



CITY OF DETROIT
HOUSING AND REVITALIZATION DEPARTMENT (HRD)
MASTER REHABILITATION (REHAB) PLAN ASSISTANCE PROGRAM

Email: PFR@detroitmi.gov

EVENT / ACTIVITY	DUE DATE / TIME
ADVERTISEMENT DATE	March 17, 2023
PRE-APPLICATION CONFERENCE	March 14, 2023 @ 2:00PM EDT Location: Microsoft Teams
QUESTIONS DUE	March 23, 2023, on or before 4:00PM EDT All questions must be submitted via email to PFR@detroitmi.gov
APPLICATION SUBMISSION DATE	Applications submitted prior to March 31, 2023 @ 4:00PM will be given priority for assistance. We will continue to accept applications on an ongoing basis until all available Master Rehab funds have been exhausted, no later than December 31, 2024.

Respondents must read this document in its entirety and complete the Master Rehab Application via [HRD's For Nonprofits and Community Groups Webpage](#). If you have any questions, please send an email to PFR@detroitmi.gov.

Section 1. PROJET SUMMARY and BACKGROUND

1.1. PROJECT REQUEST

The City of Detroit Housing and Revitalization Department (HRD) requests applications from qualified Respondents (public serving facilities operated by nonprofits) to obtain assistance with creation of a Master Rehabilitation Plan (Master Rehab Plan) for their facility. A master rehab plan will identify and prioritize capital needs of the nonprofit's facilities. Applicants with multiple locations must submit a separate application for each location. Awarded organizations will receive assistance from a City of Detroit contracted Owner's representative to create a Master Rehab Plan outlining their facility capital needs and for use in submitting future applications to HRD Notice of Funding Availability (NOFA) opportunities.

HRD will publish a NOFA in 2023, providing organizations the opportunity to apply for funding for projects that support ADA improvements to public serving nonprofit organizations with facilities located in the City of Detroit. Having a comprehensive Master Rehab Plan will be included as part of the scoring award criteria for the NOFA.

1.2. BACKGROUND/DESCRIPTION OF ENVIRONMENT

The City of Detroit has received funds from the United States Department of the Treasury (the "Treasury") pursuant to the Coronavirus State and Local Fiscal Recovery Fund under CFDA 21.027 ("ARPA Funds"), under Section 602 and 603 of Title VI the Social Security Act, as amended by Section 9901 of the American Rescue Plan Act of 2021 ("ARPA") (Subtitle M of Title IX of Public Law 117-2); and the City has allocated ARPA Funds to provide funding for appropriate and qualifying expenditures as allowed under the Treasury Guidance Interim Final Rule "Coronavirus State and Local Fiscal Recovery Funds" (86 Fed. Reg. 267878).

HRD sustains and grows neighborhoods that are inclusive of quality affordable housing and economic opportunities for all through management of federal housing, economic, and community development funding.

HRD received Coronavirus State and Local Recovery Funds (SLRF) as an Entitlement grantee from the U.S Department of Treasury. A portion of the SLRF is dedicated to ADA accessibility improvements for organizations that have faced increased construction barriers due to the Coronavirus pandemic.

HRD intends to obtain applications in response to this notice and to award one or more organizations based on their need for assistance. An Owner's representative, under contract with the City of Detroit, will facilitate drafting and creation of a Master Rehab Plan for each awarded organization's facility.

HRD has contracted directly with an owner's representative to provide services to public serving facilities operated by nonprofit applicant(s) selected by HRD as the most responsive and qualified, and in the best interest of HRD. The provision of services to the awarded applicant shall commence only upon written notification by the designated HRD authorized representative.

The Master Rehab Plans developed through this application may be used by public serving nonprofit organizations to apply to the Nonprofit Rehabilitation Accessibility Program which has been created to benefit Detroit nonprofit organizations who serve Detroit residents. This program will award funding to organizations to help make improvements to their facility to allow for a barrier-free entry. According to the 2015-2019 American Community Survey, approximately 15 percent of Detroit residents under the age of 65 have a disability.

Virtually, all public serving nonprofit organizations within the City have been directly affected by COVID-19. Many organizations have had to close their doors while others have had to unexpectedly shift monies to respond to the threat of COVID-19, which has impeded many organizations ability to move forward with planned capital improvements.

