



CITY OF SOUTH BEND
COMMUNITY INVESTMENT

COMMUNITY
DEVELOPMENT
BLOCK GRANT(CDBG)
RFP INFORMATION PACKET
PY2025 FUNDS

Issue Date: August 12, 2024

Due Date: September 9, 2024

PLEASE NOTE: The timeframe of any federal budget discussions, modifications, and/or approvals cannot be projected. The City of South Bend will proceed as usual with the RFP/application process for its HUD-funded programs. Please be aware that this is done with the understanding that FY 2025 funding is not confirmed. Recommendations are subject to change.



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1300 S County-City Building | 227 W. Jefferson Blvd. | South Bend, Indiana 46601 | p 574.235.9371 | www.southbendin.gov

SUBMISSION INFORMATION

Important information, please read this page in its entirety!

General Instructions: For funding consideration, all projects funded through the CDBG program must meet the General Requirements of the RFP. Public and private non-profit agencies responding to this RFP must provide all information requested in the RFP.

- **A separate proposal must be submitted for each potential project.**
- All additional information required for this RFP must be submitted as attachments.
- No bindings or special coverings are desired. Only submit materials that have been requested.

**Proposals must be received by 4:45 p.m. on Monday, September 9, 2024,
and may be hand-delivered or emailed.**

NO FAX OR MAIL DELIVERIES WILL BE ACCEPTED.

If hand-delivering, the **original and one (1) copy** of the proposal and its attachments must be submitted to:

City of South Bend
Department of Community Investment (DCI)
Federal Grants
227 W. Jefferson Blvd., Suite 1300S
South Bend, IN 46601

If submitting electronically, please send proposal and all attachments to federalgrants@southbendin.gov.

All proposals submitted by public or private non-profit agencies must be submitted in the legal name of the organization with whom a contract will be executed. An authorized representative of the organization who has the legal authority to enter into an agreement with the City of South Bend must sign each original proposal.

PLEASE NOTE: Proposals that are incomplete, request activities other than outlined in this document, 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 DCI.

PROPOSAL COVER SHEET

**City of South Bend
Department of Community Investment
PY2025 Community Development Block Grant (CDBG)
Request for Proposals**

Application Organization: _____

Contact Person: _____

Office Address: _____

Phone Number: _____ Email Address: _____

UEI Number: _____ Federal ID Number: _____

Organization Fiscal Year: _____ though _____

Organization Type: Public agency OR Private non-profit agency

Tax exempt non-profit status under Section 501(c)(3)? Yes No

Project Name: _____

Address of Project: _____

Description of project: _____

Type of project:

- | | |
|---|---|
| <input type="checkbox"/> Acquisition/rehab/resale | <input type="checkbox"/> Public facility improvements |
| <input type="checkbox"/> Acquisition/rehab/rental | <input type="checkbox"/> Homeownership assistance |
| <input type="checkbox"/> Production of new HO units | <input type="checkbox"/> Micro Business loans |
| <input type="checkbox"/> Production of new rental units | <input type="checkbox"/> Public safety |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Capacity building / Technical assistance |
| <input type="checkbox"/> Owner-occupied rehab | <input type="checkbox"/> Fair housing |
| <input type="checkbox"/> Administration/Planning | <input type="checkbox"/> Public Facility and Infrastructure |

CDBG Amount Request: \$ _____

Total amount of additional project funds: \$ _____

Match funding sources: _____

Target Median Income Population: 30% 50% 60% 80%

Number of unduplicated individuals to be assisted: _____

Number of units to be created/serviced: _____

Population to be served: _____

Proposed Project Start Date: _____

Proposed Project Completion Date: _____

(Note: all projects must be started within one (1) year of contract execution and completed within four (4) years of contract execution. NO EXCEPTIONS! Any projects not completed within 4 years will be closed and all funds used will be required to be repaid.)

ATTACHMENT A: PROGRAM

PROPOSAL OUTLINE

1. **Goals:** Describe the purpose of the proposal and how it responds to a specific priority outlined in the Introduction section of this RFP.

