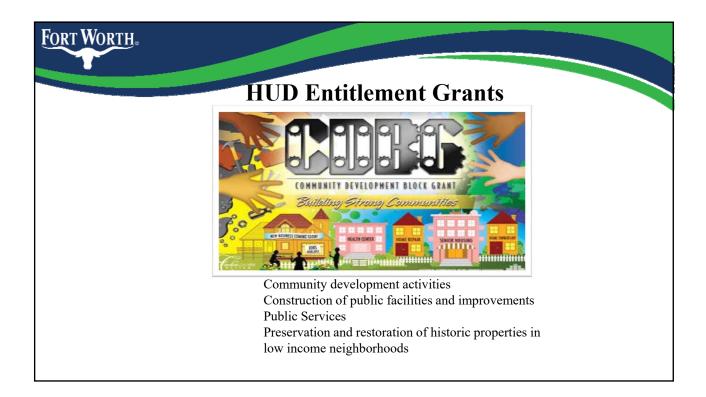
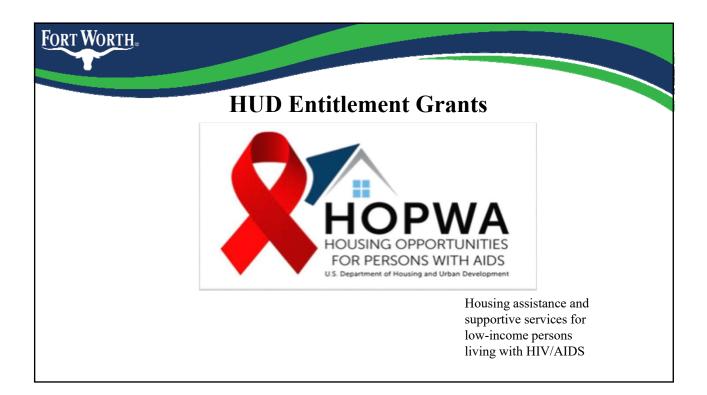


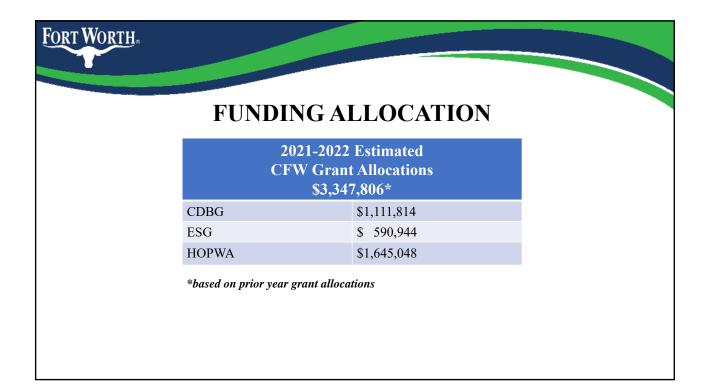
AGEN	DA
Welcome/Overview	Sharon Burkley, Senior Planner
Neighborly Software Overview	Terrance Jones, Senior Contract Compliance Specialist
Application Review	Sharon Burkley, Senior Planner
Scoring Criteria	Sean Stanton, Planner
Wrap Up/Questions/C	Comments



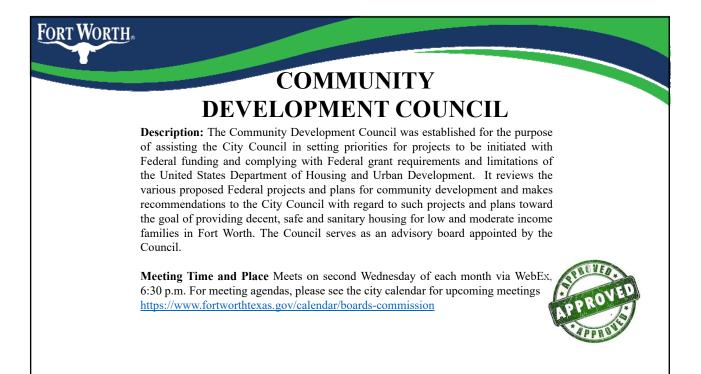






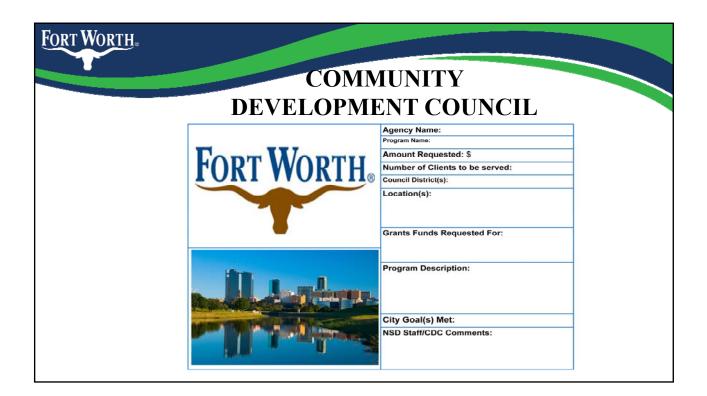


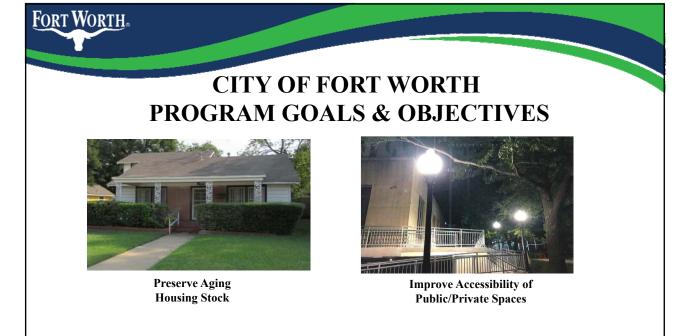
8		
	FUNE	DING ALLOCATION
	Р	SA Funding Thresholds *subject to availability
TIER I	\$45,000 or more	First-time applicants; in operation less than three years; not funded through the PSA RFP in the past three years
TIER II	\$60,000 or more	3+ years in operation; funded through the PSA RFP 1-3 consecutive years; in good standing
TIER III	\$75,000 or more	5+ years in operation; funded through the PSA RFP 3+ consecutive years; in good standing
*Minimum r	equest amour	at - \$45,000

