

**RFP #121065:
2022 Public Facilities 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 #121065 ORGANIZATION NAME

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

- Vendor Information Form
- DANE COUNTY APPLICATION FOR 2022 CDBG Public Facilities
 - Are resumes attached?
 - Is there a complete budget

VENDOR INFORMATION

VENDOR NAME: _____

| Vendor Information (address below will be used to confirm Local Vendor Preference) | | | |
|-------------------------------------------------------------------------------------------|--|------------------|--|
| Address | | City | |
| State & Zip | | County | |
| Vendor Rep. Name | | Title | |
| Email | | Telephone | |

| Designation of Confidential and Proprietary Information (Reference General Guidelines 1.7) | | |
|---------------------------------------------------------------------------------------------------|------------------|--------------|
| Section # | Page(s) # | Topic |
| | | |
| | | |
| | | |
| | | |
| | | |
| <input type="checkbox"/> No information designated as confidential and proprietary. | | |

| Cooperative Purchasing (Reference General Guidelines 1.8) |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I <u>agree</u> to furnish the commodities or services of this bid to municipalities and state agencies. |
| <input type="checkbox"/> I <u>do not agree</u> to furnish the commodities or services of this bid to municipalities and state agencies. |

| Local Vendor Purchasing Preference (Reference General Guidelines 1.10) | | | | | | |
|-------------------------------------------------------------------------------|-----------------------------|------------------------------|-------------------------------|------------------------------------|--------------------------------|-------------------------------|
| Are you claiming a local purchasing preference under DCO 25.08(7)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Dane | <input type="checkbox"/> Columbia | <input type="checkbox"/> Sauk | <input type="checkbox"/> Rock |
| | | | | <input type="checkbox"/> Green | <input type="checkbox"/> Dodge | <input type="checkbox"/> Iowa |
| | | | | <input type="checkbox"/> Jefferson | | |

| Fair Labor Practice Certification (Reference 1.12) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 proposal, 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 proposal; that this proposal has been independently arrived at without collusion with any other proposer, competitor or potential competitor; that this proposal has not been knowingly disclosed prior to the opening of proposal to any other proposer or competitor; that the above statement is accurate under penalty of perjury.</p> <p>The undersigned agrees to hold the County harmless for any damages arising out of the release of any material unless they are specifically identified under the Designation of Confidential and Proprietary Information section. The undersigned, submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the County in this Request for Proposals, and declares that the attached proposal and pricing are in conformity therewith.</p> |

Signature: _____

Title: _____

Printed Name: _____

Date: _____

ATTACHMENT A

DANE COUNTY APPLICATION FOR 2022 CDBG FUNDS PUBLIC FACILITIES

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 | |
| 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: _____ DUNS 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 of funding for which you are applying.

| TOTAL PROJECT COST | AMOUNT OF CDBG FUNDS REQUESTED | % OF CDBG FUNDS TO TOTAL PROJECT COST |
|--------------------|--------------------------------|---------------------------------------|
| \$ | \$ | % |

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

NEED AND JUSTIFICATION

A. **PROJECT TYPE:** Is this project for rehabilitation work for new construction, or a combination?

- Rehab work only
- New construction only
- Combination of rehab work and new construction

B. **FACILITY TYPE:** Following the construction or rehab work, what type of public facility will exist?

| | |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Abused and Neglected Children Facility |
| <input type="checkbox"/> | AIDS Patient Facilities |
| <input type="checkbox"/> | Child Care Center |
| <input type="checkbox"/> | Community Center |
| <input type="checkbox"/> | Domestic Violence Shelter |
| <input type="checkbox"/> | Fire Station |
| <input type="checkbox"/> | Group Home |
| <input type="checkbox"/> | Halfway House |
| <input type="checkbox"/> | Handicapped Center |
| <input type="checkbox"/> | Health Facility |
| <input type="checkbox"/> | Homeless Facility |
| <input type="checkbox"/> | Park |
| <input type="checkbox"/> | Recreational Facility |
| <input type="checkbox"/> | Senior Center |
| <input type="checkbox"/> | Tornado Safe Shelter |
| <input type="checkbox"/> | Transitional Housing Facility |
| <input type="checkbox"/> | Youth Center |
| <input type="checkbox"/> | Other, please specify: |

C. **FACILITY HOURS:** List below the hours the facility is expected to be open to the general public.

| Day of the Week | Hours |
|-----------------|-------|
| Sunday | |
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |

D. **PROJECT LOCATION:** Indicate where the project is located. Maps may be included as a separate attachment.

| | |
|-----------------|--|
| Building Name: | |
| Street Address: | |
| City, Zip Code: | |
| Municipality: | |

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

E. **PROPERTY OWNER:** Indicate the name and contact information of the owner of the property following the construction or rehab work.

| | |
|-----------------------------------|--|
| Name: | |
| Address: | |
| City, State, Zip Code: | |
| Primary Contact Person and Title: | |
| Telephone: | |
| Alternate Phone: | |
| Fax: | |
| E-mail Contact: | |

F. **PROJECT NEED:** In the space below, provide a brief description of the need or problem that will be addressed and how the end users of the facility were involved in identifying the needs.

