

**PART II – 2020 PUBLIC SOCIAL SERVICES PROPOSAL FORM**

**COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

**CDBG-CV3**

**2020 PUBLIC SOCIAL SERVICES PROPOSAL FORM**

**INSTRUCTIONS:**

1. This proposal form includes activity sections for public social service and homeless public service activities. All appropriate sections must be complete. All 2020 CDBG-CV3 proposals for public social service activities must be submitted on this form or in this same format. Please type or print legibly.

**NOTE: If your organization is requesting public facility rehab or home repair or other development activities, this is not the form.** This proposal form is for COVID-19 PUBLIC SOCIAL SERVICES 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.
3. A separate activity section should be used for each public social 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. Make sure the original proposal is clearly marked.

*If you have any questions, call the CDBG office at 219-873-1419 Ext. 2026.*

**DEADLINE DATE FOR SUBMISSION:** All proposals for the 2020 CDBG-CV3 Program year **MUST BE RECEIVED** by the City of Michigan City, Planning and Inspection Department, CDBG Program at the address below on or before **3:00 P.M., Wednesday, April 28<sup>th</sup>, 2021**, in a sealed envelope.

**WARNING: PROPOSALS RECEIVED AFTER THIS TIME AND DATE WILL BE ACCEPTED FOR THE 2020 CDBG-CV3 PROGRAM IF POSTMARKED BY THE DEADLINE DATE.**

**REMEMBER: THE (3) COPIES (Original and two copies) OF THE COMPLETE PROPOSAL AND ATTACHMENTS FOR EACH REQUEST MUST BE SUBMITTED TO AND RECEIVED BY THE CITY OF MICHIGAN CITY PLANNING & INSPECTION DEPARTMENT, CDBG PROGRAM OFFICE.**

**(4/14/21 – 4/28/21) mail or deliver proposals to:**

City Hall – CDBG Program  
Planning & Inspection Department  
Attention: CDBG Office  
100 E. Michigan Blvd.,  
Michigan City, IN 46360

**NO LATER THAN 3:00 P.M., Wednesday, April 28<sup>th</sup>, 2021.**

COVER PAGE

2020 PUBLIC SOCIAL SERVICE PROPOSAL

Community Development Block Grant - (CDBG) COVID-19 CARES ACT CV3

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., 3.

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: Michigan City Zip: \_\_\_\_\_

Day phone: ( ) - Ext. \_\_\_\_\_

Evening phone: ( ) - \_\_\_\_\_

Fax Number: ( ) - \_\_\_\_\_

Email Address: (if any)
@ \_\_\_\_\_

Address of the administrative offices/headquarters:

Zip: \_\_\_\_\_

Address of primary program site(s)

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

Zip: \_\_\_\_\_

CHECK:

- A: NON-homeless Public Service
B: Homeless Public Service

Amount of Request: \_\_\_\_\_

**Sum-1 Check One:** *(Most will be subrecipients, if unsure call CDBG office)*

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

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

**Sum-3 Is this organization:**  
 For profit  Not for profit

**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 during 2019?**  
 Yes  No

## A. PUBLIC SERVICE

**Sum-6A: Check one box below that best reflects the primary activity of the proposed project**

- Emergency needs services for very low-income persons/families, but NOT services for homeless populations
- Services for senior citizens (Age 62 or over), disabled persons or uninsured low income families
- Foreclosure Prevention
- Job training
- Emergency shelter/transitional housing
- Emergency supportive services

## B. HOOSIER MANAGEMENT INFORMATION SYSTEMS (HMIS)

**Sum-6B: Check one box below that best reflects your agencies use of HMIS.**

- Currently using HMIS
- If not using HMIS, would commit to begin using HMIS during the first year of funding.
- Will not use HMIS

**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.)*

## ORGANIZATIONAL INFORMATION

**Org-1.** What is the mission of the sponsoring organization? *Answers should be 50 words or less.*

\_\_\_\_\_

**Org-2.** What programs/activities does this organization implement to achieve this mission?

\_\_\_\_\_

**Org-3.** Are any of these activities currently funded with City of Michigan City CDBG-CV dollars?  Yes  No  
*If yes, which ones:*

\_\_\_\_\_

**Org-4.** What are the unique experiences and qualifications that make your organization the most appropriate in providing the proposed, or similar, services? (An organizational brochure may be attached to this page.)

