

City of Syracuse

Department of Neighborhood and Business Development



Community Development Block Grant Coronavirus (CDBG-CV3) - RFP

Ben Walsh, Mayor
Michael Collins, Commissioner



Application Overview

The City of Syracuse Department of Neighborhood and Business Development (NBD) are seeking proposals for the use of Community Development Block Grant - COVID (CDBG-CV) Funds. Proposals must align with the priorities and address community needs outlined by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), Public Law 116-136, which was signed by President Trump on March 27, 2020, to respond to the growing effects of this historic public health crisis.

CDBG funding is extremely competitive, and Syracuse's funding allocation is \$1,676,401. During this current public health crisis, it is critical we do everything possible to ensure the health and safety of those most vulnerable by limiting the spread of COVID-19. The Department of Neighborhood and Business Development for the City of Syracuse is proposing to use the CDBG-CV funds to assist low to moderate income households and or individuals using the matrix codes listed above with the National Objective: Urgent Need.

The City of Syracuse is looking to use its CDBG-CV3 funds under the following eligible activities:

- Economic Development
- Mental Health Services
- Tenant/Landlord Counseling
- Subsistence Payments

Reservations

1. The City of Syracuse reserves the right to accept or reject any or all proposals received.
2. The City of Syracuse reserves the right to seek additional information from organizations, especially those not previously funded by the City.
3. The City reserves the right to establish spending guidelines for all projects.

Applications for funding are available online at:

www.syr.gov.net/Neighborhood_and_Business_Development.aspx Please complete the fillable PDF and submit in electronic form to the following:

City of Syracuse, NBD
Attn: Wenona Timmons, CDBG Program Administrator
wtimmons@syr.gov.net

All funding applications are due no later than 2PM on December 18th, 2020

One application should be completed for each individual program requesting funding. Please do not combine funding requests. All documentation must be submitted with the application by the deadline in order to be considered for funding. **Character limits: Each question should be no more than 3,000 characters.**



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

RFP Scoring Tool

Project Name:	
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Applicant Name Address Phone Number & Email	

Category		Point Value
Agency Overview	The proposal highlights the program’s administrative capacity.	5
Program Description	The proposal clearly identifies the program description and or services for which the agency is requesting CDBG funding.	5
Program Implementation	The proposal explains program deliver, implemented and how data will be collected.	5
Data Collection	The proposal describes how success of the program is tracked and measured.	5
Efficiency in Utilizing Public Funds	The proposal discusses at least two desired outcomes from the program that aligns with CDBG strategic funding priorities.	5
Financial Feasibility	The proposal outlines previous programming and the amount of funding received while showing clarity and completeness of proposed budget; consistency with the current project outline.	5
Comment	Would you recommend this agency/program for funding?	Yes or No
Total Points		Out of 30

For NBD Staff Only:	Has vouchering been completed on a monthly basis or minimally quarterly?
	Have quarterly reports been completed in a timely manner and with a high standard of quality?
	Are all monitoring visits without violations? If not, are all findings and violations addressed in an action plan? Has the action plan been followed through on?



CITY OF SYRACUSE, NEW YORK
DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT
2021-2022 CDBG-CV3 Funding Application

1. General Applicant Information	
Applicant / Organization (Lead Applicant)	
Organization Name:	
If applying on behalf of another entity, name of that entity: (If applicant does not have 501(c)(3) status)	
Program Name:	
<input type="checkbox"/> New program (never funded)	<input type="checkbox"/> On-going (previously funded)
Proposal Request	
Total Community Development Block Grant (CDBG) Funds Requested: \$	
Total of Other Funding Sources Amount: \$	
Total Project / Program Budget: \$	
Program Location	
Chief official of lead applicant	
Name	
Title	
Mailing Address	
City, State & Zip	
Phone	Email
DUNS #	
Designated contact person for this application	
Name	
Title	
Mailing address	
City, State & Zip	
Phone	
Email address	

<p>Required Attachments:</p> <ul style="list-style-type: none"> ✓ Board Resolution authorizing submission of application ✓ Articles of Incorporation ✓ IRS Determination Letter ✓ Audit or financial statement within the past 24 months and Management Letter ✓ Board By-Laws ✓ Resumes and Job descriptions ✓ Board minutes (last 3 meetings, no more than 6 months old) ✓ Board of Directors including addresses, appointment/term expiration dates, whom each Board member represents ✓ Proof of Liability Insurance 	<p>Applying for CBDO designation:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes Attach:</p> <ul style="list-style-type: none"> ✓ Completed CBDO Application ✓ Board List and Verification Forms (Exhibit C) <p>Section 3 Agreement: (Required)</p> <p>As an agency requesting more than \$100,000, I agree to follow Section 3 reporting as required by NBD. Please enter in all Section 3 information on Budget, see page 10.</p> <p>More information on requirement for Section 3</p>
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Narrative Information:

