

**CITY OF DETROIT
MICHAEL E. DUGGAN, MAYOR**

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)
NEIGHBORHOOD OPPORTUNITY FUND (NOF)
2017-2018 PUBLIC FACILITY REHABILITATION PROPOSAL FORM**

INSTRUCTIONS:

1. This proposal form includes activity sections for Public Facility Rehab and activities. All appropriate sections must be complete. All 2017-2018 CDBG/NOF proposals for Public Facility Rehab activities must be submitted on this form. Please type, no handwritten proposals will be accepted.

NOTE: If your organization is requesting public service/homeless/commercial rehab you **MUST** use a different application. This proposal form is for **PUBLIC FACILITY REHAB** only.

2. Every attempt should be made to answer the questions within the space provided. Supplemental material which the sponsor believes will assist in the proposal evaluation can be included with this form but should be limited to a maximum of 5 additional pages.
3. A separate activity section should be used for each Public Facility Rehab activity requested.

If you have any technical Bid Sync questions, call BidSync Customer Care at 800-990-9339.

Attendance at one of the proposal writing workshops or viewing the online CDBG Proposal Workshop is a prerequisite for funding.

DEADLINE DATE FOR SUBMISSION: All proposals for the 2017-2018 CDBG Program year **MUST BE RECEIVED** in BidSync by 4:00 p.m., Monday, November 28, 2016.

WARNING: PROPOSALS RECEIVED AFTER THIS TIME AND DATE WILL NOT BE ACCEPTED FOR THE 2017-2018 CDBG/NOF PROGRAM. FAXED or EMAILED COPIES OF PROPOSALS WILL NOT BE ACCEPTED.

COVER PAGE

2017-2018 PUBLIC FACILITY REHABILITATION

*Community Development Block Grant (CDBG) and
Neighborhood Opportunity Fund (NOF)*

Legal Name of Sponsoring Organization:

List name as recorded on the incorporation papers

Indicate any previously used names:

Name:
1.
2.
3.

**EACH REQUEST AMOUNT MUST BE A
MINIMUM OF \$100,000.00 FOR
REHABILITATION WORK. APPLICANTS MUST
MATCH AT LEAST 35% OF REQUESTED
AMOUNT FOR PUBLIC FACILITY REHAB.**

Total Requested Amount: _____
(Public Facility Rehab)

Project Name: _____

*List project name, i.e., Community Recreation Center,
Community Service Center*

Contact person: *(The person most familiar with this proposal)*

Name: _____

Preferred Mailing Address: _____

City: _____ Detroit Zip: _____

Day phone: () - **Ext.** _____

Evening phone: () - _____

Fax Number: () - _____

Email Address: (if any)
@ _____

Organization DUNS Number: _____

Address of the administrative offices/headquarters:

Zip: _____

Address of primary program site(s)

Zip: _____

Zip: _____

Sum-1 **Check One:** *(See definitions of each category in the Instructions)*

- Subrecipient
- Community based Development Organization (CBDO)
- Both
- None of the above (indicate type of organization) _____

Sum-2 **Is this a faith-based organization?** Yes No

Sum-3 **Has this organization previously applied for CDBG/NOF funding?** Yes No

Sum-4 **Is this the same project area that your organization served last year?**
 Yes No

Which census tract(s) DOES this project serve? (See census tract map in the Instructions)

Sum-5

BRIEFLY describe the project for which CDBG funds are being requested: (USE ONLY THE SPACE PROVIDED) A more extensive description is in the public facility rehabilitation section.

A large, empty rectangular box with a thick black border, intended for a brief description of the project for which CDBG funds are being requested. The box is currently blank.

Threshold Information

Thr-1. Does your proposal meet one of the following HUD National Objectives?

- Benefits Persons with low/moderate income
 Eliminates slums and/or blight

Thr-2. Did someone from your organization attend the 2017-2018 Workshop or view the online presentation? Yes No

Thr-3. Is your proposal complete and submitted on the correct forms? Yes No

Thr-4. Does your organization have at least five (5) member board? Yes No
If yes, does the board meet bi-annually? Yes No

Thr-5. Is the organization tax exempt, 501(c)(3)? Attach copy as Attachment #1 Yes No
If yes, give date exemption granted: _____
Does the organization have a federal tax I.D. number? Yes No

Thr-6. Has your organization been in existence for at least a year? Yes No
If yes, provide proof see attachment #2 page 23 for detail and attach copy as attachment #2

