



# Community Development Block Grant (CDBG) Program Application



City of Flint  
2017



PUBLIC SERVICES

## Request for Proposals: PUBLIC SERVICES

### ***FY 2017-18 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)***

#### **INSTRUCTIONS**

##### **I INTRODUCTION**

The City of Flint is soliciting proposals from public and community non-profit agencies for Public Service Projects to be funded under its **FY 2017-18 Community Development Block Grant (CDBG)** program. The CDBG program is funded by the Federal Department of Housing and Urban Development (HUD).

The *Request for Proposals* process for FY 2017-18 continues to target programs to specific needs. Funds are available for Public Services, consistent with the City's *Imagine Flint Master Plan*, *Blight Elimination Framework*, and Housing Investment Strategy, and will be funded based on community input received during January and February 2017 for the 2017-2021 City of Flint 5-year Consolidated Plan.

There will be a community-based Proposal Review Committee who will rate every proposal using objective and standardized criteria and the summary scoring sheet will be provided to each agency to validate the decision to fund or not fund a proposal.

Public Services include, but are not limited to:

- **Child care,**
- **Health care,**
- **Job Training,**
- **Recreation Programs,**
- **Education Programs,**
- **Public Safety Services,**
- **Fair Housing Activities,**
- **Services for Senior Citizens**
- **Services for Homeless Persons**
- **Drug Abuse Counseling and Testing, and**
- **Blight Elimination.**

The City is looking for public service activities that serve a high number of individuals, have a demonstrated track record, and that advance HUD's goal of ensuring that all Americans have equal access to the housing of their choice. Proposed activities must not duplicate existing services.

##### **II CDBG PROGRAM GUIDELINES**

###### **A. Eligibility Criteria**

Both of these projects must meet the National Objective to benefit low and moderate-income persons (**Low/mod limited clientele benefit**): activities which

benefit a limited clientele, at least 51% of which are low/mod income, as defined by the U.S. Department of Housing and Urban Development (at or below 80% of median family income, adjusted for household size – see below).

### FY 2015 Income Limits Summary

FY 2015 Income Limit Area	Median Income	FY 2015 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
City of Flint	\$53,800	<b>Very Low (50%) Income Limits (\$)</b>	19,000	21,700	24,400	<b>27,100</b>	29,300	31,450	33,650	35,800
		<b>Extremely Low (30%) Income Limits (\$)</b>	11,770	15,930	20,090	<b>24,250</b>	28,410	31,450	33,650	35,800
		<b>Low (80%) Income Limits (\$)</b>	30,350	34,700	39,050	<b>43,350</b>	46,850	50,300	53,800	57,250

### III. SUBMISSION INFORMATION

#### A. General Instructions

For funding consideration, all projects funded through the CDBG Program must meet the General Requirements defined in *Section IV* of the RFP. Public and private non-profit agencies responding to this RFP must complete all information contained in *Section V* of this RFP. A separate response must be submitted for each separate project.

The original and five **(5) copies** of the application and its attachments must be submitted to:

**City of Flint  
Department of Community and Economic Development  
1101 S. Saginaw St.  
South Building  
Room S-8  
Flint, MI 48502**

**HAND DELIVERY REQUIRED.**

Proposals must be received by **5:00 p.m. on Friday, January 27, 2017.** **NO FAX OR MAIL DELIVERIES 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.

**No bindings or special coverings are desired. Please 3-hole punch all copies. Only submit materials that have been requested.**

Proposals that are incomplete, have an inadequate number of copies, lack required attachments, or proposals submitted after the published deadline will 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.

The original proposal will be reviewed and evaluated by a review committee to be established. In addition, representatives from proposing organizations may be requested to meet with the review committee to discuss their proposals.