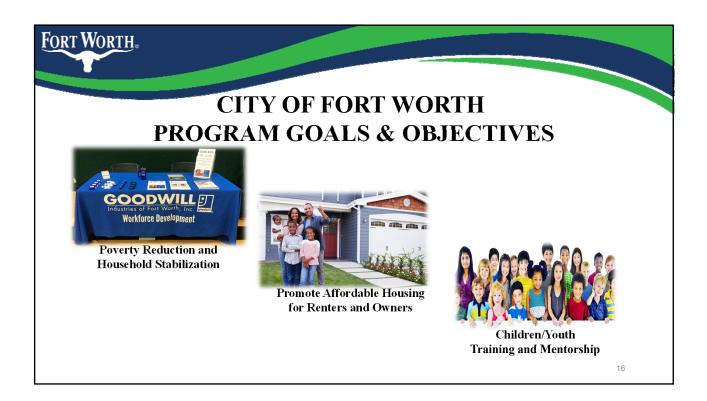




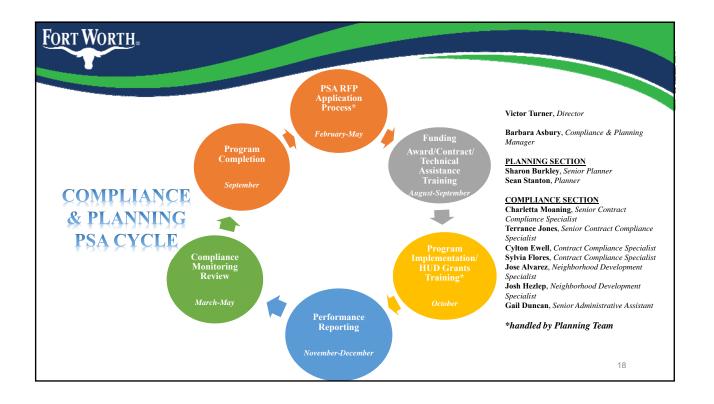
	DEI	COMMUNI /ELOPMENT		
Council District	City Council Member	Community Development Council Member		Contact Information
1	Mayor Betsy Price	Ebony Rose	817-392-6118	Betsy.Price@fortworthtexas.gov
2	Carlos Flores	Deborah Gallardo	817-392-8802	District2@fortworthtexas.gov
3	Brian Byrd	Eva Williams	817-392-8803	District3@fortworthtexas.gov
4	Cary Moon	Nancy Ellen Soteriou*	817-392-8804	District4@fortworthtexas.gov
5	Gyna Bivens	Will Mitchell	817-392-8805	District5@fortworthtexas.gov
6	Jungus Jordan	Willie Tedoe	817-392-8806	District6@fortworthtexas.gov
7	Dennis Shingleton	Jessica Morrison	817-392-8807	District7@fortworthtexas.gov
8	Kelly Allen Gray	Robyne Kelly	817-392-8808	District8@fortworthtexas.gov
9	Ann Zadeh	Jeremy Raines	817-392-8809	District9@fortworthtexas.gov

