



**Albany Community Development Block Grant (CDBG)
PUBLIC SERVICES Grant Overview and Application**
Due by 12:00 p.m., Monday, January 14, 2019

CDBG PROGRAM & GRANT OVERVIEW

The City of Albany Community Development Department is requesting proposals for public services eligible under the Community Development Block Grant (CDBG) program to be undertaken beginning July 1, 2019. Funds are authorized under the Housing and Community Development Act of 1974, as amended, and are received from the U.S. Department of Housing and Urban Development (HUD). CDBG funded services must comply with national program objectives to develop viable urban communities principally for the benefit of low- and moderate-income (LMI) residents:

Applicant Eligibility: In order to apply, an agency or organization must demonstrate it is:

- Organized as a 501(c)(3) or (c)(4) not-for-profit corporation;
- A tax-exempt organization with letter of determination from the Internal Revenue Service; or is
- A public/governmental agency independent of the City, such as a housing authority or educational institution.

Eligible Public Services Activities: The kinds of eligible public services are provided in 24 CFR 570.201(e). In order to qualify for funding, HUD requires the public service be one of the following:

- A new service;
- A quantifiable increase in the level of an existing public service; or
- An existing public service, as long as the service was not provided by or on behalf of a local government with local or state government funding.

Activities not eligible for funding: Political or religious activities; government expenses; purchase of equipment, furnishings, fixtures or personal property; and subsistence or income payments more than three consecutive months to individuals for items such as food, clothing, and rent. See 24 CFR 570.207 for a full list of ineligible activities.

Meeting a CDBG National Objective: CDBG-funded public service activities are typically categorized under the LMI Benefit (low and moderate income) National Objective as a limited clientele activity. (LMI includes households with incomes less than 80% of the area median income based on household size.) Limited Clientele activities benefit a specific targeted group of persons of which at least 51 percent must be LMI as evidenced by documentation and data concerning beneficiary family size and income or serve a group primarily presumed to be LMI such as abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS and migrant farm workers.

Available Funding: The City estimates there will be approximately \$60,000 total in CDBG funds to award for public services in Fiscal Year 2019-2020; however, funding for CDBG programs remains uncertain at the federal level.

Funding Disclaimers: The City of Albany reserves the right to negotiate an agreement based on fair and reasonable compensation for the scope of work and services proposed, as well as the right to reject any and all responses that no application received is either feasible, meets a local need, or serves eligible or intended beneficiaries. Costs incurred prior to the execution of an agreement with the City are not reimbursable.



City of Albany

COMMUNITY DEVELOPMENT DEPARTMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

Availability of Funds for Future Fiscal Years: Successive funding opportunities will remain competitive and thus there is no implicit or explicit guarantee funding will be renewed. Future funding is dependent on many factors, including need and performance. The City of Albany shall not be obligated or liable for any future payments or for any damages as a result of not awarding funding.

Pre-Application Meetings (MANDATORY FOR NEW APPLICANTS or NEW ACTIVITIES):

If your organization is seeking funding for the first time or for a first-time activity, you must schedule a pre-application meeting with program staff. The meeting is an opportunity to learn more about the CDBG program requirements, application requirements, and more. To schedule a meeting, please e-mail or call Anne Catlin, anne.catlin@cityofalbany.net, (541) 917-7560. Persons with disabilities may request reasonable accommodations.

Application and Funding Timeline:

December, 2018: Arrange a pre-application meeting, if applicable

January 14, 2019: All applications must be postmarked or received by the City of Albany Community Development Department staff no later than 12:00 p.m. Late or incomplete submissions will not be accepted. One original signed application and One electronic submittal of the complete application and attachments.

January 14-15, 2019: Staff evaluates applications for completeness.

January 28, 2019: Organization representative must give a short presentation to the Albany Community Development Commission (CDC) and be available to answer questions about the application. The CDC will evaluate all public service application proposals and provide recommendations for awards to the City Council.

By March 1, 2019: Agencies are notified of CDC recommendations for funding and inclusion in 2019 Action Plan.