ATTACHMENT A

BENEFICIARIES

G. NATIONAL OBJECTIVE: Indicate which national objective this project will meet.

| | |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <p>Low-Moderate Income Area Benefit The public facility will be used for a purpose, the benefits of which are available to all residents in a particular area that is primarily residential, and at least 47.8% of those residents are low-and-moderate income persons.</p> |
| <input type="checkbox"/> | <p>Low-Moderate Income Limited Clientele Benefit The public facility will be used for an activity designed to benefit a particular group of persons at least 51% of whom are low-and-moderate income persons.</p> |
| <input type="checkbox"/> | <p>Low-Moderate Income Housing Benefit The public facility exclusively assists in the provision of housing to be occupied by low-and-moderate income persons.</p> |
| <input type="checkbox"/> | <p>Spot Blight The public facilities are for the historic preservation or rehabilitation of blighted or decayed public facilities located outside of a designated slum or blighted area. Rehabilitation must be limited to the extent necessary to eliminate specific conditions detrimental to public health and safety.</p> |

H. CENSUS TRACT: In what census tract is the project located?(Dane County Urban County Consortium excluding the City of Madison as identified in Appendix A)

I. POPULATION TO BE SERVED: In the space below, provide a brief description of the population who will benefit from this project. Please include how many beneficiaries are expecting to serve. (Dane County Urban County Consortium excluding the City of Madison as identified in Appendix A)

J. Urban County Consortium (UCC-Appendix A): Persons served by this project must reside OUTSIDE the City of Madison. Explain specifically how your organization will track beneficiary information in order to ensure that those served reside in the UCC (and not the City of Madison)

ATTACHMENT A

PROJECT APPROACH

K. **ARCHITECTURAL/ENGINEERING DESIGN:** In the space below, describe any architectural/engineering design work, such as preparing plans, drawings, specifications, work write-ups, and/or cost estimates that has been or will be undertaken for this project. NOTE: In order for these costs to be covered, HUD procurement requirements must be followed.

L. **PROJECT MANAGER:** If a Project Manager has already been identified, please provide the requested information. Attach the resume to this application.

| | |
|-----------------------------------|--|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Primary Contact Person and Title: | |
| Telephone: | |
| Alternative Phone: | |
| Fax: | |
| Email Address: | |

If a Project Manager has yet to be identified, please describe how one will be selected.

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

- M. **SCOPE OF WORK:** In the space below, provide information regarding the work that will be undertaken and describe how it will address the identified problem(s). Include information on any partnerships that have been or will be formed in order to ensure the success of the project.

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

N. **RELOCATION:** In the space below, indicate whether any tenants will need to be relocated during the project and the notices and plans for relocation.

ATTACHMENT A

O. **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 2022 (April 1 – June 30, 2022). Add in extra quarters as needed. Examples of milestones are: date bid packages or request for quotes are let, date bids/quotes are due, date community awards contract(s), date of pre-construction conference with Contractor/County and municipality to review Davis-Bacon requirements, date building permits are to be obtained, date work commences, etc.

| ON OR BEFORE | ACCOMPLISHMENTS |
|--------------------|-----------------|
| June 30, 2022 | |
| September 30, 2022 | |
| December 31, 2022 | |
| | |
| | |
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ATTACHMENT A

PERSONNEL

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

Q. **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 6 – REQUIRED FORM –

ATTACHMENT A

R. PERSONNEL SCHEDULE

Please complete the Personnel Schedule for all staff who will be assigned to this project. If the project will continue into 2023, complete the second table as well.

- 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 CDBG Program. Do not include payroll taxes or benefits in this table.

| 1) POSITION TITLE | 2022 ESTIMATED | | CDBG-FUNDED | |
|-------------------|----------------|-----------------|------------------------------------|----------------------------------------|
| | 2) FTE | 3) TOTAL SALARY | 4) ESTIMATED HOURS ON THIS PROJECT | 5) CDBG – FUNDED AMOUNT OF SALARY (\$) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Complete this second table only for projects that will continue into 2023.

| 1) POSITION TITLE | 2023 ESTIMATED | | CDBG-FUNDED | |
|-------------------|----------------|-----------------|------------------------------------|----------------------------------------|
| | 2) FTE | 3) TOTAL SALARY | 4) ESTIMATED HOURS ON THIS PROJECT | 5) CDBG – FUNDED AMOUNT OF SALARY (\$) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- S. **LIST PERCENT OF STAFF TURNOVER** _____% Divide the number of resignations or terminations in calendar year 2020 by the total number of budgeted positions. Do not include seasonal positions.