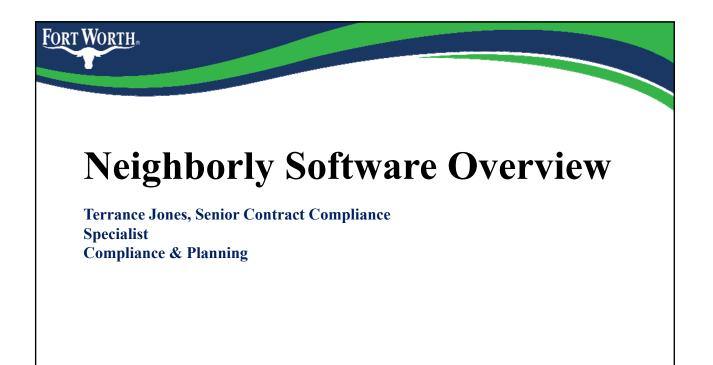


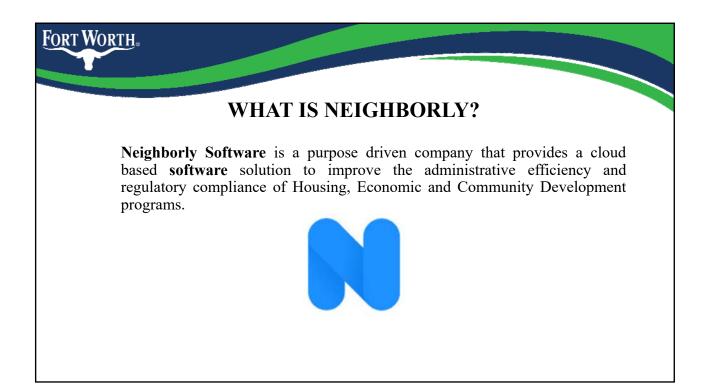


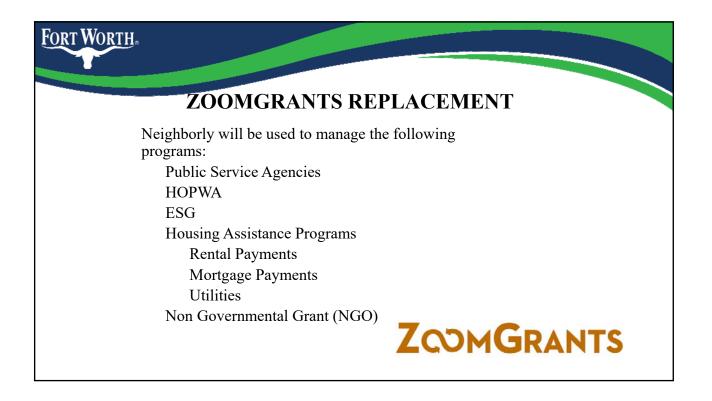














#### NEIGHBORLY SOFTWARE APPLICATION PROCESS

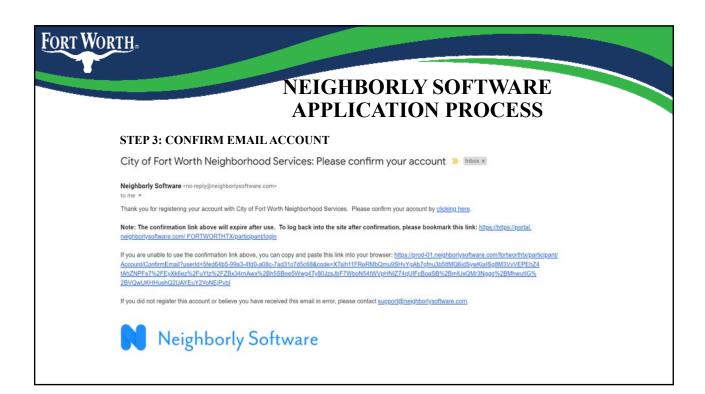
#### STEP 1: ACCESS PARTICIPANT PORTAL

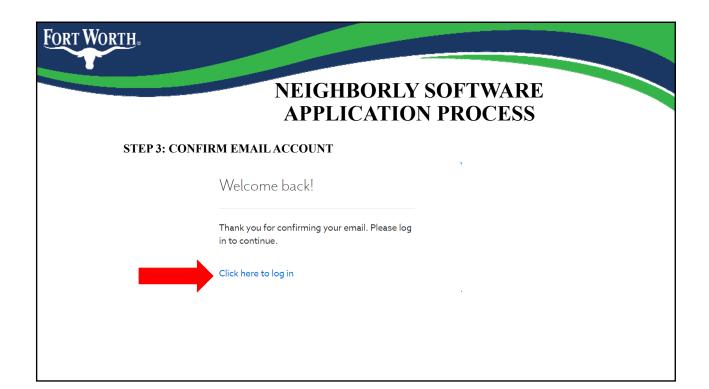
Go to City of Fort Worth Neighborly Software Participant Portal <u>https://portal.neighborlysoftware.com/fortworthtx/Participant</u>

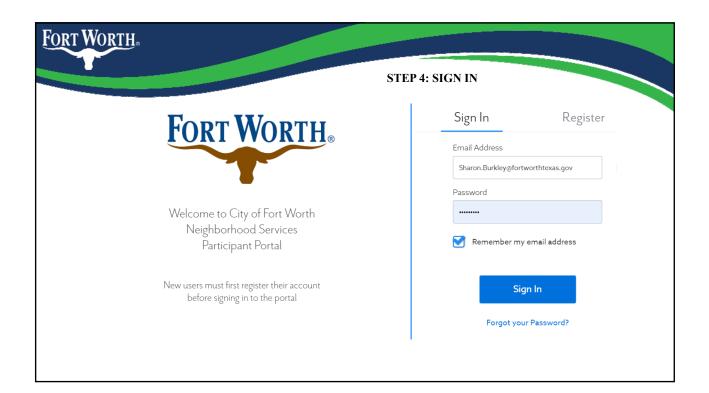
Solution Click on the link

FORT WORTH.

Fort Worth.	NEIGHBORL	VSOFTWA	DF
	APPLICATIO	<b>N PROCE</b>	SS
	FORT WORTH.	Sign In Email Address	Register
STEP 2: REGISTER	Welcome to City of Fort Worth	Re-enter Email Address	5
ACCOUNT	Neighborhood Services Participant Portal	First Name	
	New users must first register their account before signing in to the portal	Password	
		Re-enter Password	
		Conti	nue







	STEP 5: START A	PPLICATION
Good Morning	g, Sharon!	
Fort Worth	Welcome to the City of Fort Worth Neighborhood Services I The City of Fort Worth is committed to accessibility for all applicants. If you n contact us at 817-392-7548	
Start a New Application		
Lead Safe	Select this option if you are applying for the LeadSafe program. For questions regarding this program please contact 817-392-7444.	Click here to start a new application
Priority Repair	Select this option if you are applying for the Priority Repair program. For questions regarding this program please contact 817-392-7548	Click here to start a new application
Weatherization	Select this option if you are applying for the Weatherization program. For questions regarding this program please contact 817-392-7554	Click here to start a new application
Public Service Agencies	Select this option if you are a nonprofit organization or social service agency seeking to apply for the 2021-2022 Public Service Agency (PSA) Request for Proposal (RFP). "Express 375/2021 11:59:00 PM Central Standard Time	Click here to start a new application

Fort Worth.		
	STEP 5: ENTER AGENCY NAME	
	NEW APPLICATION FOR PUBLIC SERVICE AGENCIES	
	Please provide a name for the application Agency Name	
	Start Application	

r Worth.	
N Home	STEP 6: BEGIN APPLICATION
Applications must be submitted by 3/15/2021 11:59:00 PM Central Standard Time	Application
Vies Uxers (1) Print Application	Please use the link below to continue the application process.
Grant Overview	For program related information please contact, Sharon A. Burkley, Senior Planner by phone at (817) 392-5785 or by email at Sharon Burkley (ifortworthexas.gov.
Ouestionnaire	
Pre- Application Review	Click here to continue
A. Organization Information	
B. Program Description	Application Sections; will open once Pre-Application is
C. Board Composition	approved
D. Agency Experience	
E. Financial Capacity/Leveraging	
F. Compliance and Auditing	
G. Supporting Documents	
Submit	