If interviews are requested, DCED will notify you of the exact time and location of your interview once all proposals are received and processed. Upon completion of the interviews, the review committee will make funding recommendations based upon the following factors:

- 1) The extent to which the written proposal addresses a Consolidated Plan priority need and CDBG national objective.
- 2) Capacity of the organization to achieve its objectives
- 3) The extent to which the proposal meets the criteria outlined in the RFP and addresses all of the elements of the RFP in sufficient detail;
- 4) The extent to which the program goals are clearly outlined, achievable, and within the capacity of the submitting organization;
- 5) The extent to which the proposed budget described in the proposal is adequate to sustain the program, cost effective, and leverages additional funds;
- 6) Demonstrated experience and capacity of submitting organization;
- 7) Impact
- 8) Implementation Plan/Readiness to implement

*A public hearing on these recommendations will be held in April 2017. The Flint City Council will act on the recommendations in May 2017.*

B. RFP Information/Technical Assistance

There will be an optional "Town Hall" meeting on Wednesday, January 11 for CDBG and HOME applicants to attend with questions. Beyond that, limited

technical assistance will be provided - Contact the Division of Community and Economic Development at (810) 766-7426.

#### **IV. GENERAL REQUIREMENTS:**

##### **A. Eligibility as a Sub-recipient for CDBG funds**

Applicants for Public Service Projects must meet the CDBG definition of a Sub-recipient either as 1) a private non-profit agency or 2) a public agency (such as the Flint School District). Private non-profit applicants must be able to demonstrate proof of tax-exempt nonprofit status under Section 501(c)(3) of the Internal Revenue Code.

##### **B. Operating Agreement**

Public and community non-profit agencies approved for CDBG funding will be required to sign a Sub-recipient Operating Agreement with the City of Flint to ensure compliance with City of Flint, Community Development Block Grant, Federal Executive Orders, and HUD regulations. CDBG funds are subject to Federal and local regulations including, but not limited to: non-discrimination, equal opportunity, accessibility, lead-based paint, prevailing wages, Uniform Relocation Act, audits, procurement and environmental review. Additional requirements can be found in the CDBG regulations and OMB Circular A-122 and A-110. Applicants are encouraged to familiarize themselves with these requirements prior to applying for funds to ensure that their organizations have adequate administrative systems in place. Program regulations are available at the Community and Economic Development office and online at [www.hud.gov](http://www.hud.gov).

#### **V. FORMAT AND CONTENT OF PROPOSALS**

Required Proposal Format: In order for the City to conduct a uniform review process of all submissions, proposals must be submitted in the format set forth below. Adherence to this format is critical to the City's evaluation process. Failure to follow this format may be cause for rejection of a proposal. All proposals must be typed. A minimum of 12-point font should be used. The pages must be numbered. **Agency must provide 8 additional attachments as described below and listed in enclosed Table of Contents checklist.**

##### **1. Proposal Cover Sheet**

The *Proposal Cover Sheet* must be completed and returned with the applicant's proposal. Failure to sign the form is grounds for the City to reject a proposal.

##### **2. Table of Contents**

The *Table of Contents* must be completed and returned with the applicant's proposal. The Table of Contents must indicate the material included in the

proposal by section and page number. The page numbers input into the proposal's table of contents should reflect the flow of the packet.

**3. Program Proposal Outline [*This section should be no more than 8 pages*]**

- a. **Goals:** Describe the purpose of the proposal and how it responds to a specific priority outlined in the Introduction section of this request for grant proposals.
- b. **Description:** Provide a short, succinct description of your proposed service. This information should be able to be excerpted out and provide reviewers with a clear understanding of exactly how and what CDBG funds will be used for.

**Describe the expected impact or outcome you plan to accomplish.**

**Identify the following in one paragraph:**

- What service your organization provides with CDBG funds
- Exactly what CDBG funds are paying for (i.e., 2 FTE housing inspectors, labor and supplies to construct x houses, etc.)
- Where you will provide the service (identify specific addresses and/or census tracts – see map on final page of this RFP document) – provide map as **Attachment 1** to show areas
- What population will be served
- What unit of service will be assisted (households, persons, etc.)
- How many units of service will be provided.

