

City of Schenectady - RFP for 2017 Annual Action Plan Funding

INTRODUCTION

The City of Schenectady's Consolidated Plan process combines the planning, application and submission requirements for three (3) Federal programs: the Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME) and the Emergency Solutions Grant (ESG) programs. The Consolidated Plan is a collaborative process whereby citizen participation and strategic planning establishes a unified community vision for development actions. This process affords an opportunity to integrate the three Federal programs, the "Schenectady 2020 Comprehensive Plan's Neighborhood Action Plans" and "2015-2019 Federal Consolidated Plan" to create effective, coordinated neighborhood and community development strategies.

In seeking Federal Consolidated Plan 2017 Annual Action Plan funding through the City of Schenectady's Department of Development, please consult the following materials. Included in this document are general instructions and application materials.

2017 Annual Action Plan funding allocations will ***begin October 1, 2017 and end September 30, 2018***, changing the calendar year many applicants are accustomed to.

With the new RFP application format and changed requirements this year, all parties wishing to apply for funding must attend a **mandatory applicant technical assistance session. Two will be held in Room 110 of City Hall on Monday January 30, 2017, 10:00 - 11:00 a.m. and 3:00 - 4:00 p.m.**

Please read carefully through all of the informational material and instructions to develop your proposal within the guidelines as presented, and **submit your proposal to the Department of Development, Room 14, City Hall, by 2:00 p.m., Friday, February 17, 2017.**

SELECTION PROCESS

After submission of your application, a three-step process determines the Department of Development's recommendations to the Mayor and City Council.

1. Application review: All applications will be read for completeness, clarity, and connection to the goals and objectives the City seeks.
2. Information Gathering/Clarification (if needed): After the initial application review has occurred, applicants may be contacted to provide additional information or clarification on their proposal.
3. Verification: If review team is unfamiliar with the implementer's project, the team will substantiate the provider's work through those familiar with key claims made by the applicant. Verification will be based upon the Federal program monitoring compliance system as stated in the City's 2015-2019 Federal Consolidated Plan.

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GENERAL INSTRUCTIONS

To propose activities under CDBG, HOME or ESG programs, applicants should prepare a proposal containing the components listed below. If you are requesting funds for more than one project, submit a separate Proposal for *each* project.

Application Form: Complete the attached Application Form.

Proposal Narrative: The narrative must respond to each section in the instructions.

Budget Forms: Complete the attached Budget forms.

Additional Requested Forms:

- DUNS number (register at www.dnb.com to be issued a number)
- IRS 501(c)3 Designation letter
- Current list **and** addresses of Board of Directors
- A copy of your most recent audit
- Current filing of IRS report, unless a department of the City.

Late and/or incomplete proposals will **NOT** be accepted. To be considered complete, a proposal must contain the completed, required components of the application package. **No proposal may be amended or substituted, unless additional information has been requested by the City.**

APPLICATION DEADLINE

One original, 4 copies and an emailed copy must be received in the Department of Development, Room 14 in City Hall, by **2:00pm, Friday February 17th, 2017.**

Submit proposals to:

Jaclyn Mancini, Director of Development
Room 14, City Hall, 105 Jay St
Schenectady NY 12305
jmancini@schenectadyny.gov

TECHNICAL ASSISTANCE

All applicants are required to attend at least ***one*** of two provided ***mandatory*** Technical Assistance Sessions, as listed below:

- 1) Monday, January 30, 2017 - 10:00 - 11:00 am, Room 110 City Hall
- 2) Monday, January 30, 2017 - 3:00 - 4:00 pm, Room 110 City Hall

Department of Development staff will be also available to provide technical assistance, until the week prior to the application due date **by appointment.** Contact the Department of Development at (518) 382-5147.

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Application Cover Page

Project Title	
Project Location	
Amount Requested	
Project Abstract	

Name of Applicant	
Address	
Contact Person	
Phone Number	
Email Address	
IRS Tax ID number	
DUNS Number	

Check One	<input type="checkbox"/> Project is ongoing and was previously allocated HUD funds <input type="checkbox"/> Project is ongoing and has not been allocated HUD funds <input type="checkbox"/> Project is a new service or activity
Check One	<input type="checkbox"/> Application is for CDBG funds <input type="checkbox"/> Application is for HOME funds <input type="checkbox"/> Application is for ESG funds
Organization Type (Check all that apply)	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Public Agency <input type="checkbox"/> Institution of Higher Learning <input type="checkbox"/> For-Profit <input type="checkbox"/> Faith-Based <input type="checkbox"/> City Department

Authorized Signature:

Signature

Title

Typed Name

Date

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Checklist of Application Materials

*Please list corresponding page numbers of your application, where applicable.

