

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

PUBLIC SERVICE

SECTION A. PROPOSAL PROFILE

1. Funding Priority: (Check One)	
<input type="checkbox"/> Homeless Services <input type="checkbox"/> Fair Housing <input type="checkbox"/> TBRA Supportive Assistance <input type="checkbox"/> Code Enforcement Blight Elimination <input type="checkbox"/> Other _____	
2. Project Name	
3. Project Physical Address	
4. CDBG Funding Request:	\$
5. Matching Funds (if applicable)	\$
6. Total Project Budget:	\$

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
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 Project	

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.	

SECTION C. PROJECT DETAILS

Project Location and Description of Target Population to be Served							
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"/> 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 to be served by this project (total unduplicated persons)							
29. Provide the number of target population to be served by their age	<table border="0"> <tr> <td>Infants (<1 yr)</td> <td>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 to be served by their income range	<table border="0"> <tr> <td>0-30% Area Median Income (AMI)</td> </tr> <tr> <td>31-50% Area Median Income (AMI)</td> </tr> <tr> <td>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)							
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51-80% Area Median Income (AMI)							

Quantifiable Accomplishments & Meeting CDBG National Objective
<p>INSTRUCTIONS FOR PROPOSAL ACCOMPLISHMENTS</p> <ul style="list-style-type: none"> • 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. • For "Units", select <i>ONLY ONE</i> 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. • For "Unit Cost", divide the amount of funding by the number of service units. • These categories conform to HUD's online performance measurement system and are used for reporting purposes.

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)		
32. Meeting CDBG National Objective		
Check One:		
<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		
33. Description of Persons to be Served		
<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		

SECTION D. PROJECT DESCRIPTION

34. Project Description (1000 characters)
Instructions: In the space provided, summarize the specific activities proposed for CDBG funding. Be concise in stating the nature of the project and what costs, positions, and operating expenses will be funded with CDBG funds. Also define the purpose and service need.
35. Project Service Delivery Method & Location (1000 characters)
Instructions: Provide a brief description of how your project will be carried out, how you will reach your target population, and what services will be provided. Identify the location where this project will be delivered.

36. Project Objectives and Outcomes Description (1000 characters)
Instructions: Briefly describe the goals, objectives and outcomes anticipated as a result of the service. <i>Goals</i> are broad, general statements of what the project intends to accomplish (long-range intended outcomes). <i>Objectives</i> describe the intended purposes, and <u>intended</u> results or consequences of project activities. <i>Outcomes</i> are <u>achieved</u> results or consequences of what the project beneficiaries learned or achieved at the end of a project.
37. Target Population, Number of Persons Served, Service Boundaries (500 characters)
Instructions: Provide a brief description of the client target population to be served by the project, the total number of persons to be served in the grant year and the geographic service boundaries.
38. Collaboration with Other Agencies (500 characters)
Instructions: Explain if the proposed project will be carried out with the help or support of other agencies or organizations. Name the organizations and be specific about their involvement and/or support.
39. Other Funds Needed for this Proposal (500 characters)
Instructions: Public Service projects do not require additional funding. However, if other funds are needed to provide the services described what funding will be used in conjunction with City of Chandler CDBG funds to carry-out the program. Other funds can be a blend of agency cash, loans, grants or volunteer labor.
40. Site Control (500 characters)
Instructions: If services will be offered at a site owned by another organization, describe the terms of the facilities use for this project and submit proof. For example, if services are provided at a school, attach a letter from the school indicating their approval and commitment to the project.

41. Licensing Requirements (250 characters)
Instructions: List all licenses required to carry out the project. For example, the project may require a shelter licensing, health certificate for food preparation, chauffeur's license for transportation services, etc.

SECTION 5. PRIOR PERFORMANCE HISTORY / AGENCY CAPACITY

42. Agency Prior Performance History
Instructions. In the space provided, summarize the two most recent CDBG funded projects administered by your agency. If you have never received CDBG funding, list other recent agency project accomplishments. Complete all fields or write NONE if not applicable.
PROJECT EXAMPLE ONE
Project Name:
Project Address:
CDBG Funded? Yes <input type="checkbox"/> No <input type="checkbox"/> Name the Funding Source if not CDBG:
Describe the project and include the goals achieved, number of persons served and project completion date or anticipated completion.
PROJECT EXAMPLE TWO
Project Name:
Project Address:
CDBG Funded? Yes <input type="checkbox"/> No <input type="checkbox"/> Name the Funding Source if not CDBG:
Describe the project and included the goals achieved, number of persons served and project completion date or anticipated completion.

EXHIBIT A – PROJECT BUDGET

Budget Cost Components	CDBG Funds Request	Agency Funds and In-Kind Contributions	Total Project Costs for Program Year (12 months)
PERSONNEL			
Salaries and Wages			
Fringe Benefits			
TOTAL PERSONNEL			
PROFESSIONAL SERVICES			
Consultants (1)			
Bookkeeper/Accountant			
TOTAL SERVICES			
OPERATIONAL COSTS			
Rent			
Utilities			
Insurance			
Training			
Travel / Mileage			
Fingerprinting			
Audit (2)			
Other (specify) (3)			
TOTAL OPERATIONAL COSTS			
COMMODITIES			
Project Supplies (4)			
Printing			
Postage			
Project Equipment (5)			
Other (specify)(6)			
TOTAL PROJECT COSTS			
Use this box to explain any budgeted costs that require additional clarification as noted below:			

- 1) Consultant services must be directly related to funded project and explained above.
- 2) CDBG funds can help pay for audits under certain conditions, see audit requirements in guidebook.
- 3) 'Other Costs' must be defined and explained above.
- 4) 'Project Supplies' must be defined and explained above.
- 5) Project equipment generally is ineligible, however if the equipment needed is essential to carrying out the CDBG funded project then describe the equipment needed.
- 6) Other Costs must be defined and explained above.

EXHIBIT B – PERSONNEL SCHEDULE

Project Name:				
This schedule should only be completed if Exhibit A Budget contains CDBG paid Personnel Costs (agency staff salaries). Only information on CDBG paid salaried positions should be included on this schedule. Do not include fringe benefits.				
CDBG Paid Employee Position Title	Number of Full Time Equivalent Salary Postions	CDBG Dollars Funded	Other Agency Funds	Total Salary Amount
1.		\$	\$	\$
2.		\$	\$	\$
3.		\$	\$	\$
4.		\$	\$	\$
5.		\$	\$	\$
TOTALS		\$	\$	\$

<p>PROPOSAL CERTIFICATION</p> <p>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 & Title:</p> <p>Typed Name:</p> <p>Date</p>
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