2. **Identify the following:**
 - What service your organization provides with CDBG funds
 - Exactly what CDBG funds are paying for (i.e. labor and supplies to rehab xx houses)

3. **Describe the expected impact and specific outcome the activity plans to accomplish. Describe why proposed activity is needed and how it augments or collaborates with existing City or other agency programs.**

4. **Include a timeline for the proposal that indicates how long it will take to get the project underway and to complete. Specify each activity that will take place in each quarter and how funding is tied to the activity.**

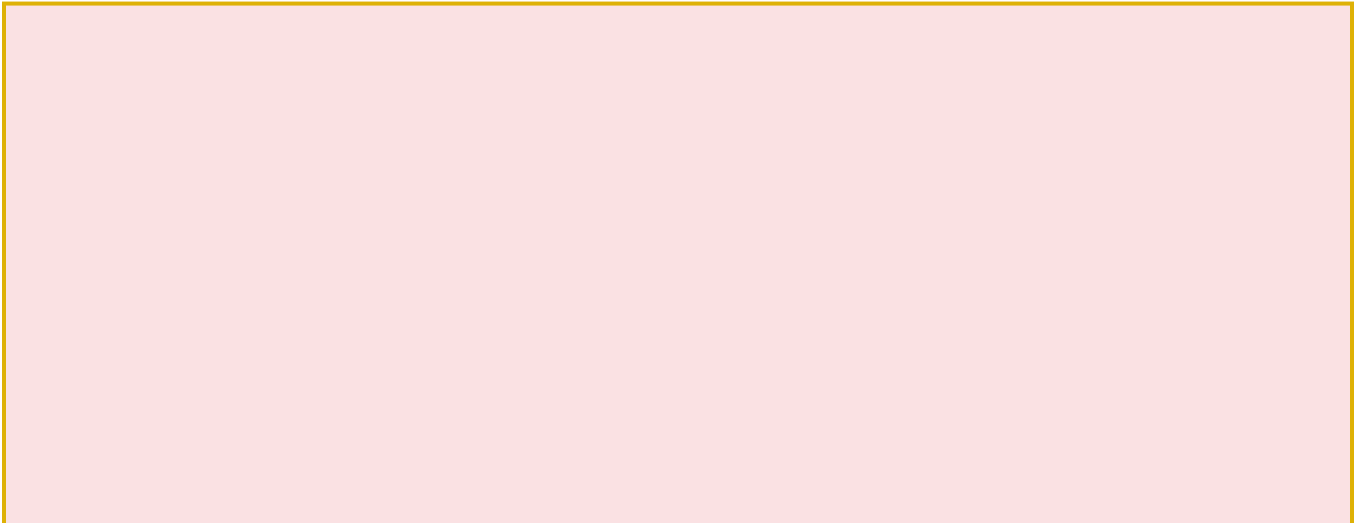
5. For housing projects only, list lead abatement procedures/risk assessment/work practice standards in place to comply with lead-based paint reduction requirements. Please refer to Title X requirements for rehabilitation and lead hazard reduction (<https://www.hudexchange.info/resources/documents/Title-X-of-the-Housing-And-Community-Development-Act-of-1992.pdf>)



6. Describe the process to be used to encourage minority and women owned businesses (M/WBE) and Section 3 residents and business concerns to submit bids if the program/activity includes construction or rehabilitation work (residential, commercial or infrastructure). M/WBE information is available online at <http://www.in.gov/idoa/mwbe> . Section 3 information can be located at <https://www.hudexchange.info/programs/section-3/>



7. **Budget:** Describe how the proposed project will be funded. Include plans for the project if not funded through CDBG, clearly indicate if the project will not proceed. Documentation of funding sources is required. Include with “Attachment D” verification letters, notices of intent, or other credible evidence of anticipated funding.



8. **Displacement Activities:** Check all items involved in the proposed project.

- Real property acquisition
- Permanent relocation of tenants
- Temporary relocation of tenants
- Conversion of commercial structures to other uses
- Rehab of residential structures
- N/A

9. **Rental housing projects only:** Please attach a 10-year pro forma for the project, including: sources and uses of funds as outlined in budget; projected rents for all units, as well as anticipated increases; vacancy rate; annual operating expenses, as well as anticipated increases; debt service requirements for all loans; annual cash flow; annual cash and tax benefits to owner; etc.

