

RFP #122055
2023 HOME Tenant Based Rental 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#122055ORGANIZATIONNAME

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 Tenant Based Rental 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 #			

Local Vendor Preference Does Not Apply To This Bid
(Reference General Guidelines #1.6)

Local Content Vendor Preference Does Not Apply To This Bid
(Reference General Guidelines #1.7)

Fair Labor Practice Certification (Reference General Guidelines #1.9)

- 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.
- 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

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.

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.

Signature: _____

Title: _____

Printed Name: _____

Date: _____

DANE COUNTY APPLICATION FOR 2023 HOME FUNDS: TENANT BASED RENTAL ASSISTANCE

APPLICATION SUMMARY

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

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.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

NEED AND JUSTIFICATION

- A. **PROJECT NEED:** In the space below, provide a brief description of the need or problem that will be addressed.

BENEFICIARIES

- B. **POPULATION TO BE SERVED:** In the space below, provide a brief description of the population that will benefit from this project.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- C. **GEOGRAPHIC SERVICE AREA:** In the space below, provide a brief description of the location(s) where the project or services will take place. Maps may be included as separate attachments.

PROJECT APPROACH

- D. **REFERRAL/PRE-SCREENING/APPLICATION PROCESS:** In the space below, provide a description of the referral, pre-screening, and application process for program participants that will be undertaken.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

E. TENANT SELECTION CRITERIA: In the space below, describe the selection criteria that will be used to determine how participants will be selected to receive assistance.

F. SUPPORTIVE SERVICES: In the space below, provide a description of supportive services, if any that will be provided to program participants.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- G. **HOUSING QUALITY STANDARDS (HQS) INSPECTIONS:** In the space below, provide a description of who, when, and how the required Housing Quality Standards (HQS) inspections will be conducted. Provide information on the background and training of the individual(s) who will conduct the inspections. If this individual is yet to be selected, identify the criteria and process that will be used for selection.

- H. **RENTAL SUBSIDY CRITERIA:** If using more restrictive standards than those specified in the RFP and Program Standards, in the following space, provide a description of the rental subsidy criteria that will be considered when making program participant subsidy determinations. .

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- I. **WORK PLAN WITH TIMELINE AND MILESTONES:** In the space below, provide a work plan for how the project will be organized, implemented, and administered. Include a timeline and accomplishments from initiation through project completion. This should assume that contracts will be awarded in the second quarter of 2023 (April 1 – June 30, 2023). Add in extra quarters as needed.

ON OR BEFORE	ACCOMPLISHMENTS

“Shovel-Ready” Projects:

A project is considered “shovel-ready” if the organization can begin expending funds within three months of receiving their award, and complete the project within one year of the date of the contract. We anticipate contracts for shovel-ready projects to be executed in the fourth quarter of 2022. Please describe if and how your project is a “Shovel-Ready” Project.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- J. **OUTREACH AND MARKETING INITIATIVES:** In the space below, provide a description of the outreach and marketing initiatives that will be undertaken to inform potential participants of the project, eligibility criteria, and method(s) by which they may participate. Include specific strategies to promote the program in participating municipalities of the Dane County Urban County Consortium.

- K. **OUTCOMES/PROPOSED ACCOMPLISHMENTS:** Provide information regarding the unduplicated number of households to be served with these funds in 2023.

_____ Number of households to be served.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

L. **OTHER NARRATIVE REGARDING OUTCOMES/PROPOSED ACCOMPLISHMENTS:** In the space that follows, please answer the following questions:

1. Provide a description of the outcomes or expected benefits of this project for the population to be served.
2. Is this a new or an existing program?
3. Describe the risks to undertaking this project and your plans to address them.
4. Will this project involve the displacement of families, households, partnerships, businesses, etc. from their homes or businesses? If yes, describe the notices and assistance your organization expects to provide and the amount of funds allocated to do so.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

EXPERIENCE AND QUALIFICATIONS

- M. **RENTAL SUBSIDY PROGRAM MANAGEMENT:** Describe the experience and qualifications of your organization related to executing and managing housing assistance contracts, including making timely payments to participating landlords.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

N. **INCOME DOCUMENTATION:** Describe the experience and qualifications of your organization related to performing income documentation for program eligibility.

O. **SERVICE IMPROVEMENT:** Describe any recent initiatives or best practices, programmatically or administratively, that have improved your organization's ability to deliver services.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- P. **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

Q. PERSONNEL SCHEDULE

Please complete the Personnel Schedule for all staff who will be assigned to this project.

- Column 1) Each individual staff position by title.
- Columns 2) Indicate the full time equivalent (FTE) of each position in the noted year.
- Column 3) Indicate the estimated total salary for that staff position for noted year.
- Column 4) Indicate the estimated number of hours that this staff person will work on this project.
- Column 5) For each staff person whose time will be charged to this project, please indicate the amount of funds being requested for this individual through the HOME Program. Do not include payroll taxes or benefits in this table.

