

CITY OF DETROIT
Michael E. Duggan, MAYOR

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
NEIGHBORHOOD OPPORTUNITY FUND (NOF)
2014-2015 HOMELESS PUBLIC SERVICE PROPOSAL FORM

INSTRUCTIONS:

1. This proposal form includes activity sections for homeless public service activities. All appropriate sections must be complete. All 2014-2015 CDBG/NOF proposals for public service activities must be submitted on this form. Please type, no handwritten proposals will be accepted.

NOTE: If your organization is requesting public service, public facility rehabilitation/commercial rehabilitation development activities, you **MUST** use a different application. This proposal form is for **ALL HOMELESS PUBLIC SERVICES ACTIVITIES only**.

2. Every attempt should be made to answer the questions within the space provided. Supplemental material which the sponsor believes will assist in the proposal evaluation can be included with this form but should be limited to a maximum of 5 additional pages.
3. A separate activity section should be used for each homeless public service activity requested. Three (3) copies (the original and two copies) must be submitted.
4. **SUBMIT THREE COPIES (original and two copies)** of this form and any additional materials for each activity requested. Each set (which includes the application and all of the attachments) should be placed in **SEPARATE ENVELOPES**.

If you have any questions, call the Detroit Planning and Development Department, Grants Management Section, at 224-3532.

Attendance at one of the proposal writing workshops is a prerequisite for funding.

DEADLINE DATE FOR SUBMISSION: All proposals for the 2014-2015 CDBG Program year **MUST BE RECEIVED** in the offices of the Detroit Planning and Development Department at the address below on or before **5:00 P.M., ON Thursday, April 17, 2014**

WARNING: PROPOSALS RECEIVED AFTER THIS TIME AND DATE WILL NOT BE ACCEPTED EVEN IF POSTMARKED BY THE DEADLINE DATE. MAIL, FAXED or EMAILED COPIES OF PROPOSALS WILL NOT BE ACCEPTED.

REMEMBER: THE THREE COPIES OF THE COMPLETE PROPOSAL AND ATTACHMENTS FOR EACH REQUEST MUST BE SUBMITTED TO AND RECEIVED BY THE DETROIT PLANNING & DEVELOPMENT DEPARTMENT. (4/2/14 to 4/16/14 deliver proposals to the 23rd Floor, on 04/17/14, deliver proposals to the 12th Floor) CADILLAC TOWER, 65 CADILLAC SQUARE, DETROIT. MICHIGAN, 48226 NO LATER THAN 5:00 P.M. ON Thursday, April 17, 2014.

COVER PAGE

2014-15 HOMELESS PUBLIC SERVICE

PROPOSAL Community Development Block Grant (CDBG) and Neighborhood Opportunity Fund (NOF)

Legal Name of Sponsoring Organization:

List name as recorded on the incorporation papers

Indicate any previously used names

Table with 2 columns: Name, 1., 2.

Project Name: List project name, i.e., Sr. Hot Lunch program or Youth Program

Contact person: (The person most familiar with this proposal and program).

Name:

Preferred Mailing Address:

City: Detroit Zip:

Day phone: () - Ext.

Evening phone: () -

Fax Number: () -

Email: @

DUNS#

Executive Director:

Address of the administrative offices/headquarters:

Zip:

Address of primary program site(s)

Zip:

Zip:

Zip:

Homeless Public Service

Subtotal Amount of Request 1: \$

Activity

Subtotal Amount of Request 2: \$

Activity

Subtotal Amount of Request 3: \$

Activity

Total Amount of Request(s):

\$

FOR OFFICE USE ONLY

Table with 2 columns: Criteria (Meets National Objectives, Application Complete, Score) and checkboxes (Yes, No) for the first two.

Sum-1 Check One: *(See definitions of each category in the Instructions, page 2-3)*

- Subrecipient
- Community based Development Organization (CBDO)
- Both
- None of the above

Sum-2 Is this a faith-based organization? Yes No

Sum-3 Has this organization previously applied for CDBG/NOF funding?

