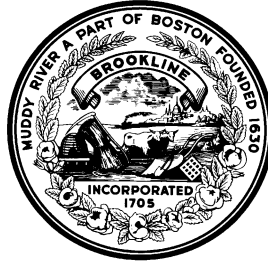


# Town of Brookline

*Massachusetts*



**FISCAL YEAR 2023**  
**JULY 1, 2022 THROUGH JUNE 30, 2023**  
**REQUEST FOR PROPOSALS (RFP)**  
**FOR**  
**COMMUNITY DEVELOPMENT BLOCK GRANT FUNDING**

Program/Activity:

\_\_\_\_\_

CDBG Funds Requested: \$ \_\_\_\_\_

CDBG Funds Approved: \$ \_\_\_\_\_ (For office use)

**Due: Submit 1 signed original copy on white, 8.5" x 11" paper (collated and stapled) if it is mailed and send one copy electronically to [elindo@brooklinema.gov](mailto:elindo@brooklinema.gov). Packet must be received by 12:30 p.m, Friday, January 21, 2022.**

**Questions regarding the completion of the application should be directed to Ewana Lindo-Smith at (617) 730-2133.**

# SECTION 1: FY 2023 REQUEST FOR PROPOSAL

Provide information as requested. Answer questions thoroughly. Attach additional information where requested.

**Please type your application.**

**General Information:**

Organization Name: \_\_\_\_\_

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

Project Name: \_\_\_\_\_

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

Contact Person(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Employer IRS ID#: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Amount of Request: ----- Website: \_\_\_\_\_

**If you do not presently have a DUNS number you will be required to obtain one, if funded by HUD, to obtain one prior to contract execution.**

**PROJECT FUNDING REQUEST:**

<b>CDBG Funds Requested:</b>	\$ _____
<b>Funding Leveraged from other Sources:</b>	\$ _____

<b>Check the category which describes the type of funding requested:</b>		
<input type="checkbox"/> Housing	<input type="checkbox"/> Public Facility	<input type="checkbox"/> Infrastructure
<input type="checkbox"/> Economic Development	<input type="checkbox"/> Public Service	<input type="checkbox"/> Other

## PROJECT ELIGIBILITY SECTION

A. This project is located in Census Tract(s) \_\_\_\_\_

B. Check all statements that describe HOW this project or activity meets the Benefit to Low and Moderate Income Persons National Objective:

- Low/Moderate Income (L/M) Area Benefit: The proposed project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. Examples includes: street improvements, water/sewer lines, neighborhood facilities, facade improvements in neighborhood commercial districts.
- Low/Moderate (L/M) Limited Clientele (Specific Group): The proposed project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. Examples: construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped.
- Low/Moderate (L/M) Limited Clientele (Income Verification): The proposed project will provide a service to populations other than listed above, and I will verify the income of each participant/individual served. (The Town of Brookline will provide a HUD approved income verification form.)

### IDIS MATRIX: (Office Use)

- CDBG eligibility Activity Codes and National Objectives: \_\_\_\_\_
- Eligibility: \_\_\_\_\_
- National Objective: \_\_\_\_\_

### C. Basic Eligible Activities

According to HUD regulations, the Community Development Block Grant's (CDBG) primary objective is to improve communities by providing decent housing; a suitable living environment; and, expanding economic opportunities "principally for persons of low- and moderate-income." All proposed projects/activities must include some method of documentation that CDBG funds are used for only one activity that benefits persons of low- to moderate-income. Basic Eligible Activities are as follows.

#### Project Category [Check One]:

- Acquisition of Real Property
- Public Facilities and Improvements (i.e. Senior centers, parking, streets, curbs, and sidewalks, parks and playgrounds.)
- Public Service (i.e. a **new** service or a **quantifiable increase** in the level of a service)
- Special Economic Development (i.e. micro-enterprises, job training and, assistance to create new jobs)
- Housing Rehabilitation
- Historic Preservation Activities
- Special Activities by a Community Based Development Organization (CBDO)

If an application is determined to be ineligible, an explanation will be provided.

Please contact the Planning and Community Development Office prior to completing the application to ensure that your proposed use for CDBG funding is eligible.

## PROPOSAL APPLICATION OUTLINE

Please submit an outline for your project covering the below information. Please provide a brief summary and attach detailed outline separately, if necessary.

### 1. Executive Summary (15 Points)

#### A. Brief Project Description:

Please provide a one sentence statement describing your project.