<b>VORTH</b> .			
	TECHNICAL	ASSISTANCE	
Start a New Application			
Lead Safe	Select this option if you are applying for the LeadSafe program. For questions regarding this program please contact 817-392-7444.	Click here to start a new application	
Priority Repair	Select this option if you are applying for the Priority Repair program. For questions regarding this program please contact 817-392-7548	Click here to start a new application	
Weatherization	Select this option if you are applying for the Weatherization program. For questions regarding this program please contact 817-392-7554	Click here to start a new application	
Public Service Agencies	Select this option if you are a nonprofit organization or social service agency seeking to apply for the 2021-2022 Public Service Agency (PSA) Request for Proposal (RFP). "Expires 3/15/2021 11:59:00 PM Central Standard Time	Click here to start a new application	
			•
			Click on ? B for HEL

Fort Worth.		
-	TECHNICAL ASSISTANCE	
	Help	
	?	
	Application Status	
	Program Questions	
	Confirmation Email	
	Password Reset	
	Error Message	
	Account Locked	
	General Questions: Terrance Jones, Senior Contract Compliance Specialist <u>Terrance.Jones@fortworthtexas.gov</u> Technical Questions: <u>support@neighborlysoftware.com</u>	

### **Application Review**

Sharon Burkley, Senior Planner Compliance & Planning



FORT WORTH.



- 1. Start preparing the application early.
- 2. Follow the instructions in the RFP carefully; answer all questions.
- 3. Keep your audience in mind.
- 4. Be brief, concise, and clear. Make your points understandable.
- 5. Be organized and logical
- 6. Show evidence of fiscal stability and sound fiscal management.
- 7. Attend to technical details. (Major in the minor...)
- 8. Be sure to include all required attachments.
- 9. Print out, and carefully proofread and review your application.

10. Submit all information on time (11:59 p.m.)

BONUS TIP: Prepare for technical difficulties! Start EARLY....

# **EXAMPLE 1 EXAMPLE 1 C** Grant Overview Pre-Application Questionnaire Organization Information Program Description Board Composition Agency Experience Financial Capacity/Leveraging Compliance and Auditing Supporting Documents



RTH.	
PRE-A	PPLICATION QUESTIONNAIRE
Pre-Application Questionnaire Provide the following information	
1. Organization Name/ Program/Service Name	
RFP POINT OF CONTACT INFORMATION	
2. Name	3. Trite
4. Phone	5. Email
6. What date(s) did the agency attend the 2021-2022 Pre-Propo	sal Conference? Name of person who attended?
7. Proposed Funding Request Amount	8. Select the grant program for which you are applying
9. Select an eligible CDBG activity for this proposal.	
10. Select an eligible ESG activity for this proposal (check all tha	t apply].
Shelter Services	
Rapid Re-Housing	
Homelessness Prevention	

FORT WOR	TH.
	PRE-APPLICATION QUESTIONNAIRE
	11. Please select an eligible HOPWA activity for this proposal (check all that apply).
	Administration
	Facility-Based Operations
	Short-Term Mortgage, Rent, Utilities (STRMU) Supportive Services
	Tenant-Based Rental Assistance (TBRA)
	12. What year was the agency/organization established per the Secretary of State of Texas? What is the legal entity name?
	13. What types of program/services are provided? When (Days/Times)? Where (include service areas)?
	14. Project Address
	Address Line 1
	Address Line 2
	City Zp
	ff multiple addresses, please list them below.
	Add Row

VORTH.				
	PRE-APPLICA	TION QUES	TIONNAIRE	2
<ol> <li>If required is the agency able to</li> </ol>	provide twelve (12) months' of bank statements for the org	ganization? If not, provide an explanation.		
16. How many clients were provide	services during each of the past three years (2018-2020)?	)		#
17. Does the agency/organization h O Yes O No	ave an active Board of Directors?			
a. If so, how many members?				
<b>b.</b> If not, what is the oversight body	for the agency/organization?			
c. If requested, can the agency prov	ide Board meeting agendas and minutes?			
<ul> <li>Board Meeting Agenda and Minut</li> </ul>	les			Upload File 🗇
18. Does the agency/organization h ○ Yes ○ No	ave any experience managing grants, including local, state	and/or federal?		
a. If so, what types, amounts, and v source	hen were they received?	r	DATE RECEIVED	
		Add Row		

PRE-	-APPLICATI	ON QUESTIONNA	IRE
19. How many persons are currently employed by the age	ency/organization?	20. How many persons are assigned to work with	the proposed program/service?
21. Provide a Program Overview of the proposed program	n/service to be funded		
Documentation			
O Section 504 Self-Evaluation/Questionnaire "Required			Upload File P

