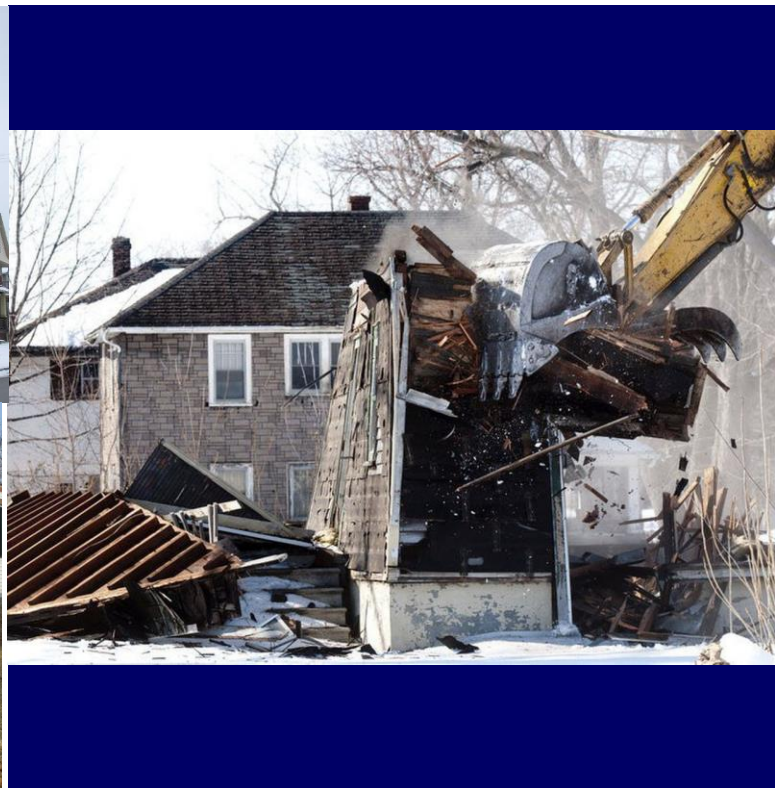




# Community Development Block Grant (CDBG) Request for Proposals (RFP)



**City of Flint**  
**2022-2023**



# Application Deadline:

A FULL ELECTRONIC PDF OF YOUR ENTIRE PROPOSAL MUST BE SUBMITTED TO THE DIVISION ELECTRONICALLY by email to [communitydevelopment@cityofflint.com](mailto:communitydevelopment@cityofflint.com). Proposal must be received by February 8<sup>th</sup>, 2022 at 4:00pm.

**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 Department of Community and Economic Development (DCED) at (810)766-7426.

**There will be virtual Agency Application workshops on January 11<sup>th</sup>, 2022 from 10:00 am to 12:00 pm- CDBG and HOME applicants to attend with questions.** A link will be emailed for this workshop.

## **NOTE:**

Proposals that are incomplete, lack required attachments, or proposals submitted after the published deadline may not be considered for funding. Changes and/or additions to the proposal after the submission 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 reserve 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 all applicable federal, state and local laws and regulations, and the policies and procedures of the City of Flint
5. Applicants should be aware that this is a preliminary application/Request for Proposal and there will be a final requirements following recommendation and award of funding.

# Introduction

**Purpose of the Community Development Block Grant Program:** 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, appointed by members of the Flint City Council, as well as two appointed by the Office of the Mayor. The review committee will make funding recommendations based upon a scoring matrix, the required amount to run the activity by the applicant, the amount of funds available and funding caps that may be in place by HUD regulations. The process takes several weeks, beginning in December and ending in late April as a general rule.

If the application process progresses as scheduled, program funds should be available near the beginning of the fiscal year, July 1, 2022. 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.

**Funds may only be used within the City of Flint boundaries.**

## **Your Responsibilities as a CDBG Subrecipient:**

All 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**

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

City of Flint  
Division of Community and Economic Development  
FY 2022-23 CDBG

**APPLICATION CHECKLIST**

**Submit a copy of this Table of Contents and Checklist with each application.**

**Proposal Title:**

	Check if attached	Page
<b>1. Applicant and Project Information Summary</b>		_____
<b>2. Application Checklist</b>		_____
<b>3. PROGRAM PROPOSAL</b>		
A. National Objectives		_____
B. Project Type		_____
C. Funding Priorities		_____
D. Agency Summary		_____
E. Project Summary		_____
F. Project Beneficiaries		_____
G. Timetable and Goals		_____
H. CDBG Project Budget		_____
I. Agency Information		_____
<b>4. Additional Attachments</b>		
a. Agency IRS 501c3 Letter		_____
b. Copy of Agency SAM Printout showing Active Status		_____
c. Census Tract/Block Group Map showing Area Served		_____
d. Signature Authorization Form		_____
e. Accounting Certification		_____
e. Copy of most recent audited financial statements, single audit, or audit statement, as applicable		_____