Thr-7. Does your organization have substantial balances of unexpended funds of more than 2 years or unresolved audit findings? *If yes, please explain* Yes No

Thr-8. Did your organization submit the most recent fiscal year cash flow statement, financial statements, and if available, recent audit or IRS Form 990? *Attach copy as Attachment #3* Yes No

Thr-9. Did you read and sign Certification Form? Yes No

Thr-10. Is your current Non-Profit Corporation Information Update (Michigan Annual Non-Profit Report) attached? *Attach as Attachment #4* Yes No

Thr-11. Is your Certificate or Articles of Incorporation attached? Yes No
Attach copy as Attachment #5

Thr-12. Is your request for CDBG funding at least \$100,000.00? Yes No

Thr-13. (For PFR only) Is documentation attached showing matching funds equaling at least 35% of requested amount? *If yes, please provide bank statements (Attach copy as Attachment #6)* Yes No

Thr-14. (For PFR only) Does organization have ownership or long-term lease?

Yes No

If yes, please provide copy of deed or long-term lease as attachment #7

Organizational Information

Org-1. What are the unique experiences and qualifications that make the organization the most appropriate to provide the proposed public services? (An organizational brochure may be attached to this page.)

Org-2. How many persons do the by-laws specify to be on the board? _____

Org-3. List dates and times the board met last year: _____

Org-4. List dates and times the board is anticipated to meet this year: _____

Org-5. Who is the Chairperson/President of the board? _____

Org-6. Are the board members bonded?
If yes, how many? _____

Yes No

Org-7. List organization's board members: *See criteria regarding board, Instructions, page5.*

-----Check all that apply-----

NAME	HOME ADDRESS Street, City, Zip	Resident within project boundaries	Resident of the City of Detroit	Works in the City of Detroit	Detroit Business Owner
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Org-8. Describe management and staff skills, experience, and appropriate credentials to administer and conduct an accountable and responsible activity:

Public Facility Rehabilitation Activity Section

If you are requesting funding for more than one public facility rehabilitation activity:

4. Please duplicate the activity section (pages 10-17) and
5. Complete one for each public facility rehabilitation activity requested.

Do Not Remove this Page

NAME OF SPONSORING ORGANIZATION: _____

ADDRESS OF BUILDING TO BE REHABILITATED: _____

PROJECT DESCRIPTION

PFR-1 The project must meet one of the following minimally:

- ensure local/health safety codes are met
- ensure ADA compliance

PFR-2 Which HUD National Objective does your project meet?

1. **Low/Mod Area:** Project benefits all the residents in a primarily residential area that is low/moderate income and the area is smaller than the entire city of Detroit
2. **Low/Mod Clientele:** a specific group of people are served and client Income is verified by determining:
 - **Presumed benefit¹**
 - **Income verification**—requires information on family size and income so that it is evident that at least 51% of the clients are low/mod income
 - **Nature and location of the service**—is of such nature AND such location that it may reasonably be concluded that the clientele is low/mod income

PFR-3 Amount requested from CDBG/NOF for this PFR activity? _____

PFR-4 Describe in priority order, the rehab work proposed for which CDBG/NOF funding is being requested. Priority will be given to projects addressing building code violations and/or ADA accessibility renovations, and hazardous building conditions.

¹ Abused children, battered spouses, severely disabled adults, homeless persons, illiterate adults, Persons with AIDS, migrant farm workers, and the elderly.

PFR-5 Is this PFR project ready to be implemented?

Yes No

- Does your agency have site control? Yes No
 - Ownership of the facility
 - Pending purchase (if so, expected purchase date) _____
 - Long Term Lease (5 or more years)
- Is the required funding in place? Yes No
 - Total project budget \$ _____
 - Committed matching rehabilitation funds from other sources \$ _____
(Do not include previous CDBG awards)
 - Total CDBG funds requested \$ _____

Source of Committed Funds	Amount
Total	

- Estimated start date:
 - 3 months _____
 - 6 months _____
 - One year _____
 - More than one year _____
- Estimated completion date:
 - 60-90 days _____
 - 6 months _____
 - One year _____
 - More than one year _____

PFR-6 Are there public service activities taking place in this facility at the present time?

Yes No

- a. If yes, describe the public service activity

- b. How are these public service activities funded?

PFR-7 Describe in detail any additional public service activities, which will be carried out at this facility after rehabilitation.

How will these public service activities be funded?

