

**RFP #122046
2023 Economic Assistance Checklist**

To be eligible for funding, projects must be located in, or provide services to residents of one of the member communities of the Dane County Urban County Consortium (See Appendix A).

This form is the coversheet for your proposal response. Please use it to double check that your proposal is complete. Incomplete proposals may be rejected.

Please submit all required documents as ONE file and use the following naming convention for your file:

RFP #122046ORGANIZATION NAME

The following forms have been complete and are attached to the application file:

- Reviewed the RFP as new changes were implemented including the Application Review Criteria.
- Vendor Information Form
 - Is the Vendor Information Form signed?
- DANE COUNTY APPLICATION FOR 2023 Economic Assistance
 - Is the Application Form signed?
 - Did you use the format provided by Dane County?
 - Did you complete all question (this includes board member information, financial information and budgets)?
 - Are resumes attached?
 - Is there a complete budget?

Direct all inquiries to Megan Rogan at rogan.megan@countyofdane.com

VENDOR INFORMATION

VENDOR NAME: _____

Vendor Information (address below will be used to confirm Local Vendor Preference)			
Address			
City		County	
State		Zip+4	
Vendor Rep. Name		Telephone	
Title			
Email			
Dane County Vendor #			

<p>Local Vendor Preference Does Not Apply To This Bid <i>(Reference General Guidelines #1.6)</i></p>
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<p>Local Content Vendor Preference Does Not Apply To This Bid <i>(Reference General Guidelines #1.7)</i></p>
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Fair Labor Practice Certification (Reference General Guidelines #1.9)
<input type="checkbox"/> Vendor has not been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.
<input type="checkbox"/> Vendor has been found by the National Labor Relations Board (“NLRB”) or the Wisconsin Employment Relations Commission (“WERC”) to have violated any statute or regulation regarding labor standards or relations in the seven years prior to the date this bid submission is signed.

Addenda – we hereby acknowledge receipt, review and use of the following addenda, if applicable.				
<input type="checkbox"/> Addendum #1	<input type="checkbox"/> Addendum #2	<input type="checkbox"/> Addendum #3	<input type="checkbox"/> Addendum #4	<input type="checkbox"/> None

Signature Affidavit
<p>In signing this bid, we certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid; that this bid has been independently arrived at without collusion with any other bidder, competitor or potential competitor; that this bid has not been knowingly disclosed prior to the opening of bids to any other bidder or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned, submitting this bid, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Bid, and declares that the attached bid and pricing are in conformity therewith.</p>

Signature: _____

Title: _____

Printed Name: _____

Date: _____

DANE COUNTY APPLICATION FOR 2023 CDBG FUNDS: ECONOMIC ASSISTANCE

APPLICATION SUMMARY

ORGANIZATION NAME			
MAILING ADDRESS If P.O. Box, include Street Address on second line			
TELEPHONE		LEGAL STATUS	
FAX NUMBER		<input type="checkbox"/> Municipality	
NAME CHIEF ADMIN/ CONTACT		<input type="checkbox"/> Private, Non-Profit	
INTERNET WEBSITE (if applicable)		<input type="checkbox"/> Private, For Profit	
E-MAIL ADDRESS		<input type="checkbox"/> Other: LLC, LLP, Sole Proprietor Federal EIN: _____ Unique Entity Identification Number: _____	

PROJECT NAME: Please list the project for which you are applying.

PROJECT NAME	PROJECT CONTACT PERSON	PHONE NUMBER	E-MAIL

FUNDS REQUESTED: Please list the amount and source of funding for which you are applying.

TOTAL PROJECT COST	AMOUNT OF CDBG FUNDS REQUESTS	PERCENT OF CDBG FUNDS TO TOTAL PROJECT COST
\$	\$	\$

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

Failure to sign this form may result in the application to be ineligible for funding and may not be scored.

PROJECT

A. **PROJECT TYPE:** Check the appropriate statement below that best describes the service to be offered as part of this application.

- 1. Business Incubator
- 2. Commercial rehabilitation.
- 3. Microenterprise development.
- 4. Public facilities.
- 5. Public infrastructure.
- 6. Other, specify:

B. **DESCRIPTION:** In the space below, provide a description of the project. Include information on any partnerships that have been or will be formed in order to ensure the success of the project. Include information on what will be accomplished in 2023.

C. **BUSINESS PLAN:** Describe the organization's history, including activities, products, services, etc.

NATIONAL OBJECTIVE

G. **JOB CREATION:** In the space that follows, describe how this project is expected to create permanent jobs. Include information on the number and types of jobs to be created.

H. **JOBS TABLE:** For each job to be created and filled in the next 24 months, please list the job title, job type, whether it will be full time or part time, the number of employees to be hired, whether the position requires any special skills, training, or education beyond a high school level, the number of hours per week, the hourly wage, and whether the job will be made available to low-and-moderate income persons. Please attach additional pages as needed.

