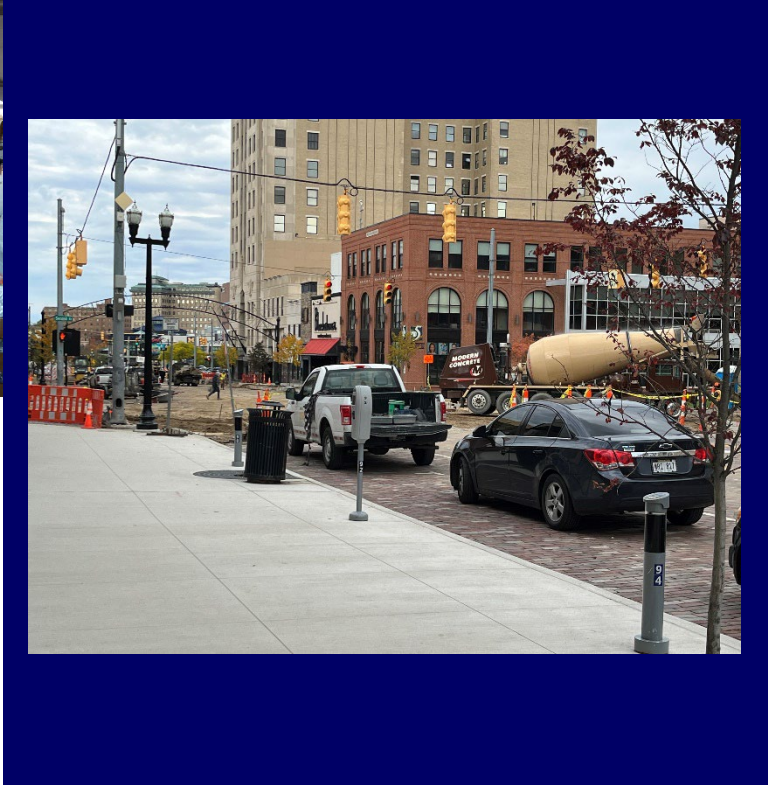




Community Development Block Grant (CDBG) Request for Proposals (RFP)



City of Flint 2025-26



Application Deadline:

A PDF OF YOUR ENTIRE PROPOSAL MUST BE SUBMITTED TO THE DIVISION of COMMUNITY SERVICES by email to communitydevelopment@cityofflint.com.

Proposals must be received by 11:59 p.m., Friday, February 14, 2025.

NO FAX, MAIL DELIVERIES, or IN-PERSON PROPOSALS WILL BE ACCEPTED.

All proposals submitted by public or private non-profit agencies must be submitted in the legal name of the organization. An authorized representative of the organization who has the legal authority to enter into an agreement with the City of Flint must sign the proposal.

If you have questions about the application or the CDBG process, please call the Division of Community Services (DCS) at 810.766.7426 x3020.

Causes for Rejection and City's Rights:

Proposals that are incomplete, lack required attachments, or proposals submitted after the published deadline may be cause for rejection. Other causes for rejection could be that the proposed activity does not meet a national objective or the required architect's, or engineer's current estimates are not included with the proposed construction project. **Agencies with a history of delayed spending patterns or those currently holding significant Community Development Block Grant (CDBG) balances may be ineligible for funding consideration in the current cycle.** Changes and/or additions to the proposal after the submission deadline will not be accepted unless specifically requested by the review committee or by occurrence of an extenuating circumstance.

Only submit materials that have been requested.

Reservations of the City

1. The City reserves the right to accept or reject any or all proposals received.
2. The City has the right to seek additional information from organizations, especially those not previously funded by the City.
3. The City reserves the right to establish spending guidelines for all projects.
4. All funding decisions related to this RFP are subject to all applicable federal, state, and local laws and regulations, and the policies and procedures of the City of Flint
5. Applicants should be aware that this is a preliminary application/Request for Proposal and there will be a final requirement following recommendation and award of funding.

Introduction

The **Purpose of the Community Development Block Grant Program** is to develop viable urban communities by providing decent housing and a suitable living environment, and by expanding economic opportunities, principally for low- and moderate-income persons residing within the City of Flint.

CDBG Process: Each year the City of Flint invites interested community groups and agencies to submit proposals for funding based on their program and project goals. Legal non-profit agencies with a 501(c)(3) designation and public agencies (such as the Flint School District) are eligible to apply.

The original proposal will be reviewed and evaluated by a review committee that is comprised of one citizen representative from each of the nine wards of the city. The representatives are appointed by their respective City Council members and two are appointed by the Office of the Mayor. The review committee will make funding recommendations based on a scoring matrix (**See Exhibit H**), project risk and readiness, amount of funds requested, availability of funds and funding caps that may be established by HUD regulations.

