

# Cambridge Department of Human Service Programs FY2020 Community Development Block Grant Public Services RFP

## Introduction

The City of Cambridge is seeking proposals from experienced nonprofit organizations to enhance their existing services targeting CDBG-eligible populations with mental health and/or substance abuse services.

## Background

The City of Cambridge, in conjunction with the Cambridge Community Foundation, recently hired TDC to conduct a citywide needs assessment. During this process, TDC identified Mental Health services (behavioral health and substance abuse) as a top tier need in the City of Cambridge. As a response to this growing need, the City of Cambridge Department of Human Service Programs (DHSP), in conjunction with the Human Services Commission, is seeking proposals from experienced nonprofit organizations to enhance their existing services targeting CDBG-eligible populations with mental health and/or substance abuse services. The City anticipates awarding up to four \$22,500 grants for one-year contracts (July 2019 – June 30) with possibility of renewal based on community need and funding availability. Special consideration will be given to services targeting emerging adults (18-24 years old).

The Community Development Block Grant (CDBG) is a federal entitlement grant from the U.S. Department of Housing and Urban Development (HUD). The goal is to improve the physical, economic, and social conditions of our city. The City of Cambridge receives an annual award from HUD and 15% of the total is set aside for the provision of Public Services. The Department of Human Service Programs is responsible for the administration of these funds. The Human Services Commission is an advisory board, which makes funding recommendations to the Assistant City Manager for Human Services and the City Manager for these Public Services funds, in conjunction with DHSP.

## Project Proposal

As a response to a growing community need for mental health and substance abuse services, the City of Cambridge seeks to fund nonprofit partners to provide mental health and/or substance abuse supports as an enhancement of existing services provided to one or more of the CDBG-eligible target populations listed below.

Example: Your agency currently provides services, other than mental health or substance abuse services, to CDBG-eligible Cambridge residents. Your agency, for example, could apply for funding under this RFP to hire or contract for mental health services to provide trauma-informed counseling with this population. Another example could be your agency hiring or contracting for the services of a recovery coach for your existing population. CDBG funds could be used to enhance an existing service by providing additional mental health or substance abuse services to meet the unique needs of your clients.

Provide a 1-3 page narrative including the following:

- Briefly describe the existing project or program that you wish to enhance with CDBG funds, including services currently provided and a description of the population served.
- Describe the geographic area that this project covers.
- Describe your proposed use of CDBG funding to add-in mental health and/or substance abuse supports to your existing program, including how many participants will be served.
- Describe the need for the proposed program enhancement (i.e. how many current clients might need this service within your existing program or how many new clients might you be able to serve with this program enhancement?).

## Performance Measures

Performance measurement will be based on: (1) total number of CDBG-eligible persons served; and (2) percentage of participants with positive outcomes. The City and nonprofit partners selected for funding under this RFP will work together to establish specific measures for these goals after awards are announced.

## Priority Areas

DHSP, in conjunction with the Human Services Commission, has identified the following locally-defined CDBG priority areas. We anticipate services targeting these populations will be prioritized.

1. Children, youth, or family support
2. Domestic violence
3. Linguistic minorities
4. Homelessness
5. Emergency food resources
6. Elderly and individuals with disabilities

## Target Population

The program for which the Agency seeks funding must serve CDBG-eligible clients, which means that at least 51% of clients to be served are Cambridge residents and are either categorically eligible (see below) or have income that is low (below 50% AMI) or low-moderate (below 80% AMI) as defined by HUD – for your information, refer to the income chart included in this Application.

Certain clientele are generally “**presumed eligible**” by HUD to be low or low-moderate income:

- Abused and neglected children
- Victims of domestic violence
- Elderly people
- People with disabilities
- People experiencing homelessness
- Illiterate adults
- People living with HIV/AIDS
- Migrant farm workers

## Documentation Requirements

Income levels must be documented in one of two ways:

1. If Applicants propose to offer services to persons who are “**presumed eligible**” then individual income certification is not necessary. The Applicant would need to certify that their service population is “presumed eligible” and would still be responsible for reporting the client’s ethnicity and residency status.
2. Applicants whose clients do NOT fall into any of these categories will be required to document household income, either through their own intake process or on a “**CDBG Client Beneficiary Information**” form provided by the Department (a copy is attached).

HUD requires all Applicants to collect and report the following client demographics:

- Income
- Residency

- Race/ethnicity

**NOTE:** Client demographics must be obtained in person.

### **Reporting and Monitoring Requirements**

- Applicants must provide quarterly programmatic reporting, which includes data on race/ethnicity and income, and updates on their performance measures.
- Applicants must have an annual audit of finances or account review and must provide a copy of this audit/account review to the City. Applicants that are NOT required by federal laws to conduct an independent audit/account review must provide a board-approved organizational budget.
- Applicants must agree to cooperate with an annual programmatic and fiscal monitoring by Department staff.
- All Applicants are required to complete a self-evaluation to determine compliance with the Americans with Disabilities Act (ADA), and complete an ADA transition plan if necessary.
- Entities contracting with the City of Cambridge must comply with the City's Living Wage Ordinance. The current living wage amount is \$16.15 per hour.
- Entities contracting with the City of Cambridge must comply with the City's CORI Ordinance, which requires all vendors doing business with the City to certify that, if they have a CORI policy in place for their employees, it complies with the City's CORI Policy. The City's role is to secure the CORI Compliance Form. The City's role is not to determine whether a vendor should or should not be requesting CORI information on their employees. That responsibility rests solely with the CORI Board.