Vorth.					
		S	ec	tion <b>f</b>	elf-Evaluation Questionnaire
SECTION 504 SELF-EVALUATION/QUEST					Does Agency limit the eligibility of qualified handicapped employees for
The purpose of this self-evaluation is to assess the accessibility of City - federally funded programs and activities, and to assess whether persons opportunities for agency employment and for participation in such pro-	s with d	fisabiliti	ics are	given the same	promotion, training or other opportunities?
opportunities for agency employment and for participation in such pro Section 504 of the Rehabilitation Act of 1973 and 24 CFR Part 8 of HUD rep			wittes .	as mandated by	Does every Agency training program allow equal participation by qualified handicapped employees?
					Checklist of Physical Requirements
Requirement	Yes	No	N/A	Explain process (as applicable)	Are accessible parking spaces available? (Accessible parking spaces must be the closest to an accessible entrance.)
Checklist of Administrative Require For Agencies employing 15 or more employees, has an employee been				1	Is there an accessible ramp at the curb?
designated as a Section 504 coordinator? (If so, please list the name of the employee(s).)					(Curb ramp should be the closest to an accessible entrance.) Are common use entrances accessible to persons with mobility impairments?
Has a Grisvance Procedure for complaints of discrimination against disabled persons been established? ( <i>J</i> ( <i>so</i> , please attach a copy.)					Is an elevator available when needed for a client or employee?
Can Agency furnish appropriate auxiliary aids to a disabled client when appropriate?					Is an accessible restroom available at the facility?
(E.g. large print materials, hearing aids, notes, etc.) Does Agency ensure that clients are made aware of Agency's non- discriminatory policy? If so, by what means?					Agency's Certification: By signing this Self-Evaluation, I certify that to the best of my knowledge and belief the data included in
(E.g. website, application, etc.) Can Agency provide application, pamphlets, contracts, etc. in large print if requested by a client? (for the visually impaired)					this report is true and accurate. It is acknowledged that the provision of false information could leave the certifying official subject to the penalties of federal, state, and local law.
Can Agency provide application, pamphlets, contracts, etc. in braille if requested by a client? (for the vincally impoirted)					Organization: Typed Name:
Does Agency provide the national relay service phone number or Telecommunication Device for the Deaf (TDD) number on all applications, pamphlets, contracts, etc.? (for the hearing imposed)					Title:
Could Agency provide a sign language interpreter if needed for a client? (for the hearing inputred)					Signature: Date:
Checklist of Employment Requirem					THE CITY WILL NOT CONSIDER ANY PROPOSAL IN WHICH A SECTION 594
Note: Please attach a copy of the relevant portion(s) of your Program following items:	or Pers	onnel P	olicies	which address the	SELF-EVALUATION/ QUESTIONNAIRE IS NOT RECEIVED BY FEBRUARY 22, 2021 at 11:59 P.M.
Does Agency ensure that all employees receive equal and fair treatment?					a new year of a mag which we allow the trans-
Do Agency job announcements include a nondiscrimination statement? If so, please include the statement in the explanation column.					
Are Agency job announcements posted in physically accessible areas? (E.g. Person in a wheelchair is able to read job announcement.)					
Are job announcements published in a manner that accommodates the needs of persons with disabilities? (E.g. on website, newspaper, etc.)					

Vorth.	
	ORGANIZATION INFORMATION
A. Organization Information Provide the following information	
A.1. Agency/Organization Common Name/DBA	
A.2. Other Registered Names 🔞	
A.3. Licenses/Certifications of staff assigned to the proposed program <b>@</b>	
LICENSES/CERTIFICATIONS Attach any listed licenses or certifications for key p	program staff. Upload File  수

	ORGANIZATION INFORMATION
	OKGANIZATION INFORMATION
A.4. Select the grant program for which the agency is applying	
A.S. Select an eligible CDBG activity for this proposal. 📀	
A.6. Select an eligible ESG activity for this proposal (check all that apply).	~
Shelter Services	
Rapid Re-Housing	
Homelessness Prevention	
A.7. Select an eligible HOPWA activity for this proposal (check all that apply).	
Administration	
Facility-Based Operations	
Short-Term Mortgage, Rent, Utilities (STRMU) Supportive Services	
Tenant-Based Rental Assistance (TBRA)	

Program Description Trans Tra	RTH.
B.2. Child Care Applicants ONLY (Agencies providing programs/services for children ages 0-12 years): When and how often does the agency's fee schedule change?  B.3. Child Care Applicants ONLY (Agencies providing programs/services for children ages 0-12 years): Will CDBG funds be used for direct financial subsidies?  Yes No Attach a copy of the fee schedule that the agency will use for the 2021-2022 program year.  Fee Schedule Upload File B.4. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments? If it is a new program, describe proposed accomplishments.	8. Program Description
B.3. Child Care Applicants ONLY (Agencies providing programs/services for children ages 0-12 years): Will CDBG funds be used for direct financial subsidies? Yes No Attach a copy of the fee schedule that the agency will use for the 2021-2022 program year. Fee Schedule Upload File B.4. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments? If it is a new program, describe proposed accomplishments.	B.1. For CDBG Programs ONLY: How will the requested funding result in an increase in service or an expansion of services for clients?
O Yes O No Attach a copy of the fee schedule that the agency will use for the 2021-2022 program year. Fee Schedule Upload File B.4. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments? If it is a new program, describe proposed accomplishments.	B.2. Child Care Applicants ONLY (Agencies providing programs/services for children ages 0-12 years): When and how often does the agency's fee schedule change?
Fee Schedule Upload File	O Yes
Upload File 49 B.4. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments? If it is a new program, describe proposed accomplishments.	Attach a copy of the fee schedule that the agency will use for the 2021-2022 program year.
	C Fee Schedule Upload File 🕈
B.S. Who will benefit from this program/service? What is the target population to be served with this proposal? What are the demographics (i.e., age, gender, location/neighborhood, income, etc.)?	B.4. Is this a new program or a continuing program? If it is a continuing program, describe prior year accomplishments? If it is a new program, describe proposed accomplishments.
	8.5. Who will benefit from this program/service? What is the target population to be served with this proposal? What are the demographics (i.e., age, gender, location/neighborhood, income, etc.)?

Worth.	
PROGRAM B.4. What types of direct client services will be provided through the proposed program/service	M DESCRIPTION
B.7. When will the proposed program/service be provided?	
B.8. What process is currently used to determine client's eligibility for program/service? What ty	pes of documentation are reviewed?
Atach a sample intake form or a copy of the application used to determine client eligibility.     Intake Process	Upload File 🗇
B.9. City grant funds will not support 100% of the proposed program or service. Of the total pro	gram budget, what amount will the City grant funds represent if funding is awarded?
B.10. What percent will the City grant funds represent if funding is awarded?	
B.11. How many unduplicated clients were served by this program during the previous program year (October 1, 2019 - September 30, 2020)? ●	B.12. How many unduplicated clients will be served by this program during the current program year (October 1, 2020 - September 30, 2021)?

