

**REQUEST FOR PROPOSALS
FOR 2008
HOUSING AND COMMUNITY DEVELOPMENT**

PUBLIC WORKS APPLICATION

ISSUED BY:
CHESTER COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT

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APRIL 2007

Chester County Board of Commissioners
Carol Aichele, Chair
Donald A. Mancini
Patrick C. O'Donnell

PUBLIC WORKS APPLICATION

- ◆ Section A: Forms and Certifications 1
Includes an application checklist, summary sheet, listing of community support and notification, and certifications. Read and complete each page carefully.

- ◆ Section B: Narrative Summary 8
Seeks information about the need for and benefits of the proposed activity and the activity's readiness to proceed. Be sure to answer each question.

- ◆ Section C: Activity Budget..... 10
Seeks specific information about the cost of the program and use of the grant. Be sure to answer each question and submit all required documentation. Remember to double check figures and calculations.

If you have any questions about the application, contact DCD at (610) 344-6900 or ccdcd@chesco.org.

SECTION A ~ FORMS AND CERTIFICATIONS

APPLICATION CHECKLIST: Unless otherwise indicated, the following elements are required. Please confirm that all of the required information is included with the application.

- _____ Application Summary Form
- _____ Municipal Notification (required of non-governmental applicants)
- _____ Evidence of Public Hearing (required of municipal applicants)
- _____ Resolution (municipal applicants)
- _____ Evidence of Community Support
- _____ Certification of Organizational Capacity
- _____ Affidavit of Tax Payment & Attachment
- _____ Application Certification
- _____ Narrative Summary
- _____ Activity Budget & Cost Estimate Sheet
- _____ Identification of Other Funds
- _____ Attachments
 - a) _____ List of council members, officers and board members and their affiliations
 - b) _____ Date of most recent audit or financial statements

Type:

- _____ OMB A-133
- _____ Government Auditing Standards (Yellow Book)
- _____ Unaudited Financial Statement

APPLICATION SUMMARY FORM

Organization Name:

Contact Person and Title:

Address:

Telephone:

Fax:

E-mail address:

Web address:

Amount of funding requested:

Tax Identification Number:

Activity Location:

Total area to be served by activity (*i.e. street addresses, census tract, municipality or countywide*):

Activity Description:

Activity will address Consolidated Plan Goal # _____ Objective # _____

If the organization is submitting more than one application, rank them in order of importance. This application is ranked: #

Signature and Title of Authorized Official

Date

CERTIFICATION OF ORGANIZATIONAL CAPACITY

In completing this page, the applicant is certifying that they have the fiscal and organizational capacity to administer a grant in 2008 and have had success in administering grants in the past. Any questions about this certification should be directed to DCD before the application is submitted.

	YES	NO
The applicant has the fiscal capability to operate a program on a cost-reimbursement basis. (Approximate waiting time is 30 days after submission of invoice.)		
The applicant has an adequate financial management system in place to maintain effective control and accountability over all funds, property, and other assets covered by this proposal.		
The applicant has an adequate financial management system in place to produce sufficient backup documenting costs for which reimbursement is sought.		
The applicant has the ability to maintain sufficient books, records, documents, and files to be made available for review and audit.		
The applicant currently has adequate facilities, equipment, and/or staff with the necessary areas of expertise to operate an effective activity.		
The applicant has adequate internal management procedures and separation of duties to prevent fraud and abuse.		
The applicant does not have any outstanding audit deficiencies or disallowed costs from previous programs or activities.		
The applicant has never had to pay back funds to the federal government.		
The applicant or its principals have never been debarred or suspended by the Federal government and the applicant is not the successor organization to one that was.		

AFFIDAVIT OF TAX PAYMENT
(Corporation/Partnership)

The undersigned Affiant (hereinafter "Affiant"), being duly sworn, deposes and says that:

1. He/she makes this Affidavit as the authorized representative of _____ which has applied for funding through the Chester County Department of Community Development.
2. He/she understands that it is the policy of the County that such funding will not be made available to applicants whose Chester County, school district and/or municipal taxes are delinquent.
3. All of Affiant's County, school district and municipal taxes are now current.
4. He/she understands that this Affidavit is made to induce the County to fund Affiant.
5. He/she understands that this Affidavit is made subject to the provisions of Section 4903 of the Pennsylvania Crimes Code (18 Pa. C.S.A. §4903) and that false statements made herein shall be regarded as false swearing for purposes of criminal prosecution under said section.