Job title	Job Type*	Full-Time or Part Time (FT/PT)	Number of Employees to be Hired	Requires Special Training (Yes, No)	Number of Hours Per week	Number of Weeks Per Year	Hourly Wage	Job to be Made Available to LMI Person (Yes/No)

* JobType:

Officials and Managers
 Technicians
 Office and Clerical
 Operatives (Semi-Skilled)

Professional
 Operatives (Semi-Skilled)
 Sales

Service Workers
 Craft Workers (Skilled)
 Laborers

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

FINANCIAL INFORMATION

- I. **FUNDS NEEDED:** In the space below, please describe why CDBG funds are needed to ensure the viability of this project
- J. **COST BASIS:** Could this project move forward without the use of CDBG funding? Explain.
- K. **OTHER SOURCES OF FUNDS LEVERAGED:** Describe the sources and amounts of any funds that will be contributed by your organization or leveraged from other sources for this project in the space below. Further identify other potential funding sources that have been contacted and the results of those contacts.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

L. **FOR-PROFIT BUSINESS ENTITIES ONLY- ADDITIONAL FINANCIAL INFORMATION:** As an attachment to the application, provide financial statements (balance sheet, profit and loss statement, and cash flow statement) for the preceding 3 years, if available. Also provide 3-year projections of cash flow, income, and expenses. Include an explanation of all assumptions. Additional materials may be requested by the County prior to the Oral Presentation to the Application Review Team.

M. **SOURCES AND USES OF FUNDS:** In the chart below, identify the sources and uses of funds for this project.

Uses of Funds	Dane County CDBG Funds	Source 2 Name:	Source 3 Name:	Total
Project Hard Costs				
Acquisition of Land or Buildings				
Construction/Rehab				
Demolition				
Site Improvements				
Utility Costs				
Loans to Businesses				
Project Soft Costs				
Feasibility Studies				
Architect/Engineering				
Environmental Investigations				
Impact Fees				
Title, Appraisal, Recording Fees				
Other Professional Services				
Other,				
Project Personnel Costs				
Relocation Costs				
Other,				
Total				
Total				

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

PERSONNEL

N. EXPERIENCE AND QUALIFICATIONS: Describe the experience and qualifications of your organization related to the proposed project.

O. STAFF EXPERIENCE AND QUALIFICATIONS: Describe the experience and qualifications of key staff to be assigned to the project. Be sure to attach resumes for key staff to the application.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

P. GOVERNING BODY: How many Board meetings has your governing body or Board of Directors scheduled or is expected to schedule for 2022? _____

Please list your current Board of Directors or your agency's governing body. Include names, addresses, primary occupation and board office held. If you have more members, please copy this page.

Board President's Name			Board Vice-President's Name			Name		
Home Address			Home Address			Home Address		
Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY
Board Secretary's Name			Board Treasurer's Name			Name		
Home Address			Home Address			Home Address		
Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY
Name			Name			Name		
Home Address			Home Address			Home Address		
Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY	Term of Office	From: DD/MM/YY	To: DD/MM/YY
Name			Name			Name		
Home Address			Home Address			Home Address		

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	To:	To:	Term of Office	F To:	To:	Term of Office	From:	To:
	DD/MM/YY	DD/MM/YY		DD/MM/YY	DD/MM/YY		DD/MM/YY	(
Name			Name			Name		
Home Address			Home Address			Home Address		
Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	To:	To:	Term of Office	To:	To:	Term of Office	From:	To:
	DD/MM/YY	DD/MM/YY		DD/MM/YY	DD/MM/YY		DD/MM/YY)

LEGAL INFORMATION

Statement	Yes	No
Has the applicant or any owner been involved in any lawsuits or judgments in the last five (5) years or have any lawsuits pending?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant or any owner been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant or owner had any civil or criminal charges in the last five (5) years or have any charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant or any owner have any outstanding tax liens or judgments?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property tax delinquent?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

Q. STAFF/BOARD/VOLUNTEERS DESCRIPTORS: For your organization’s **2022** staff, board, and volunteers, indicate by number and percentage the following characteristics.

DESCRIPTOR	STAFF		BOARD		VOLUNTEER	
	Number	Percent	Number	Percent	Number	Percent
TOTAL		100%		100%		100%
GENDER IDENTITY						
GENDER:						
GENDER:						
GENDER:						
GENDER:						
AGE						
LESS THAN 18 YRS						
18 – 59 YRS						
60 AND OLDER						
RACE						
WHITE						
BLACK						
HISPANIC						
NATIVE AMERICAN						
ASIAN / PACIFIC ISLANDER						
MULTI-RACIAL						
ETHNICITY						
HISPANIC						
NON-HISPANIC						
PERSONS WITH DISABILITIES						