



**Program Year 2015 Online RFP Guidebook:
Community Development Block Grant**

Grants Management
Community Development and Planning Department
City of Arlington

RFP for Planning and Public Services

October 2014

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Introduction to CDBG

Community Development Block Grant (CDBG)

The Community Development Block Grant (CDBG) Program is authorized under Title I of the Housing and Community Development Act of 1974, as amended. The CDBG program consolidated eight categorical programs under which communities competed for federal funds.

Local governments participate in either the Entitlement Program (for cities over 50,000 in population or urban counties with more than 200,000 people) or the States and Small Cities Program (communities with populations of 50,000 or less).

As an entitlement community, the City of Arlington receives an annual allocation of CDBG funds, contingent upon submission of an approved Consolidated Plan and Annual Action Plan. The regulations implementing the CDBG Program are found at 24 CFR Part 570. To review the regulations in their entirety, visit HUD's website at www.hud.gov.

Consolidated Plan

The U.S. Department of Housing and Urban Development (HUD) requires all participating jurisdictions to submit a three- to five-year strategic planning document called the Consolidated Plan. The 2015-2019 Consolidated Plan will describe the housing and community development needs of the city of Arlington for a five-year period. The PY2015 Annual Action Plan, under which these applications will be funded, will be the first year Action Plan for the 2015-2019 Consolidated Plan. This document represents the City of Arlington's vision for improving the quality of life in the low-income areas of the city and provides details on how specific goals will be accomplished. It is through the Consolidated Plan that the City of Arlington determines its funding priorities each program year. As conditions change, the Consolidated Plan may be amended. The Consolidated Plan and other program information may be found at <http://www.arlington-tx.gov/cdp/grants/planningandreporting/con-plans-action-plans-capers/>

Annual Action Plan

The Action Plan is the annual update to the Consolidated Plan. The plan describes resources available, how those resources are to be utilized, including funded projects, and the geographic distribution of those resources. The planning process has been specifically created to assist in mapping one-year actions for community development and making good use of available federal, state, and local resources.

City of Arlington Geographic Distribution of Funds

Projects must primarily benefit low- and moderate-income residents of the City of Arlington. Activities provided city-wide include public services, homebuyers' assistance, housing rehabilitation, homeless prevention and assistance, and tenant-based rental assistance.

In the 2010-2015 Consolidated Plan, funds were targeted to provide assistance in two target areas: the Central Arlington Neighborhood Revitalization Strategy Area (NRSA) and the East Arlington REACH area.

The Central Arlington Neighborhood Revitalization Strategy Area (NRSA), an area which includes 69 percent low- to moderate-income (LMI) individuals, a 23 percent poverty rate, and a high concentration of minority citizens. A map of the NRSA is included in Attachment E. In general, the NRSA boundaries are Sanford/Randol Mill on the North, Collins on the East, Abram on the South and Crowley Road on the West.

The East Arlington REACH area has a 22 percent poverty rate and is also targeted for concentrated improvements in the Consolidated Plan. The REACH area is generally bounded by Cooper on the West, Mitchell on the North, Great Southwest on the East and Arkansas on the South.

2010-2015 Consolidated Plan Measurable Objectives

By regulation, HUD grant funds must be used to meet the measurable objectives of the City of Arlington Consolidated Plan. Measurable objectives are developed after an analysis of existing conditions, community needs, and an extensive citizen participation process. City Council priorities and the United Way community assessments provide additional, ongoing direction for community development programs. The priority matrix on page 6 provides an overview of the relationship among these priority areas and the Consolidated Plan. Plans and studies from a variety of sources were compiled to identify trends and potential partnerships.

The chart on the following page illustrates the priority community development needs outlined in the 2010-2015 Consolidated Plan. A priority classification was assigned to each activity type based on the extent of community need. *High* priority indicates activities to address this need will be targeted for funding by the City of Arlington during the five-year strategic planning period. *Medium* priority indicates that activities to address this need may be funded by the City of Arlington during the five-year strategic planning period, if funds are available. The City will also take action to help groups locate other sources of funds for high and medium priority activities. *Low* priority indicates that the City of Arlington will not fund activities to address this need during the five-year strategic planning period.

The 2015-2019 Consolidated Plan priority community development needs will be identified and determined in part by the data received from the PY2015 Request for Proposal process as well as in consultation with the community and organizations serving the community.

PRIORITY LEVEL	OBJECTIVE
Community Development Needs	
Objective 1: Public Facilities	
<p>Medium Medium Medium Medium High Medium Medium Medium Medium High Medium Medium Medium Medium Medium</p>	<ol style="list-style-type: none"> 1) Senior Centers 2) Service Centers for Persons with Disabilities 3) Homeless Facilities 4) Youth Centers 5) Neighborhood Facilities 6) Child Care Centers 7) Health Facilities 8) Mental Health Facilities 9) Parks and/or Recreation Facilities 10) Parking Facilities 11) Tree Planting 12) Fire Stations/Equipment 13) Abused/Neglected Children Facilities 14) Asbestos Removal 15) Non-Residential Historic Preservation
Objective 2: Infrastructure	
<p>High High High Low Medium</p>	<ol style="list-style-type: none"> 1.) Water/Sewer Improvements 2.) Street Improvements 3.) Sidewalks 4.) Solid Waste Disposal Improvements 5.) Flood Drain Improvements
Objective 3: Public Services Needs	
<p>High Medium Low High High High Medium High Medium High Medium High Medium</p>	<ol style="list-style-type: none"> 1.) Senior Services 2.) Services for Persons with Disabilities 3.) Legal Services 4.) Youth Services 5.) Child Care Services 6.) Transportation Services 7.) Substance Abuse Services 8.) Employment Training 9.) Crime Awareness 10.) Health Services 11.) Lead Hazard Screening 12.) Other Public Service Needs
Affordable Housing	
<p>High High High High Medium High</p>	<ol style="list-style-type: none"> 1.) Owner-Occupied Housing 2.) Mixed-Use Development 3.) Homebuyer Assistance 4.) Temporary Rental Assistance 5.) Housing for Persons with Special Needs 6.) Housing Rehabilitation
Central Arlington Neighborhood Revitalization Strategy Area (NRSA)	
<p>High High High High High High High</p>	<ol style="list-style-type: none"> 1.) Owner-Occupied Housing 2.) Mixed-Use Development/Job Creation 3.) Housing Rehabilitation 4.) Streetscapes/Neighborhood Infrastructure 5.) Business Façade Improvements 6.) Demolition/Clearance 7.) Reduce Poverty

Homelessness	
Medium	1.) Prevention
Medium	2.) Outreach/Assessment
Medium	3.) Emergency Shelter
High	4.) Supportive Services
High	5.) Transitional Housing
High	6.) Permanent Housing
High	7.) Continuum of Care Planning
High	8.) Services for Chronically Homeless

Application Process

Limitations of the RFP

The City of Arlington Community Development and Planning Department, Grants Management reserves the right to accept or reject any and all proposals received. In addition, the City of Arlington reserves the right to negotiate with all qualifying organizations or to cancel in whole or in part a request for proposals if deemed in the best interest of City of Arlington as it relates to the city priorities.

This RFP is for RFP for Planning and Public Services only. Infrastructure and capital projects proposed by other non-profit or government entities will be addressed outside the scope of this RFP.

Eligible Applicants

Non-profit organizations, municipalities, and local governments who deliver services to low-income clients within the City of Arlington’s service area may apply for funding. All non-profit organizations must have their non-profit status with supporting documentation from the IRS at the time of application to receive funding through the City of Arlington.

Minimum Criteria for Receipt of Funding

The proposed program must:

- Provide services that benefit primarily low- to moderate-income persons residing in the City of Arlington;
- Meet at least one of the Consolidated Plan Measurable Objectives; and
- Meet a HUD National Objective.