PFR-8 List the hours each day that this facility is and/or will be in operation. (City staff will assume that there will be an observable program in place during these hours; if there is any change in these hours you **MUST** inform the Housing and Revitalization Department in writing):

	Activity	CURRENT HOURS OF OPERATION	Number of hours
SUNDAY			
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			

TOTAL NUMBER OF HOURS

PFR-9 Is this Public Facility located in one of the following Target Areas shown on the Target Area Map located at the end of the Public Facility Rehabilitation RFP Information Package?

Yes No

(If yes, provide a copy of the map referenced in the above question with the location of the facility or facilities identified and the address of the location) Attach as label as PFR-9

PFR-10 Does this public facility currently meet local building code and accessibility requirements?

Yes No

PFR-11 Are there any outstanding fire code violation notices?

Yes No

PFR -12 Will this public facility meet local building code and accessibility requirements upon completion of current or proposed rehabilitation activities?

Yes No

PFR-13 Does this project adhere to the Church State rule in Attachment 11?

Yes No

If no, please explain:

PFR-14 What is the source of general operating funds for this facility? i.e., how are funds raised to pay the facility expenses, including utilities, insurance, maintenance, repairs, etc.? (Please include a budget that outlines how current operating costs are covered and also how the requested repairs would be maintained).

Budget

Bud-1. Who is responsible for maintaining the organization’s financial records?
(bookkeeper, accountant, treasurer, etc.)

 Name Phone Position

Bud-2. What was the amount of the organization’s total budget for the most recent fiscal year (for the entire organization)? \$ _____)

What was the amount of the total budget for the organization’s most recent fiscal year (for the proposed activity)? \$ _____

Bud-3. What is the organization’s total cash on hand? \$ _____

Bud-4. Has the organization had an A-133 audit by a Certified Public Accountant?
Yes No

Bud-5. When was the most recent audit, compilation, or review of your financial records completed? **Date:**_____

Bud-6. List CDBG/NOF funds awarded since July, 2012. *(If necessary, attach additional pages, and label as #Bud-6).*

DATE	CDBG/NOF Activity	Amt awarded	Balance Remaining <i>(if any)</i>

Bud-7. Do you currently have a contract with the city for CDBG/NOF funds? Yes No
 If yes: What are term date(s) of the contract?

Bud-8. Have you submitted CDBG/NOF payment reimbursement requests? Yes No NA
 If yes: Date last payment request was submitted: _____

For what period was the reimbursement requested? _____

Bud-9. List other funding sources awarded since December, 2013. If necessary, attach additional pages, and label as #Bud-9. (Attach proof, i.e. letter of credit, notarized award statement, etc.):

DATE	Funding Source	Amount awarded, activities, etc.	Balance Remaining <i>(if any)</i>

Bud-10. Does the United Way fund this organization? Yes No

Bud-11. Are all taxes paid to date? (See attachment No. 9 on last page). Yes No

Bud-12. Describe or provide documentation of an acceptable and accountable financial management system that minimizes any opportunity for fraud, waste, or mismanagement. Explain the proposed activity's fiscal management system, cash handling procedures, accounts payable, etc. Please use the space below or attach a separate page labeled #Bud-12].

MASTER REHAB PLAN BUILDING INFORMATION

The following information should be provided for each building where rehabilitation is requested.

MRP-1 Address of site (number, street name & zip code): _____

MRP-2 Does your organization own this building?
If no, who owns this building? _____

Yes No

If no, does your organization have a long term lease?
If yes, Date lease effective: _____
Date lease expires: _____

Yes No

		Yes	No	Unknown or N/A
A	Are property taxes for this site paid to date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Is this facility used as an emergency homeless shelter for more than 4 weeks/year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Is this facility licensed as an emergency shelter for the homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Is this facility/program licensed as a substance abuse treatment program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Is this site barrier-free (handicap accessible)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Does building use comply with zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Does building comply with building and fire code regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Has this building been designated historic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Has this building been inspected by the Health Department? If so, provide date of most recent inspection: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Has this building been inspected by Buildings, Safety Engineering, and Environmental Dept? If so, provide date of most recent inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Has this building been inspected by the fire marshal? If so, provide date of most recent inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Does sponsor have sufficient income to operate/maintain this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Are any religious activities held at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MRP-3. If any inspection reports have indicated violations, please explain what is being done to correct those violations? *Attach separate sheet labeled Att # MRP-3.*

Master Rehabilitation Plan

ATTENTION TO ALL PFR APPLICANTS:

