

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
2010 – 2011 HOME PARTNERSHIP PROGRAM
PROGRAM SUMMARY**

1. Agency Name:
2. Service Headquarters (complete address):

Phone Number:
3. Service Mix: Indicate the mix or type of services to be provided.
4. Total Project Costs:

HOME Funds	\$
Other Funds	\$
Total Funds	\$
5. Funding Sources: List below other funding sources and amounts of funds for this project.
6. Project Service Area: List below the geographic areas the agency intends to serve through this project. In the event this project includes capital improvements, please indicate its City location, estimated number of persons and indicate percent of service rendered within the City.
7. Estimate the number and percent of lower income persons served by this project. Please specify by income category and household size. Following provides income categories and household size. Income category: extremely low (0-30% MFI), very low (31-50% MFI), low (51-80% MFI), and Household size: elderly household, single household, small family 2-4, large family 5 or more. If this question is not applicable to your organization/agency please specify. (see attached income guidelines)
8. Please provide your agency's most recent annual budget and audit if applicable.

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
BUDGET FOR COMMUNITY DEVELOPMENT ACTIVITY**
(Attach detail breakdown of project expenses. See example below.)

Project Title:		Program Year: 2010 - 2011	
Subcontractor: N/A		Date:	
Contract Period:		June 1, 2010 – May 31, 2011	
<u>Account</u>			
<u>Project Amt:</u>	<u>HOME Share</u>	<u>Other Funds</u>	<u>Total</u>
Personnel	\$	\$	\$
Supplies & Materials	\$	\$	\$
Contractual	\$	\$	\$
Other (including overhead)	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

EXHIBIT I

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
AUTHORIZED SIGNATURES**

The following officers or employees are duly authorized by the Board of Directors of _____ to carry out the performance contemplated by a contract with the City of Muskegon and can execute a contract on behalf of

Name

Title

Typed Name of Chair of Board of Directors

Signature of Chair of Board of Directors

Date

**COMMUNITY AND NEIGHBORHOOD SERVICES
COMMUNITY DEVELOPMENT
PROGRAM NARRATIVE**

General Instructions: Please respond to the following questions about the agency's program design. (Limit the total narrative to the equivalent of three typewritten pages plus attachments).

1. Describe how the proposed project will meet the needs of Muskegon residents without duplicating services.

2. Describe the relationship of this project to the City's overall comprehensive neighborhood revitalization and community development efforts.

3. Define how the proposed service and mix will be delivered. Detail the mode of service delivery i.e., months of operation, daily hours, intake system, transportation plans, outreach and referral mechanism, contingency or backup plans to assure service availability at all time, etc.

4. Provide a self-evaluation of previous experience in providing the services proposed. This evaluation should include how long the agency has been providing services, how many clients have been served, how successful the program has been, how success was determined, what kind of follow-up plan was used and documentation of the support of local community organizations.

5. Describe the system that will be used to organize and coordinate service delivery to new applicants or returning clients seeking assistance. This case management system should include provisions for additional screening, intake processing referral linkage, case monitoring and follow-through.

6. Describe the full staff component necessary to provide services proposed and their qualifications.

7. Describe the agency's capabilities for carrying out this project, how it fits into the agency's overall program and what resources will be used to support.
8. Describe the agency's project evaluation plan. Indicate what will be measured or assessed and how this evaluation will be used to determine whether the project is meeting its goals.
9. Provide a plan for coordinating services with other agencies. Document any commitments in writing.
10. Describe the agency's capability in assuring that the proposed program will benefit low to moderate-income clients.
11. Describe the functions of the agency's Board of Directors and how it was involved in the development and submission of this proposal.
12. Please address the following questions in your narrative:
 - a. How many persons were served by your agency last year:
 - b. Was the proposed service/project provided previously by your agency? If so, how was it funded?
 - c. Does your agency/organization have a fee schedule for this particular service/project? Please provide.

EXHIBIT II

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
ACCOUNTING SYSTEM**

I am the chief financial officer of _____ and in this capacity I will be responsible for providing financial services adequate to ensure the establishment and maintenance of an accounting system for this agency. The accounting system and internal control procedures will be adequate to safeguard the assets of this agency, check the accuracy and reliability of accounting data, promote operating efficiency and assure compliance with prescribed management policies of the agency and the City of Muskegon.

Typed Name of Financial Officer

Signature of Financial Officer

Date

EXHIBIT III

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
SECURITY POLICY**

In keeping with the general conditions of the prime grant agreement between the City of Muskegon and the U.S. Department of Housing and Urban Development, all records, reports, etc., must be kept confidential and retained for a period of three years after the end of the contract. Because of these requirements, it is necessary for the subcontractor to maintain all data in a safe and secure place.

The undersigned certifies that _____ shall have in place a mechanism for keeping records, reports and all data related to this project confidential and in a safe and secure place.

Typed Name of Chair of Board of Directors

Signature of Chair of Board of Directors

Date

**CITY OF MUSKEGON
COMMUNITY AND NEIGHBORHOOD SERVICES
CERTIFICATION
RESPONDENT IDENTIFICATION**

Full Legal Name of Agency

Telephone Number

Legal Mailing Address of Agency

Project Title

Contact Person

Title

Telephone

e-mail address

Submission Date

DOCUMENTATION

1. Authorized Signatures – Submit an executed copy of Exhibit I certifying those officers or employees of the agency having the authority to carry out the performance contemplated by a contract and which designates the person or persons who execute the contract on behalf of the organization and legally bind the organization to the terms of the contract.
2. Accounting System – Submit an executed copy of Exhibit II certifying the adequacy of the agency's accounting system.
3. Security Policy – Submit an executed copy of Exhibit III certifying the confidentiality and retention of records.
4. Section 501(C) (3) – Submit evidence that the agency is in compliance. Attach a copy of the agency's certification.
5. Licensing – Submit certification that the agency and its employees comply with all local, state and federal licensing requirements for project services provided.
6. Personnel – Submit a copy of your employment profile including total employees, male, female and minority employees both male and female plus positions held.
7. Financial Audit – Submit the agency's most recent financial audit.
8. Board of Directors – Submit a roster of all members of the agency's Board of Directors: include their addresses and telephone numbers.

I hereby certify all information and documentation submitted as part of this proposal to be correct and true to the best of my knowledge.

Typed Name of Authorized Person

Signature of Authorized Person

Date

INCOME LIMITS

Muskegon

<u>Type of Income</u>	<u>% of MEDIAN</u>	<u>1 PERSON</u>	<u>2 PERSON</u>	<u>3 PERSON</u>	<u>4 PERSON</u>	<u>5 PERSON</u>	<u>6 PERSON</u>	<u>7 PERSON</u>	<u>8 PERSON</u>
Extremely Low	30	13,050	14,900	16,800	18,650	20,150	21,650	23,150	24,600
Very Low	50	21,700	24,800	27,900	31,050	33,500	36,000	38,450	40,950
Low	80	34,800	39,750	44,750	49,700	53,700	57,650	61,650	65,600