Page #:

_____ Application Cover Page- 2017 Funding Request

_____ Proposal Narrative:

_____ Section 1: Executive Summary

_____ Section 2: Applicant Information

_____ Section 3: Justification

_____ Section 4: Project Description

_____ Section 5: Impact

_____ Section 6: Budget

Section 7: Additional Requested Forms (if applicable)

_____ DUNS number (register at www.dnb.com to be issued a number)

_____ IRS 501(c)3 Designation letter

_____ Current List **and** Addresses of Board of Directors

_____ A copy of your most recent Audit

_____ Current filing of IRS 990, unless a department of the City

****REMINDER:** 2017 Annual Action Plan funding allocations will *begin October 1, 2017 and end September 30, 2018.*

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Proposal Narrative Requirements

Section 1 - Executive Summary. Complete the following:

Project name: _____

Lead and Co-Applicants (if appropriate) _____

Program Delivery Location: _____

Start Date _____ Completion date _____

Do you have a policies and procedures manual for this program? ____

Project Abstract:

Project Summary, *not to exceed 200 words*: Activities and/or services proposed, performance targets, National Objectives met, City Goals met, population to be served or area(s) to benefit, work to be performed, and sources and uses of funds.

Section 2 - Applicant Information

Provide information on the following for each lead and co-applicant, *max 200 words each*:

1. Provide a brief overview of your department or organization's programs and initiatives.
2. Describe the proposed program to be considered for the funding and its correlation to fulfilling the organization's mission.
3. Does your agency have a personnel policy manual with an affirmative action plan and grievance procedure. ____ Yes ____ No

Section 3 - Justification

This section will identify which National Objective(s) and City Goal(s) you meet and how. Priority will be given to projects/programs directly addressing the recommendations of the "Schenectady 2020 Comprehensive Plan's Neighborhood Action Plans" and the 2015-2019 Federal Consolidated Plan. These documents can be found on the City of Schenectady's website (www.cityofschenectady.com), in the Department of Development and the Schenectady County Public Library.

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1. Mark which funding source you are applying for (Select 1):

CDBG HOME ESG

2. Which National Objective are you meeting? (Select 1):

As required by the CDBG Program (A or B):

(A) Benefit Persons of Low/Moderate Income: (at least 51% of project beneficiaries MUST be of low and/or moderate income)

L/M Income Limited Clientele Activities

L/M Income Housing Activities

L/M Income Job Creation/Retention

L/M Income Area Benefit*

**If selected, Area Benefit was determined by (Select 1): (Provide applicable data with application) Local Income Survey _____ U.S. Census Data _____ Other(specify): _____*

(B) Prevention/Elimination of Slums/Blight: (Provide applicable data with application)

Activities that address slums or blight on an area basis

Activities to address slums or blight on a spot basis

Activities to address slums or blight in an urban renewal area

As required by the HOME program:

Community Housing Development Organizations (CHDOs) Activity

Non-Community Housing Development Organizations (CHDOs) Activity

As required under the Emergency Solutions Grant Program (ESG):

Street Outreach

Emergency Shelter

Homelessness Prevention

Rapid Rehousing

Data Collection (HMIS)

3. Which Local Goal(s) are you meeting? (Select all which apply):

#1: Meet the essential needs for food, shelter, and safety for every individual in the City of Schenectady.

- Programs addressing the needs of homeless persons including prevention, rapid rehousing, supportive or permanent housing, support services, and community engagement
- Programs which assist youth including the prevention of violence, criminal or delinquent behavior, prevention of homelessness, recreational youth programs and related capital investments
- Programs which increase food security
- Programs which promote safe neighborhoods including community policing and/or support programs

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____#2: Expand economic and employment opportunities and increase physical and economic mobility for individuals in the City of Schenectady.