PROGRAM DESCRIPTION  B.13. How many unduplicated clients will be served by this program during the upcoming program year (October 1, 2021 - September 30, 2022)?  B.14. Will the proposed program/service serve clients who live outside Fort Worth city limits?  Ves  In June 1, Jun
B.13. How many unduplicated clients will be served by this program during the upcoming program year (October 1, 2021 - September 30, 2022)?   B.14. Will the proposed program/service serve clients who live outside Fort Worth city limits?   Yes   No   a. If yes, how many Fort Worth residents were served during the previous program year (October 1, 2019 - September 30, 2020)? How many non-Fort Worth residents were served during the
B.14. Will the proposed program/service serve clients who live outside Fort Worth city limits? O Yes No a. If yes, how many Fort Worth residents were served during the previous program year (October 1, 2019 - September 30, 2020)? How many non-Fort Worth residents were served during the
<ul> <li>Yes</li> <li>No</li> <li>a. If yes, how many Fort Worth residents were served during the previous program year (October 1, 2019 - September 30, 2020)? How many non-Fort Worth residents were served during the</li> </ul>
a. If yes, how many Fort Worth residents were served during the previous program year (October 1, 2019 - September 30, 2020)? How many non-Fort Worth residents were served during the
b. If the answer to Question B.14 is Yes, how many Fort Worth residents are estimated to be served during the current program year (October 1, 2020 - September 30, 2021)? How many non-For Worth residents are estimated to be served during the current program year (October 1, 2020 - September 30, 2021)? •
c. If the answer to Question B.14 is Yes, how many Fort Worth residents are estimated to be served during the upcoming program year (October 1, 2021 - September 30, 2022)? How many non-I Worth residents are estimated to be served during the upcoming program year (October 1, 2021 - September 30, 2022)? Worth residents are estimated to be served during the upcoming program year (October 1, 2021 - September 30, 2022)?
8.15. What types of follow up measures are used to assess the program benefit to the client? Describe the process of outcome measurement and program success rate. O

RTH.				
		BOARD	COMPOSI	TION
C. Board Compos	sition			
Provide the following inform	mation			
C.1. What is the total n	number of authorized positions for the ap	oplicant's Board of Directors or governing	ody?	FILLED DE VACANT
		Add Row		
C.2. Does the applican O Yes O No a. If so, provide a copy.	it have a Board outreach plan or policy?			
<ul> <li>Board Outreach Pl</li> </ul>	tan			Upload File 🕈
b. If not, what steps do	oes the agency take to recruit new Board	members? 0		
C.3. Does the Board or O Yes O No	utreach plan or policy document any out	reach efforts to increase diversity?		
C.4. What measures, if	f any, has the applicant taken to promote	Board diversity (racial/ethnic, gender, ge	ographic, occupational, etc.)?	

ORTH		
	AGENCY EXPERIENCE	
D. Agency Experience Provide the following information		
D.1. What experience does the agency	and staff have in providing the program/service?	
D.2. Which one of the City's Council-a	oproved Consolidated Plan goals is met by the proposed program/service? <b>O</b>	2
D.3. Describe how the program/servic	e accomplishes the goal selected above.	
D.4. Describe the community need ad	dressed by the program/service; provide data to support the need.	
D.5. How does the proposed program.	service address the need?	

ĨĦ"				-
	AGENCY EXP	FRIENC	£	
D.6. What, if any, other agencies provide similar program(s				
D.7. What is the estimated cost per client for the proposed	program/service?			
D,8. Complete the table below, provide calculations docur	renting the cost determination for the proposed program.			
	Cost per Client Calculation Table			
ACTIVITY/88528101118	(4) TRTAL 857/PATIB (857	(8) # 07 0112815 10 86 528920	(A/B) ESTIMATED COST FEB CLIENT	
Personnel				
Supplies and Services				
Facility Operations				
Legal				
cape				
Decct Assetance				
Supportive Services				
Shelter Operations				
Hornitess Prevention				
Rapid Re-Housing				
Street Cutreach				
Short-Taire Rant or Hortgage Assistance				
Torart Based Rental Assistance				

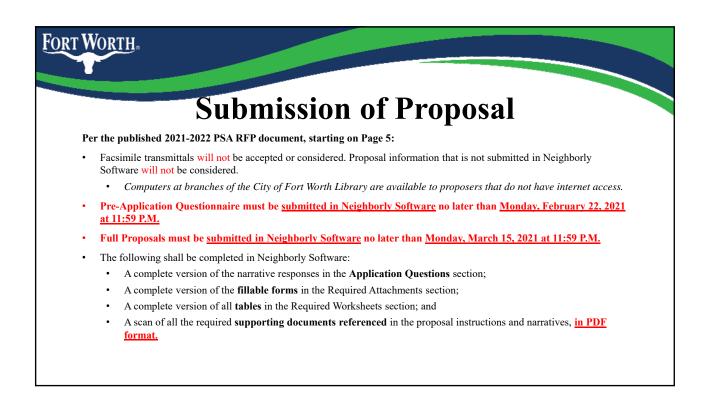
ORTH.			
FINAN	CIAL CAPACIT	Y/LEVERAGIN	G
E. Financial Capacity/Leveraging			
Provide the following information			
E.1. If the program/service is partially funded or not funded O Yes	d, will the program/service still be able to be provided?		
O No			
If so, what impact will it have on the number of people to b	be served and/or the level of service provided? If not, why	2	
E.2. Does the applicant have any sources of leveraged or re			nds.
FUNDING SOURCE	ANOUNT	FUNDING TYPE	
		\$ 0.00	
	Add Row		
If the agency has any leverage funds, provide supporting d	locumentation.		
O Leveraged Funds			Upload File 🔶
If not, provide an explanation describing any efforts, if any,	to seek leveraging or matching funds.		