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

U. STAFF/BOARD/VOLUNTEERS DESCRIPTORS: For your organization's 2021 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 | | | | | | |
| MALE | | | | | | |
| FEMALE | | | | | | |
| AGE | | | | | | |
| LESS THAN 18 YRS | | | | | | |
| 18 – 59 YRS | | | | | | |
| 60 AND OLDER | | | | | | |
| RACE | | | | | | |
| WHITE | | | | | | |
| BLACK | | | | | | |
| HISPANIC | | | | | | |
| NATIVE AMERICAN | | | | | | |
| ASIAN/PACIFIC ISLE | | | | | | |
| MULTI-RACIAL | | | | | | |
| ETHNICITY | | | | | | |
| HISPANIC | | | | | | |
| NON-HISPANIC | | | | | | |
| PERSONS WITH DISABILITIES | | | | | | |

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

Q. **FUNDS NEEDED:** In the space below, please describe why CDBG funds are needed to ensure the viability of this project.

R. **COST BASIS:** In the space below, describe the basis for how cost estimates contained in the Project Budget were obtained/identified.

ATTACHMENT A

- S. **DETAILED PROJECT BUDGET:** Following the description of allowable costs that may be charged to the CDBG Program is the Project Budget. Complete the budget identifying the amount and source of all funds and their uses. Use additional pages as necessary. An Excel file may be submitted in lieu of this Project Budget provided that it contains all of the same column and row headers.

IF THIS IS AN APPLICATION FOR CONSTRUCTION OF A NEW FACILITY THAT DOES NOT CURRENTLY EXIST IN YOUR COMMUNITY, PLEASE PROVIDE:

DETAILED YEAR 1 OPERATING COSTS: Following the Project Budget is the Detailed Year 1 Operating Costs. Complete the Operating Budget identifying the PROJECTED income and expenses. Use additional pages as necessary. An Excel file may be submitted in lieu of the Detailed 1 Year Operating Budget provided that it contains all of the same column and row headers.

OPERATING BUDGET: Following the Detailed Operating Budget is the 15-Year Operating Budget. Complete the Operating Budget identifying the income and expenses. Use additional pages as necessary. An Excel file may be submitted in lieu of the Operating Budget provided that it contains all of the same column and row headers.

CDBG Allowable Activity Costs

| Item | Activity Related Costs |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| a. Activity Hard Costs | |
| 1. These are detailed in the program standards and defined under 24 CFR 570.201, 202, 203, and 204. Depending on the activity this may include: acquisition; disposition; clearance and remediation activities; acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements; public services; homeownership assistance; economic development, etc. | X |
| b. Activity Personnel Costs | |
| 2. Staff and overhead costs DIRECTLY related to carrying out the activity specified in 24 CFR 570.201-204, such as providing direct services to consumers, work specifications preparation, loan processing inspections, and other services related to assisting potential clients, owners, tenants, and homebuyers. This may include staff time spent supervising staff who are carrying out the activities specified in 24 CFR 570.201-204 when that time is spent addressing a direct consumer, service, or property issue. It does not include supervisory time spent on such functions as employee evaluations. | X |
| c. Related Soft Costs/Operating Costs | |
| 3. PUBLIC SERVICES ONLY: Operating and maintenance expenses associated with public service activities, interim assistance, and office space for program staff employed in carrying out the CDBG program. ² 24 CFR 570.207 (b) (2) | X |
| 4. Architectural, engineering, or related professional services required to prepare plans, drawings, specifications, or work write-ups. | X |
| 5. Costs to process and settle the financing for a project, such as private lender origination fees, credit reports, fees for title evidence, fees for recordation and filing of legal documents, building permits, attorneys fees, private appraisal fees, and fees for an independent cost estimate, builders or developers fees. | X |
| 6. Costs of a project audit | X |
| 7. Costs to provide activity related information services, such as affirmative marketing and fair housing information to prospective homeowners and tenants. | X |
| 8. Impact fees that are charged to all projects within Dane County. | X |
| 9. Environmental Reviews. | X |
| d Relocation costs for persons displaced by the project. | |
| 10. Relocation payments – replacement housing payments, moving expenses, and payments for reasonable out-of-pocket costs incurred in the relocation of persons. | X |
| 11. Other relocation assistance – staff and overhead costs directly related to providing advisory and other relocation services to persons displaced by the project, including timely written notices to occupants, referrals to comparable and suitable replacement | X |

² For example the use of CDBG funds to pay the allocable costs of operating and maintaining a facility used in providing a public service would be eligible under 570.201 (e), even if no other costs of providing such a service are assisted with such funds. 24 CFR 570.207 (b) (2).