Our goal is to always conclude the process in time for funds availability by July 1. If the process is delayed for any reason, the date that funds are available will also be delayed. Throughout the program year, the DCS works closely with grantees to monitor their progress and compliance with federal regulations. If you are not sure if your program is eligible for funding, please check with DCS before making application.

Funds may only be used within the City of Flint boundaries for City of Flint residents.

Your Responsibilities as a CDBG Subrecipient:

CDBG recipients are responsible for maintaining accurate records of all expenditures, certifying that programs are reaching the target population, and performing annual audits of all financial records. **CDBG recipients must verify and document City of Flint residency of all beneficiaries.** Recipients are also responsible for completing monthly reports and submitting them to the City of Flint Community Services Division. Staff is available to assist you and will work with your organization to help you achieve success in your program.

DO NOT INCLUDE THE PREVIOUS THREE PAGES WITH YOUR APPLICATION

Applicant and Project Information Summary

Date

1. Organization or Agency Name:	2. Project Name:
3. Address:	4. Amount Requested: Min. amount agency will accept and can still carry out the activity:
5. City, State, Zip:	6. Phone Number:
7. Fax Number:	8. Executive Director/Chairperson: Email Address:
9. Agency Unique Entity Identifier (UEI) No.:	10. EIN No.:
11. Contact Person 1: Email Address: Phone Number:	
12. Contact Person 2: Email Address: Phone Number:	
13. Legal Status: Private, Non-Profit <input type="checkbox"/> Internal City Department <input type="checkbox"/>	
14. Has this agency received CDBG funding in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. If yes, for approximately how many years and what year(s)?	

A. National Objectives

To be eligible for funding, the project and/or activity for which you are requesting funding **must** address **one national objective**.

1. The project or activity described in this application directly benefits low- and moderate-income persons. Select One.

_____ **LMI Area Benefit:** The project is available to benefit all residents of an area which is primarily residential.

- Service Area:** Please highlight and attach the census tract(s) on the included map (**Exhibit C**) where the project is to occur if the project is not city-wide.

Census Tract and Block Group(s) _____

Area Population _____

LMI Population _____

*Public Service activities CANNOT be qualified through the Area Benefit National Objective.

*City-Wide Activities no longer meet the 70% low moderate income requirements.

_____ **LMI Limited Clientele:** The project targets the needs of a specific group of persons rather than everyone in a general area. If the proposed project is public service and is limited to a specific group of people, at least 51% of whom are low-and moderate - income persons, indicate which of the limited clientele activities best describe the activity by placing a checkmark in the appropriate box. Select One

- Presumed benefit:** Place a checkmark in the box that describes the beneficiaries of the proposed service:

- | | |
|---|--|
| <input type="checkbox"/> Abused children | <input type="checkbox"/> Severely disabled Persons |
| <input type="checkbox"/> Elderly persons | <input type="checkbox"/> Illiterate adults |
| <input type="checkbox"/> Battered spouses | <input type="checkbox"/> Persons living with AIDS |
| <input type="checkbox"/> Homeless persons | <input type="checkbox"/> Migrant farm workers |

- Family size and income:** Check this box if you intend to utilize household income surveys to document the size and annual income of each person receiving the benefit. At least 51 percent of the participants or beneficiaries of the program must meet the low- and moderate-income guidelines listed in the **Exhibit B** of this RFP.

- Nature and location of activity :** check this box if the nature and location of the activity are such that it will be used predominantly by low- and moderate-income persons. For example, a day care center designed to serve residents of a public housing development. Provide an explanation of how the activity meets this objective in the question (#2) below.

_____ **LMI Housing:** This project provides housing assistance to low- and moderate-income households. Eligible activities include housing rehabilitation, acquisition of property for housing, and homeownership assistance.

_____ **LMI Jobs** This project creates or retains jobs for low- and moderate-income persons.

_____ **Slum/Blight:** The project described eliminates specific instances of blight or physical decay. The only activities to be funded under this category are acquisition, demolition or rehabilitation of buildings.

