

**CITY OF DETROIT
OFFICE OF CONTRACTING AND PROCUREMENT
ISSUES ON BEHALF OF HOUSING AND REVITALIZATION DEPARTMENT
REQUEST FOR PROPOSALS
RFP# 20BW18775
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) /
NEIGHBORHOOD OPPORTUNITY FUND (NOF)
2021-2022 PUBLIC SERVICE PROPOSAL FORM**

APPLICATION INSTRUCTIONS:

1. This proposal form includes activity sections for public service activities. All appropriate sections must be complete. All 2021-2022 CDBG/NOF proposals for public service activities must be submitted on this form.

NOTE: This proposal application is for PUBLIC SERVICE 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 five additional pages.

PLEASE NOTE: This year, all 2021-2022 CDBG/NOF proposals must be prepared and submitted online using the City's "Oracle" system. To register for Oracle or obtain information regarding Oracle Cloud, please email procurementinthecloud@detroitmi.gov or call Iva Patterson, E-Procurement Specialist, at 313-670-8106 or Cedric McCree, E-Procurement Specialist, at 313-670-7878. You may also visit the Office of Contracting and Procurement's webpage to assist you with registration.

Applicants must register on Oracle before a proposal can be submitted. Proposals must be submitted via Oracle by 4:00 pm on Friday, October 9, 2020. Paper copies of Proposals will not be accepted.

Attendance at the proposal workshop or review of the webinar is a prerequisite for funding. All awards are contingent on the City of Detroit receiving adequate CDBG funding from HUD.

DURING THE PROCUREMENT PROCESS **DO NOT CONTACT HOUSING AND REVITALIZATION DEPARTMENT STAFF REGARDING THE RFP OR ORACLE QUESTIONS. IF YOU HAVE QUESTIONS, POST RFP QUESTIONS IN THE ORACLE RFP QUESTIONS AND ANSWERS SECTION FOR THIS RFP. FOR TECHNICAL ORACLE QUESTIONS, CALL THE OFFICE OF CONTRACTS AND PROCUREMENT AT 313-224-1500 OR EMAIL PROCUREMENTINTHECLOUD@DETROITMI.GOV.**

SUBMISSION DEADLINE: The proposal is open from September 9, 2020 thru October 9, 2020. All proposals for the 2021-2022 CDBG Public Service Program year **MUST BE RECEIVED VIA Oracle, RFP# 20BW18775, BEFORE OR BY 4:00 P.M., Friday, October 9, 2020.**

THE PUBLIC RECORDING OF PROPOSALS RECEIVED IN ORCALE TAKES PLACE AT 2:00 P.M. ON MONDAY, OCTOBER 12, 2020. IN AN ATTEMPT TO PRACTICE SOCIAL DISTANCING, THE CITY OF DETROIT, OFFICE OF CONTRACTING AND PROCUREMENT, WILL CONDUCT THE PUBLIC RECORDING VIA A ZOOM MEETING, [HTTPS://US02WEB.ZOOM.US/J/84286075377?PWD=ZEX5CFFOU2PJU0ZWSFFRS0M0BNJSUT09](https://us02web.zoom.us/j/84286075377?pwd=ZEX5CFFOU2PJU0ZWSFFRS0M0BNJSUT09), MEETING ID: 842 8607 5377, PASSCODE: G9JQVF

**CITY OF DETROIT
2021 - 2022 CDBG/NOF
PUBLIC SERVICE PROPOSAL APPLICATION**

AGENCY IDENTIFICATION AND SIGNATURE PAGE

***REQUIRED**

*Legal Name: <i>List name as recorded on the Incorporation Papers</i>			*Total Amount of Request:
*Federal Tax Identification Number:		*DUNS Number:	
Indicate any previously used names: 1. 2.			
* Business Address:	City:	State/Zip:	
* Program Address:	Cty:	State/Zip:	
Website Address:	*Day Phone:	Fax:	
*Evening Phone:			*Email:
*Program/Project Name: <i>List project name, ie, Sr. Hot Lunch program or Youth Program</i>			
*Executive Director:		*Phone:	
*Email:			
*Staff Person Responsible for Program: <i>This person must be familiar with this proposal and program</i>		*Contact Phone:	
*Contact Address:		*Email:	
*City Council District your Organization is headquartered in:			

Required Signatures

We have read and fully understand the qualification and requirements delineated in this proposal. All information submitted is correct and up-to-date. We have also read and agree to abide by the terms and condition specified in the Compliance Regulations and Guidelines in the RFP.

