CITY OF SALEM, MASSACHUSETTS

DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT

KIMBERLEY DRISCOLL, MAYOR
TOM DANIEL, AICP, DIRECTOR

98 WASHINGTON STREET ♦ SALEM, MASSACHUSETTS 01970
♦ TEL: 978-745-9595 ♦

REQUEST FOR CDBG-CARES PUBLIC SERVICE PROPOSALS
BASIC NEEDS INITIAL 3-MONTH PROGRAMS

In response to COVID-19, the City of Salem is requesting funding proposals to provide public/social services (including labor, supplies and materials) to help address the needs of Salem's low-moderate income families and most vulnerable citizens. Funding is provided by the U.S. Department of Housing & Urban Development. Any 501(c)(3) organization or City of Salem municipal department may submit a proposal. When requesting funds for more than one program, please submit separate proposals. Please do not include brochures, cover letters, resumes, newspaper articles or other marketing materials. For assistance, contact Jane A. Guy, Assistant Community Development Director at jguy@salem.com.

PROPOSAL DEADLINE: Friday, May 8, 2020
Emailed to Jane Guy at jguy@salem.com

Distribution: Grants will be provided to non-profit organizations with experience in the provision of public services, who will oversee programs that address needs specific to the COVID-19 pandemic (i.e. manage client applications, assess eligibility and administer the resources). To combat the emergency needs of this crisis, we seek to support organizations able to deploy resources quickly. Programs shall be designed so as to protect against fraud and/or providing assistance already being funded by another program.

Priority Assistance Areas:
Phase one of CDBG-CARES funds will deploy resources to address the urgent basic human services and economic needs of Salem's must financially vulnerable residents as a result of COVID-19. Examples include:

- Meals delivery (including meals for persons with food sensitivities or diet restrictions);
- Grocery purchase/delivery (including cleaning supplies, toiletries, diapers, foods for persons with food sensitivities or diet restrictions, etc.);
- Purchase of personal protection equipment;
- Provision of shelter/medical services for homeless individuals;
- Are You Okay programs;
- Small business assistance programs; and
- Emergency homeless prevention (i.e. rent or utility payments not to exceed 3 months per household. Note: Rental assistance program terms to be provide by or determined with the City).

Public services that have not been funded through CDBG in the last 3 years must be either a new service or a quantifiable increase in the level of service to address COVID-19.

Target Populations: Priority population is very low, low and moderate income (LMI) persons (income limits below). Presumed LMI are homeless individuals, seniors, persons with disabilities and public housing residents. Any household may be assisted that documents LMI (i.e. veterans/veterans' widows, new immigrants, households previously not considered LMI but have lost their primary source of income through lay-offs or business closures).

PLEASE DO NOT SUBMIT THESE INSTRUCTIONS WITH YOUR PROPOSAL

The following is a list of some of the requirements for agencies who are awarded CDBG-CARES funding.

1. Monthly reports must be submitted indicating program progress and data on the number of Salem residents benefited. Reports must be submitted before the 15th day of the following month. No reimbursement requests will be processed if required documentation is outstanding. For LMI activities, a minimum of 51% of the total persons assisted by the program must be low to moderate income and such documentation must be kept on file. Abused children, elderly persons, battered spouses, homeless persons, adults with disabilities, illiterate persons and migrant farm workers may be presumed to be low to moderate income. A chart of income limits, income verification and monthly report forms will be provided.

2. Invoices must be submitted on agency letterhead, must include the billing period and must indicate **CDBG-CARES**. When issuing invoices, corresponding bills and cash receipts must be included. (Please see the CDBG Administrator to determine eligible expenses.) If the funding is used for salaries, time sheets must be submitted. Corresponding pay stubs or certified payroll records must be included with the invoices or they will not be processed.

3. Agencies must use equal opportunity hiring practices. Evidence of outreach efforts to hire minorities and females must be kept on file (e.g. ads in a Hispanic publication). Agencies must provide, to the greatest extent feasible, opportunities for job training/employment to lower income residents in connection with projects in their neighborhoods. A written employee/volunteer hiring policy must be developed and utilized. Resumes of applicants must be kept on file.

4. Evidence of outreach efforts to reach minorities, females and low to moderate income clientele to be assisted by the program must be kept on file (e.g. flyers translated into Spanish). All written outreach documents (including agency brochures, program flyers and postings, etc.) should either be **translated into a minority language or provide instruction in a minority language on where to obtain more information**. If current materials omit such instruction, you may add it using stamps or labels.