Affiant

Sworn to and subscribed
before me this day
of , 200__.

Notary Public

APPLICATION CERTIFICATION

I certify that the information in this application is, to the best of my knowledge, true and correct.

I recognize that the following actions by Chester County do not constitute a commitment by the County to finance the project:

1. Acceptance of this application.
2. Issuance of a request for a lead-based paint test for construction projects.
3. Issuance of a request for additional information.
4. Initiation of relocation process.

I understand that the County is not responsible for actions taken in reliance upon the prospective financial commitment of the County.

I understand that acceptance of an award of federal, state or county funding creates the obligation to comply with all applicable certifications, comply with record keeping and reporting requirements, and submit timely and accurate invoices with required backup and additional information, as required.

Date

By: _____
(Signature)

Name (Type or Print)

(Title)

Sworn to and subscribed
before me this day
of , 200__.

Notary Public

SECTION B ~ NARRATIVE SUMMARY

All information included in Section B (Narrative Summary) should be typed.

Specifically discuss each of the following items in a number by number format:

1. Briefly describe the proposed activity, location (**include map**), and scope of work.
2. Explain the planning process involved in assessing the need, selecting this activity and completing this application.
3. Describe the need for the activity. Clearly state the problem, factors contributing to the problem, and who is affected by it.
4. Describe applicant’s experience administering this type of activity. Are there available administrative/fiscal resources to manage and complete this activity in a timely manner?
5. Describe the geographic area that will benefit from the activity (include boundaries).
6. Indicate how many people will benefit from the proposed activity, if funding is awarded.

Number of persons assisted (select one Outcome Indicator):

- A. with new access to a facility or infrastructure benefit: _____
- B. with improved access to a facility or infrastructure benefit: _____
- C. who no longer have access to a substandard facility or infrastructure benefit: _____

Household Income	
Population	Number Assisted
Number of persons with incomes below 30% of AMI	
Number of persons with incomes between 31% and 50% of AMI	
Number of persons with incomes between 51% and 80% of AMI	
Number of persons with incomes 81 % of AMI and greater	
Total persons served (must agree with Outcome Indicator listed above)	

Provide the source in identifying the proposed benefit: _____

***If awarded funds, the applicant will be required to submit race and ethnicity data for the persons and/or households listed in the chart above.*

7. State the benefits expected to be achieved in the area or neighborhood as a result of the activity. Please explain how the activity and the objectives will be evaluated.

8. If the proposed activity involves infrastructure within a street right-of-way, identify the condition of all infrastructure within that right-of-way.
9. If the proposed activity involves clearance or demolition, explain whether and how the activity addresses a blighted area or property, provide documentation of the blighted condition, and indicate if the site is currently occupied.

If demolition is required, a phase one environmental review may be required at the expense of the applicant prior to any funding commitment.

10. Is the proposed activity an identified element of a plan officially approved by the municipality? If yes, state which plan.
11. Explain how the activity promotes the goals of *Landscapes*, the County's Comprehensive Plan.
12. Explain why County funding is necessary for the proposed activity.
13. Explain **specifically** how County funds would be used in the proposed activity.
14. Activities should involve coordination with other organizations, describe the relationship with the other organizations and the type and extent of coordination. Letters of commitment must relate to the proposed activity and include the services to be provided by each party, the conditions for service, and eligibility criteria.

NOTE:

The questions below are intended to assist you in your response to #14:

Does your agency routinely make referrals or coordinate activities with other organizations?

If so, to which organizations do you make referrals or coordinate activities?

For what purpose do you make referrals or coordinate activities?

How often do you make referrals or coordinate activities?

15. Explain how local (Chester County) contractors, sub-contractors, suppliers, materials and employees will be used to complete the proposed activity.
16. List the estimated timetable for this activity. Assume funding is available in January 2008 when determining the commencement and completion dates of the activity.
17. If the activity will result in property owners paying a special assessment fee (e.g. water and/or sewer tapping fee; fire hydrant fee; street, curb and/or sidewalk installation fee; street light fee; etc.), state how much the fee will be and whether low- and moderate-income persons' fees will be waived, reduced, or adjusted in any way.
18. Submit engineering and/or architectural plans and specifications for the activity. If plans and specifications are not complete, please explain and give the estimated date of completion.
19. List the required approvals already obtained from other governmental entities. If any required approvals are outstanding, explain why and state the estimated date when approval is expected.

