** Does your organization provide services within a targeted area? (These areas are shown on the map located at the end of the Public Services RFP Information Package)?  Yes  No

**PS-15.** Please list any days/times your program would not be operating, i.e. holidays, Election Day, vacation periods, etc.

**PS-16.** Are there any other organizations that provide a similar service in your service area? *Please identify:*  Yes  No

**PS-17.** What community support do you have for this program, i.e., how do you relate to the community around the location of your program?

How do you involve other community?

Organizations and/or residents? (Please provide 3 support letters describe in the attachment section and label as Attachment A)

**PS-18.** List volunteer assistance and in-kind support received in the operation of the program. In-kind support includes donated equipment, goods and services (i.e., food, computer equipment, professional consultants).

**PS-19.** 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).

**PS-20.** How long has the program been operating?

**PS-21.** How do you plan to sustain the program when funding ends?

**PS-22.** What unmet need is being addressed through this program?

**PS-23.** How does this program address the City of Detroit's Public Service Priorities?

**PS-24.** How will you make the program more accessible to the population being served?

**PS-25.** Describe the specific social condition that will be impacted by the program.

**PS-26.** Where in your program can you demonstrate innovation?

## II. ACTIVITIES, OUTPUTS, OUTCOMES & IMPACTS

**OUTPUTS**, are the products of program activities, or the result of program processes. They are the deliverables. Some even use the term interchangeably with “activities.” Outputs can be identified by answering questions such as:

- What will the program produce?
- What will the program accomplish?

**IMPACTS**, assesses the changes that can be attributed to a particular intervention, such as a program, program or policy, both the intended ones, as well as ideally the unintended ones

**OUTCOMES**, are changes in program participants or recipients (aka the target population). They can be identified by answering the question:

Example: How will program participants change as a result of their participation in the program?

**Instruction:** List and describe in detail each activity/service. Include additional sheets, if necessary.

### EXAMPLE

<b>Service/Activity Name:</b>					
<i>After School Recreation Program/Project</i>					
<b>Service/Activity Description:</b>					
<i>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.</i>					
<b>Outputs</b>					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
35	400	<i>Mon, Wed, and Fri.</i>	<i>3:30pm to 5:30pm</i>	<i>Ann Smith, Ed Jones</i>	<i>Rec. Coordinator Phys. Ed. Assistant</i>
Benefits to Participants (Outcomes)					
<ul style="list-style-type: none"> <li>• <i>Develops skills in sports and other recreation activities</i></li> <li>• <i>Engages youth in constructive, supervised play</i></li> <li>• <i>Provides no cost care for children while parents are working.</i></li> </ul>					

### PROPOSED ACTIVITIES

*(Activities related to the proposed programs/projects for which you are requesting)*

<b>Service #1/Activity Name</b>					
<b>Service/Activity Description</b>					
<b>Outputs</b>					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
<b>Benefits to Participants (Short-Term and Long-Term Outcomes)</b>					

<b>Service 2/Activity Name</b>					
<b>Service/Activity Description</b>					
<b>Outputs</b>					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
<b>Benefits to Participants (Short-term and Long-term Outcomes)</b>					

Service3/Activity Name					
Service/Activity Description					
Outputs					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
Benefits to Participants (Short-term and Long-term Outcomes)					

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

**Out-2.** What are the outputs for the proposed program/project activity during the year?

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

**Out-4.** What process and tools are in place to measure program outcomes?

**Out-5.** What kind of lasting benefits does your organization hope to provide to your clients through the services that it provides? This can occur for participants in the form of new or different levels of:

- Awareness
- Learning
- Skills
- Knowledge
- Understanding
- Behaviors
- Abilities
- Attributes

**Out-6.** How successful was the agency in achieving the proposed outcomes?

**Out-7.** What outcome indicators were used to determine the results?

**Imp-1.** Will you track program participants after they complete the program? If so, How?

**Imp-2.** Short-term (1 year) – Describe the initial impact during the clients' first year of participation in the program.

**Imp-3.** Intermediate (2 years) – Describe the subsequent impact on the client population that is anticipated as a result of their participation in the program, if applicable.