Board Chair or President's Signature	Print Name	Date
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Executive Director's Signature	Print Name	Date
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Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier covered Transactions

Please refer to Exhibit N, Compliance Regulations and Guidelines, prior to signing this section for an explanation of the Federal Requirement.

Lower Tier Covered Transactions

- (1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:
- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against me or _____ **(Contractor's/Subrecipient name)** for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of these statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signed: _____
(Authorized Recipient Name/Title)

Date: _____

Print Name: _____

REQUIRED ATTACHMENTS

- A copy of your federal tax exempt designation from the Internal Revenue Service. Label as **ATTACHMENT 1: NONPROFIT DESIGNATION.**
- Provide** at least **one proof** that the organization has operated a program/project activity for at least two (2) years. Label as **ATTACHMENT 2: OPERATING PROOF.** Proof must be **dated during calendar year 2018** and consist of **ONE** of the following:
 - Annual Report of sponsoring organization describing program accomplishments;
 - Program/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; or
 - Article in newspaper or publication of general circulation describing organizational program or activities.
- To demonstrate financial standing and capacity, provide a copy of your certified Audit or Financial Statement, including cash flow statement, income and expense report and balance sheet, IRS form 990 for your most recent fiscal year, (or within past two years). Label 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.
- If you are incorporated, provide a copy of your most recent **Non-Profit Corporation Information Update.** Label as **ATTACHMENT 4: MICHIGAN ANNUAL REPORT.** *Updates should have been filed with the State of Michigan on or before October 1, 2020.*
- A copy of your organization's Certificate of Incorporation and Certificate of Good Standing with the State of Michigan. Label as **ATTACHMENT 5: ARTICLES OF INCORPORATION AND BYLAWS.**
- A copy of your organization's Certificate of Good Standing. Label as **ATTACHMENT 6: CERTIFICATE OF GOOD STANDING.**
- A copy of your organization's recent Bank Statement to show proof of operating cash (*within Past three (3 months)*). Label as **ATTACHMENT 7: BANK STATEMENT (or other proof of operating cash).**
- If CDBG/NOF funds are currently under contract, a copy of your current Scope of Service. Label as **ATTACHMENT 8: EXHIBIT A: SCOPE OF SERVICE.**
- If CDBG/NOF funds are currently under contract, a copy of the most recent Schedule E Performance Report. Label as **ATTACHMENT 9: EXHIBIT E: PERFORMANCE OUTCOME REPORT.**
- ATTACHMENT 10: Read Only - Conflict of Interest Regulations.**
- ATTACHMENT 11: Read Only - Church and State Regulations.**
- ATTACHMENT 12: Read Only - Appeals Processes.**

- Copies of your most recent health department, fire marshal, and building inspection reports. Label as **ATTACHMENT BI # 3: HEALTH INSPECTION, ATTACHMENT BI # 4: BUILDING SAFETY ENGINEERING ENVIRONMENTAL INSPECTION, AND ATTACHMENT BI # 5: FIRE MARSHAL INSPECTION.** If unavailable, provide a statement of explanation.
- Copy of your organization's Sustainability Plan. **Label ATTACHMENT 13: SUSTAINABILITY PLAN**

Additional Required Documentation

- Organizational Brochure (optional)**
- Staff Resumes** for ALL persons responsible for administration and implementation of the grant
- Performance Data (PD)** – Complete program performance for the past two (2) years
- Letters of Support - At least (3) three signed support letters dated after January 1, 2020.**
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, 2020 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 be from a program recipient or participant. Label these letters as **PS #1: LETTERS OF SUPPORT.**
- Sign & Notarize All Certifications.**

Attachment Naming Conventions

Please note, the following naming conventions are to be used for attachments to complete the application. Certain application questions allow respondents to either upload a document or address the question in writing directly below, while others will ask for an attachment response. Please refer to the question for details. *Not properly responding to a question or incorrectly naming attachments may adversely affect your application score.*