**c. Additional Descriptive Information**

- i. Provide a statement of need (why activity is needed and how it augments existing City or other agency programs).
- ii. Identify the target population. Use the FY 2015 Median Income chart provided in Section II.A of this RFP.
- iii. Describe the program components and activities to be funded by this grant award in a brief narrative. Identify whether this is a new program or project, or an expansion of an existing program. Additionally, please include any connection to programs in place as a response to the ongoing Flint Water Crisis.
- iv. Clearly describe the anticipated accomplishments of the proposed program. The proposal must contain performance indicators and the anticipated measurable results using such indicators. For public services, such indicators might include number of people or households served, number of persons participating in education or job training programs or other clearly defined indicators. Please note that decisions as to future funding for programs will be greatly determined by the extent to which measurable outcomes are achieved.

- v. Include a timeline for the program or project that indicates how long it will take to get the project underway and how long to finish the project.
- vi. Describe collaboration with other agencies, including the City, that are doing similar or related work in the geographic area.
- vii. Identify other sources of funds available for this project. Describe how the proposed project will be funded if not funded through CDBG.

**d. Budget**

- i. Complete enclosed budget sheet and budget detail (example enclosed for your reference).
- ii. Include enclosed Accounting Certification form, completed and signed by your auditor.
- iii. Include as **Attachment 2** verification letters, notices of intent, or other credible evidence of anticipated funding.

**e. Evaluation Plan and Performance Measurements:** Describe the assessment methods/strategies that will be used to evaluate the program (records, surveys, interviews, pre- and post-tests, community feedback, etc.). List the program's anticipated outcomes and measurable goals.

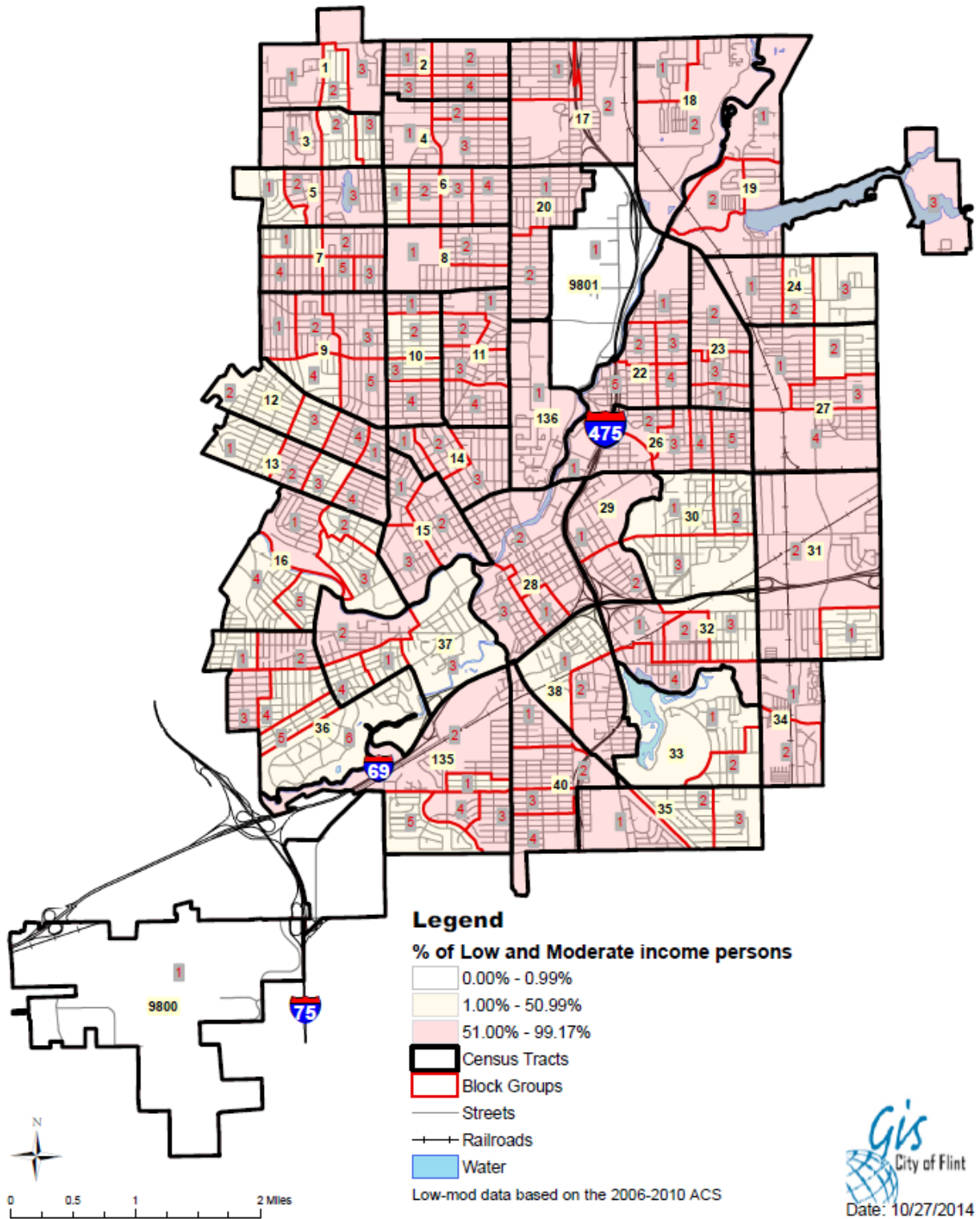
**4. Organizational Information [This section should be no more than 5 pages]**