Each sponsor applying for PFR funding must provide one (1) copies of a Master Rehabilitation Plan (MRP) building assessment to be prepared by a registered (in the state of Michigan) architectural/engineering consultant. Since there is typically a preparation time of 2 weeks or more needed by the registered professional consultant in order to complete the Master Rehabilitation Plan (MRP) building assessment, we strongly suggest the applicant secure a consultant as soon as possible so that the building assessment will be completed and received by the deadline. **There will be no extensions.** The MRP building assessment must be attached with the PFR application by **November 28, 2016 as Attachment #13.** Failure to submit the building assessment by this deadline will result in your proposal being declared ineligible. **NOTE: If you submitted an MRP last year, you must submit an updated copy of it this year. MRP must be submitted in PDF file format set at a minimum size of 11 by 17 inches.**

BUILDING ASSESSMENT CRITERIA

Each sponsor applying for PFR funding must provide a copy of a **Master Rehabilitation Plan (MRP)** building assessment to be prepared by a registered (in the state of Michigan) architect/engineering consultant, which includes the following:

1. The MRP shall clearly define the project location, including a map of the surrounding area.
2. The consultant preparing the MRP shall be a registered (in the state of Michigan) architect/engineering consultant, having experience in rehabilitation projects and whose credentials are acceptable to the City (Note: In the past, some applicants have provided building assessments/estimates completed by contractors or others which have been substandard and therefore unacceptable.).
3. The following tasks/information shall be provided by the professional consultant:
 - A. **Building History:** Meet with the grant applicant contact person at the project site in order to secure relevant information about the building's history (e.g.: structural problems, violations. etc) and program.
 - B. **Building Assessment:** Evaluate the total structure in terms of the condition of: the building envelope (roof, walls, windows), mechanical/electrical/plumbing systems, city building code violations, ADA barrier-free requirements, parking, security, site concerns, environmental concerns, historic significance, internal configurations, potential "unknown conditions", and other special conditions.
 - C. **Building Warranties/Insurances:** Request any data, warranties and other information the owner may have, or can secure, regarding the building and its internal systems.

D. **Code Violations:** Research the building records for any code violations, historic, or other considerations.

E. **Building/Zoning Classification**

F. **Building Photographs:** Photograph exterior and interior of building and project site to illustrate its current condition.

G. **Cost Estimate:** Prepare a cost estimate, broken down into logical phases of work, based upon the program priorities and including federal, state and local requirements. Each phase shall encompass work that results in significant impact. The cost estimate will reflect current costs of rehabilitation under the PFR program, taking into account federal wage requirements, procurement practices and other federal and local requirements.

H. **Executive Summary:** Prepare an executive summary which shall include, but may not be limited to: building description (Number of stories, building material, square footage, etc), current and future use of structure, and character of surrounding area, hazardous building conditions, public service provided and consultant recommendation regarding building use.

A **sample Master Rehabilitation Plan** package and Consultant List may be obtained from the office of the Housing and Revitalization Department.

Provide the name of the consultant(s) preparing the Master Rehabilitation Plan building assessment.

NOTE: Sponsors can resubmit an MRP from previous year that must be updated by a registered (in the state of Michigan) architect/engineering consultant. The MRP shall include information about hazardous and flammable liquids or substances to be used or stored on the premises. Rehabilitation plan shall describe alteration that will result in tampering, moving, or abating such materials.

Certifications

To be signed and notarized by an authorized representative of the Board of Directors

1. I certify that I have read the "HUD Final Rule: Revised Church and State Regulations" as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with the requirements of the U.S. Constitution regarding separation of church and state, and I commit the sponsoring organization to full compliance.
2. I certify that I have read the "HUD Conflict of Interest Regulations" as printed in the appendices, and that, if funded, all proposed activities shall be carried out in full compliance with HUD Conflict of Interest Regulations, and I commit the sponsoring organization to full compliance.
3. I certify that the Board of Directors of this organization is not majority family controlled or related by blood and/or marriage.
4. I certify that I have read and understand the notices and warnings listed above.
5. I certify that the information presented in this proposal is true.
6. I certify that the Board of Directors has authorized the submission of this CDBG/NOF proposal.
7. I certify that no persons or organizations associated with this CDBG/NOF proposal is on the HUD Debarment List.
8. I certify that I or a representative from my organization attended the 2017-2018 CDBG/NOF Workshop or have viewed the CDBG/NOF Webinar.
9. I further certify that I have been authorized by the Board of Directors to execute these certifications on our behalf.