The application must be completed in a professional and accurate manner, with all sections thoroughly completed and sufficient detail to demonstrate knowledge and capacity to carry out the proposed program or project type.

Organizations must demonstrate the financial viability to operate a federally-funded program strictly on a reimbursement basis. City of Arlington funds are provided to awarded projects on a reimbursement basis only. This means that funds will be available to the organization *after* it has paid for eligible project costs. However, no costs incurred prior to contract approval may be reimbursed. A financially viable organization is one that is able to:

- Operate for a minimum of 90 days pending reimbursement without financial hardship;
- Demonstrate an existing and consistent cash flow; and
- Have a separation of duties for personnel time allocations, etc.

Organizations that are current sub-recipients must be in good standing with the City of Arlington, (i.e. have no outstanding reporting delinquencies, outstanding monitoring findings, or program capacity issues) in order to be considered for funding.

Conflict of Interest

The standards in OMB Circular A-110, Subpart C, 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 perceived 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.

Effective May 25, 2007, Chapter 176 of the Texas Local Government Code requires all vendors seeking to contract with the City of Arlington for the sale or purchase of property, goods, or services to file a conflict of interest questionnaire with the City Secretary.

Review Criteria

The review process for proposals requesting grant funds consists of a review by City staff, citizen review by the United Way Arlington (UW-A) Grant Review Committee, review by the NRSA Steering Committee (for proposals that impact the NRSA), review by the Community and Neighborhood Development Committee of the City Council, a 30-day public comment period for citizen input, City Council review and approval, and HUD review and approval.

1. Staff review verifies that the proposal is an eligible activity as determined by HUD guidelines. If a proposal is determined to be ineligible, the applicant is informed and the proposal is withdrawn from consideration. In cases where there is uncertainty as to the proposal's eligibility, the City's HUD representative will be consulted for a decision. Staff will evaluate proposals based on information provided in the submitted application and will not request missing information.
2. The UW-A Grant Review Committee (GRC) reviews the proposals. This committee evaluates the content of the proposals, determines the need for services, and ensures that services are not being provided by another entity. **The GRC will not request missing information.** UW-A/GRC scores and rankings are presented to the City Council's Community and Neighborhood Development Committee along with the proposal. The NRSA Steering Committee may also provide input on projects that are located in or provide service to the Central Arlington NRSA.
3. The Community and Neighborhood Development Committee provides a mechanism by which community needs may be recognized, prioritized, and recommended to the City Council for funding. Recommendations for grant awards are incorporated into the draft annual Action Plan for citizen input.

4. Citizen input is obtained through the public hearing process. Notices are published in local newspapers two weeks in advance of all hearings, specifying date, time, and references to information about proposed activities. The City Council reviews and approves the Annual Action Plan by resolution following the citizen comment period. Each applicant will be notified in writing regarding their grant application. Final review and approval of the Action Plan is completed by HUD.

If residents are unable to attend the public hearing, they may forward comments in writing to the City of Arlington. Written questions may also be faxed to 817-459-6253.

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Criteria for Decision Making

United Way-Arlington annually assists the City by providing a citizen review of proposals through the Grant Review Committee. The mission of United Way-Arlington is to provide human service planning for Arlington that encourages cooperation and collaboration and facilitates the implementation of community solutions. The UW-A Grant Review Committee reviews and evaluates grant proposals with confidentiality and objectivity, using published scoring criteria.

The City Council makes the final decisions regarding program funding, which are then incorporated into the overall CDBG budget submitted to HUD in the annual Action Plan. Once funds are received from HUD, the City executes contracts with each of the selected organizations. If the approved funding level is different than that requested on the proposed budget, a revised budget and performance measurement system must be submitted before a contract is executed. This RFP does not commit the City to award a contract for any costs incurred in the preparation of this proposal. Furthermore, the City reserves the right to accept or reject any or all proposals received because of this request, to negotiate with a qualified source, or cancel in part, or in its entirety this RFP if it is in the best interest of the City to do so.

RFP Process

Issue CDBG RFP	October 27, 2014
CDBG Workshop	October 27, 2014
Deadline for submission of applications -- CDBG (3:00 PM)	December 5, 2014
Deadline for submission of applications – HOME and ESG (3:00)	December 12, 2014
City Council CND Committee Review	February - April 2015
30 day comment period and public hearing	March – April 2015
City Council Review	April/May 2015
Applicants notified regarding awards	May 2015
HUD review and approval	June 2015
Sub-recipient workshop and contract signing	June 2015
Contract Year begins	July 1, 2015

Monitoring and Recordkeeping

Contract Procedures

Mandatory training is held for public service and homeless provider sub-recipients in late June to provide information that will enable them to carry out their contractual responsibilities. Contracts will be signed at this time by authorized signatories. Information is given on the proper completion of financial reports and the proper documentation required for reimbursements. Required Monthly Reports are described. A description of the monitoring process will be provided.

Contracts with organizations that are not sub-recipients, such as developers and businesses, will be negotiated individually with City staff.

Reporting for Disbursement of Funds

The City will reimburse sub-recipients each month for the purposes and amount specified in the contract upon receipt of required documentation. Organizations are **required** to submit their invoices and documentation by the 15th of each month following the reporting period (i.e., invoices/documentation for activities in July are due by August 15).

Monitoring Reviews

Monitoring is an important component of the allocation process. Therefore, it is critical that the City of Arlington and sub-recipients maintain the appropriate documentation to support their activities in accordance with federal guidelines and the City of Arlington Grants Management reporting requirements. Each month, sub-recipients are required to submit documentation for the performance, eligibility, reimbursement, and characteristics of individuals served (e.g. race, ethnicity). This information is reviewed as part of the monthly desk review.

The City will conduct on-site monitoring of organizations based on a risk assessment. HUD representatives may also make on-site visits as a part of their monitoring visits to the City of Arlington. The Sub-recipient Risk Analysis, conducted on CDBG public service providers, establishes those that will receive on-site monitoring visits. The City's Internal Auditor will assist with on-site monitoring in certain circumstances. Client files will be reviewed by City staff to ensure compliance with HUD guidelines. Organizations, by contract, must verify and maintain income data for each client. These records must be maintained for five years after the end of the contract.

In conducting performance reviews, the City of Arlington will rely on information obtained from the sub-recipients' performance reports, maintained records, findings from on-site monitoring, and audit reports. Performance monitoring reviews typically result in a formal written report from City of Arlington summarizing the monitoring review and indicating whether or not the sub-recipient was found to be in noncompliance with any applicable regulations or requirements.

If findings or concerns are presented in a monitoring report, sub-recipients are given a specific time frame in which to respond to the reported deficiencies. In addition, the City of Arlington may either

provide sub-recipients with recommended corrective action or require sub-recipients to submit proposals for corrective actions for approval.

Recordkeeping

Accurate recordkeeping is crucial to the successful management of grant-funded activities. Insufficient documentation is likely to lead to monitoring findings, and these findings will be more difficult to resolve if records are missing, inadequate, or inaccurate. Organizations receiving funding must complete an application for each individual and household client and maintain supporting documentation in participant files. If it is determined at the time of monitoring that the supporting documentation is incorrect or insufficient, reimbursement will be denied for costs associated with the ineligible expense.

Access to Records/Maintenance of Records

HUD and the Comptroller General of the United States or their authorized representatives have the right to access Grantee and sub-recipient program records. Recipients of HUD funds must keep documentation on funded programs for five years beyond the project/program closeout.

Inadequate Performance or Non-Compliance

If a sub-recipient or its CDBG-funded activity is found to be out of compliance with federal regulations or with any of the terms stipulated in the contract, funding can be withheld until compliance is achieved. In the event that compliance cannot be achieved, funding may be terminated and repayment required. Additionally, funding may be withheld from any sub-recipient who does not accurately submit monthly reports on time. Reimbursements will resume when there are acceptable reporting procedures.

