



**2019-2020 Request for Proposals
Community Development Block Grant (CDBG)
Coronavirus Aid, Relief, and Economic Security (CARES) Act Funding**

The City of Mesquite is accepting applications from eligible entities. **Application submittal deadline is open until available funds have been fully committed.**

This packet includes an overview of the grant program, applications instructions, review criteria, and required forms. All applicants are required to submit a complete application.

For questions or more information visit:

Mesquite CDBG website: <https://www.cityofmesquite.com/495/Subrecipient-Information>

OR

Email: rbutler@cityofmesquite.com

Application Submission

To submit your application for consideration:

- **Email or fax** one (1) electronic copy of the application and applicable attachments saved in PDF form to RButler@cityofmesquite.com or 972-329-8340.
 - Signatures provided using DocuSign or other e-signature software is acceptable.
 - Confirmation of receipt for submitted applications can be obtained by emailing the CDBG Coordinator at RButler@cityofmesquite.com

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APPLICATION INSTRUCTIONS

Before you submit an application, please make sure you have registered your entity in the SAM Database.

System for Award Management (SAM)

The System for Award Management (SAM) includes information regarding entities debarred, suspended, proposed for debarment, excluded or disqualified under the non-procurement common rule, or otherwise declared ineligible from receiving Federal contracts, certain subcontracts, and certain Federal assistance and benefits. In order to be eligible to receive a grant, applicants must register on SAM. Registration must be renewed and revalidated at least every 12 months. To register go to www.sam.gov and create an account by clicking the "Create User Account" and follow the directions. You will need your DUNS number and about 30 minutes to complete the process.

1. Applications may be downloaded from <https://www.cityofmesquite.com/495/Subrecipient-Information>
2. **Submit one (1) electronic copy of the application with all components via email or fax.**
3. Applications must be concise and complete.
4. A complete application consists of the following parts. COMPONENTS SHOULD BE SAVED IN PDF FORM AND NAMED APPROPRIATELY:
 - a. Application Checklist
 - b. Application
 - i. Section 1: Applicant Information
 - ii. Section 2: Activity and Program Information
 - iii. Section 3: Budget and Financial Information
 - iv. Section 4: Rehabilitation Budget
 - v. Section 5: Attachments
 - c. Supplemental Documents – Provide all supplemental documents unless it is optional or not applicable.

PROGRAM OVERVIEW

General

Purpose: Each activity, except planning and administrative activities, must meet one of HUD's three CDBG Program broad National Objectives:

- Benefit low and moderate-income persons (24 CFR 570.208(a)).
 - Aid in the prevention or elimination of slum or blight (24 CFR 570.208(b)).
 - Meet community development needs having a particular urgency (major catastrophes or emergencies due to natural or manmade disasters such as floods, tornadoes, terrorist acts, etc.) (24 CFR 570.208(c)).
-

Eligible Applicants:

- Private Nonprofits
 - Governmental Agencies, Departments
 - Private For-Profit entities and Microenterprises
-

Eligible Activities:

- Housing Services
 - Homelessness Services
 - Rehabilitation Projects
 - Public Facilities
 - Educational Child Care Centers
 - Public Services
 - Abused and Neglected Children
 - Battered and Abused Spouses
 - Educational Childcare Programs
 - Employment Training
 - Food Securities
 - Health Services
 - Mental Health Services
 - Senior Services
 - Youth Services
-

Ineligible Activities:

- Political activities
- Religious-oriented activities/programs
- Income payments

APPLICATION REVIEW CRITERIA

- **Organization Information** – Grants Administration staff will evaluate the proposed project/activity and organization’s capacity to administer a HUD grant using guidelines specified in OMB Circulars, grant regulations, and Uniform Administrative Requirements. Although no points will be assigned for this application process, grant applications may not be recommended for funding if an organization cannot meet the requirements under this section to demonstrate organizational capacity. In addition to organization information, Grants Administration staff will also review the following:
 - **Project and Activity Information**
 - a. Clearly defined and supported the need for the project/activity.
 - b. Thoroughly described program activities, project scope, and outcomes for the target population.
 - c. Organization has previous experience in operating the program or delivering similar services.
 - d. Clearly defined how the program/project success will be measured in qualitative and quantitative measurements (i.e. defined short-term goals that are specific, measurable, attainable, relevant, and time-bound).
 - e. Organization has experienced staff with previous HUD grant experience, adequate program/project staff, and adequate financial/fiscal staff to operate the propose program or complete the proposed project.
 - **Budget and Financial Information**
 - a. Provided justification for the program/project funding request. A financial rationale was provided and included credible and realistic costs.
 - b. Provided a realistic timeframe on how funds will be spent.
 - c. Budget included accurate calculations
 - d. Provided documentation to verify leveraged funds that are specific to support the program/project.

