

# Tarrant County Community Development Department 2501 Parkview Drive, Suite 420, Fort Worth, TX 76102

https://www.tarrantcounty.com/en/community-development-and-housing-department.html

# 2023 CDBG Public Services Request for Proposals

Release Date:	January 10, 2023			
RFP Coordinator:	All communication regarding this RFP must be made through the RFP Coordinator identified below:			
	Susan Au, CBDG-Public Services Manager			
	SAu@TarrantCountyTX.gov or (817) 850-7947			
Technical Assistance Training:	January 16, 2023, 10 a.m. CST Via TEAMS			
	Join on your computer, mobile app or room device			
	Click here to join the meeting			
	Meeting ID: 229 373 487 164			
	Passcode: rvZ4QR			
	Download Teams   Join on the web			
Proposal Submission Format:	Proposals must be submitted by email to the following address:			
	SAu@TarrantCountyTX.gov			
	If you do not receive an email response stating receipt of proposal, we did not receive. Please email or call the coordinator.			
Proposal Submission Deadline:	February 10, 2023, 12 p.m. CST			

Proposal Reviews:	Week of March 20, 2023
Project Start/End Date:	July 1, 2023 to May 30, 2024
Grant Request Min/Max:	\$20,000 min - \$50,000 max CDBG

#### BACKGROUND

The Community Development Block Grant (CDBG) Program is authorized under Title I of the Housing and Community Development Act of 1974, as amended in which Tarrant County receives annually as an entitlement grantee. No more than fifteen percent of annual CDBG allocation may be used for Public Services. Tarrant County uses CDBG-Public Service funds to pay the non-construction costs of providing services such as social services, transportation services and educational services. Details of these eligible projects are outlined in 24 CFR 570.201(e).

Proposed Public Service projects should be planned to address one or more of the priorities set out in the 2020-2024 Consolidated Plan – Strategic Plan. In order for your organization to be eligible for funding under the Public Services program, your program must address social services, transportation services and/or educational services within the urban county entitlement jurisdiction of Tarrant County. Awards are contingent on availability in funding, eligibility, agency capability, annual needs and status of current contract obligations. Funds are provided on a monthly reimbursement basis only for eligible items only.

Eligible applicants for this solicitation are limited to non-profit organizations with existing DUNS/Unique Entity Identifier (UEI) number. Carefully read through the instructions and proposal form. Answer all questions which are applicable to your project as detailed and completely as possible. Submit complete project proposals via email to: Susan Au at SAu@TarrantCountyTX.gov and ensure a reply has been received to confirm receipt.

#### CDBG OBJECTIVES

The *primary* objective of the CDBG program is the development of viable urban communities, principally for low-income persons through the provision of the following:

- A. decent housing
- B. a suitable living environment
- C. economic opportunity

CDBG Public Service projects must meet the National Objective regarding benefit to low-income persons in order to apply for funding. Under this objective, CDBG-assisted public service activities must benefit low-income persons using the Limited Clientele category (see below).

**Limited clientele** – Limited clientele activities benefit a limited number of people rather than everyone in a defined area. At least 51 percent of persons served must be low-income persons. These activities must meet one of the following criteria:

(a) Benefit a clientele generally presumed by HUD to be principally low-income, i.e. abused children, elderly persons (62+), battered spouses, homeless persons, severely disabled adults, illiterate adults, persons living with AIDS, or migrant farm workers; or

- (b) Require information and documentation on family size and income in order to show that at least 51 percent of the clientele are low-income; or
- (c) Have income eligibility requirements limiting the activity to low-income persons; or
- (d) Be of such nature and in such location that it can be reasonably concluded that activity's clientele will primarily be low-income; or
- (e) Be an activity that provides job training and placement and/or other employment support services when the percentage of persons assisted is less than 51 percent. Examples include, but are not limited to, peer support programs, counseling, childcare, transportation, and other similar services. [Note: Some restrictions apply to these activities. See §570.208(a)(2)(iv).]

#### DOCUMENTATION OF CLIENT ELIGIBILITY

All service providers assisting clients must demonstrate in writing that the client is eligible. Documentation is required for all individuals and households receiving services according to Tarrant County Monitoring and Recordkeeping Guidelines.