If program performance is found to be substantially inadequate in meeting the stated objectives and measures, the sub-recipient may be required to submit a written explanation. Inadequate program performance may adversely affect future CDBG funding requests to the City.

Performance Measurement System

Federal agencies are required to measure the outcomes of their programs to document program effectiveness, increase service quality, and improve public accountability. Program results are directly linked to funding decisions and public support for programs. HUD's performance measurement system provides a consistent method to access data from grantees and aggregate the data nationally to demonstrate the positive impact CDBG are making at a national level.

Recipients of CDBG funds will be required to meet one of the three outcomes and one of the three objectives listed below. Additionally, specific indicators are required for each activity based on the objectives and outcomes selected. Common indicators include information such as number of persons served, number of jobs created, number of housing units assisted, income levels of persons assisted, and race/ethnicity. City staff will work with recipients of HUD funds to ensure that the requirements of the performance system are met.

	Outcome 1	Outcome 2	Outcome 3
Objectives	Availability/Accessibility	Affordability	Sustainability
Suitable Living Environment	Accessibility for the purpose of creating suitable living environments	Affordability for the purpose of creating Suitable Living Environments	Sustainability for the purpose of creating Suitable Living Environments
Decent Housing	Accessibility for the purpose of providing decent housing	Affordability for the purpose of providing Decent Housing	Sustainability for the purpose of providing Decent Housing
Economic Opportunity	Accessibility for the purpose of creating economic opportunities	Affordability for the purpose of creating Economic Opportunities	Sustainability for the purpose of creating Economic Opportunities

City of Arlington Policy and Practices

Income Limits

Entitlement funds administered by the City of Arlington are to be used for services to low-income persons, as defined by HUD. Low income is defined as earning less than 80 percent of the median family income (MFI). The MFI for the City of Arlington Statistical Area is \$65,600 for a family of four. The table below denotes low-income limits for PY2014, which are subject to change for PY2015.

2014 HUD INCOME LIMITS (as of July 2014)

Number of Persons per Household	Extremely Low-Income Limits 30% Area Median Income	Very Low-Income Limits 50% Area Median Income	Low-Income Limits 80% Area Median Income
1	\$13,850	\$23,050	\$36,900
2	\$15,800	\$26,350	\$42,150
3	\$19,790	\$29,650	\$47,400
4	\$23,850	\$32,900	\$52,650
5	\$27,910	\$35,550	\$56,900
6	\$31,970	\$38,200	\$61,100

DUNS Number

HUD requires a DUNS number to track some federally-funded projects. The DUNS number is a unique nine-character number that identifies your organization. It is a tool of the Federal government to track how Federal money is distributed. Most large organizations, libraries, colleges, and research universities

already have DUNS numbers. Ask your grant administrator or chief financial officer to provide your organization's DUNS number.

If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) [online registration](#) to receive one free of charge. See <http://fedgov.dnb.com/webform/>. The following information is needed to obtain a DUNS number:

- Name of organization
- Organization address
- Name of the CEO/organization owner
- Legal structure of the organization (corporation, partnership, proprietorship)
- Year the organization started
- Primary type of business
- Total number of employees (full and part time)

Obtaining a DUNS number places your organization on D&B's marketing list which is sold to other companies. You can request not to be added to this list during your application.

Online RFP Guidance

This guidance will give step-by-step instructions for completing the PY2015 CDBG RFP. If you have a question not discussed in this guidebook, please submit your question to Janet Maccubbin at Janet.Maccubbin@arlingtontx.gov or 817-459-6232. Frequently Asked Questions will be released on November 21, 2014.

Creating an Application

Go to <http://webapps.arlingtontx.gov/dnp/blockgrants/> and click “New Applicant? Click here”



Complete all fields provided

The screenshot shows a web browser window with the title 'City of Arlington, TX :: G...'. The main content is a 'Grant Application' form. It includes several required fields marked with a red asterisk: Program Year (pre-filled with '2014 - 2015'), Organization Name, Fed. Tax ID No., Grant Type (dropdown), Program Name, Contact Person, Mailing Address, City, State (pre-filled with 'TX'), Zip Code, Contact Phone, Contact Fax, and Contact Email. Each field has a placeholder text indicating what to enter.

Program Year	Pre-populated
Organization Name	Self explanatory
Fed. Tax ID No.	Enter your organization’s federal tax ID number issued by the IRS.
Grant Type	For Community Development Block Grant, choose CDBG Public Services and Planning. If your organization is applying for more than one source of funding, separate applications must be submitted for each type.
Program Name	Self explanatory
Contact Person	Self explanatory
Mailing Address	Self explanatory
City	Self explanatory
State	Self explanatory
Zip Code	Self explanatory
Contact Phone	Self explanatory
Contact Fax	Self explanatory
Contact Email	Self explanatory

Check the Certification box, and enter the verification code. Click Submit.

I have read and understand the requirements for the grant program indicated above as outlined in the Application Guidebook and the corresponding Request for Proposals. I acknowledge that this application will be considered incomplete if I fail to submit all required documents by the deadline stated in the Request for Proposals. I further acknowledge that all proposals submitted will become part of the City of Arlington's official files and subject to the Public Information Act. I certify that I am not uploading any application files that include viruses or other software that may harm City of Arlington property.

Verification Code

 Type the code shown:

[Show another code](#)

[Previous Screen](#)

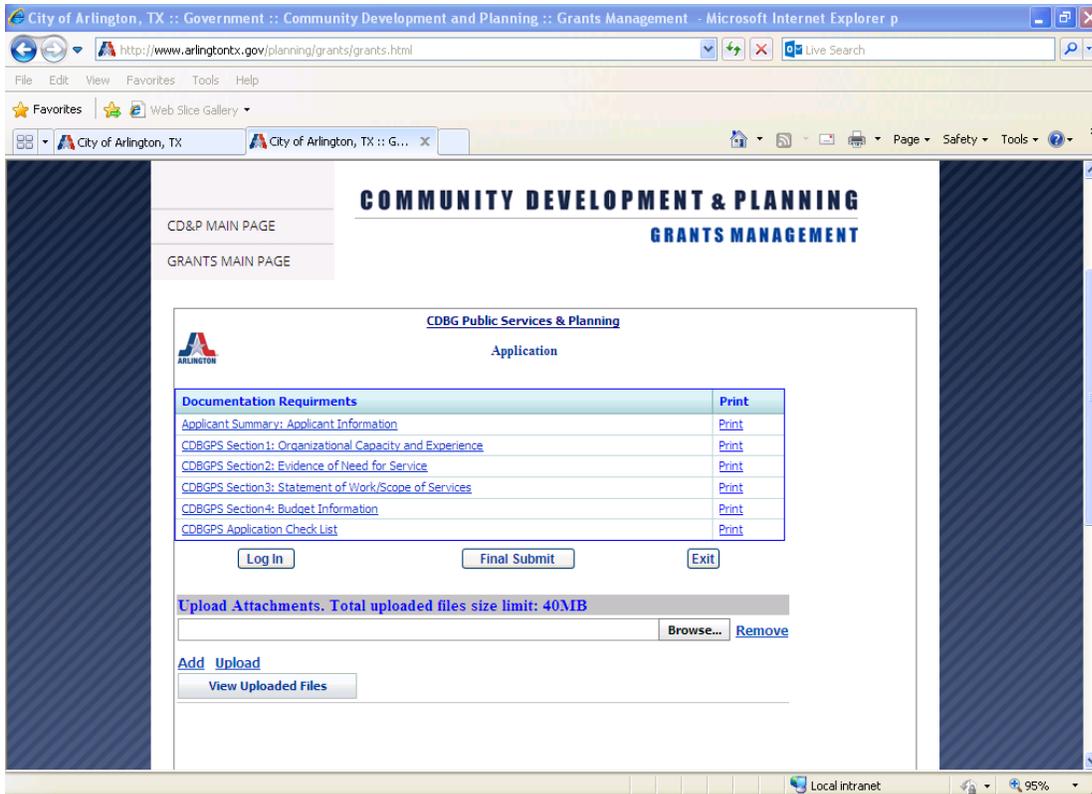
Once submitted, the Contact Email entered above will receive an Access Code. The application may be edited until the due date. DO NOT lose this Access Code. The code may be shared with other staff, but cannot be changed once the code is given, unless a new application is created. Once the applicant clicks "Submit", the application will appear without having to log-in. If you don't receive an email with the Access Code; however, contact City Staff immediately.

