

CITY OF CHANDLER  
 FY 2013 - 2014 REQUEST FOR PROPOSALS  
 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

**PUBLIC FACILITIES AND INFRASTRUCTURE IMPROVEMENTS & HOUSING REHAB PROJECTS**

**SECTION A. PROPOSAL PROFILE**

1. Check the type of development activities that this proposal will undertake with CDBG funds:	
<input type="checkbox"/> Public Facility Acquisition	<input type="checkbox"/> Single Family Rehab
<input type="checkbox"/> Public Facility New Construction	<input type="checkbox"/> Clearance/Demolition
<input type="checkbox"/> Public Facility Rehabilitation	<input type="checkbox"/> Emergency Home Repair
<input type="checkbox"/> City Sponsored Infrastructure Improvements	<input type="checkbox"/> City Sponsored Public Housing Improvements
2. Project Name	
3. Project Physical Address	
4. CDBG Funding Request:	\$
5. Other Funds (if applicable)	\$
6. Total Project Cost:	\$

**SECTION B. APPLICANT INFORMATION**

7. Applicant Organization (Full Legal Name)	
8. Doing Business As (DBA)	
9. Type of Entity (check one)	<input type="checkbox"/> Non-profit <input type="checkbox"/> Non-profit faith based <input type="checkbox"/> Public School <input type="checkbox"/> Charter School <input type="checkbox"/> City of Chandler Department
10. Executive Director / CEO Name	
11. Project Contact Person	
12. Contact Person Phone & Fax	
13. Contact Person Email Address	
14. Number of Years Agency in Operation	
15. Tax Exempt ID #	
16. Date of IRS Determination	
17. DUNS Number	
18. Total Operating Budget for FY 2012	
19. List Other Cities Who Provide Your Organization with CDBG Assistance for this Program	

20. 2011 Financial Audit complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Dates covered by Financial Audit	From:            To:            Completed:
22. 2011 Financial Statement complete?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Dates covered by Financial Statement	From:            To:            Completed:
24. List Other Sources of Agency Funding (United Way, DES, State, donations)	List Funding Amount
1.	
2.	
3.	
4.	
5.	

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**SECTION C. PROJECT DETAILS**

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<b>Project Location and Description of Target Population to be Served</b>							
25. Identify the service boundaries for the project. The geographic boundaries are:							
26. Does the agency submitting the proposal own the facility? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If no, explain here:							
27. Is the facility where services will be provided accessible to persons with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/>							
28. Provide the number of persons <b>to be served</b> by this project (total unduplicated persons)							
29. Provide the number of target population <b>to be served</b> by their age	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Infants (&lt;1 yr)</td> <td style="width: 50%;">Adults (19–64 yrs)</td> </tr> <tr> <td>Children (1yr -12 yr)</td> <td>Seniors (65 yrs+)</td> </tr> <tr> <td>Youth (13–18 yrs)</td> <td></td> </tr> </table>	Infants (<1 yr)	Adults (19–64 yrs)	Children (1yr -12 yr)	Seniors (65 yrs+)	Youth (13–18 yrs)	
Infants (<1 yr)	Adults (19–64 yrs)						
Children (1yr -12 yr)	Seniors (65 yrs+)						
Youth (13–18 yrs)							
30. Provide the number of target population <b>to be served</b> by their income range	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">0-30% Area Median Income (AMI)</td> <td style="width: 33%;">31-50% Area Median Income (AMI)</td> <td style="width: 33%;">51-80% Area Median Income (AMI)</td> </tr> </table>	0-30% Area Median Income (AMI)	31-50% Area Median Income (AMI)	51-80% Area Median Income (AMI)			
0-30% Area Median Income (AMI)	31-50% Area Median Income (AMI)	51-80% Area Median Income (AMI)					

<b>Quantifiable Accomplishments &amp; Meeting CDBG National Objective</b>
<p><b>PROPOSAL ACCOMPLISHMENTS INSTRUCTIONS</b></p> <ul style="list-style-type: none"> <li>• Provide your proposed accomplishment for this funding request. Provide your response based on what agency proposes to accomplish should you receive a CDBG grant award.</li> <li>• For "Units", select <b><i>ONLY ONE</i></b> category that best measures your proposed activity. Then, assign a number, e.g., 100 non-duplicated homeless persons are to be served per twelve month program year.</li> <li>• For "Unit Cost", divide the amount of funding by the number of service units.</li> <li>• These categories conform to HUD's online performance measurement system and are used for reporting purposes.</li> </ul>

31. Accomplishment Type	Units	Unit Cost
People (general)		
Youth		
Elderly		
Households (general)		
Large Households		
Small Households		
Elderly Households		
Facilities (for facility rehabilitation/improvement)		
Housing Units (rehabilitation)		
<b>32. Meeting CDBG National Objective</b>		
<b>Check One:</b>		
<input type="checkbox"/> Project will benefit low and moderate income persons or households (more than 51% of clients served are low and moderate income persons)		
<input type="checkbox"/> Project will aid in the prevention or elimination of slum and blight		
<input type="checkbox"/> Meeting a particular urgent need		
<b>33. Description of Persons to be Served</b>		
<input type="checkbox"/> Project will serve all residents in a particular service area	<input type="checkbox"/> Project will serve the elderly	
<input type="checkbox"/> Project will serve homeless persons	<input type="checkbox"/> Project will serve persons with disabilities	
<input type="checkbox"/> Project will serve the elderly (62 years and older)	<input type="checkbox"/> Project will serve abused children & youth	
<input type="checkbox"/> Project will serve battered spouses and children	<input type="checkbox"/> Project will serve illiterate adults	
<input type="checkbox"/> Project will serve persons living with AIDS	<input type="checkbox"/> Project will serve migrant farm workers	