**Imp-4.** Long-Term (3 - 5 years or more) – Describe the eventual impact on the client population that is anticipated as a result of their participation in the program.

### III. BUILDING INFORMATION

The following information should be provided for each building where a proposed public service activity occurs. If your organization uses more than one facility, please complete a duplicate form for each building. If more than three (3) sites are used, please contact Grants Management at 628-0044 for instructions.

**PS-30. Address of site (number, street name & zip code):** \_\_\_\_\_

**PS-31. Does your organization own this building?**  Yes  No

*(if yes, provide proof of ownership, i.e. deed, etc., label as #PS-20)*

**If no, who owns this building?** \_\_\_\_\_

**If no, does your organization have a lease?**  Yes  No

*(if yes, provide proof of lease agreement, label as #PS-20)*

**Date lease effective:** \_\_\_\_\_

**Date lease expires:** \_\_\_\_\_

		Yes	No	Unknown or N/A
<b>A</b>	Are property taxes for this site paid to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b>	Is this facility used as an emergency homeless shelter for more than 4 weeks/year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b>	Is this facility licensed as an emergency shelter for the homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b>	Is this facility/program licensed as a substance abuse treatment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b>	Is this site barrier-free (handicap accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b>	Does the building use comply with zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>G</b>	Does the building comply with building and fire code regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>H</b>	Has this building been designated historic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>I</b>	Has this building been inspected by the Health Department? If so, provide date of most recent inspection: _____ <i>(Attach inspection copy as Attachment # 7 )</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>J</b>	Has this building been inspected by Buildings Safety Engineering & Environmental Department? If so, provide the date of most recent inspection: _____ <i>(Attach inspection copy as Attachment # 7 )</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>K</b>	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection: _____ <i>(Attach inspection copy as Attachment # 7 )</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>L</b>	Does sponsor have sufficient income to operate/maintain this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>M</b>	Are any religious activities held at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## IV. BUDGET

**Bud-1. Who is responsible for maintaining your organization's financial records (bookkeeper, accountant, treasurer, etc.)?**

\_\_\_\_\_  
 Name      Phone      Position

**Bud-2. What was the amount of your organization's total budget for your most recent fiscal year (for the entire organization)?**      \$ \_\_\_\_\_

*(attach a copy of your financial statements for your most recent fiscal year as attachment #3)*

**What was the amount of your total budget for your most recent fiscal year (for the proposed CDBG activity)?**      \$ \_\_\_\_\_

**Bud-3. Has your organization had an A-133 audit by a Certified Public Accountant?**  
 Yes     No

**Bud-4. When was the most recent audit, compilation, or review of your financial records completed?**      **Date:** \_\_\_\_\_  
*(Attach a copy of the findings from your most recent audit)*

**Bud-5. List CDBG/NOF funds awarded since July, 2013 to date.** *(If necessary, attach additional pages, and label as Bud-5).*

DATE	CDBG/NOF Activity	Amount Awarded	Balance Remaining <i>(if any)</i>

**Bud-6. Do you currently have a contract with the city for CDBG/NOF funds?**     Yes     No  
 If yes: What are term date(s) of the contract? \_\_\_\_\_

**Bud-7. Have you submitted CDBG/NOF payment reimbursement requests?**     Yes     No     NA  
 If yes: Date last payment request was submitted: \_\_\_\_\_  
 For what period was the reimbursement requested? \_\_\_\_\_

**Bud-8. List other funding sources (not CDBG) awarded since December, 2016. (If necessary, attach additional pages, and label as Bud-8). (Attach proof, i.e. letter of credit, notarized award statement, etc.):**

DATE	Funding Source	Amount awarded, activities, etc.	Balance Remaining (if any)

**Bud-9. Are all your taxes and water bills current?**  Yes  No

**Bud-10. Describe or provide documentation of an acceptable and accountable financial management system that minimizes any opportunity for fraud, waste, or mismanagement. Explain the proposed activity's fiscal management system, cash handling procedures, accounts payable, etc. Please use the space below or attach a separate page labeled [Bud-11].**

