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**CITY OF SHEBOYGAN**

**2017 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**REQUEST FOR PROPOSALS (RFP)**

FOR NON PROFIT ORGANIZATIONS AND MUNICIPAL AGENCIES

**For fiscal year**: April 1, 2017– March 31, 2018

THE PROPOSAL SUBMISSION **DEADLINE** IS:

***Friday, January 13, 2017***

***3:00 P.M.***

To view and understand the CDBG program, please review the CDBG Operating Policies and Procedures Manual available at <http://www.ci.sheboygan.wi.us/wp-content/uploads/2011/05/CDBG_Operating-Manual.pdf>

A Microsoft Word copy of this application is available on the City’s website: [www.sheboyganwi.gov](http://www.sheboyganwi.gov)

No proposals for the funding cycle will be considered after this date and time. Applications received after the deadline will be returned unopened.

The following RFP is for activities that qualify under as Public Service Activities. A detailed definition of eligible activities can be found later in this application.

**Proposals must provide evidence that the proposed program will primarily serve low and moderate income residents in the City of Sheboygan.**

If an organization is planning to request funding for more than one program, **each must be submitted separately.**

An emphasis will be made to fund programs that meet one or more of the three *national* objectives described below:

* Benefitting low- and moderate-income (LMI) persons, ie affordable housing, LMI jobs, LMI area benefit, etc.
* Prevention/Elimination of Slums or Blight
* Meeting other community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of our community.

As part of this application, the following items are ***Mandatory*** to be submitted:

1. Budget Information (current year and past year)
2. Written documentation regarding income verification process.
3. Most recent audited financial statement or audit report. Recipients of CDBG funds must provide an audited financial statement for the fiscal year in which the funds are received within 150 days of the end of the organization’s fiscal year. Organizations with $30,000 or less of annual expenditures/disbursements may provide a limited scope review. If any agency is not required to undertake an annual audit, reason(s) in writing must be clearly defined.
4. List of Board of Directors, including agency policy regarding Board membership and tenure of Directors.
5. By-Laws and/or Resolutions of the Board, including Restricted or Designated Funds.
6. Any other documentation that will assist in understanding and evaluating your Agency’s request.

**Incomplete applications will be disqualified and late applications will not be reviewed. Please make sure all necessary items are included.**

A completed application, **plus two (2) hard-copies and one electronic copy (such as on a flash drive or CD),** must be submitted by **3:00 PM on Friday, January 13, 2017**. Proposals may be hand delivered or sent by mail. Proposals sent by mail must be postmarked no later than January 13, 2017.

City of Sheboygan

Department of City Development

828 Center Avenue, Suite 104

Sheboygan, WI 53081

Questions concerning this RFP should be addressed to Chad Pelishek, Director of Planning & Development at the address above or call (920) 459-3383.

GENERAL REQUIREMENTS

**The FY 2017-2018 Community Development Block Grant (CDBG) Program has not received notification of the yearly allocation. All funding allocations by the Committee will be contingent on the amount of allowable funding from HUD and may be subject to change. If approved allocation does change, the Department of Planning and Development will notify each public service agency in writing of the change.**

**Proposals must provide evidence that the proposed program will primarily serve low and moderate-income City of Sheboygan residents.**

If the proposal does not meet one of the three National Objectives, or is determined to be ineligible under any of the CDBG regulations, the project will not be considered for funding.

**You are encouraged to check with us before submitting your proposal to make sure it is an eligible activity.**

Applications which are approved for funding are subject to monitoring of files and records for the program year in which funding is received.

***Your Responsibilities as a CDBG Sub-grantee***

All CDBG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **CDBG recipients must verify and document City of Sheboygan residency and U.S. legal status of all beneficiaries.** Recipients are also responsible for completing quarterly reports and submitting them to the City of Sheboygan, Dept. of Planning & Development. Staff is available to assist you and will work with your organization to help you achieve success in your program.

