



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 Department of Community & Economic Development (CED) is preparing an application for funding under the Massachusetts Community Development Block Grant Program 2021 for submission to the Department of Housing and Community Development (DHCD) in March 2021.

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

- **Homelessness Services**
- **Food Security**
- **Youth Programs and Employment**

If approved, these projects may be funded through the 2021 Massachusetts Community Development Block Grant (CDBG) Mini-Entitlement Program. Typically, the City can request up to \$165,000 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 **fifteen-month** period between October 2021 and December 2022, 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 **Tuesday, January 12, 2021 at noon.**

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.** 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) do not need to be included within the six-page limit.
- All proposals must include all four attachments, including signed Non-Collusion (A) and Tax Certifications (B), the Point of Contact (C), and the Project Budget Form (D).

CONTRACT TERMS:

In the event that this 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 Greenfield CED. Contract term is *anticipated* to be a **fifteen-month** period between October 2021 and December 2022, 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.

THRESHOLD CRITERIA (MUST BE MET TO RECEIVE CDBG FUNDS):

1. **Project Description:** Provide a summary of the proposed project (including a concise summary of **need, community support, feasibility and impact** – which are the competitive criteria you elaborate on in greater detail later in the Competitive Questions section).
2. **Project Scope:** Provide a detailed scope of the total project, including the non-CDBG funded components.
3. **Project Consistency:** Describe how the proposed project is consistent with the City of Greenfield Community Development Strategy, located here: <https://greenfield-ma.gov/cedd>. Demonstrate that the activity has been prioritized at the local level and is consistent with the

local Community Action Agency's needs assessment of service needs, located here: <https://www.communityaction.us/community-needs-assessment-action-p>.

4. Additional Thresholds:

- a. Applicants must demonstrate that the proposed project will be a new service, an expansion of an existing service or a continuation of a project presently funded with Mass. 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 application.
- b. Demonstrate that the proposed project is not provided by other state or federal agencies, or is provided but not available to CDBG-eligible residents in Greenfield.
- c. State how your proposed program will meet the National Objective of Benefit to Low or Moderate Income Persons, and what method you will use to document incomes of program users. (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 CED upon request.

**Income Limits by Household Size
(Effective April 1, 2020)**

Household Size	30% of Median	50% of Median	80% of Median
1 person	\$17,950	\$29,900	\$47,850
2 persons	\$20,500	\$34,200	\$54,650
3 persons	\$23,050	\$38,450	\$61,500
4 persons	\$26,200	\$42,700	\$68,300
5 persons	\$30,680	\$46,150	\$73,800
6 persons	\$35,160	\$49,550	\$79,250
7 persons	\$39,640	\$52,950	\$84,700
8 persons	\$44,120	\$56,400	\$90,200

5. Demonstrate Cost Reasonableness:

- a. Provide a detailed budget for the program, including program delivery and direct program costs. Specify how CDBG funds will be used. Proposal MUST USE the CDBG21 BUDGET FORMAT excel template at: https://greenfield-ma.gov/files/CDBG21_BUDGET_FORMAT.xlsx.
- b. Document the experience of the provider, costs of comparable services and the process used to review the accuracy of the budget.
- c. Explain the qualifications of the person who prepared the budget.
- d. Cite sources of other Project funds.

COMPETITIVE QUESTIONS (6 page maximum)

Remember to include a brief statement of need, community involvement & support, feasibility & impact in the Project Description above.

1. Project Need

What is the need for the proposed project/program?

Define the need of problem to be addressed. Provide evidence of the severity of the need or problem. Who is the affected population, and why is this population presently underserved or not served?

2. Community Involvement and Support

Were the community and /or potential beneficiaries involved?

Demonstrate the involvement of the community and/or potential beneficiaries in the identification, planning and development of the proposed project/activity.

3. Project Feasibility

Why is the proposed project/program feasible?

Demonstrate that the activity proposed is feasible by addressing the following points:

- a. Describe and document the demand for the program through surveys, inquiries, waiting lists, social service provider data and statistics, and past participation (please do not provide specific names).
- b. Describe and document the marketing strategy, recruitment and program participation selection strategies.
- c. Describe and document the availability of matching or other funds needed to complete the project. Do not include in-kind services for city employees who would otherwise be responsible for a grant related administrative function. In-kind services are accepted only as directly related to the project. (For example, in-kind provision of program delivery space is acceptable.)
- d. Identify the project milestones, state the duration of time needed for each milestone and identify when each milestone will be completed.
- e. Provide a management plan for the project that identifies the roles and responsibilities of all personnel involved in the project.
- f. Citing past accomplishments, document that:
 - i. the agency has the necessary expertise to conduct the activity, or has experience acquiring the expertise and
 - ii. the timeline for completion is realistic.

4. Project Impact

What will be the impact of the proposed project/program?

Describe the impact the activity will have on the specifically identified needs. What measurable improvements will result from the activity? Clarify why the proposed project is 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?

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.

SCORING CRITERIA

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.

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. 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.

2. 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.

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 needs and characteristics of the target populations, and with the goals and anticipated impacts of the program.
Advantageous	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 2021 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 2021 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.
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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.

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

Company Name

** 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