**Budget requests must be a minimum of \$100,000 (per request)**

**Bud-11. Public Service Total Budget**

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2016-2017 CDBG/NOF
<b>PERSONNEL</b>		
Salaries <i>(should match total from salaries- Org-10)</i>		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant personal services contracts <i>(List title for each &amp; hourly rate or weekly pay or other fee scale)</i>		
<b>OPERATING EXPENSES (pro rata share)</b>		
<b>SPECIFIC PROGRAM/PROJECT EXPENSES – Excluding personnel (Itemize)</b>		
<b>TOTAL AMOUNT REQUESTED FROM CDBG/NOF</b>		

**Bud-13. What percentage of your budget (compared to total costs) will be expended on administrative costs? \_\_\_\_\_ (Administrative costs cannot exceed 10% - 12% of total budget)**  
*(Administrative cost total divided by total program costs will give you the administrative cost percentage)*  
*(Examples of Administrative costs incl. Management, Accounting, Non-Operational, etc.)*

**Bud-14. Explain and justify each proposed budget line item and why CDBG funds are required.**

## **ATTACHMENT 9**

### **HUD Conflict of Interest Requirements**

**The City of Detroit, Housing and Revitalization Department has revised HUD's conflict of interest clause in all City of Detroit contracts. Please be aware, these requirements will apply if you are awarded a contract with the City of Detroit.**

a. The Contractor warrants that its participation in this contract will conform to the requirements all of the applicable Community Development Block Grant regulations including Sections 84.42, 85.36 and 570.611 of Title 24 of the Code of Federal Regulations, and further warrants that such participation will not result in any organizational conflict of interest. Organizational Conflict of interest is defined as a situation in which the nature of work under this contract and the Contractor's organizational, financial, contractual or other interests are such that:

1. Award of the contract may result in an unfair competitive advantage; or
2. The Contractor's objectivity in performing the contract work may be impaired.

In the event the Contractor has an organizational conflict of interest as defined herein, the Contractor shall disclose such conflict of interest fully in the submission of the proposal and/or during the life of the contract.

b. The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the Director and Executive Manager, which shall include a description of the action which the Contractor has taken or intends to take to eliminate or neutralize the conflict. The Housing and Revitalization Department may, however, terminate the contract if it is in best interest of the City.

c. In the event the Contractor was aware of an organizational conflict of interest before the award of this contract and intentionally did not disclose the conflict to the Housing and Revitalization Department (H&RD) may terminate the contract for default.

d. The provisions of this clause shall be included in all subcontracts and consulting agreements.

e. No federal, state or local elected official nor any member of the City of Detroit Planning Commission or employee of the Housing and Revitalization Department nor any corporation owned or controlled by such person, shall be allowed to participate in any share or part of this contract or to realize any benefit from it. This provision shall be construed to extend to this contract if made with a corporation for its general benefit.

f. No member, officer, or employee of the City of Detroit, Housing and Revitalization Department, no member of the governing body of the City of Detroit or any other local government and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the program/project, shall, during his or her tenure, or for one year thereafter, have any interest, direct or indirect, in this contract or the proceeds thereof.

g. The Housing and Revitalization Department reserves discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

# ATTACHMENT 10

## HUD FINAL RULE: REVISED CHURCH AND STATE REGULATIONS

Pursuant to Title I of the Housing and Community Development Act of 1974, as amended, and the implementing CDBG regulations at 24 CFR 570.200(j) dated September 30, 2003, the Sponsoring Organization agrees that, if awarded CDBG funds for eligible activities: a) It will not discriminate against any person applying for, or seeking to participate in, CDBG funded activities on the basis of religion and will not limit such services or give preference to persons on the basis of religion or religious belief; b) It will provide no religious instruction or counseling, conduct no religious worship or services, and engage in no religious proselytizing, in the provision of funded CDBG activities; c) If the organization conducts any religious activities, such activities must be offered separately in time or location from the funded CDBG activities and participation of beneficiaries of CDBG funded activities in any such religious activities must be wholly voluntary; d) If CDBG funds are received for public service activities, minor maintenance repairs may be made to the facility