## A. National Objectives

To be eligible for funding, the project and/or activity you are requesting funding for **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 Appendix A.
- ☐ 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 on the map in Appendix B. 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. Fundable 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 project you are requesting funding for – Please check all that apply:

**Public Services (15% cap)** – 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 2022-23 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 program/project will address the funding priority checked above.** *Include a statement of need, the target population, and describe the program components and exactly what is to be funded by this CDBG fund request if awarded.*

## D. Agency Summary

1. **Briefly describe your agency.** *Include the length of time your agency has been in operations, 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's management experience in CDBG, HOME, or ESG programs.** Please do NOT include resumes.
3. **Provide the name(s) of your accountant/financial staff.**
4. **Provide the name of your organization's Treasurer(s).**
5. **What is the geographic area to be served?** **Complete the attached a map if the project is not City-wide.**

## E. Project Summary

- 1. Summarize the project for which you are requesting funding. What services will be provided? Activity carried out?**
- 2. How will you measure the success of the project? What do you intend to achieve through this project? What is the positive outcome of the project?**
- 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)?

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

5. Provide the following data on the number of individuals AND Households served by project:

Income Level	Number of individuals and households (HH's)					
	2020		2021 to date		2022 Estimate	
	Individuals	HHs	Individuals	HHs	Individuals	HHs
81-100% AMI						
51-80% AMI						
31-50% AMI						
0-31% 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	
<b>Q1 –</b> 7/1/22- 9/31/22				
<b>Q2 –</b> 10/1/22- 12/31/22				
<b>Q3 –</b> 1/1/23 – 3/31/22				
<b>Q4 –</b> 4/1/23 – 6/30/23				

## H. 2022-23 CDBG Project Budget

1. Use the table below to show how you propose to use 2020 CDBG funds for this project. Total must match total request for 2020 CDBG.

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

\* 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 to be paid out of CDBG:

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.

<b>Support and Revenue</b>	<b>Last Year's Actual</b>	<b>Current Year's Budget</b>	<b>Next Year's Proposed</b>
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)			
<b>Total Support and Revenue</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Expenses</b>			
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)			
<b>Total Expenses (Before Depreciation)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>(Deficit) or Excess (Revenue - Expenses)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Depreciation			
Payment to National Organization			

# I. AGENCY INFORMATION

**Attach the following information to your application.**

**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 attached 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 tax-exemption determination letter from the Federal Internal Revenue Service and MI Licensing and Regulatory Affairs. (*Certificate of Exempt Status*)

4. **Authorization to Request Funds**

Signed statement form application agreement and understanding (See Attachment A).

5. **Designation of Authorized Official**

Documentation must be submitted of the governing body's action 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.

6. **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.

7. **Accounting Certification**

Completed and signed by an independent CPA on behalf of the agency (See Attachment B)