1. Highlight your administrative capacity to carry out this project. (Limit responses to 3,000 characters)

Narrative Information:

2. Describe program delivery, hours and days of availability, timeline and implementation strategy. If applying towards mental health services, a successful implementation strategy include purposeful partnerships with organizations, community stakeholders or individuals seen as gatekeepers and influencers with the target communities: substance abusers and those battling mental illness. (Limit responses to 3,000 characters)

Narrative Information:

3. The targeted population for this funding is low- to moderate-income Syracuse residents. If applying under eligible activities related to economic development, tenant/landlord counseling, or subsistence payments, reply to (a). If applying related to Mental Health Services, reply to (b). (Limit responses to 3,000 characters)

(a) How will the proposed benefit these individuals/households, and what outreach and/or referral activities with other agencies do you employ to ensure the hardest to reach are served?

(b) NBD's focus will be to foster proactive street outreach to assist individuals suffering with substance abuse and those battling mental illness. Be specific in outlining how all partnerships with organizations, community stakeholders or individuals seen as gatekeepers and influencers, will be made to address this target population.

Narrative Information:

4. How does this program advance the eligible activities in which your organization is applying for? If applicable, please include how this program protects families from eviction during COVID-19 through homeless prevention activities? (Limit responses to 3,000 characters)

Narrative Information:

5. Using data from previous program data, describe the proposed services. If your agency received CDBG-CV1-2, please describe how the program is tracked, measured and any success or challenges that your agency faced during implementation. (Limit responses to 3,000 characters)

Narrative Information:

6. How many individuals, families, households, and/or businesses does the program propose to serve?
(Limit responses to 3,000 characters)

Narrative Information:

7. Discuss at least two desired outcomes from your proposed program that align with CDBG-CV eligible activities and matrix codes. As outlined in the Application Overview? (Limit responses to 3,000 characters)

Program Goals and Desired Outcomes:

8. Describe how your organization has been impacted by COVID-19. Share how your organization has been or is planning for the future with the current uncertainties in mind, including any modifications you have made to your overall strategy, staffing, and budgeting for the agency and the program you are applying for in this application. (Limit responses to 3,000 characters)

9. Explain why your organization is best suited to successfully deliver the proposed services and any collaboration with other entities for human service programming. (Limit responses to 3,000 characters)

Program Goals and Desired Outcomes:

- 10.** Please indicate the CDBG to "other funding sources" ratio. Priority will be given to programs that demonstrate a 25% match or greater. Indicate whether any match source is submitted, pending or committed in hand and amounts. (Limit responses to 3,000 characters)

1. Budget

- a. Complete the attached CDBG-CV Program Budget. The intent of the form is to provide information on the cost to administer the entire program, not just what is requested from the CDBG program funds. Please include information on both the hard and soft costs. Make sure the items that propose to be funded are eligible CDBG activities and they meet the objectives set forth in the strategy area, and include full salary information for personnel costs.

2. Agency History & Capacity

- a. Describe the organization's current capacity and qualifications in carrying out the proposed activity.
 - i. Include organizational chart
 - ii. Job descriptions for those employees involved in administering the specific programs
 - iii. Staff resumes for employees involved in administering the specific programs

3. Signature Section

TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND DATA IN THIS APPLICATION ARE TRUE AND CORRECT AND ITS SUBMISSION HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT. WITH THIS SUBMISSION, THE AGENCY ALSO AGREES TO FOLLOW ALL RULES AND REGULATIONS GOVERNING FEDERAL (CDBG) FUNDING. I AM CERTIFYING THAT I UNDERSTAND IF THE APPLICATION IS LATE OR INCOMPLETE IT WILL NOT BE READ.

Signature (Authorized Official)

Name (Typed or Printed)

Title (Typed or Printed)

Date

CDBG-CV3 RFP Program Budget

Applicant Program _____	Total CDBG Request	\$
Budget Submitted By _____	Other Funding	\$
	Total Program Cost	\$

Other Funding Sources

Use Of Funding	Funding Source	Secured Funding?	Amount Funded
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<i>Total Other Funding Sources</i>			\$

Personnel *(attach resumes and job descriptions for each position listed)*

Position/Title	City Resident Yes or No	Section 3 Employee Yes or No	Total Salary	% of Time on CDBG Projects	\$ CDBG
					\$
					\$
					\$
					\$
					\$
					\$
					\$
<i>Total Personnel</i>					\$

Non-Personnel			
Use	Need Description	% of Time on CDBG Projects	\$ CDBG
			\$
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			\$
			\$
			\$
<i>Total Non-Personnel</i>			\$