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**SECTION D. PROJECT DESCRIPTION**

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<b>34. Project Description (1000 characters max)</b>
Instructions: In the space provided, describe the type of project and how the CDBG funds will be used. Be concise in stating the types of activities and nature of the project.
<b>35. Project Purpose and Facilities Operation(1000 characters max)</b>
Instructions: Specify how the project will benefit low and moderate income persons. If the proposal is a public facilities improvement, describe the agency's ability to provide operational support for the improvements now and in future years.

<b>36. Project Location &amp; Size (250 characters max)</b>
Instructions: Provide the site address, geographic boundaries and census tracts where there the CDBG-assisted activity(s) will be located. Also, describe the project size and other details that describe the complexity of the project.
<b>37. Project Zoning &amp; Parking (250 characters max)</b>
Instructions: Specify the current zoning of the proposed site(s) and what type of zoning will be required for the project. Indicate whether additional parking is needed.
<b>38. Project Architectural Services (150 characters max)</b>
Instructions: Architectural services are <i>required</i> for new construction and most Public Facility rehabilitation projects. Indicate whether an architect assisted in the development of the project budget and whether any design work has begun. Provide the name of the architectural firm if applicable.
<b>39. Other Funding Needed for this Proposal (150 characters max)</b>
Instructions: Some projects are 100% CDBG funded and others require additional gap funding. If additional funding is needed to complete the project, please explain the source of these funds and whether they are firmly committed to the project at this time. If they are not available at the time of application, explain the project would be complete without these funds.
<b>40. Site Control (150 characters max)</b>
Instructions: Identify the ownership of the project site. If the project involves acquisition, indicate whether an appraisal has been obtained. Public Facilities grants are secured by the placement of a lien on the real property and properties not owned by the agency must be under a long term lease to be considered for funding.



**EXHIBIT A – PROJECT BUDGET**

Budget Cost Components	CDBG Funds Request	Agency Funds and In-Kind Contributions	Total Project Costs for Program Year (12 months)
<b>LAND</b>			
Real Estate Services			
Land Acquisition			
<b>TOTAL LAND</b>			
<b>PROFESSIONAL SERVICES</b>			
Architectural Services (1)			
Asbestos Surveys (2)			
Environmental Services (3)			
Relocation Services (4)			
Other (5)			
<b>TOTAL PRO SERVICES</b>			
<b>CONSTRUCTION MATERIALS/SUPPLIES/ LABOR</b>			
Site Improvements			
Labor (6)			
Materials			
Equipment (7)			
Fees & Permits (8)			
Fingerprinting			
Other (9)			
<b>TOTAL CONSTRUCT COSTS</b>			
<b>TOTAL PROJECT COSTS</b>			
Use this box to explain any budgeted costs that require additional clarification:			

- 1) Architectural services are required of most capital projects.
- 2) Asbestos surveys required for all public facilities rehab projects.
- 3) Environmental services required for all project and the cost is paid by the project, City staff can provide an estimated cost based upon the project activity.
- 4) Relocation services are required in only limited types of projects where a person is displaced from their home.
- 5) Other – explain and specify.
- 6) Davis Bacon Prevailing Wages will affect the cost of labor. City staff can provide sample wage decision.
- 7) Equipment that is not an integral structural fixture is generally not eligible for purchase with CDBG funds.
- 8) Include costs of fees and permits payable to the City of Chandler in connection with the project.
- 9) Other – explain and specify.

**EXHIBIT B – PROJECT GAP FUNDING INFORMATION**

<b>Project Title:</b>				
<ol style="list-style-type: none"> <li>Public Facilities projects <i>do not require other funding in addition to the CDBG request.</i></li> <li>However, if the total project cost exceeds the Chandler CDBG request, then the City requires the detailed information on the gap funding for the project. Applicants must completed the information below and include a description of the Agency's plan to complete the project if the other funding does not materialize.</li> <li>If the Agency has the other project funding secured, provide written proof of those funds and attach to the proposal.</li> </ol>				
<b>OTHER FUNDS INFORMATION</b>				
<b>TYPE &amp; SOURCE OF OTHER FUNDS</b>	<b>CASH VALUE</b>	<b>FIRMLY AVAILABLE</b>	<b>FUNDS TENTATIVE</b>	<b>EXPLAIN</b>
1.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>TOTALS</b>		\$	\$	
Please explain how the project would be completed, if the project gap funds do not materialize:				

<p><b>PROPOSAL CERTIFICATION:</b>          I certify the information contained in this proposal is true and accurate. I further understand material omission or false information contained in this proposal constitute grounds for disqualification of the proposer (s) and this proposal.</p> <p>Authorized Signature &amp; Title:</p> <p>Typed Name:</p> <p>Date</p>
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