<u>Name Of Attachment</u>	<u>Description</u>
Attachment # 1:	Nonprofit Designation
Attachment # 2:	Operating Proof
Attachment # 3:	Financial Statement - or most recent audit or 990
Attachment # 4:	Michigan Annual Report
Attachment # 5:	Articles of Incorporation
Attachment # 6:	Certificate of Good Standing
Attachment # 7:	Bank Statement
Attachment # 8:	Exhibit A - Scope of Services,
Attachment # 9:	Exhibit E – Performance Outcomes Report
Attachment #13	Sustainability Plan
Org Brochure # 1:	Organizational Brochure
Org Staff # 2:	Staff Resumes
PD:	Performance Data
PS # 1:	Letters of Support
BI # 1:	Proof of Ownership
BI # 2:	Proof of Lease Agreement
BI # 3:	Health Inspection
BI # 4:	Building Safety Engineering Environmental Inspection
BI # 5:	Fire Marshall Inspection
Bud # 1:	Financial Statement
Bud # 2:	Financial Audit
Bud # 3:	List of CDBG/NOF funds
Bud # 4:	Other funding sources
Bud # 5:	Financial Management System
Bud # 6:	Budget Explanation and Justification

ELIGIBILITY REQUIREMENTS

The Mayor and City Council of the City of Detroit invite community organizations to submit a proposal for programs to be funded by the Community Development Block Grant/Neighborhood Opportunity Fund (CDBG/NOF) Program for the **2021-2022** grant period. Eligible grant seekers must meet the following program requirements.

FOR ALL AGENCIES SEEKING CDBG/NOF FUNDS:
<input type="checkbox"/> Agency has been in operation at least two (2) fiscal years
<input type="checkbox"/> Bylaws and Articles of Incorporation as a nonprofit agency in the State of Michigan (Please include copy)
<input type="checkbox"/> Letter of Good Standing from State of Michigan (Please include copy)
<input type="checkbox"/> Notice of IRS 501C3 Tax Exempt Status (Please include copy)
<input type="checkbox"/> Financial audit(s) or 990 covering the past two fiscal years (Please include copy)
<input type="checkbox"/> Unaudited year-end financial statements (Please include copy)
<input type="checkbox"/> Most recent IRS FORM 990 (Please include copy)
<input type="checkbox"/> Federal Tax Identification and DUNS Numbers
<input type="checkbox"/> Board of Trustees Roster with Officers and Professional Affiliations
<input type="checkbox"/> The program in which funds are being applied has been in operation at least two (2) years
<input type="checkbox"/> Program services provide a direct benefit to low and moderate income persons
<input type="checkbox"/> If current Subrecipient, must demonstrate program is either a new program or is expanding its services – there is a quantifiable increase in the service than was delivered in the 12 months prior
<input type="checkbox"/> If current Subrecipient, must not have more than three (3) months of outstanding reimbursement invoices

INELIGIBLE COSTS FOR ALL CDBG COMPONENTS

- | |
|--|
| <input type="checkbox"/> Pre-contract costs |
| <input type="checkbox"/> Back taxes, proposal costs, debts, late charges, penalties |
| <input type="checkbox"/> Excessive travel expenses |
| <input type="checkbox"/> Improperly procured purchases |
| <input type="checkbox"/> Undocumented mileage charges |
| <input type="checkbox"/> Gifts and Donations |
| <input type="checkbox"/> Staff recruitment |
| <input type="checkbox"/> Facilities/equipment depreciation |
| <input type="checkbox"/> Costs associated with the organization rather than the specific program |
| <input type="checkbox"/> Any costs associated with advertisements, pamphlets, surveys, etc. |
| <input type="checkbox"/> Staff training, entertainment, conferences or retreats, travel |
| <input type="checkbox"/> Public relations, advertising, or fundraising |
| <input type="checkbox"/> Payments for bad debts/late fees |
| <input type="checkbox"/> Indirect organizational costs, if an Indirect Cost Plan has not accepted by the City prior to execution of the contract |
| <input type="checkbox"/> Rental assistance in any unit in which the sub-recipient or subsidiary has one percent or more ownership interest in the property |
| <input type="checkbox"/> Undocumented expenses |
| <input type="checkbox"/> Lobbying at partisan political activities |
| <input type="checkbox"/> Promotion or advertisement without City's consent |
| <input type="checkbox"/> Alcoholic beverage or illegal drugs, food not related to program activities |
| <input type="checkbox"/> Insurance Deductibles |
| <input type="checkbox"/> Publication not related to contract work |
| <input type="checkbox"/> Personal credit card or personal checking account charges |
| <input type="checkbox"/> Suing the government |

Sub-recipients will be monitored to assure that reimbursed CDBG expenses are in compliance with program guidelines.