By April 5, 2019: Draft 2019 Action Plan published for a 30-day comment period. The Plan and all comments will be submitted to the City Council for review and approval to submit to HUD.

May 8, 2019: Albany City Council Public Hearing at 7:15 p.m. to make recommendation on Action Plan to HUD by May 15, 2019.

July 1, 2019: HUD deadline to approve 2019 Action Plan. If approved and funds are available from Congress, then contracts can be signed and grant activities can begin.

Public Services Grant Priorities: Priority will be given to eligible CDBG activities that:

- Address a documented need or gap in services and support one or more of Albany's 2018-2022 Consolidated Plan goals;
- Provide a new service or a quantifiable increase in the level of an existing service that benefits low or moderate-income residents, or presumed low-income residents;
- Have a high benefit to Albany's vulnerable and underserved residents and/or extremely low-income residents(those earning less than 30% of area median income); and
- In which the funding request is necessary, and the activity budget is reasonable, sound, and maximizes the use of other funds.



City of Albany

COMMUNITY DEVELOPMENT DEPARTMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

2018-2022 Consolidated Plan Goals: The public service must address one or more of the following goals in the City’s 2018-2022 Consolidated Plan:

GOAL 1: Create affordable housing opportunities through property acquisition and redevelopment and homebuyer down-payment assistance programs.

GOAL 2: Preserve and improve Albany’s affordable housing through housing rehabilitation and weatherization programs.

GOAL 3: Reduce and prevent homelessness by providing housing and public services.

GOAL 4: Provide Albany’s special needs and low and moderate-income residents with needed public services by supporting service agencies that serve highly vulnerable and underserved populations such as unaccompanied youth, persons with disabilities, homeless, elderly, and agencies that further fair housing.

GOAL 5: Enhance economic opportunities by investing in job readiness services, microenterprise development, and economic development programs that create jobs principally for low- or moderate-income residents.

Application Evaluation Criteria: The CDC will use the following rating system to evaluate applications:

1. Activity Need – 25 Possible Points:

- Is the need for the activity documented?
- Does the proposal respond to critical needs identified in the Consolidated Plan?
- Is the proposed activity a new service/project or expansion of an existing service/project?
- Is the proposed activity adequately described?

25 Points

2. Performance Outcomes – 40 Possible Points:

- How many Albany residents/households will benefit from the activity?
- What percentage of anticipated beneficiaries are expected to be extremely low-income residents (<30% of AMI)?
- What percent are expected to be “presumed” benefit clientele?

40 Points

3. Agency Capacity – 20 Possible Points:

- Organizational capacity in general.
- Prior experience with activity and federal funding - including timely reporting, expenditure of funds, and meeting performance objectives.
- The agency demonstrates diversity within the organization and ability to serve diverse populations.

20 Points

4. Financial Capacity – 15 Possible Points:

- Are activity expenses necessary and reasonable?
- What other funding sources and amounts are included in the activity budget?
- Does it appear that the activity is depending on CDBG funds for continuation? Can the activity proceed without CDBG funding?

15 Points



City of Albany

COMMUNITY DEVELOPMENT DEPARTMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

CDBG & CITY Contractual Requirements:

Each grantee selected to receive funds must sign a contract with the City and comply with all requirements throughout the contract period. Prior to signing the grant agreement, the project must comply with all CDBG program requirements and City requirements including minimum insurance requirements.