2. Compliance

a. Describe how your program meets the selected national objective.

b. Detail your specific methods for

- **Collecting required eligibility documentation**

- **Maintaining compliance records**

- **Tracking program beneficiaries**

B. Project Type

1. Please select the type of activity/project for which you are requesting funds. –

Please check all that apply:

Public Services—Includes labor, supplies, and materials including but not limited to those concerned with:

- _____ Senior Services
- _____ Handicapped Services
- _____ Legal Services
- _____ Youth Services
- _____ Transportation Services
- _____ Substance Abuse Services
- _____ Services for Battered and Abused Spouses
- _____ Employment Training
- _____ Crime Awareness/Prevention
- _____ Fair Housing Activities
- _____ Tenant/Landlord Counseling
- _____ Child Care Services
- _____ Health Services
- _____ Services for Abused & Neglected Children
- _____ Mental Health Services
- _____ Youth Programming
- _____ Homeownership Assistance (not direct)
- _____ Rental Housing Subsidies
- _____ Security Deposits
- _____ Housing Counseling Only
- _____ Neighborhood Cleanups
- _____ Food Banks
- _____ Other Public Services

All Other –

- _____ **Housing Rehabilitation** – labor, materials, and other costs related to rehabilitating houses
- _____ **Property Acquisition** – Acquisition of property for any public purpose which meets one of the national objectives
- _____ **Demolition** – Clearance, demolition, or removal of buildings and improvements, including movement of structures to other sites
- _____ **Code Enforcement** – Costs incurred for inspection of code violations and enforcement of codes in deteriorating or deteriorated areas
- _____ **Commercial or Industrial Rehabilitation** – The acquisition, construction, rehabilitation or installation of commercial or industrial buildings, structures, and other real property equipment and improvements, including railroad spurs or similar extensions.
- _____ **Micro-enterprise Assistance** – The provision of assistance to businesses having five or fewer employees, including the owner.
- _____ **Planning** – Costs of data gathering, studies, analysis, and preparation of plans and the identification of actions that will implement such plans
- _____ **Public Facilities and Improvements** – Acquisition, construction, reconstruction, rehabilitation, or installation of public facilities and improvements
- _____ **Special Economic Development Activities** – Provision of assistance to a private, for-profit business and economic development services
- _____ **Fair Housing** – Provision of fair housing service and fair housing enforcement, education, and outreach.

2. Briefly explain how your proposed project fits into the category selected above.

C. Agency Summary

1. **Briefly describe your agency.** *Include the length of time your agency has been in operation, the date of incorporation, the purpose of the agency, and the type of corporation.*
2. **Describe your financial management department.** *Include how your agency will account for CDBG funds and follow the federal financial requirements.*
3. **Describe your key staff members' management experience in CDBG, HOME, or ESG programs.** Please do NOT include resumes.
4. **Provide the name(s) of your accountant, treasurer and any financial staff.**

D. Project Summary

1. Summarize the project for which you are requesting funds. What service will be provided, i.e., activity carried out?

2. Consolidated Plan Alignment:
 - a) Select the specific community Need from the City of Flint's current Consolidated Plan that this activity addresses.
 - Public Service Programs
 - Housing Rehabilitation
 - Public Facility Improvements
 - Economic Development
 - Blight Elimination
 - b) Explain in detail how your proposed activity will help meet this identified Need.

3. How will you measure the success of the project? What do you intend to achieve through this activity/project? What is the positive outcome?

E. Timetable and Goals

1. Complete the table below to indicate how the program will accomplish the objectives and fully expend the funds during the funding cycle.

Dates	Services to be provided	Estimated # of individuals & HHs to be served		Budget per quarter
		Individuals	HHs	
Q1 – 7/1/25- 9/30/25				
Q2 – 10/1/25- 12/31/25				
Q3 – 1/1/26 – 3/31/26				
Q4 – 4/1/26 – 6/30/26				

F. 2025-26 CDBG Project Budget

1. Use the table below to show how you propose to use CDBG funds for this activity/project. Total must match total request for this application.

Type of Expenditure	Budget
Direct Wages/Salaries/Fringes	
Direct Program Expenses	
TOTAL*	

*Wages/Salaries/Fringes are only permissible for staff working **directly** with the administration of the CDBG Program*

2. If you use the funds for wages/salaries, please list the following for each staff person working directly with CDBG clients.

Position Title/Staff Name	Annual Salary	% of Time on Activity	Months on Activity	Total Cost
Personnel Subtotals				

3. Please provide details on the remaining budget items. (*For construction projects please include budget/estimates from architect or contractor to support your budget)

4. Please provide the budget for the ENTIRE PROGRAM in the box below. Include CDBG and ALL OTHER sources of revenue for the program.

