

City of Lowell

Eileen Donoghue
City Manager



REQUEST FOR PROPOSAL APPLICATION: EMERGENCY SOLUTIONS GRANT (ESG) ENTITLEMENT PROGRAM JULY 1, 2022 THROUGH JUNE 30, 2023

Organization Name:			
Project Name:			
Project Address:			
Executive Director Name:			
Organization Address:			
Telephone #:			
E-Mail Address:			
Website (If Applicable):			
Organization DUNS Number:		Tax ID or EIN	
Contact Name & Title:			
Contact Telephone #:			
E-Mail Address:			

PROJECT FUNDING REQUEST

Funding Request	Amount
Requested ESG Amount	\$
Total Program Cost	\$
Percentage of ESG funds toward Total Program Cost	\$
Matching Funds	\$
Matching Sources	\$

PROJECT FUNDING REQUEST, CONTINUED

Funding Request per category	Amount
Street Outreach	\$
Emergency Shelter	\$
Rapid Re-Housing	\$
Homeless Prevention	\$
HMIS	\$

ORGANIZATION CAPACITY – STAFF QUALIFICATIONS AND EXPERIENCE

Provide a summary of the qualifications of your organization to carry out the proposed project.

Provide a summary of the experience of your organization. Include any program(s) that your agency has administered that is most similar to the proposed activity.

PROGRAM DESIGN

Purpose and need for the proposed project.

Target population: (i.e. homeless families with children, chronically homeless, etc.)

Provide information on the types of services that will be offered and how they will be provided.

Coordination of intake and referral procedures with other service providers.

Use of the Homeless Management Information System (HMIS) to track client information.

Outreach Plan: Describe the methods to be used to ensure that the target population and community residents will find out about the services provided by the project.

Program evaluation plan and program specific procedures and guidelines.

PROPOSED PROJECT ACCOMPLISHMENTS

Briefly describe proposed accomplishment(s) if funding is awarded: (Accomplishments should be described in terms of households served, people served, etc. Example: This emergency shelter program will serve 100 homeless individuals or this program will rapidly re-house 5 chronically homeless families, etc.)

Please answer the following questions:

What is the total unduplicated individuals to be served by this project?

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What is the total number of unduplicated adults to be served by this project?

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What is the total number of unduplicated children to be served by this project?

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Identify the primary homeless beneficiaries the program will serve. Check the appropriate categories:	
<input type="checkbox"/> Chronically Homeless	<input type="checkbox"/> Persons with HIV/ AIDS
<input type="checkbox"/> Unaccompanied Youth	<input type="checkbox"/> Elderly
<input type="checkbox"/> Victims of Domestic Violence	<input type="checkbox"/> Veterans
<input type="checkbox"/> Chronic Substance Abuse & other Disabled	<input type="checkbox"/> Other

FINANCIAL

The City encourages ESG funds be utilized as gap funding. A gap is defined as the amount of funding necessary to run a program after all other funding sources have been identified, thus leveraging is very important in the application process.

ACTIVITY BUDGET

Please answer the following questions in the space provided. You may reference and attach an additional page if necessary.

- A. Complete the Budget Summary chart. More detailed budgets may be attached (and are strongly recommended) in support of the proposal.
- B. Identify sources of leveraged funding for this activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.). Attach copies of funding commitment letters or other evidence of funding support.
- C. Match – Consideration will be given to the amount of non-ESG funds committed to the project.

* Includes short and medium-term rent payments and up to six (6) months of arrearages.

** Includes all other eligible forms of direct financial assistance under Prevention and Re- Housing plus costs related to eligible services.