10. Americans with Disabilities Act (ADA)

If your project involves rehabilitating, renovating, converting or constructing a structure for any public use, is or will that structure be readily accessible to, and usable by, individuals with disabilities as required by the ADA?

- YES NO N/A

Similarly for agencies providing a public service: is the building where the service is provided readily accessible to and usable by individuals with disabilities?

- YES NO N/A

If the answer is “no” for either 1 or 2, what plan have you developed for handling situations where a client or employee with disabilities is involved?

The City of South Bend complies with equal opportunity requirements which provide that no person in the U.S. shall on the ground of race, creed, color, national origin, sex, age, religion, handicap, or familial status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

ATTACHMENT B: Evaluation Plan and Performance Measures

1. **Evaluation Plan and Performance Measures:** Describe the assessment method/strategy that will be used to evaluate the proposal outcome. The proposal must contain specific performance indicators (i.e., number of units constructed) and the anticipated measurable results for such indicators. Please note that decisions as to future funding will be greatly determined by extent to which measurable outcomes are achieved.



ATTACHMENT C: Organizational Information

1. History, mission and goals of organization.

2. Describe responsibilities of the board, staff and volunteers. Note any new personnel added to staff within last 12 months.

3. Describe the organization's management experience in CDBG or similar funding; including the experience of key staff (do not include resumes).

4. Describe any comparable services provided by the applicant during the most recent five-year period similar in scope to what is outlined in the RFP proposal.

5. Describe other collaborative activities in which the organization is involved.

6. List all CDBG funding received in the 2020-2024 period of time. List the stated goals and actual achievement. Provide a rationale for any lack of progress to date.

7. If monitored for other Federal grants, provide the extent and results of the monitoring (e.g., a letter from the Federal agency that conducted the monitoring).

ATTACHMENT D: BUDGET – MATCH

SOURCES

COST CATEGORY	CDBG FUNDS REQUESTED	PROPOSED OTHER FUNDS & SOURCE OF FUNDS (name each source and amount)	TOTAL
1. Activity Delivery <i>Limited to actual staff hours expended. Claims must be supported with dated timesheets indicating hours worked on CDBG-eligible projects, signed by employee and supervisor.</i>			
2. Acquisition/Rehab/Resale/Rental and New Construction SF Homes <i>The maximum CDBG investment for these activities is capped at 60% of the total project cost, including developer fee.</i>			
a. Architectural/Engineering			
b. Acquisition of Real Property			
c. Lead-based paint: Eval/Reduction			
d. Construction hard costs			
e. Relocation			
g. Holding/Selling Costs			
h. Developer Fee <i>Capped at 12.5% of total CDBG investment in project</i>			
3. Creation of New Rental Units through New Construction or Adaptive Re-use			
a. Architectural/Engineering			
b. Acquisition of Real Property			
c. Lead-based paint: Eval/Reduction			
d. Construction hard costs			
e. Relocation			
g. Holding/Selling Costs			
h. Developer Fee <i>Capped at 12.5% of total CDBG investment in project</i>			
4. Owner-Occupied Rehab			
a. Lead-based paint: Eval/Reduction			
b. Rehab hard costs			
5. Homeownership Assistance			
6. Demolition to Remove Blight			
6. Public Facilities Improvements			
a. Architectural/Engineering			
b. Lead-based paint: Eval/Reduction			
c. Construction hard costs			
7. Capacity Building			
8. Public Services			
TOTAL PROJECTED COST (TPC)			
% Of TPC funded by CDBG			

a. Per Unit Cost

For Housing Projects only, show detailed calculation of total project cost per unit.

b. Long-Term Funding

What are the long-term funding needs of this project/program? Is it anticipated that CDBG funding will be needed/requested in future years? Explain.

c. Has the applicant organization applied for funding from other sources for this project/program?

YES NO

If Yes, list to whom, dollar amount of request, and status. **Supporting documentation will be required.**

Source	Amount	Yet to Apply	Approved	Pending	Denied
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If No, explain why other funding sources have not been sought.

Will HOME or federal tax credits (LIHTC) also be used to develop the project? Make sure this information is included in the Attachment D: Budget.