DEFINITIONS AND OTHER REQUIREMENTS

Agency Identification and Signature Page verifies the non-profit status of your organization and provides information about your service area.

The DUNS Number is a 9 digit number that verifies the existence of a business entity globally. DUNS Numbers are used widely by both commercial and federal entities. Obtaining a DUNS Number is free through Dun & Bradstreet. Go to www.smallbusiness.dnb.com or call 1-866-705-5711.

Problem Statement describes the specific social condition (s) to be address.

Inputs are the resources that will be used to achieve the program objectives. Inputs include staff, volunteers, facilities, equipment and supplies. Additional resources such as collaborations and referrals may also be categorized as inputs. Resumes and job descriptions submitted with this proposal provide evidence the organization is capable of implementing the program, based on the experience and qualification of its staff.

Activities are the types of services the program provides. This is what the agency does with the inputs to fulfill its mission and to provide services. For example, sheltering homeless families, educating the public about the signs of child abuse and providing adult mentors for youth. Program activities result in outputs.

Outputs are the direct products of program operation, measured in terms of the volume of work accomplished. For example, the number of classes taught, the number of counseling sessions conducted, or the number of participants served. Outputs should lead to a desired benefit for participants.

Outcomes are the benefits or changes clients experience during or after participating in program activities. Outcomes may relate to changes in knowledge, attitudes, values, skills, behavior, condition, or other attributes. Examples of program outcomes include greater knowledge nutritional needs, improved reading skills, more effective responses to conflict, getting a job and having greater financial stability. Agencies must clearly state the methodology used to measure outcomes, i.e., surveys, client interviews, pre- and post-tests results or clients self-reporting.

Impacts assess the changes that can be attributed to a particular intervention, such as a project, program or policy, both the intended ones, as well as ideally the unintended ones. For example, an Impact question is structured to answer the question: how would outcomes such as participants' well-being have changed if the intervention had not been undertaken.

Program Budget outlines the financial resources by cost categories that are required to carry out the program objectives. The budget must clearly reflect all aspects of the program, whether it is transportation of clients to the program site, the printing of brochures describing the program to potential clients, or the salaries of the staff operating the program. It should also reflect the total amount of CDBG dollars requested, as well as other secured and anticipated funding sources for the program.

Organizational Budget is a copy of your Board-approved organizational budget for the current program year must be provided as an Attachment, in a form that is acceptable to the Housing and Revitalization Department. This budget must outline all expenditures and include a list of secured and anticipated funding sources.

Subrecipient is a Government agency, non-profit or For-Profit, or College that undertakes selected activities on behalf of Grantee.

CBDO is a community-based development organization whose primary purpose is to undertake community development by addressing one or more critical problems areas with special attention on low and moderate income persons.

CITY OF DETROIT PUBLIC SERVICE PRIORITIES

Check Only One:

- Education** - Proposals must focus on providing academic support to individuals in school or those that did not finish high school and desire to improve literacy, leadership development, obtain GED or basic job training skills.
- Literacy: Classroom-based academics, including reading & math
 - Enrichment/readiness: Math and Science
 - Job Training: Basic skill set improvement, technical assistance, job placement
- Health** – Proposals should focus on other health services, which do not include transportation or medical appointments. Request may include, but not be limited to, nutritious lunch and snacks, socialization and recreation, therapeutic activities, health monitoring, community outing, personal grooming and hygiene, medication administration and family counseling services, prescription medication for individual or insurance to pay retail and prescription mail orders.
- Public Safety** – Proposals should emphasize neighborhood or community-based activities focused on safe keeping of citizens. Program services may include, but not be limited to, supportive counseling, referrals, grief support to individuals and families, neighborhood patrols/watch, and code enforcement etc.
- Domestic Violence
 - Gun Violence
 - Community-Neighborhood Based
 - Human Trafficking
- Recreation (Youth)** – Proposals should center on youth programs. Eligible service activities may include, but not be limited to, sports and cultural enrichments i.e. arts, crafts, music, theater, etc.
- Arts
 - Sports
- Seniors** – Proposals should focus on activities for the wellbeing of senior citizens for transportation for senior medical appointments and related activities, along with other community based group program that provides health services to older adults with Alzheimer disease and other cognitive disorder, break to people taking care of their elderly loved ones in the form of adult day care services, etc.
- Transportation: To medical appointments
 - Health Services: Dental appointments, drug prescriptions, etc.
 - Senior Health & Wellness