space in which public services are to be provided only in proportion to the CDBG funding allocation for the entire facility and to the extent to which the facility is used for secular, public service eligible purposes. Such space must not be a sanctuary, chapel or other room(s) used as a principal place of worship or for inherently religious activities; e) No CDBG funds may be used to improve, acquire, construct, rehabilitate, repair or maintain a sanctuary, chapel or other rooms that a CDBG-funded religious congregation uses as its principal place of worship or for inherently religious activities. However, if CDBG funds are awarded for public facility rehabilitation, and space other than provided above is used, the CDBG funds may be used for rehabilitation of structures only to the extent and proportion that those structures are used for conducting eligible CDBG activities. CDBG funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible CDBG activities in accordance with cost accounting requirements of OMB Circular A-122.

# ATTACHMENT 11

## DETROIT CITY COUNCIL/HOUSING & REVITALIZATION DEPARTMENT CDBG PROPOSAL APPEALS PROCEDURE

### Process for Appealing a City Funding Recommendation

The City Council/H&RD Community Development Block Grant Appeals Hearing will serve as a formal opportunity for applicants to appeal the funding recommendations made to City Council. All applicants who applied for funding will receive a letter of notification of the date, time, and location for the Appeals Hearing. Appeals may only be made by those organizations that were not recommended for funding. Appeals are to be made in writing using the attached form (attachment B). The form is to be submitted on the day of the hearing at the registration table. Organizations are asked to retain a copy of the form for your records. Final decisions will not be made on the day of the appeal, but they will be addressed during the Council's subsequent deliberations. Any applicant making an appeal after The Hearing of Appeals or desiring to appeal the subsequent decisions of the City Council may make such an appeal in writing through the office of the City Clerk utilizing the normal petition process.

# Certifications

To be signed and notarized by an authorized representative of the Board of Directors

I certify that I have read the “HUD Final Rule: Revised Church and State Regulations” as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with the requirements of the U.S. Constitution regarding separation of church and state, and I commit the sponsoring organization to full compliance.

I certify that I have read the “HUD Conflict of Interest Regulations” as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with HUD Conflict of Interest Regulations, and I commit the sponsoring organization to full compliance.

I certify that the Board of Directors of this organization is not majority family controlled or related by blood and/or marriage.

I certify that I have read and understand the notices and warnings listed above.

I certify that the information presented in this proposal is true.

I certify that the Board of Directors has authorized the submission of this CDBG/NOF proposal.

I certify that no persons or organizations associated with this CDBG/NOF proposal is on the HUD Debarment List.

I further certify that I have been authorized by the Board of Directors to execute these certifications on our behalf.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 201\_\_,

by \_\_\_\_\_, the \_\_\_\_\_ of  
Name Title

\_\_\_\_\_, a non-profit Corporation on behalf of the Corporation.  
Organization Name

\_\_\_\_\_  
Notary Public

**EXHIBIT “A”**  
**SUPPORT LETTERS**

*(Please attach and label as Exhibit A)*

# ATTACHMENT B

## 2017-18 Proposal

City of Detroit Housing & Revitalization Department/ City Council  
2017-18 Community Development Block Grant/Neighborhood Opportunity Funds (CDBG/NOF)

### APPEAL REQUEST FORM

*(Only those organizations not recommended for funding are eligible to make an appeal.)*

**Name of organization:**

\_\_\_\_\_

What activity did you apply for? *(Check all that applies.)*

- Public Services*
- Homeless Public Service*
- Public Facility Rehab*
- Commercial Façade Rehab*

If you applied for more than one activity which activity recommendation are you appealing? *(A separate appeals form will be needed for each activity.)*

\_\_\_\_\_  
\_\_\_\_\_

What type of service does your organization provide? *(ex. senior meals, youth tutoring, new construction, etc.)*

\_\_\_\_\_

Please explain your understanding of the reason your organization was not recommended for funding.

\_\_\_\_\_  
\_\_\_\_\_

In the space provided below, state your reason for this appeal and/or why you should be recommended for funding.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Title: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_