For each activity, one of the following types of documentation must be kept:

- ÿ Documentation showing that the activity is designed to be used exclusively by a segment of the population presumed by HUD to be low-income persons
- ÿ Documentation describing how the nature and the location of the activity establishes that it will be used predominantly by low-income persons
- ÿ Data showing the size and annual income of the family for each person receiving the benefit

#### RULES AND RECORD KEEPING REQUIREMENTS

The following will apply to all applicants:

- 1. Written records to justify all expenditures and client eligibility must be maintained for a period not less than five years after the full amount of the grant is expended. Your records will be reviewed by the County and may also be reviewed by HUD.
- 2. You will be required to maintain the County's minimum insurance standards and comply with the bonding and insurance requirements outlined in 2 CFR 200, if applicable to your project.
- 3. You must agree to administer the CDBG program in accordance with 2 CFR 230 Cost Principles for Non-Profit Organizations.
- 4. You will be required to provide monthly reports stating the total number of persons served including their race, ethnicity, and whether they are female heads of household. These figures are required to be reported by HUD.
- 5. You will be required to obtain written proof of income for each person or household whom you assist unless your clients are abused children, battered spouses, severely disabled adult, homeless persons, illiterate adults, persons with AIDS, migrant farm workers, or elderly.
- 6. You must have a written policy in place designed to ensure that your facilities are free from the illegal use, possession, or distribution of drugs or alcohol.
- 7. If any income is derived from the activities funded by CDBG, that income must be accounted for and returned to the County or used according to requirements stated in your contract.
- 8. In the event that HUD or the County should determine that CDBG funds were improperly spent and that money should be reimbursed to the U.S. Treasury, your organization will be responsible for this reimbursement.

#### PROPOSAL SELECTION CRITERIA

Proposals will be reviewed by a Review Committee comprised of Public Administrators from each County Commissioners Precinct within Tarrant County. On the basis of their review, the Review Committee will make recommendations on which applicants to fund and at what level.

**Capacity:** Evidence of successful agency performance in implementing past CDBG-PS, or other similar projects by indicating the numbers of individuals served in the past 24 months and types of services provided. <u>25 points</u>

**Data Capacity:** Proof of how data will be collected to satisfy monthly data submission needs. <u>15 points</u>

Financial Capacity: Review of financial standing of organization. 10 points

Benefit: Points will be given based on type of services and the number of persons served. 10 points

**Collaboration**: Points will be given for a demonstration of collaboration in service delivery through documented evidence, including thorough description of verifiable organizational partnerships and/or contractual agreements in the proposal. Maximum points will be awarded for three or more such collaborations. 10 points

**Timeliness:** Agency effectiveness at expending funds in a timely manner using current CDBG-PS funds or in existing programs using other federal resources. <u>20 points</u>

**Priorities:** Conformance with the priorities set forth in the Tarrant County Consolidated Plan. <u>10 points</u>

# **Award Process**

The process for reviewing CDBG-PS proposals is designed to increase efficiency and standardize the evaluation of proposals. The review, approval, and program delivery steps are as follows:

- 1. Review and recommendations by Selection Committee.
- 2. Public Comments heard during Public Hearing for Action Plan during Commissioners Court for HUD funding (CDBG, HOME, and ESG).
- 3. Action Plan is submitted, reviewed and approved by County Commissioners with awards listed
- 4. Action Plan is submitted, reviewed and approved HUD with awards listed
- 5. Award Letters and contracts sent out to CDBG-PS sub-recipients.
- 6. Approval of contracts by County Commissioners.
- 7. Projects may begin July 1<sup>st</sup> and monthly reimbursement requests may be submitted after contracts are approved.
- 8. Contract will end June 30<sup>th</sup> where final requests for reimbursement will occur by June 10<sup>th</sup> for May billing month and final project close-out providing summary of program and number served is due by July 10<sup>th</sup>.

# Tarrant County 2023 CDBG Nonprofit Services Application

Program Name: Click here to enter text.

Services to be provided: Click here to enter text.

Company or Organization: Click here to enter text.

UEI #: Click here to enter text.

Address of administrative office: Click here to enter text.

Address of program availability:

City, State, Zip Code: Click here to enter text.

CDBG Funds Requested: \$ Click here to enter text.

Total Program Budget: \$ Click here to enter text.

# **Primary Contact Information**

Name: Click here to enter text.

Title: Click here to enter text.

Phone Number: Click here to enter text.

E-Mail Address: Click here to enter text.