- Yes No

Sum-4 Project is: Citywide For a specific project area

(If for a specific project area, please provide boundaries or other description of your project area)

Sum-5 Is this the same project area that your organization served last year?

- Yes No

Which census tract(s) DOES this project serve? *(See census tract map in the Instructions)*

Sum-6

CITY OF DETROIT HOMELESS PUBLIC SERVICE ACTIVITIES

Check Only One:

Street Outreach

Emergency Shelter

Rapid Re-housing

Homeless Prevention Activities (Agency related costs to provide Homeless prevention activities)

Sum-7 BRIEFLY describe the project for which CDBG funds are being requested: (USE ONLY THE SPACE PROVIDED. A more extensive description is requested in the public service section.)

Request 1:

Request 2:

Request 3:

I. THRESHOLD CRITERIA INFORMATION

Thr-1. Which low/moderate income National Objective is met by the following: (choose one)

1. Presumed Benefit (choose one)
 - Homeless
 - Elderly
 - Battered Spouse
 - Severely Disabled Adults
 - Abused Children
 - Illiterate Persons
 - Persons with Aids
2. Low/Moderate Clientele (LMC)
3. Low/Moderate Area (LMA)

Thr-2. Did representative from organization attend workshop. Yes No
If yes, date attended: _____

Thr-3. Proposal was completed, typed, submitted by deadline and correct form? Yes No

Thr-4. Does your organization have at least a five (5) member board? Yes No
If yes, does the board meet quarterly? Yes No

Thr-5. Is the organization tax exempt, 501(c)(3)? (Attach copy as Attachment #1) Yes No
If yes, give date exemption granted: _____
Does the organization have a federal tax I.D. number? Yes No

Thr-6. Has your organization been in existence for at least a year? Yes No
If yes, provide proof (see Attachment page 23 for details) (Attach copy as Attachment #2)

Thr- 7. Does your organization have substantial balances of unexpended funds of more than 2 years and/or have unresolved audit findings and tax issues? (If yes, explain) Yes No

Thr- 8. Did your organization submit the most recent fiscal year cash flow statement, financial statements and if available, recent audit? (Attach copy as Attachment #3) Yes No

Thr- 9. Are three support letters attached? (Attach copy as Attachment #4) Yes No

Thr-10. Did your organization read and sign the certification form? Yes No

Thr-11. Did your organization submit the current Non-profit Corporation Information Update (Michigan Annual Non-Profit Report)? (Attach copy as Attachment #5) Yes No

Thr-12. Did your organization submit Certificate or Articles of Incorporation?

(Attach copy as Attachment #6)

Yes No

Thr-13. Did your organization provide demonstrable outputs and/or outcomes? Yes No

Thr-14. Does your organization have proof of operating cash on hand (at least 7% of the request)?

if yes, please provide bank statements *(Attach copy as Attachment #7)*

Yes No

II. ORGANIZATIONAL INFORMATION

Org-1. What are the unique experiences and qualifications that make your organization the most appropriate to provide the proposed services? (An organizational brochure may be attached to this page.)

Org-2. Are your board members bonded?

Yes No

If yes, how many? _____

Org-3. How is your board selected?

- Election by board Appointment by board
 Other___ Election by membership

Org-4. List dates and times the board met last year: _____

Org-5. List dates and times the board is anticipated to meet this year: _____

Org-6. Who is the Chairperson/President of your board? _____

Org-7. List organization's board members: *See criteria regarding board, Instructions, page 5.*

-----Check all that apply-----

NAME	HOME ADDRESS Street, City, Zip	Resident within project boundaries	Resident of the City of Detroit	Works in the City of Detroit	Detroit Business Owner
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. STAFFING

Org-8. Number of staff persons for the entire organization, if any:

