



Roxann Wedegartner  
Mayor

City of  
**GREENFIELD, MASSACHUSETTS**

**COMMUNITY & ECONOMIC  
DEVELOPMENT DEPARTMENT**

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**REQUEST FOR PROPOSALS**

**CDBG FUNDED SOCIAL SERVICES**

**City of Greenfield**

The Greenfield Community & Economic Development Department (CEDD) is preparing an application for funding under the Massachusetts Community Development Block Grant Program in the Department of Housing and Community Development (DHCD). Although typically awarded each year, DHCD has notified communities that they have combined the CDBG2022 and CDBG2023 program years. The CDBG application is due to DHCD in March 2023 and grant decisions are expected to allow an October 1<sup>st</sup>, 2023 start date for contracts.

The CEDD is requesting proposals from public and non-profit social service providers to address priority service needs identified by the Mayor as:

- 1) Food Security
- 2) Youth Services
- 3) Homelessness Services

If approved, these projects may be funded through the 2023 Massachusetts Community Development Block Grant (CDBG) Mini-Entitlement Program. The City can request up to \$330,000 for these services for up to five (5) separate social service projects. Half of the total social service funding sought should support activities that build economic security and self-sufficiency. The project duration is *anticipated* to be a **twenty-four-month** period between October 2023 and September 2025, however these dates are subject to change.

To be considered for inclusion, proposals must be received at the Greenfield Department of Community & Economic Development offices, 324 Main Street, Second Floor, Greenfield, MA by **Friday, December 16, 2022 at 5:00pm.**

Proposals received after the above time and date **WILL NOT** be considered.

## INSTRUCTIONS TO BIDDERS:

- **Proposals must be submitted on paper (4 copies) and electronically to christian.laplante@greenfield-ma.gov in Microsoft Word and Excel compatible format.**  
Supporting documents or attachments will also need to be provided in an electronic format.
- In preparing your response, please use Times New Roman style with 12 pt font size and three-quarter (3/4) inch margins.
- All proposals must respond to the Threshold Criteria listed below to be considered. Proposals should fully respond to the questions under the Project Need, Community Involvement/Support, Project Feasibility and Project Impact sections. Proposals will be evaluated and scored question by question. It is important to answer each question very carefully and accurately to receive the highest ranking of the proposal.
- Total proposal, including all attachments, is not to exceed 20 pages. The Project Description (Threshold #1) must not to exceed 3 pages. The narrative portion of the Competitive Questions must not exceed six pages. Supporting documents or attachments including a detailed budget (see Budget Format here: [https://greenfield-ma.gov/files/CDBG21\\_BUDGET\\_FORMAT.xlsx](https://greenfield-ma.gov/files/CDBG21_BUDGET_FORMAT.xlsx)) do not need to be included within the six-page limit.
- All proposals must include:
  - Attachment A: Certificate of Tax Compliance,
  - Attachment B: Affidavit of Non-Collusion,
  - Attachment C: Point of Contact, and
  - Attachment D: Greenfield CDBG22 Project Budget Form

## REVIEW:

A Proposal Review Committee will review and score all social services proposals and make recommendations to the Mayor, who may choose to fund any of the proposals recommended or none of them. The Mayor must approve the entire Mini-Entitlement application to be submitted to DHCD. Successful applicants may be asked to assist in the preparation of the City's grant application to DHCD by submitting additional information and documentation.

## CONTRACT TERMS:

In the event that the City's 2023 CDBG application is funded, agencies whose proposals are selected for inclusion in the total application will enter into a standard Mass. Community Development Block Grant Sub-Grantee Agreement. A draft boilerplate contract is available for review at the CEDD. Contract term is *anticipated* to be a **twenty-four-month** period between October 2023 and September 2025, however these dates are subject to change. **No CDBG funds will be expended prior to the "Contract" date.** The contract will provide for reimbursement of eligible expenditures upon submission of an invoice that includes appropriate supporting documentation of costs and beneficiaries.

100% of those individuals receiving and benefitting from these CDBG funded services must be residents of Greenfield (although that same agency may be administering the same services to other individuals with other funding, which is allowable).