FORMAT OF SUBMISSION:

**Please submit one original, two (2) hard-copies and one electronic copy (such as on a flash drive or CD) of the application and attachments.**

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**BASIC INFORMATION**

Name of organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Charitable Tax #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year founded:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Profit Status (i.e., 501(c)(3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Municipal Department/Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT INFORMATION**

Project title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROJECT BUDGET**

Please provide the budget for the ENTIRE PROGRAM in the box below. Include CDBG and ALL OTHER sources of revenue for the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Support and Revenue** | **Last Year’s****Actual** | **Current****Year’s Budget** | **Next Year’s****Proposed** |
| Community Development Block Grant (CDBG) |  |  |  |
| Contributions |  |  |  |
| Foundations & Venture Grants |  |  |  |
| Special Events |  |  |  |
| Legacies & Bequests (unrestricted) |  |  |  |
| Collected through local member units |  |  |  |
| Contributed by Assoc. Organizations |  |  |  |
| Other Government Fees & Grants |  |  |  |
| Stateline United Way |  |  |  |
| All Other United Way |  |  |  |
| Membership Dues |  |  |  |
| Program Service Fees |  |  |  |
| Sales –Materials, Services |  |  |  |
| Sales to the Public/ Product Sales |  |  |  |
| Investment Income |  |  |  |
| Misc. Revenue (not otherwise listed) |  |  |  |
| **Total Support and Revenue** | **$** | **$** | **$** |
|  |  |  |  |
| **Expenses** |  |  |  |
| Salaries |  |  |  |
| Employee Benefits |  |  |  |
| Payroll Taxes |  |  |  |
| Professional Fees |  |  |  |
| Supplies |  |  |  |
| Telephone |  |  |  |
| Postage |  |  |  |
| Occupancy (building, grounds, utilities) |  |  |  |
| Equipment Rental & Maintenance |  |  |  |
| Printing, Art Work, Publications |  |  |  |
| Mileage for Staff |  |  |  |
| Conferences, Conventions, Meetings |  |  |  |
| Agency Dues |  |  |  |
| Awards, Grants,& Individual Assistance |  |  |  |
| Officers & Directors Liability Insurance |  |  |  |
| Misc. Expenses (not otherwise listed) |  |  |  |
| **Total Expenses** (Before Depreciation) | **$** | **$** | **$** |
| **Deficit or Excess** (Revenue –Expenses) | **$** | **$** | **$** |
| Depreciation |  |  |  |
| Payment to National Organization |  |  |  |

**PROJECT TYPE**

1. Please select the type of project you are requesting funding for **–Please check all that apply:**

**Public Services** - Includes labor, supplies,

and materials including but not limited to

those concerned with:

 Employment

 Education

 Crime prevention

 Recreational needs

 Drug abuse

 Energy conservation

 Fair housing counseling

 Senior Services

 Youth Services

 Homebuyer down payment

 assistance

 Other Eligible Activity (List below):

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

 **Housing Rehabilitation:** This

includes labor, materials, and other costs

related to rehabilitating houses:

 **Property Acquisition:** Acquisition of

property for any public purpose which

meets one of the national objectives.

 **Demolition:** Clearance, demolition or removal of buildings and improvements, including movement of structures to other sites. **Code Enforcement:** Costs incurred

for inspection for code violations and

enforcement of codes in deteriorating or

deteriorated areas.

**Commercial or Industrial**

**Rehabilitation:** The acquisition,

construction, rehabilitation or installation

of commercial or industrial buildings,

structures and other real property

equipment and improvements, including

railroad spurs or similar extensions.

**Micro-enterprise Assistance:** The

provision of assistance to businesses

having five or fewer employees.

**Planning:** Costs of data gathering,

studies, analysis, and preparation of plans

and the identification of actions that will

implement such plans.

**Public Facilities and Improvements:**

Acquisition, construction, reconstruction,

rehabilitation, or installation of public

facilities and improvements.

**Special Economic Development**

**Activities:** Provision of assistance to a

private for-profit business and economic

development services related to the

provision of assistance.

**Fair Housing:** Provision of fair

housing service and fair housing

enforcement, education and outreach.