1) POSITION TITLE	2023 ESTIMATED		HOME-FUNDED	
	2) FTE	3) TOTAL SALARY	4) ESTIMATED HOURS ON THIS PROJECT	5) HOME – FUNDED AMOUNT OF SALARY

R. **LIST PERCENT OF STAFF TURNOVER _____%** Divide the number of resignations or terminations in calendar year 2021 by the total number of budgeted positions. Do not include seasonal positions. Explain if you had 20% or more turnover in a certain staff position/category. Discuss any other noteworthy staff retention issues, or policies to reduce staff turnover.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

S. **AGENCY/ORGANIZATION GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for 2022? _____

Please list your current Board of Directors or your organization'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: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/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: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/YY)
Name		Name		Name	
Home Address		Home Address		Home Address	
Occupation		Occupation		Occupation	
Representing		Representing		Representing	
Term of Office	From: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY) To: (MM/DD/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	From: (MM/DD/YY)	To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY)	To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY)	To: (MM/DD/YY)
Name			Name			Name		
Home Address			Home Address			Home Address		
Occupation			Occupation			Occupation		
Representing			Representing			Representing		
Term of Office	From: (MM/DD/YY)	To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY)	To: (MM/DD/YY)	Term of Office	From: (MM/DD/YY)	To: (MM/DD/YY)

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- T. **STAFF/BOARD/VOLUNTEERS DESCRIPTORS:** For your organization's **2022** staff, board and volunteers, indicate by number and percentage the following characteristics.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

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						

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

FINANCIAL INFORMATION

U. **ORGANIZATION BUDGET: 2022 and 2023 Proposed Budget.** Identify the 2022 and proposed 2023 budget for your *entire* organization by source and use of revenue. (You may change row headings to make them applicable to your organization.) .

ACCOUNT CATEGORY Source	2022 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG/HOME					
MADISON COMM SERV					
MADISON CDBG/HOME					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

ACCOUNT CATEGORY Source	2023 REVENUE SOURCE TOTAL	PERSONNEL	OPERATING	SPACE	SPECIAL COSTS
DANE CO HUMAN SERV					
DANE CO CDBG/HOME					
MADISON COMM SERV					
MADISON CDBG/HOME					
UNITED WAY ALLOC					
UNITED WAY DESIG					
OTHER GOVT					
FUND RAISING					
USER FEES					
OTHER					
TOTAL					

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- V. **2023 COST EXPLANATION:** *(Complete only if significant financial changes are anticipated between 2022 and 2023).* Explain specifically, by revenue source and/or account category, any noteworthy change in the 2023 request. For example, unusual cost increase, program expansion, Living Wage requirements, or loss of revenue.

- W. **OTHER SOURCES OF FUNDS LEVERAGED:** Describe the sources and amounts of any funds that will be contributed by your organization and from other sources for this project in the space below. If the funding request is for an existing program, at what point will the program become self-supporting? If never, what are other sources of funding? What additional money can be leveraged?

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

- X. **FUNDS NEEDED:** In the space below, please describe why HOME funds are needed to ensure the viability of this project. Also describe how funds are being used to address greatest need and how that determination was made. Can all funds awarded in 2023 be reasonably expected to be expended? If this is a multi-year project, what amount of funds will be spent in each year?

Y. DETAILED PROJECT BUDGET

Following the description of allowable costs that may be charged to the HOME Program is the Project Budget. Items not detailed on the list of allowable costs may not be charged. Complete the budget identifying the amount and source of all funds and their uses.

Column 1 TOTAL PROJECT BUDGET. This is the total amount budgeted for this project.

Column 2 HOME FUNDED. This is the County HOME funded portion of the total project budget.

Remaining Columns Identify the remaining sources of funds and their uses for this project.

SECTION 4 – REQUIRED FORMS – ATTACHMENT B

**HOME Allowable Tenant Based Rental Assistance
Activity Costs**

Item	Activity Related Costs
a. Eligible Cost (applicable to project)	
1. Eligible costs are the rental assistance and security deposit payments made to provide tenant-based rental assistance for a family.	X
2. The costs of inspecting the assisted units	X
3. The costs of determining the income eligibility of the assisted households.	X

Detailed Project Budget

Include the dollar amount and all sources of funding for the project

USES	TOTAL	SOURCES					
		HOME FUNDS	SOURCE	SOURCE:	SOURCE:	SOURCE:	SOURCE:
HARD COSTS:							
Rental Subsidy Assistance							
Security Deposit Assistance							
SOFT COSTS:							
Property Inspections							
PERSONNEL:							
Salaries							
Taxes							
Benefits							
TOTALS							