- A. **Liability Insurance:** Grant recipients must carry minimum levels of liability and workers' compensation acceptable to the City, and sexual assault and auto insurance may also be required depending on the activity. See the **Sample CDBG Public Services Contract** for more information on insurance and other requirements.
- B. All grant recipients must have a DUNS # and EIN #. (You can get a DUNS # online at <http://www.dnb.com/get-a-duns-number.html>.)
- C. **Fiscal Management:** Grant recipients are required to comply with federal uniform administrative requirements regarding fiscal management including financial reporting, record keeping, accounting systems, payment procedures, procurement of goods and services, conflict of interest, and audit requirements. Non-profit organizations must administer programs in compliance with [24 CFR Part 84](#). Public agencies must administer programs in compliance with 24 CFR Part 85.
- D. **Non-Discrimination and Equal Opportunity:** Grant recipients must comply with various federal, state, and local laws that provide equal opportunity and prohibit discrimination against persons on the basis of race, color, national origin, religion, sex, age, or disability. Discrimination is prohibited in the provision of services, in access to the services and to the facilities where the services are provided, and in all other aspects of administering a CDBG project such as employment and procurement.
- E. **National Objective Compliance:** Grant recipients must document the activity meets the CDBG National Objective to serve low- and moderate-income residents. Grantees must verify client income and collect demographic data on clients using a form provided by the City. This data is submitted in a quarterly report that also reports progress on meeting performance goals and outcomes.
- F. **Records Management:** Records to be maintained are found in [24 CFR 570.506](#) and reporting requirements in [24 CFR 570.507](#). See the **Sample CDBG Public Services Contract**.
- G. In the event of non-compliance, the agreement may be terminated or suspended in whole or part.

PUBLIC SERVICES GRANT APPLICATION

FOLLOWS

PLEASE DO NOT SUBMIT THE OVERVIEW INFORMATION on pages 1 – 4 of this packet.



City of Albany
COMMUNITY DEVELOPMENT DEPARTMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

PUBLIC SERVICES GRANT APPLICATION – due 1/14/19 at 12:00 p.m.

Application Elements and Checklist:

Use this checklist to ensure all sections of the application have been addressed and included:

- CDBG Proposal Overview
- A. Required CDBG Certifications
- B. Non-Collusion and Conflict of Interest Certification
- C. Employee Background Check Program Certification
- D. Proposal Narrative – Complete the questions provided in this document. Points are not awarded for length; however, make sure to answer all of the questions and demonstrate the demand for the activity/service. Reference attachments when applicable.
- E. Program/Activity Budget –Submit a budget that includes all funding sources for the specific activity/service.
- F. Program/Activity Staffing – Provide information about key project staff.
- Agency Information** – The applicant must provide the following information to demonstrate it possesses adequate fiscal management systems and legal certifications to implement the proposed project.
 - Current year operating budget
 - Financial statements (income/expense) three most recent months (available)
 - Most recent Tax Return (990), if applicable
 - Current board member roster

First time applicants must also provide the following information; repeat applicants only provide if updated:

- Proof of non-profit or tax exemption status with IRS
- Proof of Liability Insurance/Bonding/Workers' Compensation
- Current Articles of Incorporation and Bylaws

Submission Requirements:

- **One signed original** application (printed double sided if possible); and
- **One electronic copy by 12 p.m. Monday 14, 2019 4:00 p.m. Friday, January 11.** Email electronic copy to anne.catlin@cityofalbany.net or mail or deliver the electronic copy with one original signed, double-sided copy of the grant application and attachments.

Mail to: Anne Catlin, Albany Community Development Dept, P.O. Box 490; Albany, OR 97321 or hand-deliver to Anne in the Community Development Department, Second Floor, Albany City Hall, 333 Broadalbin St SW.

City of Albany CDBG Proposal Overview

Agency Information:

Agency Name			
Amount of Request			
Name of Program			
Contact & Title			
Address			
City, State, ZIP			
Agency website			
Phone		Email	

Agency mission statement:

Please briefly describe the proposed activity and expected performance measures.

Target Clientele and Anticipated Activity Performance Measures (unduplicated clients or households):

List the 2018-22 Consolidated Plan goal(s) that will be achieved by the activity.

Type of Applicant:

<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Other (specify)	
-------------------------------------	---------------------------------------------------------------------	-------------------------------------	---------------------------------------------	--

DUNS Number:		EIN:	
--------------	--	------	--

PROGRAM BUDGET FOR WHICH CDBG FUNDS ARE BEING RQUESTED:

CDBG Funding Request	\$	
Other Funds/Resources	\$	
Total Program Budget	\$	

I hereby certify that all information contained in this application for funding is true and correct to the best of my/our knowledge and agree to comply with all requirements of the program if this agency is awarded and accepts funding.

