

**CITY OF PHOENIX
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)**

NEIGHBORHOOD REVITALIZATION RFP



**REQUEST FOR PROPOSAL (RFP)
FISCAL YEAR 2024-25**

Application

Please read the RFP Guidelines before developing your proposal.

Format

Use the electronic Microsoft Word document or PDF Form provided by the city of Phoenix. Be sure to answer all the Questions, complete the Schedules, and include Attachments as needed. Incomplete applications will not be considered. Submit your application electronically in PDF format.

Proposal Submission

Complete application must be received by the deadline. Applications must be submitted electronically via email to nsd.procurement@phoenix.gov. **Applications must be received by 2:00 PM on Thursday May 16, 2024, to be considered.**

Submit Complete Application to:

Gioia Bufkin, Contracts Specialist II
City of Phoenix, Neighborhood Services Department
200 W. Washington St., 4th floor
Phoenix, AZ 85003
nsd.procurement@phoenix.gov

For More Information

Please refer to the RFP Instructions that accompany this Application.

The Application and Instructions also are available in PDF format on the city's RFP website at phoenix.gov/solicitations.

To receive the RFP instructions in alternative print/audio formats, contact the Neighborhood Services ADA Liaison, 200 W. Washington St., fourth floor, Phoenix, AZ 85003. Voice number 602-534-4444 | TTY 602-495-0685.

**THE CITY OF PHOENIX
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
Neighborhood Revitalization RFP
FUNDING PROPOSAL FOR FISCAL YEAR 2024-25**



Deadline: 2p.m., Wednesday, May 17, 2024

1. Applicant Information

Organization: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Website: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

2. Program Information

Program Title: _____

Service Location: _____

Amount of CDBG Funds Requested: \$ _____

3. Certification

"I certify that I have reviewed this application and that to the best of my knowledge and belief, all of the information provided in this application is true."

Signature of Authorized Representative	Date
Print Name	Title

4. Meeting a CDBG National Objective:

Check One: Benefit to low- and moderate-income persons or households
 Prevention or elimination of slums or blight

AGENCY INFORMATION

Proposals should be limited to 25 pages excluding applicable attachments.

5. Describe agency mission/purpose:

6. Please attach Organization Chart and list of Board of Directors.

7. Agency mailing address: _____

City, State, Zip code _____

8. Taxpayer ID # _____

9. UEI Number _____

10. Faith Based Organization? Yes No

11. AZ Nonprofit Incorporated? Yes No

Year Incorporated: _____

12. Census Tracts to be served by this program: _____

*refer to map provided or online at
phoenix.gov/nsd/programs/map-gallery*

PROGRAM DESCRIPTION

13. Program Description – describe what the agency proposes to accomplish with the CDBG funding. (max. character count 750)

14. Program Service Delivery and Location - describe how the program will be made available to the public. (max. character count 750)

15. Programs: List all home accessible modification activities being offered objectives, and goals. (max. character count 750)

16. Explain in detail what accessible modification activities your agency will commit to offering (max. character count 750)

17. Program Reporting: Outline how the agency will know and document the success of the services being offered. (max. character count 750)

AGENCY OPERATIONS

18. List all Major Sources of Agency Funding (max. character count 300)

19. List all Matching Program Funds (if none, please indicate) (max. character count 300)

20. Collaboration with Other Agencies to serve program clients (max. character count 300)

NEIGHBORHOOD REVITALIZATION SUPPLEMENTAL QUESTIONS

21. Describe your organization's outreach and marketing strategies to reach new and previously served clients. Explain how client referral is received. (max. character count 750)

22. Explain the agency's client intake/approval and scope of work development process. (max. character count 750)

23. Outline, in detail, the contractor selection process. Describe how contractor selection and project awards will be made. (max. character count 750)

24. If applicable, explain fees for service. (max. character count 750)

TRACK RECORD / CAPABILITY

25. Agency Performance History

Provide information on the two most recent Phoenix CDBG funded programs administered by your agency. If you have never received a Phoenix CDBG grant, list other recent programs. Complete all fields or write "None" for not applicable.

Program Administered by Your Organization

Program Name: _____

Program Address: _____

Phoenix CDBG Funded? Yes No List other funder(s): _____

Year Funded: _____ Award Amount: _____ \$

Use the space below to enter the program status including the goals achieved and program completion date or anticipated program completion date. (max. character count 500)

Program Administered by Your Organization

Program Name: _____

Program Address: _____

Phoenix CDBG Funded? Yes No List other funder(s): _____

Year Funded: _____ Award Amount: _____ \$

Use the space below to enter the program status including the goals achieved and program completion date or anticipated program completion date. (max. character count 500)

**SCHEDULE A
Neighborhood Revitalization Program Budget**

Program Title: _____

COST COMPONENT	CDBG FUNDS	AGENCY CASH	IN-KIND	TOTAL PROGRAM
PERSONNEL SERVICES				
Salaries (See Schedule B)	_____	_____	_____	_____
Fringe Benefits	_____	_____	_____	_____
Total Personnel	_____	_____	_____	_____
CONTRACTUAL SERVICES				
Professional Services	_____	_____	_____	_____
Telephone	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Insurance (required)	_____	_____	_____	_____
Travel/Mileage	_____	_____	_____	_____
Fingerprinting	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
Total Contractual	_____	_____	_____	_____
CONSTRUCTION				
Construction/Sub Contractor	_____	_____	_____	_____
Fees and Permits	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
Total Construction Costs	_____	_____	_____	_____
Total Program Budget	_____	_____	_____	_____

Use the space below to explain cost components that require clarification:

Note: If your proposal is funded, CDBG-paid expenditures must be documented with receipts and or invoices that verify the expense was incurred. To minimize the amount of expense documentation, we strongly suggest the CDBG dollars be used to pay for only a few program costs and not spread out over several line items. If CDBG funds are requested to pay for Personnel Services (salaries), Schedule B must be completed for the positions to be funded.

A list of ineligible expenses is on Pages 4 & 5 of the Guidelines. Information on insurance requirements is listed on Page 10 of the Guidelines.

**SCHEDULE B
Personnel Schedule
(For CDBG Funded Neighborhood Revitalization Program Salaries Only)**

Program Title: _____

This schedule must be completed if you are seeking CDBG funding for Personnel Services costs on Schedule A. Only information on salaried positions should be included on this schedule. *Do not include fringe benefits costs on this schedule.*

Position Title	Number of Full-Time Equivalent Salary Positions	CDBG Funded	Other Funds	Total Salary Amount
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____

EXHIBIT A
2024 INCOME LIMITS – MARICOPA COUNTY, ARIZONA

Maricopa County, Arizona										
FY 2024 Income Limit Area	Median Income	FY 204 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Maricopa County	\$101,300	Extremely Low (30%) Income Limits	\$21,600	\$24,700	\$27,800	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720
		Very Low (50%) Income Limits	\$36,000	\$41,100	\$46,300	\$51,400	\$55,550	\$59,650	\$63,750	\$67,850
		Low (80%) Income Limits	\$57,600	\$65,800	\$74,050	\$82,250	\$88,850	\$95,450	\$102,000	\$108,600