Follow these steps to apply for this grant

- Make sure you register as a Vendor in Oracle. To register for Oracle or obtain information regarding Oracle Cloud, please call 313-224-1500 or email procurementinthecloud@detroitmi.gov. You may also visit the Office of Contracting and Procurement's webpage to assist you with registration.
- Read the CDBG/NOF Information Packet for details about the program, who and what are eligible, assessment criteria, etc.
- Remember to use the Application Checklist to ensure that you attach all required documents to the application. Required documents that are not submitted could reduce total number of points.
- Complete ALL sections of the application and upload to Oracle. Be sure to return to Oracle to ensure the application and all attachments uploaded properly.

(Threshold Requirements can be found in the CDBG NOF Information Packet)

I. SUMMARY

Program Name: _____ **Amount Requested:** _____

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

- Sub-recipient
- 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 received CDBG/NOF funding? If yes, please indicate funding year and amount.

- Yes No

Year of Funding: _____ Amount of Funding: _____
 Year of Funding: _____ Amount of Funding: _____

Sum-4 Program is: Citywide For a specific project area
(If for a specific program area, please provide boundaries or other description of your program area)

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

- Yes No

Sum-6. Does your organization provide services within a targeted area? (These areas are shown on the map located at the end of the Public Services RFP Information Package)? Yes No

Sum-7 If your program is only available to residents in specific Council Districts, please list the Council Districts below. **COMPLETE THIS SECTION ONLY IF PROGRAM IS LIMITED TO SPECIFIC DISTRICTS:**

Council Districts									

Sum-8 Which census tract(s) does this program serve? If program is available city wide, please indicate the census tracts in which the program maintains a physical location. This should include any and all satellite or remote locations that are a part of the program for which funding is being requested. (See census tract map in the Instructions)

II. THRESHOLD CRITERIA INFORMATION

- Thr-1. Which low/moderate income National Objective is met by the following:** (choose one)
- Low/Moderate Clientele (LMC)
 - Low/Moderate Area (LMA)
- Thr-2. Did representative from organization attend virtual workshop?** Yes No
If yes, date attended/viewed: _____
- Thr-3. Does your organization have at least a five (5) member board?** Yes No
If yes, does the board meet at least twice a year? Yes No
- Thr-4. Is the organization tax exempt, 501(c)(3), 501(c)(19), etc.?** Yes No
(Attach copy as Attachment #1: NONPROFIT DESIGNATION)
- If yes, give date exemption granted: _____*
Does the organization have a federal tax I.D. number? Yes No
- Thr-5. Has your organization been in existence for at least two years?** Yes No
*If yes, provide proof (see Required Attachment page for details).
(Attach copy as Attachment #2: OPERATING PROOF)*
- Thr-6. Does your organization have unresolved audit findings and tax issues?** Yes No
(If yes, explain)
- Thr-7. Did your organization submit the most recent fiscal year cash flow statement, financial statements, and if available, recent audit or 990 within the past 2 years?** Yes No
(Attach copy as Attachment #3: FINANCIAL STATEMENT)
- Thr-8. Did your organization read and sign the certification form?** Yes No
- Thr-9. Did your organization submit its 2019 or 2020 Michigan Annual Non-Profit Report?** Yes No
*Note: Annual reports must be filed no later than October 1st at www.michigan.gov/fileonline
(Attach copy as Attachment #4: MICHIGAN ANNUAL REPORT)*
- Thr-10. Did your organization submit Articles of Incorporation?** Yes No
(Attach copy as Attachment #5: ARTICLES OF INCORPORATION)
- Thr-11. Did your organization submit Certificate of Good Standing?** Yes No
(Attach copy as Attachment #6: CERTIFICATE OF GOOD STANDING)
- Thr-12. Does your organization have proof of operating cash on hand (At least 7% of the request)?** Yes No
If yes, please provide bank statements or other forms of proof. (Attach copy as Attachment #7: BANK STATEMENT)
- Thr-13. Proposal was completed, submitted by deadline, and on correct form?** Yes No

III. ORGANIZATIONAL INFORMATION

Org-1. Briefly describe your organization and the unique experiences and qualifications that make your organization the most appropriate to provide the proposed services? (In addition to responding below, an organizational brochure may be attached. If attached label Org #1).

