

City of Syracuse
Department of Neighborhood and Business Development



Request for Proposal
for
Community Based Development Organization (CBDO) Certification

Program Year 48
(May 1st, 2022- April 30th, 2023)

Mayor Ben Walsh
Michael Collins, Commissioner



Application Overview

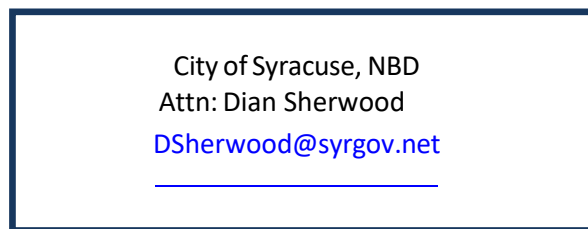
1. RFP Description

The City of Syracuse, Department of Neighborhood and Business Development is seeking applications for certification as a Community Based Development Organization (CBDO). To be considered for certification, an agency **must submit** a completed certification application along with a completed Community Development Block Grant (CDBG) application.

2. Application Submission

Applications for certification and funding are available online at:

[www.syr.gov.net/Neighborhood and Business Development.aspx](http://www.syr.gov.net/Neighborhood%20and%20Business%20Development.aspx) or an application may be mailed upon request. Please complete the application and submit electronically to:



All funding applications are due no later than 2PM on November 12, 2021.

3. Technical Assistance

The Department of Neighborhood and Business Development invites you to attend a virtual technical assistance workshop on how to complete the RFP on **October 19, 2021 at 4:00 pm.**

4. Reservations

- i. The City of Syracuse reserves the right to accept or reject any or all proposals received.
- ii. The City of Syracuse reserves the right to seek additional information from organizations, especially those not previously funded or certified by the City.
- iii. The City of Syracuse reserves the right to establish spending guidelines, where applicable, for all projects.



DEPARTMENT OF NEIGHBORHOOD & BUSINESS DEVELOPMENT
CITY OF SYRACUSE, MAYOR BEN WALSH

COMMUNITY BASED DEVELOPMENT ORGANIZATION (CBDO) CERTIFICATION

I. Applicant Information and Agreement *(Answer all questions.)*

Applicant Information

Applicant Name			
Project Service Area			
Proposed Services			
Request for CBDO Services	\$		
Chief Official of Lead Applicant	Name	Title	
	Phone	Email	
Designated Contact Person for this Application	Name	Title	
	Phone	Email	

LCP Tracker Agreement (Required) *More information on requirements for [Section 3.](#)*

As a CDBG funded agency requesting more than \$100,000, I agree to follow Section 3 reporting guidelines to ensure federal compliance.

Acknowledgements and Agreement.

Signature (Authorized Official)

Printed Name / Title

Date

II. Program Narrative

Project Description – Please describe the **CBDO**-specific services to be funded with Community Development Block Grant (CDBG) funds only.

III. Eligible Activities

The agency will undertake one or more of the following eligible activities. Check all that apply.:

Neighborhood revitalization projects - which include activities of sufficient size and scope to have an impact on the decline of a geographic location within the City of Syracuse (but not the entire City of Syracuse) designated in comprehensive plans, ordinances, or other local documents as a neighborhood, village, or similar geographic designation; or

Community economic development projects - which include activities that increase economic opportunity, principally for persons of low-and moderate income, or that stimulate or retain businesses or permanent jobs, and projects that consist of one or more such activities that are clearly needed to address a lack of affordable housing accessible to existing or planned jobs; or

Energy conservation projects - which include activities that address energy conservation, principally for the benefit of the low- and moderate-income residents of the City of Syracuse

Please specify your area(s) of operation included in Articles of Incorporation and bylaws:

—

Does agency provide services outside the jurisdiction of the City? Yes No

If yes, please provide the following information:

	UNIT	% of Total
1a. Number of projects/programs located within the City of Syracuse		
1b. Number of projects/programs located outside the City of Syracuse		
TOTAL		
2a. Dollar amount expended for services within the City of Syracuse		
2b. Dollar amount expended for services outside the City of Syracuse		
TOTAL		
3a. Number of City of Syracuse residents receiving services		
3b. Number of Non-City of Syracuse residents receiving services		
TOTAL		
4a. Staff time (hours) expended in projects/programs within the City of Syracuse		
4b. Staff time (hours) expended in projects/programs outside the City of Syracuse		
TOTAL		

IV. CFR Requirements

To be eligible for the CBDO designation, the agency must meet the requirements of *either Exhibit A or Exhibit B*. This section is considered completed only if all necessary documentation is attached (Board Bylaws, Articles of Incorporation, policies and procedures, etc.) to demonstrate *each objective* in either Exhibit A or B is met.