Signed: _____ Title: _____

Date: _____ Telephone: _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ ,
by _____, the _____ of
Name Title
_____, a non-profit Corporation on behalf of the Corporation.
Organization Name

Notary Public

HUD Conflict of Interest Requirements

The City of Detroit, Housing and Revitalization Department has revised HUD's conflict of interest clause in all City of Detroit contracts. Please be aware, these requirements will apply if you are awarded a contract with the City of Detroit.

- a. The Contractor warrants that its participation in this contract will conform to the requirements of all the applicable Community Development Block Grant regulations including Sections 84.42, 85.36 and 570.611 of Title 24 of the Code of Federal Regulations, and further warrants that such participation will not result in any organizational conflict of interest. Organizational Conflict of interest is defined as a situation in which the nature of work under this contract and the Contractor's organizational, financial, contractual or other interests are such that:
 1. Award of the contract may result in an unfair competitive advantage; or
 2. The Contractor's objectivity in performing the contract work may be impaired.
- b. In the event the Contractor has an organizational conflict of interest as defined herein, the Contractor shall disclose such conflict of interest fully in the submission of the proposal and/or during the life of the contract.
- c. The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the Director and Executive Manager, which shall include a description of the action which the Contractor has taken or intends to take to eliminate or neutralize the conflict. The Housing and Revitalization Department may, however, terminate the contract if it is in best interest of the City.
- d. In the event the Contractor was aware of an organizational conflict of interest before the award of this contract and intentionally did not disclose the conflict to the Housing and Revitalization Department, the Housing and Revitalization Department may terminate the contract for default.
- e. The provisions of this clause shall be included in all subcontracts and consulting agreements.
- f. No federal, state or local elected official nor any member of the City of Detroit Planning Commission or employee of the Housing and Revitalization Department nor any corporation owned or controlled by such person, shall be allowed to participate in any share or part of this contract or to realize any benefit from it. This provision shall be construed to extend to this contract if made with a corporation for its general benefit.
- g. No member, officer, or employee of the City of Detroit Housing and Revitalization Department, no member of the governing body of the City of Detroit or any other local government and no other public official of such locality or localities who exercises any functions or responsibilities with respect to the project, shall, during his or her tenure, or for one year thereafter, have any interest, direct or indirect, in this contract or the proceeds thereof.
- h. The Housing and Revitalization Department reserves discretion to determine the proper treatment of any conflict of interest disclosed under this provision.

HUD FINAL RULE: REVISED CHURCH AND STATE REGULATIONS

Pursuant to Title I of the Housing and Community Development Act of 1974, as amended, and the implementing CDBG regulations at 24 CFR 570.200(j) dated September 30, 2003, the Sponsoring Organization agrees that, if awarded CDBG funds for eligible activities: a) It will not discriminate against any person applying for, or seeking to participate in, CDBG funded activities on the basis of religion and will not limit such services or give preference to persons on the basis of religion or religious belief; b) It will provide no religious instruction or counseling, conduct no religious worship or services, and engage in no religious proselytizing, in the provision of funded CDBG activities; c) If the organization conducts any religious activities, such activities must be offered separately in time or location from the funded CDBG activities and participation of beneficiaries of CDBG funded activities in any such religious activities must be wholly voluntary; d) If CDBG funds are received for public service activities, minor maintenance repairs may be made to the facility

space in which public services are to be provided only in proportion to the CDBG funding allocation for the entire facility and to the extent to which the facility is used for secular, public service eligible purposes. Such space must not be a sanctuary, chapel or other room(s) used as a principal place of worship or for inherently religious activities.) No CDBG funds may be used to improve, acquire, construct, rehabilitate, repair or maintain a sanctuary, chapel or other rooms that a CDBG-funded religious congregation uses as its principal place of worship or for inherently religious activities. However, if CDBG funds are awarded for public facility rehabilitation, and space other than provided above is used, the CDBG funds may be used for rehabilitation of structures only to the extent and proportion that those structures are used for conducting eligible CDBG activities. CDBG funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible CDBG activities in accordance with cost accounting requirements of OMB Circular A-122.