Name and Title

Date





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

A. REQUIRED CDBG CERTIFICATIONS

Signature of Agency Representative with Binding Authority below certifies the following statements:

- Organization has no conflict of interests with any City of Albany appointed or elected representatives and does not employ City appointed or elected representatives or their families.
- Organization will comply with all applicable federal requirements, including compliance with federal Labor Standards, Section 3, Segregated Facilities, Equal Opportunity, and Non-Discrimination, Section 109, Title VI and EO 11246. All requirements are described in 24 CFR 570 Subpart K (CDBG Entitlement Grants).
- The agency's Board of Directors or governing body approved submission of this application for the proposed service or activity. Date approved by the board: _____.
- Authorized official certifies this CDBG Public Services application package has been reviewed and all information provided in this application and attachments is true and correct.
- If funded, enough funds are available from non-CDBG sources to complete the project, as described.

Signature of authorized agency representative

Date

Printed name

Title

Organization





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

B. NON-COLLUSION AND CONFLICT OF INTEREST CERTIFICATION

The undersigned hereby proposes and, if selected, agrees to furnish the services described in accordance with this Request for Proposals, Exhibits, Attachments, and Addenda, if applicable, for the term of the Agreement and certifies that the Proposer is not in any way involved in collusion and has no known apparent conflict of interest in submitting a Proposal.

Certifications

Non-Collusion The undersigned Proposer hereby certifies that it, its officers, partners, owners, providers, representatives, employees and parties in interest, including the affiant, has not in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, potential Proposer, firm or person, in connection with this solicitation, to submit a collusive or sham bid, to refrain from bidding, to manipulate or ascertain the price(s) of other Proposers or potential Proposers, or to secure through any unlawful act an advantage over other Proposers or the City. The fees, prices, and Response submitted herein have been arrived at in an entirely independent and lawful manner by the Proposer without consultation with other Proposers or potential Proposers or foreknowledge of the prices or Responses to be submitted in response to this solicitation by other Proposers or potential Proposers on the part of the Proposer, its officers, partners, owners, providers, representatives, employees or parties in interest, including the affiant.

Discrimination The undersigned Proposer has not discriminated and will not discriminate against any minority, women or emerging small business enterprise or against a business enterprise that is owned or controlled by or that employs a disabled veteran in obtaining a required subcontract.

Conflict of Interest The undersigned Proposer and each person signing on behalf of the Proposer certifies, and in the case of a sole proprietorship, partnership, or corporation, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief, no member of the City Council, officer, employee, or person, whose salary is payable in whole or in part by the City, has a direct or indirect financial interest in the award of this Response, or in the services to which this Response relates, or in any of the profits, real or potential, thereof, except as noted otherwise herein. The undersigned hereby submits this Response to furnish all work, services, systems, materials, and labor as indicated herein and agrees to be bound by the following documents: Request for Proposals, Addenda, Agreement, Exhibits and Attachments, and associated inclusions and references, specifications, Proposer's response, mutually agreed clarifications, appropriately priced change orders, exceptions which are acceptable to the City, and all other Proposer's submittals.

Proposer must disclose any apparent or perceived conflict of interest, including but not limited to, current or past relationships with consultants, contractors, subcontractors, or engineers associated with this Project. Furthermore, Proposer must disclose any current or past relationship as a City of Albany employee. If a perceived conflict may exist, then attach a letter of explanation disclosing the potential conflict or relationship.

Disadvantaged, Minority, Emerging Small Business (DMESB) (check applicable box): Yes No

Intergovernmental Cooperative Procurement Participation (check box that applies): Yes No

Reciprocal Preference Law – Residency (check box that applies): Resident Proposer Non-Resident Proposer

Signature Block. The Proposer hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Organization Name

Telephone Number

Mailing Address, City, State, Zip

Tax Id. No.