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

| Item | Activity Related Costs |
|-------------------------------------------------------------------------------------------------------------|-------------------------------|
| property, property inspections, counseling, and other assistance necessary to minimize hardship assistance. | |

ATTACHMENT A

ONE YEAR OPERATING COSTS

| Expense | Amount |
|------------------------------------------------------|--------|
| Rent Expense | |
| Advertising/Marketing Expense | |
| Conventions and Meetings | |
| Management Consultants | |
| Other: | |
| Subtotal Rent Expenses | |
| Administrative Expenses | |
| Office Salaries | |
| Office Expenses | |
| Office or Model Apartment Rent | |
| Management Fee – Residential Rents | |
| Management Fee – Commercial Rents | |
| Management Fee – Misc. Income | |
| Manager/Superintendent Salaries | |
| Administrative Rent-free Unit | |
| Legal Expenses | |
| Auditing Expenses | |
| Bookkeeping Fees/Accounting Services | |
| Bad Debt Expense | |
| Misc. Administrative Expenses | |
| Subtotal Administrative Expenses | |
| Utilities Expenses | |
| Fuel Oil | |
| Electricity (Light & Misc. Power) | |
| Water | |
| Gas | |
| Sewer | |
| Owner-paid unit amenities | |
| Subtotal Utilities Expenses | |
| Operating and Maintenance Expenses | |
| Payroll | |
| Supplies | |
| Contracts | |
| Operating and Maintenance Rent Free Unit | |
| Garbage and Trash Removal | |
| Security Payroll/Contract (incl. taxes and benefits) | |
| Security Rent Free Unit | |
| Heating/Cooling Repairs & Maintenance | |
| Snow Removal | |
| Vehicle/Maintenance Operating & Maintenance Expenses | |
| Subtotal Operating | |
| Taxes and Insurance | |
| Real Estate & Personal Property Taxes | |
| Payroll Taxes | |
| Property and Liability Insurance (Hazard) | |
| Fidelity Bond Insurance | |
| Workmen’s Compensation | |
| Health Insurance and Other Employee Benefits | |

SECTION 6 – REQUIRED FORM –

ATTACHMENT A

| Expense | Amount |
|-----------------------------------------------|---------------|
| Misc. Taxes, Licenses, Permits, and Insurance | |
| Subtotal Taxes and Insurance | |
| Total Service Expense | |
| Dietary Salaries | |
| Dietary Purchased Service | |
| Food | |
| Registered Nurse Salary | |
| Housekeeping Salary | |
| Housekeeping Supplies | |
| Other Housekeeping | |
| Housekeeping Purchased Services | |
| Medical Supplies | |
| Medical Purchased Services | |
| Laundry/Linen | |
| Laundry Supplies | |
| Medical Records Salary | |
| Medical Records Supplies | |
| Medical Records Purchased Services | |
| Recreation/Rehab | |
| Activities Supplies | |
| Activities Purchased Services | |
| Rehab Salaries | |
| Rehab Supplies | |
| Rehab Purchased Services | |
| Other Support Services: | |
| Subtotal Service Expenses | |
| Debt Service | |
| First Mortgage | |
| Other: | |
| Other: | |
| Debt Service Reserve | |
| Annual Replacement Reserves | |
| Total Operating Expenses | |

SECTION 6 – REQUIRED FORM – ATTACHMENT A

| | Year 11 | Year 12 | Year 13 | Year 14 | Year 15 |
|----------------------------|----------------|----------------|----------------|----------------|----------------|
| REVENUE | | | | | |
| Gross Income | | | | | |
| Less Vacancy | | | | | |
| Net Income | | | | | |
| OPERATING EXPENSES | | | | | |
| Marketing | | | | | |
| Payroll | | | | | |
| Other Administrative Costs | | | | | |
| Management Fees | | | | | |
| Utilities | | | | | |
| Security | | | | | |
| Maintenance Expenses | | | | | |
| Property Taxes | | | | | |
| Insurance | | | | | |
| Operating Reserves | | | | | |
| Reserves for Replacement | | | | | |
| Support Services | | | | | |
| Total Operating Expenses | | | | | |
| | | | | | |
| Net Operating Income | | | | | |
| Debt Service | | | | | |
| Asset Management | | | | | |
| Cash Flow | | | | | |