**DETROIT CITY COUNCIL
CDBG PROPOSAL APPEALS PROCEDURE**

Process for Appealing a City Council Funding Recommendation

The City Council Community Development Block Grant Appeals Hearing date will serve as a formal opportunity for applicants to appeal the funding recommendations made to City Council. All applicants who applied for funding will receive a letter of notification of the date, time, and location for the Appeals Hearing. Appeals may only be made by those organizations that were not recommended for funding. Appeals are to be made in writing using the attached form (attachment B). The form is to be submitted on the day of the hearing at the registration table. Organizations are asked to retain a copy of the form for your records. Final decisions will not be made on the day of the appeal, but they will be addressed during the Council's deliberations. Any applicant making an appeal after the appeals hearing or desiring to appeal the decisions of the City Council may make such an appeal through the office of the City Clerk utilizing the normal petition process.

City of Detroit City Council
2017-2018 Community Development Block Grant/Neighborhood Opportunity Funds
(CDBG/NOF)

APPEAL REQUEST FORM

(Only those organizations not recommended for funding are eligible to make an appeal.)

Name of organization:

What activity did you apply for? *(Circle all that applies.)*

Public Service Homeless Public Service Public Facility Rehab Commercial Façade Rehab

If you applied for more than one activity which activity recommendation are you appealing? *(A separate appeals form will be needed for each activity.)*

What type of service does your organization provide? *(Ex. senior meals, youth tutoring, new construction, etc.)*

Please explain your understanding of the reason your organization was not recommended for funding.

In the space provided below, state your reason for this appeal and/or why you should be recommended for funding.

Name: _____
(Please print)

Title: _____
(Please print)

Signature: _____

Date: _____

REQUIRED ATTACHMENTS

- ❑ **1. A copy of your federal 501(c)(3) designation** from the Internal Revenue Service, labeled ATTACHMENT 1: NONPROFIT DESIGNATION

- ❑ **2. At least one proof** that the organization has operated a program or project activity for at least two years. Label as ATTACHMENT 2: OPERATING PROOF. Proof must be dated during calendar year 2015 and 2016 and consist of ONE of the following:
 - Annual Report of sponsoring organization describing program accomplishments;
 - Program or project evaluation report or letter from outside evaluator;
 - Performance report made to an outside funding source, e.g. Exhibit E of NOF contract with City of Detroit;
 - Minutes of Board of Directors meeting containing performance status/update of program activity;
 - Article in newspaper or publication of general circulation describing organizational program or activities.

- ❑ **3. To demonstrate financial standing and capacity provide a copy of your financial statement** including income and expense report and balance sheet for your most recent fiscal year, labeled as ATTACHMENT 3, FINANCIAL STATEMENT. This statement should reflect the annual expenses indicated on Bud-2

- ❑ **4. If you are incorporated, a copy of your most recent State of Michigan Annual Nonprofit Report**, labeled as ATTACHMENT 4: ANNUAL REPORT. Updates should have been filed in October, 2016.

- ❑ **5. A copy of your organization's certificate of incorporation** with the State of Michigan labeled ATTACHMENT 5: CERTIFICATE OF INCORPORATION.

- ❑ **6. A copy of your organization's recent Bank Statement** to show proof of operating cash (*within past 3 months*) ATTACHMENT 6: BANK STATEMENT

- ❑ **7. Copy of deed or long-term lease for building**, or if unavailable, a statement of explanation labeled as ATTACHMENT 7: PROOF OF OWNERSHIP

- ❑ **8. Copies of your most recent health department, fire marshal, and building inspection reports** or if unavailable, a statement of explanation, labeled as ATTACHMENT 8: INSPECTION REPORTS

- ❑ **9. A copy of the most recent City property tax statement(s)** for the facility to be rehabilitated, labeled as ATTACHMENT 9: PROPERTY TAX

- ❑ **10. A copy of a Master Rehabilitation Plan** building assessment to be prepared by a registered (in the state of Michigan) architect/engineering consultant, labeled as ATTACHMENT 10: Master Rehabilitation Plan. See pages 16-17 for more information. **NOTE: If you submitted an MRP last year, you must submit an updated copy of it this year. Copies may be submitted for three consecutive years before a new MRP must be completed.**

- ❑ **11. Read attachment 14: Conflict of Interest Regulations.**

- ❑ **12. Read attachment 15: Church and State Regulations.**

- ❑ **13. Read Appeals Processes**

- ❑ **14. Sign Certification on page 18.**

- **FINALLY**, if your organization has had an audit or IRS Form 990, please attach **ONE COPY OF THE MOST RECENT AUDIT OR IRS FORM 990 TO THE ORIGINAL COPY** of this proposal. *(You do not need to provide 3 copies of the audit or IRS Form 990.)*