Support and Revenue	Last Year's Actual	Current Year's Budget	Next Year's Proposed
Community Development Block Grant (CDBG)			
Contributions			
Foundations & Venture Grants			
Special Events			
Legacies & Bequests (unrestricted)			
Collected through local member units			
Contributed by Assoc. Organizations			
Other Government Fees & Grants			
Membership Dues			
Program Service Fees			
Sales-Materials, Services			
Sales to the Public/Product Sales			
Investment Income			
Misc. Revenue (not otherwise listed)			
Total Support and Revenue	\$	\$	\$
Expenses			
Personnel /Salaries			
Training for Professional Staff			
Payroll Taxes			
Professional Fees			
Supplies			
Rent			
Occupancy (building, grounds, utilities)			
Equipment Rental & Maintenance			
Misc. Expenses (not otherwise listed)			
Total Expenses (Before Depreciation)	\$	\$	\$
(Deficit) or Excess (Revenue - Expenses)	\$	\$	\$

G. AGENCY INFORMATION

Attach the following items in the order listed below to your RFP application. These items should come after items A – H that you will provide as part of your application. Use the *Applicant and Project Information Summary* as your coversheet followed by the *Application Checklist*. Incomplete information will result in your application not being considered.

1. **List of the Board of Directors**

A list of the current board of directors or other governing body of the agency must be submitted. The list must identify the principal officers of the governing body, name, professional contact information for board purposes including telephone number, address, and occupation or affiliation of each member. **(Exhibit A)**

2. **Articles of Incorporation**

Articles of incorporation are the documents recognized by the State as formally establishing a private corporation, business or agency.

3. **Non-profit Determination**

Non-profit organizations must submit their tax-exemption determination letter from the Federal Internal Revenue Service and MI Licensing and Regulatory Affairs. *(Certificate of Exempt Status)*

4. **Designation of Authorized Official**

Submit *Signature Authorization Form* included in this RFP authorizing the representative of the agency to negotiate for and contractually bind the agency. Documentation of this requirement consists of a signed letter from the Chairperson of the governing body providing the name, title, address and telephone number of each authorized individual. **(Exhibit D)**

5. **Organization Chart**

An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicating where the project fits into the organizational structure, and identifying any staff positions for administration of the project.

6. **Accounting Certification**

Completed and signed by an independent CPA on behalf of the agency. The form was included with the RFP. **(Exhibit E)**

7. **Audit**

If Applicable. Attach a copy of your latest audit or financial review if one was completed. (Include only **one** copy.)

8. **Conflict of Interest Disclosure**

A Disclosure form should be completed for all covered persons and submitted with the application. (**Exhibit F**)

9. **Insurance Certificate**

Provide copy of the insurance certificate detailing the agency's liability, fidelity bonding coverage, workmen's compensation, and auto insurance for the agency as applicable. See Example (**Exhibit G**)

City of Flint
Division of Community Services FY 2025-26 CDBG

APPLICATION CHECKLIST

Submit a copy of this Table of Contents and Checklist with each application.

Proposal Title:

	Check if attached	Page
1. Applicant and Project Information Summary	_____	_____
2. Application Checklist	_____	_____
3. PROGRAM PROPOSAL		
A. National Objectives	_____	_____
B. Project Type	_____	_____
C. Agency Summary	_____	_____
D. Project Summary	_____	_____
E. Timetable and Goals	_____	_____
F. CDBG Project Budget	_____	_____
G. Agency Information - Including Additional Attachments Below	_____	_____
4. Additional Attachments		
1. List of Board of Directors - Exhibit A	_____	_____
2. Articles of Incorporation/Agency IRS 501c3 Letter	_____	_____
3. Non-Profit Determination	_____	_____
4. Signature Authorization Form - Exhibit D	_____	_____
5. Organization Chart	_____	_____
6. Accounting Certification Form - Exhibit E	_____	_____
7. Audit - If applicable	_____	_____
8. Conflict of Interest Disclosure(if applicable) - Exhibit F	_____	_____
9. Insurance Certificate - Exhibit G (Example)	_____	_____
10. Copy of Agency SAM Printout showing Active Status	_____	_____
11. Census Tract/Block Group Map showing Area Served - Exhibit C	_____	_____
12. For construction projects (provide budget/estimate from architect or engineer of proposed project)	_____	_____

Exhibit A: Board of Directors

Agency Name: _____

Office	Full Name	Phone Number (Other than Agency Address)	Address (Other than Agency Address)	Email Address	Occupation/Affiliation
President/Chair					
Vice President/Chair					
Treasurer					
Secretary					
Ex-Officio					
Board Member					
Board Member					
Board Member					

Exhibit B:

FY 2024 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](#) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2024 Income Limits Summary

FY 2024 Income Limit Area	Median Family Income Click for More Detail	FY 2024 Income Limit Category Click for More Detail	Persons in Family							
			1	2	3	4	5	6	7	8
Flint, MI MSA	\$78,300	Very Low (50%) Income Limits (\$) Click for More Detail	27,900	31,850	35,850	39,800	43,000	46,200	49,400	52,550
		Extremely Low Income Limits (\$)* Click for More Detail	16,750	20,440	25,820	31,200	36,580	41,960	47,340	52,550*
		Low (80%) Income Limits (\$) Click for More Detail	44,600	51,000	57,350	63,700	68,800	73,900	79,000	84,100

The **Flint, MI MSA** contains the following areas: Genesee County, MI;

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits. Income Limit areas are based on FY 2024 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2024 [Fair Market Rent documentation system](#).