\_\_\_\_\_

**Org-5.** Are there any other organizations that provide a similar service in your service area? *Please identify:*  Yes  No

\_\_\_\_\_

**Org-6.** In what ways is your organization collaborating or partnering with other organizations:

\_\_\_\_\_

**Org-7.** Is this 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

**Tax Identification Number:** \_\_\_\_\_

**Org-8.** Number of staff persons, if any:

\_\_\_\_\_ Paid, full time                      \_\_\_\_\_ Interns                       Volunteer  
\_\_\_\_\_ Paid, part time                      \_\_\_\_\_ Others (specify)

**Org-9.** Who is responsible for maintaining your financial records (*bookkeeper, accountant, treasurer, etc.*)?

_____	_____	_____
Name	Phone	Position

**Org-10.** Has your organization had an A-133 audit by a Certified Public Accountant?  
*(Please attach (1) copy labeled Org -10)*  Yes  No

**Org-11.** When was the most recent audit, compilation, or review of your financial records? Date: \_\_\_\_\_  
*(Please attach (1) copy of the audit labeled Org – 11).*

**Org-12.** Do you currently have a contract with the city for CDBG funds?  Yes  No

**Org-13.** Is this organization subject to any current judgments, lawsuits, IRS arrearages, etc.?  Yes  No  
*If yes, please explain:*

\_\_\_\_\_

## Board

**Org-14.** Does your organization have a board?  Yes  No

*If yes, how is the board selected?*

Election by board  Appointment by board  
 Other \_\_\_\_\_  Election by membership

**Org-15.** How many persons do the by-laws specify to be on the board? \_\_\_\_\_

**Org-16.** List dates and time of organization's regular board meetings: \_\_\_\_\_

**Org-17.** List organization's board members:

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

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

**Org-18.** Who is the Chairperson/President of your board? \_\_\_\_\_

# Public Service Activity Section

Do Not Remove this Page

## PROJECT DESCRIPTION AND BUDGET

Check all boxes below that demonstrate the characteristics of the target participants of this project.

**PS-1. Gender and status of participants (check all that apply)**

- |   |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Male                 | <input type="checkbox"/> Female |
| <input type="checkbox"/> Individual           | <input type="checkbox"/> Family |
| <input type="checkbox"/> One Parent Household |                                 |

**PS-2. What particular criteria or "at-risk" factors does your program target? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Dropped out of school            | <input type="checkbox"/> HIV+/AIDS                   |
| <input type="checkbox"/> Teen pregnancy                   | <input type="checkbox"/> Criminal record             |
| <input type="checkbox"/> Juvenile delinquency             | <input type="checkbox"/> Poor/Poverty Issues         |
| <input type="checkbox"/> Nutrition, hunger                | <input type="checkbox"/> Poor health/lead poisoning  |
| <input type="checkbox"/> Substance abuser                 | <input type="checkbox"/> Mental illness              |
| <input type="checkbox"/> Losing public benefits/uninsured | <input type="checkbox"/> Eviction notice             |
| <input type="checkbox"/> Violent behavior                 | <input type="checkbox"/> Unemployment                |
| <input type="checkbox"/> None                             | <input type="checkbox"/> Other; Please explain _____ |

**PS-3. Age of participants (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Infants (under 2)  | <input type="checkbox"/> Mature adults - 36-62       |
| <input type="checkbox"/> Children - 2-12    | <input type="checkbox"/> Senior Citizens - 62-79     |
| <input type="checkbox"/> Youth - 13-18      | <input type="checkbox"/> Frail elderly - 80 and up   |
| <input type="checkbox"/> Young adults 19-35 | <input type="checkbox"/> Other, specify range: _____ |