- a. Organization's history, mission and goals
- b. Describe the responsibilities of the board, staff and volunteers
- c. Describe the organization's management experience in CDBG or HOME programs, including the experience of key staff (but no resumes).
- d. Describe any comparable programs or services provided by the applicant during the most recent five-year period similar in scope to the City's project outlined in the RFP.
- e. Describe other collaborative activities in which the organization is involved, including that responding to the ongoing Flint Water Crisis.

**5. Required Attachments**

- a. Agency Eligibility – copy of 501(c)(3) designation letter **(Attachment 3)**.
- b. Organizational chart **(Attachment 4)**.
- c. List of the board of directors for your agency **(Attachment 5)**.
- d. Roster of all full and/or part-time employees whose duties are included in the administration and/or program operation for all CDBG or HOME activities. Include the total number of hours worked per week per person for all employees paid with CDBG/HOME funding **(Attachment 6)**.
- e. Attach an unbound copy of your agency's annual audited financial statements (or single audit if applicable) for the past two fiscal years. Include Management letter(s), if any, from your auditor **(Attachment 7)**.
- f. Attach a list of your agency's past and present CDBG or HOME funded activities, the year and amount of the award, and the current balance of those grants. Provide an explanation for **each year's** unspent CDBG or HOME funds **(Attachment 8)**.

# Census Tracts and Block Groups with Low-Mod Income





City of Flint  
Department of Community and Economic Development  
FY 17-18 CDBG Proposal Cover Sheet

**Submit 5 copies of this cover sheet for each application. Clearly label original.  
For multiple agency submissions, please submit additional cover sheets for each application.**

**A. ORGANIZATION INFORMATION**

Agency Name:	Federal ID#:
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Address:

City/State/Zip:

Fiscal Officer or Accounting Firm:

Address, if different than above:

Phone:	Fax:	E-mail:
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Program Contact Person:

Phone:	Fax:	E-mail:
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Project Name:	Funding Source  CDBG	Amount Requested:
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**RFP Priority Addressed (Check One)**

CDBG - Public Service	<input type="checkbox"/>
CDBG - Infrastructure	<input type="checkbox"/>
CDBG - Housing Rehabilitation	<input type="checkbox"/>

By signing this application, the undersigned offers and agrees if the proposal is accepted, to furnish items or services for which prices are quoted, subject to final negotiation and acceptance by the City of Flint and subsequent contract award.