Signature

Date





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

C. EMPLOYEE BACKGROUND CHECK PROGRAM CERTIFICATION

Proposers shall demonstrate and disclose to the City of Albany that the Subrecipient has an Employee Background Check Program in place before a public contract can be awarded.

Therefore, by signing this Certification, the Proposer does hereby certify and confirm that, as a Subrecipient of City of Albany's Community Development Block Grant Program, that the agency has an Employee Background Check Program in place.

PROPOSER: _____

BY: _____

TITLE: _____

DATE: _____





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

- C. Estimate the number of unduplicated Albany individuals you expect to serve with the proposed service/activity in FY 2019-2020 (July 1-June 30), and estimate household income. When serving households or families estimate and include only those individual members that will receive assistance. How did you arrive at the proposed estimates? Please identify beneficiaries that are presumed by HUD to be low-income. See **Meeting a CDBG National Objective** on page 1 for information.

Income Range (% of Median Income)	Projected # of individual beneficiaries
Extremely Low Income (< or = 30% AMI)	
Very Low Income (30% - 50% AMI)	
Low Income (50% - 80% AMI)	
Not Low Income (> 80% AMI)	
TOTAL	

- D. Identify specific goals, performance measures and impacts or outcomes to be achieved by the activity. Please be specific. (*Note: Recipients of any programs or services included in performance measures must be City of Albany residents.*) CONSIDER USING THE TABLE PROVIDED BELOW.

PROGRAM GOALS	PERFORMANCE MEASURES	IMPACTS OR OUTCOMES
<i>Example: Reduce # of foster care placements.</i>	<i># served</i>	<i>Improved quality of life for participants. Decreased costs on medical bills.</i>





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

E. Explain how the City's CDBG investment will translate into expanded value to the community.

Organizational Capacity and Activity Sustainability:

F. Describe experience conducting the same or similar projects, if any, and the success with performance measures and outcomes.

G. What steps has the agency taken to make services accessible to all residents, including those with different linguistic or cultural needs or members of protected classes (race, color, national origin, religion, familial status, sexual orientation, marital status, source of income, disability, or victim of domestic violence, sexual assault or stalking)?

H. Please explain how the agency embraces and demonstrates diversity within the organization.

I. If your application is not fully funded, will the agency be able to implement the project with partial funding?





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

E. PROGRAM/ACTIVITY BUDGET

1. Please provide a budget for the proposed activity; include funding sources for this specific activity – **NOT the agency budget**. You may use the form below or provide your own. **Please provide a separate budget for each year for which you are requesting funding.**
2. Please provide amounts and sources of other funds being leveraged (federal, state, local, or private).
3. If applicable, please describe use of donated goods and services and the estimated value of these services and how you arrived at these amounts.

Program/Activity Budget Summary (See 24 CFR 570 Subpart J)				
Estimated Total Cost of Activity:	\$			
CDBG Funding Requested for Activity:	\$			
Total Number of People/Households Served:				
Total CDBG Cost per Person/Household:	\$			
Amount and Source of Other Funds Leveraged for Project (note if state or federal funds):	Source (fed, state, private)	Year	Amount	
Program/Activity Budget Detail				
Specific Cost Item/Description	CDBG Amount Requested	Other Funds Source	Other Funds Amount	Total Amount CDBG + Other Sources
	\$		\$	\$
Total	\$		\$	\$





COMMUNITY DEVELOPMENT

333 Broadalbin Street SW, PO Box 490, Albany, Oregon 97321-0144 | BUILDING 541-917-7553 | PLANNING 541-917-7550

F. PROGRAM/ACTIVITY STAFFING

Identify the names of staff participating in the proposed program or activity, their role, experience they have in this role, their title, and the expected FTE on the project. Please make sure to identify the person responsible for collecting program performance data and preparing the quarterly reports for the City.

Staff Member	Background of Personnel and Role in Activity
Name: Title: FTE on This Project:	