Org-2. How is the board selected?

- Election by board Appointment by board
 Other _____ Election by membership

Org-3. List dates and times the board met (fiscal or calendar) in 2019 - 2020:

Org-4. List dates and times the board is anticipated to meet (fiscal or calendar) in 2021:

Org-5. Who is the Chairperson/President of your board?

Org-6. What is the number of board members that reside within the project/program boundaries?

Org-7. List organization's board members: (See criteria regarding board)

-----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"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 for the program/activity, what is the average number of total volunteer hours used: _____ per week month year (check one)

Org-10. Who is the staff person responsible for the administration of the grant? Please provide Name: _____, **Title** _____

Org-11. List all the staff positions needed to operate this public service activity, including those proposed to be funded by CDBG/NOF and other Sources: Please provide a resume for all staff working on the activity. (Please note: This figure should match the figure on salaries line in the Budget Section, Bud-11 of this application)

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

**FTE=full time equivalents*

Org-12. Please use the space below to provide a calendar of events for the Project/Activity for which funds are being requested.

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):			

IV. SUSTAINABILITY

The following questions pertain to the specific CDBG grant request.

Sust-1. Please provide a funding action plan for the activities you plan to fund 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 program costs)	Person(s) responsible for obtaining the funds, i.e. grant writer, board member(s), director etc.
Program Operations	CDBG-- ___ % Other-- ___% (indicate)	
Activity 1 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 2 (identify):	CDBG-- ___ % Other-- ___% (indicate)	
Activity 3 (identify):	CDBG-- ___ % Other-- ___% (indicate)	

Sust-2. How do you plan to sustain the program when funding ends? Please attach your organization's Sustainability Plan. (Label as Sust-2 Attachment 13: Sustainability Plan)

Sust-3. If you are a current Sub-recipient, what is the total dollar commitment your organization is contributing to the program?

Sust-4. If you are a current Sub-Recipient, what is the total value of leveraged funds you have received as a result of receiving CDBG funds?

Sust-5. Rationale for requesting CDBG/NOF funding (check all that apply):

- Continue existing CDBG/NOF funded Public Service activity
- 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
- Demand has increased over 30% since previous year
- Waitlist Management
- Other, Specify: _____

- a. How will increased funding assist with the program expansion?
- b. What will be the impact on the program if program expansion dollars are approved or denied?
- c. What other options have been explored to address the need for program expansion?

Sust-6 List volunteer assistance and in-kind support received in the operation of the program. In-kind support includes donated equipment, goods and services. What is the quantifiable value of volunteer time and/or in-kind support contributed to your organization?

Sust-7. Does this Program charge fees to participants? Yes No
(Note: fees must not exclude low/moderate income people)

Sust-8. If yes, how much? \$ _____ per *(Check one)* activity week month year

Sust-9. If fees are charged, explain your policy for waiving or otherwise paying fees for persons unable to pay:

Public Service Activity Section

If you are requesting funding for more than one public service activity, please complete one public service proposal for each activity.

Total Amount of Request \$ _____

Activity Name _____

Do Not Remove this Page

I. PROJECT DESCRIPTION

PS -1. Describe ONLY the program/project for which funds are being requested.
(USE ONLY THE SPACE PROVIDED AND 12 POINT FONT!)

PS-2. What is the objective of the Program?

PS-3. Indicate what specific community unmet need(s) is being addressed through this program? Include in your description the following:

- Description of the local community need and evidence to support the need - include any specific local, state, or national statistics, best practice evidence, or program evaluations.

PS-4. Where in your program do you demonstrate innovation? Please describe innovative ways you administer your program?

PS-5. Provide an estimate of the total number of individuals or the number of households needing the program services in the selected target area:

Number of individuals _____ Number of households _____

PS-6. What is your process for intake, i.e., how do you register, enroll, or initiate services for your clients?

**PS-7. What percentage of your participants are low to moderate income? _____%
What documentation do you maintain to verify participants meet the low/moderate income requirement?**

PS-8. What percentage of your clients are Detroit residents? _____%

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

PS-9. List the number of unduplicated persons this program currently serves:

____Monthly ____Annually

PS-10. How do you market this program, i.e. how will people know this program is available and what steps are you taking to expand your reach?

PS-11. How will you make the program more accessible to the population being served?

PS-12. List the hours each day this Public Service program operates. Attach a separate sheet if there are multiple activities or locations.