Agency Authorized Official:

Print Name

Signature

Phone:

Fax:

E-mail:

Date

City of Flint  
Department of Community and Economic Development  
FY 17-18 CDBG

**TABLE OF CONTENTS AND CHECKLIST**

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

**Proposal Title:**

	Check if attached	Page
1. PROPOSAL COVER SHEET	<input type="checkbox"/>	_____
2. TABLE OF CONTENTS AND CHECKLIST	<input type="checkbox"/>	_____
3. PROGRAM PROPOSAL (no more than 8 pages)		
a. Goals	<input type="checkbox"/>	_____
b. Descriptive Paragraph and Impact Statement	<input type="checkbox"/>	_____
c. Additional Descriptive Information	<input type="checkbox"/>	_____
d. Map identifying project service area (Attachment 1)	<input type="checkbox"/>	_____
e. Budget Sheet and Budget Detail	<input type="checkbox"/>	_____
f. Accounting Certification form	<input type="checkbox"/>	_____
g. Verification of additional funding (Attachment 2)	<input type="checkbox"/>	_____
h. Evaluation Plan and Performance Measurements	<input type="checkbox"/>	_____
4. Organizational Information	<input type="checkbox"/>	_____
5. Additional Attachments		
a. Agency IRS 501c3 Letter (Attachment 3)	<input type="checkbox"/>	_____
b. Organizational Chart (Attachment 4)	<input type="checkbox"/>	_____
c. List of Board of Directors (Attachment 5)	<input type="checkbox"/>	_____
d. Employee roster (Attachment 6)	<input type="checkbox"/>	_____
e. Unbound copies of past 2 years' audited financial statements, single audit, or audit statement, as applicable (Attachment 7)	<input type="checkbox"/>	_____
g. List of past and present CDBG and HOME funds (Att 8)	<input type="checkbox"/>	_____

2017-18 BUDGET SHEET

Fund Source: CDBG

Agency Name:

Project:

Agency Fiscal Year:

PROGRAM BUDGET

PROGRAM FUNDING SOURCES

	A	B	C		D	E	F	G
Line item	CDBG \$	Other Funding	Total \$		List Sources Identified in B	Amount	Cash or In-Kind	Date Available
1. Salaries/Wages					1			
2. Fringes					2			
3. Professional Services					3			
4. Auditing					4			
5. Telephone					5			
6. Instructional Supplies					6			
7. Periodical's					7			
8. Office Supplies/Postage					8			
9. Office/Operating Equip.					9			
10. Equip. Repairs/Maint.					10			
11. Publishing					TOTAL			
12. Food/Med/Housekeeping								
13. Insurance & Bonding								
14. Utilities								
15. Building Rental								
16. Bldg. Repairs/Maint.								
17. Mileage Reimbursement								
18. Vehicle Maint./Gas & Oil								
19. Program Equipment								
20. Training								
21. Other								
22. Other								
TOTAL								

Instructions:

- Column A - Enter the amount of CDBG funds to be used for each category.
- Column B - Enter the amount of funds obtained from other sources.
- Column C - Enter the total amount of funding used.
- Column D - List the individual sources of funding identified in column B.
- Column E - Enter the total amount of funds received from the sources identified in Column D
- Column F - Identify whether funds in column D are cash or in-kind. (volunteer labor, donated materials, supplies, etc.)
- Column G - Enter the date funds will be available.