**PS-4. Special needs of participants (check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Blind                                     | <input type="checkbox"/> Illiterate      |
| <input type="checkbox"/> Deaf                                      | <input type="checkbox"/> Senior Citizen  |
| <input type="checkbox"/> Paraplegic                                | <input type="checkbox"/> Homeless        |
| <input type="checkbox"/> AIDS                                      | <input type="checkbox"/> Abused children |
| <input type="checkbox"/> Alzheimer's or other dementia             | <input type="checkbox"/> Abused spouses  |
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Migrant Workers |
| <input type="checkbox"/> Other Disabled; please explain: _____     |  |
| <input type="checkbox"/> Other special needs; please explain _____ |  |

**PS-5. Residency of clients (check all that apply)**

- |  |
|--|
| <input type="checkbox"/> 100% Michigan City Residents          |
| <input type="checkbox"/> Other residency; please explain _____ |

**PS-6 Is this the same target population your organization served during 2014?**  Yes  No  
If no, please explain your reason for changes.

**PS-7 What percentage of your participants are low to moderate income?** \_\_\_\_\_

What documentation do you have on file to verify participants meet the Low/moderate income requirement?

\_\_\_\_\_

**PS-8 Explain how your organization determined the need for this project. Provide a listing of statistical information with the source(s) used to determine the need for your project.**

\_\_\_\_\_



**PS-9 What community support do you have in place 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?**

\_\_\_\_\_

**PS-10 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 \_\_\_\_\_

**PS-11 Reason for requesting CDBG-CV funding for this activity (check all that apply):**

- Continue existing CDBG funded Public Service project
- Prevent reduction of existing service levels (*due to increased costs*)
- Expand (add to) existing service levels to meet unmet 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 \_\_\_\_\_

**PS-12 Provide a detailed description of the proposed project, including how it will be implemented and continue operating.** Answer all questions below. Insert no more than two pages of descriptive information behind this page, labeled as PS-12

- (a) What specific services are to be provided?
- (b) What tasks must be performed to provide the services?
- (c) What and how many workers, by job title, will plan, supervise and monitor project performance?
- (d) If volunteers are used-how many and what will they do?

\_\_\_\_\_

**PS-13 Describe the steps your organization is taking to move your service population to self-sufficiency?**

*(Attach any proof documenting the steps your organization is taking move your service population to self-sufficiency, labeled as PS-13)*

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.

**PS-14 Address of site (number, street name & zip code):** \_\_\_\_\_

**PS-15 Does your organization own this building?**  Yes  No  
**If no, who owns this building?** \_\_\_\_\_

**If no, does your organization have lease?**  Yes  No  
**If yes, Date lease effective:** \_\_\_\_\_  
**Date lease expires:** \_\_\_\_\_

		Yes	No	Unknown or N/A
<b>PS-16</b>	Are property taxes for this site paid to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-17</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"/>
<b>PS-18</b>	Is this facility/program licensed as a substance abuse treatment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-19</b>	Is this site barrier-free (handicap accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-20</b>	Does building use comply with zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-21</b>	Does building comply with building and fire code regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-22</b>	Has this building been inspected by the health department? If so, provide date of most recent inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-23</b>	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PS-24</b>	Are any religious activities held at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PS-25 List all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG as well as those proposed to be funded by other sources:**

<i>Title/ position</i>	<i># of FTE*</i>	<i>Qualifications/ Degree, etc.</i>	<i>Total from sources other than CDBG</i>	<i>Budget: Annual total from CDBG</i>
<b>**TOTAL CDBG Funds for staff</b>				

\*FTE=full time equivalents

**PS-26 How will you publicize this program, i.e. how will people know this program is available?**

\_\_\_\_\_

**PS-27 What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?**

\_\_\_\_\_

**PS-28 What criteria are used to select participants in the event there are more applicants than openings? (Check all that apply)**