	Homelessness Prevention	Rapid Re-Housing	Emergency Shelter	Street Outreach	HMIS	Total Amount Budgeted
Rental Assistance*	\$	\$				\$
Housing Relocation & Stabilization Services**	\$	\$				\$
Essential services			\$			\$
Renovation			\$			\$
Shelter Operations			\$			\$
Other Services				\$		\$
TOTAL	\$	\$	\$	\$	\$	\$

BUDGET SUMMARY

Category Breakdown	ESG Funding	Match Funds	Source of Match Funds	Total Funds
Personnel				
Salaries	\$	\$		\$
Personnel Subtotal	\$	\$		\$
Direct Financial Assistance				
Rental Assistance	\$	\$		\$
Utility Deposits	\$	\$		\$
Utility Payments	\$	\$		\$
Last Month's Rent	\$	\$		\$
Fees	\$	\$		\$
Moving & Storage	\$	\$		\$
D.F.A. Subtotal	\$	\$		\$
Other Costs Related to Housing Relocation & Stabilization, Essential Services, & Street Outreach (non-personnel)				
Transportation	\$	\$		\$
Advertising & Marketing	\$	\$		\$
Equipment	\$	\$		\$
Materials & Supplies	\$	\$		\$
Relocation Expenses	\$	\$		\$
Contractual Services	\$	\$		\$
Other (please specify)	\$	\$		\$
Other Costs Related to Emergency Shelter Operations (non-personnel)				
Utilities	\$	\$		\$
Insurance	\$	\$		\$
Repairs & Maintenance	\$	\$		\$
Renovation	\$	\$		\$
Other (please specify)	\$	\$		\$
Total ESG Request	\$			\$
Total Other Funds		\$		\$
Grand Total	\$	\$		\$

*NOTE: Please complete Budget Detail Chart on next page if personnel costs are included in your proposal.

BUDGET DETAIL

This section provides back-up for each line item shown in the Budget Summary Chart. Please make certain this detailed breakdown is consistent with the Program Budget. Round up to the nearest hundred.

A Note about the Staff/Salary Breakdown: Please show all proposed staff positions funded with ESG money that relate to the proposed activity. If multiple staff members have the same position/title, list separately. Use an additional sheet if necessary. **You must submit job descriptions with your application for each position title identified below. When entering percentages, enter in decimal form.**

Position Title	Is this a current or proposed position?	Annual Salary	Annual Fringe Benefits	Total Annual Salary	x	% Time Spent on this ESG Project/ Program	=	Total Position Cost Requested from ESG
Example: Case manager	<i>Current</i>	\$25,000	\$5,000	\$30,000	x	40%	=	\$12,000
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$
		\$	\$	\$	x		=	\$

THRESHOLD CERTIFICATION

In order for your application to be accepted, you must submit the following items to the Community Development team **no later than 5:00 PM on Wednesday, December 1, 2021.**

- A completed RFP application sent as a PDF to Christopher Samaras csamaras@lowellma.gov and Betty Rawnsley-Erazo brawnsley@lowellma.gov with all questions completed
- All required support documents must be sent with the completed RFP application by the submittal deadline.

The following attachments/certifications:

- IRS 501(c) 3
- Current List of Board of Directors
- Organizations Mission Statement
- Certified Organization Audit/Financial Statements of most recent year
- Insurance Certificates- both Workers Comp & General Liability
- Copy of current filing of IRS 990
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An Executed Statement of Applicant Form.

An Executed Signature Authorization Form.

Has the Signature Authorization Form been signed by an authorized officer of the Board (*President or Secretary*) as registered with the Secretary of Commonwealth, Corporations Division. (<http://corp.sec.state.ma.us/corpweb/CorpSearch/CorpSearch.aspx>)

I hereby confirm that this packet contains all materials required.

Signature of Authorized Signer

Printed Name

STATEMENT OF APPLICANT

The undersigned acknowledges the following:

