

**RFP #121058
2022 CDBG 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 #121058 ORGANIZATION NAME

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

- Vendor Information Form
- DANE COUNTY APPLICATION FOR 2022 HOME Tenant Based Rental Assistance
 - 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: _____

DANE COUNTY APPLICATION FOR 2022 HOME FUNDS: TENANT BASED RENTAL 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: _____
		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 and source of funding for which you are applying.

TOTAL PROJECT COST	AMOUNT OF CDBG FUNDS REQUESTES	PECENT OF CDBG FUNDS TO TOTAL PROJECT COST
\$ _____	\$ _____	\$ _____

Signature of Chief Elected Official/Organization Head

Title

Printed Name

Date

SECTION 6 – 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 6 – 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 6 – 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 6 – 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 6 – 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 first quarter of 2022 (January 1 – March 31, 2022). Add in extra quarters as needed.

ON OR BEFORE	ACCOMPLISHMENTS
March 31, 2022	
June 30, 2022	
September 30, 2022	
December 31, 2022	

- 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 2021.

_____ Number of households to be served.

SECTION 6 – 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.

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 6 – 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 6 – 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 6 – 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	2022 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 2020 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 6 – REQUIRED FORMS – ATTACHMENT B

S. **AGENCY/ORGANIZATION GOVERNING BODY:** How many Board meetings has your governing body or Board of Directors scheduled for 2021? _____

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: (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 6 – REQUIRED FORMS – ATTACHMENT B

T. **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 FORMS – ATTACHMENT B

FINANCIAL INFORMATION

U. **ORGANIZATION BUDGET: 2021 and 2022 Proposed Budget.** Identify the 2021 and proposed 2022 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	2021 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	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					

SECTION 6 – REQUIRED FORMS – ATTACHMENT B

V. **2022 COST EXPLANATION:** *(Complete only if significant financial changes are anticipated between 2021 and 2022).* Explain specifically, by revenue source and/or account category, any noteworthy change in the 2022 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 6 – 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 2022 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. 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.

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 6 – 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							