- Income level (Attach a copy of the income guidelines used.)
- Referral from another agency; What agency: \_\_\_\_\_
- Special skills/talents; please explain: \_\_\_\_\_
- Membership; please explain: \_\_\_\_\_
- First come, first served
- Other, please explain: \_\_\_\_\_

**PS-29 Does this project charge fees to participants?**  Yes  No  
 (Note: fees must not exclude low/moderate income people)

**PS-30 If yes, how much?** \$ \_\_\_\_/ per (Check one) \_activity \_week \_month \_year

**PS-31 If fees are charged, explain your policy for waiving/otherwise paying fees for persons unable to pay:**

\_\_\_\_\_

**PS-32 Will the proposed activities operate year-round or seasonally?** Year-round Seasonal  
 If seasonal, which months of the year will this program operate? \_\_\_\_\_

**PS-33 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 inform CDBG in writing):**

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

**PS-34** What standards, measures, benchmarks are used to assure or verify that this is a quality/successful program. (Example: Number of GEDs, number getting into apartments, number becoming self-sufficient etc.)

**PS-35** What are the primary outcomes for this project and how are they measured?

**PS-36. Public Service Budget**

Complete the following budget form for the requested public service activity:	Amount from other funding	Amount from 2020 CDBG/CV3
<b>PERSONNEL</b>		
Salaries		
Employer Taxes (FICA, FUTA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant Services Contracts (List title for each & hourly rate or weekly pay or other fee scale)		
<b>OPERATING EXPENSES (Itemize)</b>		
Rent		
Utilities		
Transportation		
Communication		
Insurance		
Consumable supplies		
Other (list)		
<b>SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)</b>		
<b>TOTAL AMOUNT REQUESTED FROM CDBG</b>		

**PS-37** Are all the expenses in the Budget directly related to project activities?  Yes  No  
 If no, please explain:

**PS-38** 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)

**Certifications**

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

1. I certify that I have read the “HUD Final Rule: Revised Church and State Regulations” as printed in the instructions, 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.
2. I certify that the Board of Directors of this organization is not majority family controlled or related by blood and/or marriage.
3. I certify that I have read and understand the notices and warnings listed above.
4. I certify that the information presented in this proposal is true.
5. I certify that the Board of Directors has authorized the submission of this CDBG proposal.
6. 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 \_\_\_\_\_, 2021,  
by \_\_\_\_\_, the \_\_\_\_\_ of  
Name Title  
\_\_\_\_\_, a non-profit Corporation on behalf of the Corporation.  
Organization Name

\_\_\_\_\_  
Notary Public

## **HUD Conflict of Interest Requirements**

**Please be aware, these requirements will apply if you are awarded a contract with the City of Michigan City.**

- a. The Contractor warrants that its participation in this contract will conform to the requirements of the all applicable Community Development Block Grant regulations including Sections 84.42, 85.36 and 570.611 of Title 24 of the Code of Federal Regulations, ALL CARES ACT 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 & Inspection 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 Inspection Department 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 Michigan City Planning Commission or employee of the Planning & Inspection 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 Michigan City Planning & Inspection Department, no member of the governing body of the City of Michigan City 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 & Inspection Department reserves discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

## ATTACHMENT 12

- 1. If you are incorporated, a copy of your most recent **State of Indiana Annual Nonprofit Report**, labeled as **ATTACHMENT 1: ANNUAL REPORT.**
- 2. A copy of your organization's certificate of incorporation with the State of Indiana labeled as **ATTACHMENT 2: CERTIFICATE OF INCORPORATION.**
- 3. A copy of your federal 501(c)(3) designation from the Internal Revenue Service, labeled as **ATTACHMENT 3: NONPROFIT DESIGNATION.**
- 4. To demonstrate financial standing and capacity provide a copy of your financial statement including income and expense report and balance sheet for your most recent fiscal year, labeled as **ATTACHMENT 4, FINANCIAL STATEMENT.**
- 5. **Proof of Insurance**
- 10. **Read attachment 10: Conflict of Interest Regulations.**
- 11. **Read attachment 11: Church and State Regulations.**