Section 2. APPLICANT OBLIGATIONS

2.1 AWARDEE RESPONSIBILITIES

- 2.1.1. Cooperation with Owner's representative: The organization will be responsible to cooperate and provide accurate information to the owner's representative for the preparation of a comprehensive master rehab plan. Selected applicants are required to provide the owner's representative access to their facilities and records upon request, in addition to being available for regularly scheduled meetings. They must also commit to making qualified personnel available to provide assistance in a timely and comprehensive manner. The awarded applicant shall be responsible for ensuring the accuracy of the final master rehab plan.
- 2.1.2. Project Schedule: HRD will work with the awardee and owner's representative to establish a deadline for the completion of the master rehab plan. The awardee will be responsible for meeting the established deadline.
- 2.1.3. Project Location: Projects will be located at various subrecipient locations, to be determined, within the City of Detroit, County of Wayne, State of Michigan,
- 2.1.4. Application Required Content: The awardee shall ensure the following items are included within the application for assistance.
 - Number of Clients Served
 - Age of Building
 - Square Footage of building
 - Any known building deficiencies
 - Prior two months of Organization's Financial Statements
 - All existing Capital Needs
 - Organization's Most Recent Annual Budget
 - Most Recent 2 years of Tax Returns
 - Narrative Describing organization mission, history, goals and why support is needed

2.2 OPERATIONAL INFORMATION

Awarded Organization(s) will work closely with a city contracted Owner's representative.

The respondent is expected to cooperate and work with the owner's representative to complete a master rehab plan in accordance with the terms agreed upon with HRD and the owner's representative. Failure to cooperate may result in the rescission of an award.

2.2. TECHNICAL INFORMATION

The City of Detroit, HRD is committed to centralizing and warehousing applications for the purpose of achieving fairness of treatment, tracking of application submittal, service delivery and enabling departmental analytics.

Specifically, HRD minimally requires: The ability for HRD to use and govern applications as it deems necessary to centralizing it, porting it into other systems, and using it for additional and future organizational purposes.

Section 3. APPLICATION EVALUATION and SELECTION PROCESS

3.1. MINIMUM QUALIFICATIONS

Applications will only be accepted from organizations that can provide proof of ownership or have a minimum of a ten-year lease on their facility located in the City of Detroit.

3.2. ADHERENCE TO TERMS OF APPLICATIONS

An application accepted by the City of Detroit may become a binding obligation of the awardee. The failure of an awardee to accept this obligation and to adhere to the terms of the application may result in rejection and/or the cancellation of any provisional award. Awardees are not permitted to take advantage of any errors or omissions in specifications since full instructions will be given should they be discovered before application submission date.

3.3. QUESTION SUBMITTAL

All questions regarding the application must be submitted through the HRD email address (PFR@detroitmi.gov). In the interest of transparency, only written questions will be accepted.

Should a respondent be in doubt as to the true meaning of any portion of the application or find any patent ambiguity, inconsistency, or omission herein, the respondent must make a written request for an official interpretation or correction through the HRD email address (PFR@detroitmi.gov).

Respondents are advised that no oral interpretation, information or instruction by an officer or employee of the City of Detroit shall be binding upon the City of Detroit.

Respondents requesting changes to the application's terms and conditions, specifications, quantities, etc.; or if clarifications are needed, must make the request in writing.

3.4. EVALUATION CRITERIA

Application Evaluation Criteria	Possible Points
1. Application Review	45
2. Signed Letter of Transmittal	10
3. Narrative Outlining Need for Support	35
4. Supporting Financial Information	10
Total Points Possible	100

3.5. EVALUATION PROCEDURE

Following the receipt of applications, a City designated Evaluation Committee will evaluate each response. All responses, which meet the required format of this application, will be evaluated. Any applications determined to be non-responsive to the specifications or other requirements of the application, including instructions governing submission and format, will be disqualified unless the City determines, in its sole discretion, that non-compliance is not substantial or that an alternative proposed by the Respondent is acceptable.

The City may also at its discretion, request oral presentations, make site visits at Respondent's facility and may request a demonstration of Respondent's operations. If scheduled, a final determination will be made after the oral presentations and/or demonstrations are complete.

The City may also at its sole discretion, elect to rank order the qualified applications, and negotiate with some limited number of the highest scored qualified respondents. A final determination would include the cumulative inputs of this evaluation procedure. All decisions reached by the Evaluation Committee will be by consensus.