SECTION 1: APPLICANT INFORMATION

Agency:
Street Address:
City, Zip:
Federal Tax ID#:
DUNS #:
SAMS #:
EIN # :

Chief Executive Officer/Department Director:
Direct Telephone #:
Email:
Contact Person:
Title:
Direct Telephone #:
Email:

I certify that this Agency/Organization possesses the legal authority to proceed with this project if it is awarded, a copy of the authorizing documentation is attached, that the information contained herein is true and correct and that the submittal of this application has been duly authorized.

Type Name of Chief Executive Officer/Department Director:

Signature:

Date:

SECTION 2: ACTIVITY/PROJECT INFORMATION

Name of Program/Project	
Location/Physical Address of Activity	
Requested Amount of CDBG Funding	
Total Cost of conducting Activity/Project considering all available funding sources	

The proposed activity is:

A new CDBG activity

A quantifiable increase in the level of service of an existing CDBG activity

Was this activity in operation on or before March 27, 2020? Yes No

How many unduplicated/new persons/households do you expect to serve with your activity? _____

**If your organization offers services such as childcare, emergency assistance, health services, etc., report beneficiaries as individuals. If your organization provides housing, residential rehabilitation or homeownership assistance, report beneficiaries as households.*

Please state the cost per service or cost per unit, if applicable. *If your activity includes funding salaries please provide, pay per hour. Include a description of the unit or service. For example, \$50 per meal. A meal is a hot lunch provided once a day to Mesquite residents.*

1. Provide a detailed description of your proposed activity. Describe the work to be performed. Including activities to be undertaken or the services to be provided, the goals and objectives of the activity and the method of approach.

2. CDBG regulations regarding Urgent Need require grantees and subrecipients to collect and report demographic information, as well as to document client's connection to the catastrophic event (ie. COVID-29 pandemic). How will your organization collect the required information?

3. Is your organization faith-based? Yes No

4. If you checked “Yes” to Question 4, briefly explain how your agency will demonstrate compliance with 24 CFR 570.200(j) which prohibits inherently religious activities.

5. Describe your agency’s experience administering federal, state, local and/or private grants.

SECTION 3: BUDGET AND FINANCIAL INFORMATION

1. Does your organization spend more than \$750,000 in federal awards during its most recent fiscal year?
 Yes No

2. If yes to Question 1, does your organization undergo an annual independent Audit or Financial Review?
 Yes No

3. Is CDBG the primary source of cash funding for the proposed activity? Yes No

4. Has the agency and/or program been awarded or do you anticipate being awarded other funds related to COVID-19 and/or CARES Act? If so, explain below. Yes No

5. Does the program wish to be reimbursed for activities that have already taken place but are related to the COVID-19 response (ex. equipment that has already been purchased, meals that have already been provided, etc.)? Please explain.

6. Provided the projected number of beneficiaries served and the estimated amount of CDBG funds to be expended each quarter in the table below.

	2nd Quarter (Jan-Mar)	3rd Quarter (April- June)	4th Quarter (July-Sept)	Total
Projected # of beneficiaries				
Estimated CDBG Expenditures	\$	\$	\$	\$

7. If salaries and fringe benefits are included in the grant budget for the program/project provide the employee's name, job title and brief summary of job duties each person will perform for the program/project. Please attach additional documents if necessary.

Job Title	Duties and Responsibilities	Salary

8. Please complete the budget form below.

Cost Categories	CDBG Funds Requested (A)	Other Committed Funding Sources (Leverage) (B)	Other Pending Funding Sources (C)	Total Project Costs A+B+C=D (D)
Salaries/Fringe				
General Expenses				
Utilities				
Rent				
Equipment				
Equipment Lease				
Insurance				
Communications				
Materials and Supplies				
Reproduction and Printing				
Consultants				
Mileage				
Travel/Training Expenses				
Other				
Total Budget	\$	\$	\$	\$

SECTION 5: ATTACHMENTS

ATTACHMENT 1: PY19 PROPOSED ACTIVITY TIMELINE

Activities/Milestones	Mar 20	April 20	May 20	June 20	July 20	Aug 20	Sept 20
1.							
2.							
3.							
4.							
5.							
6.							

ATTACHMENT 2: PERFORMANCE MEASURES

Performance Measures: Provide the SMART (Specific, measurable, attainable, relevant and time bound) goals for the proposed project/activity in the chart below. Attach Additional Pages if necessary.