1. **Project Description: (attach no more than 5 pages to this application).** Indicate whether this is a new program. Describe the program in depth of detail adequate to prevent any misunderstanding. However, excessive verbiage does not increase likelihood of funding.
2. Provide data on the number of people served by your program in the following table.

|  |  |
| --- | --- |
| **Household Type** | **Client Statistics** |
| **Last Year** | **This Year to Date** | **Next Year Projected** |
| Households, Below 30% of the County Median Income |   |   |   |
| Households, Below 50% of the County Median Income |   |   |   |
|  Households, Below 80% of the County Median Income |   |   |   |
| Households, Above 80% of the County Median Income |  |  |  |
| Households, Not Low/ Moderate Income |  |  |  |
| **TOTAL** |   |   |   |
| ***Race*** |   |   |   |
| ***Single Race and Ethnicity*** |   |   |   |
| White (Hispanic) |   |   |   |
| White (Non-Hispanic) |   |   |   |
| Black/ African American (Hispanic) |   |   |   |
| Black/ African American (Non-Hispanic) |   |   |   |
| Asian (Hispanic) |   |   |   |
| Asian (Non-Hispanic) |   |   |   |
| American Indian/ Alaska Native (Hispanic) |   |   |   |
| American Indian/ Alaska Native (Non-Hispanic) |   |   |   |
| Native Hawaiian/ Other Pacific Islander (Hispanic) |  |  |  |
| Native Hawaiian/ Other Pacific Islander (Non-Hispanic) |  |  |  |
| ***Multi-Race and Ethnicity*** |   |   |   |
| American Indian/Alaska Native and White (Hispanic) |   |   |   |
| American Indian/Alaska Native and White (Non-Hispanic) |   |   |   |
| Asian and White (Hispanic) |   |   |   |
| Asian and White (Non-Hispanic) |   |   |   |
| Black/African American and White (Hispanic) |   |   |   |
| Black/African American and White (Non-Hispanic) |   |   |   |
| American Indian/ Alaska Native & Black/African American (Hispanic) |   |   |   |
| American Indian/ Alaska Native & Black/African American (Non-Hispanic) |   |   |   |
| **All Other Races (Hispanic)** |   |   |   |
| **All Other Races (Non-Hispanic)** |   |   |   |
| **TOTAL ALL RACES & ETHNICITY** |   |   |   |
| Households with Children under 18  |   |   |   |
| Households with Handicapped/ Disabled Persons |   |   |   |
| Households with Elderly (62+) |   |   |   |
| Households with Male Head of Household |   |   |   |
| Households with Female Head of Household |   |   |   |

Median Income for Household Size is located on Appendix A

**YOUR ORGANIZATION**

1. Provide a brief description of your organization, its mission and goals, and key areas of activity. Include all services provided with numbers of recipients for past three years (summarized).
2. Statement of Specific Community need:
3. Proposed Program Goals:
4. Proposed Program Outcome Objective(s):
5. Proposed Program Outcome measures (minimum of three):

a)

b)

c)

**NATIONAL OBJECTIVES**

To be eligible for funding, the project and/or activity you are requesting funding for **must** **address one national objective**.

1. The project or activity described in this application directly benefits low- and moderate-income persons (please check all that apply)

The project meets the needs of low- and moderate-income persons. At least 51 percent of the participants or beneficiaries of the program must meet the low- and moderate-income guidelines listed in Appendix A.

The project is located in a low- and moderate-income area. In this case, the project must meet the needs of the residents of one of the areas identified on the map in Appendix B. Typical activities funded are streets improvements, water and sewer lines, parks, and other public facilities.

The project meets the needs of one of the following specific groups of people (low-mod limited clientele): abused children, elderly persons, battered spouses, homeless persons, severely disabled persons, illiterate adults, persons living with AIDS and migrant farm workers.

This project provides housing assistance to low- and moderate-income households. Fundable activities include housing rehabilitation, acquisition of property for housing, and homeownership assistance.

This project creates or retains jobs for low- and moderate-income persons.

The project described eliminates specific instances of blight or physical decay. The only activities to be funded under this category are acquisition, demolition or rehabilitation of buildings.