5. All advertisements, notifications, publications, signs, brochures and other promotional or informational material must identify the program as being **funded in part by the City of Salem Department of Planning & Community Development, U.S. Department of Housing & Urban Development**. All general information publications must include an Equal Opportunity Statement (EOS). If current materials omit such a statement, you may add one using stamps or labels, etc. A sample EOS would be, "**This (funded program) does not discriminate on the basis of race, color, national origin, religion, gender or gender identity, familial status, disability, ancestry, age, marital status, public assistance status, sexual orientation, veteran history/military status or genetic information.**" If the agency employs 15 or more persons, the EOS should also identify the person designated to coordinate Section 504 compliance.

6. CDBG funds must be accounted for separately. A simple ledger may be used which should include the date and amount of funds invoiced, date and amount of funds received and a running contract balance.

7. Deposit slips and deposit receipts must be kept on file. Bank statements must be kept on file.

8. Section 3 requirements - To the greatest extent feasible, contracts (procurement of goods or services) in connection with these projects are to be awarded to local businesses (e.g. printing, accounting, repairs, janitorial supplies, etc.). A written purchasing policy must be developed and utilized. Price quotations must be kept on file.

9. Your program, when viewed in its entirety, should be readily accessible to and usable by individuals with disabilities. You need not make structural changes in existing facilities if other methods are effective in making you programs accessible. However, if structural changes are needed to make these programs accessible, then a transition plan must be developed. The City of Salem Department of Planning & Community Development can supply you with the minimum information required in a transition plan. If structural changes would result in an undue financial and administrative burden or change in the fundamental nature of a program, they need not be made. However, the analysis leading to this conclusion should be documented and kept in your files as evidence of compliance.

10. An inspection of the program management, program progress and financial record keeping may be made up to three years after the end of the program. Your agency shall have ten (10) working days to ready all books, documents, papers, reports, records and files which are pertinent or relevant to the Agreement. A letter detailing the findings will be sent following such inspection with instructions on corrective action (if any) required.

11. All documents related to the program and grant must be maintained on file for a minimum of four years unless otherwise stated in the Agreement.

CDBG-CARES PROPOSAL COVER SHEET – PROPOSAL PAGE 1

1. AGENCY NAME_____ Fed I.D. # _____

2. MAILING ADDRESS _____

_____

3. ADDRESS WHERE SERVICES WILL BE CONDUCTED _____

_____

4. CONTACT PERSON(S) _____ TITLE _____

5. TELEPHONE # _____ E-MAIL _____

6. PROJECT TITLE _____

7. IS THIS A NEW SERVICE? YES _____ NO _____
   IF THIS IS NOT A NEW SERVICE, IS IT AN EXPANSION OF AN EXISTING SERVICE AS A RESULT OF COVID-19? YES _____ NO _____

8. A. TOTAL ESTIMATED PROGRAM BUDGET FOR A **3-MONTH PROGRAM $** _____
   (CASH EXPENSES ONLY, DO NOT INCLUDE THE VALUE OF IN-KIND SERVICES):
   B. OF THE TOTAL, HOW MUCH IS REQUESTED IN CDBG-CARES FUNDING? **$** _____

9. PLEASE ESTIMATE, FOR A 3-MONTH PERIOD, THE **UNDUPLICATED** NUMBER OF:
   Salem individual **persons** expected to be served (NOT UNITS OF SERVICE)* a _____
   *Note: This figure may be the required accomplishment goal in the contract.
   Non-Salem individual persons expected to be served (NOT UNITS OF SERVICE)+ b _____

   UNDUPLICATED INDIVIDUALS TOTAL TO BE SERVED _____

10. Does your agency expend more than $750,000 per year in federal awards? Circle **YES** or **NO**.
    If yes, include a copy of the agency's most recent financial audit. Omit if submitted within past year.

11. What is your agency DUNS number? _____
    https://www.dnb.com/content/dam/english/dnb-data-insight/duns-number/duns_number_guide.pdf

REQUIRED SIGNATURE

To be signed by the person authorized to sign contracts on behalf of the agency: *"I certify that all information provided in this application is true and correct to the best of my knowledge and that there are no intentional misrepresentations, which might reasonably affect a judgment regarding a funding award. Signing this document gives the City of Salem the authorization to obtain verification from any source herein."*

_____

Date Signature Title

NARRATIVES

PLEASE BE BRIEF - TWO OR THREE LINES FOR EACH ITEM IS AMPLE; SEE SAMPLES PROVIDED.