#### **Program Description**

- a) Service description: Click here to enter text.
- b) Program sites or locations: Click here to enter text.
- c) Explain how clients will get to the facility to participate in the program: Click here to enter text.
- d) Specific population type and number you intend to serve: Click here to enter text.
- e) What efforts will your agency and partners make to promote your program and reach isolated individuals? Click here to enter text.
- f) Is each facility ADA accessible? Click here to enter text.
- g) Attach maps, timelines, brochures and other relevant information

Is this request a Continuation of Services from prior year's request? Yes / No

If yes, any changes to your agency goals, program structure, budget or use of CDBG funds? Yes / No (If NO, Please stop here and submit this section with above info only)

If yes, please elaborate and continue with the application.

Click here to enter text.

# Program Budget & Program Sustainability

- 1. Complete Budget in Excel document (ATTACHED)
- 2. Would CDBG funds expand existing capacity? Click here to enter text.
- 3. Would CDBG funds provide a new service? Click here to enter text.
- 4. CDBG funds are awarded for one year only; would these services continue IF CDBG funds are not provided in future years? Yes/No please explain Click here to enter text.

# **Program Outcomes and Cost of Service**

- 1. Number of participants to be served with CDBG funds Click here to enter text.
- 2. Geographic locations of services: Click here to enter text.
- 3. Cost of service per household or client Click here to enter text.
- 4. What is the cost for comparable services from other providers? Please include source of data. Click here to enter text.

# **Program Partnerships**

- 1. Does your agency work in partnership(s) with other agencies to provide services? Yes/No
- 2. If so, please describe the partnership(s) and attach MOUs or Letters of Support from these partners Click here to enter text.

# **Experience and Qualifications**

- 1. Describe your agency's overall history and experience providing services Click here to enter text.
- 2. Number of years in operation: Click here to enter text.
- 3. What demographic does your board represent? Click here to enter text.
- 4. Is 51% or more of your clientele for this proposed CDBG-funded program considered low to moderate income or over 62 years of age? Click here to enter text.
- 5. Number of Employees:
  - a) Full time: Click here to enter text.
  - b) Part time: Click here to enter text.
- 6. Number of Staff for this Program Only: Click here to enter text.
- 7. Does staff for this program have experience doing intake and income-qualifying clients? Please explain. Click here to enter text.
- 8. Has your organization received federal grant funding in the past? Please list for the last 3 years the amount, grant year, outcomes and any issues encountered and how/if they were resolved. Click here to enter text.

## **Financial Statements**

- 1. Please include a copy of the most recent audited financial statements
- 2. For requests for funding on specific programs, please include line item budget showing sources and amounts of available funding versus costs of actual program. Must be detailed.

# **Verification Statement**

I attest that all information provided in this application (and related exhibits and attachments) is true and accurate to the best of my knowledge and that I am duly authorized to sign this application. Further, by my signature, I acknowledge that any materially false, fraudulent or misleading statement in this application or the concealment of any material fact related to this application may subject me to criminal penalties under federal or state law.

Signature:	Date:	
(Authorized Representative)		
Drinted Name:	Titlo	

#### **Project Budget Instructions**

- 1. Enter your organization's name and project title at the TOP.
- 2. Complete the budget as planned by your organization as it relates to this specific program including all funding sources
- 3. Enter the corresponding amount you are requesting from the County in "CDBG Request" column in EXPENSES section
- 4. If expenses are greater than revenue an error message will appear. You must correct this error before your application will be considered.

#### Tip

1. Please be sure your columns calculate correctly before submitting.

### [enter organization name] [enter program name] Project Budget

enue	Total Budget	notes
Tarrant County CDBG Request		
Corporate Grants		
Foundation Grants		
Govt. Grants/Contracts/Per Diem		
Contributions		
United Way		
Other federal campaigns		
Membership Dues		
Special Events, Fundraisers (net)		
Sponsorships		
Admissions		
Sales, Rent		
Tuition, Revenue		
Investment Income		
Interest, Dividends		
Loans		
Tax Credits		
Other		
add additional item		
add additional item		
add additional item		
Total Revenue/Support	-	

nses	CDBG Request	Other Funds	Total
Salaries			
Employee Benefits, Taxes			
Professional Fees			
Equipment, supplies, materials			
Telephone, utilities			
Postage, mailing			
Occupancy			
Insurance			
Training, staff development			
Travel			
Conferences			
Evaluations			
Other			
Direct Assistance to Clients			
add additional item			
add additional item			
add additional item			
Total Expense	es -	-	

Revenue Less Expenses