ACTIVITY/PROJECT LONG-TERM GOALS	ACTIVITY/PROJECT SHORT-TERM GOALS	OBJECTIVES	PERFORMANCE INDICATORS/MEASURES	OUTCOMES

ATTACHEMNT 4: CONFLICT OF INTEREST CERTIFICATION FORM

The standards in 2 CFR 200.318 provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to participate in the decision making process for approval of this application? Yes No

Are any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds in a position to gain inside information with regard to approval of this application? Yes No

Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds obtain a financial interest or substantial benefit from this activity? Yes No

Will any employees, agents, consultants, officers, family members, or elected officials of the organization requesting funds have an interest in any contract, subcontract or agreement with respect to funding this application, either for themselves or those with whom they have family or business ties during the program year and one year thereafter? Yes No

If you answered YES to any of the above questions, a letter must be submitted with the application that includes a disclosure of the nature and extent of the conflict.

Signature/Authorized Official of Board Title
Printed Name: _____ Date _____

Signature/Authorized Representative of Organization Title
Printed Name: _____ Date _____

ATTACHMENT 5: CDBG Board Signature Authorization Form

The Board of Directors of _____ (*Name of organization requesting CDBG funds*) does hereby resolve that on _____ (*mm/dd/yyyy*), the Board reviewed the Application for Community Development Block Grant Funds to be submitted to the City of Mesquite Grants Administration for funding consideration for the upcoming program year and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax exempt, and incorporated.

(*Name of organization requesting CDBG funds*) _____ hereby proposes to provide the program services or complete the project identified in this application in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the City, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the City.

In addition, the content of the application shall be incorporated as part of the written agreement and, as such, will be used to monitor performance. Activities, commitments, and representations offered in the application that are not subsequently made a part of the program/project as funded, **shall be considered a material contract failure, and may result in a repayment of all CDBG funds and/or suspension from Program participation.**

Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete. I authorize the following person(s) to have signatory authority regarding this grant:

Name:
Title:

Name:
Title:

Signature/Authorized Official of Board Date _____

Printed Name:

PENALTY FOR FALSE OR FRAUDULENT STATEMENT - U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

SUPPLEMENTAL DOUCMENTS REQUIRED. Please provided one copy of the following supplemental documents along with the application. Not Required for City Departments, or Program Year 2020 applicants.

- 1. IRS Status:** Non-profit organizations must submit tax-exemption determination letters from the Federal Internal Revenue Service and the State Department of Revenue Services.
 - 2. Incorporation/Bylaws:** Include the length of time the agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation. Describe the type of services provided, the agency's capabilities, the number and characteristics of clients served, and license to operate (if necessary). Include copies of the agency's Articles of Incorporation and Bylaws. A brief paragraph with the agency's mission should also be included.
 - 3. Organizational Chart:** An organizational chart must be provided which describes the agency's administrative framework and staff positions, which indicates where the proposed project will fit into the organizational structure and which identifies any staff positions of shared responsibility.
 - 4. List of Board of Directors:** Please include name, telephone, email, and occupation or affiliation.
 - 5. Proof of Liability Insurance:** State whether or not the agency has liability insurance coverage, in what amount and with what insuring agency. State whether or not the agency pays all payroll taxes and worker's compensation as required by Federal and State law. State whether or not the agency has fidelity bond coverage for principal staff who handle the agency's accounts, in what amount and with what insuring agency.
 - 6. Most recent Financial Statement and Audit:** Submit most recent copy.
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Appendix 1: APPLICATION CHECKLIST

<input type="checkbox"/>	Completed Application
<input type="checkbox"/>	Attachment 1: Proposed Activity Timeline
<input type="checkbox"/>	Attachment 2: Performance Measures
<input type="checkbox"/>	Attachment 3: Sources of Leveraged Funds
<input type="checkbox"/>	Attachment 4: Conflict of Interest Form
<input type="checkbox"/>	Attachment 5: Board Authorizations Form *Not required for City Departments*
<input type="checkbox"/>	IRS Status Form *Not required for City Department, or PY2020 applicants*
<input type="checkbox"/>	Incorporation/Bylaws *Not required for City Department, or PY2020 applicants*
<input type="checkbox"/>	Organization Chart *Not required for City Department, or PY2020 applicants*
<input type="checkbox"/>	List of Board of Directors *Not required for City Department, or PY2020 applicants*
<input type="checkbox"/>	Proof of Liability Insurance *Not required for City Department, or PY2020 applicants*

Authorized Official Signature: