

CITY OF LAPORTE, INDIANA
OFFICE OF COMMUNITY DEVELOPMENT AND PLANNING
REQUEST FOR PROPOSALS: PUBLIC SERVICES
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

October 1, 2021 through September 30, 2022

The Office of Community Development and Planning is seeking proposals for the provision of services to low and moderate income LaPorte residents, including underserved and at-risk populations, homeless individuals/families, elderly, frail elderly, and persons with disabilities.

Funding is limited to activities taking place between October 1, 2021 and September 30, 2022. Also, funding of the grant request is contingent upon the U.S. Department of Housing and Urban Development allocating funding for the CDBG program.

The Community Development Block Grant (CDBG), developed in 1974, by the U.S. Department of Housing and Urban Development aims to promote viable urban communities by providing decent housing, suitable living environments and expanded economic opportunities through **three (3) national objectives**: benefitting low and moderate-income persons, prevention/elimination of slums or blight, and meeting an urgent need. Use of the urgent need is very rare. It is designed only for activities that alleviate emergency conditions. The Community Development Block Grant further stipulates that at least 51% of the persons received services funded through this grant must be low and moderate-income individuals.

Eligible programs must be able to demonstrate primary benefit to low and moderate income LaPorte residents, homeless individuals/families, the elderly, handicapped or other populations with physical, financial, and/or emotional limitations.

Funding priorities for 2021-2022 are delineated further in this packet. Please note that City of LaPorte CDBG program funding **cannot** be used to service individuals residing outside of the City of LaPorte corporate boundaries.

Within the guidelines of the City of LaPorte's Equal Opportunity/Affirmative Action Program, every effort will be made to ensure participation by minority persons and businesses in the provision and receipt of services. Toward this end, **grantees will be required to implement an affirmative marketing program to increase participation of special populations. Proposals should address how you will affirmatively market your program in LaPorte and how you will document, and report required income and racial beneficiary data.** Each agency must also adopt the code of conduct and provide information on its Board of Directors.

LaPorte receives federal funds to help support many innovative programs and services. In return for these funds, the City undertakes specific obligations imposed by federal law, including Title VI of the Civil Rights Act of 1964, and Executive Order 13166, signed by President Clinton

in August 2000. These two provisions mandate that recipients of federal financial assistance must take *reasonable steps* to provide persons with Limited English Proficiency (or “LEP”) meaningful access to their programs and activities. Non-governmental organizations, i.e., nonprofits, whose programs are supported by or assisted with federal funds, will be contractually obligated to comply with Title VI, which includes an obligation to provide language assistance to LEP individuals.

Funding of grant awards is based on the proposals received and contingent upon the City of LaPorte receiving the CDBG funds.

APPLICATION PROCEDURE:

Agencies interested in applying for CDBG funding must submit a written proposal to:

Mary Ann Richards
Office of Community Development and Planning
801 Michigan Avenue
LaPorte, Indiana 46350
(219) 362-8260

Proposals must be received no later than Friday, May 14, 2021 at 12:00 PM (noon).

NOTE: Submit three (3) copies of completed proposal (Forms 1, 2, 3 and attachments) on letter-size paper. One copy must be the application with original signature(s).

FUNDING PRIORITIES *(In alphabetical order)*

A. Homelessness -- Objectives include the provision of services for:

1. Coordination and outreach;
2. Rental assistance;
3. Supportive Services;
4. Prevention.

B. Non-housing Community Development -- Objectives include:

1. Provide support services to seniors, health services (including mental health), and emergency assistance;
2. Support activities that promote self-reliance, employment, and education;
3. Strengthen the capacity of local housing organizations by supporting fair housing outreach and education;
4. Collaborate with local and regional institutions to ensure the availability of mortgages and insurance to all residents.

C. Non-homeless Special Needs -- Objectives include the provision of services for:

1. Special needs case management and coordination
2. Accessibility improvement.

PROPOSAL REVIEW PROCEDURE

Two public meetings will be scheduled prior to submission of the Community Development Block Grant application in August, 2021 to the U.S. Department of Housing and Urban Development.

Staff members within the Office of Community Development and Planning as well as the Citizens Advisory Committee will review applications for funding in addition to a 30-day public comment period, and HUD review. HUD has the final approval for all CDBG applications.

Recommendations will be included within the draft Program Year 2021 Annual Action Plan. The final application submitted to the U.S. Department of Housing and Urban Development shall contain the recommended requests for funds.

The City of LaPorte is under no legal requirement(s) to fund projects based on proposals received.

Costs for services incurred by the applicant prior October 1, 2021 will not be reimbursed using CDBG funds.

The City of LaPorte reserves the right to vary the provisions set forth herein any time prior to the execution of an agreement when such variance is to be in the best interest of the population served and the City of LaPorte.

Funding is contingent upon approval and receipt of funds from HUD.

FORMAT OF PROPOSAL

Complete Proposal Form #1, Performance Measurement Form #2, Budget Form #3, Policy Statement of Conflict of Interest

1. **Description of Proposed Program**

A. State the goals and objectives of your program describing the client population and referencing the problem(s) or need(s) that said program intends to alleviate. Use statistical evidence wherever possible. Describe the proposed activity designed to meet these needs; include program staffing, times of operation, supervision, and evaluation of staff, and long- and short-term outcomes/benefits which will result from the proposed program activities.

B. Substantiate the way the program will meet the primary objective of the CDBG public services program - principle benefit to low and moderate income LaPorte residents.

C. Where applicable, multi-service/program agencies should describe the organizational and financial management of its branch program in enough detail that the City will be assured that said program is adequately supported and supervised.

D. **If the agency is applying for funding for a program currently receiving CDBG funding, complete an evaluation summary of the degree to which the program achieved the objectives outlined in its proposal submitted for the current program year.** If the program is new, applicants should design evaluation procedures that will show the degree to which the program will achieve the proposed objectives. For an agency receiving past CDBG funding, the proposed activity must be a new service or a quantifiable increase in the level of an existing activity.

F. Explain how your agency will implement an **affirmative marketing program** to increase participation of special populations in LaPorte. Describe how your agency will address and ensure the participation by minority persons and businesses in the provision and receipt of services.

G. As a CDBG recipient, your program is required to comply with the provisions of the Americans with Disabilities Act. Section 504 of the Rehabilitation Act of 1973 applies to all public and private agencies that receive federal funding and provides stricter enforcement of all laws dealing with the rights and privileges of individuals with handicaps.

H. Describe other public or private funding sources that will be used to implement your program and list the dollar amounts in your budget. Be specific. State whether the funds are State, Federal or private and, if applicable, list the grant name.

2. **Detailed Budget:**

Please complete the attached Budget **Form # 3** as follows:

- A. Program Expenses
 - 1. Personnel
Salaries/wages and fringe benefits of each program employee
 - 2. Non-personnel
Space, lease or purchase of equipment, supplies, telephone, utilities, etc.
 - B. Program Revenue
 - 1. Grants, contracts, etc. List existing as well as projected sources of funding. Include income from all sources available to the program, other than Community Development Block Grant funds. State the funding source (State, Federal, private) and specific grant name where applicable.
 - 2. In-Kind Contributions
3. Fees-for-services

CITY OF LAPORTE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PUBLIC SERVICES PROGRAM PROPOSAL
CDBG Catalog of Federal Assistance (CFA) 14.218

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

1. Applicant Information:

- A. Agency Name:
- B. Address:
- C. Program Title:
- D. Website Address:
- E. Federal ID # / EIN# / TIN#:
- F. Duns #:
- G. Central Contractor Registry (CCR) #:
- H. Signatory Authority
 - Name/Title:
 - Telephone Number:
 - Email Address:
- I. Program Administrator
 - Name/Title:
 - Telephone Number:
 - Email Address:
- J. Financial Contact
 - Name/Title:
 - Telephone Number:
 - Email Address:
- K. Beneficiary Reporting Contact
 - Name/Title:
 - Telephone Number:
 - Email Address:

2. Amount of CDBG Funding Requested:

3. Estimated Total Number of beneficiaries:

Reported as: (*circle one*) **Individuals** **Households**

4. **Estimated Number of presumed Low/Moderate beneficiaries as follows:**

Abused Children	_____
Homeless Persons	_____
Battered Spouses/Partners	_____
Persons w/HIV/AIDS	_____
Elderly Persons (62 and over)	_____
Illiterate Adults	_____
Severely Disabled Adults	_____
Migrant Farm Workers	_____
Disadvantaged Youth	_____
Mentally Ill	_____
Other: _____	_____

5. **Type of Program:**

A. Alcohol and Substance Abuse Services	_____
B. Case Management	_____
C. Elderly Services	_____
D. Emergency Services	_____
E. Family Services	_____
F. Financial Assistance	_____
G. Mental Health	_____
H. Youth Services	_____
I. Housing Services	_____
J. Food Pantries/Soup Kitchens	_____
K. Services for the Disabled	_____
L. Neighborhood Development	_____
M. Other: _____	_____

6. **Area of Program Impact:**

7. **Answer Yes or No to the following:** Does the program:

- a. Help Prevent Homelessness? _____
- b. Help the Homeless? _____
- c. Help those w/HIV or AIDS? _____
- d. Help female-headed households? _____

8. **Summary Program Descriptions:** Provide a brief executive summary of the proposed program:

9. **Detailed Program Description:** Provide a detailed program description. (Use

additional pages if necessary.)