1. Briefly describe your agency and its mission:
   Example: ABC Non-profit, Inc. provides services to elderly Salem residents, including housing assistance, case management, and health and financial advocacy.

2. What problem or need will the program address?
   Example: Due to quarantine, many seniors are anxious about grocery shopping. Many do not own computers or smartphones, are not versed in technology to make use of delivery services or are not comfortable providing credit card information over the phone to restaurants. This leaves many seniors hungry or lacking in nutritious food.

3. Summarize the service to be provided:
   Example: Provide a food delivery service of meals to seniors living in Salem's public housing. This will entail delivering 2-3 meals per person 3 days per week. This service will ensure that these residents will have a nutritious meal each day.

4. What is the target population the service will benefit (e.g. elderly, homeless, abused spouses, etc.)?
   E*xample: The target population will be seniors residing in Salem Housing Authority elderly units.*

5. What is the basis for the estimated number of unduplicated persons or households to be served (as indicated on the cover sheet)?
   Example: The estimate is based on the number of units of senior housing managed by the Salem Housing Authority.

6. What is the estimated outcome?
   Example: The estimated outcome is that up to 500 households will be provided with 7 meals per week, for up to 3500 meals per week for 12 weeks (up to 42,000 total meals).

FUNDING REQUEST

BUDGETS SHOULD BE BASED ON AN INITIAL 3-MONTH PROGRAM PERIOD.

1. **Please attach an itemized program budget for the amount on Line 9A** of the cover page of the application. Indicate cash expenditures only; do not include the value of in-kind services.

2. What is the projected use of the funds requested (Line 9B)?
   If the funding request is for personnel, itemize each by **job title, number of hours in a typical workweek, rate of pay, fringe percentage, multiplied by the number of weeks the program will run**. If the funding request is for supplies, materials or other administrative costs, please itemize and estimate these costs. Budget requests should not be fee based, but rather on actual expenses projected to run the program.

3. What is the **amount** and **source** of funds for the remainder of the total program budget?
   List cash sources only. Do not include the value of in-kind services.

   a. Section 108 Loan Guarantee $_____

   b. HOME $_____

   c. ESG $_____

   d. HOPWA $_____

   e. Other federal funds (including non-Salem CDBG) $_____

   f. State/local funds $_____

   g. Private funds $_____

   h. Other (specify) _____ $_____

   TOTAL (Note: This total, when added to line 9B should equal 9A) **$** _____

Note: If funded, the agency will be required to submit a CDBG Leveraged Funds Report at the end of the program period. Large discrepancies between the estimates provided here and the actual funds leveraged will require explanation and may affect future funding awards.

FY 2019 Income Limits Summary – Effective 6/28/19

Medium income $113,300

	Persons in household							
	1	2	3	4	5	6	7	8
Very Low (Extremely Low) Income Limits	$24,900	$28,450	$32,000	$35,550	$38,400	$41,250	$44,100	$46,950
Low (50%) Income Limits	$41,500	$47,400	$53,350	$59,250	$64,000	$68,750	$73,500	$78,250
Moderate (80%) Income Limits	$62,450	$71,400	$80,300	$89,200	$96,350	$103,500	$110,650	$117,750

NOTE: Salem city is part of the **Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area**, so all information presented here applies to all of the **Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area**. The **Boston-Cambridge-Quincy, MA-NH HUD Metro FMR Area** contains the following areas: **ESSEX COUNTY, MA** TOWNS OF Amesbury Town city, MA; Beverly city, MA; Danvers town, MA; Essex town, MA; Gloucester city, MA; Hamilton town, MA; Ipswich town, MA; Lynn city, MA; Lynnfield town, MA; Manchester-by-the-Sea town, MA; Marblehead town, MA; Middleton town, MA; Nahant town, MA; Newbury town, MA; Newburyport city, MA; Peabody city, MA; Rockport town, MA; Rowley town, MA; Salem city, MA; Salisbury town, MA; Saugus town, MA; Swampscott town, MA; Topsfield town, MA; Wenham town, MA;