**Contractual Requirements:**

If awarded, providers will be required to submit:

- the most recent annual audit, including audit report in compliance with OMB Super Circular (Dec. 2013) and OMB Circular A-133 if applicable.
- bills on a quarterly basis
- time sheets of all staff receiving CDBG funding
- quarterly reports detailing all services provided during the reporting period including the number of clients, their income and their ethnic identity (sample reporting forms available at CEDD).

The City will monitor provider files to ensure that there are resident and income-certification forms for all clients and payment will be made based on the submission of all required information, including the number of clients served and the hours worked.

**COVER PAGE**

**Name of Project:**  
**Name of Agency:**  
**Amount Requested:**

**Eligible Activity (Select one from the following project categories):**

- |  |   |  |
|--|---|--|
| <input type="radio"/> ABE/GED classes                                | <input type="radio"/> Homebuyer Counseling                  | <input type="radio"/> Food Pantry                      |
| <input type="radio"/> Domestic Violence Prevention Services          | <input type="radio"/> Individual Development Accounts       | <input type="radio"/> Elder Services                   |
| <input type="radio"/> Elder Self-sufficiency Services                | <input type="radio"/> Job-related Childcare Assistance      | <input type="radio"/> Homelessness Prevention Services |
| <input type="radio"/> English for Speakers of Other Languages (ESOL) | <input type="radio"/> Job-related Transportation Assistance | <input type="radio"/> Substance Abuse Counseling       |
| <input type="radio"/> Financial Literacy Services                    | <input type="radio"/> Job Training                          | <input type="radio"/> Youth Services                   |
|  | <input type="radio"/> Literacy Training                     | <input type="radio"/> Other: _____                     |

**NOTE:** Projects/programs must be consistent with the applicable provision of Section 105(a) of Title I, Housing and Community Development Act of 1974, as amended. Ineligible activities will not be scored. (See Application Guidance Section for Eligibility guidance.)

**National Objective**

Estimate the number of low- and moderate-income Greenfield Residents to benefit from the Project:

**Total number of beneficiaries:** \_\_\_\_\_

**Total Low/Mod beneficiaries:** \_\_\_\_\_

**Percentage of L/M beneficiaries:** \_\_\_\_\_

Is the proposed project a new service, an expansion of an existing service or a continuation of a project presently funded with Massachusetts CDBG funds. Public Social Service Projects are eligible for CDBG assistance under Section 105(a)(8) of Title I of the Housing and Community Development Act of 1974, as amended, if such services have not been funded with local funds -- i.e., not funded by the municipality using locally raised funds or state funds that pass through the municipality -- within the twelve-month period prior to the date of the application?

- Yes  No

Is the proposed project not provided by other state and federal agencies, or are provided but not available to CDBG-eligible residents in the applicant community(ies)?

- Yes  No

**SECTION 1:**

**Project Description (answer the following in under 3 pages)**

- Provide a short summary of the project:
- Describe the scope and services provided for the CDBG funded portion:
- Describe the scope and services provided beyond the CDBG funded portion:
- What need is being met and how/why did the community decide to address this need?
- Who will benefit from these services?
- What is the anticipated outcome of these services?
- How will the program be operated and who will be involved?
- How does the project fit with the local Community Action Agency’s needs assessment of service needs (located here: <https://www.communityaction.us/community-needs-assessment-action-p>)?

**SECTION 2:**

**National Objective Description (under 1 page)**

- How will your proposed program meet the National Objective of Benefit to Low- or Moderate-Income Persons?
- What method you will use to document incomes of program users?

For projects benefiting low/moderate (LMI) persons, provide the number of LMI persons served by the project as a percentage of the LMI persons in the target area. For projects serving limited clientele, provide the number of participants to be assisted or other applicable quantitative measures as a percentage of the eligible participants in the service area.

NOTE: All applicants must demonstrate compliance with the CDBG National Objective of benefit to low- or moderate-income persons and demonstrate that of the persons who will benefit from the program activities ("beneficiaries") at least 51% must be low to moderate income persons. Low to moderate income is defined as 80% of median household income or less. Current household income guidelines are below. Programs that provide any kind of direct payment (such as daycare subsidies, fuel assistance, etc.) must serve 100% low to moderate income persons. A DHCD Technical Assistance Guide on Public Social Service programs, including national objective compliance, is available from the Greenfield CEDD upon request.