Exhibit C:

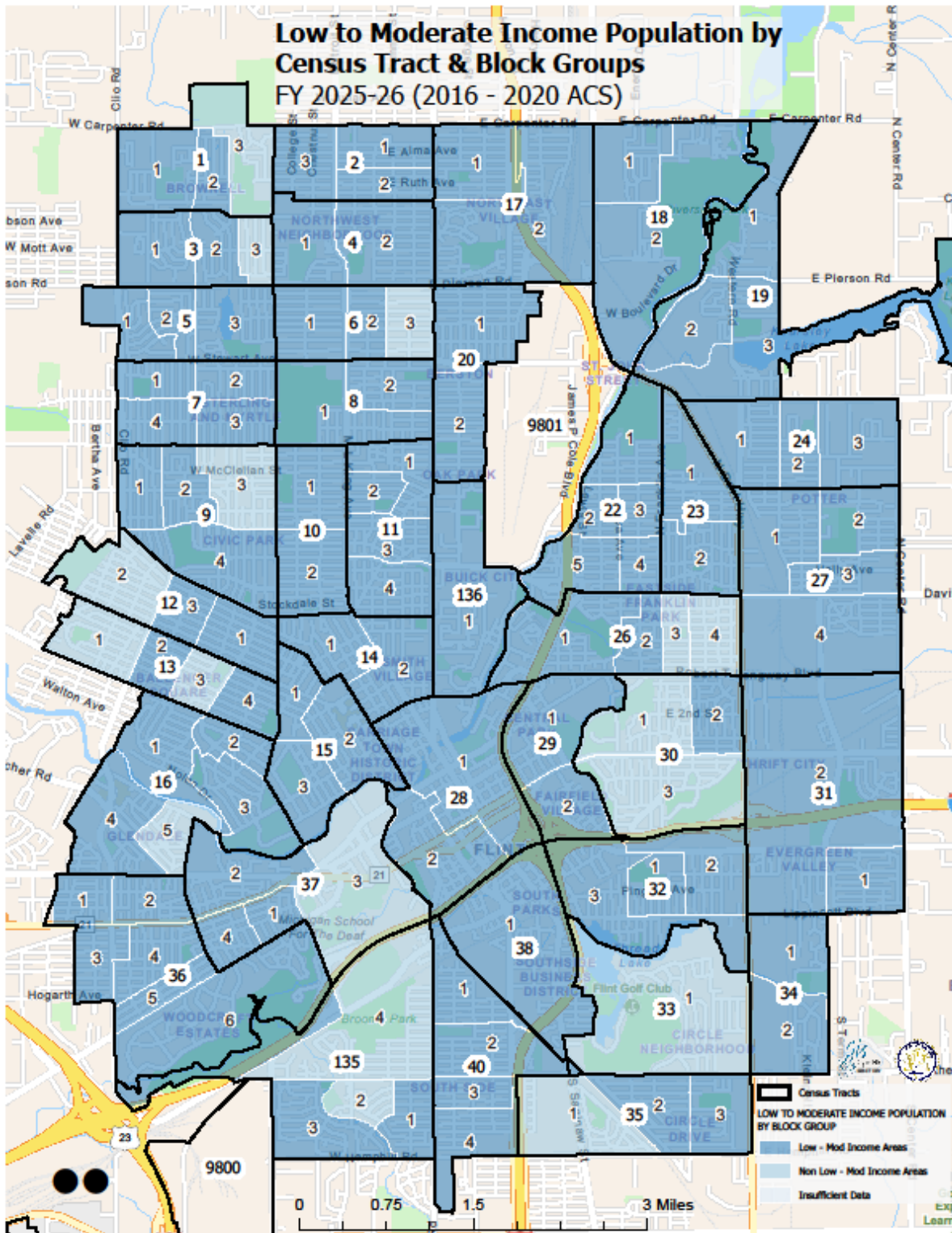


Exhibit D:

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ does hereby resolve that on _____, the Board reviewed the application for _____ funds to be submitted to the City of Flint Community and Economic Development Division for funding consideration for the 2025-26 Annual Action Plan cycle and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Michigan.

_____ hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for _____ funds. If this application is approved and this organization receives funding from the City of Flint, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to act as the Authorized Signer to this grant:

Name

Title

Name

Title

Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Printed

Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Signature

Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Exhibit E:

ACCOUNTING CERTIFICATION

To receive federal grant funds, it is necessary for organizations to submit a certification of the adequacy of their accounting system. This certification must be completed by an Independent Certified Public Accountant.