Additional Information for the Program:

Enter your organization's total budget \_\_\_\_\_

State the percentage of funds spent on administration vs. program activity\_\_\_\_\_



# Budget Detail Worksheet

**Purpose:** The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
		<b>SUB-TOTAL</b> _____

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
		<b>SUB-TOTAL</b> _____
		<b>Total Personnel &amp; Fringe Benefits</b> _____

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
			TOTAL	

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization’s own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the “supplies” category or in the “Other” category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the “Contractual” category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
		TOTAL_____

**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
		<b>TOTAL</b> _____

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
		<b>TOTAL</b> _____

**G. Consultants/Contracts** - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

Name of Consultant	Service Provided	Computation	Cost
			<i>Subtotal</i> _____

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

Item	Location	Computation	Cost
			<i>Subtotal</i> _____

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Cost
<i>Subtotal</i> _____	
<b>TOTAL</b> _____	

**H. Other Costs** - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

**I. Indirect Costs** - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
		TOTAL



**Budget Summary-** When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category	Amount
A. Personnel	_____
B. Fringe Benefits	_____
C. Travel	_____
D. Equipment	_____
E. Supplies	_____
F. Construction	_____
G. Consultants/Contracts	_____
H. Other	_____
Total Direct Costs	_____
I. Indirect Costs	
TOTAL PROJECT COSTS	_____
Federal Request	_____
Non-Federal Amount	_____

# *Sample Budget Detail Worksheet*

# Budget Detail Worksheet

**Purpose:** The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
<i>John Smith, Investigator</i>	<i>(\$50,000 x 100%)</i>	<i>\$50,000</i>
<i>2 Investigators</i>	<i>(\$50,000 x 100% x 2)</i>	<i>\$100,000</i>
<i>Secretary</i>	<i>(\$30,000 x 50%)</i>	<i>\$15,000</i>
<i>Cost of living increase</i>	<i>(\$165,000 x 2% x .5 yr.)</i>	<i>\$1,650</i>
<i>Overtime per investigator</i>	<i>(\$37.50/hr. x 100 hrs. x 3)</i>	<i>\$11,250</i>

*The three investigators will be assigned exclusively to homicide investigations. A 2% cost of living adjustment is scheduled for all full-time personnel 6 months prior to the end of the grant. Overtime will be needed during some investigations. A half-time secretary will prepare reports and provide other support to the unit.*

**TOTAL \$177,900**

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
<i>Employer's FICA</i>	<i>(\$177,900 x 7.65%)</i>	<i>\$13,609</i>
<i>Retirement</i>	<i>*(\$166,650 x 6%)</i>	<i>\$9,999</i>
<i>Uniform Allowance</i>	<i>(\$50/mo. x 12 mo. x 3)</i>	<i>\$1,800</i>
<i>Health Insurance</i>	<i>*(\$166,650 x 12%)</i>	<i>\$19,998</i>
<i>Workman's Compensation</i>	<i>(\$177,900 x 1%)</i>	<i>\$1,779</i>
<i>Unemployment Compensation</i>	<i>(\$177,900 x 1%)</i>	<i>\$1,779</i>
<i>*(\$177,900 less \$11,250)</i>		

**TOTAL \$48,964**

**Total Personnel & Fringe Benefits \$226,864**

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
Training	Boston	Airfare	$(\$150 \times 2 \text{ people} \times 2 \text{ trips})$	\$600
		Hotel	$(\$75/\text{night} \times 2 \times 2 \text{ people} \times 2 \text{ trips})$	\$600
		Meals	$(\$35/\text{day} \times 3 \text{ days} \times 2 \text{ people} \times 2 \text{ trips})$	\$420
Investigations	New York City	Airfare	$(\$600 \text{ average} \times 7)$	\$4,200
		Hotel and Meals	$(\$100/\text{day average} \times 7 \times 3 \text{ days})$	\$2,100

*Two of the investigators will attend training on forensic evidence gathering in Boston in October and January. The investigators may take up to seven trips to New York City to follow up investigative leads. Travel estimates are based on applicant's formal written travel policy.*

**TOTAL \$7,920**

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
3 - 486 Computer w/CD ROM	$(\$2,000 \times 3)$	\$6,000
Video Camera	\$1,000	\$1,000

*The computers will be used by the investigators to analyze case and intelligence information. The camera will be used for investigative and crime scene work.*