3.6. ORAL PRESENTATION/DEMONSTRATION

The City reserves the right, at its own discretion, to request oral presentations regarding applications submitted in response to the Application. Failure to make an oral presentation will be grounds for rejection of your application. Respondents will be notified by the Office of Contracting and Procurement of the date, time and location for oral presentations.

3.7. REJECTIONS, MODIFICATIONS, CANCELLATIONS

The City of Detroit expressly reserves the right to:

- 1) accept or reject, in whole or in part, all applications received
- 2) waive any non-conformity
- 3) re-advertise for applications
- 4) withhold the award for any reason the City determines
- 5) cancel and/or postpone the request for applications, in part or in its entirety, and/or
- 6) take any other appropriate action that is in the best interest of the City

This Application does not commit the City of Detroit to award a contract, to pay any cost incurred in the preparation of an application under this request, or to procure or contract for services.

Section 4. REQUIRED APPLICATION CONTENT and SUBMISSION PROCESS

4.1. ACCURACY AND COMPLETENESS OF INFORMATION

All information pertaining to the prospective respondent's approach in meeting the requirements of the Application shall be organized and presented in the prospective respondent's application. The instructions contained in this Application must be strictly followed.

Accuracy and completeness are essential. Omissions and ambiguous or equivocal statements will be viewed unfavorably and may be considered in the evaluation. Since all or a portion of the successful application may be incorporated into any ensuing obligation, all prospective respondents are further cautioned not to make any claims or statements that cannot be subsequently included in a legally binding agreement.

4.2. REQUIRED APPLICATION CONTENT AND FORMAT

To be considered responsive, each application must respond to the following Application sections in their entirety, and responses must be uploaded in the link provided:

Required Response Item	
1.	Attachment A – Respondent Application
	Respondent shall provide a completed application.
2.	Attachment B – Letter of Transmittal
	The prospective respondent's application shall include a letter of transmittal signed by an individual or individuals authorized to bind the prospective respondent to work with the owner's representative, and provide information requested in a timely manner. The letter must state that the application will remain firm for a period of one hundred twenty (120) days from its due date and thereafter until the prospective respondent withdraws it, or a master rehab plan is completed
3.	Attachment C – Respondent Narrative Outlining Need for Support
	Respondent shall provide narrative outlining need for support.
4.	Attachment D – Respondent Financial Information
	Respondent shall provide the last two quarterly financial statements for the organization and the past two years tax returns for the organization.

4.3. ECONOMY OF PREPARATION

Application should be prepared simply and economically providing a straightforward, concise description of the Respondent's ability to meet the requirements of the APPLICATION. Emphasis should be on the completeness and clarity of content.

4.4. SUBMITTAL INSTRUCTIONS

All applications **must** be submitted through the [DocuSign Application link](#) each Respondent is responsible for ensuring that its application is received by the City on a timely basis. **Faxed or mailed applications will not be accepted.**

Firms shall not distribute their applications to any other City office or City employee. Applications received become the property of the City of Detroit, HRD department. HRD is not responsible for any costs associated with preparation or submission of applications. All applications submitted by the due date will be recorded in DocuSign. Responses received **will not** be available for review. Applications received will be subject to disclosure under the state of Michigan's Freedom of Information Act. An officer of the company authorized to bind the company to a contractual obligation with the City must sign the applications in DocuSign. The successful respondent will receive an award letter.

Section 5. GENERAL CONDITIONS and REQUIREMENTS FOR APPLICATION

5.1. APPROVAL

Upon award, applicants will receive an award letter identifying next steps in the process. Owner's representative may begin requesting information and assessing the awarded public serving nonprofit facility upon receipt of the required authorization.

5.2. ASSIGNMENT

The Master Rehab plan to be performed by the Owner's representative shall not be re-assigned, sublet, or transferred to another facility operated by the public serving nonprofit.

5.3. MODIFICATIONS OF SERVICES AFTER APPROVAL

The City reserves the right to modify the Owner's representative who has been selected to facilitate creating master rehab plans for public serving nonprofit as awarded by the Master Rehab Plan Program.

5.4. MISCELLANEOUS

It shall be the responsibility of the Respondent (public serving nonprofit) to thoroughly familiarize themselves with the provisions of these specifications. After accepting the award, no consideration will be given to any claim of misunderstanding.

The Respondent agrees to abide by the rules and regulations as prescribed herein by the City as the same now exists or may hereafter from time to time be changed in writing.