#### B. Detailed Description:

- 1) Is this activity is new, ongoing, or expanded from previous years.
- 2) Provide a detailed description of the proposed activity. . (Please use additional paper if necessary)
- 3) How will this activity address the community need you have indicated?

### 2. Needs Statement (10 points)

- A. Discuss the identified problem:
- B. How will the need for your project be addressed? Provide sufficient data to document the needs to be met or the problem(s) to be addressed by the program. Please cite the sources of the information used.
- C. How will it meet a [Consolidated Plan](#) Priority Need and Objective?
- D. Identify who will benefit from the proposed activity (e.g. homeless, youth, seniors, disabled, etc.). Describe the process you will use to identify low and moderate income (LMI) persons and ensure that the activity benefits LMI persons. (An LMI certification form, if required, will be provided as part of your contract)

### 3. Description of Proposed Program or Project and Target Audience (10 points)

Please briefly describe proposed accomplishment(s) if funding is awarded by answering each question in this section: (Accomplishments must be described in terms of households served, people served, businesses created, housing units created, jobs created or public facilities undertaken. Example: This program will serve 485 LMI individuals or this program will create 25 jobs, etc.)

- a. What is the total estimated number of persons to be served by this project? \_\_\_\_\_
- b. What is the total estimated number of LMI persons to be served by this project? \_\_\_\_\_
- c. What is the anticipated percentage of LMI persons to be served by this project? \_\_\_\_\_

**4. Goals and Objectives & Methods of Accomplishment (20 points)**

- A.** List and describe the goals and objectives of the proposed project. Make sure that objectives are stated in measurable terms. Provide sufficient detail to understand what will be accomplished by this project.
  
- B.** Describe the activities you will use to achieve the stated goals and objectives. Please include project schedule/timeline for proposed accomplishments.
  
- C.** Describe the special features, level of staffing, and where and how services will be delivered.

**5. Program Evaluation Process (5 points)**

- A.** Explain how you will evaluate the results of your project. Will this occur monthly or quarterly?
  
- B.** How will you determine that you have accomplished the project's goals and objectives? Please describe your method for obtaining this information from all clients served by your CDBG-funded project or program.
  
- C.** Identify all of the primary tasks that will be completed during the fiscal year as part of your program. This information will form the basis for determining how well your project is planned. It will also be used as an important monitoring tool if a grant is awarded for your project. As well as determining your agency's capacity complete the project within the funding year per HUD requirements.

**6. Anticipated Matching Resources (25 point)**

Complete the table below to highlight other resources/funding sources your program anticipates receiving or is in place - aside from CDBG funding. (With limited entitlement funds, activities should not expect CDBG to be the sole funding source.)

Program	Source of Funds (state, local, private, foundations, gifts, loans, other)	Program Income	Applicant Contribution	Date Anticipate Receiving

**7. Fiscal Management (15 points)**

CDBG funds are paid out to grant recipients on a reimbursement basis. Please describe your agency’s financial capacity to operate the project on a reimbursement basis. Describe accounting procedures to ensure accurate financial reporting and fiscal control and identify who will facilitate these procedures on behalf of your program.

**8. Clientele Information**

Please fill out the following table:

Total number of persons that will benefit from the proposed project?	
What percentage of all funds will benefit low- and moderate-income Town residents?	
When did your agency begin to provide this program service?	
How many unduplicated clients did your agency serve last year?	
Of the total unduplicated clients, what percentage were new clients?	
What percentage of the total unduplicated clients are residents of the Town of Brookline?	
Given funding requests, what number of clients does your agency expect to serve that are low and moderate income? At least 51% of total population served must be low/mod.	

**Project /Activity Funding and Budget**

1. CDBG Funds Requested: \$ \_\_\_\_\_

Total anticipated cost of proposed activity: \$ \_\_\_\_\_

2. Budget\*

Budget Category	Requested CDBG Funds	Other Sources that will fund activity (include amount and name of source)	Total Project Budget
a. Salary & Wages			
b. Fringe Benefits			
c. Consultant/Contract Services			
<b>TOTAL PERSONNEL BUDGET</b>			
d. Office Rent			
e. Utilities			
f. Telephone			
g. Office Supplies			
h. Equipment			
i. Printing/Duplication			
k. Other (specify)			
<b>TOTAL NON-PERSONNEL BUDGET</b>			
<b>TOTAL PROJECT BUDGET</b>			

\* Please revise this form and annotate budget items as needed.

*Note: Proposed construction/rehabilitation projects must attach a budget relative to program costs. You must include copies of contractor, and/or architect/engineer estimates to substantiate activity costs.*

- What is/are the current sources(s) of funding for the project/service? What are your organization’s major source(s) of revenue to operate programs?
- Has your organization attempted to coordinate the project/service with other agencies to avoid duplication of services?