1. Describe how your program will meet one of the three national objectives, (ie benefit f LMI persons, prevention/elimination of blight/slum, or meets other community development needs).
2. Please describe the program services including hours of operation and is the service provided by: STAFF\_\_\_\_\_\_\_ VOLUNTEERS\_\_\_\_\_\_\_ BOTH\_\_\_\_\_\_\_\_

**PROGRAM BENEFICIARIES:**

1. Specify the population to be served by this proposal. Provide a brief description of the potential recipients including age, ethnicity, gender, income levels, and any other relevant characteristics.
2. What is the geographic area to be served (attach a map if the project in not City-wide)?
3. What services will be provided? What is the plan of action to be carried out?
4. How will you track beneficiaries’ data (income)?
5. Describe what is unique about this program or project. Explain how this does not duplicate services currently provided or fills a gap currently unavailable in the City of Sheboygan.
6. Will you provide on-going case management to the people serve by your program or project? If yes, how will you provide this on-going case management?
7. How will you verify and document City of Sheboygan residency and US legal status of your beneficiaries?
8. Estimate the number of individuals or households you expect to directly serve with the CDBG funds you are requesting.

 Total number of recipients

 (households, housing units, jobs)

 Total low- and moderate-income recipients

 (households, housing units, jobs)

1. PROGRAM STAFFING (Paid Staff and Volunteers) including how many of each, their titles and qualifications?
2. PROPOSED PROGRAM OUTCOMES/IMPACTS:
3. OUTCOME/IMPACT OF PROGRAM
4. COMMUNITY RESPONSIVENESS TO PROGRAM
5. ROLE/IMPORTANCE OF CITY OF SHEBOYGAN CDBG FUNDING
6. PLANNING FOR SUSTAINABILITY
* Does the organization have financial stability goals?
* If so, list them.
* Does the annual income statement for each of the past three years show a surplus or a deficit?
* If deficits have occurred what action has been taken?
1. RELATION TO OTHER PUBLIC OR PRIVATE PROGRAMS: Describe how your program will relate to and coordinate with other programs underway or proposed for the City of Sheboygan. Indicate if there is a formal contractual linkage.
2. DUPLICATION/OVERLAP OF SERVICES: Indicate whether other organizations provide a similar program and how your program avoids duplication of services.
3. HUD requires that a public service activity must be either a new service, or a quantifiable increase in the level of a service above that which has been provided. Please address how the activity that you propose for 2017 meets this requirement.
4. Provide a detailed list of accomplishments from previously funded Block Grant activities, if applicable. NOTE: Each organization that is funded through the HUD monies will be required to provide quarterly monitoring reports to the City of Sheboygan Dept. of Planning and Development indicating how your organization has met one or more of the three national objectives set forth by HUD and will be required to provide demographic data on the persons assisted.
5. Have you or any officers of your organization ever been involved in bankruptcy or insolvency proceedings?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ If yes, please provide the details.

1. Are you or your organization involved in any pending lawsuits?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ If yes, please provide the details.

15. Please indicate the census tracts/block groups that your programming will serve based on the attached map.

1. Please indicate whether your organization completes a single audit?

\_\_\_\_\_\_\_ Single Audit Not Required (Total Federal Expenditures less than $500,000)

\_\_\_\_\_\_\_ Single Audit Required (Total Federal Expenditures more than $500,000)

 If a single audit is required, please indicate your total Federal expenditures in a calendar year. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your organization have more than 25 employees? \_\_\_\_\_\_\_\_\_\_ If yes, please attach a listing of each employee, their National Origin and Race per the requirements of the Equal Opportunity Commission.

Certificate

I hereby certify that all the above statements and attachments submitted hereto are true and correct to the best of my knowledge and belief.

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

Authorized Signature Date

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

 Print Name and Title

APPENDIX A

MAXIMUM HOUSEHOLD INCOME LIMITS

(as of January 2016)

|  |  |  |
| --- | --- | --- |
| FAMILY SIZE | MEDIAN INCOME OF 50% | MEDIAN INCOME OF 80% |
| 1 | $22,950 | $36,700 |
| 2 | $26,200 | $41,950 |
| 3 | $29,500 | $47,200 |
| 4 | $32,750 | $52,400 |
| 5 | $35,400 | $56,600 |
| 6 | $38,000 | $60,800 |
| 7 | $40,650 | $65,000 |
| 8+ | $43,250 | $69,200 |

APPENDIX B