5.5. CHANGES TO FEDERAL REQUIREMENTS

The awardee shall at all times comply with all applicable ARPA Federal regulations, policies, procedures and directives, including without limitation those listed directly or by reference in the Master Agreement between the City and ARPA, as they may be amended or promulgated from time to time during the term of this agreement. The awardee's failure to so comply shall constitute a material breach of this agreement.

5.6 ACCESS TO RECORDS AND REPORTS

Awardee shall maintain full and complete Records reflecting all operations related to the awarded master rehab plan program. The Records shall be subject to inspection, review, and audit by the City and the Government-Grantor Agency. Such Records shall be maintained in accordance with generally accepted accounting and internal controls, and all federal, state, and local accounting principles and governmental accounting and financial reporting standards, as required under 2 C.F.R. 200, Subpart D, and 31 C.F.R. Part 35 (Pandemic Relief Programs). All Records must be maintained for a duration no less than the later of (a) five (5) years after all ARPA Funds have been expended or returned to the City and/or the Government-Grantor Agency, as the same may be extended by the Treasury, and (b) December 31, 2031.

Master Rehab Plan Application Template

Application and needed attachments are available to complete and upload via the [Application DocuSign Link](#).

Below is a sample of the application for reference.

City of Detroit Housing and Revitalization Department



Housing Rehabilitation and Development Program

Master Rehabilitation Plan Assistance

March 2023



HRD will accept completed electronically submitted applications submitted using the DocuSign application process. In addition to the primary application form, all applicable items (Attachments A-C) must be submitted with the final application. Applications will be accepted on a continual basis until funds are exhausted. First round of application review will occur on March 31, 2023.

Please note, for the Master Rehab Plan Assistance Program, each checklist item requested is required to pass the threshold process.

Attachment A - CITY OF DETROIT HOUSING AND REHABILITATION PROGRAM APPLICATION									
Application Date:			Is this a Resubmittal?		Yes		No		
			Original Application Date(s):						
Full Legal Name of Your Organization:									
Federal Tax Identification Number:			Organization's DUNS number (if applicable):						
Name of Organization Lead Contact:									
Phone Number:				Email Address:					
Mailing Address of the Organization:									
City:				State:				Zip Code:	
Street Address of the Project Site:									
What is the approximate square footage of the building?									
What is the age of your building(s)?									
When was the last time the building had a major renovation?									
Has your organization received a previous award of funding for renovations or improvements to your building?					Yes		No		
If <u>Yes</u> , please indicate:		Date of award:				Amount awarded:			
Description of the project awarded:									
How many clients are served annually at the building(s)?									
How many persons with disabilities does your organization currently serve?									



Provide an estimate of how many additional clients you will be able to serve with improved accessibility:				
Please provide a copy of your Internal Revenue Service Determination Letter demonstrating the non-profit status of your organization.				
Attach a brief narrative explaining any known deficiencies or capital needs of your building that you are aware of.				
If awarded master rehab plan assistance, does your organization intend on applying for future pre-development or development NOFA funding?	Yes		No	
Is the organization, principles of the organization, directors of the organization, members of the board of directors or any persons employed with the organization debarred by HUD or the State of Michigan?	Yes		No	
Does the organization, principles of the organization, directors of the organization, members of the board of directors or any persons employed with the organization have any other contracting restrictions with federal or state agencies or with the City of Detroit?	Yes		No	
Has your organization or one of its principals filed for bankruptcy within the past 10 years?	Yes		No	
<p>Any person, who knowingly makes a false statement or misrepresentation in this Application or causes such a false statement or misrepresentation to be made, shall be subject to a fine of not more than \$5,000 and/or imprisonment for not more than two years, under provisions of the United States Criminal Code.</p> <p>Initial: _____</p>				

Authorized Representative:

Signature

Name Title

Date



Note: You may attach up to five (5) files per icon.

Attachment B - Respondent Letter of Transmittal

The respondent's application shall include a letter of transmittal signed by an individual(s) authorized to bind the respondent to work with the owner's representative and provide requested information throughout the process in a timely manner. Applicant is expected to review for accuracy and sign-off on the final product (Master Rehab Plan) for the facility.

Attachment C - Respondent Narrative Outlining Need for Support

Provide a narrative describing your organization's mission, history and goals and the need for support in obtaining a Master Rehab Plan.

Attachment D - Respondent Financial Information

Respondent shall provide the last two quarterly financial statements for the organization and the past two years of tax returns for the organization.