### **Funding Requirements**

- The Department will institute a one-year funding cycle for FY2020 CDBG Public Services contracts.
- Contracts will run July 1, 2019 - June 30, 2020 unless specified otherwise.

### **Timeline**

- RFP Published April 30, 2019
- Deadline for Submissions May 31, 2019
- Submission Review Early June 2019
- Award Letter Distribution Late June 2019
- Contract Year Begins July 1, 2019

### **Instructions for Submitting Proposal**

The following must be submitted in order to be considered for funding under this RFP:

1. Signed RFP Cover Page
2. Written responses to narrative questions
3. Completed project budget

Completed responses are due to Mike Payack via email at [mpayack@cambridgema.gov](mailto:mpayack@cambridgema.gov) by 5 PM on May 31, 2019. In addition to emailing the three documents above, the original signed cover page must be mailed to:

Mike Payack  
City of Cambridge – Department of Human Service Programs  
51 Inman Street

Cambridge, MA 02139

### **Evaluation and Selection**

Proposals will be reviewed by members of the Human Services Commission (barring any Commission members with a financial stake in the outcome of the selection) and DHSP staff. Recommendations for funding will then be forwarded to the City Manager for final approval. Proposals will be evaluated on the following criteria:

1. Experience providing relevant services to Cambridge residents.
2. Quality, need for, and appropriateness of the proposed program plan, budget, and performance measures.
3. Demonstrated ability to deliver services as detailed in the Scope of Service section above.
4. Ability to meet the CDBG requirements listed above.

### **Questions**

Contact Mike Payack by email at [mpayack@cambridgema.gov](mailto:mpayack@cambridgema.gov) with any questions about this RFP by May 15, 2019. Questions and responses will be shared on DHSP's website at [www.cambridgema.gov/dhsp/files/CDBG-News](http://www.cambridgema.gov/dhsp/files/CDBG-News) by Monday, May 20, 2019.

# Cambridge Department of Human Service Programs FY2020 CDBG RFP

## Proposal Summary

Agency Name	_____
Project Name	_____
Project Address	_____
Agency Address	_____
Telephone Number	_____
Executive Director Name	_____
Organization DUNS number	_____ Tax ID or EIN _____
Project Contact Name & Title	_____
Contact Telephone Number	_____
Contact Email Address	_____

## Certifications

By signing below applicant certifies that each of the following documents will be submitted to DHSP if selected for funding:

Certified Organization Audit/Financial Statements of most recent year  
Proof of nonprofit status

## Name and title of person authorized to submit application

All of the statements made, and documents submitted in support of this application are true and correct to the best of my knowledge. I acknowledge that if funded, the proposed project must comply with the requirements and program guidelines detailed in the [Community Development Block Grant regulations \(24 CFR 570\)](#).

Name: _____	Signature: _____
Title: _____	Date: _____

## CDBG Income Limits

Effective April 24, 2019

Household Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
<b>low income (50% AMI)</b>	\$41,500	\$47,400	\$53,350	\$59,250	\$64,000	\$68,750	\$73,500	\$78,250
<b>low-mod income (80% AMI)</b>	\$62,450	\$71,400	\$80,300	\$89,200	\$96,350	\$103,500	\$110,650	\$117,750

## CDBG Client Beneficiary Information Form

**CDBG CLIENT BENEFICIARY INFORMATION (to be completed by clients receiving CDBG-funded program services):**  
 Our agency receives Community Development Block Grant funding from the Federal Housing and Urban Development Department (HUD). They require that we obtain the following information. This information is collected for statistical reasons only and is kept in strict confidence. Please help us by filling in the information on this form. If you have any questions, our staff will be glad to help you.

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

**ADDRESS:** \_\_\_\_\_

1. Total number of members in your household: \_\_\_\_\_
2. Please check the category in which the combined gross annual income of your household falls:

# OF MEMBERS IN HOUSEHOLD	LOW INCOME (eligible for CDBG-funded services)	LOW/MODERATE INCOME (eligible for CDBG-funded services)	ABOVE MODERATE (NOT eligible for CDBG-funded services)
1-member	less than \$41,500	\$41,500 - \$62,450	\$62,450 +
2-members	less than \$47,400	\$47,400 - \$71,400	\$71,400 +
3-members	less than \$53,350	\$53,350 - \$80,300	\$80,300 +
4-members	less than \$59,250	\$59,250 - \$89,200	\$89,200 +
5-members	less than \$64,000	\$64,000 - \$96,350	\$96,350 +
6-members	less than \$68,750	\$68,750 - \$103,500	\$103,500 +
7-members	less than \$73,500	\$73,500 - \$110,650	\$110,650 +
8-members+	less than \$78,250	\$78,250 - \$117,750	\$117,750 +

3. RACE/ETHNICITY – all clients are required to complete both the “Ethnicity” and the “Race” boxes:

ETHNICITY (select one): \_\_\_\_\_ *Hispanic or Latino*  
 \_\_\_\_\_ *Not Hispanic or Latino*

RACE (select one):

_____ American Indian or Alaska Native	_____ Black or African American
_____ American Indian/Alaska Native & Black/African American	_____ Black/African American & White
_____ American Indian/Alaska Native & White	_____ Native Hawaiian or Other Pacific Islander
_____ Asian	_____ White
_____ Asian/White	_____ Other/Multi-Racial

4. MISCELLANEOUS:

\_\_\_\_\_ Female Head of Household      \_\_\_\_\_ 62 years of age or over  
 \_\_\_\_\_ Person with disability

*I certify that the information I have provided on this form is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
 Client Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Staff Signature

\_\_\_\_\_  
 Date