SECTION C ~ ACTIVITY BUDGET

1. Identification of Other Funds:

Please complete the attached form on page 12 to describe all non-DCD sources of funding that are being explored for this project and the status of those inquiries.

* **If funding is secured, attach the confirmation letter.** If funding was denied, attach the denial letter stating the names of the source, the date funds were sought, and the reason for the denial.

2. List all public works projects that will be administered by the applicant during the next two years.
3. Explain specifically how County funds would be used in the proposed activity.
4. Submit applicant's most recent financial statements and/or audit.
5. Attach a construction budget using the format provided on the following page. List each activity item and the associated costs.

A professional engineer or architectural firm **must** prepare construction budgets. Be sure to state the source and date of the estimate.

Costs should be based on the best information available. More exact figures may be requested if needed. When preparing this data, consider that:

- The activity should be completed in one phase;
- **Federal or State Prevailing Wage Rates apply to public works activities over \$2,000;**
- Cost estimates should be as detailed as possible; and
- The activity should be divided into work items. Highlight those portions of the activity, which should receive the highest priority if full funding is not possible.

IMPORTANT NOTE: Construction budgets should include a *Contingency* line item, in anticipation of possible cost increases throughout the progression of the activity. The availability of Community Development Block Grant (CDBG) and Community Revitalization Program (CRP) funding to assist with cost overruns is **EXTREMELY** limited. Resources may not be available to grant requests for funding beyond the original contract amounts for 2008 activities.

6. DCD does not typically pay for engineering or architectural services. Please identify the amount and source of funds for each component of the activity on pages 11 and 12.

EXAMPLE OF TYPICAL PUBLIC WORKS COST ESTIMATE SHEET

<u>Item #</u>	<u>Approx. quantities</u>	<u>Unit</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total Price</u>
1			Architectural/Engineering Fees	\$ _____	\$ _____
2	_____	L.S.	Excavation & Grading	\$ _____	\$ _____
3	_____	L.F.	Curb	\$ _____	\$ _____
4	_____	S.Y.	Sidewalk	\$ _____	\$ _____
5	_____	S.Y.	Paving	\$ _____	\$ _____
6	_____	L.F.	Storm Sewer Pipe	\$ _____	\$ _____
7	_____	EA.	Storm Sewer Inlets	\$ _____	\$ _____
8	_____	L.F.	Water Main (with appurtenances)	\$ _____	\$ _____
9	_____	L.F.	Sanitary Sewer	\$ _____	\$ _____
10	_____	EA.	Sanitary Sewer Manholes	\$ _____	\$ _____
11	_____	L.F.	Trench Restoration	\$ _____	\$ _____
12	_____	L.S.	Traffic and/or Erosion Control	\$ _____	\$ _____
13	_____	EA.	Handicapped Ramps	\$ _____	\$ _____
			Other Items (Specify):		
14	_____		Contingency: _____%	\$ _____	\$ _____
15	_____			\$ _____	\$ _____
16	_____			\$ _____	\$ _____
TOTAL:					\$ _____

If a particular item is not applicable to the proposed activity, leave it blank.

KEY: L.S. = Lump Sum; L.F. = Linear Feet; S.Y. = Square Yard; EA. = Each

2008 IDENTIFICATION OF OTHER FUNDS

APPLICANT: _____ ACTIVITY: _____

Identify funds other than those requested in this application for the proposed activity in 2008.

SOURCE OF FUNDS	AMOUNT (ESTIMATE OR ACTUAL)	USE OF FUNDS	STATUS OF REQUEST: SECURED, PENDING OR DENIED*
<u>FEDERAL/STATE</u>			
FEDERAL/STATE FUNDS SUBTOTAL:			
<u>COUNTY/MUNICIPAL</u>			
COUNTY/ MUNICIPAL FUNDS SUBTOTAL:			
<u>PRIVATE/FOUNDATION</u>			
PRIVATE/FOUNDATION FUNDS SUBTOTAL:			
TOTAL OF OTHER FUNDS:			

* If funding is secured, attach a confirmation letter. If funding is denied, attach the denial letter stating the name of the source, the date funds were sought, and the reason for the denial.