



City of Lowell, MA

Department of Planning and Development

CARES Act – Coronavirus Response

FY20 CDBG Supplemental Funding Application (CDBG-CV)

APPLICANT INFORMATION:

1. Organization:
2. Address:
3. Phone:
4. Fax:
5. Web Address:
6. EIN:
7. DUNS#:
8. SAMS#:
9. Applicant Contact Information
 - a. Name:
 - b. Phone:
 - c. Email:
10. CEO Information
 - a. Name:
 - b. Phone:
 - c. Email:

OBJECTIVES AND METHODOLOGY (Please be as detailed and *brief* as possible in your responses):

1. The proposed request for funding will support a program or service that best aligns with which of the following National Objective categories:
 - Low and Moderate Income: Area Wide
 - Low and Moderate Income: Limited Clientele
 - Low and Moderate Income: Housing
 - Low and Moderate Income: Jobs
 - Urgent Need
2. Describe how the program will meet the National Objective for funding:
3. List the requested amount of funding:

4. Describe how the Scope of Work will be provided:
5. Specify any criteria or limitations on frequency and amount of service available to recipient:
6. Describe how recipients will access the services provided:
7. Describe the timeline for implementation:
8. How do you ensure client safety? Describe any training or certifications that you require:
9. Describe any additional precautions you've put in place for COVID-19:
10. Do you have the required emergency procedures and policies in place to address COVID19? If not, what is the timeframe for implementing policies and procedures in response to COVID-19?

OUTCOMES (Please be as detailed and *brief* as possible in your responses):

1. Describe the desired outcome(s) for this program (Numbers Served):
2. Define the projected units of services provided:
3. Number of projected units of services to be provided by the CDBG-CV funds:
4. Identify the target population to be served:
5. Number of unduplicated Lowell persons to be served by the CDBG-CV funds:
6. Estimate the above number of persons to be served by the following categories.

Disabled:

Victims of Domestic Violence:

Elderly:

Severe Mental Illness (SMI):

Veterans:

Individual Experiencing Homelessness:

LGBTQ:

Female Head of Household:

Adults who are Illiterate:

Persons with HIV/AIDS:

Children and Youth who are Abused:

ORGANIZATIONAL EXPERIENCE (Please be as detailed and *brief* as possible in your responses):

1. What is your organization's mission? What core services are provided?
2. How many years has your organization been providing the proposed program or service? Describe the experience your organization has related to this project and the number of years your organization has been providing this service.
3. Describe how your organization collaborates with other organizations, government entities and/or regional partners to respond to COVID-19.
4. What other funding and resources is your organization receiving to respond to COVID-19, if any?
5. Have you had any audit findings for any CDBG funded projects? If yes, briefly describe the finding and whether it was resolved.

Budget Information - Complete the following budget for personnel and non-personnel activity costs.

Eligible costs must be incurred between the dates of **March 30, 2020 – June 30, 2021**.

Personnel Costs

| Job Title | Hourly Rate | Total Salary + Fringe Benefits for this Position | Salary Billed to CDBG-CV | Fringe Billed to CDBG-CV | Total CDBG-CV Costs for this Position | % of Salary + Fringe Charged to CDBG-CV |
|--------------------------|-------------|--|--------------------------|--------------------------|---------------------------------------|---|
| Example: Case Manager | \$31.30 | \$65,100 | \$26,250 | \$6,300 | \$32,550 | 50% |
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| TOTALS | \$ | \$ | \$ | \$ | \$ | |

Non-Personnel Activity Costs

| Program Activity Costs | Total Activity Costs | Total Activity Cost Billed to CDBG-CV | % of Total Activity Costs Billed to CDBG-CV |
|----------------------------------|----------------------|--|--|
| Example: Financial Assistance | \$1,600 | \$800 | 50% |
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| TOTALS | \$ | \$ | |

Important Information

Thursday, May 28, 2020: RFP is released

Monday, June 8, 2020: Submissions due by 5:00pm. Applications submitted after this deadline, or applications that are not complete, will not be considered for funding:

Please email applications to:

Chris Samaras - csamaras@lowellma.gov

Betty Rawnsley-Erazo - brawnsley@lowellma.gov

Monday, June 29, 2020: Awards announced

Evaluations of Proposal

These special CDBG Supplemental Funds (CDBG-CV) will be highly competitive and collaboration among subrecipients is strongly encouraged. Priority will be given to proposals that address the community's most urgent needs, including economic development/business support, food insecurity, mental health services, and distance/remote education support for families with children, in that order. Applicants must demonstrate the urgency for these special funds as it relates to the impacts of COVID-19. In addition, applicants must have the capacity to fully expend these funds by **June 30, 2021**. Applicants may retroactively bill for services used to prevent, prepare for, and respond to COVID-19, dated back to March 30, 2020. The City of Lowell reserves the right to make emergency allocations based on emerging and Urgent Need in response to COVID-19 of up to 50% of the City's total grant amount outside of this RFP process.

Finally, to optimize its grant dollars, the City intends to award fewer grants in larger amounts to successful applicants. **The minimum grant request must be \$15,000.00 in CDBG-CV Supplemental Funds.**

CITY OF LOWELL, MA

DEPARTMENT OF PLANNING & DEVELOPMENT

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