	Activity	Hours of Current Program	Hours of Proposed Program	Location Address (include zip code)***
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				

PS-13. Will the proposed activities operate year-round or seasonally? Year-round Seasonal
If seasonal, which months of the year will this program operate?

PS-14. Please list any days/times your program will not be operating, i.e. holidays, Election Day, vacation periods, etc.

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

PS-15. What community support do you receive for this program/how do you involve other community organizations and/or residents? (Please provide your answer below and 3 community/resident support letters in the attachment section. *(Label as PS # 1: Letters of Support)*)

PS-16. Describe the network(s), partnerships, working groups, etc. you are involved in that enhance your ability to deliver the program for which funding is being sought. A chart or bulleted list can be included in your response (i.e., shared staff or office space).

Connections	Contribution to Program
Formal Partnerships/Collaborations	
Networks	
Community Groups	
Other: Describe	

II. ACTIVITIES, OUTPUTS, OUTCOMES & IMPACTS

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?

IMPACTS, assesses the changes that can be attributed to a particular intervention, such as a program or policy, both the intended ones, as well as ideally the unintended ones

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

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

EXAMPLE

Service/Activity Name:					
<i>After School Recreation Program/Project</i>					
Service/Activity Description:					
<i>Provide baseball, basketball and dance instruction for children 4th to 6th grade attending Elm Street and St. Richard elementary schools. Nutritious snacks are also provided.</i>					
Outputs					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
35	400	<i>Mon, Wed, and Fri.</i>	<i>3:30pm to 5:30pm</i>	<i>Ann Smith, Ed Jones</i>	<i>Rec. Coordinator Phys. Ed. Assistant</i>
Benefits to Participants (Outcomes)					
<ul style="list-style-type: none"> • <i>Develops skills in sports and other recreation activities</i> • <i>Engages youth in constructive, supervised play</i> • <i>Provides no cost care for children while parents are working.</i> 					

Instruction: List and describe in detail each activity/service. Include additional sheets, if necessary. Provide, at least, three specific outcomes that relate only to the program you are seeking funding for, do not include organizations outcomes. Make sure the item is clear, relates to your program, and is measurable.

PROPOSED ACTIVITIES

(Activities related to the proposed programs/projects for which you are requesting)

Service #1/Activity Name					
Service/Activity Description					
Outputs					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
Benefits to Participants (Short-Term and Long-Term Outcomes)					

Service #2/Activity Name					
Service/Activity Description					
Outputs					
# Persons Served Monthly	# Unduplicated Persons Served annually	Days Service Provided	Times Service is Provided	Personnel Implementing this Activity	Title
Benefits to Participants (Short-term and Long-term Outcomes)					

PROGRAM OUTPUTS/OUTCOMES

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 program/activity?

Out-3. What standards, measures, or benchmarks are used to assure or verify that this is a quality/successful Program/Project? *(Example: Meals comply with USDA dietary standards; tutors will be certified teachers; etc.)*

Out-4. What process and tools are in place to measure program outcomes? Provide a list of how the outcomes will be measured. *Please include any data results. Please feel free to attach an additional page, if necessary.*

Out-5. 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, learning, skill, knowledge, understanding, behaviors, abilities or attributes.

Out-6. How successful was the agency in achieving the proposed outcomes?

Out-7. Has COVID-19 impacted your organization's ability to meet your proposed outcomes? If yes, please explain.

Out-8. What outcome indicators were used to determine the results?

PROGRAM IMPACT

Imp-1. Will you track program participants after they complete the program? If so, How?

Imp-2. Short-term (1 year) – Describe the initial impact during the clients' first year of participation in the program.

Imp-3. Intermediate (2 years) – Describe the subsequent impact on the client population that is anticipated as a result of their participation in the program, if applicable.

Imp-4. Long-Term (3 - 5 years or more) – Describe the eventual impact on the client population that is anticipated as a result of their participation in the program, if applicable.

Imp-5. Every dollar donated to your organization produces additional impact. What approaches has your organization implemented to ensure it can achieve greater impact?

III. BUILDING INFORMATION

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.