_____ Paid, full time _____ Interns _____ Volunteer
 _____ Paid, part time _____ Others (specify)

Org-9. If volunteers are used, what is the average number of total volunteer hours used: _____

per week / month / year (check one)

Org-10. List all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG/NOF as well as those proposed to be funded by other sources:

Title/ position	# of FTE*	Qualifications/ Degree, etc.	Hrs./Wk.	Hourly Rate	Annual amount	Total from sources other than CDBG/NOF	Budget: Annual total from CDBG/NOF
		**TOTAL CDBG/NOF Funds for staff					

*FTE=full time equivalents

** (This figure should match the figure on salaries line on the Budget, page 17, Bud-12 of this application)

III. MANAGEMENT PLAN

MP-1 Does this organization file IRS form 990?

If yes (Attach copy as Attachment # 1)

Yes No

MP-2 Please provide a funding action plan for the activity(ies) you plan on funding through this application.

Project/Activity	Identify source of funding support. Associate each funding source with a percentage, if necessary. i.e. CDBG grant-- 50% (indicates CDBG will cover 50% of general operating costs)	Person(s) Responsible for obtaining the funds i.e. grant writer, board member(s), director etc.
General Operations	CDBG-- ___ % Other-- ___% (indicate)	
Activity 1 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 2 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 3 (identify):	CDBG-- ___ % Other-- ___% (indicate)	

MP-3. Please provide a timing plan for Project/Activity.

Funding Project/Activity	Estimated length of the program (i.e. 3 months, 6 months, 9 months, year round)	When will the project/activity be ready to begin? (i.e. summer, fall etc.)	When will the project/activity End? (i.e. end of summer, end of fall, end of winter)
Project/Activity 1 (identify):			
Project/Activity 2 (identify):			
Project/Activity 3 (identify):			
Project/Activity 4 (identify):			

Homeless Public Service Activity

If you are requesting funding for more than one Homeless public service activity,

1. please duplicate the activity section (pages 10 17) and
1. complete one for each public service activity requested.

Total Amount of Request #____: \$_____

Activity Name_____

Do Not Remove this Page

II. PROJECT DESCRIPTION

HPS-1. Provide an estimate of the total number of individuals or the number of households needing the project services in the selected project area.

Number of individuals _____

Number of households _____

HPS-2. Reason for requesting CDBG/NOF funding for this activity (check all that apply):

- Continue existing CDBG/NOF funded Public Service project
- Prevent reduction of existing service levels (due to increased costs)
- Expand (add to) existing service levels to meet unmet demand or increased needs
- Create a new activity to meet a gap in existing services
- Replace a loss of other funding to existing program
- Match or leverage another funding source
- Replace volunteer efforts
- Other, please explain _____

HPS-3 Describe the steps your organization is taking to move your service population towards self sufficiency?

HPS-4 What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?

HPS-5. What percentage of your participants are low to moderate income? _____

What documentation do you maintain to verify participants meet the Low/moderate income requirement?

HPS-6. What percentage of your clients are Detroit residents? _____

What documentation do you have on file to verify participants meet the Detroit residency requirement? _____

HPS-7. Is this activity intended exclusively to serve persons with AIDS or HIV? Yes No

HPS-8. Does this project charge fees to participants? Yes No

(Note: fees must not exclude low/moderate income people)

HPS-9. If yes, how much? \$ _____/ per (Check one) _activity _week _month _year

HPS-10. If fees are charged, explain your policy for waiving or otherwise paying fees for persons unable to pay:

HPS-11. How will you market this program, i.e. how will people know this program is available?

HPS-12. Will the proposed activities operate year-round or seasonally? Year-round Seasonal
 If seasonal, which months of the year will this program operate? _____

HPS-13. List the hours each day that this public service program is and/or will be in operation.
Attach a separate sheet if there are multiple activities or locations. *(City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you MUST notify the Planning and Development Department in writing):*

	Activity	HOURS OF CURRENT PROGRAM	HOURS OF PROPOSED PROGRAM	Location Address (include zip code)***
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

HPS-14. Please list any days/times your project would not be operating, i.e. holidays, election day, vacation periods, etc.