YES NO

d. Public Funding History

Has your organization received CDBG funding from the City of South Bend in prior years?

YES NO

If Yes, please provide the following information for the past three (3) funding years below:

Project	Year	Grant Amount	Balance Remaining

ATTACHMENT E: NOTIFICATION OF A SINGLE ANNUAL AUDIT FORM

Applicants for a CDBG grant from the City of South Bend must provide the following information:

1. **Applicant:**
2. **Expenditures** (from all federal sources for the recent fiscal year ended):
(Attach a separate sheet if necessary)

SOURCE	\$ AMOUNT

3. **Single Audit not required** (total federal expenditures **less than \$750,000** for fiscal year).
If a Single Audit is not required, applicants must have a CPA Audited Financial Statement, or at a minimum a Certified Annual Financial Statement (CFA). Statements are due to the City of South Bend's Department of Community Investment six (6) months after the end of the fiscal year.

 Single Audit required (total federal expenditures **greater than or equal to \$750,000** for fiscal year)
If a Single Audit is required, the applicant must have it conducted in accordance with 2 CFR Part 200 and Generally Accepted Government Auditing Standards for the fiscal year noted above. The Single Audit must be submitted to the Federal Audit Clearinghouse (<http://harvester.census.gov/sac/>), and is due to the City of South Bend's Department of Community Investment nine (9) months after the end of the fiscal year.

4. **Certification by Authorized Representative:**

I certify that the amounts shown above accurately reflect the federal funds expended by this organization for the fiscal year indicated.

Signature _____

Date _____

Title _____

ATTACHMENT F: CERTIFICATION REGARDING DEBARMENT

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS:

A person who is debarred or suspended shall be excluded from Federal financial and nonfinancial assistance and benefits under Federal programs and activities. The undersigned representative of the Agency certifies, to the best of his or her knowledge and belief, that:

- a. Neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract; and
- b. It will include the following clause without modification, in all proposals, agreements, contracts, proposals, or other lower tier covered transactions:

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

CERTIFYING AGENCY REPRESENTATIVE:

By: _____

Typed Name

Signature

Title: _____

Date: _____

ATTACHMENT G: SIGNATURE PAGE

I hereby certify that the submission of this proposal has been duly authorized by our governing body. I understand that if it is found to not be authorized by our governing body or any information contained in this document has been falsified, this application will not receive funding.

Initial: _____

I hereby acknowledge that all sections of this Request for Proposal have been reviewed and understood.

Initial: _____

I understand that if any portion of this proposal is incomplete or submitted after the deadline, it will not be considered for funding.

Initial: _____

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim, or makes false statements is subject to criminal and civil penalties, including confinement for up to 5 years, fines, and civil penalties. (18 U.S.C. §287, 1001 and 31 U.S.C. §3729)

Initial: _____

I hereby certify that I have the legal authority to apply for the grant, and to execute the proposed program.

Initial: _____

Authorized Representative

Signature: _____

Title: _____

Date: _____

Email Address: _____

Phone Number: _____

PROPOSAL CHECK LIST

All information and documentation must be included to be considered for funding (no exceptions)

Additional information of what is required can be found in the information packet!

Complete this checklist when completing your proposal:

- Proposal cover sheet
- Program proposal outline and timeline (Attachment A)
- Evaluation Plan and Performance Measures (Attachment B)
- Organizational Information (Attachment C)
- Verification of neighborhood support
- Budget (Attachment D)
- Notification of a Single Annual Audit Form (Attachment E)
- Evidence of anticipated funding: verification letters, notices of intent, etc.
- IRS 501(c)(3) designation letter
- Organizational chart
- List of new personnel added to staff in the past 365 days
- Results of most recent federal monitoring & any outstanding Findings/Concerns
- List of Board of Directors
- List of employees (both full/part-time) & CDBG hours anticipated for each employee
- Audited financial statements
- Agency Articles of Incorporation
- Agency By-Laws
- Proof of ownership of property (if proposing construction projects)
- Certification of Non-Debarment (Attachment F)
- Signature Page (Attachment G)

Certification by Authorized Representative:

I certify that the above required information is included in the submission of a request for proposal and all information is true and correct.

Signature _____

Date _____

Title _____