**Income Limits by Household Size  
(Effective April 18, 2022)**

<b>Household Size</b>	<b>30% of Median</b>	<b>50% of Median</b>	<b>80% of Median</b>
1 person	\$19,800	\$32,950	\$52,750
2 persons	\$22,600	\$37,650	\$60,250
3 persons	\$25,450	\$42,350	\$67,800
4 persons	\$28,250	\$47,050	\$75,300
5 persons	\$32,470	\$50,850	\$81,350
6 persons	\$37,190	\$54,600	\$87,350
7 persons	\$41,910	\$58,350	\$93,400
8 persons	\$46,630	\$62,150	\$99,400

## **SECTION 3:**

### **Budget (1 spreadsheet)**

- Provide a detailed budget for the program, including program delivery and direct program costs. Specify how CDBG funds will be used.
  - i. NOTE: Proposals MUST USE the spreadsheet template at: [https://greenfield-ma.gov/files/CDBG21\\_BUDGET\\_FORMAT.xlsx](https://greenfield-ma.gov/files/CDBG21_BUDGET_FORMAT.xlsx).

### **Cost Reasonableness (under 2 pages)**

- What experience does the agency have providing services?
- What are costs of comparable services?
- What was the process used to review the accuracy of the budget?
- What are the qualifications of the person who prepared the budget?
- What are the sources of other funds needed to complete the project?
  - i. NOTE: Document other funds and their status. In-kind services are accepted only as directly related to the project, e.g., in-kind provision of program delivery space. Do not include in-kind services for city employees who would otherwise be responsible for a grant related administrative function.

## Section 4:

### COMPETITIVE QUESTIONS (6 page maximum)

#### 1. **Project Need**

- What is the problem to be addressed?
- What is the severity of the problem in Greenfield - include evidence from at least 3 outside sources?
- Who is the affected population?
- Why is this population presently underserved or not served?
- What is the need/demand for this program - include surveys, inquiries, waiting lists, social service provider data and statistics, and past participation (do not provide specific names)?

#### 2. **Community Involvement and Support**

- How was the community and/or potential beneficiaries involved in the identification, planning, and development of the proposed project/activity?

#### 3. **Project Feasibility**

- How will the program reach the target population?
- What are the marketing, recruitment, and program participant selection strategies?
- How does the type of program and its design fit the identified needs and characteristics of the target populations?
- How does the design of the program meet the goals and provide the anticipated impacts?
- What is the timeline for the project?  
Note: include project milestones, state the duration of time needed for each milestone and when each milestone should be completed.
- What are the roles and responsibilities of all personnel involved in the project?
- What past accomplishments show that the agency has the necessary expertise to conduct the activity, or has experience acquiring the expertise and that the timeline for completion is realistic?

#### 4. **Project Impact**

- **What will be the impact of the proposed project on the participating individuals?**
- Why is the proposed project a solution, or part of a solution, to the identified need or problem? How much of the need will be addressed?
- What will the impact be on the overall quality of life of the people served and on the community as a whole?
- What measurable improvements will result from the activity?

## SCORING CRITERIA

The Proposal Review Committee will rank each proposal on the basis of the following comparative evaluation criteria: highly advantageous, advantageous, not advantageous, and unacceptable. The applicants receiving the highest cumulative ranking and also meeting the threshold criteria will be considered for funding.

### **1. Prioritization of proposed program at the local level.**

Highly Advantageous	Proposal demonstrates how it is consistent with the community's top social service priorities.
Advantageous	Proposal is not clear on how it is consistent with the community's top social service priorities.
Not Advantageous	Proposal is not consistent with the community's top social service priorities.
Unacceptable	Proposal fails to address how the project is consistent with the community's top social service priorities.

### **2. National Objective Compliance**

Highly Advantageous	Proposal clearly identifies what method will be used to document National Objective Compliance.
Advantageous	Proposal is not specific about the method to be used to document National Objective Compliance.
Not Advantageous	Proposal fails to identify what method will be used to document National Objective Compliance.
Unacceptable	Proposal fails to address issue of National Objective Compliance.