HPS-15. Are there any other organizations that provide a similar service in your service area? *Please identify:* Yes No

HPS-16. What community support do you have for this program, i.e., how do you relate to the community around the location of your program? How do you involve other community organizations and/or residents?

HPS-17. In what ways is your organization collaborating or partnering with other organizations:

BUILDING INFO:

The following information should be provided for each building where a proposed public service activity occurs. If your organization uses more than one facility, please complete a duplicate form for each building. If more than three (3) sites are used, please contact Grants Mgt at 224-3532 for instructions.

HPS-18. Address of site (number, street name and zip code): _____

HPS-19. Does your organization own this building? Yes No

(if yes, provide proof of ownership, i.e. deed, etc., label as HPS-19)

If no, who owns this building? _____

If no, does your organization have a lease? Yes No

(if yes, provide proof of lease agreement, label as HPS-19)

Date lease effective: _____

Date lease expires: _____

		Yes	No	Unknown or N/A
A	Are property taxes for this site paid to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is this facility used as an emergency homeless shelter for more than 4 weeks/year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is this facility licensed as an emergency shelter for the homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Is this facility/program licensed as a substance abuse treatment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Is this site barrier-free (handicap accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Does the building use comply with zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Does the building comply with building and fire code regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Has this building been designated historic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Has this building been inspected by the Health Department? If so, provide date of most recent inspection: (Attach inspection copy as Attachment #8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Has this building been inspected by Buildings Safety Engineering & Environmental Department? If so, provide the date of most recent inspection: _____ (Attach inspection copy as Attachment #8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection: _____ (Attach inspection copy as Attachment #8) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Does sponsor have sufficient income to operate/maintain this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Are any religious activities held at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. OUTPUTS AND OUTCOMES

OUTPUTS, are the products of program activities, or the result of program processes. They are the deliverables. Some even use the term interchangeably with “activities.” Outputs can be identified by answering questions such as:

- What will the program produce?
- What will the program accomplish?

- Out-1.** If the proposed activity is already in existence, what were its outputs for the most recently completed fiscal year? _____
- Out-2.** What are the outputs for the proposed activity in the current fiscal year? _____
- Out-3.** What standards, measures, or benchmarks are used to assure or verify that this is a quality/successful program. (Example: Meals comply with USDA dietary standards; tutors will be certified teachers; etc.)

OUTCOMES, are changes in program participants or recipients (aka the target population). They can be identified by answering the question:

- How will program participants change as a result of their participation in the program?

- Out-4.** What kind of lasting benefits does your organization hope to provide to your clients through the services that it provides?

This can occur for participants in the form of new or different levels of:

- Awareness
- *Understanding*
- *Learning*
- *Behaviors*
- *Skills*
- *Abilities*
- *Knowledge*
- *Attributes*

- Out-5.** What process and tools are in place to measure program outcomes?

IV. BUDGET

Bud-1. Who is responsible for maintaining your financial records (bookkeeper, accountant, treasurer, etc.)?

Name Phone Position

Bud-2. What was the amount of your organization's total budget for your most recent fiscal year (for the entire organization)? \$ _____

(attach a copy of your financial statements for your most recent fiscal year as attachment #3)

What was the amount of your total budget for your most recent fiscal year (for the proposed activity)? \$ _____

Bud-3. Has your organization had an A-133 audit by a Certified Public Accountant?
 Yes No

Bud-4. When was the most recent audit, compilation, or review of your financial records completed? **Date:** _____
(Attach a copy of the findings from your most recent audit)

Bud-5. List CDBG/NOF funds awarded since July, 2010 to date. (If necessary, attach additional pages, and label as Bud-5).

DATE	CDBG/NOF Activity	Amt awarded	Balance Remaining <i>(if any)</i>

Bud-6. Do you currently have a contract with the city for CDBG/NOF funds? Yes No
If yes: What are term date(s) of the contract?

Bud-7. Have you submitted CDBG/NOF payment reimbursement requests? Yes No NA
If yes: Date last payment request was submitted: _____
For what period was the reimbursement requested? _____

Bud-8. List other funding sources (not CDBG) awarded since December, 2012. If necessary, attach additional pages, and label as Bud-8. (Attach proof, i.e. letter of credit, notarized award statement, etc):

DATE	Funding Source	Amount awarded, activities, etc	Balance Remaining (if any)

Bud-9. Does the United Way fund this organization? Yes No

Bud-10. Are all taxes paid to date? Yes No

Bud-11. Describe or provide documentation of an acceptable and accountable financial management system that minimizes any opportunity for fraud, waste, or mismanagement. Explain the proposed activity's fiscal management system, cash handling procedures, accounts payable, etc. Please use the space below or attach a separate page labeled [Bud-11].

Budget requests must be a minimum of \$100,000 (*per request*)

Bud-12. Homeless Public Service Budget

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2014-2015 CDBG/NOF
PERSONNEL		
Salaries (<i>should match total from salaries-Page 8, Org-10</i>)		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant personal services contracts (<i>List title for each & hourly rate or weekly pay or other fee scale</i>)		
OPERATING EXPENSES (<i>pro rata share</i>)		
SPECIFIC PROGRAM EXPENSES –Excluding personnel (<i>Itemize</i>)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

Bud-13. What percentage of your budget (compared to total costs) will be expended on administrative costs? _____

(*Administrative cost total divided by total project costs will give you the administrative cost percentage*)
 (Examples of Administrative costs incl. Management, Accounting, Non-Operational, etc)

Bud-14. Explain and justify each proposed budget line item and why CDBG funds are required.

Certifications

To be signed and notarized by an authorized representative of the Board of Directors

I certify that I have read the "HUD Final Rule: Revised Church and State Regulations" as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with the requirements of the U.S. Constitution regarding separation of church and state, and I commit the sponsoring organization to full compliance.

I certify that I have read the "HUD Conflict of Interest Regulations" as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with HUD Conflict of Interest Regulations, and I commit the sponsoring organization to full compliance.

I certify that the Board of Directors of this organization is not majority family controlled or related by blood and/or marriage.

I certify that I have read and understand the notices and warnings listed above.

I certify that the information presented in this proposal is true.

I certify that the Board of Directors has authorized the submission of this CDBG/NOF proposal.

I certify that no persons or organizations associated with this CDBG/NOF proposal is on the HUD Debarment List.

I further certify that I have been authorized by the Board of Directors to execute these certifications on our behalf.

Signed: _____ Title: _____

Date: _____ Telephone: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 201____,
by _____, the _____ of
Name Title

_____, a non-profit Corporation on behalf of the Corporation.
Organization Name

Notary Public

HUD Conflict of Interest Requirements

The City of Detroit, Planning and Development Department has revised HUD's conflict of interest clause in all City of Detroit contracts. Please be aware, these requirements will apply if you are awarded a contract with the City of Detroit.

a. The Contractor warrants that its participation in this contract will conform to the requirements all of the applicable Community Development Block Grant regulations including Sections 84.42, 85.36 and 570.611 of Title 24 of the Code of Federal Regulations, and further warrants that such participation will not result in any organizational conflict of interest. Organizational Conflict of interest is defined as a situation in which the nature of work under this contract and the Contractor's organizational, financial, contractual or other interests are such that:

1. Award of the contract may result in an unfair competitive advantage; or
2. The Contractor's objectivity in performing the contract work may be impaired.

In the event the Contractor has an organizational conflict of interest as defined herein, the Contractor shall disclose such conflict of interest fully in the submission of the proposal and/or during the life of the contract.

b. The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the Director and Executive Manager, which shall include a description of the action which the Contractor has taken or intends to take to eliminate or neutralize the conflict. The Planning and Development Department may, however, terminate the contract if it is in best interest of the City.

c. In the event the Contractor was aware of an organizational conflict of interest before the award of this contract and intentionally did not disclose the conflict to the Planning and Development Department (P&DD) may terminate the contract for default.

d. The provisions of this clause shall be included in all subcontracts and consulting agreements.

e. No federal, state or local elected official nor any member of the City of Detroit Planning Commission or employee of the Planning and Development Department nor any corporation owned or controlled by such person, shall be allowed to participate in any share or part of this contract or to realize any benefit from it. This provision shall be construed to extend to this contract if made with a corporation for its general benefit.

f. No member, officer, or employee of the City of Detroit Planning and Development Department, no member of the governing body of the City of Detroit or any other local government and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the project, shall, during his or her tenure, or for one year thereafter, have any interest, direct or indirect, in this contract or the proceeds thereof.

g. The Planning and Development Department reserves discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

HUD FINAL RULE: REVISED CHURCH AND STATE REGULATIONS

Pursuant to Title I of the Housing and Community Development Act of 1974, as amended, and the implementing CDBG regulations at 24 CFR 570.200(j) dated September 30, 2003, the Sponsoring Organization agrees that, if awarded CDBG funds for eligible activities: a) It will not discriminate against any person applying for, or seeking to participate in, CDBG funded activities on the basis of religion and will not limit such services or give preference to persons on the basis of religion or religious belief; b) It will provide no religious instruction or counseling, conduct no religious worship or services, and engage in no religious proselytizing, in the provision of funded CDBG activities; c) If the organization conducts any religious activities, such activities must be offered separately in time or location from the funded CDBG activities and participation of beneficiaries of CDBG funded activities in any such religious activities must be wholly voluntary; d) If CDBG funds are received for public service activities, minor maintenance repairs may be made to the facility

space in which public services are to be provided only in proportion to the CDBG funding allocation for the entire facility and to the extent to which the facility is used for secular, public service eligible purposes. Such space must not be a sanctuary, chapel or other room(s) used as a principal place of worship or for inherently religious activities; e) No CDBG funds may be used to improve, acquire, construct, rehabilitate, repair or maintain a sanctuary, chapel or other rooms that a CDBG-funded religious congregation uses as its principal place of worship or for inherently religious activities. However, if CDBG funds are awarded for public facility rehabilitation, and space other than provided above is used, the CDBG funds may be used for rehabilitation of structures only to the extent and proportion that those structures are used for conducting eligible CDBG activities. CDBG funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible CDBG activities in accordance with cost accounting requirements of OMB Circular A-122.

DETROIT CITY COUNCIL

**DETROIT CITY COUNCIL/ PLANNING & DEVELOPMENT DEPARTMENT
CDBG PROPOSAL APPEALS PROCEDURE**

Process for Appealing a City Funding Recommendation

The City Council/P &DD Community Development Block Grant Public Hearing will serve as a formal opportunity for applicants to appeal the funding recommendations made to City Council. All applicants who applied for funding will receive a letter of notification of the date, time, and location for the Appeals Hearing. Appeals may only be made by those organizations that were not recommended for funding. Appeals are to be made in writing using the attached form (attachment B). The form is to be submitted on the day of the hearing at the registration table. Organizations are asked to retain a copy of the form for your records. Final decisions will not be made on the day of the appeal, but they will be addressed during the Council's subsequent deliberations. Any applicant making an appeal after The Hearing of Appeals or desiring to appeal the subsequent decisions of the City Council may make such an appeal in writing through the office of the City Clerk utilizing the normal petition process.

ATTACHMENT B
2014-15 Proposal No: _____

City of Detroit City Council
2014-15 Community Development Block Grant/Neighborhood Opportunity Funds (CDBG/NOF)

APPEAL REQUEST FORM

(Only those organizations not recommended for funding are eligible to make an appeal.)

Name of organization:

What activity did you apply for? *(Circle all that applies.)*

Public Service Homeless Public Service Public Facility Rehabilitation Commercial Rehabilitation

If you applied for more than one activity which activity recommendation are you appealing? *(A separate appeals form will be needed for each activity.)*

What type of service does your organization provide? *(ex. senior meals, youth tutoring, new construction, etc.)*

Please explain your understanding of the reason your organization was not recommended for funding.

In the space provided below, state your reason for this appeal and/or why you should be recommended for funding.

Name: _____
(Please print)

Title: _____
(Please print)

Signature: _____

Date: _____

REQUIRED ATTACHMENTS

- 1. A copy of your federal 501(c)(3) designation from the Internal Revenue Service, and if available, IRS form 990 labeled **ATTACHMENT 1: NONPROFIT DESIGNATION**
- 2. **Provide at least one proof** that the organization has operated a program or project activity for at least one year. **LABEL AS ATTACHMENT 2: OPERATING PROOF.** Proof must be **dated during calendar year 2013** and consist of **ONE** of the following:
 - Annual Report of sponsoring organization describing program accomplishments;
 - Program or project evaluation report or letter from outside evaluator;
 - Performance report made to an outside funding source, e.g. Exhibit E of NOF contract with City of Detroit;
 - Minutes of Board of Directors meeting containing performance status/update of program activity;
 - Article in newspaper or publication of general circulation describing organizational program or activities.
- 3. To demonstrate financial standing and capacity provide a copy of your certified financial statement including cash flow statement, income and expense report and balance sheet for your most recent fiscal year, labeled as **ATTACHMENT 3: FINANCIAL STATEMENT.** **This statement should reflect the annual expenses indicated on BUD-2.** if your organization has had an audit, please attach **ONE COPY OF THE MOST RECENT AUDIT TO THE ORIGINAL COPY** of this proposal. (*You do not need to provide 3 copies of the audit.*)
- 4. **At least (3) three, signed support letters dated after January 1, 2013**
 - Letters from program recipients or community organizations/agencies providing similar services and/or serving a similar population indicating the impact this program has had on the client or their families are ideal. (These letters **MUST** be dated after January 1, 2013 and should clearly indicate the need for the program, the impact of the program, efforts that you have made to collaborate and/or the reasons the sponsoring organization is an appropriate agency as an agent or operator of the program. These letters should include the name, address, and signature of the author. (It is recommended that at least one of the support letters should be from a program recipient or participant) Label these letters as **ATTACHMENT 4: SUPPORT LETTERS**
- 5. If you are incorporated, a copy of your most recent **Non-Profit Corporation Information Update** labeled as **ATTACHMENT 5: MICHIGAN ANNUAL REPORT** .*Updates should have been filed with the State on or before October 1, 2013*
- 6. A copy of your organization's certificate of incorporation with the State of Michigan labeled **ATTACHMENT 6: CERTIFICATE OF INCORPORATION**
- 7. A copy of your organization's recent Bank Statement to show proof of operating cash (*within past 3 months*) **ATTACHMENT 7: BANK STATEMENT**
- 8. Copies of your most recent health department, fire marshal, and building inspection **reports or if unavailable, a statement of explanation**, labeled as **ATTACHMENT 8: INSPECTION REPORTS**
- 9. If CDBG/NOF funds are currently under contract, a copy of your current scope of service, labeled as **ATTACHMENT 9: SCOPE OF SERVICE**
- 10. If CDBG/NOF funds are currently under contract, a copy of the most recent Schedule E (**performance report**), labeled as **SCHEDULE: E**
- 10. **Read attachment 10: Conflict of Interest Regulations.**
- 11. **Read attachment 11: Church and State Regulations.**
- 12. **Read attachment 12: Appeals Processes**
- 13. **Sign & Notarize Certification on page 18**