1. That, to the best of its knowledge and belief, all factual information provided is true and correct and all estimates are reasonable.
2. That no revised proposals/applications may be made in connection with this application once the deadline for applications has passed.
3. That the City of Lowell may request or require changes in the information submitted, and may substitute its own figures, which it deems reasonable for any or all figures provided. That the applicant will participate in required interview for project assessment and cooperatively assist in the review process.
4. That, if the project(s) is recommended and approved by the City Manager and City Council, the city reserves the right to reduce and/or cancel the allocation if federal entitlements are cancelled, reduced, or rescinded.
5. The City of Lowell reserves the right not to fund any submittals received.
6. By submission of this application, the organization agrees to abide by the federal regulations applicable to this program.
7. That, if the project(s) is funded, the organization agrees to abide by the City's locally established policies and guidelines.
8. That past program and financial performance will be considered in reviewing this application.
9. That services are to be provided at no cost to citizens during the grant period. All program income (i.e: fees, repayments, foreclosures, etc.) must be remitted to the city.
10. That, if the project(s) is funded, the city or a designated agency may conduct an accounting system inspection to review internal controls, including procurement and uniform administrative procedures, prior to issuance of payments for projected expenditures.
11. That, if project(s) is funded, the city will perform an environmental review prior to the obligation of funds.
12. That, if a project is funded, a written agreement that includes a statement of work, records retention and reporting, program income procedures, local and federal requirements, circumstances that would trigger grant suspensions and terminations, and reversions of assets would be required between the organization and the city.
13. That, if the project(s) is funded, the agency shall be required to provide a Certificate of Liability Insurance with the City of Lowell as additionally insured.

Statement of Applicant continued on following page.

14. That a project's funding does not guarantee its continuation in subsequent action plans.
15. Provide written signatory authority from the organization's governing body indicating who can execute contracts and amendments on its behalf.
16. Agrees to abide by the City of Lowell's Conflict of Interest policy. Items of concern would include staff members serving on the Board of Directors, staff members' families serving on the Board of Directors, and other matters that may give the appearance of a conflict of interest.
17. Agency will participate in the local Homeless Management Information System (HMIS) and enter all recipients of services.
18. Agency is willing to have the Balance of State Continuum of Care – be a partner in any evaluation or monitoring of the program.
19. Agency will participate in the Continuum of Care's coordinated entry system.

PENALTY FOR FALSE OR FRAUDULENT STATEMENT

U.S. Code Title 18, Section 1001, provides that a fine of up to \$10,000 or imprisonment for a period not to exceed five years, or both, shall be the penalty for willful misrepresentation and the making of false, fictitious statements, knowing same to be false.

By signature below, the applicant acknowledges the above in its name on this _____ day of _____, 2021.

Name of Organization:

By: Signature of Authorized Signer

(Title)

CONFLICT OF INTEREST CERTIFICATION

The standards in 2 CFR Part 200.112, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award.

IF NO CONFLICT EXISTS, **COMPLETE THE FOLLOWING:**

- I certify that no conflict of interest exists between the City of Lowell and
(name of organization)_____.
- I certify that no conflict of interest exists between the subcontractors of and
(name of organization)_____.

IF A POTENTIAL CONFLICT EXISTS, **COMPLETE THE FOLLOWING:**

- I certify that a potential conflict of interest may exist between the City of Lowell and
(name of organization)_____.
- I certify that a potential conflict of interest may exist between
(name of subcontractor) _____
and (name of organization)_____.

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization._____.

Signature of Authorized Agency Official

Date

Typed Name and Title

City of Lowell, MASSACHUSETTS TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, 49A, I/we certify under the penalties of perjury that, to the best of my knowledge and belief, I/we are in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Federal Identification Number or SS# _____

Date _____

Name of Business/Organization _____

Street Address _____

City, State, Zip Code _____

Name of Company Officer (Printed) _____

Signature of Authorized Signer

City of Lowell, MASSACHUSETTS CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal as been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals.

Date _____

Name of Business/Organization _____

Street Address _____

City, State, Zip Code _____

Name of Company Officer (Printed) _____

Signature of Authorized Signer

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ does hereby resolve that on _____ (), the Board reviewed the Application for Emergency Solutions Grant Funds to be submitted to the City of Lowell's Department of Planning and Development for funding consideration for the fiscal year 2022-2023 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 Massachusetts.

_____ (Name of organization requesting ESG funds) hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for Emergency Solutions Grant Funds. If this application is approved and this organization receives ESG funding from the City of Lowell, 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)

_____	_____
Name	Title
_____	_____
Signature	Date

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