



**CITY OF BAYTOWN  
COMMUNITY DEVELOPMENT BLOCK GRANT  
2009-2010 REQUEST FOR PROPOSAL**

AGENCY/ORGANIZATION: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_\_ Not-For-Profit  
\_\_\_\_\_ Government  
\_\_\_\_\_ For-Profit  
\_\_\_\_\_ Other (Please specify) \_\_\_\_\_

PROPOSED PROJECT NAME: \_\_\_\_\_

AMOUNT REQUESTED: \$ \_\_\_\_\_

BRIEF DESCRIPTION OF THE PROPOSED PROJECT (Do not exceed space provided):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON RESPONSIBLE FOR MANAGING THE PROPOSED PROJECT:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I CERTIFY ALL INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature (Director, Executive Officer, etc.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

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**PART 1 – PROJECT INFORMATION**

1. In your own words, provide a detailed description of the proposed project/service. (Please limit your response to **a maximum of two pages** and include it in the **Part 1 Attachments**.) This detailed description must include answers to the following questions:
  - a. What is/are the goal(s) of the project/service?
  - b. How will the stated goal(s) be achieved by the project/service?
  - c. How will low to moderate-income persons ultimately benefit from the project/service?
  - d. Why is the project/service necessary? Provide current statistical or demographical data documenting the need. Include as much local data as possible (such as relevant statistics collected by your agency, number of referral calls, number of clients on waiting lists, etc.).
  
2. Which of the following Baytown 5-Year Consolidated Plan major objectives does your project/service address (check the most appropriate one that applies)?  
 Conserving and improving the housing stock  
 Expanding housing development and housing opportunities  
 Providing mechanisms to assist low and moderate-income renters in buying a home  
 Providing economic development and anti-poverty assistance  
 Providing essential infrastructure improvements  
 Providing assistance in clearing blighted areas  
 Providing assistance in the provision of public services  
 None of the above
  
3. Approximately how many persons/households will be served or use the project? \_\_\_\_\_
  
4. Identify the primary beneficiaries of the proposed project/service (check all that apply):

<input type="checkbox"/> Families	<input type="checkbox"/> Homeowners	<input type="checkbox"/> Homeless Persons	<input type="checkbox"/> Renters
<input type="checkbox"/> Elderly (60+)	<input type="checkbox"/> Youth (14-18)	<input type="checkbox"/> Adults (18-60)	<input type="checkbox"/> Children (0-13)
<input type="checkbox"/> Minorities	<input type="checkbox"/> Illiterate Adults	<input type="checkbox"/> Mentally Disabled	<input type="checkbox"/> Physically Disabled
<input type="checkbox"/> Buildings	<input type="checkbox"/> Housing Units	<input type="checkbox"/> Neighborhoods	<input type="checkbox"/> Marginal Homeless
<input type="checkbox"/> Facilities	<input type="checkbox"/> Infrastructure	<input type="checkbox"/> Unemployed Persons	<input type="checkbox"/> Small Businesses
<input type="checkbox"/> For-Profit Businesses	<input type="checkbox"/> Domestic Violence Victims	<input type="checkbox"/> Substance Abusers	
<input type="checkbox"/> Persons with HIV/AIDS	<input type="checkbox"/> Other _____		
  
5. What percentage of the beneficiaries will be low to moderate-income persons? \_\_\_\_\_
  
6. Provide a brief profile of your typical client, program recipient, or person benefiting from the project/service.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
7. The proposed project/service will provide a benefit/program in Baytown that is (check one):  
 Not currently available.  
 Available on a limited basis.  
 Available at the same level.  
 Available in another area or jurisdiction.  
 In jeopardy due to lack of funding.

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**PART 1 – PROJECT INFORMATION (Continued)**

8. Assuming your project/service is approved for funding, when is the anticipated start date and completion date? (Month/Year)
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9. How long do you anticipate the project/service to be available? (For example, will it be available continuously, a one-time event, for a limited time, ongoing, seasonal, annually, etc?)
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10. Do you have an established location where the project/service will be administered or provided? If so, please list the address.
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11. Is the location of the project/service on property \_\_\_ owned or \_\_\_ leased by the applicant? Please explain. \_\_\_\_\_
12. Is the service area of the project exclusively within the city limits of Baytown?  
\_\_\_yes \_\_\_no If no, describe the service area? \_\_\_\_\_
13. Is acquisition (purchase) of property involved? \_\_\_yes \_\_\_no
14. If yes, describe the details of the property/building involved in the acquisition such as location, a list of amenities, cost, and actual value. Include any photographs, purchase contract, and/or other documentation noting the sale information in the **Part 1 Attachments**.
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15. Does your project involve construction? \_\_\_yes \_\_\_no  
If yes, is it \_\_\_New construction \_\_\_Minor repairs \_\_\_Major rehabilitation  
\_\_\_Demolition \_\_\_Reconstruction \_\_\_Addition or Expansion of existing building
16. Do you have specifications, plans, and/or estimates prepared detailing the work and costs to be performed? \_\_\_yes \_\_\_no If yes, include these items in the **Part 1 Attachments**.  
If no, when will such plans be available?
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**PART 2 – PROJECT FUNDING**

1. Have you previously requested CDBG funds for this project? \_\_\_yes \_\_\_no  
 For another project? \_\_\_yes \_\_\_no
2. Is your project or organization currently receiving funds from the City of Baytown’s General Fund, Municipal Development District, and/or CDBG Budgets? \_\_\_yes \_\_\_no If yes, specify the source and amount. \_\_\_\_\_
3. Have you applied for funding from any other source(s) for this project? \_\_\_yes \_\_\_no

If yes, what funding source?	Amount Requested	Amount Approved	Amount Pending	Amount Denied

Include any letter(s) of commitment for ongoing funds or approved funds from other source(s) to assist **with the proposed project/service that you are requesting** in **Part 2 Attachments**.