8. **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 A

### MAXIMUM HOUSEHOLD INCOME LIMITS (Effective 06/01/2021)

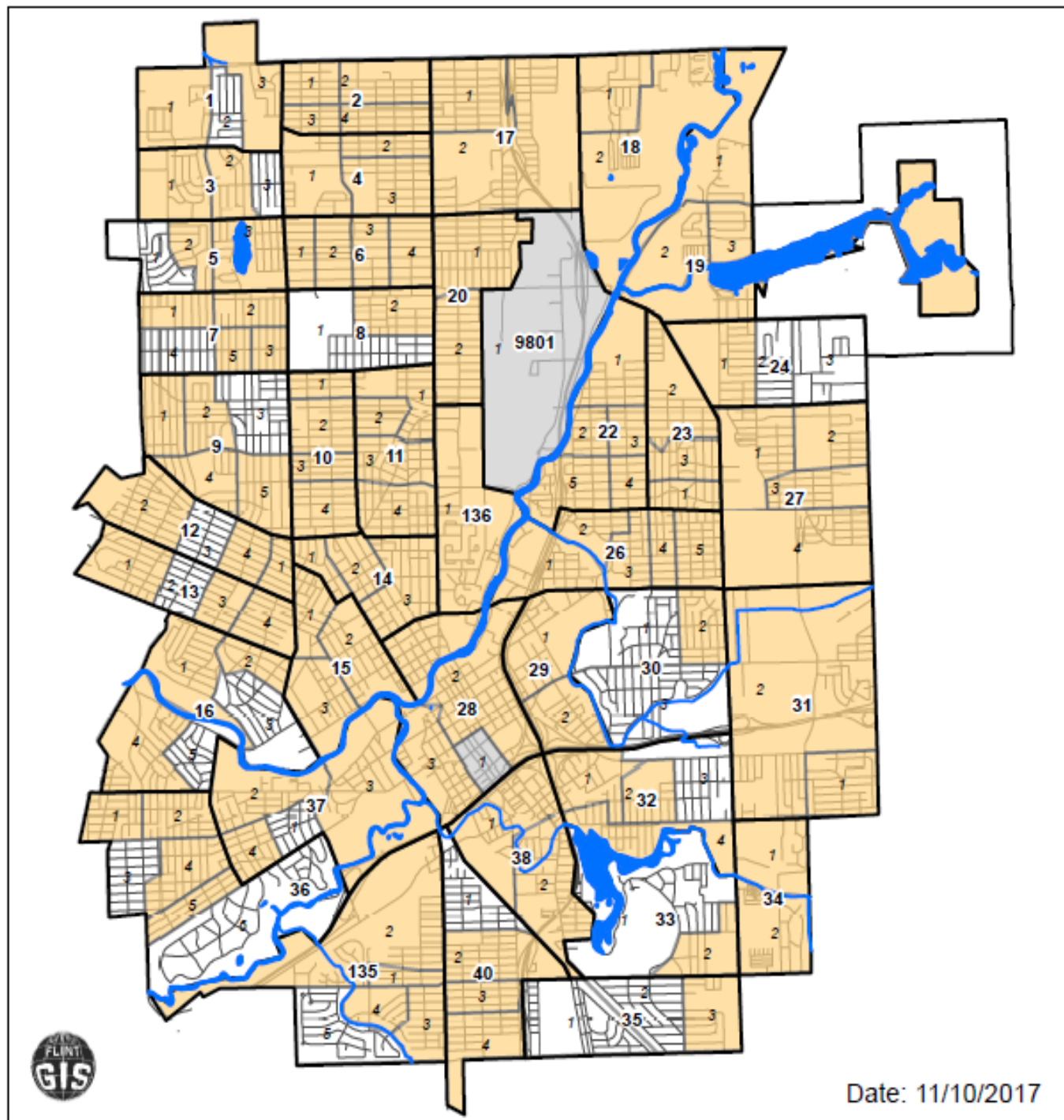
FY 2021 Income Limit Area	Median Family Income <a href="#">Explanation</a>	FY 2021 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Flint, MI MSA	\$65,600	Very Low (50%) Income Limits (\$) <a href="#">Explanation</a>	23,000	26,250	29,550	<b>32,800</b>	35,450	38,050	40,700	43,300
		Extremely Low Income Limits (\$)* <a href="#">Explanation</a>	13,800	17,420	21,960	<b>26,500</b>	31,040	35,580	40,120	43,300*
		Low (80%) Income Limits (\$) <a href="#">Explanation</a>	36,750	42,000	47,250	<b>52,500</b>	56,700	60,900	65,100	69,300



# Census Tracts and Block Groups with Low-Mod Income



2014 ACS 5-Year Estimate:  
Median Family Income in the Past 12 Months (2014 Inflation-Adjusted Dollars)



Census Tracts **Block Groups**

Water  
 Streets

Low-Moderate Income Areas  
 Non Low-Moderate Income Areas  
 Insufficient Data

*Low-Moderate Income is defined as 80% or less than the estimated median family income for the Flint Metropolitan Statistical Area*

0 0.5 1 2 Miles



## SIGNATURE AUTHORIZATION FORM

The Board of Directors of does hereby resolve that on \_\_\_\_\_, the Board reviewed the Application for \_\_\_\_\_ Funds to be submitted to the City of Flint Community and Economic Development Division for funding consideration for the 2022-23 Annual Action Plan cycle and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Michigan.

\_\_\_\_\_ hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for \_\_\_\_\_ Funds. If this application is approved and this organization receives funding from the City of Flint, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to act as the Authorized Signer to this grant:

_____	_____
Name	Title

_____	_____
Name	Title

\_\_\_\_\_  
Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Printed

_____	_____
Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Signature	Date

**WARNING:** The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

## ACCOUNTING CERTIFICATION

To receive federal grant funds, it is necessary for organizations to submit a certification of the adequacy of their accounting system. This certification must be completed by an Independent Certified Public Accountant.

On behalf of \_\_\_\_\_, I hereby certify that the  
Organization Name

accounting system for the above organization is adequate to manage federal grant funds in accordance with generally accepted accounting principles and standards set forth in the Code of Federal Regulations at 2 CFR Part 200.

Signed: \_\_\_\_\_  
Independent CPA

\_\_\_\_\_  
Date

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code