On behalf of _____, I hereby certify that the
Organization Name

accounting system for the above organization is adequate to manage federal grant funds in accordance with generally accepted accounting principles and standards set forth in the Code of Federal Regulations at 2 CFR Part 200.

Signed:

Independent CPA

Date

Firm Name

Address

City, State, Zip Code

Exhibit F:

CONFLICT OF INTEREST DISCLOSURE

Conflict of Interest Regulations: U.S. HUD'S Conflict of Interest provisions are set forth at **24 CFR 570.611** **(a) Applicability.** (1) In the procurement of supplies, equipment, construction, and services by recipients and by sub recipients, the conflict of interest provisions in **2 CFR Part 200**, shall apply. **(b) Conflicts prohibited.** The general rule is that no persons described in paragraph (c) of this section who exercise or have exercised any functions or responsibilities with respect to CDBG activities assisted under this part, or who are in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from a **CDBG**-assisted activity, or have a financial interest in any contract, subcontract, or agreement with respect to a **CDBG**-assisted activity, or with respect to the proceeds of the **CDBG**-assisted activity, either for themselves or those with whom they have business or immediate family ties, during their tenure or for one year thereafter. **(c) Persons covered.** The conflict of interest provisions of paragraph (b) of this section apply to any person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient, or of any designated public agencies, or of sub recipients that are receiving funds under this part.

Community Development Block Grant

- | |
|---|
| 1. There are no persons involved with this potential CDBG project who have family or business ties with any of the local government elected officials or local government staff. |
| 2. There are no persons involved with this potential CDBG project that requested or received an opinion about a potential conflict of interest from an attorney. |
| 3. There are no persons involved with this potential CDBG project who have an ownership interest in an entity that is directly affected by activities proposed in the application. |
| 4. There won't be any persons involved with this potential CDBG project who will derive any income or commission as a direct result of action taken by the local government elected board or its staff. |

I have read and understand the Conflict of Interest Disclosure Form. I will complete the attached disclosure form, disclosing all information required, if any, in the attached statement. I agree to comply with any conditions or restrictions imposed by the federal regulations under the Community Development Block Grant (CDBG) program to reduce or eliminate actual and/or potential conflicts of interest. I will update this disclosure form promptly, if relevant circumstances change. I understand that this Disclosure is not a confidential document.

Name of Authorized Representative _____

Title _____

Signature _____

Date _____

DETERMINATION OF CONFLICT OF INTEREST	
Administrator:	Contract #:
Applicant:	
Description of Situation:	

PART 1- AFFECTED PERSONS	
Applicant's submission for CDBG Program Assistance is subject to the conflict of interest regulations at 24 CFR 24 CFR 570.611 as a result of his/her relationship with the following Affected Person who is associated with the Administrator of the contract:	
Affected Person's Name:	
Affected Person's Position with Administrator	<input type="checkbox"/> Employee <input type="checkbox"/> Officer <input type="checkbox"/> Agent <input type="checkbox"/> Elected Official <input type="checkbox"/> Consultant <input type="checkbox"/> Other: _____
Affected Person's Relationship to Applicant:	<input type="checkbox"/> Self <input type="checkbox"/> Member of Applicant's Family within 2 degrees of consanguinity or affinity as shown on Attachment 1: Relationship Charts <input type="checkbox"/> Partner with Applicant <input type="checkbox"/> Associated with an organization that employs or is about to employ applicant <input type="checkbox"/> Has a financial or other interest in or with Applicant <input type="checkbox"/> Other: _____
1. Does the Affected Person exercise any function or responsibility with respect to the CDBG program currently or in the past? No Yes. Describe function/CDBG responsibilities: _____	
2. Is the Affected Person in a decision-making role with the Administrator with respect to the CDBG Program currently or in the past? No Yes. Describe role: _____	
3. Is the Affected Person in a position in which he/she may have gained inside information regarding the CDBG program currently or in the past? No Yes. Describe position: _____	
Of the answer to ALL of the above questions are 'no', complete ' <i>Part 2- Certification of NO Conflict</i> ' and submit to CED for review.	
If the answer to ANY of the above questions is 'yes', a prohibited conflict may exist. Complete 'Part 3'	

PART 2- CERTIFICATION OF NO CONFLICT OF INTEREST

Warning: It is a violation of Title 18, Section 1001 of the U.S. Code states for a person to knowingly and willfully make false, fictitious, or fraudulent statements in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.