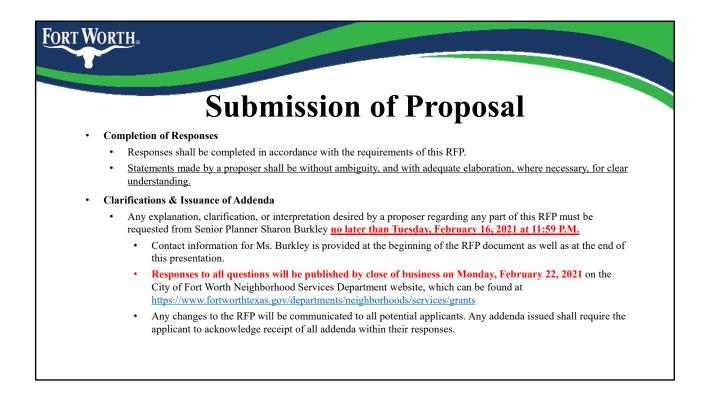
	FINANCIAL CAPA	CITV/I EVER	ACINC
E.3, Financial Capacity Table			
Using the table below, provide the agency	's combined beginning and ending monthly balances for ALL operating account		
information to include bank letter(s), bank	statement(s), lines of credit, or similar documentation on any other unrestricte RECIPHING RECENT	ed accounts that can be accessed to pay program operational exp swores excaves	enses. Total exercises
Jan 2020			
Feb 2020			
Her 2020			
Apr 2020			
May 2020			
hm 2020			
Jul 2020			
Aug 2020			
Sept 2020			
Oct 2020			
Nov 2020			
Dec 2020			

Enclose a budget farmere replacement from the used	Quartific @
Please provide supporting documentation.       Image Statements       E.4. Complete the grant specific Annual Program Budget and Funds Respect       CDBG Annual Program Budget       EGO Annual Program Budget       FORMA Annual Program Budget       COMMA Annual Program Budget       COMMA Annual Program Budget       Manual Program Budget	upostria 🔿
Plasse provide supporting documentation.       Item Stammers:       E.4. Complete the grant supports, supports, Annual Pogram Budget and Funds Regiont:       CBG Annual Pogram Budget and Funds Regiont:       CBG Annual Pogram Budget       TDVMR. Kenial Pogram Budget       O. Annual Pogram Budget and Funds Regiont:	Upread Fire 👁
Stark Statements  E.4. Complete the grant specific Annual Program Budget and Funds Regient  CDBC Annual Program Budget  EGG Annual Program Budget  HCPMAA Annual Program Budget  O Annual Program Budget and Funds Regient	Uprind File 🕈
E.A. Complete the grant-specific Annual Program Budget and Funds Request CDBG Annual Program Budget EGA Annual Program Budget ICOVM Annual Program Budget O. Annual Program Budget and Funds Request. Tempered	Uphed File
CDBG Annual Program Budget ESG Annual Program Budget ICIOWA Annual Program Budget and Funds Regionst. Tempered	
ESC Annual Program Rudget           NOPMA Annual Program Rudget           O   Annual Program Rudget and Funds Request. Tempered	
E.S. Provide a Budget Hamative explaning how the grant dollars will be used	Uplead File @
E.A. ESG Match Table (EEG Applicants ONLY)	
Complete the below table identifying the source and amount of match funds for the proposed program.	
ESG Match	
FUNDING 1994CC	
	\$ 0.00
Add Ros	

Vorth.				
	COMPLIAN	CE AND AUD	ITING	
F. Compliance and Auditing Provide the following information				i
F.1. During the past three grant years (Octo	ober 1, 2017 - September 30, 2020), has the agency receiv	ed any federal or state grant funds? O		
F.2. During the past three grant years (Octo the monitoring or review letters and any re		monitored or audited by any of the awarding agencies of fe	deal or state grant funds it administers? If so, were there ar	ं y findings or concerns? Provide
F.3. During the past three grant years (Octo	aber 1, 2017 - September 30, 2020), has the agency had a	n external audit? If so, were there any findings or concerns?	Provide the most recently conducted audit review or finance	//
O AUDIT REVIEW/FINANCIAL STATEMENT S	EVEW. Attach a copy of the most recently conducted program as	udit and/or Bruncial statement review. If unavailable, provide an exp	laration.	Upload File 🗇

SUPPORTING DOCUMENTS	
G. Supporting Documents	
Provide the following reformation CDBG Count Specific Questionnaire ESS Goard Specific Questionnaire ESS Goard Specific Questionnaire	
NOPWA Gaint Sectic Questionnare Documentation	
C Guest Specific Questionnaire "Negated	Uploan File P
O Organizational Diart, Attach an organization chart of lary program stall (i.e. supervision; caseworkers, and; a shows subary will be charged partially on help to the grant. "Regulated	Upload File @
O RELATES Attach resources of two programs staff ( a., supervisors, conventions, etc.) where safery will be paid partially or hity by the grant. Becomes should decode yours of experiments, special basines, to contributions. Hispanel	Upland File 🗇
O APREAR, ORSANZATION ISLOCIT Applicants are required to submit a copy of the Annual Budget for their organization. The Chy of FortWork-does not require a specific format. Prepared	Upload File
O INTERCENSIONCLANING ALL REPORTS If this applicant perspection bandwed performance reports or client tracking reports for the proposed program/services, provide a sample.	Upload File 🗇
O Form 990: Adtuch a copy of the result recently submitted Form 990	Upload File (P)
Pion 1295 - Certificate of Insensited Partice, Valit the Toxic Effect Commission website at http://www.ethics.tatate.box/Efforg/w1295 to complete this family. Applicants contracting with a powermiental entity are sequend to submit a disclosure of Interested partice.	Neganid Upload/Re @
O Agency Official Logic "Meganet	Upload File (P)
O Agency Program Petrans Include 1.3 pictures demonstrating program/service activities, to be included in City presentations, brochouse, and documents. "Negative	Upload File 🗇
Additional Desumerin applicable to the program	Unicad File @





## Failure to attend a Pre-Proposal Conference Failure to submit Pre-Application Questionnaire <u>and</u> Section 504 Self-Evaluation Questionnaire by 11:59 p.m. on February 22, 2021.