**TOTAL \$7,000**

**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
<i>Office Supplies</i>	<i>(\$50/mo. x 12 mo.)</i>	<i>\$600</i>
<i>Postage</i>	<i>(\$20/mo. x 12 mo.)</i>	<i>\$240</i>
<i>Training Materials</i>	<i>(\$2/set x 500 sets)</i>	<i>\$1,000</i>
<i>Office supplies and postage are needed for general operation of the program. Training materials will be developed and used by the investigators to train patrol officers how to preserve crime scene evidence.</i>		
		<b>TOTAL <u>\$1,840</u></b>

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
<i>Renovation</i>	<i>Add walls</i>	<i>\$5,000</i>
	<i>Build work tables</i>	<i>\$3,000</i>
	<i>Build evidence storage units</i>	<i>\$2,000</i>
<i>The renovations are needed to upgrade the forensic lab used to analyze evidence for homicide cases.</i>		
		<b>TOTAL <u>\$10,000</u></b>

**G. Consultants/Contracts** - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

**Consultant Fees:** For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$250 per day require additional justification and prior approval from OJP.

Name of Consultant	Service Provided	Computation	Cost
John Doe	Forensic Specialist	(\$150/day x 30 days)	\$4,500
<i>John Doe, Forensic Specialist, will be hired, as needed, to assist with the analysis of evidence in homicide cases.</i>			
			<i>Subtotal \$4,500</i>

**Consultant Expenses:** List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

Item	Location	Computation	Cost
Airfare	Miami	(\$400 x 6 trips)	\$2,400
Hotel and Meals		(\$100/day x 30 days)	\$3,000
<i>John Doe is expected to make up to 6 trips to Miami to consult on homicide cases.</i>			
			<i>Subtotal \$5,400</i>

**Contracts:** Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Cost
Intelligence System Development	\$102,000
<i>The State University will design an intelligence system to be used in homicide investigations. A sole source justification is attached. Procurement Policy is based on the Federal Acquisition Regulation.</i>	
<i>Subtotal \$102,000</i>	

**TOTAL \$111,900**

**H. Other Costs** - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

Description	Computation	Cost
Rent	(700 sq. ft. x \$15/sq. ft.) (\$875/mo. x 12 mo.)	\$10,500
<i>This rent will pay for space for the new homicide unit. No space is currently available in city-owned buildings.</i>		
Telephone	(\$100/mo. x 12 mo.)	\$1,200
Printing/Reproduction	(\$150/mo. x 12 mo.)	\$1,800
		<b>TOTAL \$13,500</b>

**I. Indirect Costs** - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
10% of personnel and fringe benefits	(\$226,864 x 10%)	\$22,686
<i>The indirect cost rate was approved by the Department of Transportation, the applicant's cognizant Federal agency, on January 1, 1994. (A copy of the fully executed, negotiated agreement is attached.)</i>		
		<b>TOTAL \$22,686</b>

**Budget Summary-** When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

<b>Budget Category</b>	<b>Amount</b>
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<b>A. Personnel</b>	<i>\$177,900</i>
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<b>B. Fringe Benefits</b>	<i>\$48,964</i>
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<b>C. Travel</b>	<i>\$7,920</i>
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<b>D. Equipment</b>	<i>\$7,000</i>
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<b>E. Supplies</b>	<i>\$1,840</i>
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<b>F. Construction</b>	<i>\$10,000</i>
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<b>G. Consultants/Contracts</b>	<i>\$111,900</i>
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<b>H. Other</b>	<i>\$13,500</i>
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<b>Total Direct Costs</b>	<i>\$379,024</i>
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<b>I. Indirect Costs</b>	<i>\$22,686</i>
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<b>TOTAL PROJECT COSTS</b>	<i>\$401,710</i>
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<b>Federal Request</b>	<i>\$301,283</i>
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<b>Non-Federal Amount</b>	<i>\$100,427</i>
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## 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 U.S. Office of Management and Budget (OMB) Circular A-102.

Signed:

\_\_\_\_\_  
Independent CPA

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Address

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