'I hereby certify under penalty of the law that I am not a person who exercises, or has exercised, any responsibility with respect to the CDBG Program funds. I am not, and have not been, in a position to participate in a decision-making process with respect to CDBG Program Activities. I have not been in a position to gain inside information with the regard to CDBG Program Activities.'

Signature of Affected Person:

Date:

'Administrator certifies under penalty of the law that this information is true and correct and that provision of CDBG Program Assistance to applicant would not constitute a conflict of interest as discussed at 24 CFR 570.611.'

Signature of Contract Administrator:

Date:

PART 3- REQUEST FOR EXCEPTION TO CONFLICT OF INTEREST

All submissions must be submitted for review by the City of Flint Legal Department on a case-by-case basis. Upon review, CED may make a written request and submission to HUD for final determination and approval. Only HUD has the authority to make the final determination regarding a disposition of a conflict of interest and/or to approve a request for exception. Activities for which an exception is required may not be submitted to CED for approval until an exception has been granted by HUD. Do not proceed with assistance to any applicant that is an Affected Person until receiving final written authorization from CED and HUD.

1. Provide a detailed explanation of the nature of the conflict:

2. Will the exception result in a significant cost benefit, expertise, or other benefit to the administrator of the Program which would not otherwise be available?

No Yes- Describe _____

3. Is the applicant a member of a group or class of low-income persons intended to be the beneficiaries of the assisted activity (for program applicants only)?

No Yes- Describe _____

If yes to 3- will the exception permit the applicant to receive the same type of benefits made available to other members of the group or class?

No Yes- Describe _____

<p>4. Has the Affected Person recused themselves and/or withdrawn from any functions, responsibilities, and/or decision making obligation with respect to the assisted activity?</p> <p>No Yes- Describe_____</p>	
<p>5. Was the CDBG Contract available before the Affected Person became subject to the potential conflict?</p> <p>No Yes- Describe_____</p>	
<p>6. Will denial of the benefit result in any undue hardship when weighed against the public interest served by avoiding the conflict?</p> <p>No Yes- Describe_____</p>	
<p>7. Provide other relevant information:</p>	
<p>8. Attach evidence of the public disclosure of the conflict, which must include printing the disclosure in a local newspaper or similar publication. The publication must adequately reach all residents of the Administrators entire service area and may require the use of multiple publications. Only posting a public notice in the Administrators Office is insufficient.</p>	
<p>9. Attach a written statement from an attorney representing the Administrator confirming that no state or local law would be violated as a result of the issuance of an exception to the conflict of interest requirements.</p>	
<p>10. Attach documents evidencing that the Affected Person has withdrawn from his or her functions or responsibilities with respect to the CDBG Program.</p>	
<p>11. Attach a resolution from the Administrator's governing body confirming that the Administrator intends to request an exception to the conflict of interest requirements from HUD.</p>	
<p>Warning: It is a violation of Title 18, Section 1001 of the U.S. Code states for a person to knowingly and willfully make false, fictitious, or fraudulent statements in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States.</p>	
<p>'Contract Administrator certifies under penalty of the law that this information is true and correct and that provision of CDBG Program Assistance to applicant would not constitute a conflict of interest as discussed at 24 CFR 570.611.'</p>	
<p>Signature of Contract Administrator:</p>	<p>Date:</p>