4. What is/are the current source(s) of funding for the project/service?  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Are future requests for CDBG funds anticipated? If yes, briefly explain.  
 \_\_\_\_\_  
 \_\_\_\_\_
6. If there are cost overruns, will you  
 \_\_\_request additional CDBG funds?                      \_\_\_solicit funds from other sources?  
 \_\_\_supplement from existing funds?                      \_\_\_decrease the project/service scope?  
 \_\_\_other option(s), please explain \_\_\_\_\_
7. What is/are your organization’s major source(s) of revenues to operate programs?  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Describe your organization’s fiscal management, including financial reporting, payment procedures, accounting systems, and audit requirements. Provide your agency’s most recent financial audit or certified financial statement in the **Part 2 Attachments**.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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9. Please complete the **enclosed budget summary template** on **page 5** for the proposed project/service. Use it to estimate all costs directly related to the proposed project/service. If approved, you may be required to further itemize the costs.



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**PART 3 – ORGANIZATION EFFECTIVENESS AND EFFICIENCY**

**\*City Departments, skip to question #7.**

1. How long has your agency been in existence? \_\_\_\_\_
2. Are you an established 501(c)(3)? \_\_\_yes \_\_\_no If yes, please include proof of status in the **Part 3 Attachments**.
3. Does your organization have current liability insurance coverage? \_\_\_yes \_\_\_no
4. List all current services provided by your organization.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Has your organization carried out the proposed project/service before this request?  
\_\_\_yes \_\_\_no
6. Describe your organization’s past experience and/or activities that are similar to the proposed project/service. Has it been completed? Is it an ongoing project? How was it funded?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. How will the project be publicized to the target population? If applicable, include any flyers or brochures used to advertise your agency and/or the project/service in the **Part 3 Attachments**.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. If applicable, how will your organization verify income for participants to determine if they are low-to moderate-income?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. How will your organization document and retain records to verify and generate reports of the funded activities?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 3 – ORGANIZATION EFFECTIVENESS AND EFFICIENCY (Continued)**

10. How many staff members will be directly associated with the proposed project/service?

	<b>Professional</b>	<b>Support</b>	<b>Volunteer</b>
<b>Full-Time Staff</b>			
<b>Part-Time Staff</b>			

Include a list of those involved in completing the project/service. The list must include: Each person's name and a brief summary of job duties in relation to the proposed project. This list should be included in the **Part 3 Attachments**.

11. If your organization has an elected or appointed board, complete the questions below.

NAME OF BOARD/COMMITTEE: \_\_\_\_\_

a. Number of voting board members as of March 2009 \_\_\_\_\_ Vacancies? \_\_\_\_\_

b. How many board members reside within the city limits of Baytown? \_\_\_\_\_

c. How are the board members chosen?

\_\_\_\_\_

\_\_\_\_\_

d. Does your organization provide any board training and/or orientation? \_\_\_\_yes \_\_\_\_no  
 If so, how often is training provided?

\_\_\_\_\_

\_\_\_\_\_

e. How long is a term? \_\_\_\_\_ How many consecutive terms may be served? \_\_\_\_\_

f. How often are board meetings held? \_\_\_\_\_

g. How many board meetings were held in the last twelve months? \_\_\_\_\_

h. List the names of the individuals on the board, their address, and the position they hold on the board.

<b>NAME</b>	<b>HOME ADDRESS</b>	<b>BOARD POSTION</b>
John Doe	1234 Maple Lane, Baytown	Treasurer

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**PART 4 - DUPLICATION/COORDINATION/COOPERATION**

1. Has the organization attempted to coordinate the project/service with other agencies to avoid duplication of services? \_\_\_yes \_\_\_no If yes, please explain.

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2. Identify other agencies in Baytown (including non-profit and government) that provide services similar to your proposed project/service. How do the programs differ? How do they overlap? Is there collaboration with the other agencies? (If you need additional space, include in the **Part 4 Attachments**.)

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3. Identify other agencies in Baytown that provide services directed toward the same target beneficiaries of your proposed project/service. Do you provide interagency referrals to other agencies serving the same target beneficiaries?

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**Check all attachments you have included.**

## **Part 1 Attachments**

### **Project Information**

- Description of Project/Service (**See question 1**)
- Acquisition Documentation (**See question 14**)
- Construction/Rehabilitation Estimates, Schedules, Plans, etc. (**See question 16**)

## **Part 2 Attachments**

### **Project Funding**

- Letters of Funding Commitment (**See question 3**)
- Organization's Most Recent Financial Audit or Certified Financial Statement (**See question 8**)

## **Part 3 Attachments**

### **Organization Effectiveness and Efficiency**

- Proof of 501(c)(3) Status (**See question 2**)
- Brochures, Flyers, Service Advertisements, etc. (**See question 7**)
- List of Staff (**See question 10**)

## **Part 4 Attachments**

### **Duplication/Coordination/Cooperation**

- Additional Information, if applicable (**See question 2**)