- 10. How will program services primarily benefit low and moderate-income LaPorte residents or special populations?**

- 11. How will low/moderate income eligibility be documented?**

- 12. What systems are in place to maintain personal privacy and confidentiality?**

- 13. Attach a list of your current Board of Directors.**

- 14. Attach the Policy Statement of Conflict of Interest, acknowledging your receipt and intent to abide by its provisions.**

- 15. Attach a copy (one copy only) of your proof of IRS 501(c)(3) status.**

- 16. Include a copy of your most recent audit, including the A-133 Audit.**

**CITY OF LAPORTE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PUBLIC SERVICES PROGRAM PROPOSAL**

OCTOBER 1, 2021 - SEPTEMBER 30, 2022

PERFORMANCE MEASUREMENT

Agency Name:

Program Title:

1) **Needs Statement:** Describe needs to be addressed by the proposed program.

2) **Goals:** State proposed goals to reduce extent of problems or needs.

3) **Inputs:** State resources to be dedicated or utilized to meet proposed goals.

4) **Activities:** Describe how program activities will address needs and fulfill program's mission.

5) **Outputs:** Direct results of program activities.

6) **Outcomes:** Benefits resulting from program activities, short-term (ST) and long-term (LT)

**CITY OF LAPORTE CONTRACT BUDGET
COMMUNITY DEVELOPMENT BLOCK GRANT**

FORM # 3

Organization:	
Program:	
Office address:	Phone:
Contact Person:	Email address:

BUDGET LINE ITEM	CDBG FUNDS	OTHER FUNDING	SOURCE OTHER FUNDING
(a)	(b)	(c)	(d)
			- indicate federal, state/local, private, other - Include program or grant name
TOTALS			

CITY OF LAPORTE

Sample

FORM 3 (1/2017)

**BUDGET FOR PUBLIC SERVICES PROGRAMS
COMMUNITY DEVELOPMENT BLOCK GRANT**

Agency Name:	Your Organization Name	
Program Title:	ABC Childcare Program	

PROGRAM (a)	BUDGET CATEGORY (b)	CDBG FUNDS (c)	MATCH / OTHER FUNDING (d)	OTHER FUNDING SOURCES (indicate Federal, State/local, private, other) and specific grant name where applicable
After School Program	Supplies and materials	\$ 2,000	\$ 5,000	Fund Raising
	Director	\$ 1,000	\$ 35,000	Private grant from the ABC organization
	Teacher	\$ 7,000	\$ 20,000	State XYZ Grant
TOTALS		\$ 10,000	\$ 60,000	

EXPLANATIONS: The time of the Director and Teacher charged to this program is only x%. Non-low-moderate income participants pay fees.

**POLICY STATEMENT
REGARDING ETHICAL CONSIDERATIONS
AND
CONFLICT OF INTEREST**

In addition to any other conflict of interest and procurement laws required by the federal, state or local statutes, regulations, or ordinances, including the Indiana General Laws, the City of LaPorte hereby adopts and affirms its commitment to abide by the conflict of interest requirements of 24 CFR 570.611 (Conflict of Interest) and the procurement regulations set forth at 24 CFR 85.36 (Procurement Standards).

In general, the conflict of interest standards set forth in 24 CFR 570.611 applies to any person who is an employee, agent, consultant, officer, elected official or appointed official of the City of LaPorte or of any designated public agencies or sub-recipients that are receiving Community Development Block Grants. It prohibits such persons who exercise and have exercised any functions or responsibilities with respect to CDBG activities or who are in a position to participate in a decision making process or gain inside information with regard to such activities from obtaining a financial interest or benefit from a CDBG assisted activity or from having a financial interest in any contract, subcontract or agreement with respect to a CDBG assisted activity or with respect to the proceeds of a CDBG assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. For CDBG programs, these restrictions apply to all activities that are part of the CDBG project.

Further, since the responsibilities of the City of LaPorte involve the expenditure of money in procurement activities funded wholly or in part through the Department of Housing and Urban Development, the provisions of 24 CFR §85.36 also apply. This regulation, commonly referred to as “the Common Rule” establishes a uniform scheme for ensuring the propriety of procurement activities of grantees and sub-grantees that receive grants from federal agencies. It states, in part, that no employee, officer or agent of the grantee or sub-grantee shall participate in the selection or in the award or administration of a contract supported by federal funds if a conflict of interest, real or apparent, would be involved.

This policy shall encompass all related conflict of interest provisions and ethical requirements, including procurement requirements and any federal, state or local statute or ordinance duly promulgated and applicable to the City of LaPorte. Violation of the ethical standards contained therein could lead to administrative or disciplinary action.

Signatory for Sub Recipient acknowledging
Receipt of Policy and assent to its requirement

Agency Name (Please Print)

CERTIFICATION

Applicant certifies that to the best of his / her ability, the applicant will comply with all requirements if funding is approved.

I further certify that I have been authorized by the applicant's governing body to submit this application and that the information contained herein is true and correct to the best of my knowledge.

Signature of Authorized Official

Date

Typed Name of Authorized Official

Title

NOT-FOR-PROFIT AGENCIES:

Signature of President of Board of Directors

Date

Typed Name of President of Board of Directors

NOTE:

One copy of the application you submit must have ORIGINAL signatures. The other two may be copies.