- Programs which provide direct loans and/or technical assistance to businesses to create jobs
- Programs which promote the development of new business and/or the expansion of existing business
- Programs which provide adult education, job readiness, job training, job placement and/or workplace advancement
- Programs which provide employment for low to moderate-income youth
- Programs which provide free or affordable childcare and free or subsidized easily-accessible transportation for employment opportunities

____#3: Improve and expand affordable housing options in the City of Schenectady.

- Programs which sustain the existing housing stock through rehabilitation and necessary improvements, bringing forward affordable, quality rental and homeowner units
- Programs which target code enforcement activities in coordination with housing rehabilitation to provide homeowners with options for achieving code compliance
- Programs which reduce and/or mitigate barriers to new and continued homeownership including housing outreach, counseling, technical assistance, and innovative programs promoting homeownership
- Programs which rehabilitate/remove inhabitable vacant units

____#4: Strengthen the neighborhoods in the City of Schenectady.

- Programs which demolish and/or clean-up foreclosed, abandoned and/or vacant properties
- Programs which promote neighborhood and local small business development
- Programs which redevelop and/or promote or assist the redevelopment of vacant/abandoned/underutilized properties
- Programs which provide street paving, road, curb and sidewalk repair and/or installation
- Programs which provide capital repairs, new construction or facility improvements which reduce operational costs, increase accessibility, provide safety, and promote self-sufficiency

4. Describe the need for this project. Quantify the magnitude of the problem that will be addressed (*max 200 words*).

5. Explain how the project will meet the selected HUD National Objectives and the City's Goals (*max 100 words*).

6. Discuss how your organization is best suited for carrying out this project and include a description of relevant accomplishments or strengths that illustrate the organization's capacity to undertake the proposed project (*max 300 words*).

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Section 4 - Project Description (no more than 1,000 words)

1. Describe the specific need(s) that will be addressed by this project, with specific goals and objectives. Identify whether the activity is new, ongoing, or expanding from previous years.
2. Describe the extent to which your program is either unduplicated or uniquely qualified to address this indicated need. Designate if your project/program will be carried out by a collaborative group of agencies. Explain how the program fills a gap or enhances delivery in the system of available services.
3. Identify who will benefit from the proposed activity (*homeless, youth, seniors, disabled, etc.*). Indicate how you identify clients for this program as low and moderate income (LMI) persons and ensure that the activity benefits LMI persons. Describe your typical client in general terms of age, gender, ethnicity, income level, disability or other characteristics.
4. How will you know when the project has achieved success, indicate the method of approach, and the implementation schedule.
5. Are there any potential detrimental neighborhood impacts the project may have and how will these be addressed?
6. Is your project a Public Service activity? (*Child care, health care, job training, fair housing, senior citizen/handicapped/homeless service, substance abuse counseling and treatment, etc.*) If so, describe if this is a new service *not* currently being funded by CDBG, the City of Schenectady or the State of New York **or** if it is a *quantifiable* increase in the level of an existing service currently being offered by your agency and funded by the City of Schenectady or State funds in the 12 months prior to the submission of application for funding.

Project Delivery Location _____

Hours/Days of Operation _____

Section 5 - Impact (no more than 1,000 words)

1. Why is this project needed in the City of Schenectady? Discuss how the project contributes to neighborhood revitalization.
2. Describe and quantify the scope of services for the project, including numbers of persons to be served and the depth of service to be provided. Describe what will be done by whom, how and when.
3. Identify the accomplishments you intend to achieve with this project. Accomplishments must be described in terms of households served, number of people served (using criteria set forth in "a" or "b" below), businesses created, housing units created, jobs created or public facilities undertaken. (Example: This project will serve 485 low/moderate income

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individuals; this program will create 25 jobs, etc.). ¹

- a. For "Public Service" activities, indicate the number of unduplicated persons to be served by this project, per day and also per year.
 - b. For "Physical Improvement" projects, indicate the estimated accomplishments per quarter and when accomplishments will be completed.
4. Explain how the beneficiaries of the proposed activity meet the income guidelines set forth below:

Family Size	1-VLI-30 less than	2-LI-50 less than	3-Mod-80 less than	4 - Not L/M - 80+ more than
1	\$17,250	\$28,700	\$45,950	\$45,950
2	\$19,700	\$32,800	\$52,500	\$52,500
3	\$22,150	\$36,900	\$59,050	\$59,050
4	\$24,600	\$41,000	\$65,600	\$65,600
5	\$28,440	\$44,300	\$70,850	\$70,850
6	\$32,580	\$47,600	\$76,100	\$76,100
7	\$36,730	\$50,850	\$81,350	\$81,350
8 (and upwards)	\$40,890	\$54,150	\$86,800	\$86,800

A "family" is any household of one or more members.