Exhibit "A" Requirement Checklist for 24 CFR 570.204 (c)(1)

_____ (the agency) is eligible to be designated as a CBDO under 24

CFR 570.204 (c)(1) because it meets all the following requirements:

1. An association or corporation organized under State or local law to engage in community development activities (which may include housing and economic development activities) primarily within an identified geographic area of operation within the City of Syracuse, as evidenced by _____; **and**
2. Has as its primary purpose the improvement of the physical, economic or social environment of its geographic area of operation, by addressing one or more critical problems of the area, with particular attention to the needs of persons of low and moderate income, as evidenced by _____; **and**
3. Is either nonprofit or for-profit, provided that any monetary profits to its shareholders or members must be only incidental to its operations, as evidenced by _____; **and**
4. Maintains at least 51 percent of its governing body's membership for low- to moderate- income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate-income neighborhood organizations located in its geographic area of operation, as evidenced by _____; **and**
5. Is not an agency or instrumentality of the City of Syracuse and does not permit more than one- third of the membership of its governing body to be appointed by, or to consist of, elected or other public officials or employees or officials of an ineligible entity (even though such persons may be otherwise qualified under (c)(1)(iv) of 24 CFR 570.204), as evidenced by _____; **and**
6. Except as authorized above, requires the members of its governing body to be nominated and approved by the general membership of the organization or by its permanent governing body, as evidenced by _____; **and**
7. Is not subject to requirements under which its assets revert to the recipient upon dissolution, as evidenced by _____; **and**
8. Is free to contract for goods and services from vendors of its own choosing, as evidenced by _____.

**COMMUNITY BASED DEVELOPMENT ORGANIZATION (CBDO)
GOVERNING BODY**

A Community Based Development Organization (CBDO) is required to maintain at least 51 percent of its governing body’s membership comprising low- and moderate-income (LMI) a) **residents of its geographic area of operation**, b) owners or senior officers of private establishments and other institutions **located in and serving its geographic area of operation**, or c) representatives of low- and moderate-income neighborhood organizations **located in its geographic area of operation**.

Please list all Governing Board members and **provide the corresponding Self-Certification Form (A, B, and/or C)** for each board member that **qualifies** as one of the three above listed indicators. All residents, owners or senior officers or representatives of neighborhoods **must be located in** the geographic area of operation.

Attach additional sheets, if necessary.

List All Governing Board Members		Complete All Columns That Apply				
Last Name	First Name	Low and Moderate Income Person (Provide Form A)	Owner or Senior Officer of a Private Establishment or Other Institution (Provide Form B)	Representative of a Low- and Moderate-Income Neighborhood Organization (Provide Form C)	Presumed LMI* Income Person (Form A)	Term Exp. Date
Total Number of Board Seats:						

* HUD regulations presume specific populations to be low and moderate-income: abused children, battered spouses, elderly persons, severely disabled adults, homeless persons, illiterate adults, persons living with AIDS, and migrant farm workers.

To be eligible for CBDO designation, the agency must meet the requirements of **either Exhibit A or Exhibit B**. This section is considered completed only if all documentation is attached (Board Bylaws, Articles of Incorporation, policies and procedures, etc.) that is necessary *each objective*, in either Exhibit A or Exhibit B, is met.

Exhibit "B"
Requirement Checklist for 24 CFR 570.204
(c)(2)

_____ (the agency) is eligible to be designated as a CBDO because it meets **one** of the following requirements:

Is an entity organized per Section 301(d) of the Small Business Investment Act of 1958 (15 U.S.C. 681 (d)), including those that are profit making;

Or

Is a Small Business Administration (SBA) approved Section 501 State Development Company or Section 502 Local Development Company, or an SBA Certified Section 503 Company under the Small Business Investment Act of 1958, as amended;

Or

Is a Community Housing Development Organization (CHDO) under 24 CFR 92.2, designated as a CHDO by the HOME Investment Partnerships Program by the City of Syracuse, with a geographic area of operation of no more than one neighborhood and has received HOME funds under 24 CFR 92.300 or is expected to receive HOME funds as described in and documented in accordance with 24 CFR 92.300(e).