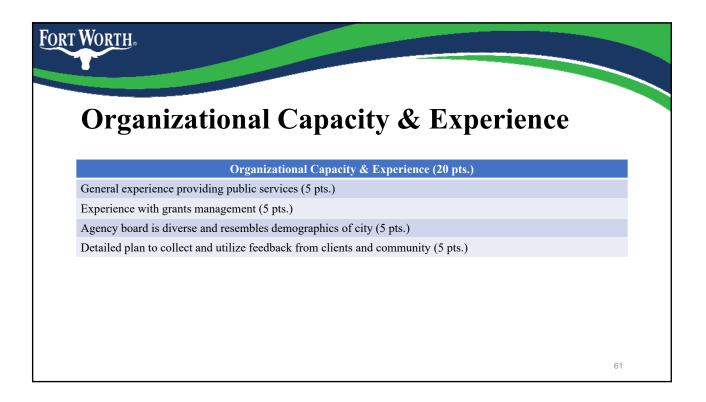
- No established business formation (per Secretary of State)
- Lack of business financial documents (i.e. checking account, financial statements)
- Limited organizational capacity
- Lack of documented programs/services being provided
- Limited or no experience managing grants

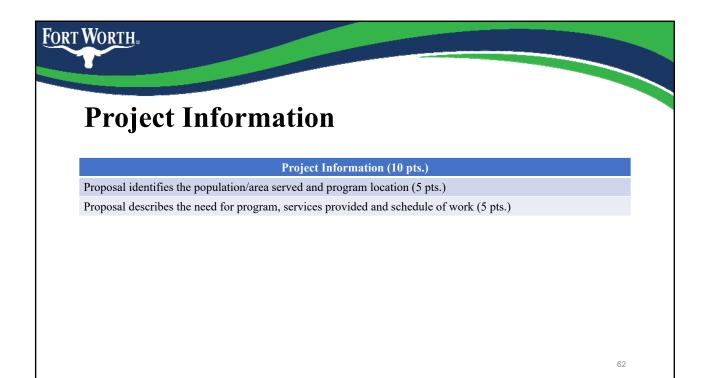


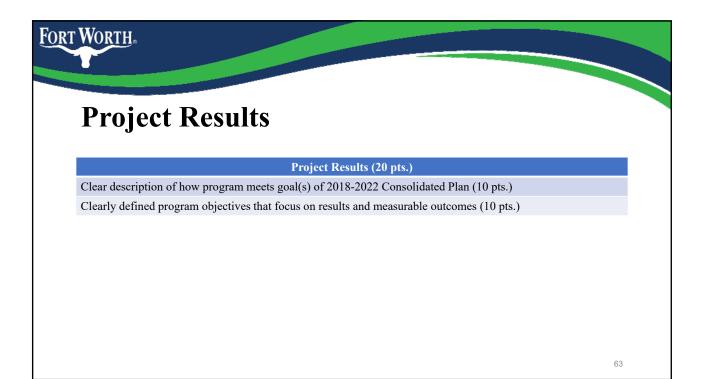
## EXERCISES Sean Stanton, Planner Compliance & Planning

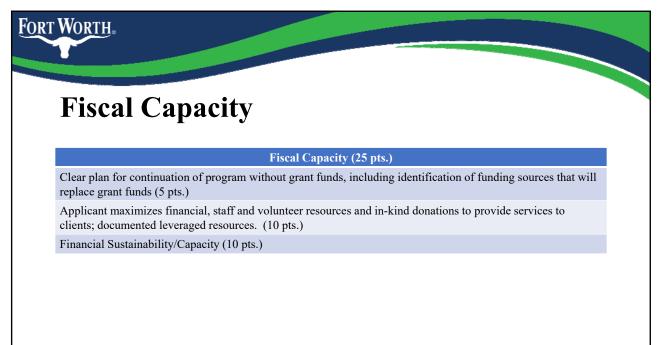
T WORTH.	
<b>Evaluation Factors</b>	
Evaluation Factor	Points
Organizational Capacity & Experience	20
Project Information	10
Project Results	20
Fiscal Capacity	25
Program Compliance	25
r rogram compliance	

60









65

# For the program Compliance Program Compliance (25 pts.) If previously funded within the past three years: Applicant has strong record of managing previous HUD funds and maintaining regulatory compliance (10 pts.) Applicant has administrative and financial capacity to implement/continue proposed project/activity. (15 pts.)

PSA RFP TIMELINE	DATE
Public Service Agency Request for Proposals Opens	February 1, 2021
Pre-Proposal Conference	February 8, 2021 at 10 a.m.
	February 9, 2021 at 6 p.m.
	February 11, 2021 at 1 p.m.
Last Day to Submit Questions	February 16, 2021
Pre-Application and Section 504 Questionnaire Due	February 22, 2021
Responses to Questions Posted to Website	February 26, 2021
Application Due	March 15, 2021
Agency Presentations to CDC	April 21, 2021
	April 28, 2021
CDC Staff Funding Recommendation Meeting	May 12, 2021
City Council Approval (Funds Awarded)	August 3, 2021
Program Year Begins	October 1, 2021



**Additional Information/Questions** 

Sharon Burkley, Senior Planner <u>Sharon.Burkley@fortworthtexas.gov</u> (817) 392-5785

### Thank you for coming!!!!