5. Indicate how project outcomes will measure effectiveness. Describe the way in which you will track, on a continuing basis, the program's progress and accomplishments.
6. Describe how you will publicize the availability of services under the proposed project.

Section 6 - Budget

In addition to filling out the corresponding budget forms, answer the following questions in less than 200 words:

1. Outline any plans to use new funding, including sources, amounts and intended uses.
2. Identify whether funding would be one-time only or whether multi-year funding will be sought. Estimate the need for funding in subsequent years (0-5 years), illustrate further year funding sources and provide a phase-out plan. If you've received funding from the City before, indicate how you have increased additional sources of funding to offset the City's investment in your program.
3. Indicate how the proposed activity will continue if/when funding is discontinued.

¹ Please indicate in which quarter the first project/program expenditure will occur. *****The first quarter for these projects will be 10/1/17-12/31/17. Please note this is a change from the previous year.***

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Program Operating Budget

Entitlement Grant + Leveraged Funds = Total Activity Cost

	Entitlement Grant Funding	Leveraged Funds	Total Activity Cost	Source of leveraged funds and in-kind services
PERSONNEL EXPENSES				
Salaries				
Fringe				
Other (consultants, auditors, etc.)				
<i>Subtotal</i>				

OVERHEAD EXPENSES				
Advertising/ Marketing				
Program Supplies				
Rent and Utilities				
<i>Subtotal</i>				

Total Program Expenses				
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Overall Organization Operating Budget²

REVENUES		
	Last Fiscal Year (Actual Expenses)	Present Year (Budgeted)
Fees for Service		
Government Assistance		
Federal		
State		
Local		
Private Donations		
Total Revenues		
EXPENSES		
Supplies (include Postage)		
Office Expenses		
Utilities		
Salaries & Fringe		
Professional Services		
Fixed Assets		
Training & Travel		
Other		
Total Expenditures		
Difference		

² 1) Complete organization operating budget including all hard and soft costs.
 2) Operating assistance for Community Housing Development Organizations (CHDOs) may not exceed 50% of the total amount required to operate the agency for one year.

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Construction/Rehabilitation Budget³

Entitlement Grant + Leveraged Funds = Total Activity Cost

	Entitlement Grant Funding	Leveraged Funds	Total Activity Cost	Per Unit Cost (Total Activity Cost/# of Units)	Source of leveraged funds and in-kind services
PRECONSTRUCTION EXPENSES					
Legal					
Engineering					
Architectural/ Design					
Fees and Permits					
<i>Subtotal</i>					

	Entitlement Grant Funding	Leveraged Funds	Total Activity Cost	Per Unit Cost (Total Activity Cost/# of Units)	Source of leveraged funds and in-kind services
REHABILITATION EXPENSES					
Relocation					
Site Preparation					
Construction Materials					
Construction Labor					
Other					
<i>Subtotal</i>					

Total Construction Expenses

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³ Program activities by CHDOs for the construction, development, acquisition, rehabilitation, or demolition of structures that the CHDO will either own, sponsor or develop.

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REQUIRED STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all information provided is true and correct and all estimates are reasonable.
2. That the City of Schenectady may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interviews for project assessment and cooperatively assist in the review process.
3. That, if the project(s) is recommended and approved by the Mayor and City Council, the City reserves the right to reduce and/or cancel the allocation if Federal funds are cancelled, reduced, or rescinded.
4. The City of Schenectady reserves the right to reject any submittals received.
5. By submission of this application, the organization agrees to abide by the Federal regulations applicable to this program.
6. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines.
7. That past program and financial performance will be considered in reviewing this application.
8. That, if the project(s) is funded, the City (or a designated agency) may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments.
9. That, if project(s) is funded, the City will perform an environmental review prior to the obligation of funds, and the applicant will not begin the activity until notification from the City that the environmental review process has been completed.
10. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and Federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the City.
11. That the applicant agrees that no beneficiaries of program funding will have conflict of interest issues including issues such as staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, staff or Board members receiving benefits from the program, and other matters that may give the appearance of a conflict of interest.

By signature below, the applicant acknowledges the above on this _____ day of _____, 2017.

Name of Organization: _____

Signature: _____