Attachment 1: Relationship Chart

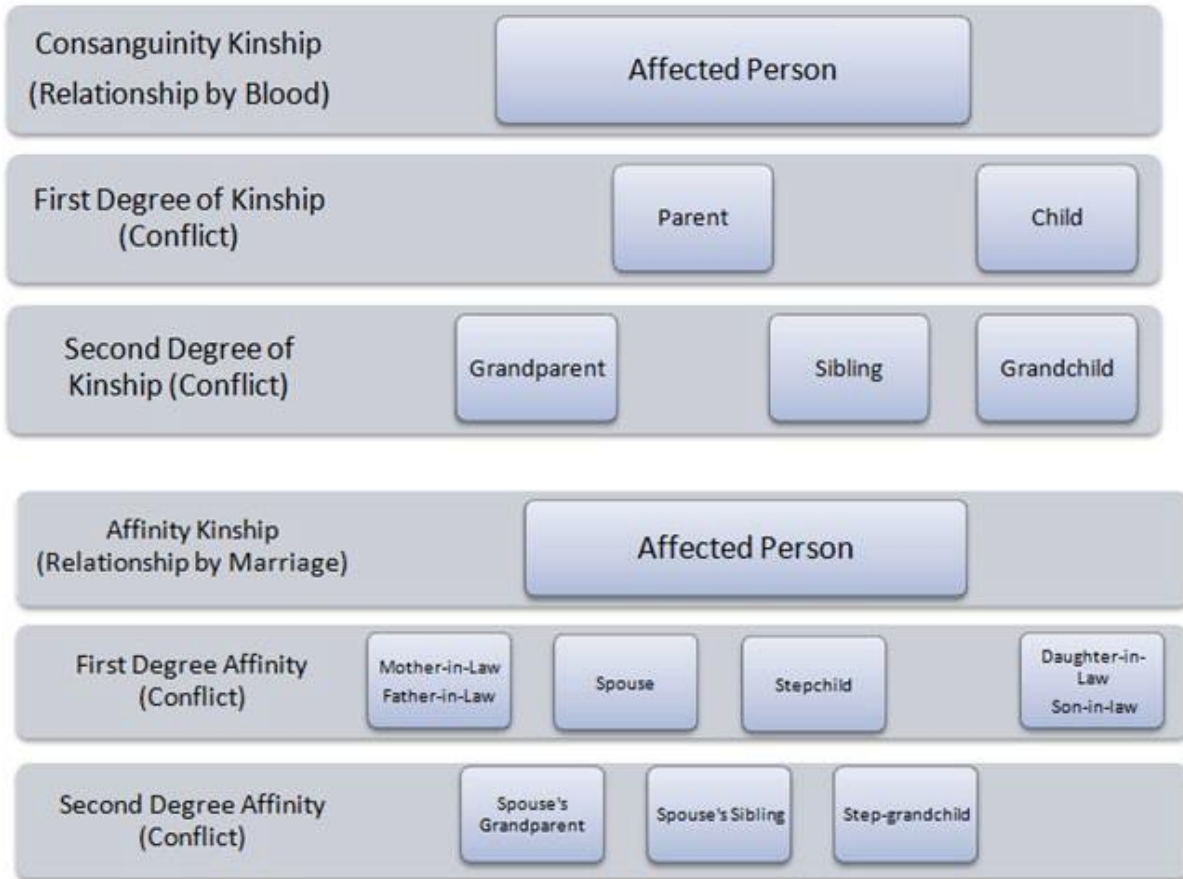




Exhibit G:

CERTIFICATE OF LIABILITY INSURANCE EXAMPLE

DATE (MM/DD/YYYY)

11/6/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME:	
INSURER NAME HERE		PHONE (A/C, No, Ext): (810) 222-2222	FAX (A/C, No): (810) 222-2022
ADDRESS HERE		E-MAIL ADDRESS: name@insurancegroup.net	
Grand Blanc MI 48439-5186		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Home-Owners	
INSURED		INSURER B: Accident Fund Ins Co of Amer	
Company Name		INSURER C:	
Address Here		INSURER D:	
City State Zip		INSURER E:	
Flint		INSURER F:	
		NAIC #	
		22222	
		22222	

COVERAGES

CERTIFICATE NUMBER: 19-20 Berridge

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		14051487	4/1/2019	4/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Premises/Operations \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> 19	X		4797917900	4/1/2019	4/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist BI split \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WCV6111174	4/26/2019	4/26/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Flint, and including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, employees and volunteers are listed as additional insured with respect to General Liability & Auto Liability as required by written contract. Coverage is primary and non-contributory as it applies to the General Liability.

CERTIFICATE HOLDER**CANCELLATION**

City of Flint 1101 S. Saginaw St. Flint, MI 48501	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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Exhibit H:

RFP Evaluation Form		Total Possible Points
Project Team Evaluation Criteria		
1.	<i>Understanding of Identified Need. Degree to which the Application demonstrates an understanding of the identified needs of the public provided in the Consolidated Plan, familiarity with the national objectives and goals, and presents a well-thought out approach. Clear explanation of how benefit data information will be obtained from clients</i>	25 points
2.	<i>Experience and Qualifications. The experience and qualifications of the Applicant as partially evidenced by the timely and successful completion of similar activities.</i>	25 points
3.	<i>Reasonableness of Budget. The budget proposed follows the format provided in the RFP, includes detail as requested of expenses by line item ask and the budget is reasonable and consistent.</i>	10 points
4.	<i>Quality of application. The degree to which the Applicant has demonstrated creativity and problem solving abilities in the approach to the proposed activity, success in carrying out previous activities, and the overall quality of the application.</i>	20 points
5.	Construction Projects Only. <i>MBE/WBE Participation. The degree to which the development team provides for minority- and women-owned business (MBE/WBE) participation and complies with equal opportunity and affirmative action requirements.</i>	10 points
6.	<i>Organizational Capacity - The organization's current ability to effectively implement its proposed activity, as it relates to the agency's staff expertise, financial stability, management systems, and infrastructure, to achieve the desired outcomes of the grant.</i>	10 points
Total Points Possible/Allocated		100