**COMMUNITY BASED DEVELOPMENT ORGANIZATION (CBDO)
GOVERNING BODY
SELF-CERTIFICATION
FORM A**

LOW- AND MODERATE-INCOME REPRESENTATIVE

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income (LMI) residents of its geographic area of operation, owners of senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv). This form is to be completed by low- and moderate-income residents of the agency’s geographic area of operation. The Community Development Department requires the following information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

Each LMI board member must indicate the number of persons in his/her family and indicate whether total annual family income exceeds or falls below the 2021 HUD Income Limits, by marking the appropriate box below.

NOTE: “Income” is the total annual income of all family members. Additional expected sources of income must be included in this calculation of annual family income. All income for all persons in the family **must** be included in calculating family income.

2021 CDBG Income Guidelines— Check the box that corresponds to your family size and income.:

Family Size	Total Annual Family Income Is		Amount*
	Above	At or Below	
1			\$44,550
2			\$50,900
3			\$57,250
4			\$63,600
5			\$68,700
6			\$73,800
7			\$78,900
8			\$84,000

*2021 HUD Income Limits

Presumed Low- and Moderate-Income Persons

HUD regulations presume specific populations to be low- and moderate-income. If using this method to certify eligibility, a board member must check the box next to the category (s) of which he/she is a member.:

“Severely Disabled” Adult	<input type="checkbox"/>	Persons Living with AIDS	<input type="checkbox"/>
Elderly Persons (62 and older)	<input type="checkbox"/>	Illiterate Adults	<input type="checkbox"/>
Battered Spouse	<input type="checkbox"/>	Migrant Farm Workers	<input type="checkbox"/>
Homeless Persons	<input type="checkbox"/>	Abused Children	<input type="checkbox"/>

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

I certify that that I am a low- and moderate-income (or member of a population that is presumed to be low- and moderate- income) resident of the _____ area of operation.

CBDO’s Name

Board Member’s Name (Please Print): _____

Board Member’s Signature _____ **Date** _____

**COMMUNITY BASED DEVELOPMENT ORGANIZATION
(CBDO) GOVERNING BODY
SELF-CERTIFICATION
FORM B
BUSINESS OWNER/SENIOR OFFICER REPRESENTATIVE**

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv).

Board members, who qualify as owners or senior officers of private establishments and other institutions, located in and serving the agency’s geographic area of operation should complete this form. The Neighborhood and Business Development Department requires the following information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

CBDO Applicant’s Name: _____

CBDO Geographic Area of Operation: _____

Board Member’s Name (please print): _____

Board Member’s Position: _____

Private Institution’s Name: _____

Private Institution’s Address: _____

Please provide a description of the goods and services provided by the private institution:

Please describe board member’s functions, within the business or organization which provide him/her an understanding of, and insight into, the needs of the community served by the CBDO agency:

Please provide the geographic area of operation for the private establishment: _____

I declare under penalty of perjury, under the laws of the State of New York, that all statements contained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

Board Member’s Signature: _____

Date: _____

**COMMUNITY BASED DEVELOPMENT ORGANIZATION
(CBDO) GOVERNING BODY
SELF-CERTIFICATION
FORM C**

NON-PROFIT OR NEIGHBORHOOD ORGANIZATION REPRESENTATIVE

A Community Based Development Organization (CBDO) is required to “maintain at least 51 percent of its governing body’s membership for low- and moderate-income residents of its geographic area of operation, owners or senior officers of private establishments and other institutions located in and serving its geographic area of operation, or representatives of low- and moderate- income neighborhood organizations located in its geographic area of operation” 24 CFR Ch. V 570.204 (c) (1) (iv).

Board members, who qualify as representatives of low- and moderate-income neighborhood organizations located in the agency’s geographic area of operation, should complete this form. The Neighborhood + Business Development Department requires the following Information to determine board member eligibility based on Exhibit “A” section 4 of the CBDO application.

CBDO Applicant’s Name: _____

CBDO Geographic Area of Operation: _____

Board Member’s Name (please print): _____

Board Member’s Position/Title: _____

Organization’s Name: _____

Organization’s Address: _____

Please provide a description of the goods and services provided by the neighborhood organization:

Please describe board member’s function(s), within the neighborhood organization, that provide him/her an understanding of, and insight into, the needs of the community served by the CBDO agency:

Please provide the geographic area of operation for the neighborhood organization: _____

I declare under penalty of perjury, under the laws of the State of New York, that all statements obtained in this application and any accompanying documents are true and correct, and made with full knowledge that all statements given are subject to investigation and that any false or dishonest answer to any question may be grounds for denial or subsequent revocation of CBDO certification.

Board Member’s Signature: _____

Date: _____