Logging In to the Application

The email with the Access Code will look like the image below, with the Access Code highlighted in red. Other important information is included in this email, so it will be beneficial to save it until the application has been submitted.



Click on the link provided in this email. If you will be accessing this application frequently, it might be useful to bookmark the link to quick access. To enter the application, enter your unique Access Code, and begin the application. The main menu screen should look like this:



Applicant Summary

Many of the fields in this section will be pre-populated with information provided in the applicant profile completed to create an account. Any of the pre-populated fields may be changed and saved at this point, if necessary.

Type of Organization	Self-explanatory
Name of Organization	Self-explanatory
Program Name	Self-explanatory
Tax ID #	Self-explanatory
DUNS #	Self-explanatory
Mailing Address	Mailing address (should pre-populate from applicant profile)
City	Self-explanatory
State	Self-explanatory
Zip	Self-explanatory
Physical Address	If your organization has a different physical address than mailing address, enter it here. Otherwise, you can click "Check if same as mailing address" to pre-populate these fields
City	Self-explanatory
State	Self-explanatory
Zip	Self-explanatory
Contact Person	The main contact person for this application
Telephone	Please insert the contact's direct line, if possible
Fax	Self-explanatory
Email Address	Application contact email (should pre-populate)

Contact Table

Insert a contact person for each contact type using the table, and the instructions below.

To add a contact, click “Add” at the bottom of the table

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

Contact	Name	Title	Phone	Email
No data to display				

[Add](#)

Program Contact: Person who works with the project on a daily basis and can answer questions.
Application Contact: Person who wrote this application.
Authorized Contact: Person authorized to make commitments on behalf on the organization.
Finance Contact: Person who manages and can answer questions about the organization's budget.

Complete all of the fields in the table, then click “Update”

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

Contact	Name	Title	Phone	Email
Contact <input type="text"/>	Name <input type="text"/>	Title <input type="text"/>	Phone <input type="text"/>	Email <input type="text"/>

[Update](#) [Cancel](#)

[Add](#)

Program Contact: Person who works with the project on a daily basis and can answer questions.
Application Contact: Person who wrote this application.
Authorized Contact: Person authorized to make commitments on behalf on the organization.
Finance Contact: Person who manages and can answer questions about the organization's budget.

The new contact should appear like this:

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

Contact	Name	Title	Phone	Email
Edit Delete Program Contact	Sarah Stubblefield	Grants Planner	817-459-6232	Sarah.Stubblefield@arlingtontx.gov

[Add](#)

Program Contact: Person who works with the project on a daily basis and can answer questions.
Application Contact: Person who wrote this application.
Authorized Contact: Person authorized to make commitments on behalf on the organization.
Finance Contact: Person who manages and can answer questions about the organization's budget.

Continue for all types of program contacts (Only Program, Application, Authorized, and Finance contacts are required).

The Program Request summary will be a snapshot of your proposed program for which you are requesting CDBG funding.

Program Request Summary	
1. Amount CDBG Requested:	\$15,000.00
2. All Other Program Funding:	\$100,000.00
3. Total Program Budget:	\$115,000.00
4. Percent CDBG:	13.04 %
5. Unduplicated # to be Served:	450
6. CDBG Cost per Client:	\$33.33
Has this program been funded before?	
<input checked="" type="radio"/> No <input type="radio"/> Yes	
Briefly describe the purpose and goals of this program, and the population to be served:	
This program will provide social services to families and individuals that need social services. These families will be low income and going through a crisis in their lives such as loss of housing, loss of job or loss of children.	
What will proposed CDBG funds be used for? Be as specific as possible (ex: Salaries: .25 FTE case manager or .10 FTE program director).	
CDBG funds will be used to pay for one part-time case manager for the program (.50 FTE Case Manager)	

Amount CDBG Requested	The dollar amount of CDBG funding you are requesting from the City of Arlington.
All Other Program Funding	Non-CDBG Funding that is being received to support the program for which you are proposing to fund with CDBG.
Total Program Budget	Calculated
Percent CDBG	Calculated
Unduplicated number to be served	The number of persons you are proposing to serve in the CDBG funded program
CDBG Cost Per Client	Calculated
Has the program been funded before?	Self-Explanatory
Briefly describe the program	Four or five sentences on who the program will serve and its purpose and goals
What will the CDBG funds be used for?	Please be as specific as possible about what budget line items the CDBG funds will pay for in the proposed project.

****Click "Save" before moving to the next screen****

Section 1: Organizational Capacity and Experience

Year of Incorporation	Self-explanatory
Years of direct experience with the program	How long has your organization been operating this program?
Organizational overview of agency	In the text box provided, insert a detailed organizational overview of the organization history and capacity, making sure to include the elements listed in the directions.

Program Specific Organizational Chart

Complete this table with key-staff for this program. This will include CDBG and non-CDBG funded positions. Start by clicking “Add New Staff”.

The screenshot shows a table with four columns: Staff Name, Title, Year of experience, and CDBG Funded Position. The table is currently empty, displaying "No data to display". Below the table is a button labeled "Add New Staff", which is highlighted by a red arrow pointing to it from the left.

Complete all fields, then click “Update”.

The screenshot shows the same staff table, but now with data entered. The "Staff Name" field contains "Sarah Stubblefield", "Title" contains "Grants Planner", "Year of experience" contains "2", and "CDBG Funded Position" is set to "Yes" via a dropdown menu. At the bottom right of the table, there are two buttons: "Update" and "Cancel". A red arrow points to the "Update" button.

Previous Experience

Has your organization carried out or attempted a CDBG program before?	Answer Yes or No
Please describe your program.	If yes, describe the program. If no, insert N/A.
Has your organization carried out or attempted a similar project?	Answer Yes if your program has been active, but has not received CDBG funds. Answer No if this is a new program that has not been implemented yet, or if you answered Yes to the previous question.
Please describe the program.	If yes, describe the program. If no, insert N/A.

If you answer “Yes” to question D. complete questions D., E., and F. If you answer “No” to D. you will continue to question F4.

Has this program received City of Arlington funding before?	Answer Yes/No. If no, skip to question F4.
If yes, for how many years?	Insert number of years your organization has received grant funds.
What was the funding amount and number served for the last complete program year?	
Year	Insert the last program year your organization received grant funds

Amount	Self-explanatory
Planned number served	Insert the contracted goal for number served in the program year indicated
Actual number served	Self-explanatory
If you did not meet your planned number to be served, please provide an explanation below.	

Current or Past sub-recipients only:

When was your last monitoring visit by the City of Arlington?	Use calendar to insert date of monitoring.
Were there any findings and/or concerns in your last monitoring visit?	Answer yes or no.
If yes, indicate the findings and/or concerns cited by the City of Arlington	Explain.
Did your organization complete any mandated corrective actions outlined by the City of Arlington?	Answer yes or no. Answer N/A if your organization did not receive any findings or concerns at your last monitoring.
Please explain any actions taken or not taken.	Explain.
In your previous experience with federal projects, was your organization required to pay back funds, in violation of regulations, etc?	Answer yes or no. If your organization has never received federal funds, answer N/A.
Please describe the amount repaid and reasons for the required repaid.	Explain.

Board of Directors

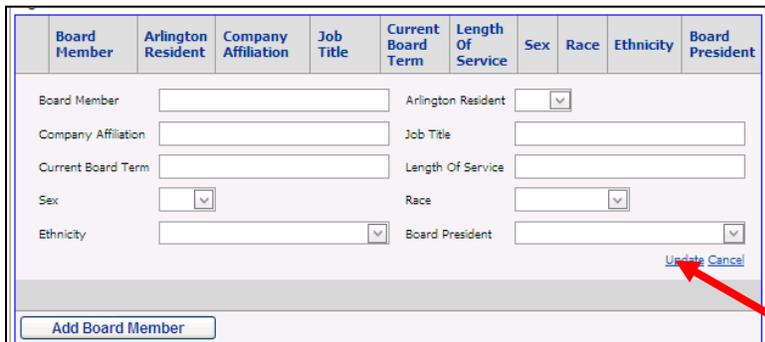
Use the text box to complete information regarding requirements, recruitment, and training policies for your organization’s Board of Directors.

Insert all Board members into the table using the instructions below:

Click “Add New Board Member”



Complete all fields for each Board Member. Then click “Update”.



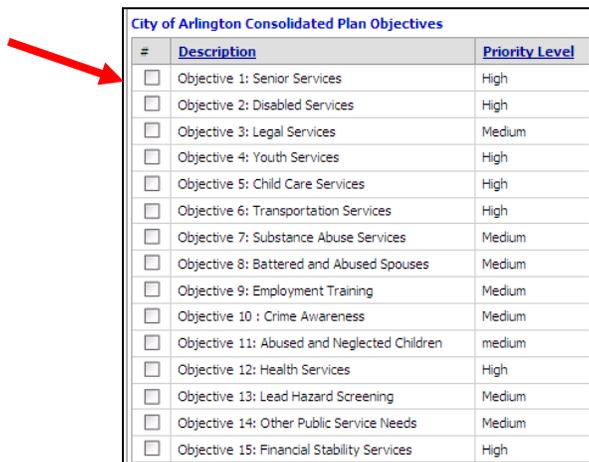
Board Member	Member Name
Arlington Resident	Is the member an Arlington resident?
Company affiliation	Self-explanatory
Job Title	Self-explanatory
Current Board Term	What is the current term of the board member?
Length of Service	How long has the board member served?
Sex	Male/Female
Race	
Ethnicity	Hispanic/non-Hispanic
Board President	Yes/No

****Click "Save" before moving on to the next screen****

Section 2: Evidence of Need for Service

A. Alignment with Community Objectives identified by the City, HUD, and United Way City of Arlington Consolidated Plan Objectives

Among the City of Arlington Consolidated Plan Objectives, please check those that your program will address.



#	Description	Priority Level
<input type="checkbox"/>	Objective 1: Senior Services	High
<input type="checkbox"/>	Objective 2: Disabled Services	High
<input type="checkbox"/>	Objective 3: Legal Services	Medium
<input type="checkbox"/>	Objective 4: Youth Services	High
<input type="checkbox"/>	Objective 5: Child Care Services	High
<input type="checkbox"/>	Objective 6: Transportation Services	High
<input type="checkbox"/>	Objective 7: Substance Abuse Services	Medium
<input type="checkbox"/>	Objective 8: Battered and Abused Spouses	Medium
<input type="checkbox"/>	Objective 9: Employment Training	Medium
<input type="checkbox"/>	Objective 10 : Crime Awareness	Medium
<input type="checkbox"/>	Objective 11: Abused and Neglected Children	medium
<input type="checkbox"/>	Objective 12: Health Services	High
<input type="checkbox"/>	Objective 13: Lead Hazard Screening	Medium
<input type="checkbox"/>	Objective 14: Other Public Service Needs	Medium
<input type="checkbox"/>	Objective 15: Financial Stability Services	High

City Council Priorities related to HUD Activities

Among the City of Arlington Council Priorities related to HUD grant activities, please check those that your program will address.



#	Description
<input type="checkbox"/>	Enhance Regional Mobility
<input type="checkbox"/>	Support Quality Education
<input type="checkbox"/>	Public Safety
<input type="checkbox"/>	Culture, Education, and Recreation
<input type="checkbox"/>	Financial and Economic Development

United Way Assessment of Arlington Priority Issues

Among the United Way Assessment of Arlington Priority Issues, please check those that your program will address.

#	Description
<input type="checkbox"/>	Learn well (Education)
<input type="checkbox"/>	Live well (Health)
<input type="checkbox"/>	Earn well (Financial stability)

B. Data Supporting Service to Target Population

B1. Use the text box to complete information regarding the target population for the proposed service such as its size, demographics, location, etc.

B2. Use the text box to provide, with as much details as possible, the current statistical data documenting the need for this service.

C. Non-Duplication and Coordination.

Are there other services or activities similar to your program provided by other organizations in the City of Arlington?	Answer Yes or No.
How is your proposed program different or unique from other programs? Briefly explain in the space provided below.	Explain.
Does the proposed program collaborate with other programs in the city of Arlington to provide this service? Briefly explain in the space below.	Answer Yes or No. Explain.

D. In this table, identify other potential and secured sources of funding for your program. Complete the table for other funding sources using the instructions below:

Click "Add Funding".

G. Are you currently seeking funding from other sources for this program? Please add in the table below

Funding Source	Status	Date Awarded	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No data to display			\$0.00
<input type="button" value="Add Funding"/>			

Complete the fields then click "Update".

G. Are you currently seeking funding from other sources for this program? Please add in the table below

Funding Source	Status	Date Awarded	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Funding Source <input type="text"/>	Status <input type="text"/>	Date Awarded <input type="text"/>	Amount \$0.00
			Update Cancel
			\$0.00

Funding Source	Self-explanatory
Status	Pending, Approved, Denied
Date Awarded	Choose the date awarded, a future award date, or leave blank if unknown
Amount	Self-explanatory

Click "Save" before moving to the next screen

Section 3: Statement of Work & Scope of Services

- A. Provide a sound work plan narrative in the provided text box. Include details about the service activities the program will undertake to achieve the program’s goal.
- B. Provide in the table the program plan activities/events for the award period.

To add an activity, click on "Add New Activity".

Quarter	New Clients Served	Activities
No data to display		
<input type="button" value="Add New Activity"/>		

Complete the fields then click "Update".

B. Time table and service activities.
B1. Outline the program plan activities/ events that will take place during the award period.

Quarter	Activities
Quarter <input type="text"/>	Activities <input type="text"/>
Update Cancel	
<input type="button" value="Add New Activity"/>	

Identify the primary beneficiary of your program.

Select one of the options provided in the table.

Program Beneficiary Population	
<input type="radio"/>	Low- and moderate-income population
<input checked="" type="radio"/>	Presumed Benefit (Please check one below)

If you choose “Presumed Benefit”, an additional table will appear for you to choose which eligible presumed low-income population category your program serves. In case you are not sure if you serve a presumed low-income population, contact program staff.

<input type="radio"/>	Illiterate Adults	<input type="radio"/>	Battered Spouses
<input type="radio"/>	Elderly Individuals	<input type="radio"/>	Persons Living with AIDS
<input type="radio"/>	Migrant Farm Workers	<input checked="" type="radio"/>	Homeless Individuals
<input type="radio"/>	Abused Children	<input type="radio"/>	Severely Disabled Adults

C. Choose the target group or groups that will benefit from your program.

C. Who are the program beneficiaries (target group) to be served? Please check all that apply.	
Select all that apply	Program Benefit Description
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Substance Abusers
<input type="checkbox"/>	At Risk Status
<input type="checkbox"/>	Special Needs
<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Youth

Youth age range, 19 and under to

Remember, more than one option can be selected.

C. Who are the program beneficiaries (target group) to be served? Please check all that apply.	
Select all that apply	Program Benefit Description
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input checked="" type="checkbox"/>	Substance Abusers
<input type="checkbox"/>	At Risk Status
<input checked="" type="checkbox"/>	Special Needs
<input checked="" type="checkbox"/>	Elderly
<input type="checkbox"/>	Veterans
<input type="checkbox"/>	Youth

Youth age range, 19 and under to

If your program directly serves youth, provide the age range of the youth served by your program.

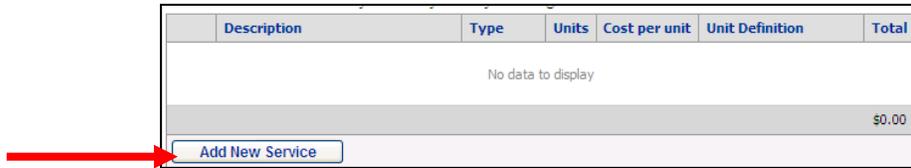
C. Who are the program beneficiaries (target group) to be served? Please check all that apply.	
Select all that apply	Program Benefit Description
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Substance Abusers
<input type="checkbox"/>	At Risk Status
<input type="checkbox"/>	Special Needs
<input type="checkbox"/>	Elderly
<input type="checkbox"/>	Veterans
<input checked="" type="checkbox"/>	Youth

Youth age range, 19 and under to

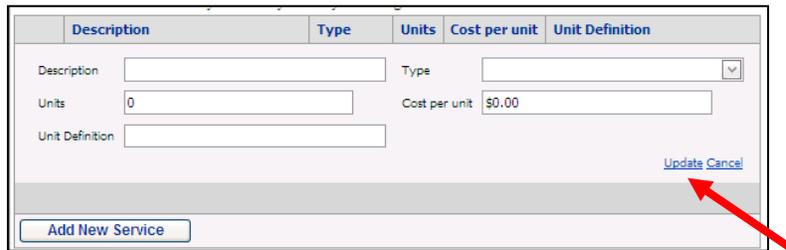


D. Describe the units of service provided for each activity directly funded by the City of Arlington grant funds.

Click "Add New Activity" to complete.



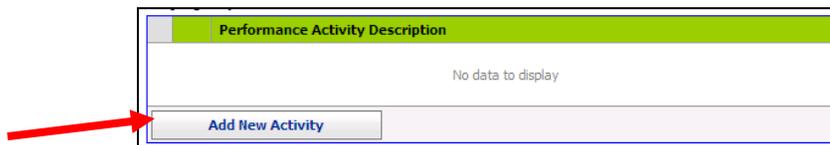
Complete the fields then click "Update".



Description	Describe the activity
Type	New Project, Expansion, or Renewal (CDBG funds cannot be used to supplant other sources of funding)
Units	Number of units of service (numerical ONLY)
Cost per unit	The cost of each unit of service
Unit Definition	Define the unit (i.e. one hour of case management, one week of meals for a client, a one-way trip)

E. **Performance Measurement:** Complete the table with information about your planned goals for the program year. There should be a performance measurement system for each activity listed above.

Click "Add New Activity" to complete.



Click "Edit" to describe each performance measurement for the activity.

Performance Activity Description
Activity #1

Action Controls	Performance Measurement	Description
Edit	GOALS— Proposed solutions to problems (as identified in Consolidated Plan)	
Edit	INPUTS – Resources dedicated to or consumed by program	
Edit	ACTIVITIES - What the program does with the inputs to fulfill its mission	
Edit	OUTPUTS – The direct products of program activities	
Edit	OUTCOMES – Benefits that result from the program	
Edit	MEASUREMENT- Describe the methods and/or tools the program uses to measure outcomes	

[Add New Activity](#)

Complete each field then click “Update”.

Performance Activity Description
Activity #1

Action Controls	Performance Measurement	Description
	GOALS— Proposed solutions to problems (as identified in Consolidated Plan)	
<div style="border: 1px solid gray; padding: 5px; min-height: 100px;"> Description </div>		
Edit	INPUTS – Resources dedicated to or consumed by program	
Edit	ACTIVITIES - What the program does with the inputs to fulfill its mission	
Edit	OUTPUTS – The direct products of program activities	
Edit	OUTCOMES – Benefits that result from the program	
Edit	MEASUREMENT- Describe the methods and/or tools the program uses to measure outcomes	

[Update](#) [Cancel](#)

[Add New Activity](#)

Repeat the steps if you have more than one activity.

****Click “Save” before moving to the next screen****

Section 4: Budget Information

A. Program Revenue

Complete the table with the program sources of revenue using the instructions below:

Click “Add Revenue”.

Action	Source of Revenue	PY 2012-2013 Actual Revenue	PY 2013-2014 Estimated Revenue	PY 2014-2015 Anticipated Revenue
No data to display				
		\$0.00	\$0.00	\$0.00
<input type="button" value="Add Revenue"/>				

Complete each field then click "Update".

Action	Source of Revenue	PY 2012-2013 Actual Revenue	PY 2013-2014 Estimated Revenue	PY 2014-2015 Anticipated Revenue
Source of Revenue	<input type="text"/>	PY 2012-2013 Actual Revenue	<input type="text" value="\$0.00"/>	
		PY 2013-2014 Estimated Revenue	<input type="text" value="\$0.00"/>	
		PY 2014-2015 Anticipated Revenue	<input type="text" value="\$0.00"/>	
Update Cancel				
		\$0.00	\$0.00	\$0.00
<input type="button" value="Add Revenue"/>				

Source of Revenue	Cash Donations, Federal Grants, Foundation Grants, Other Grants (state, local, etc.), Other
PY 2013-2014 Actual Revenue	Enter the total revenue for your program for the fiscal year that best aligns with PY2013 (July 1, 2013 – June 30, 2014)
PY 2014-2015 Estimated Revenue	Enter the total expected revenue for the fiscal year that best aligns with PY2014 (July 1, 2014 – June 30, 2015)
PY 2015-2016 Anticipated Revenue	Enter the anticipated revenue for the fiscal year that best aligns with PY2015 (July 1, 2015 – June 30, 2016)

Please, specify any source of revenue falling in the category "Other" in the box below the Source Revenue table. If there are multiple sources of revenue that fall into the "Other" category, identify the revenue amount and explain each source individually.

B. Program Budget Expenses

Complete the table with the program expenses using the instructions below:

Click "Add New Budget Expenses".

B. Program Budget Expenses				
Expense Type	Estimated CDBG Budget	Estimated Other Sources Budget	Total Program Budget	
No data to display				
	\$0.00	\$0.00	\$0.00	
<input type="button" value="Add New Budget Expense"/>				

Complete each field then click "Update".

Expense Type	Provide information about the type of expense (example: Salaries, Payroll Taxes, etc.)
Estimated CDBG Budget	Enter the amount of CDBG funds that your organization proposes to apply to this line item expense. If no CDBG will be used for a certain line item, leave field blank.
Estimated Other Source Budget	Place any expense that will be funded with sources other than CDBG in this field. If there is a line item that is partially funded by CDBG and partially funded by other sources, input the appropriate amounts into each field. The application will add up both columns for a “Total Expense” column.

C. Budget Narrative

Describe the program budget, including itemized revenue and expenses. The budget narrative should explain the total program budget in detail and explain the budget line items in the order they are listed in the budget. Provide an explanation for each line item expense.

D. Complete each box with the information needed.

CDBG Funding Request	Self-explanatory
Total Program Budget	Self-explanatory
Total Organization Budget	Self-explanatory
Unduplicated Clients to be Served	Input the total number of clients to be served/supported by CDBG funds only. If there are clients that will not be served by CDBG funds, do not include them in this field.
% of Program Budget	Pre-populated
% of Organization Budget	Pre-populated
Total program Cost Per Clients	Pre-populated
Total CDBG Cost Per Client	Pre-populated

E. Fiscal Management

Describe the organization's fiscal management. Please include all the elements listed in the directions.

****Click “Save” before moving to the next screen****

Section 5: Application Checklist

Please review the list of documentation required for this application.

Click on the box to confirm that the document is included in the application. This is a manual checklist to be used by your organization to ensure that all elements of the application have been included/uploaded into the application. Please use this tool to make sure your application is complete. If you have any questions about the documents on the checklist, please contact city staff. All documentation must be current and up-to-date at the time the application is submitted.

#	Application Document Description
<input type="checkbox"/>	Cover Letter (optional)
<input type="checkbox"/>	Job Descriptions and Resumes of key personnel
<input type="checkbox"/>	Program-Specific Organizational Chart
<input type="checkbox"/>	Client Intake Form
<input type="checkbox"/>	Performance Measurement Tools and Results (e.g., Client Evaluation Forms and results from prior years, Pre- and Post-Tests or typical results.
<input type="checkbox"/>	Non-Profit documentation from IRS
<input type="checkbox"/>	Minutes authorizing submittal of proposal
<input type="checkbox"/>	Articles of Incorporation
<input type="checkbox"/>	By-laws
<input type="checkbox"/>	Organizational Chart (not program specified)
<input type="checkbox"/>	Financial Audit/Certified Financial Statement
<input type="checkbox"/>	Director's and Officers' Liability and Errors and Omissions Insurance
<input type="checkbox"/>	Policies and Procedures for employees
<input type="checkbox"/>	Internal Control Policies and Procedures (if not included above)
<input type="checkbox"/>	Code of Conduct listing prohibited behavior for board and employees

Uploading Documents

Click "Browse" to look for the location of your document.

Upload Attachments. Total uploaded files size limit: 40MB

	Browse...	Remove
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[Add](#) [Upload](#)

[View Uploaded Files](#)



Click "Add" to add multiple files at one time.

Upload Attachments. Total uploaded files size limit: 40MB

	Browse...	Remove
	Browse...	Remove
	Browse...	Remove

[Add](#) [Upload](#)

[View Uploaded Files](#)



Click "Upload" to upload them into the application.

Upload Attachments. Total uploaded files size limit: 40MB

	Browse...	Remove
	Browse...	Remove
	Browse...	Remove

[Add](#) [Upload](#)

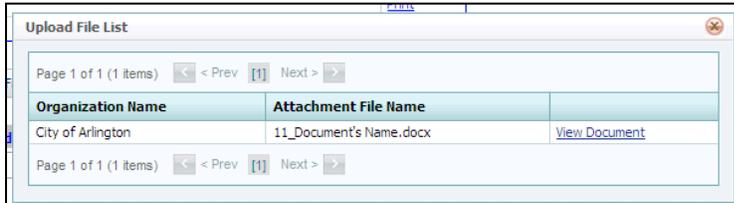
[View Uploaded Files](#)



To view all the uploaded files, click “View Uploaded Files”.

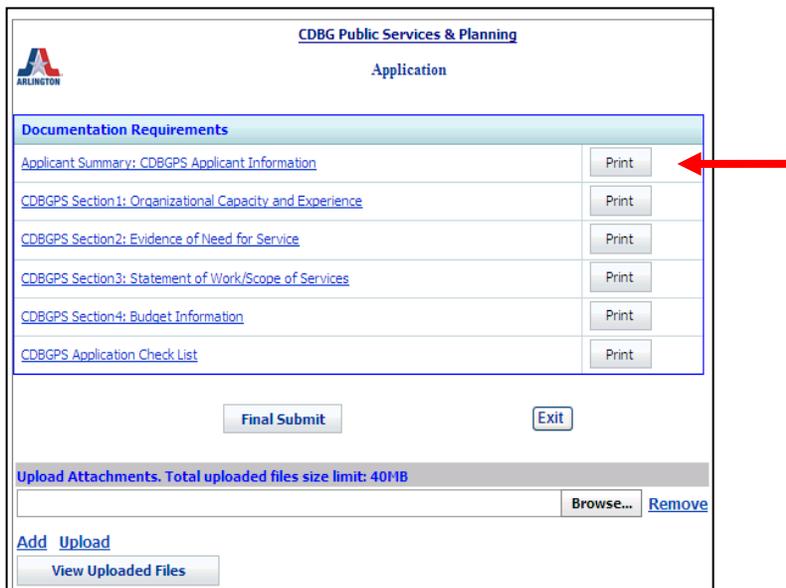


The “Upload File List” will look like this:

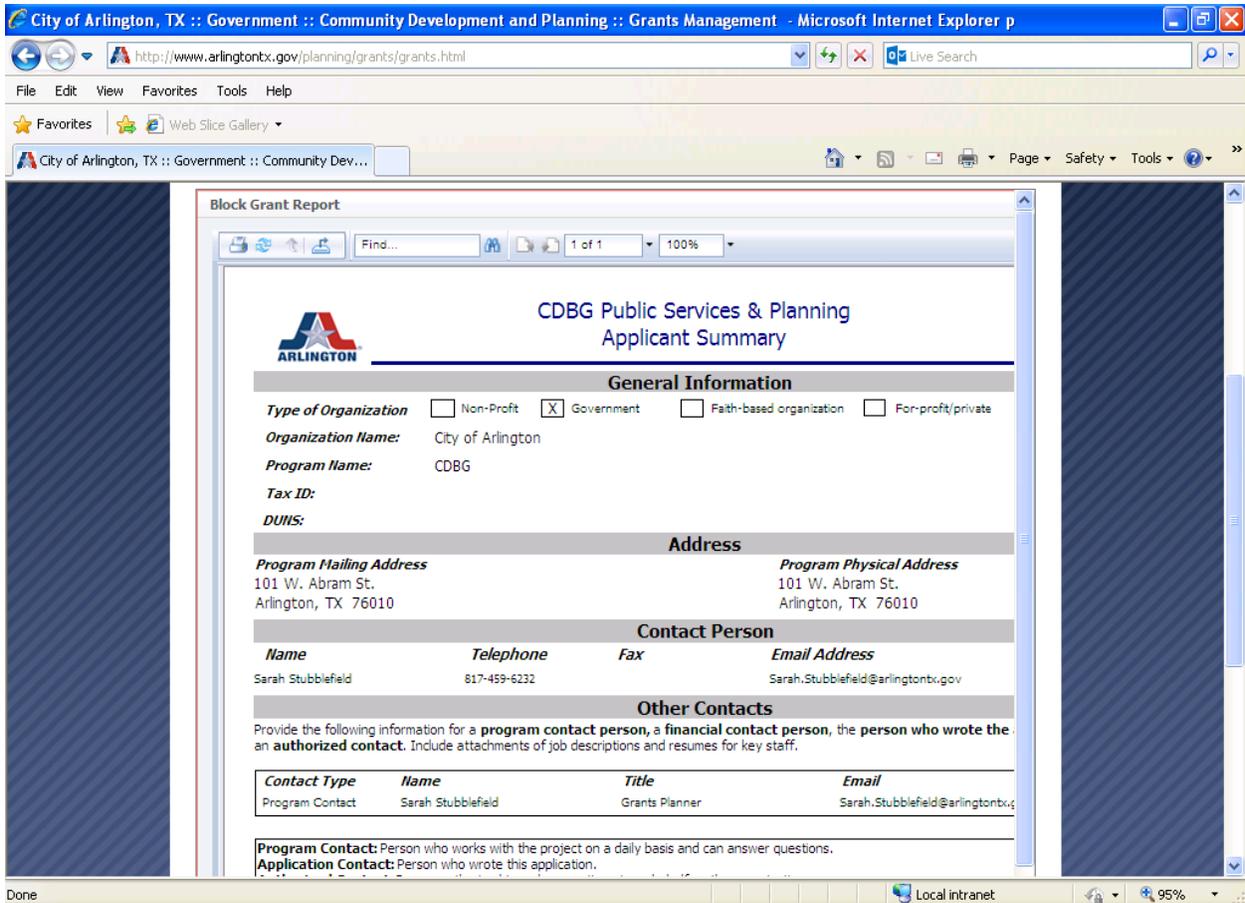


Printing Documents

A. On the “Menu” page, click “Print” next to the desired section.



The report will open in the same window.



B. The bar on top of the page offers you multiple options.

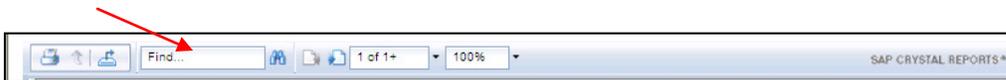
B1. Click the Print icon to print the document.



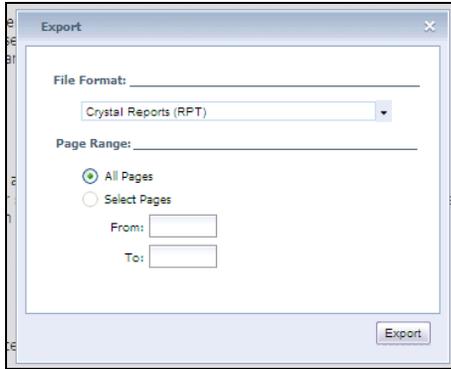
The Print window will appear.

Select your options and click print.

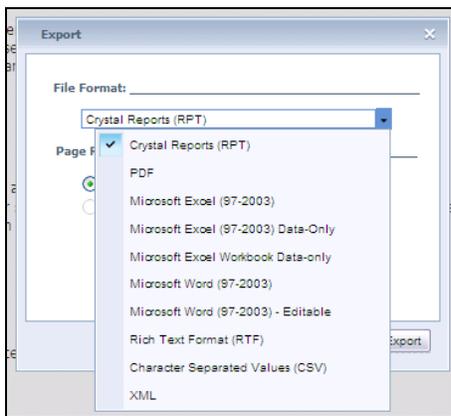
B2. You can export the application to several Microsoft applications, including Word, Excel, and Adobe PDF. This can be helpful for saving the application for your organization’s records (or for spell-checking/saving application elements). To begin, click the Export icon to export the document.



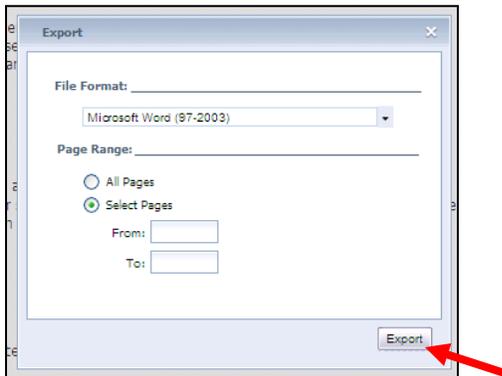
The Export window will appear.



Click on the arrow to select the format you would like to export the document to.



Select the pages you would like to export, then click export.



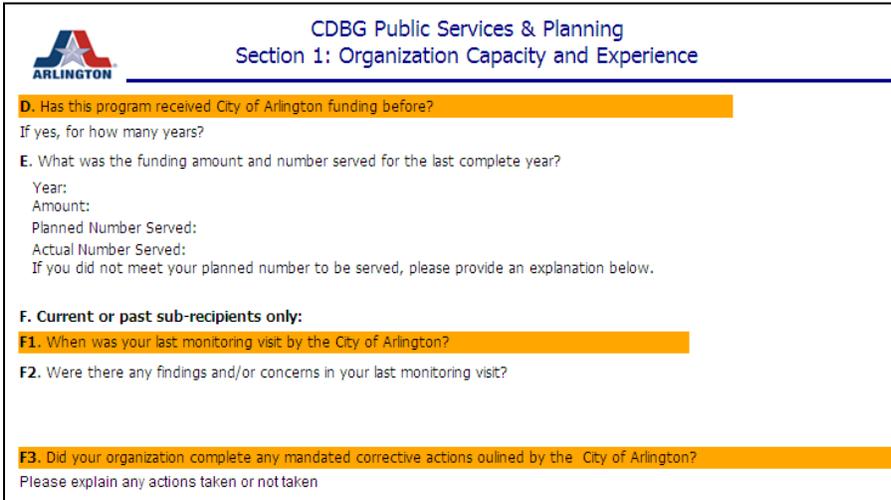
B3. Click inside the “Find” box and type a word or combination of words you would to search in the document.



Click the find icon to proceed with the search.



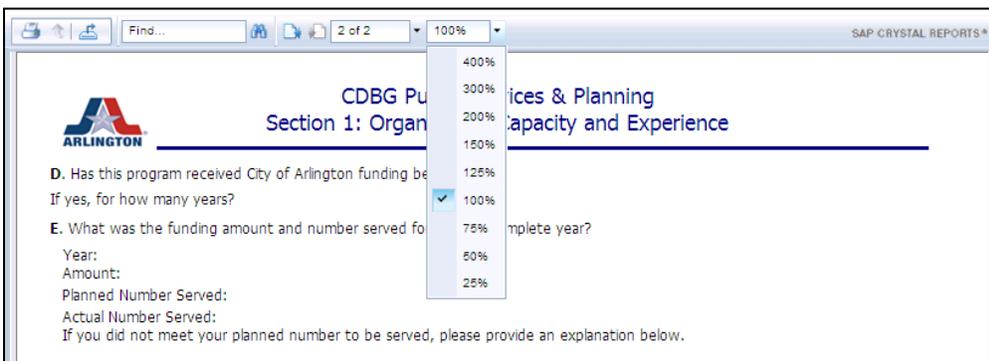
The document highlights every section containing the words searched.



B4. If there are multiple pages in a section, you can view the additional pages by clicking the page icon to move to the Next or Previous page.



B5. Click the arrow next to the percentage box to zoom in or out of the page.



Final Submission of Application

When your organization has completed all elements of the application and uploaded all required documents, it is time to submit your application to the City of Arlington. After a thorough review of the application and documents, go to the Menu page. Click on “Final Submit” to submit your application.

Documentation Requirements	Print
Applicant Summary: Applicant Information	Print
CDBGPS Section1: Organizational Capacity and Experience	Print
CDBGPS Section2: Evidence of Need for Service	Print
CDBGPS Section3: Statement of Work/Scope of Services	Print
CDBGPS Section4: Budget Information	Print
CDBGPS Application Check List	Print

Upload Attachments. Total uploaded files size limit: 40MB

[Remove](#)

[Add](#)

Once you click “Final Submit”, you should receive an email indicating that the application has been received. City Staff will also receive a notification email simultaneously. Any final submissions received after the deadline will not be considered for PY2015 CDBG funds.

You must also submit two hard copies of the [Organization Certification Form](#) and a print out of the [Applicant Summary](#) section of the online application. This form can be downloaded at <http://www.arlington-tx.gov/cdp/grants/planningandreporting/rfp/>. Have an authorized signatory sign the form and attach a printed copy of the Applicant Summary section of the online application. The documents must be delivered to the Grants Management at City Hall by hand or by mail before the submission deadline on **Friday, December 5, 2014 at 3:00 PM**.

For Mail-in:

City of Arlington
 Grants Management
 Attn: Sheryl Kenny
 P.O. Box 90231, MS 01-0330
 Arlington, TX 76004-3231

For Hand-Delivery:

Arlington City Hall
 One Start Center, 2nd Floor
 101 W. Abram Street
 Arlington, TX 76010