



Community Development Block Grant (CDBG) Request for Proposals (RFP)



City of Flint
2024-25



Application Deadline:

A FULL ELECTRONIC PDF OF YOUR ENTIRE PROPOSAL MUST BE SUBMITTED TO THE DIVISION of COMMUNITY and ECONOMIC DEVELOPMENT ELECTRONICALLY by email to communitydevelopment@cityofflint.com. Proposals must be received by Friday, February 2, 2024 at 5:00 p.m.

NO FAX, MAIL DELIVERIES, or IN-PERSON PROPOSALS WILL BE ACCEPTED.

All proposals submitted by public or private non-profit agencies must be submitted in the legal name of the organization. An authorized representative of the organization who has the legal authority to enter into an agreement with the City of Flint must sign each original proposal.

If you have questions about the application or the CDBG process, please call the Division of Community and Economic Development (DCED) at 810.766.7426 x3020.

There will be two Agency Application workshops held for CDBG and HOME applicants to attend with questions. The first will be held on Tuesday, January 9, 2024, from 11:00 a.m. till 1:00 p.m. at the Hasselbring Community Center, 1002 W. Home Ave. Flint, MI. The second will take place on Thursday, January 18th from 5:30 p.m. till 7:30 p.m., also at the Hasselbring Community Center.

NOTE:

Proposals that are incomplete, lack required attachments, or proposals submitted after the published deadline may not be considered for funding. Also, **agencies who are slow spenders or have a considerable amount of CDBG funds already on hand may not be considered for funding in this round.** Changes and/or additions to the proposal after the submission deadline will not be accepted unless specifically requested by the review committee or by occurrence of an extenuating circumstance.

Only submit materials that have been requested.

Reservations of the City

1. The City reserves the right to accept or reject any or all proposals received.
2. The City 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.
4. All funding decisions related to this RFP are subject to applicable federal, state, and local laws and regulations, and the policies and procedures of the City of Flint Applicants should be

aware that this is a preliminary application/Request for Proposal and there will be a final requirement following recommendation and award of funding.

Introduction

The **Purpose of the Community Development Block Grant Program** is to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons.

CDBG Process: Each year the City of Flint invites interested community groups and agencies to submit proposals for funding based on their program and project goals. Legal non-profit agencies ((501(c)(3)) and public agencies (such as the Flint School District, for example) are eligible to apply.

The original proposal will be reviewed and evaluated by a review committee that is comprised of a citizen representative from each of Flint's nine wards. The representatives are appointed by their respective City Council member and two are appointed by the Office of the Mayor. The review committee will make funding recommendations based upon a scoring matrix, project risk and readiness, amount of funds requested, availability of funds and funding caps that may be established by HUD regulations.

Our goal is always to conclude the process in time for funds to be made available by July 1. If the process is delayed for any reason, the date that funds are available, will also be delayed. Throughout the program year, the Community Development Division works closely with grantees to monitor their progress and compliance with federal regulations. If you are not sure if your program is eligible for funding, please check with the Community and Economic Development Division before making application.

As a reminder, funds may only be used within the City of Flint boundaries.

Your Responsibilities as a CDBG Subrecipient:

CDBG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **CDBG recipients must verify and document City of Flint residency of all beneficiaries.** Recipients are also responsible for completing monthly reports and submitting them to the City of Flint, Community and Economic Development Division. Staff is available to assist you and will work with your organization to help you achieve success in your program.

DO NOT INCLUDE THE PREVIOUS THREE PAGES WITH YOUR APPLICATION

Applicant and Project Information Summary

Date

1. Organization or Agency Name:	2. Project Name:
3. Address:	4. Amount Requested: Min. amount agency will accept and can still carry out the activity:
5. City, State, Zip:	6. Phone Number:
7. Fax Number:	8. Executive Director/Chairperson: Email Address:
9. Agency Unique Entity Identifier (UEI) No.:	10. EIN No.:
11. Contact Person 1: Email Address: Phone Number:	
12. Contact Person 2: Email Address: Phone Number:	
13. Legal Status: Private, Non-Profit <input type="checkbox"/> Internal City Department <input type="checkbox"/>	
14. Has this agency received CDBG funding in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. If yes, for approximately how many years and what year(s)?	

A. National Objectives

To be eligible for funding, the project and/or activity for which you are requesting funding **must** address **one national objective**.

1. The project or activity described in this application directly benefits low- and moderate-income persons. Please check all that apply.