### **3. Completeness of Proposal.**

Proposals which are competitive will respond to all questions or instructions in the Project Need, Community Involvement/Support, Project Feasibility and Project Impact sections.

Highly Advantageous	Responses are 100% complete and detailed.
Advantageous	Responses are substantially complete, lacking only minor details.
Not Advantageous	Responses are mostly complete, some detail omitted.
Unacceptable	Responses are incomplete.

### **4. Proposal clearly demonstrates the need for its proposed program:**

Highly Advantageous	Proposal makes a compelling argument using 3 or more separate data sources specific to Greenfield.
Advantageous	Proposal uses 2 or more data sources which are specific to Greenfield
Not Advantageous	Proposal uses 3 or more data sources which are based on data or information not specific to Greenfield
Unacceptable	Proposal fails to use 2 or more data sources to demonstrate need.

### **5. Program Design and Consistency**

Highly Advantageous	The type of program and its design are explicitly consistent with identified
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Advantageous	needs and characteristics of the target populations, and with the goals and anticipated impacts of the program. The type of program and its design appear to be consistent with identified needs and characteristics of the target populations, and with the goals and anticipated impacts of the program, however applicant has not clearly stated these relationships.
Not Advantageous	It is unclear if the type of program and its design are consistent with identified needs, program goals, and anticipated impacts of the program.
Unacceptable	The type of program and its design do not match up with identified needs, program goals, and anticipated impacts of the program.

**7. Readiness to Proceed:**

Highly Advantageous	Applicant proposes to have program start-up tasks complete prior to October 2023 and will be able to initiate program immediately upon award or if continuation of existing program, program can proceed without interruption of service.
Advantageous	Applicant will have some program start-up tasks complete prior to October 2023 and will be able to initiate program early in first quarter following award.
Not Advantageous	Applicant will begin start-up tasks upon award and be able to initiate program in the first quarter.
Unacceptable	Applicant has not demonstrated an ability to begin program within the first quarter.

**8. Budget Data:**

Highly Advantageous	Applicant provides all requested budget information.
Advantageous	Applicant provides most requested budget information.
Not Advantageous	Applicant provides partial budget information.
Unacceptable	Applicant fails to provide main budget components.

**9. Program Impact:**

Highly Advantageous	Applicant demonstrates direct and indirect impacts that will have a substantial bearing on identified need.
Advantageous	Applicant demonstrates direct and indirect impacts that will have a significant bearing on identified need.
Not Advantageous	Applicant demonstrates direct and indirect impacts that will have some bearing on identified need.
Unacceptable	Applicant fails to demonstrate that direct and indirect impacts will have a bearing on identified need.

**Attachment A: Certificate of Tax Compliance**

I certify, under the penalties of perjury, that I, to my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

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\*Signature of Individual or  
Corporate Name/Corporate Officer  
(Mandatory)

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Company Name

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\*\* Social Security Number  
(Voluntary)  
or Federal Identification Number

- \* Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant
- \*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether or not you have met tax filing or tax payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other agreement issued, renewed, or extended. This request is made under the authority of Massachusetts General Laws, Chapter 62C, Section 49A.

**Attachment B: Affidavit of Non-Collusion**

I hereby certify that under the penalties of perjury that the bid submitted herein is in all respects bona fide, fair, and made without collusion or fraud with any other person. "Person" here means any natural person, joint venture, partnership, corporation or other business or legal entity which sells materials, equipment or supplies used in or for, or engages in the performance of, the same or similar construction, reconstruction, installation, demolition, maintenance or repair work or any part thereof.

Signature: \_\_\_\_\_

Please print or type the following:

Name and Title: \_\_\_\_\_

Name of Business: \_\_\_\_\_

**Attachment C: Point of Contact**

Please list the points of contact for:

**Program Management**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address (if different): \_\_\_\_\_

**Fiscal Management**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address (if different): \_\_\_\_\_

Attachment D: Greenfield CDBG21 Project Budget Form

See Excel form at: [https://greenfield-ma.gov/files/CDBG21\\_BUDGET\\_FORMAT.xlsx](https://greenfield-ma.gov/files/CDBG21_BUDGET_FORMAT.xlsx)