BI-1. Address of site (number, street name & zip code): _____

		Yes	No	Unknown or N/A
A	Does your organization own this building? <i>(If yes, provide proof of ownership, i.e. deed, etc., label attachment as BI #1)</i> If no, who owns this building? _____ If no, does your organization have a lease? <i>(If yes, provide proof of lease agreement, label attachment as BI #2)</i> Date lease effective: _____ Date lease expires: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is this site barrier-free (handicap accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Does the building use comply with zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Does the building comply with building and fire code regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Are all your taxes and water bills current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Has this building been inspected by the Health Department? If so, provide date of most recent inspection: _____ <i>(Attach inspection copy as BI # 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Has this building been inspected by Buildings Safety Engineering & Environmental Department? If so, provide the date of most recent inspection: _____ <i>(Attach inspection copy as BI # 4)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection: _____ <i>(Attach inspection copy as BI # 5)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Does sponsor have sufficient income to operate/maintain this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Are property taxes for this site paid to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. BUDGET

Bud-1. Who is responsible for maintaining your organization's 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 and label attachment as Bud # 1)

What was the amount of your total budget for your most recent fiscal year (for the proposed CDBG 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 and label as attachment Bud # 2)

Bud-5. 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-6. If a current Subrecipient, have you submitted timely, complete CDBG/NOF monthly payment packets, expenditure of grant by contract deadline, etc.? Yes No NA

If yes, Date last payment request was submitted: _____

For what period was the reimbursement requested? _____

If no, please explain:

Bud-7. As a current Sub-Recipient, do you have any outstanding HUD, City of Detroit, or State of Michigan Audit Findings?

Check Applicable Column	*Yes	No
Behind on 990 Filing		
Unresolved IRS Findings		
Outstanding HUD or city or State Audit Findings		

**If answer was “Yes” to any of the items above, explain below. Include description of any audit findings that have arisen in the past five (5) years and their subsequent resolution or status. Attach supporting documentation in Attachment 8 to demonstrate resolution of the situation.*

Bud-8. List other funding sources (not CDBG) awarded since December 2019. (Attach proof, i.e. letter of credit, notarized award statement, etc.): (Label attachment as Bud # 4).

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

**Please explain any gaps in program funding.*

Bud-9. How has COVID-19 impacted funding for this program?

Bud-10. Does your organization have CDBG balances of unexpended funds of more than three or more months? 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 and label as Bud # 5.

Bud-12. Does your organization have at least 7% operating cash on hand (7% of the funding request) to pay expenses up front? Yes No
If yes, please provide recent (July/August) bank statement or other forms of proof. Bank Statement must identify organization name and address. (Attach copy and label as Attachment #7: BANK STATEMENT)

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

Bud-12. Public Service Total Budget

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2021-2022 CDBG/NOF
PERSONNEL (List title for each position covered in this request - should match total from salaries- Org-11)		
Employer Taxes (FICA, etc.)		
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant personal services contracts (List title for each & hourly rate or weekly pay or other fee scale)		
OPERATING EXPENSES (pro rata share)		
SPECIFIC PROGRAM/PROJECT EXPENSES –Excluding personnel (Itemize)		
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		

Bud-13. What percentage of your budget (compared to total costs) will be expended on administrative costs? _____ (Administrative costs cannot exceed 12% of total budget)

(Administrative cost total divided by total program 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.
 (Please use space below or attach a separate page labeled Bud # 6)

Public Service Letters of Support

At least (3) three signed support letters dated after January 1, 2020

(Please attach and label as PS # 1: Letters of Support)

ATTACHMENT 10

HUD Conflict of Interest Requirements

The City of Detroit, Housing and Revitalization 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, Section 570.611 of Part 200 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, which shall include a description of the action which the Contractor has taken or intends to take to eliminate or neutralize the conflict. The Housing and Revitalization 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 Housing and Revitalization Department (H&RD) 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 City Planning Commission or their staff or employee of the Housing and Revitalization 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, Housing and Revitalization 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 program/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 Housing and Revitalization Department reserves discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

ATTACHMENT 11

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.

ATTACHMENT 12

DETROIT CITY COUNCIL/HOUSING & REVITALIZATION DEPARTMENT CDBG PROPOSAL APPEALS PROCEDURE Process for Appealing a City Funding Recommendation

The City Council/H&RD Community Development Block Grant Appeals 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 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 A). 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 City 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.

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

EXHIBIT N

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.

- 1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name: _____

By: _____

Its: _____

Date: _____

ATTACHMENT A

City of Detroit Housing & Revitalization Department/City Council 2021-2022 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 *Public Service* activity did you apply for?

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: _____