- ☐ The project meets the needs of low- and moderate-income persons. At least 51 percent of the participants or beneficiaries of the program must meet the low- and moderate-income guidelines listed in the Appendix of this RFP.
- ☐ The project is located in a low- and moderate-income area. In this case, the project must meet the needs of the residents of one of the areas identified in the Low to Mod Income Population Map. Typical activities funded are streets improvements, water and sewer lines, parks, and other public facilities.
- ☐ The project targets the needs of one of the following specific groups of people only (low-mod limited clientele): abused children, elderly persons, battered spouses, homeless persons, severely disabled persons, illiterate adults, persons living with AIDS, and migrant farm workers
- ☐ This project provides housing assistance to low- and moderate income households. Eligible activities include housing rehabilitation, acquisition of property for housing, and homeownership assistance.
- ☐ This project creates or retains jobs for low- and moderate-income persons.
- ☐ The project described eliminates specific instances of blight or physical decay. The only activities to be funded under this category are acquisition, demolition or rehabilitation of buildings.

2. Explain how your program will address the national objective(s) checked above.

B. Project Type

1. Please select the type of activity/project for which you are requesting funds. –

Please check all that apply:

Public Services—Includes labor, supplies, and materials including but not limited to those concerned with:

- ☐ Senior Services
- ☐ Handicapped Services
- ☐ Legal Services
- ☐ Youth Services
- ☐ Transportation Services
- ☐ Substance Abuse Services
- ☐ Services for Battered and Abused Spouses
- ☐ Employment Training
- ☐ Crime Awareness/Prevention
- ☐ Fair Housing Activities
- ☐ Tenant/Landlord Counseling
- ☐ Child Care Services
- ☐ Health Services
- ☐ Services for Abused & Neglected Children
- ☐ Mental Health Services
- ☐ Youth Programming
- ☐ Homeownership Assistance (not direct)
- ☐ Rental Housing Subsidies
- ☐ Security Deposits
- ☐ Housing Counseling Only
- ☐ Neighborhood Cleanups
- ☐ Food Banks
- ☐ Other Public Services

All Other –

- ☐ **Housing Rehabilitation** – labor, materials, and other costs related to rehabilitating houses
- ☐ **Property Acquisition** – Acquisition of property for any public purpose which meets one of the national objectives
- ☐ **Demolition** – Clearance, demolition, or removal of buildings and improvements, including movement of structures to other sites
- ☐ **Code Enforcement** – Costs incurred for inspection of code violations and enforcement of codes in deteriorating or deteriorated areas
- ☐ **Commercial or Industrial Rehabilitation** – The acquisition, construction, rehabilitation or installation of commercial or industrial buildings, structures, and other real property equipment and improvements, including railroad spurs or similar extensions.
- ☐ **Micro-enterprise Assistance** – The provision of assistance to businesses having five or fewer employees, including the owner.
- ☐ **Planning** – Costs of data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans
- ☐ **Public Facilities and Improvements** – Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements
- ☐ **Special Economic Development Activities** – Provision of assistance to a private, for-profit business and economic development services
- ☐ **Fair Housing** – Provision of fair housing service and fair housing enforcement, education, and outreach.

2. Briefly explain how your proposed project fits into the category selected above.

C. Funding Priorities

The City of Flint Community and Economic Development Division identified the following funding priorities for 2024-25 CDBG funds.

1. Select the funding priority that your project will meet:

- ☐ Public Service Programs
- ☐ Housing Rehabilitation
- ☐ Public Facility Improvements
- ☐ Economic Development
- ☐ Blight Elimination

2. Explain how your proposed activity/project will address the funding priority checked above. *Include a statement of need, identify the target population, describe the activity/project and precisely what is to be funded, and explain how the activity will be carried out if this CDBG request is awarded.*

D. Agency Summary

1. **Briefly describe your agency.** *Include the length of time your agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation.*

2. **Describe your financial management department.** *Include how your agency will account for CDBG funds and follow the federal financial requirements.*

3. **Describe your key staff members' management experience in CDBG, HOME, or ESG programs.** Please do NOT include resumes.

4. **Provide the name(s) of your accountant/financial staff.**

5. **Provide the name of your organization's Treasurer(s).**

6. **What is the geographic area to be served? Please highlight the census tract on the included map where the project is to occur if the project is not city-wide.**

E. Project Summary

- 1. Summarize the project for which you are requesting funds. What services will be provided, i.e., activity carried out?**
- 2. How will you measure the success of the project? What do you intend to achieve through this activity/project? What is the positive outcome?**
- 3. How is your project unique to the City of Flint? Are any services duplicated?**
- 4. What other agencies (within the City of Flint) does your agency work closely with to serve clients?**
- 5. Describe the program components and activities to be funded by this grant award.**

F. Project Beneficiaries

1. Specify the population to be served by this proposal. Provide a brief description of the potential recipients including age, ethnicity, gender, and any other relevant characteristics.