Yes       No

If yes, please explain below:

- Identify other agencies in the Town of Brookline (including non-profit and government) that provide services similar to your proposed project/service.
- How do the programs differ?
- How do they overlap?
- Is there collaboration with other agencies?
- Do you provide interagency referrals to other agencies serving the same target beneficiaries?



## ORGANIZATIONAL CAPACITY

1. Provide an overview of your organization including length of time in existence. Attach a list of current officers and board members with terms.
2. Describe your organization's experience in successfully conducting this type of activity. Identify any skills, current services, or special accomplishments that demonstrate your capacity for success.
3. Oftentimes, projects that receive an award of CDBG funds are awarded less than the amount requested. This could require the submission of a revised budget and a description of how the organization will undertake the proposed activity with reduced funding prior to award of funds. Please indicate here whether the proposed activity could be undertaken with a reduced commitment of funding and if so, please highlight how that would affect the scope of services you are proposing.

## DISCLOSURE

If additional space is necessary, please attach a separate sheet.

1. State the name(s) of any current or prior elected or appointed "official" of the Town of Brookline who may have "financial interest" in the organization or project.

Name/Title: \_\_\_\_\_

2. Provide the names of each "board member" of the Organization seeking CDBG funding  
Name Board, Commission, or Committee (may be attached as a separate Sheet)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Additional:

**If the applicant has provided names in question 1 or 2, please provide details regarding any known potential conflicts of interest in an attached narrative.**

## CONFLICT OF INTEREST DISCLOSURE

The standards in 2 CFR Part 200.112, 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 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or sub recipient that are receiving CDBG or HOME 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 or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

### IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- I certify that no conflict of interest exists between the Town of Brookline and (name of organization) \_\_\_\_\_.
- I certify that no conflict of interest exists between the subcontractors of and (name of organization) \_\_\_\_\_.

### IF A POTENTIAL CONFLICT EXISTS, COMPLETE THE FOLLOWING:

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization

- I certify that a potential conflict of interest may exist between the Town of Brookline and (name of organization) \_\_\_\_\_.
- I certify that a potential conflict of interest may exist between  
(name of subcontractor) \_\_\_\_\_ and (name of organization) \_\_\_\_\_

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

**TOWN OF BROOKLINE, MASSACHUSETTS - TAX COMPLIANCE CERTIFICATION**

Pursuant to M.G.L. c. 62C, 49A, I/we certify under the penalties of perjury that, to the best of my knowledge and belief, I/we are in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Federal Identification Number or SS#

Date:

Name of Business/Organization:

Street Address:

Town, State, Zip Code:

Name of Title of Authorized Signatory (Printed):

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Authorized Signatory

**TOWN OF BROOKLINE, MASSACHUSETTS CERTIFICATE OF NON-COLLUSION**

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word “person” shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals.

Date

Name of Business/Organization

Street Address

Town, State, Zip Code

Name of Company Officer (Printed)

\_\_\_\_\_  
Authorized Signatory

**CERTIFICATION**

**Name of organization requesting CDBG funds** \_\_\_\_\_ hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Community Development Block Grant Funds. If this application is approved and this organization receives CDBG funding from the Town of Brookline, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the Town. 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 I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true, correct and complete.*

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**PENALTY FOR FALSE OR FRADULENT 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.**

**FOR OFFICE USE ONLY**

**IDIS MATRIX:**

- CDBG eligibility Activity Codes and National Objectives: \_\_\_\_\_
- Eligibility: \_\_\_\_\_
- National Objective: \_\_\_\_\_

Date Submitted: _____
Organization: _____
Project Title: _____

# Application Checklist

Attach the following to the application, as applicable.

- Board of Directors list including position/title on board
- Contact numbers for Board Chair/President and Treasurer
- Resolution or Board Minutes showing approval to submit an application and designation of person who will sign documents on behalf of the organization
- Current Organization Chart
- Organization's mission statement and or strategic plan
- Most recent Tax Exempt Determination Letter (for non-profit organizations)
- Most Recent Financial audit or CPA prepared review.
- If requesting reimbursement for Staff time, provide a job description of employees, board members, volunteers who will work with the project. Attach a roster of staff you expect to be involved in the project and their pay schedules.
- Non-discrimination Policy Statement
- Detailed explanation of any lawsuits, judgments, or bankruptcy proceedings
- Job descriptions for new positions expected to be filled using CDBG funding