



CDBG Public Services Program Year 2023
RFA Application

Organization Name:
Unique Entity Identifier #:
Organization Address:
City, State and ZIP:
Contact Person:
Phone/Fax/E-mail:
Activity Name:
Activity Address:
CDBG Amount Requested:
Brief Activity Description:

- I. Type of Activity: (check all that apply)
Construction
Program
Program Operating Funds
Program Administrative Funds

- II. Organization's Funding History:
New/Never funded
On-going/Previously funded
Number of Years Funded

III. National Objective:
To be eligible to receive CDBG funding, all funded activities must meet at least one of the following national objectives (§ 570.200(a)(2)). CHECK EITHER A OR B, NOT BOTH.

- A. Benefit to persons of low-/moderate-income (§ 570.208(a)) If checked, check only one of the following:
Area basis LMA
Limited clientele LMC
Housing activities LMH
Job creation/retention LMJ
B. Elimination of slums and blight (§ 570.200(b)) If checked, check only one of the following:
Area basis
Spot basis



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<b>IV. Program Accomplishment Forecast</b>		
Total # of unduplicated persons to be served:	Line 1	
Total # of low/moderate-income unduplicated persons to be served:	Line 2	
Estimated % of low- and moderate-income persons to be served:	Line 3	
	Divide Line 2 by Line 1 and multiply by 100	

HUD FY 2023 Low (80%) Income Limits for the Utica-Rome MSA by family size

<b>FY 2023 LIMITS</b>	<b>1 Person</b>	<b>2 Person</b>	<b>3 Person</b>	<b>4 Person</b>	<b>5 Person</b>	<b>6 Person</b>	<b>7 Person</b>	<b>8 Person</b>
<b>Low-Income (80% of MFI)</b>	47,750	54,550	61,350	<b>68,150</b>	73,650	79,100	84,550	90,000

Are at least 51% of the clients that you intend to serve with this activity considered to be low-income based on the chart above?  Yes  No

By what standard will income eligibility of beneficiaries be measured?

- Income Certification Form       US Census Data  
 Elderly 55+ (presumed benefit)       Disabled (presumed benefit)  
 Homeless (presumed benefit)       Other

If other please (specify) \_\_\_\_\_

## **Request For Application Checklist**

To be considered for funding, **each proposal must include** the following completed checklist and accompanying documents. Please place an “X” to indicate that the item is included in your submission. If an item is not applicable, indicate “N/A” on the corresponding line.

- Proposal Checklist
- RFP Application Form (including)
- Project Narrative (5 pages maximum)
- Project Budget Forms(s)
- Organization Balance Sheet
- Activity Staffing Plan
- Organizational Articles of Incorporation
- Organizational IRS tax status letter
- Must provide 501(c)(3) tax-exempt IRS status  
\*Responders must be a legally constituted non-profit organization or government entity
- Organizational By-laws
- Organizational Chart
- Organization’s latest fiscal audit and 990
- Organization’s Qualified Fiscal officer/bookkeeper resume (preferably certified by AICPA)
- Conflict of Interest Questionnaire
- Federal Provisions Certification

## **Application Narrative**

A separate narrative which addresses the following must be included in your proposal. Narratives may not exceed five (5) one-sided pages. Each page must have a minimum of 1” margins using Times New Roman font type with minimum font size of 12. **Proposals that do not adhere to these requirements will not be considered for funding.**

**1. Activity Description** – Provide a detailed description of the proposed activity to be funded which clearly specifies the location of the proposed activity and the clientele to be served by age, sex, race or other distinguishing demographic characteristic.

**2. Activity Problem & Need Statement** – Describe the community need being addressed by the activity, including a description of the problem/need to be addressed by the activity and the manner by which the problem/need was identified. Also state if this activity is the only activity locally to address this problem/need or how it varies from other local activities addressing this specific problem/need.

**3. Activity Goals** – Describe in detail the anticipated goals of the proposed activity.

**4. National Objective Documentation**— Describe in detail, which national objective your program is best suited for, and how you will document the national objective.

- a) *An example is an activity in the school district using the schools free or reduced lunch data and verifying each student in the program to meet the Low to moderate income national objective. For LMI, each individual needs to be income qualified and if more than 51% of the program is Low to Moderate Individuals, the activity is compliant.*

**5. Activity Objectives & Outcomes** – HUD has prescribed specific objectives and outcomes to be used for all CDBG-funded activities in order to standardize achievements at the local, state and national level. Please evaluate and describe your proposed activity according to the following definitions. Identify which objectives your activity will address, then identify the proposed outcome that your activity will achieve; please choose **the best single objective and outcome**. Bear in mind that, if funded, your information will be utilized in the preparation of the **2023** Consolidated Annual Performance Evaluation Report (CAPER) and your accomplishments are required to be included in the quarterly and year-end progress reports to HUD.

### **A. Objectives**

- Suitable Living Environment - Includes activities that benefit communities, families, or individuals by addressing issues in their living environment such as public services, emergency essential services, capital improvements, neighborhood revitalization, etc.
- Decent Affordable Housing - Includes the wide range of housing programs possible under HOME, CDBG or ESG where the purpose of the program is to meet individual family or community needs and not programs where housing is an element of a larger effort (such as would be captured above in Suitable Living Environment).
- Creating Economic Opportunities - Includes activities related to economic development, commercial revitalization, or job creation.

**B. Outcomes**

- Availability/Accessibility - Activities that make services, infrastructure, housing or shelter availability or accessible to low-income people, including persons with disabilities. Accessibility includes making the affordable basics of daily living available and accessible to low-income people.
- Affordability - Activities that provide affordability in a variety of ways in the lives of low-income people; includes the creation or maintenance of affordable housing, basic infrastructure, or services such as transportation or day care.
- Sustainability - Promoting Livable or Viable Communities. Projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to low-income people or by removing or eliminating slums or blighted areas, through multiple activities or services that sustain communities or neighborhoods

**6. Activity Justification** – If the proposed activity has been funded in previous years, include an explanation of the reasons supporting why continued funding is required.

**7. Self-Sufficiency** – Describe the manner by which your organization plans to make this activity self-sufficient; include identification of alternate funding sources or possibility of partnering with other community organizations. **If there is no plan to make the activity self-sufficient, explain the reason as CDBG funds are not promised each year.**

**8. Organization Description** –List all Board members for the organization (voting and ex-officio), and proposed program oversight/management personnel (do not include program staffing as that is required in the *Staffing Plan*). Identify any potential conflicts of interest. Finally, describe your organization’s current ability and qualifications to carry out the proposed activity.

**9. Contingency Plan** – In the event that CDBG funds are not granted for this proposed activity, in whole or in part, or other funds anticipated to fund this activity are not received, describe the actions to be taken by your organization.

**10. Activity Budget** - Provide additional details on the anticipated budget (specifically for the CDBG funds requested) for the proposed activity. This narrative should coincide with the Budget Detail Forms. Note that there are two (2) Budget Detail Forms which include construction and program. Please use the forms that are appropriate for the activity. Some applications could use both forms depending on the proposed activity.

**11. Activity Schedule of Work** – Provide an estimated project schedule from start to finish specifically related to the CDBG funding use.

**12. Activity Staffing Detail**– Provide any additional information regarding the experience of staff to deliver the proposed program.

## **Budget Forms and Instructions**

1. Insert budget amounts for each applicable line item, including total amount, amount for which CDBG funds are sought and amount to be funded with other funds.
2. For each line item, complete the item cost breakdown including organizational costs, any leveraged funds from other sources, and the CDBG funding request amount. Each line item allows for up to three (3) different sources of leveraged funds. For each source of leveraged funds, the proposal must indicate the status of these funds, selecting from the following possible choices: Anticipated, Committed, In-Hand, Donated or Requested. For the purposes of the application, Anticipated shall mean that the your organization has some reasonable assurance that the funding will be received shortly; Committed shall mean that your organization has received a firm commitment from the source of said funds for the utilization of those funds for the intended purpose; In-Hand shall mean that your organization has actually received said funds and has ready access to those funds at time of submission of this proposal ; Donated shall mean that the your organization will be utilizing donated materials, services, time or labor; Requested shall mean that the your organization has submitted a request (i.e., grant application) for said funding, but has not received any indication of the likelihood of receiving said funds.
3. Construction budgets should include a line item budget for contingency; the contingency should be expressed as a percentage of the project cost that is then added to the project cost to arrive at a total project cost. It's typical for contingency percentages to be between 10% and 15% as industry standard practice. In some instances, the contingency percentage could be high



## CDBG Public Services Program Year 2023 RFA Application

PROGRAM BUDGET		ITEM COST BREAKDOWN			LEVERAGED FUNDS SOURCE		LEVERAGED FUNDS CURRENT STATUS
PROGRAM ITEMS	TOTAL ITEM COST	ORGANIZATION ITEM AMOUNT	LEVERAGED ITEM AMOUNT	CDBG FUNDING AMOUNT REQUEST	1	2	3
Personnel – Salary					1		
					2		
					3		
Personnel – Fringe					1		
					2		
					3		
Advertising					1		
					2		
					3		
Supplies					1		
					2		
					3		
Rent/Utilities					1		
					2		
					3		
Incidentals (copies, phone, etc.)					1		
					2		
					3		
Other (specify)					1		
					2		
					3		
<b>TOTAL COST</b>							Choose from: Anticipated, Committed, In-Hand, Donated or Requested



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CONSTRUCTION BUDGET		ITEM COST BREAKDOWN				
CONSTRUCTION ITEMS	TOTAL ITEM COST	ORGANIZATION ITEM AMOUNT	LEVERAGED ITEM AMOUNT	CDBG FUNDING AMOUNT REQUEST	LEVERAGED FUNDS SOURCE	LEVERAGED FUNDS CURRENT STATUS
Administrative Expense					1	
					2	
					3	
Start-up Expense					1	
					2	
					3	
Architectural Fees					1	
					2	
					3	
Engineering Fees					1	
					2	
					3	
Inspection Fees					1	
					2	
					3	
Land Development Expenses					1	
					2	
					3	
Demolition/Disposal Expenses					1	
					2	
					3	
Construction/Rehabilitation Expenses					1	
					2	
					3	
<b>SUBTOTAL</b>						
<b>CONTINGENCY ( %)</b>						
<b>TOTAL COST</b>						

Choose from: Anticipated, Committed, In-Hand, Donated or Requested

## Agency/Organization Balance Sheet

### ASSETS

#### Current Assets

Cash – Checking Accounts	\$	_____
Cash – Savings Accounts	\$	_____
Accounts Receivable	\$	_____
Securities	\$	_____
Other	\$	_____

#### Fixed Assets

Land, Buildings & Equipment	\$	_____
Endowments	\$	_____
Trusts	\$	_____
Other	\$	_____

<b>Total Assets</b>	\$	_____
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### LIABILITIES

#### Current Liabilities

Accounts Payable	\$	_____
Notes Payable	\$	_____
Other	\$	_____

#### Long-Term Liabilities

Mortgage Payable	\$	_____
Other	\$	_____

<b>Total Liabilities</b>	\$	_____
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<b>FUND BALANCE</b>	(Total Assets – Total Liabilities)	\$	_____
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**All submission must include a current Agency/Organization Balance Sheet**

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State and City law prohibits employees and public officials of the City of Rome, NY and its sub-recipients from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant for the City funds. The purpose of this questionnaire is to determine if the applicant, or any of the applicant’s staff, or any of the applicant’s Board of Directors would be in Conflict of Interest.

1. Are there any members of the applicant’s (sub-recipient’s) staff or any members of the applicant’s board of directors or governing body who currently is or has/have been within one year of the date of this questionnaire: (a) City employee or (b) a member of the City Council or (c) an elected official of the local, state or federal government?

Yes     No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

2. Will the City funds, requested by the applicant (sub-recipient) be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, an elected official, or a member of the City Council?

Yes     No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

3. Are there any members of the applicant’s (sub-recipient’s) staff or members of the applicant’s (sub-recipient’s) board of directors of other governing body who are business partners or family members of a City employee, consultant, an elected official or a member of the City Council?

Yes     No

If yes, please list the name(s) below:

NAME	POSITION	AFFILIATION WITH CITY

**If you have answered “Yes” to any questions listed on this Conflict of Interest Form, the City’s Community Development staff, along with the Mayor, and Legal Counsel, will need to determine whether a real or apparent Conflict of Interest exists.**

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Name of Agency

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Signature of Authorized Signing Official/Representative

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Print Name of Authorized Signing Official/Representative

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Date



## CDBG Public Services Program Year 2023 RFA Application

### City of Rome CDBG Staffing Plan

Submit with Bid or Proposal – Instructions on following page

<b>Contract No.:</b>	<b>Project Location:</b>	<p style="text-align: center;"><b>Report includes Prime Contractor/Subcontractors:</b></p> <p><input type="checkbox"/> Work force to be utilized on this contract</p> <p style="padding-left: 20px;"><input type="checkbox"/> Total work force</p> <p style="padding-left: 20px;"><input type="checkbox"/> Prime Contractor</p> <p style="padding-left: 20px;"><input type="checkbox"/> Subcontractor</p> <p style="text-align: center;"><b>Subcontractor Name(s):</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Contract Name / Details:</b>		
<b>Company Name:</b> <b>Company Address and Contract Details:</b>		

**Enter the total number of employees for each classification in each of the EEO-Job Categories identified**

EEO-Job Category	Total Work force	Work force by Gender		Work force by Race/Ethnic Identification								Disabled		Veteran			
		Total Male (M)	Total Female (F)	White (M)	White (F)	Black (M)	Black (F)	Hispanic (M)	Hispanic (F)	Asian (M)	Asian (F)	Native American (M)	Native American (F)	(M)	(F)	(M)	(F)
Officials/Administrators																	
Professionals																	
Technicians																	
Sales Workers																	
Office/Clerical																	
Craft Workers																	
Laborers																	
Service Workers																	
Temporary /Apprentices																	
<b>Totals</b>																	

<b>PREPARED BY (Signature):</b>	<b>NAME:</b>	<b>ALTERNATE TEL:</b>
<b>DATE:</b> <input style="width: 100%;" type="text"/>	<b>TITLE:</b> <input style="width: 100%;" type="text"/>	<b>EMAIL:</b> <input style="width: 100%;" type="text"/>
	<b>TELEPHONE:</b> <input style="width: 100%;" type="text"/>	<b>OTHER:</b> <input style="width: 100%;" type="text"/>

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**General Instructions:** All Contractors and each subcontractor identified in the bid or proposal must complete a Staffing Plan and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the project can be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form only for the anticipated work force to be utilized under this proposal. Where the work force to be utilized in the performance of the proposal cannot be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form for the contractor's and/or Subcontractor's total work force.

**Instructions:**

1. Enter the Contract or Solicitation number that this report applies to along with the name and address of your company or organization.
2. Check off the appropriate box to indicate if the Contractor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Contractor's total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name and contact details of the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION:**

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN & PACIFIC ISLANDER** a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN NATIVE)** a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES:**

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - has a record of such an impairment; or
  - is regarded as having such an impairment.
- **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
- **GENDER** Male or Female



### CERTIFICATION FORM

**CERTIFICATION:** I hereby certify that the information contained in this proposal is true to the best of my knowledge. I do hereby agree to comply with all requirements of HUD Regulation 24 CFR 570 and other applicable Federal Regulations as required as part of this application and the Notification of Funding Available (NOFA) including but not limited to:

- Insurances
- Financial Management
- Documentation & Record Keeping
- Reporting & Payments
- Procurement
- Civil Rights
- Affirmative Action
- Employment Restrictions
- Conduct
- Environmental Conditions

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TYPED OR PRINTED NAME

\_\_\_\_\_  
DATE