2. How will you track beneficiaries' data (income)?

3. How will you verify and document that beneficiaries actually reside within city limits?

4. Provide the following data on the number of individuals AND Households (HHs) to be served by project:

Income Level	Number of individuals and households (HHs)					
	2022		2023		2024-25 Estimate	
Area Median Income (AMI)	Individuals	HHs	Individuals	HHs	Individuals	HHs
81-100% AMI						
51-80% AMI						
31-50% AMI						
0-30% AMI						

G. Timetable and Goals

1. Complete the table below to indicate how the program will accomplish the objectives and fully expend the funds during the funding cycle.

Dates	Services to be provided	Estimated # of individuals & HHs to be served		Budget per quarter
		Individuals	HHs	
Q1 – 7/1/24- 9/30/24				
Q2 – 10/1/24- 12/31/24				
Q3 – 1/1/25 – 3/31/25				
Q4 – 4/1/25 – 6/30/25				

H. 2024-25 CDBG Project Budget

1. Use the table below to show how you propose to use CDBG funds for this activity/project. Total must match total request for this application.

Type of Expenditure	Budget
Direct Wages/Salaries/Fringes	
Direct Program Expenses	
TOTAL*	

*Wages/Salaries/Fringes are only permissible for staff working **directly** with the administration of the CDBG Program*

2. If using the funds for wages/salaries, please list the following for each staff person working directly with CDBG clients.

Name	Title	Total Annual Salary	Total Annual Benefit Costs

3. Please provide detail on the remaining budget items.

4. Please provide **the budget for the ENTIRE PROGRAM in the box below.** Include CDBG and **ALL OTHER sources of revenue** for the program.

Support and Revenue	Last Year's Actual	Current Year's Budget	Next Year's Proposed
Community Development Block Grant (CDBG)			
Contributions			
Foundations & Venture Grants			
Special Events			
Legacies & Bequests (unrestricted)			
Collected through local member units			
Contributed by Assoc. Organizations			
Other Government Fees & Grants			
Membership Dues			
Program Service Fees			
Sales-Materials, Services			
Sales to the Public/Product Sales			
Investment Income			
Misc. Revenue (not otherwise listed)			
Total Support and Revenue	\$	\$	\$
Expenses			
Salaries			
Employee Benefits			
Payroll Taxes			
Professional Fees			
Supplies			
Telephone			
Postage			
Occupancy (building, grounds, utilities)			
Equipment Rental & Maintenance			
Printing, Art Work, Publications			
Mileage for Staff			
Conferences, Conventions, Meetings			
Agency Dues			
Awards, Grants, & Individual Assistance			
Officers & Directors Liability Insurance			
Misc. Expenses (not otherwise listed)			
Total Expenses (Before Depreciation)	\$	\$	\$
(Deficit) or Excess (Revenue - Expenses)	\$	\$	\$
Depreciation			
Payment to National Organization			

I. AGENCY INFORMATION

**Attach the following information to your application in the order listed.
Incomplete information will result in your application not being considered.**

1. List of the Board of Directors

A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member. (*Use included table*)

2. Articles of Incorporation

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

3. Non-profit Determination

Non-profit organizations must submit their tax-exemption determination letter from the Federal Internal Revenue Service and MI Licensing and Regulatory Affairs. (*Certificate of Exempt Status*)

4. Designation of Authorized Official

Submit *Signature Authorization Form* included in this RFP authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual.

5. Organizational Chart

An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicating where the project fits into the organizational structure, and identifying any staff positions for administration of the project.

6. Accounting Certification

Completed and signed by an independent CPA on behalf of the agency. The form was included with the RFP.

7. Audit

Attach a copy of your latest audit or financial review if one was completed. (Include only **one** copy.)

Agency Name: _____

Board Members

Office	Full Name	Phone Number (Other than Agency Address)	Address (Other than Agency Address)	Email Address	Occupation/Affiliation
President/Chair					
Vice President/Chair					
Treasurer					
Secretary					
Ex-Officio					
Board Member					
Board Member					
Board Member					

(Attach more pages if necessary)

APPENDIX

MAXIMUM HOUSEHOLD INCOME LIMITS

Proposed activities must meet a National Objective and at least 51 percent of the individuals/families served must be low to moderate income, i.e., have incomes at or below 80 percent of median family income, as defined by the U.S. Department of Housing and Urban Development. See table below. (The Click buttons below have been disabled, but you can locate the HUD user income limits on line.

FY 2023 Income Limits Summary

FY 2023 Income Limit Area	Median Family Income Click for More Detail	FY 2023 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Flint, MI MSA	\$76,200	Very Low (50%) Income Limits (\$) Click for More Detail	26,550	30,350	34,150	37,900	40,950	44,000	47,000	50,050
		Extremely Low Income Limits (\$)* Click for More Detail	15,950	19,720	24,860	30,000	35,140	40,280	45,420	50,050*
		Low (80%) Income Limits (\$) Click for More Detail	42,500	48,550	54,600	60,650	65,550	70,400	75,250	80,100



